



**AECC**  
**University College**

**First Contact practice**

## **Learning Needs Analysis Form: Podiatry Roadmap**

An LNA is an iterative process which you start by providing details about yourself, your education, experience, and relevant education including a self-assessment mapping exercise against a series of questions – based on the Knowledge, Skills and Attributes specific to the FCP roadmap for your profession. The process uses a series of questions drawn from the KSAs to allow you to summarise the key pieces of evidence you can use to create your FCP portfolio.

Once this form is completed, please email it to [FCP@aecc.ac.uk](mailto:FCP@aecc.ac.uk). The FCP team will analyse the responses and advise you on a pathway to achieving the FCP roadmap. For further details on the route, please visit our [website](#). As required, we will organise a meeting with one of our team to go through your LNA and appraise options on a 1:1 basis. The meeting will identify any gaps your learning/preparation for working as an FCP and how these can be met either through the taught or portfolio route to FCP.

The outcomes from the LNA process are as follows:

1. [Taught route to FCP](#) The PG Cert First Contact Practice is the taught route to becoming a recognised First Contact Practitioner (FCP) and made up of 2 academic units of study mapped against the Knowledge, Skills and Attributes required to meet the roadmaps for each profession (HEE, 2021).
2. [Supported portfolio route](#) you may be directed towards the supervised portfolio route to FCP rather than the taught route. This may be because you have already completed academic study which is relevant to the roadmap stage 1 and need to build your portfolio to evidence experiential learning at Stage 2. This is supported by a 20 credit masters level unit.

## Section 1: About you

Name:

Profession Podiatrist

Initial professional registration: (Date)

Regulatory Body: (NMC/HCPC etc) HCPC

### Workplace

Current employer: NHS/GP Practice

Which [ICS](#) do you work in?

Area of Clinical Practice:

Job / role:

Time in current post

### Contact details

Preferred Email: Phone number:

Address:

### Qualifications

Additional professional qualifications: (Post initial Registration)			
Academic qualifications from completed programmes of study	Award (Level & Title of programme) (e.g., Diploma, BSc)	Date (Year)	University
Detail of modules/courses studied which relate to FCP role:	Module	Date (Year) and Level (e.g., 5, 6, 7)	Education Provider (e.g. NHS trust, Education Provider, Commercial Provider)
<b>Experience</b>			
Summary of current role, responsibilities:  *To be considered alongside a current job description, job role and other relevant role related documentation.			

Summary of any previous Advanced Practice roles:	Employer	Dates of Employment	Responsibilities

### Section 2: Confirmation of Relevant e-learning for FCP

I confirm that I have completed the following e learning modules required as per the FCP roadmap (as relevant) :

Name of module	Date of completion
1	
2	
3	
4	
5	
6	
7	
8	
9 Personalised Care	

Please note you will be provided to provide evidence of completion prior to enrolment

### Section 3: Your knowledge, skills and experience

This section is based around the FCP roadmap for your profession. You are asked to rate your level of knowledge/skill and competence, in relation to the given outcomes. We also ask you to consider the experience that you have relevant to each of the domains where possible

Please use the following rating scale for your knowledge, skills, and competence:

<b>0.</b>	I have little or no knowledge or skill in relation to this outcome
<b>1.</b>	I have some knowledge and skill in this outcome, but need help and support with applying this to practice
<b>2.</b>	I am competent in this area – have the knowledge and skill to practice in relation to this outcome without supervision

<b>3.</b>	I am competent and confident in this area – I have knowledge, skill, and experience of practicing in relation to this outcome and feel able to begin to develop and supervise others in this area of practice
<b>4.</b>	I have expertise in this area – I have considerable knowledge, skill, and experience of practicing in relation to this outcome and would feel confident in teaching and supervising others in relation to this area of practice.

