Royal College of General Practitioners

GPwER in MSK Medicine Framework

Guidance to the role, competencies, and accreditation for GPs with an Extended role in Musculoskeletal Medicine & Rheumatology

The Primary Care Rheumatology and Musculoskeletal Medicine Society

Faculty of Sport and Exercise Medicine UK

BAsem British Association of Sport & Exercise Medicine

Contents

1. Introduction 2
   1.1 Evolving MSK Services 2
   1.2 The RCGP Framework to support the governance of GPwERs 3

2 Defining the role of the GPwER in MSK Medicine 4

3 The Curriculum and Competencies required 5
   3.1 Core MSK competencies 5
   3.2 Syllabus content 6
      3.2.1 GPwER MSK Medicine
      3.2.2 GPwER Rheumatology 8
      3.2.3 Practical skills & procedures 9
   3.3 Curriculum – Teaching and learning 9
   3.4 Curriculum – Assessment as a GPwER 11

4 Maintaining good medical practice 12

Appendices

1. Musculoskeletal Advanced Practice Standards:
   Learning outcomes, knowledge, skills and behaviours
2. Diploma in Musculoskeletal Medicine Syllabus
3. Role specific competencies for a GP with an extended role in Rheumatology
4. Workplace based assessment templates and guidance
5. Educational Resources & Courses

1. Introduction

This document sets out a standardised pathway for clinicians to follow to support working as a GP with an Extended Role in Musculoskeletal Medicine including the competencies required, the pathways to accreditation and the requirements for maintaining good practice in the role. It focusses on roles within NHS England and does not cover the devolved nations and we would recommend referring to appropriate local or national guidelines in these cases.

This has been developed during a significant period of change for musculoskeletal services within the NHS including the development of a new breed clinicians working within and across the traditional boundaries of primary and secondary care. This framework has been designed to align with those for other allied health professionals working in extended roles to ensure equity and facilitate the interprofessional working that these settings require.

The intention is that this will support and entrench the important addition that a GP with an extended role makes as a core member of a multidisciplinary team in a community musculoskeletal setting.

1.1 Evolving MSK Services – setting the scene

Back in 2000, recognising significant difficulties with the cost of, and access to, specialist advice there was a plan to reform the NHS workforce[1] and create a new breed of GPs termed 'GPs with a Specialist Interest (GPwSI)'. These roles were an evolution of historical posts such as Clinical Assistants where GPs often worked alongside consultants in a range of specialities. Here they developed specialist skills and knowledge to enable them to take referrals from their GP colleagues to deal with issues such as rheumatological presentations, drug addiction, women's health and dermatology. The principle of the GPwSI title usefully identified the need for these roles to be based in primary care so as to enable system and pathway changes.

In 2006 the Department of Health published the Musculoskeletal Services Framework[2] that identified a series of problems in existing musculoskeletal care including long waiting times, inconsistency in pathways and variable outcomes of care and advocated for community MSK services staffed with multidisciplinary teams. This led to a revolution in the workforce and the development of extended role practitioners drawn from physiotherapy services as well as recognising the input of GPs with a Specialist Interest and other allied health professions. The 2019 NHS Long Term Plan[3] further emphasised these changes in the workforce. The advent of these advanced practice roles including the more recent development of First Contact Practitioners has driven a national focus on the need for standardised frameworks to support governance around these roles.

Historically these roles have relied on individualised, locally designed competency frameworks and appraisal leading to a potential variance in standards of practice. In response to this NHS England commissioned Health Education England to develop standardised pathways to advanced practice which were formally launched in 2020[4] with the intention that any clinicians

[1] Department of Health. The NHS plan: a plan for investment, a plan for reform. London: HMSO; 2000.
[2] Department of Health, 2006. The Musculoskeletal Services Framework–A Joint Responsibility: Doing it Differently.
[3] NHS Long Term Plan
[4] HEE Multiprofessional framework for advanced clinical practice in England

working in these settings would need to provide robust evidence of competency and governance around the role (see Appendix 1).

1.2 The RCGP Framework to support the governance of GPwERs

The Royal College of General Practitioners (RCGP), recognising a similar need to standardise training and accreditation and provide evidence of a level of sufficient competency for GPs working in several specialist areas, published a generic framework[5] with the following goals:

- (To create an) authoritative GPwER guide. Being relevant to all specialisms, the framework describes a set of principles in relation to GPwER and explains how competence is demonstrated, both initially and on an ongoing basis.
- (To) create a generic format for specialism specific GPwER frameworks and criteria to inform their development.
- (To) establish criteria for processes that accredit the individual GPwER, with the expectation that GPs will value accreditation in some specialisms, but not all.

