

Example Job Descriptions for First Contact Physiotherapists – (Musculoskeletal roles)

The job descriptions are set out in a detailed structure in order to provide a comprehensive and extensive outline of the scope, duties and responsibilities of the MSK FCP roles. Local job descriptions will be structured differently, and it is expected that local job description templates will be used in extracting the information from the CSP examples.

These job descriptions are structured around four main areas of responsibility:

- Clinical skills and application/use of expert practice
- Leadership in development/provision of FCP service
- Educational and provision of peer support
- Research and audit

These are then broken down into key areas that include:

- Scope of role
- Accountabilities
- Clinical responsibilities
- Service responsibilities
- Working relationships/Communication
- Workforce development/education responsibilities
- Research and audit responsibilities

First Contact Physiotherapist (musculoskeletal conditions)

This complementary guidance has been provided to support PCNs in the recruitment or engagement of first contact physiotherapists. It is based on the role outline included in section B of the Network Contract DES, which can be found [here](#), and also incorporates wider responsibilities that first contact physiotherapists may undertake which PCNs may wish to include in the JD as appropriate.

However, they are intended as helpful resources only: **they are not mandatory for use and PCNs should create their own versions of each resource to align to their individual needs.**

PCNs are able to design the job descriptions for the relevant roles over a broad range of responsibilities. However, PCNs must ensure that in order to be acceptable for reimbursement through the Network Contract DES Additional Roles Reimbursement Scheme, they contain as a minimum the role requirements outlined in section B, which can be found [here](#).

Job Title: First Contact Physiotherapist (musculoskeletal conditions)

Responsible to: To be determined by the PCN

Accountable to: To be determined by the PCN

Hours of work: To be determined by the PCN

Salary: To be determine by the PCN

Supervision

To ensure the role is supported within primary care, PCNs must ensure that the postholder has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day to day basis.

Scope of the Role

1. be the first point of clinical contact for patients presenting with MSK conditions or symptoms, providing the patient with the primary assessment, diagnosis and management options for their condition
2. use advanced clinical practice skills and clinical reasoning to provide comprehensive diagnostic and treatment support to patients who present with complex musculoskeletal conditions and/or multiple pathologies and/or mental health and/or pain management needs
3. be the link between primary, community and acute services, when the patient is managed via primary care ensuring an integrated care pathway for individual patients that meets their needs. This will include provision of triage to other services and/or directly providing management and advice
4. lead on and develop effective communication between primary care services/GP practices and other relevant care providers

5. initiate, develop, and maintain relationships with MDTs, orthopaedic and physiotherapy consultant teams in the community and acute settings.
6. Where appropriate, develop relationships with wider health and social care agencies, for example mental health teams, local authorities, third sector providers and patient groups
7. provide leadership and support on MSK clinical and service development across the PCN, alongside learning opportunities for the whole multi-disciplinary team (MDT) within primary care
8. provide highly specialist advice on issues ranging from the provision of expert opinion on individual patient treatment options to be a primary contributor to MSK services and related pathway development.
9. encourage collaborative working across the health economy and be a key contributor to the primary care networks providing leadership and support on MSK clinical and service development across the network
10. work independently, without day to day supervision, to assess, diagnose, triage, and manage patients, taking responsibility for prioritising and managing a caseload of the PCN's registered patients
11. receive patients who self-refer (where systems permit) or from a clinical professional within the PCN, and where required refer to other health professionals within the PCN
12. work as part of an MDT in a patient facing role, using their expert knowledge of movement and function issues, to create stronger links for wider services through clinical leadership, teaching and evaluation
13. develop integrated and tailored care programmes in partnership with patients, providing a range of first line treatment options including self-management, referral to rehabilitation focussed services and social prescribing
14. make use of their full scope of practice, developing skills relating to independent prescribing, injection therapy and investigation to make professional judgements and decisions in unpredictable situations, including when provided with incomplete or contradictory information. Take responsibility for making and justifying these decisions
15. manage complex interactions, including working with patients with psychosocial and mental health needs, referring onwards as required and including social prescribing when appropriate
16. implement all aspects of effective clinical governance for own practice, including undertaking regular audit and evaluation, supervision and training
17. develop integrated and tailored care programmes in partnership with patients through:
 - a. effective shared decision-making with a range of first line management options (appropriate for a patient's level of activation)
 - b. assessing levels of Patient Activation to support a patient's own level of knowledge, skills and confidence to self-manage their conditions, ensuring they are able to evaluate and improve the effectiveness of self-management interventions, particularly for those at low levels of activation
 - c. agreeing with patient's appropriate support for self-management through referral to rehabilitation focussed services and wider social prescribing as appropriate