## Domain A: personalised approaches

Capability 1. Communication Capability 2. Personalised care					
Essential knowledge: Specific knowledge underpinning capabilities 1	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
Demonstrate advanced critical understanding of the processes of verbal and non-verbal communication, clinical documentation, and the common associated errors of communication e.g. use of inappropriate closed questions, appropriate use of lay and professional terminology.	B1	A1	1a		
Demonstrate comprehensive advanced knowledge of the influence of the clinician’s behaviour on a patient’s behaviour and vice versa.	B1	A1	A1		
Critical skills: specific skills underpinning capabilities 1 & 2					
Demonstrate an advanced level in the ability to enhance and promote the rights of a person to actively participate in their healthcare management through shared decision making by taking into consideration the patient’s wishes, goals, attitudes, beliefs, and circumstances.	A1 B1	A1 A2	A1 A2		
Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with lower limb conditions, including in the obtaining of consent, and in the interpretation and discussion of test results.	A1 A2 B1 B2	A1	A1		

Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with lower limb conditions, including in the obtaining of consent, and in the interpretation and discussion of test results.	A1 A2 B1 B2	A1	A1		
Demonstrate advanced self-awareness to mitigate against the impact of a clinician's own values, beliefs, prejudices, assumptions, and stereotypes when interacting with others.	B1	A1	A1		
Demonstrate effective advanced communication skills when applying behavioural principles e.g. modifying conversations based on an individual's levels of activation and health literacy, providing appropriate and accessible information and support to ensure understanding of the podiatry condition's current and potential future impact on their lives.	B1	A1	A1		
Demonstrate advanced use of interpersonal and communication skills during the history taking, physical examination, reassessment, and management of individuals, including all documentation e.g. consideration of verbal and non-verbal communication, adapting to individual preferences, cognitive and sensory impairment, and language needs. Avoids jargon and negative assumptions.	A2 B1 B2	A1 A2	A1 A2		
Demonstrate efficient and effective use of advanced active listening skills throughout the individual's encounter, e.g. both are involved in an active, two-way process.	A2 B1 B2	A1	A1		
Demonstrate effective documentation of informed consent from the individual for assessment and management procedures as appropriate.	B1	B4	A1		

Record all pertinent information gathered in history and from examination concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection, and information governance.	B1	A1	A1 A2 C12		
Demonstrate effective and efficient communication and shared decision making with all individuals involved in determining and managing goals, clinical interventions, social prescribing, and measurable outcomes to ensure integrated patient care, e.g. verbal, written, and digital communication to serve the individual's best interest.	B1	A1	A1 A1 A2		
Demonstrate an advanced level of effective, direct, person-centred approach to practice, responding and rapidly adapting the assessment and intervention to the emerging information and the patient's perspective, e.g. enabling individuals to make and prioritise decisions about their care, exploring risks, benefits, and consequences of options on their lower limb condition and life, such as paid/unpaid work, including doing nothing.	A1 A2 B1 B2	A2 B3 C6 C7	A1 A2		
Demonstrate advanced use of clinical reasoning to integrate scientific evidence, clinical information, the individual's perceptions and goals, and factors related to the clinical context and the individual's circumstances, e.g. using clinical outcome measures such as pain, function, and quality of life to progress meaningful goals, and offering regular appointments to monitor other healthcare needs associated with podiatry related long-term conditions and co-morbidities, and their potential impact upon physical activity and healthy living.	B2 B3	A2 B3 C6 C7	A2		



Demonstrate effective advanced communication skills when identifying opportunities for peer, social or other community-based support mechanisms available to promote or enhance foot health.	B1	A1 B3 C6 C7	A1		
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## Domain B: assessment, investigation, and diagnosis

<b>Capability 3. History-taking</b> <b>Capability 4. Assessment</b> <b>Capability 5. Investigations and diagnosis</b>					
Essential knowledge: general knowledge underpinning capabilities 3, 4 & 5	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
Demonstrate critical understanding of the process of complex hypothetico-deductive clinical reasoning, including complex hypothesis generation and testing.	B2 B3	B3 B4	B4 B5		
Demonstrate an advanced level of effective use of the process of complex pattern recognition, including the importance of organising advanced clinical knowledge in patterns.	B2 B3	B3 B4 B5	B3		
Demonstrate comprehensive knowledge of the theoretical physiological systems underpinning assessment of the lower limb, and the interpretation of assessment findings within the context of differential diagnosis.	B2	B3 B4 B5 Appendix 1	B4 B5		
Demonstrate advanced evaluation of common clinical reasoning errors.	B2	B3 B4 B5 Appendix 1	B5		

