

Musculoskeletal First Contact Practitioner – MSK FCP

Benefits of an MSK FCP

An MSK FCP service is provided by highly trained physiotherapists who are the first point of contact for patients, usually based in GP surgeries. They provide new expertise and increased capacity to general practice and provide patients with faster access to the right care. MSK FCPs have extensive experience in the assessment and management of musculoskeletal conditions and can see MSK patients without the need for a GP appointment.

They are qualified autonomous clinical practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral – where appropriate. If appropriately trained they can refer for investigations when indicated, including blood tests, x-rays and scans. They can also refer patients onto specialist services if required. With additional training MSK FCP's can prescribe medications and perform steroid injections.

MSK FCP services will relieve pressure in primary care by managing a significant proportion of the MSK workload and brings physiotherapy expertise to the front end of the MSK pathway.

Patients can book to see the MSK FCP in the same way they would access a GP appointment. Reception staff can access guidance to support them in promoting the role of MSK FCP's and in ensuring this is the appropriate appointment for the patient. [First contact physiotherapy GP resources | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)

If a patient requires physiotherapy rehabilitation they will be referred to the physiotherapy service for ongoing care. MSK FCP does not provide ongoing rehabilitation or physiotherapy treatment.

Qualification requirements

An MSK FCP must hold a BSc Hons in Physiotherapy and be registered as a physiotherapist, they must have a minimum of five years post registration training and a minimum of three years postgraduate learning and experience in MSK specifically. However, a broad range of experience is considered ideal for FCP role development. MSK FCP's must complete the MSK FCP roadmap to practice. This can be completed by a portfolio route or on taught routes at higher education institutes.

[First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice](#)
[First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice \(hee.nhs.uk\)](#)

The roadmap to practice comprises of two parts, part one should be completed prior to entering primary care as an FCP and stage two within 6 -10 months of starting the role (based on FTE hours).

This details the knowledge, skills and attributes required for stage 1 and the capabilities in primary care required for stage 2.

FCP's will require a roadmap supervisor – this can be a fellow physiotherapist or GP who has completed the roadmap supervisor training.

[Roadmap supervision courses | Health Education England \(hee.nhs.uk\)](http://hee.nhs.uk)

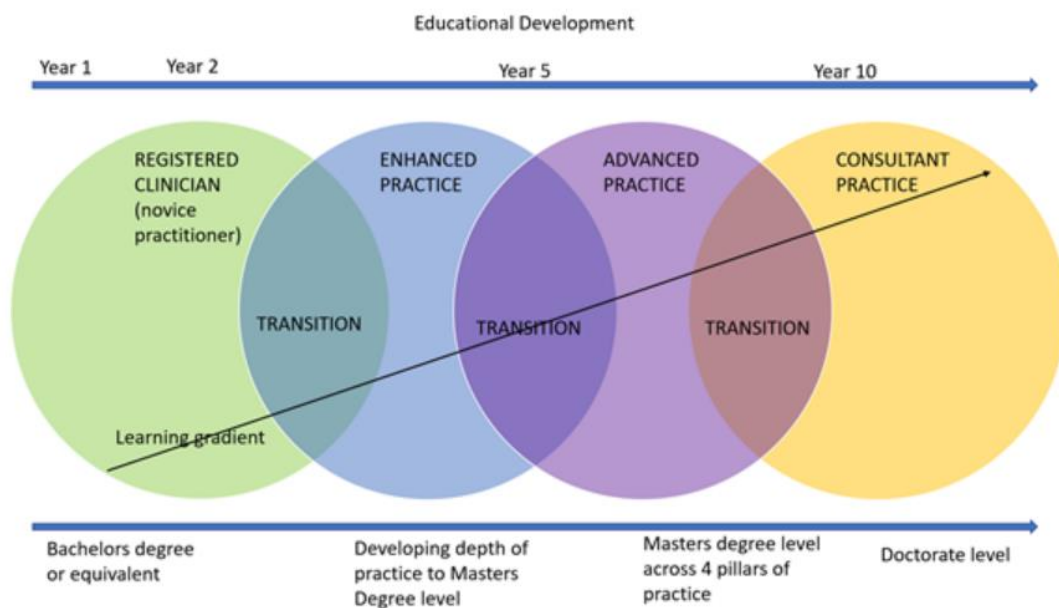
Optional additional clinical training

Imaging/investigation training including IRMER. Examples – interpretation of blood tests, imaging – MRI/X-rays,

Prescribing: NMP taught courses at higher education institutes. [Prescribing for physiotherapists | The Chartered Society of Physiotherapy \(csp.org.uk\)](http://csp.org.uk)

Steroid injections – taught courses at higher education institutes. [Injection therapy for physiotherapists | The Chartered Society of Physiotherapy \(csp.org.uk\)](http://csp.org.uk)

First Contact Practitioners and Advanced Practitioners in Primary Care- What is the difference?



FCP and Advanced Practitioner

An FCP works between the enhanced and advanced level stages of the educational development diagram above. They have a master's level capability in their clinical pillar but not across all the four pillars required to meet the HEE advanced practice definition.