The subtle, but significant, shift in terminology from being a GP with a 'Specialist Interest' to a GP with an "Extended role" has helped redefine what such an extended role means and exemplifies the professionalisation of this role and the need for additional evidence of competency and onwards professional development to provide credibility to the role.

The RCGP definition of a GPwER is one who maintains a role in primary care but undertakes:

- an activity that is beyond the scope of GP training and requires further training
- an activity undertaken within a contract or setting that distinguishes it from standard general practice
- an activity offered for a fee outside the care provided to the registered practice population (e.g. teaching, training, research, occupational medical examinations, medico-legal reports and cosmetic procedures).
- (management of) referrals for assessment and treatment from outside their immediate practice and undertake work that attracts an additional or separate medical indemnity fee.

ROYAL COLLEGE OF GENERAL PRACTITIONERS 2020

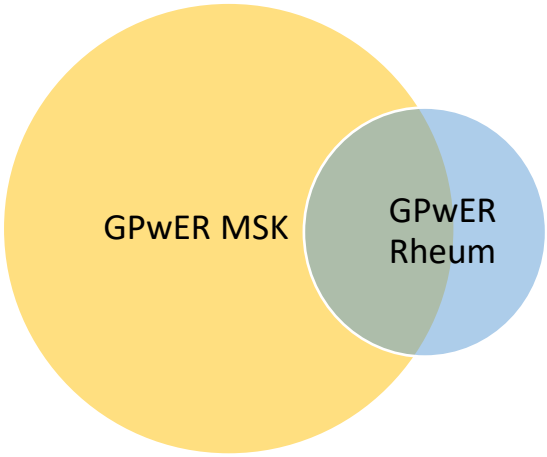
A successful trial of the process of accreditation with GPs working in an extended role in Dermatology[6] highlighted how speciality organisations can work alongside the RCGP and provide a more comprehensive approach to accreditation and training of GPwERs.

[5] RCGP framework for GPwER
[6] Dermatology GPwER Guidance

Building on this example the Faculty of Sports and Exercise Medicine has collaborated with The Primary Care Rheumatology & Musculoskeletal Medicine Society and the British Association of Sports and Exercise Medicine to support a standardised national framework that enables clear demonstration of competencies and accreditation around the role of a GP with an extended role in musculoskeletal, sports and exercise medicine (GPwER MSK).

2. Defining the roles of the GPwER in MSK Medicine & Rheumatology

The activities of the GPwER in MSK medicine will vary depending on the clinic setting, local needs and resources available. All roles will share a common knowledge base but will likely have further role specific competencies. Importantly a GPwER is not simply a 'mini-consultant', the ability to provide holistic assessment and management of the patient including managing multiple comorbidities, complexity and uncertainty is based on the generalist skill set of a GP that provides a unique and valued addition to any community MSK team.
This pathway relates to two discrete sub-categories for an individual GPwER to work in, namely a GP with an extended role in 'MSK Medicine" and a GP with an extended role in Rheumatology. GPs working in Team sport or other facets of sports and exercise medicine will be accommodated by the faculties existing, and developing pathways.



Both categories of GPwER can be thought of as sharing the same core skill set and there is a significant emphasis within these core skills on the importance of identifying patients with possible autoimmune or inflammatory conditions as these may be encountered in any MSK setting however there are additional capabilities required to work in a community rheumatology setting that can be described as follows.

1. **GP with an extended role in Musculoskeletal Medicine** –may work within existing community pathways with a focus on the non-surgical management of musculoskeletal problems including within hip, knee, shoulder, hand & wrist, foot & ankle, chronic pain and spinal pathways.
2. **GP with extended role in Rheumatology** – will work alongside rheumatology colleagues in secondary care settings with specialist knowledge of the diagnosis and management of inflammatory/autoimmune conditions, metabolic bone disease, vasculitis and connective tissue disease.

3. Curriculum

3.1 Curriculum: Core MSK Competencies

Clinicians working in extended roles are expected to maintain and evidence the generic competencies introduced by the GMC in 2017, in which the patient is at the centre of any consultation and decision making[7] outlined across the following nine domains.