Demonstrate integration of advanced knowledge and clinical reasoning in the evaluation of complex clinical information obtained, e.g. infectious causes or metabolic causes manifesting as joint pain and muscle pain.	A2 B2	B4 B5	B3		
Demonstrate comprehensive advanced knowledge of the relevant clinical sciences as applied to podiatric conditions, such as clinical anatomy, physiology, pain science, biomechanics, tissue viability, and epidemiology in assessment.	A2 B2	B4 B5.	B4 B5		
Demonstrate comprehensive advanced knowledge of the interrelationship of anatomical structures in lower limb function and dysfunction.	A2 B2	B3 B4 B5	B4 B5		
Demonstrate comprehensive advanced knowledge of pathology and pathogenesis of mechanical dysfunction of the MSK, neurological, and vascular systems presenting to podiatrist first contact practitioners.	A2 A3	B3 B4 B5	B4 B5		
Demonstrate comprehensive advanced knowledge of assessment, diagnosis, and management of non-mechanical dysfunction related to complex multi-system pathology, e.g. local and national guidelines, pathways, and policies for tumours and metastatic disease, fractures, autoimmune/inflammatory diseases, infections, endocrinology, haematology, and other associated red flags.	A2 B2	B3 B4 B5 Appendix 1	B 3 B 4 B 5 Appendix 1		
Demonstrate comprehensive advanced knowledge of neurological and cardiovascular dysfunctions linked with the podiatry related conditions.	A2 B2	Appendix 1	B3 B4 B5		
Demonstrate comprehensive advanced knowledge of pain sciences related to the lower limb conditions	A2	B4 B5 Appendix 1	B4 B5		

Demonstrate comprehensive advanced knowledge of examination procedures to enable differential diagnosis of the MSK, neurological, vascular, and lymphatic dysfunction, while additionally exploring co- morbidities, mental health, and social health impacts as seen within the FCP podiatry role.	A2	B5	B5		
Demonstrate comprehensive advanced knowledge of the specific diagnostic and evaluative qualities of assessment tools likely to be used within the FCP podiatry role, including reliability, validity, responsiveness, positive likelihood, negative likelihood, and diagnostic accuracy.	A2 B2	B5	B5		
Demonstrate comprehensive advanced knowledge of static, dynamic, and functional posture in the assessment of the MSK system and interpretation of this assessment.	A2 A3	B4 B5 Appendix 1	B4 B5		
Demonstrate comprehensive advanced knowledge of the biomechanics and principles of active and passive movements of the articular system, including the joint surfaces, ligaments, joint capsules, and associated bursae in the assessment of the MSK system and interpretation of this assessment.	A2 A3	B4 Appendix 1	B4		
Demonstrate comprehensive advanced knowledge of the specific tests for functional status of the muscular, nervous, and vascular system in the assessment of the MSK system and interpretation of this assessment.	A2 A3	B5	B4 B5		
Demonstrate comprehensive advanced knowledge of the specific special/screening tests for the assessment of the muscular, skeletal, integumentary, nervous, and vascular systems and interpretation of these assessments.	A2 B2	B3 B5	B4 B5		

Demonstrate comprehensive advanced knowledge of appropriate medical diagnostic tests and their integration required to make a podiatric clinical diagnosis, e.g. able to select the appropriate investigative tests, interpret results, and inform assessment and decision making.	A2 B2	B5	B5		
Demonstrate comprehensive advanced knowledge of the specific indications and contraindications (including behavioural principles) for the use of diagnostic tools including imaging, blood tests, etc.	A2 B2	B5	B5		
<b>Critical skills: Specific skills underpinning capabilities 3, 4 &amp; 5</b>					
Demonstrate an evidence-informed approach to the advanced assessment of individuals with lower limb conditions.	A2 A3 B2 B3	B3 B4 B5	B3 B4 B5		
Demonstrate advanced application of comprehensive knowledge of the examination and management of individuals with lower limb conditions e.g. able to assess and manage commonly seen patterns and syndromes and the causes to which they relate: joint, bone pain, muscle pain and weakness, systemic extra-skeletal problems related to trauma, degenerative, neoplastic, developmental/congenital, and psychological causes etc.	A2 B2	B3 B4 B5 C11	B4 B4 B5		
Demonstrate advanced professional judgements when selecting assessment, diagnostic, and treatment techniques; evaluating benefit and risk; and adapting practice to meet the needs of different groups and individuals e.g. cognitive impairment, learning difficulties, remote consultation, chaperones, and interpreters.	B2	B5	B5		
Demonstrate an advanced level of critical and evaluative collection of clinical information to ensure reliability and validity, ensuring concise and accurate documentation for clinical management, and in accordance with local	B2	A1 B3 B4 B5	B5		

