

Sample Job Description

Rheumatology Band 7 Physiotherapist



Job Summary

[Please add your own text here. To be completed with reference local demands & issues]

Capabilities

1. Screening

Uses rheumatology-specific screening questions in assessment in an MSK setting and is aware of the features that raise suspicion of inflammatory conditions – e.g. prolonged morning stiffness, diurnal pattern, swelling, enthesitis, dactylitis, family history and link to other inflammatory conditions (psoriasis, inflammatory bowel disease, uveitis).

Where suspicion of an inflammatory presentation occurs, consults urgently with senior colleagues for rheumatology screening support and referral guidance, e.g. the local specialist rheumatology physiotherapist or clinicians within MSK triage clinic, FCPs or GPs with Extended Roles.

Has a sound knowledge of inflammatory conditions that may be referred into rheumatology services for assessment and treatment including EIA, spondyloarthritis, connective tissue diseases, PMR, gout and CPPD.

Recognises and acts rapidly where suspected rheumatology presentations require prompt referral for specialist rheumatology assessment, e.g. Temporal Arteritis seen within 24 hrs, EIA within 3 weeks, septic arthritis.

Demonstrates a sound knowledge of locally agreed rheumatology pathways and utilises the available expertise to support the triage processes to ensure appropriate referrals into rheumatology services.

Critically appraises history and clinical information obtained, taking account of the potential for rheumatology / MSK symptoms to be features of non-MSK conditions, indicative of serious pathology.

Discusses potential rheumatology triage cases, where uncertain, with senior colleagues, such as advanced practitioners in the service, GPs with specialist interest / extended roles and local rheumatology departments.



2. Investigations

Practices looking at imaging and blood test results requested and interpreted by other team members, asks for support where results appear abnormal. Aware that normal results can still be relevant.

Understands imaging relevant in common rheumatological conditions and the rationale for their use. Is aware of BSR, EULAR and other relevant clinical guidelines on blood tests and imaging for specific rheumatology conditions.

Aware of the limitations and complexities of interpreting rheumatological investigations.

Understands regular blood tests used in rheumatology, e.g. anti-CCP, rheumatoid factor, HLA-B27, ANA, urate, ESR, CRP, thyroid function, CTD screen, immunoglobulins.

Knows when and how to act on critical and urgent radiological or blood test findings according to local policy and clinical guidelines. Is aware of when to seek advice/further guidance from medical and other colleagues.

Liaises with senior colleagues, including consultant rheumatologists where available, regarding appropriate investigations required.

Demonstrates on-going practice in imaging and blood test requesting and interpretation through CPD e.g. discussions with senior colleagues, IR(ME)R training, recommendations made, audit, presentation of case studies, reflective analysis.

Understands the risks and management benefits of radiological investigations for common rheumatology conditions and when a non-radiological method of investigation may be more appropriate.

Clearly communicates to the patient and/or carer the rationale behind undertaking a radiological investigation, and the potential risks and benefits of doing so

Has undertaken in-house/CPD course training and/or self-directed study on the clinical use of imaging and of bloods test in rheumatology.

Displays working knowledge of blood tests used in rheumatology assessment and management, how to interpret them and when and how to refer on or seek support where abnormal or unexpected blood results are encountered

Able to explain the purpose and results of commonly used investigations to patients and their carers including the implications of diagnostic tests on their future management.

Understands bone mineral density investigations and the influences and limitations to density evaluations (e.g. factors affecting spine scores), awareness of normal and osteoporosis-indicating DEXA results, the role and use of fracture risk indicators and calculations, and the range of resulting treatment options.

Keeps up-to-date with local, regional and national changes in professional clinical guidance / recommendations on investigations, and relevant local protocols and pathways for imaging and bloods investigations for common rheumatological conditions.

3. Physiotherapy Interventions

Understands the role of physiotherapy interventions for frequently seen rheumatology conditions, e.g. RA, OA, AxSpA, hypermobility, fibromyalgia, osteoporosis.

Demonstrates basic understanding of the musculoskeletal components of the more commonly seen rheumatological conditions. Can explain these to patients and carers.

Provides advice on restoring function, including graded return to normal activity, navigation to self-management resources, modifying activity and in relation to work abilities and tasks.

Able to assess the educational needs of patients and their carers in relation to frequently seen rheumatology conditions. Able to provide tailored education using appropriate modes of delivery and relevant resources. Evaluates the effectiveness of these interventions.

Uses a structured assessment to identify aspects that may influence individuals with rheumatology conditions including clinical characteristics, co-morbidities, limits to activity and participation, work ability and personal and environmental factors.