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
- Domain 3: Professional knowledge
- Domain 4: Capabilities in health promotion and illness prevention
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 7: Capabilities in safeguarding vulnerable groups
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

All GPwER roles involve working in an interdisciplinary setting, sharing a caseload with clinicians from other specialities working within the strengths and limitations of the individual's experience and training. A GPwER would be expected to have knowledge of the internationally recognised educational and clinical standards identified by the Centre for Advanced Practice. These set out the core competencies for clinicians from a range of specialities to work across a range of clinical settings in musculoskeletal practice.

These standards aim to enable any MSK advanced practitioner in the UK to assess, treat and manage the whole person at an advanced MSK level in a range of clinical settings. Across eight learning outcomes the framework sets out the required knowledge, skills and behaviours that would need to be evidenced to demonstrate competency in working as a GP with an extended role in musculoskeletal medicine (see Appendix 1 for more details).

The key elements are covered within eight specific domains:

1. Demonstration of critical and evaluative evidence informed practice
2. Demonstration of critical use of a comprehensive knowledge base of the applicable sciences in MSK practice
3. Demonstration of critical use of a comprehensive knowledge base of MSK practice
4. Demonstration of critical and an advanced level of clinical reasoning skills enabling effective assessment and management of patients with MSK conditions
5. Demonstration of an advanced level of communication skills enabling effective assessment and management of patients with MSK disorders
6. Demonstration of an advanced level of practical skills with sensitivity and specificity of handling, enabling effective assessment and management of patients with MSK disorders
7. Demonstration of a critical understanding and application of the process of research
8. Demonstration of clinical expertise and continued professional commitment to the development of MSK practice.

[7] Generic Professional Competencies

3.2 Curriculum: Syllabus content

For accreditation with the FSEM a GPwER would be expected to meet the MSK competencies laid out in Appendix 1 however GPwERs working in specialist rheumatology clinics have additional capabilities and competencies that includes their own discrete areas of knowledge and levels of expected experience and understanding.

For each condition/presentation within each syllabus, GPwERs wishing to work within their specific area of interest will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis.

Although the exact treatment care and strategy approach adopted by the GPwER will depend on the service and tier in which the GPwER is working as a requirement for GPwER accreditation the individual will need to demonstrate an awareness of these conditions, the basis on which diagnosis is made and basic first line management. It is also expected that the GPwER will understand when and who to refer to and the urgency of referral.

3.2.1 GPwER MSK Medicine syllabus

To establish a formal applied knowledge test for a practitioner in an extended role in MSK Medicine a committee was convened including members of the Primary Care Rheumatology and Musculoskeletal Medicine Society and the Faculty of Sports and Exercise Medicine to create a syllabus (see Appendix 2).
This syllabus forms the basis of a new applied knowledge test in the form of the FSEM MSK Diploma exam intending to set a benchmark of the entry-level knowledge required to work in an advanced role in community MSK and primary care settings.
This syllabus covers the most encountered musculoskeletal health issues in primary care including:

MSK Conditions & Principles

Acute and chronic pain neurophysiology
Tendinopathy
Osteoarthritis
Rheumatoid Arthritis
Erosive OA
Spondyloarthropathies
Connective Tissue disorders
Vasculitis
Gout/Pseudogout
Infection
Malignancy
Chronic pain states including fibromyalgia, CRPS, Regional pain syndromes
Polymyalgia Rheumatica (+/- Temporal Arteritis)
Osteoporosis (including fracture risk assessment tools)

Paediatric MSK Conditions

Apophysitis
Scheuermann's Disease

- Juvenile Degenerative Disc Disease
- Pars interarticularis injury
- Slipped Upper Femoral Epiphysis (SUFE)
- Perthes
- Osgood-Schlatters
- Severs Disease
- Juvenile Inflammatory Arthritis

Regional disorders

- Shoulder
  - Frozen shoulder
  - Subacromial pain syndrome
  - Osteoarthritis
  - Instability
- Elbow
  - Extensor & Flexor Origin Tendinopathy
  - Cubital Tunnel Syndrome
  - Olecranon bursitis
  - Degenerative & Inflammatory Arthropathy
- Hand & Wrist
  - Carpal Tunnel Syndrome
  - Trigger Digit/Finger
  - Degenerative & Inflammatory conditions
  - Ganglion Cyst
  - Dupytren's Disease
  - Tenosynovitis
  - TFCC injury
- Spine
  - Serious Pathologies – Cauda Equina Syndrome, Malignancy, Infection, Trauma, Inflammatory disease
  - Radiculopathy
  - Lumbar pain
  - Cervical pain
  - Thoracic pain
- Hip
  - Osteoarthritis
  - Groin pain and Femoro Acetabular Impingement
  - Greater Trochanteric Pain Syndrome
  - Buttock pain
- Knee
  - Osteoarthritis
  - Patello-femoral pain
  - Tendinopathy
  - Bursitis
  - Meniscal injury
  - Ligament injury
  - Popliteal cyst
- Foot & ankle
  - Achilles Tendinopathy