protocols, legal and professional requirements.					
Demonstrate application of comprehensive advanced knowledge of the biomedical, clinical, and behavioural sciences in the assessment of individuals with lower limb conditions e.g. presentation of pathological and psycho- social presentations affecting the structure, function, inflammation, and pain, including wounds.	A1 A2 B1 B2	B3 B4 B5	B3 B4 B5		
Demonstrate effective application of assessment and outcomes to evaluate aspects of the complex clinical behavioural principles in the management of individuals whilst addressing any queries or concerns they may have.	A1 B1 B2	A2 B3 B4 C7	B5		
Demonstrate advanced level of efficient and effective questioning strategies to obtain reliable and valid information from history taking, while demonstrating the ability to explore and appraise an individual's perceptions, ideas, and beliefs about their symptoms e.g. appropriate and sensitive communication styles, exploring, synthesising, and distilling relevant information about relationships between social activities, work, and health (biological and psycho-social barriers to recovery, frailty, dementia, other determinants of health).	A1 A2 B1 B2	A1 A2 B3	A1 A2		
Demonstrate an advanced level of accurate and efficient selection of inquiry strategies, based on early recognition and correct interpretation of relevant complex clinical cues e.g. gather, synthesise, and appraise from various sources, sometimes incomplete or ambiguous information relating to current and past history, their activities, any injuries, falls, frailty, multi-morbidity, or other determinants of health and wellbeing and characteristics of podiatric conditions (pain, stiffness, deformity, weakness, sensory loss, and impact on tasks and occupation etc.).	A1 A2 B1 B2	A1 A2 B3	A1 A2 B3		

Demonstrate the advanced ability to simultaneously monitor multiple complex dimensions of information while maintaining a professional and appropriate communication style throughout contact with the individual e.g. some lower limb symptoms have the potential to be features of serious pathology, compounded by psychological and mental health factors, and affected by lifestyle factors (including smoking, alcohol, and drug misuse).	B1 B2 B3	A1 A2 B3	A1 A2 B3		
Demonstrate the ability to efficiently and effectively gain an individual's consent, respecting and maintaining privacy and dignity, complying with infection control procedures.	B1	A1	A1		
Demonstrate advanced prioritisation in the physical assessment and management of individuals with complex lower limb conditions, adapting to the needs of individuals and potential limitations of the clinical environment e.g. cognitive impairment, chaperone, remote consultations, and local policy (social distancing, PPE).	A2 B1 B2	A2 B3 B4	A2 B3 B4		
Demonstrate advanced level of sensitivity and specificity in the physical and functional assessment of the articular, muscular, fascial, nervous, vascular, and cardiorespiratory systems.	A1 B1	B5	B5		
Demonstrate accurate physical diagnosis of lower limb dysfunctions e.g. identify, analyse, and interpret significant information from the assessment, including any ambiguities.	A2 B2	B3 B4 B5	B3 B4 B5		

## Domain C: condition management, interventions, and prevention

**Capability 6. Prevention and lifestyle intervention**  
**Capability 7. Self-management and behaviour change**  
**Capability 8. Pharmacotherapy**  
**Capability 9. Injection therapy**  
**Capability 10. Surgical interventions**  
**Capability 11. Rehabilitative interventions**  
**Capability 12. Interventions and care management**  
**Capability 13. Referrals and collaborative work**

Essential knowledge: generic knowledge underpinning capabilities 6, 7, 12 & 13	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
Demonstrate comprehensive advanced knowledge of prognostic, risk, and predictive factors of relevant health problems in relation to all podiatric management strategies e.g. adequate vitamin D for bone health, and the effects of smoking, obesity, mental health, frailty, inactivity etc.	A3 B3	C6	C6		
Demonstrate comprehensive knowledge of the relevant theories of behaviour health change e.g. the transtheoretical model and patient activation (behavioural reactions to pain and limitations, coping strategies, personal goal setting etc) related to podiatric assessment and management.	B3	C7	C7		
Demonstrate comprehensive knowledge of the role of the biopsychosocial model, e.g. risk factors for the persistence of lower limb conditions and the role of MDT management strategies.	A1 A3 B1 B3	C7	C7		