18. designing and implementing plans that facilitate behavioural change, optimise patients' physical activity and mobility, support fulfilment of personal goals and independence, and reduce the need for pharmacological interventions

Clinical

19. request and progress investigations (such as x-rays and blood tests) and referrals to facilitate the diagnosis and choice of treatment regime including, considering the limitations of these investigations, interpret and act on results and feedback to aid patients' diagnoses and management plans and
20. carry own caseload as an autonomous practitioner, providing direct clinical/physiotherapeutic care for patients with a range of complex musculo-skeletal conditions and who may have significant other primary or secondary conditions/multi-pathologies
21. be able to decide when appropriate to use advanced clinical practice skills that may include:
 - a. joint/soft tissue injection therapy, including administration of prescription only medication [POM] to aid treatment.
 - b. joint aspirations
 - c. non-medical prescribing
22. use professional judgement and advanced clinical reasoning skills to make decisions about safe and effective patient care in unpredictable situations, including when there is incomplete/contradictory information
23. be able to demonstrate understanding of the impact of physiotherapeutic interventions on existing conditions and treatment programmes e.g. podiatric treatment, drug therapies, etc.
24. Ensuring physiotherapy interventions are integrated and supportive of the whole treatment aims promoting a holistic approach to condition management
25. be able to clinically justify referral onto appropriate MSK pathways within the community or wider healthcare services. Including referral to the appropriate stage of the pathway and the use of social prescribing
26. for patients that remain the responsibility of primary care services, take the lead for the management of the patient's journey on their care pathway, acting as the link for the patient between primary care and other services/professionals
27. be able to justify clinically referrals to other specialist services. This will include referral to acute and specialist services such as surgical orthopaedics, rheumatology and neurology, other AHP services, nursing services and to the primary care medical teams
28. recognise RED flags, serious pathology and potential underlying non-MSK related disease, that may present as MSK symptoms and to refer appropriately. When needed accelerate the patient's referral to other health professionals/services
29. work in partnership with the patient at all times to attain maximum participation in treatment programmes. This will include working with patients from diverse social background and cultures and understanding how this will affect treatment proposals and models

30. provide expert advice and act as source of expertise in the management of musculoskeletal conditions and provide a specialist advisory service to patients, specialist physiotherapists other specialist healthcare professionals and members of the primary care team, including advising GPs on management of MSK conditions
31. provide clear advice, instruction and teaching on aspects of management of a condition to patients, relatives, carers and other health professionals
32. continually review and develop specialist clinical and diagnostic skills in response to service need
33. be accountable for own decisions and actions via HCPC registration and professional standards

Service/Professional Leadership/Consultancy

34. integrate the FCP role into the wider primary care team, proactively working with the primary care team to build robust relationships and integrate working practices.
35. attending primary care strategic and practice level meetings to represent FCP/physiotherapy when appropriate.
36. be the FCP/ physiotherapy lead on the development of referral guidelines for MSK and MSK related conditions from primary care to other NHS services that will direct referrals to other primary care services, community, secondary and tertiary [specialist] services
37. lead or be a primary contributor to the development of MSK pathways across the primary care network, NHS providers across the health economy. This includes contributing to pathways that are not primary MSK pathways, but which have MSK interventions along the pathway
38. work collaboratively with the primary care team, including working across the Primary Care Network [PCN] and also in partnership with business managers, professional managers and lead clinicians of secondary, community and other care providers to improve service delivery and meet the identified needs of the local patient population
39. use influence and contribution to the PCN to promote the contribution of FCPs to MSK services in primary care and to the wider related services in the health economy
40. work with the primary care team, public health professionals and other agencies to introduce a strand of service provision that highlights preventative strategies for local populations, patient groups and individuals
41. participate and lead in ensuring a professional culture of peer networking and support underpinned by active engagement in peer review and embracing evidence-based practice
42. demonstrate a detailed knowledge of wider health, healthcare and social care agencies related to MSK conditions and physiotherapy
43. review and develop organisational and service policies that support the maintenance of good clinical governance, manage risk and ensure patient safety is paramount
44. take responsibility for the introduction, monitoring and review of service standards for MSK primary care services, including clinical, professional and service standards

45. be aware of and able to demonstrate of how the FCP role contributes to the achievement of key performance indicators [KPIs] for MSK primary care services
46. where service improvement is required in order to achieve standards and KPIs be a lead contributor to identifying where services need to be changed
47. take forward operational change within primary care MSK services to deliver improvements in service standards.
48. when introducing change, be aware of and responsible for identifying and managing alternative/contradictory views expressed by services and specialist clinicians. For example, when negotiating and explaining proposals to change to service design, organisation and skill mix in primary care and related MSK services
49. participate in or lead investigation into complaints and clinical errors/incidents when appropriate.