Posterior Tibialis Tendon Dysfunction (PTTD)
Neural impingement
Plantar Fasciitis
Lateral Ankle Problems following sprain injury
Ankle OA
Mid-foot OA
1st MTPJ OA
Metatarsalgia (including Morton's neuroma)

3.2.2 GPwER Rheumatology syllabus

This additional syllabus is based on the Joint Royal Colleges of Physicians Training Board curriculum for rheumatology training draft speciality capabilities in practice (CiP)[8] adapted for the proposed GPwER in MSK and rheumatology accreditation (further details can be seen within Appendix 4)

The syllabus includes the following key areas:

- Inflammatory arthritis
- Spondyloarthropathy
- Connective tissue diseases
- Vasculitis
- Auto inflammatory and other multi system disorders
- Bone disease
- Endocrine and metabolic disorders
- Neoplastic disorders
- Spinal musculoskeletal pain disorders
- Regional musculoskeletal soft tissue disorders
- Pain syndromes
- Paediatric and adolescent rheumatological disease

3.2.4 Practical skills & procedures

Additional skills may be considered desirable rather than essential and may include:

- Peripheral joint injections
- Spinal injections
- Ultrasound guided injections
- Soft tissue injections
- Diagnostic ultrasound

The assessment of competency in these procedures is not covered within this framework and additional evidence and sign off from suitably accredited individuals and organisations would be required.

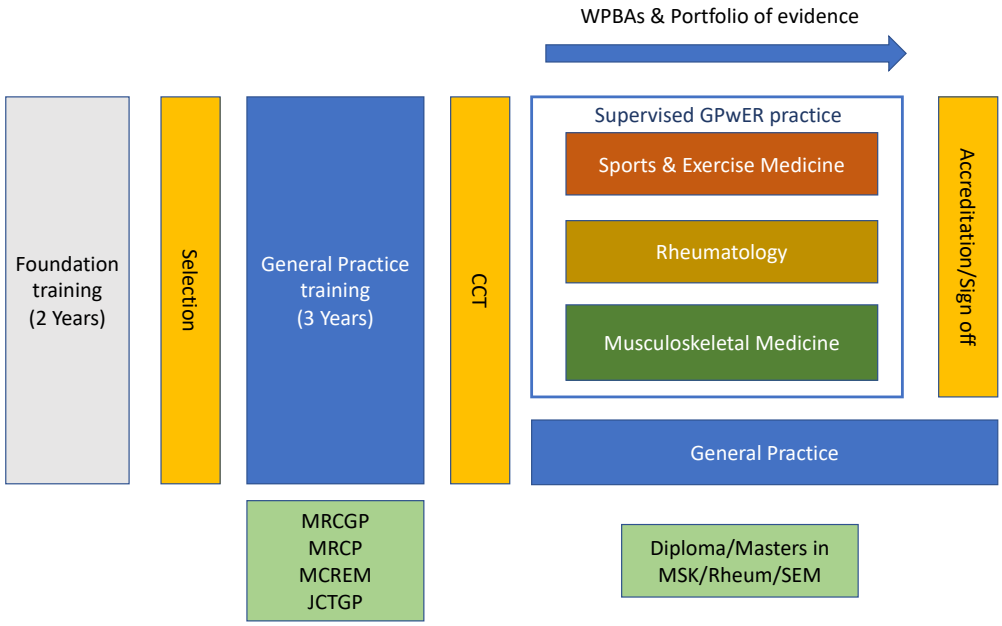
[8] Curriculum for Rheumatology Training

3.3 Curriculum: Teaching & Learning

Pathways to Practice

The clinicians that this career pathway would be relevant to are drawn from three discrete categories:

- Clinicians already working in an extended role (traditionally known as GPs with a specialist Interest (GPwSIs))
- Clinicians who have transferred to General Practice from other speciality areas wishing to work in an extended role
- Clinicians who have gained a CCT in General Practice who wish to develop an extended role in the future.