Demonstrate comprehensive advanced knowledge of all possible interventions for management of lower limb conditions e.g. where agreed in partnership and acting in the individual's best interest, refer and/or signposting for relevant investigations, local and national services, including self-help, counselling, and coaching support.	B3	C6 C7 C11 C12 C13	C6 C7 C11 C12 C13		
Demonstrate comprehensive advanced knowledge including indications and contraindications of all available multimodal therapeutic interventions for management of lower limb conditions e.g. the safety and appropriateness of referral for rehabilitation and/or specific interventions (manual techniques, electrotherapy, social prescribing, injection therapy, and pharmacotherapy etc.).	A3 B3	C6 C7 C8 C9 C10 C11 C12	C6 C7 C8 C9 C10 C11 C12 C13		
Demonstrate comprehensive advanced knowledge of ergonomic strategies and advice to assist the individual/ relevant agencies on effective risk assessments and provision of appropriate working conditions. This may include adaptation to meet the individual's needs in their work environment to prevent lower limb-related work loss e.g. appropriate recommendation of FIT note.	A2 A3 B2 B3	C6 C11 C12 C13	C6 C11 C12 C13		
<b>Critical skills: specific skills underpinning capabilities 6,7,12 &amp; 13</b>					
Demonstrate an advanced level in the ability to retrieve, integrate, and apply evidence- based knowledge from the medical, and behavioural sciences in the clinical setting, recognising the limitations of incorporating evidence when managing individuals with lower limb conditions e.g. considering social, economic, and environmental factors on an individual's behaviour, intervention, and management plan decision-making.	A3 B3	C12 C13 D14	C12 C13 D14		



Demonstrate an advanced ability to integrate and apply evidence-informed approaches in the presentation of health promotion and preventative care programmes e.g. work in partnership utilising behaviour change principles to promote and support the individual with continuing work/exercise participation and the importance of social networks, and clinical and non-clinical groups and services.	A1 A3 B1 B3	C6 C7 C11 C12 C13	C6 C7 C11 C12 C13		
Demonstrate advanced effective interpersonal and communication skills in the application of knowledge of complex biomedical sciences in the management of podiatric conditions to facilitate communication and behaviour change that enables self-management, independence, risk assessment, and health and wellbeing promotion for individuals, carers, communities, and populations.	A1 B1 B3	A1 A2 C6 C7 C12 C13	A1 A2 C6 C7 C12 C13		
Demonstrate an advanced ability to identify the nature and extent of an individual's functional abilities, pain, and complex multidimensional needs in relation to their management plan e.g. advising individuals, carers, and relevant agencies on living with frailty and how to adapt the environment to reduce the risk of falls, manage pain, and maintain independence etc.	A2 B2 B3	C12 C13	C12 C13		
Demonstrate advanced effective interpersonal skills to inform the individual about their clinical presentation and all their management options e.g. supports the individual to engage in identifying the risks, prognosis, potential side effects, and likely benefits of interventions related to their personal needs and health goals.	A1 A3 B1 B3	A2 C12 C13	A2 C12 C13		
Demonstrate advanced effective application of aspects of behavioural principles in the management of individuals to optimize their physical activity, mobility, fulfilment of personal goals and independence relevant to their lower	B1 B3	A2	A2		

limb condition e.g. supports and recognises when to discharge the individual with self-management.					
Demonstrate effective implementation of the biopsychosocial model e.g. able to identify risk factors for the persistence of podiatric conditions and advise, signpost, and refer individuals to psychological therapies, counselling, and pain services as appropriate.	B1 B3	B3 B5 C13	B3 B5 C13		
Demonstrate an advanced level of skill in implementing and educating individuals in appropriate rehabilitation programmes, supporting individuals to engage and explore personal goals, the consequences of their actions and inactions on these goals, and their health status and independence relevant to their lower limb condition.	B3	A2 C11	A2 C11		
Demonstrate efficient and effective management of patients with multiple complex inter-related or separate problems and/or co-morbidities e.g. communicate and collaborate with inter-professionals, educating and advising on management interventions and plans for individuals who are off work with foot ulceration but restricted by regular hospital appointments or footwear and concerned about a loss of employment.	B3	C12 C13	C12 C13		
Demonstrates effective MDT working to optimise service delivery of the management of lower limb conditions and health, prevention, and wellbeing for the benefit of individuals, carers, professionals, and agencies e.g. evidence of shared learning, development, audit, referral pathways.	B3	C12 C13	C12 C13		
Make recommendations to employers regarding individuals' fitness to work, including through the appropriate recommendation of fit notes and seeking of appropriate occupational health advice.		C12 C13	C12 C13		