Demonstrates the communication skills to cope with and respond to the challenges to effective communication regularly seen in rheumatology presentations e.g. pain, chronic sleep deprivation, fear, uncertainty, acceptance, mental wellbeing and psychosocial problems.

Can complete a BASMI assessment of an AxSpA patient, explaining the relevance of the measurements and using the data attained in combination with other elements of the assessment (including the rest of the Bath scores) to modify/create an agreed management plan.

Works in partnership with individuals to explore suitability of rehabilitation interventions, including social prescribing e.g. referring individuals to a range of local non-clinical services such as community-based exercise programmes where appropriate (Escape Pain, NASS/NRAS/ROS groups and online/virtual support etc.).

Prescribes condition-specific personal rehabilitation programmes to help individuals enhance, restore and maintain their mobility, function and independence, including considering the use of digital technology (e.g. apps and wearables) to support concordance.

Advises on the expected benefits and limitations of different physiotherapy interventions used in managing rheumatology conditions, providing evidence-informed information and advice on the advantages and disadvantages of specific interventions in the context of other management options considering the person's circumstances and using a shared decision-making approach.

Advises on and instigates a management plan for frequently seen rheumatology conditions and their symptoms. Instigating this may be through referral to others with relevant capabilities (MDT working).

Recognises and promotes the importance of patient-centred organisations, expert patients, support groups, social networks, and communities for patients and their carers in managing rheumatology conditions.

Understands MDT roles and specialism within rheumatology.

Appropriately liaises with wider members of the rheumatology MDT (and beyond) to optimise patient care; advocating for the patient where required to better personalise management plans.

Gathers and synthesises information on the nature of the individual's symptoms taking account of how these issues relate to the presenting and past history, their activities, any injuries, falls, frailty, multi-morbidity or other determinants of health and the characteristics of potential rheumatology conditions.

Explores and appraises with individuals' their perceptions, ideas or beliefs about their symptoms and rheumatological condition and whether these may act as a driver or form a barrier to rehabilitation. Especially in cases where there has been a delay to diagnosis or treatment. Impartially discusses choices and highlights evidence of best management.

Gathers and synthesises information on the nature of individuals' presenting issues from various appropriate sources e.g. previous histories and investigations, considering how symptoms relating to the underlying rheumatological condition may manifest as pain, stiffness, weakness, fatigue, limitation of activities and restriction of participation.

Advises on the expected benefits and limitations of different physiotherapy interventions used in managing rheumatology conditions, providing impartial information and advice on the advantages and disadvantages of specific interventions in the context of other management options and a wider health promotion role.

Is aware of the evidence base regarding the overall benefits of physiotherapy interventions on inflammatory and non-inflammatory rheumatology conditions.

Advocates for the role of water-based therapy in the on-going management of people with rheumatology diagnoses. In collaboration with other physiotherapy teams using the service (e.g. MSK, paediatrics, neurology), collects data on the benefit of the hydrotherapy pool (where available), and if not explores alternative water-based treatment delivery e.g. local leisure facilities.

Is aware of when the presentation is likely to improve with physiotherapy and when the inflammatory and/or pain components need addressing prior to physiotherapy input.

Supports individuals to self-manage and fulfil their role in their management plan via shared decision making; and where appropriate uses principles of behaviour change theory and patient activation, to optimise their physical activity, mobility, fulfilment of personal goals and independence relevant to their rheumatology condition.

Supports other members of the MDT in constructively advising patients on the interventions offered to them by all members of the MDT.

Advises on the links between prolonged rheumatology condition symptoms and reduced mental health wellbeing and refers individuals to sources of mental health support when indicated by assessment.

Performs rheumatology condition specific outcome measure assessments (e.g. Bath scores, Disease Activity Scores, FRAX score, Beighton score, Fibromyalgia ACR diagnostic criteria). Interprets their findings to create baseline data, agreed management plans and to quantify change over time.

Where appropriate / as role allows, delivers evening education and/or exercise classes for people with rheumatological conditions. Including charity-supported / endorsed events and groups.

Acts as an advocate for physiotherapy management throughout the duration of a rheumatological condition, promoting exercise for life, behavioural changes and lifestyle management skills.

Undertakes a detailed physical and psychosocial assessment of complex presentations by using excellent communication, investigative and analytical skills and expert clinical reasoning in order to establish a diagnosis (which may be an MSK problem in addition to the established rheumatology condition) and implements an appropriate treatment plan.

Identifies risk factors for the persistence and impact of rheumatology conditions and helps individuals manage the physical and psycho-social implications and impacts of their condition.