The pre-requisites for initial accreditation as a GPwER as laid out by the RCGP include:

- Evidence of a CCT or equivalent in General Practice
- Evidence of being currently registered, licensed and being in good standing with the GMC
- Continuing to work in a primary care role, be on a performers list for General practice and have evidence of annual appraisal as a GP (not just in the extended role)

Theoretical training

There are a range of institutions and organisations that provide theoretical training for those wishing to become GPwERs or for existing GPwERs wishing to explore continuing professional development. A list of resources outlining many of these can be found in Appendix 6. This is not exhaustive and new courses and university programmes are continually evolving. Post graduate courses and qualifications should be of a suitable level of learning (ideally at QAA HE level 7) and appropriately accredited for them to be included in a portfolio of evidence.

Opportunities to acquire relevant knowledge are manifold and not limited to the postgraduate period and could include:

- Hospital and community MSK clinics
- Postgraduate qualifications in MSK Medicine, Rheumatology or SEM.

- Attendance at recognised meetings, lectures, conferences, and courses
- Online learning via suitably recognised portals with evidence of completion.

Clinical training

It is expected that any clinician working towards accreditation in extended role would need to continue to work as a general practitioner on a regular basis and evidence that they are working to a continued high standard with ongoing appraisal and revalidation.

From this point the aim would be to accrue evidence of enough clinical experience and additional learning to meet the definition of a GPwER as a 'Specialist Generalist', someone who can work as an autonomous practitioner, in primary care and other community clinic settings, providing a high standard of care of musculoskeletal conditions.

It is expected that any individual will have a named supervisor of practice who will support the trainee and guide them in this process. The supervisor should be appropriately qualified in their role and be familiar with the process of accreditation.

Evidence of competency may be compiled within existing practice and would recognise prior experience and competency frameworks that may have been worked towards for existing roles as part of the submission. There are several ways evidence could be compiled including:

- During training posts within a vocational training scheme e.g., integrated training posts (ITPs) which present an ideal opportunity to gain role specific learning and supervised practice.
- As a GP speciality trainee with a GP Speciality training attachment (during ST1 year)
- As a speciality or hospital doctor working under the supervision of a consultant (e.g., in Rheumatology, Orthopaedics, pain medicine, or SEM)
- Working with an existing GPwER in a community specialist clinic.
- Working with a specialist in a clinical placement under local arrangements

An electronic record should be kept of evidence to demonstrate competence for the role that should include:

- Evidence of acquisition of core knowledge relevant to the role – this may include
    - Record of relevant learning activities e.g., Lectures, E-Learning, Courses & Educational Meetings
    - Record of any relevant post CCT qualifications e.g., a Master's level Diploma in MSK/SEM
    - Record of any relevant Research, Presentations & Publications
- Portfolio of evidence (see Appendix 4 for relevant templates) to demonstrate experience and supervised training within the extended role.
    - Supervised practice with suitably qualified clinicians (include name, qualifications, and scope of practice of supervisor)
    - Logbook of evidence of core skills countersigned by supervisor to show evidence of competence to include Workplace Based Assessments.
        - COT (Consultation Observation Tool)
        - CBD (Case based discussion)
        - DOPS (Direct Observation of Procedure)
        - Reflections and critical case analysis (including significant events)

- Feedback e.g., PSQ (Patient Satisfaction Questionnaire) & MSF (Multi-source feedback) showing positive feedback of communication skills
- Structured reference – from clinical supervisor covering all intended clinical areas of competence within an extended role.