Education/Workforce Development

50. provide and receive clinical supervision and be an active provider of mentoring and coaching of specialist clinicians from a range of disciplines
51. maintain a professional portfolio of knowledge and skills, at advanced clinical practice level, through participation in internal and external development opportunities
52. actively work across the Primary Care Network to identify skill and workforce gaps in MSK and FCP services and contribute to local workforce plans

Research and Evaluation

53. promote the integration of evidence-based practice and national guidelines into own and local FCP MSK service practice. Use expert knowledge of evidence-based guidelines and national frameworks to influence the development of FCP services across the PCN
54. lead or participate in research and MDT research projects as appropriate. This may include participation in cross organisational research and audit programmes
55. present and disseminate research and clinical audit findings across the PCN and wider service providers as required. Provide analysis of local and national data sets to illustrate service improvements and to promote service change
56. promote the inclusion of FCPs in regional, multi-disciplinary and/or local cross organisational research projects
57. maintain and up-date audit and data derived from a range of data sets in order provide statistical reports on outcome measures and achievement of KPIs for a range of audiences
58. use audit and research to develop and improve service guidelines, care protocols, delivery of triage services and referral pathways

Communication/Building Networks

59. take the lead in communicating and influencing across the PCN the benefits of the FCP role in primary care

60. promote and explain the FCP role and what it can deliver to a range of audiences including patient groups, patient population, individual patients and other primary care providers and linked services
61. communicate effectively and appropriately with patients and carers, including:
- explaining the diagnosis, prognosis and treatment choices available to manage multi-pathology and complex conditions
 - communicating limitations on treatment outcomes and managing expectations of patients with chronic or life limiting conditions

Further information can also be found in The CSP General Practice Guidance [here](#).

Person Specification

Element	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> BSc degree in Physiotherapy Health & Care Professions Council (HCPC) registration can demonstrate working at Level 7 [within the ACP framework] capability in MSK related areas of practice or equivalent (such as advanced assessment diagnosis and treatment) 	<ul style="list-style-type: none"> Pre-reg MSc degree in Physiotherapy or equivalent completed or working towards a Supplementary Prescribing qualification non-medical prescribing qualification evidence of verification against the MSK primary care roadmap
Knowledge	<ul style="list-style-type: none"> significant leadership and experience in applying the physiotherapy process to include MSK assessment, interpretation, individual care planning, motivation, monitoring and evaluation of highly specialised MSK treatment strong knowledge of Microsoft and GPIT systems, alongside prescribing data monitoring systems experience of senior level decision making and delivery in a changing environment experience of supervision of 	<ul style="list-style-type: none"> working towards advanced clinical practitioner status experience of supervision/ line management experience of working with a diverse range of stakeholders strong knowledge of cognitive behavioural and motivational interviewing approaches / skills

	<p>specialist staff/ line management</p> <ul style="list-style-type: none"> • experience of working with a diverse range of stakeholders/providing leadership within the MSK pathway • ability to lead and manage change across own service and wider MDT team/services. • ability to integrate latest evidence-based practice into services and ability to use to lead change across a pathway/range of providers 	
Analytical skills	<ul style="list-style-type: none"> • able to understand and analyse complex issues and balance competing priorities in order to make difficult decisions • ability to analyse and interpret complex/ often incomplete information, pre-empt and evaluate issues, and recommend and appropriate course of action to address the issues 	<ul style="list-style-type: none"> • experience of working within a primary care setting • evidence of working across organisational boundaries within health and social care • independent thinker with demonstrated good judgement, problem-solving and analytical skills
Communication skills	<ul style="list-style-type: none"> • excellent interpersonal and organisational skills • ability to evidence a sound understanding of the NHS principles and values • excellent interpersonal and communication skills, able to influence and persuade others articulating a balanced view and able to constructively question information 	<ul style="list-style-type: none"> • evidence of inspiring and motivating teams with the ability to communicate passionately, effectively and persuasively across a diverse set of stakeholders • ability to negotiate effectively • build effective relationships with a range of stakeholders