Takes the lead role in the physiotherapy assessment and management of newly diagnosed rheumatology conditions.

4. Condition Management

Is familiar with national and international guidance and recommendations for common rheumatological conditions, e.g. NICE, SIGN, BSR, EULAR.

Can recognise normal mechanical and inflammatory MSK signs including stiffness, laxity/hypermobility, joint swelling, enthesitis and dactylitis.

Develops an understanding of the complex nature of pain and pain mechanisms (both as discrete issues and as a part of a rheumatological condition) and can explain this in patient-specific and patient appropriate language.

Is aware of the agreed treatment pathways and protocols used across the rheumatology MDT and contributes to their implementation.

Acts on day to day interactions with rheumatology patients to encourage changes in behaviour that will have a positive impact on their health and wellbeing i.e. 'Making Every Contact Count'. Advises on the effects of lifestyle associated problems such as smoking, alcohol, obesity, sedentary behaviour and inactivity on rheumatology conditions and their pharmacological and non-pharmacological management. Where appropriate, promotes change or refers to relevant services.

Competent in identifying signs and symptoms of worsening control of rheumatological conditions and acts upon such signs and symptoms through their own physiotherapy interventions or via onwards referral / liaison.

Understands the difference between paediatric and adult onset disease and the life-course of paediatric-onset rheumatological conditions.

Supports progression through age appropriate care from adolescent to adult care, modifying delivery of care in adolescent and young person settings. Uses quality transition processes and shared decision making.

Understands the presentation of more serious/sinister pathologies and their interaction with rheumatological conditions, including their ability to mimic inflammatory conditions.

Demonstrates capability in communicating with patients about their rheumatology treatments and can tailor specific approaches e.g. goal setting and motivational interviewing.

Practices as a part of a co-ordinated response within the rheumatology MDT, recognising the limitation of their role as well as highlighting their specific professional expertise alongside those of other MDT members to achieve optimal condition management. (MDT to ideally include occupational therapy, podiatry, rheumatology specialist nursing, medical team, orthotics, dietetics, pharmacy, radiology, community leisure services, patient support networks and primary care).

Supports before, during and after pregnancy in those managing their inflammatory arthritis. This includes maximising pre-pregnancy physical health and disease control, onwards referral to colleagues for physiotherapy treatment through pregnancy and post-pregnancy condition management and physiotherapy input (depending on local arrangements).

Can describe and assess for infection presentations specifically related to rheumatology conditions and interventions, specifically aware of infection risks for rheumatology patients on immune modulating therapies.

Develops understanding of bone health, including the importance of diet, vitamin D, micronutrients, exercise and associated risk factors and their importance within the rheumatology context. Is able to educate people with poor bone health how to actively improve these factors.

Contributes to evidence-based patient education sessions co-ordinating with the MDT for delivery; taking into account the individual needs of patients and carers.

Contributes to the development and evaluation of relevant / specialist local patient information resources and seeks patient feedback on these.

Demonstrates comprehensive knowledge of the aetiology, pathophysiology, epidemiology, clinical features and diagnostic procedures of more complex or rare rheumatology diagnoses and their impact on all aspects of life, e.g. myositis, SLE, scleroderma, vasculitis.

Has in-depth knowledge of MSK assessment in rheumatological conditions incorporating latest clinical guidance and research evidence into practice.

Demonstrates a clear understanding of national guidance documents within the scope of rheumatology physiotherapy (e.g. NICE, SIGN, EULAR) and applies to their day-to-day work.

Produces new, critically evaluated information from a breadth of high quality sources, including quantitative and qualitative research, and evaluating different and conflicting sources.

Communicates this information, including levels of certainty/uncertainty, in terminology and formats which are audience-appropriate for patients, carers, fellow professionals and managers.

5. Medication Management

Awareness of local protocols and pathways re: where and who to direct patients to if experiencing medication side effects, monitoring issues or adverse reaction e.g. rheumatology consultant, NMP/prescribers in the service, GP, nurse advice line.

Able to discuss evidence base for alternative and complementary therapies and advise in connection to treatment provided through rheumatology team. Able to discuss patient health beliefs in a way which promotes and supports treatment by rheumatology team.

Understands shared decision making and the complexities surrounding medication views and decisions by patients, including the decisions not to accept drug treatment. This includes exploring and respecting patient preferences, concerns, rights and choice, issues for poorer outcome without treatment and implications of decisions to delay treatment or not engage in monitoring.