## Capability 8. Pharmacotherapy

Essential knowledge: generic knowledge underpinning capability 8	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
<p>Demonstrate comprehensive knowledge of indications, contraindications, effects, and side-effects of therapeutic drugs, understanding local and national formularies, resources, guidelines, and policies including the podiatrist’s exemptions list, related to their use in the examination and management of podiatric conditions e.g. analgesics, non-steroidal and anti-inflammatory drugs, corticosteroid, and drugs used in treating individuals with metabolic bone disease, gout, inflammatory arthritis, and in the management of persistent pain.</p>	B3	C8 C9	C8 C9		
<b>Critical skills: specific skills underpinning capability 8</b>					
<p>Advise patients on the most common medications used in the management of podiatric disorders, to advise individuals for medicines management of their lower limb problem, including the expected benefit, limitations, advantages, and disadvantages of pharmacotherapy and the importance of an impartial approach to the information shared in the context of other management options e.g. address and allay individuals’ fears, beliefs, and concerns.</p>	B3	C8 C9	C8 C9		
<p>Keep individuals’ responses to medication under review, recognising differences in the balance of risks and benefits that may occur in the context of polypharmacy, multi-morbidity, frailty, and cognitive impairment. Seeking appropriate support or onward referral for</p>	B3	C8 C9 C10 C11 C13	C8 C9 C10 C11 C13		

pharmacotherapy where required, and utilising available resources to further complement advice given e.g. signpost to websites, leaflets, pharmacists, MHRA yellow card scheme.					
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<b>Capability 9. Injection Therapy</b>					
Essential knowledge: generic knowledge underpinning capability 9	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
Understand the role of joint injections, informed by the evidence base in podiatric practice, local and national guidelines, pathways, and policy.		C9	C9		
<b>Critical skills: specific skills underpinning capability 9</b>					
Work in partnership to explore the suitability for injection therapy, including the expected benefit, limitations, advantages, and disadvantages of injection therapy and the importance of an impartial approach to the information shared in the context of other management options. Seeking advice and local referral for injection where required.		C9	C9		

<b>Capability 10. Surgical interventions</b>					
Essential knowledge: generic knowledge underpinning capability 10	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience

Demonstrate comprehensive advanced knowledge of indications for, and the nature of, 'minor' surgical intervention in the management of podiatric conditions, such as nail surgery, including the expected benefits, limitations, advantages, and disadvantages of surgical interventions and the importance of an impartial approach to the information shared in the context of other management options e.g. conservative management, interventions, and social prescribing.	A3	C10	C10		
<b>Critical skills: specific skills underpinning capability 10</b>					
Work in partnership with individuals to explore suitability of surgical intervention e.g. to allay individuals' fears, beliefs, and concerns, seeking assistance where required, referring appropriately and with consideration of local and national pathways, guidelines, resources, and policies.	A3	A2 C10	A2 C10		

<b>Capability 11. Rehabilitative Interventions</b>					
Essential knowledge: generic knowledge underpinning capability 11	MPACF-LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
Demonstrate comprehensive advanced knowledge of indications for, and the nature of, 'minor' surgical intervention in the management of podiatric conditions, such as nail surgery, including the expected benefits, limitations, advantages, and disadvantages of surgical interventions and the importance of an impartial approach to the information shared in the context of other management options e.g. conservative management, interventions, and social	A3	C10	C10		