		which are based on openness, honesty trust and confidence
Personal attributes & abilities	<ul style="list-style-type: none"> • strong and inspirational leadership • ability to co-ordinate and prioritise workloads – able to multi-task as well as be self-disciplined and highly motivated • demonstrates a flexible approach in order to ensure patient care is delivered 	<ul style="list-style-type: none"> • high degree of personal credibility, emotional intelligence, patience and flexibility • ability to cope with unpredictable situations • confident in facilitating and challenging others

First Contact Physiotherapist (musculoskeletal conditions)

Job Title: First Contact Physiotherapist (musculoskeletal conditions)

Responsible to: To be determined by PCN

Accountable to: To be determined by PCN

Hours of work: To be determined by PCN

Salary: To be determine by the PCN [*note: the role outline and reimbursement is based on indicative AfC Band 7*]

This complementary guidance has been provided to support PCNs in the recruitment or engagement of first contact physiotherapists. It is based on the role outline included in section B of the Network Contract DES, which can be found [here](#), and also incorporates wider responsibilities that first contact physiotherapists may undertake which PCNs may wish to include in the JD as appropriate.

PCNs are able to design the job descriptions for the relevant roles over a broad range of responsibilities. However, PCNs must ensure that in order to be acceptable for reimbursement through the Network Contract DES Additional Roles Reimbursement Scheme, they contain as a minimum the role requirements outlined in section B, which can be found [here](#).

Supervision

To ensure the role is supported within primary care, PCNs must ensure that the postholder has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day to day basis.

Scope of the Role

1. be the first point of contact for expert clinical assessment and diagnosis of patients presenting with MSK conditions in primary care/GP practices. This will include patients who present with a range of multiple needs and underlying pathologies/other primary conditions
2. Use of advanced assessment tools and application of expert treatment modalities/techniques will be required
3. be the link between primary, community and acute services, when the patient is managed via primary care ensuring an integrated care pathway for individual patients that meets their needs. This will include provision of triage to other services and/or directly providing management and advice
4. lead on and develop effective communication between primary care services/GP practices and other relevant care providers. Educate on the role of the FCP, its impact on referral patterns and patient care pathways
5. maintain strong relationships with orthopaedic consultant teams, relevant MDT and physiotherapy services in community and acute settings
6. where appropriate develop relationships with wider health and social care agencies, for example mental health teams, local authorities, third sector providers and patient groups
7. to provide leadership to primary care multi-disciplinary teams on physiotherapeutic management of MSK conditions. This will include the provision of highly specialist advice on issues ranging from the provision of expert opinion on individual patient treatment options to be a contributor to MSK services and related pathway development
8. work independently, without day to day supervision, to assess, diagnose, triage, and manage patients, taking responsibility for prioritising and managing a caseload of the PCN's Registered Patients
9. receive patients who self-refer (where systems permit) or from a clinical professional within the PCN, and where required refer to other health professionals within the PCN
10. work as part of a multi-disciplinary team in a patient facing role, using their expert knowledge of movement and function issues, to create stronger links for wider services through clinical leadership, teaching and evaluation
11. develop integrated and tailored care programmes in partnership with patients, providing a range of first line treatment options including self-management, referral to rehabilitation focussed services and social prescribing
12. make use of their full scope of practice, developing skills relating to independent prescribing, injection therapy and investigation to make professional judgements and decisions in unpredictable situations, including when provided with incomplete or contradictory information, and take responsibility for making and justifying these decisions
13. manage complex interactions, including working with patients with psychosocial and mental health needs, referring onwards as required and including social prescribing when appropriate

14. implement all aspects of effective clinical governance for own practice, including undertaking regular audit and evaluation, supervision and training
15. develop integrated and tailored care programmes in partnership with patients through:
 - a. effective shared decision-making with a range of first line management options (appropriate for a patient's level of activation)
 - b. assessing levels of Patient Activation to support a patient's own level of knowledge, skills and confidence to self-manage their conditions, ensuring they are able to evaluate and improve the effectiveness of self-management interventions, particularly for those at low levels of activation
 - c. agreeing with patient's appropriate support for self-management through referral to rehabilitation focussed services and wider social prescribing as appropriate
 - d. designing and implementing plans that facilitate behavioural change, optimise patient's physical activity and mobility, support fulfilment of personal goals and independence, and reduce the need for pharmacological interventions