Understands the importance of correctly identifying and managing pain in rheumatological conditions and develops an understanding of pharmacological and non-pharmacological approaches in managing pain as a separate issue to any on-going inflammatory issues.

Able to identify if a patient would benefit from a medication review by a prescriber, including indications and decisions on intra-muscular or local steroid injections.

Contributes to data collection and adherence to commissioning requirements for medication prescribing in rheumatology services, including requirements with high cost drugs.

Understands and can explain to patients under their care, the modes of action, effects and the common side effects of frequently used rheumatology medications and over the counter preparations, including analgesics, neuropathic pain medications, osteoporosis medications, NSAIDs, corticosteroids and DMARDs. (*Dependent on service needs / NMP status*).

Understands the mode of action and aims of use of biologic and novel immune modulatory drugs, including screening, side effects, monitoring requirements, pre-treatment safety checks and reporting side effects complying with local policy. (*Dependent on service needs / NMP status*).

Recognises the limits of their scope of practice in pharmacology and restricts advice to level of knowledge. Refers on to more senior colleagues those situations outside knowledge and directs patient to rheumatology consultants, pharmacists or NMPs for more expert advice.

Where applicable, uses PGDs appropriately and in line with local policy, clinical guidance and pathways and audit requirements. Uses experience of using these PGDs to feedback on their application and support indicated changes or updates.

Recommends / prescribes medications within pre-agreed scope of practice from local formulary and P-list. If required, works with pharmacy and the rheumatology team to support appropriate inclusions. (*in some services, Advanced level only*).

Ensures that any medication management actions and prescribing decisions are communicated to the rheumatology team and the GP in writing and in a timely manner. Updates documented medication use in the medical notes (*in some services, Advanced level only*).

Where applicable, able to perform safe and accurate joint aspiration and joint and soft tissue local injections (*in some areas "Advanced" level only; in Scotland can be "Specialist" level*). Holds appropriate qualification or training for joint and soft tissue injections. Advises on the expected benefits and limitations of injection therapy for managing an individual's condition using a shared decision making approach and informing on advantages and disadvantages in the context of other management options.

Identifies the rationale for performing joint aspiration in undiagnosed or poorly controlled inflammatory conditions. Able obtain, request and clinically interpret the results of synovial fluid analysis.

6. Non-Clinical

Understands the role that research has to play in changing physiotherapy practice and develops a basic understanding of the role of research in the broader, medical management of rheumatology conditions.

Champions the role of the specialist rheumatology physiotherapy as an essential component of rheumatology service delivery and patient care as per NICE guidance recommendations, quality standards and National Clinical guidelines.

Having completed a practice educators course, and where able in job role, provides clinical supervision and contribution to physiotherapy placements; educating, engaging and encouraging the future generation of rheumatology physiotherapists.

Undertakes the measurement and evaluation of work and current practices, through the use of audit, research, evidence-based projects and outcome measure tools for the benefit of efficiency and effectiveness in rheumatology teams.

Implements local service changes related to new research and guidelines. Identifies shortcomings of physiotherapy services offered in light of such new research and / or guidelines and seeks opportunities to resolve these issues.

Participates in professional forums, local teaching, online resources, regional network meetings and national conferences to advance own knowledge and capability to meet professional standards, CPD and HCPC revalidation requirements.

(If engaged in research support) Supports research activity, including participant identification, recruitment and data collection and interpretation. Can create research proposals and ethics applications, obtaining support as required. Is aware of local research networks and how to access these.

Aware of and seeks out research training programmes, bursaries, studentships and funded training in rheumatology. This includes awareness of the role of pharmaceutical companies in funding and supporting rheumatology research.

Utilises patient feedback, patient experience questionnaires, compliments and complaints to regularly evaluate and review the physiotherapy and rheumatology services provided and identify quality improvements needed / ensure services remain fit for purpose. Is open to change and can feedback to service users through appropriate forums any changes implemented.

Develops and maintains effective partnerships with local HEI's in relation to the teaching and training of pre and post graduates, providing expert rheumatology education.

Contributes to development of effective teaching programmes on all aspects of Rheumatological treatment pathways, and national standards.

Develops educational resources to aid rheumatology health professional's capabilities thus supporting people with rheumatological conditions with self-management of pain, fatigue and the achievement or maintenance of a healthy lifestyle.

Supports and organises local, regional and national research and rheumatology teaching events e.g. conferences, journal clubs, study days. Collaborates with the full MDT in these initiatives.

Develops and maintains equal, supportive and progressive relationships with lived experience groups, consulting regularly on service issues to improve patient-centred design and quality of services.