Routes to recognition as an FCP

	FCP Portfolio route (Roadmap Supervision & Verification – RMSV)	FCP Taught route (FCP master's level 7 module)
RMSV	<ul style="list-style-type: none"> Requires a trained RMSV who has completed the RMSV course. RMSV are multi-professional. 	<ul style="list-style-type: none"> Does not require a RMSV. Requires a named clinical mentor for the stage 2 clinical placement. Clinical mentor can be an AP or GP.
Sign-Off	<ul style="list-style-type: none"> RMSV verify and sign-off stage 1 and stage 2. 	<ul style="list-style-type: none"> HEIs verify and sign-off stage 1 and stage 2.
Stage 1	<ul style="list-style-type: none"> Requires an average of 5 hours for a RMSV to mark and sign off stage 1. Completed before entering primary care employment. 	<ul style="list-style-type: none"> Stage 1 signed off as marked academic assignments within the course.
Stage 2	<ul style="list-style-type: none"> Required to be working in primary care (completed within 6 months of commencing employment). Stage 2 signed-off by the RMSV. Requires 20 minutes per day debrief and 1 hour a month for work-based placement assessment (WBPA). Length of time to complete will vary depending on the clinician's capability. 	<ul style="list-style-type: none"> Requires a 75-hour clinical placement in primary care. Stage 2 signed off by the HEI (the clinical mentor does not sign-off stage 2).
CPD	<ul style="list-style-type: none"> Once stage 1 and stage 2 are signed off, the clinician requires access to relevant regular practice supervision/ CPD. 	<ul style="list-style-type: none"> Once stage 1 and stage 2 are signed off, the clinician requires access to relevant regular practice supervision/ CPD.

The CQC have released a [Myth Buster](#) to outline some of the requirements of FCPs.

What is a First Contact Clinician?

A diagnostic clinician in primary care working at masters level with undiagnosed and undifferentiated diagnoses managing complexity and uncertainty at the first point of contact who has a minimum of 5 years post graduate experience. [Roadmap FAQs | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/roadmap-faqs)

HEE Primary Care training begins at a minimum of three years post-registration experience in **MSK**, this would usually follow initial period of broader career consolidation work.