prescribing.					
Demonstrate comprehensive knowledge of various manual exercise therapy approaches, including the expected benefits, limitations, advantages, and disadvantages, and of other therapeutic adjuncts e.g. taping, acupuncture, and electrotherapy modalities including those in physiotherapy, medicine, osteopathy, and podiatry etc used in the rehabilitative management of MSK conditions.	A3	C11	C11		
Demonstrate comprehensive knowledge of the role of digital technology to support adherence to rehabilitation and/ or self-care interventions for individuals with lower limb conditions e.g. apps and wearables and have an appreciation for potential barriers or limitations to their use.	A3	A2 C11	A2 C11		
Demonstrate comprehensive knowledge of evidence-informed outcome measures appropriate to the management of podiatric conditions.	B3	C11 D14	C11 D14		
<b>Critical skills: specific skills underpinning capability 11</b>					
Work in partnership with individuals to explore suitability of rehabilitation intervention (referrals to physiotherapy, occupational therapy, exercise instructors, and self-management resources etc.), seeking assistance where required, referring appropriately and with consideration of local and national pathways, guidelines, resources, and policies.	A1 A3 B1 B3	A2 C11 C13 D14	A2 C11 C13 D14		
Demonstrate integration of principles of patient education as a component of multi-modal therapy intervention for the management of lower limb conditions.	B1 B3	A2 C12	A2 C12		

Demonstrate integration of principles of exercise physiology as it applies to therapeutic rehabilitation exercise programmes, including gait rehabilitation, as a component of multi-modal intervention for management of MSK conditions e.g. an exercise programme with orthotist referral.	B3	C11 Appendix	C11 Appendix		
Demonstrate sensitivity and specificity of handling in the implementation and instruction of individuals in appropriate therapeutic rehabilitation exercise programmes e.g. graded return to normal activity, modifying activity advice and programmes.	B3	A2 C11	A2 C11		

## Domain D: service and professional development

Capability 14. Evidence-based practice and service development					
Essential knowledge: generic knowledge underpinning capability 14	MPACF- LLV	CoP Foot & Ankle MSK CF	FCP Capabilities	Your rating (0-4)	Your experience – comment or list relevant experience
Demonstrate advanced critical evaluative application of evidence-informed practices e.g. uses clinical audit to evidence the use of best practice/ national guidelines within podiatric care and service delivery, identifying where modifications are required.	B3 L & M in ACP Research in ACP	D14	D14		
Demonstrate evaluative understanding of appropriate outcome measures e.g. data collection and analysis, satisfaction feedback, and stakeholder engagement to improve quality of care, service delivery, and health inequalities.	L & M in ACP	B3 B4 B5 C11 D14	B3 B4 B5 C11 D14		

Demonstrate effective integration of comprehensive knowledge, and cognitive and metacognitive proficiency e.g. understands the importance of reflective practice and supervision on professional and service development.	Education in ACP	C1 1 D 14 Appendix 1 Appendix 2	C11 D14 Appendix 1 Appendix 2		
Evaluate the existing and changing professional, social, and political influences on the breadth and scope of advanced podiatric practice within the context of delivery of services to continuously improve podiatric healthcare.	L & M in ACP Education in ACP	A2 D14	A2 D14		
Evaluate the extent to which advanced podiatric practice contributes to strategies related to collaborative inter-professional working and person-centred care.	A1 B1 L & M in ACP	A2 D14	A2 D14		
Demonstrate comprehensive knowledge of evidence-informed outcome measures appropriate to the management of podiatric conditions.	B3	C11 D14	C11 D14		
<b>Critical skills: specific skills underpinning capability 14</b>					
Demonstrate ability to critically review the recent literature of the basic and applied sciences relevant to lower limb conditions, to draw inferences for practice and present appraised, synthesised, material logically in verbal and written forms.	Research in ACP	D14	D14		
Demonstrate the advanced use of outcome measures to evaluate the effectiveness of clinical interventions and services and uses outcomes to inform future planning and development.	B3 L & M in ACP	D14	D14		
Demonstrate effective critical appraisal of research relevant to podiatric practice.	Research in ACP	D14	D14		



Demonstrate ability to consult skilfully with peers, other professionals, and legislative and regulatory organisations as appropriate.	A2 B2 L & M in ACP	A1 C13 D14	A1 C13 D14		
Critically analyse leadership practice through self-awareness of ability to lead, influence, and negotiate with others.	L & M in ACP	C13 D14	C13 D14		
Critically apply changes to their behaviour relating to underpinning theory on leadership and analyse and reflect on these changes.	L & M in ACP Education in ACP	D14	D14		