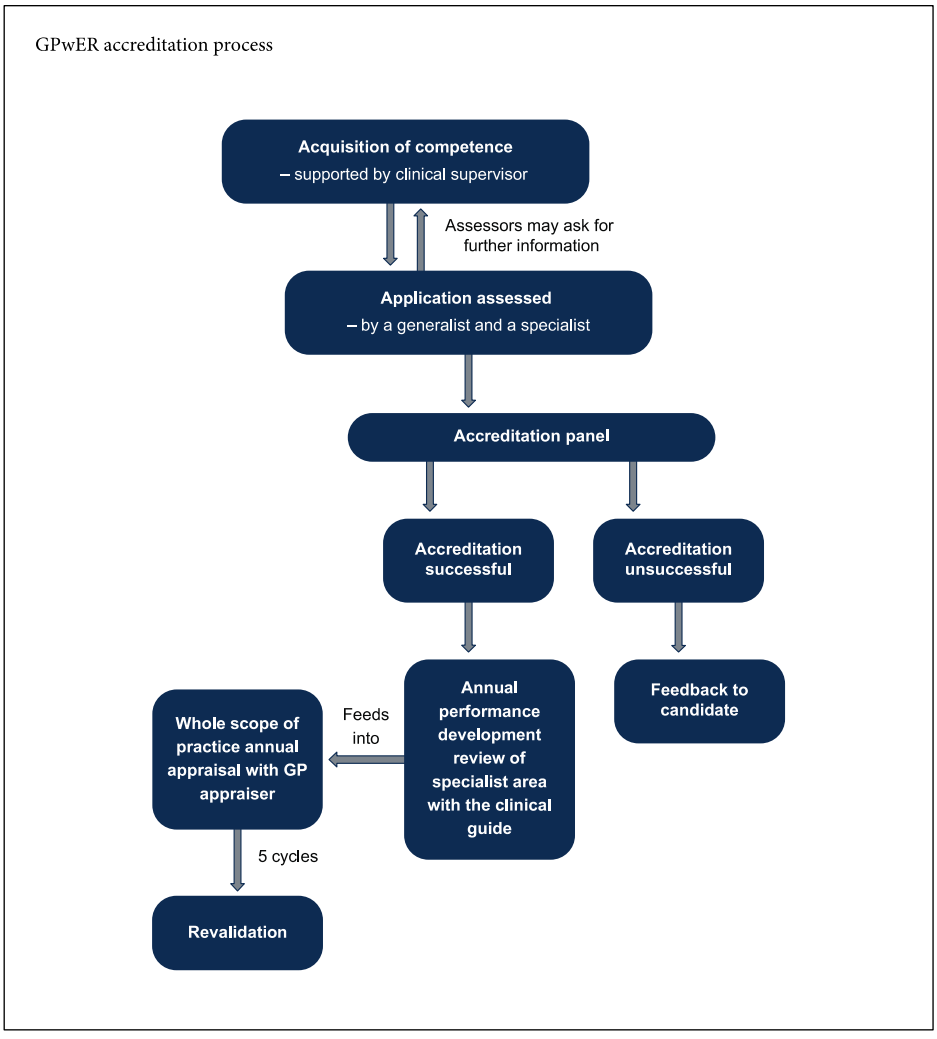
3.4 Curriculum: Assessment as a GPwER

Whilst this process is not mandated, it sets the standard for those working, or wanting to work, as a GPwER as opposed to being a GP with a specialist interest, this process of assessment and accreditation provides a clear, standardised pathway to accrue the relevant knowledge and experience to work autonomously as a GPwER. By working to the standards already set by specialist groups it provides a 'gold standard' of assessment and further professionalises the role that can facilitate, promote, and protect employment in the role.

After a period, likely to be not less than 18 months, during which the clinician gathers evidence of competency using the range of learning approaches and assessments. They can formally submit their portfolio of evidence alongside the supervisors structured reference to an accreditation panel under the remit of the FSEM. This panel would meet on a minimum of an annual basis to assess submissions and provide feedback and formal accreditation where acceptable.

Should the evidence meet the requisite standards then the candidate would then be accredited by the FSEM and their name entered on to a register of accredited GPwERs. Further support and guidance for GPwERs is available for Diplomate members of the FSEM and allied organisations.

This would sit within the suggested framework as set by the RCGP below.



4. Maintaining practice: Continued professional development & Appraisal

To maintain competency in a specialist role and ensure adequate exposure to sufficient cases and exposure to colleagues the GPwER would undertake a minimum of one session a week.

It is expected that the GPwER would undertake an annual appraisal in their specialist role that would then feed into their broader appraisal covering their whole scope of practice as per the RCGP guidance. This would mirror the evolving GP appraisal process and adapted to recognise workforce development and national guidance (for example this would be reduced to mirror requirements during the covid pandemic).

Within the annual appraisal there would need to be evidence of a personalised development plan (PDP) for the year, to aid with this process the GPwER should expect to establish regular managerial and clinical supervision that should be with relevant named individuals with appropriate experience and roles (this may include supervision from clinicians outside the employing organisation).

Further evidence of continued professional development can take the form of quality improvement activities including:

- Relevant courses and seminars attended
- Significant event reviews
- Reflections on case discussions
- Clinical audit and research
- Feedback from patients and colleagues
- Service design and development activities
- Reflection on teaching and training undertaken for peers/colleagues

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