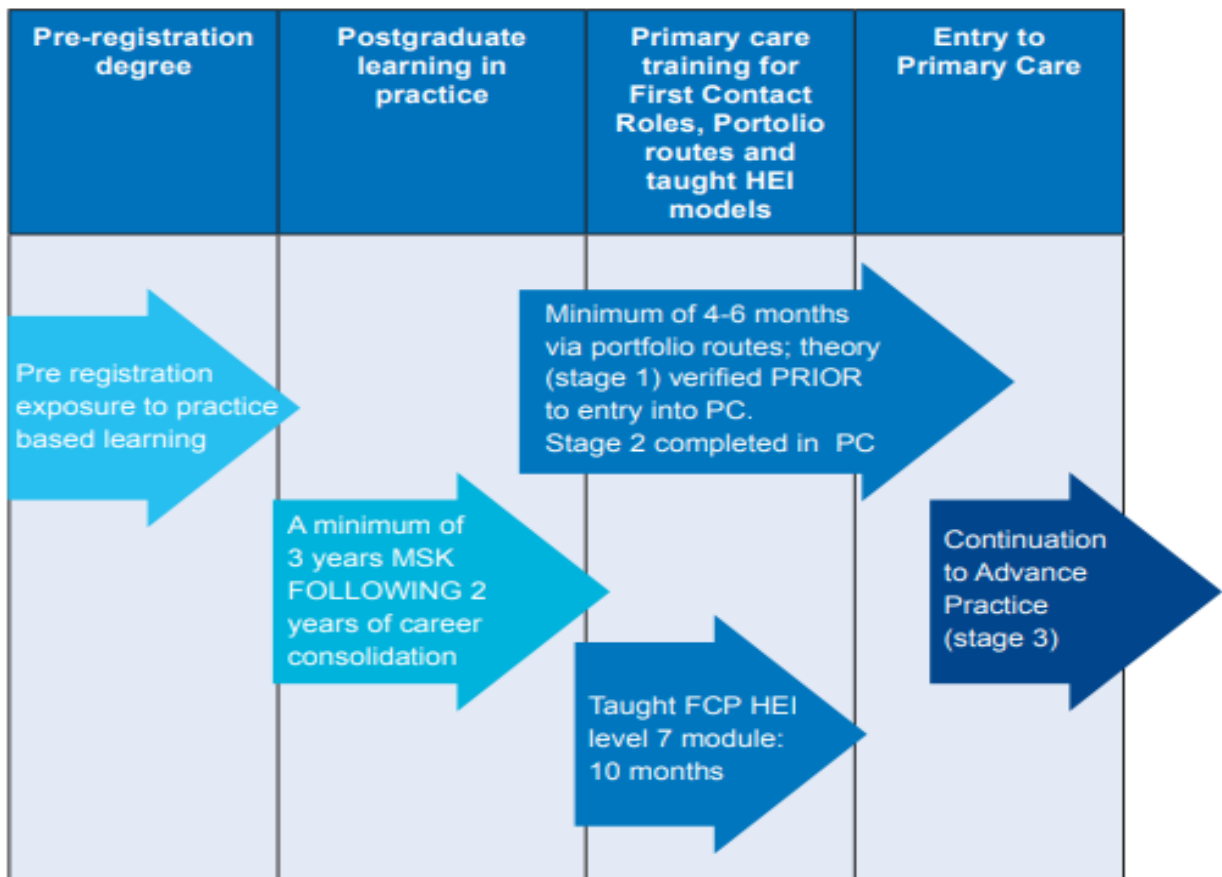


Diagram to illustrate career progression of Primary Care roles.

They must be working at an advanced level of practice in the clinical pillar as a minimum. This is reflected in the requirements of [First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice](https://www.hee.nhs.uk/roadmap-faqs) [First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/roadmap-faqs)

In England, CQC have now stipulated that **stage 1** of the roadmap should be completed with a signed off portfolio of evidence **before** employment in primary care. **Stage 2** is completed when working in primary care. This should be **within six months** for those in full-time equivalent FCP roles or longer if the employer and commissioner agree. Assessment for these stages is at academic level 7 (MSc level). Contracts should have allocated time, support and appropriate supervision to fulfil this. FCPs already in post should complete this retrospectively. See the [Roadmap landing page](https://www.hee.nhs.uk/roadmap-faqs) for the latest guidance.

What is an Advanced Practitioner (AP)?

An Advanced Practitioner has master's level knowledge, skills, attributes, and capability across all four pillars of advanced practice (Leadership, Clinical, Education and Research). They meet the requirements of the [HEE Multi-professional Framework for Advanced Practice](#). They should have a portfolio of robust, triangulated evidence of capability and should commence their advanced practice journey with a minimum of 5 years post graduate experience.

All four pillars of Advanced Practice are integral and combine to inform and influence practice and outcomes at this level. Advanced Practitioners can be from a range of clinical backgrounds and have a multi-professional, cross organisational and cross boundary focus. With appropriate training they can provide multi-professional supervision as well as provide leadership and lead on research/quality improvement work. The [HEE Centre for Advancing Practice \(CfAP\)](#) has established routes to recognition as an Advanced Practitioner including completing a CfAP accredited MSc programme or through the CfAP portfolio route to recognition.

How does this look day to day?

FCP	Additional for Advanced Practitioner
<ul style="list-style-type: none"> • Manages undifferentiated undiagnosed conditions. • Can identify red flags and underlying serious pathology and take appropriate action. • Works within a practice, across PCN, multi-organisational, cross professions and across care pathways and systems including health, social care, and the voluntary sectors. • Uses high level complex decision making to inform the diagnosis, investigation, management, and on referral within scope of practice. • Actively takes a personalised care approach to enable shared decision making with the presenting person. • Contributes to audit, quality improvement and research projects. • Contributes to education and supervision within their scope of 	<ul style="list-style-type: none"> • Works across ICS multi organisational, cross professionals and across care pathways and systems including health, social care, and the voluntary sectors. • Uses a high-level of complex decision making to inform diagnosis, investigation complete management of episodes of care within a broader scope of practice. • Manages medical complexity. • Uses a flexible skill set to adapt to and meet needs of the PCN Population and support public health • Actively engages in care from a Population care viewpoint. • Leads audit/quality improvement and research projects. • Provides multi-professional AP Clinical and CPD supervision across all four pillars with relevant training.

<p>practice for the multi-professional team.</p> <ul style="list-style-type: none"> • Facilitates interprofessional learning in area of expertise. • Promotes and develops area of expertise across care pathways. • May be working toward Advanced Clinical Practice (master's level across all 4 pillars). 	<ul style="list-style-type: none"> • Leads education in their area of expertise. • Enables, facilitates, and supports change across care pathways and traditional boundaries • Could choose to work towards academic level 8.
---	--

Funding for FCP & AP

The Additional Roles Reimbursement Scheme (ARRS) is an NHS England/Improvement initiative, created to support the increase of the wider workforce in primary care by reimbursing the salary of fourteen different professions, which includes the five AHP roles eligible to become FCP and roles which can transition to AP. Requirements for eligibility of the ARRS are outlined in the Network Contract Direct Enhanced Service (DES).

Whilst the FCP Roadmaps to Practice support the transition of AHPs into a primary care setting, there is no requirement for AHPs to become FCPs for employers to be reimbursed for their salary under the ARRS. For example, an employer can choose to employ an MSK Physiotherapist and be reimbursed as part of ARRS, but the employee cannot claim they are an FCP and the employer cannot expect them to work as a FCP. It is the provider's responsibility to ensure staff are safe and working within their capabilities.

Funding to develop Advanced Practitioners is also available, please contact your [regional HEE Faculty for Advancing Practice](#).