Clinical

16. use advance clinical practice skills and clinical reasoning to provide comprehensive diagnostic and treatment support patients who present with complex musculoskeletal conditions and/or multiple pathologies and/or mental health and/or pain management needs
17. independently request diagnostic tests including routine and specialist x-rays, MRI imaging, ultrasound scans and blood and other pathology tests. Interpret the results alongside traditional physiotherapeutic assessment techniques and non-clinical information to aid clinical diagnosis and decisions on potential treatment options/clinical interventions
18. carry own caseload as an autonomous practitioner, providing direct clinical/physiotherapeutic care for patients with a range of complex musculo-skeletal conditions and who may have significant other primary or secondary conditions/multi-pathologies
19. be able to decide when appropriate to use advanced clinical practice clinical skills that may include:
 - a. joint/soft tissue injection therapy, including administration of prescription only medication [POM] to aid treatment.
 - b. joint aspirations
 - c. non-medical prescribing
20. use professional judgement and advanced clinical reasoning skills to make decisions about safe and effective patient care in unpredictable situations, including when there is incomplete/contradictory information
21. demonstrate understanding of the impact of physiotherapeutic interventions on existing conditions and treatment programmes e.g. podiatric treatment, drug therapies, etc.

22. ensure physiotherapy interventions are integrated and supportive of the whole treatment aims promoting a holistic approach to condition management
23. be able to clinically justify referral onto appropriate MSK pathways within the community or wider healthcare services, including referral to the appropriate stage of the pathway and the use of social prescribing
24. for patients managed as part of own caseload, take the lead for the management of the patient's journey on their care pathway, acting as the link for the patient between primary care and other services/professionals
25. justify clinically referrals to other specialist services. This will include referral to acute and specialist services such as surgical orthopaedics, rheumatology and neurology, other AHP services, nursing services and to the primary care medical teams. This requires advanced knowledge of the role of other specialist health professionals
26. recognise potential underlying non-MSK related disease and conditions that present as MSK symptoms and to refer appropriately.
27. when needed, accelerate the patient's referral to other health professionals/ services
28. work in partnership with the patient at all times to attain maximum participation in treatment programmes. This will include working with patients from diverse social background and cultures and understanding how this will affect treatment proposals and models
29. develop integrated and tailored care programmes in partnership with patients
30. use effective shared decision making with a range of first line management options (appropriate for the person's level of activation)
31. assess levels of Patient Activation to confirm levels of knowledge, skills and confidence to self-manage
32. agree appropriate support for self-management through referral to rehabilitation focussed services and social prescribing provision
33. provide expert advice and act as source of expertise in the management of musculoskeletal conditions and provide a specialist advisory service to patients, specialist physiotherapists other specialist healthcare professionals and members of the primary care team, including advising GPs on management of MSK conditions
34. provide advice, instruction and teaching on aspects of management of a condition to patients, relatives, carers and other health professionals
35. continually review and develop specialist clinical and diagnostic skills in response to service need
36. be accountable for decisions and actions via Health and Care Professions Council (HCPC) registration, supported by a professional culture of peer networking/review and engagement in evidence-based practice

Service/Professional Leadership/Consultancy

37. provide leadership and support on MSK clinical and service development across the PCN, alongside learning opportunities for the whole multi-disciplinary team within primary care
38. plan and organise the FCP service efficiently, ensuring delivery in line with service expectations
39. integrate the FCP role into the wider primary care team, proactively working with the primary care team to build robust relationships and integrate working

- practices. Attending primary care strategic and practice level meetings to represent FCP/physiotherapy when appropriate
40. contribute to the development of referral guidelines for MSK and MSK related conditions from primary care to other NHS services that will direct referrals to other primary care services, community, secondary and tertiary [specialist] services
 41. work collaboratively with the primary care team, including working across the PCN and also in partnership with business managers, professional managers and lead clinicians of secondary, community and other care providers to improve service delivery and meet the identified needs of the local patient population.
 42. use influence and contribution to the PCN to promote the contribution of FCPs to MSK services in primary care and to the wider related services in the health economy.
 43. work with the PCN team to support preventative strategies for local populations, patient groups and individuals
 44. participate in peer networking and support underpinned by active engagement in peer review and embracing evidence-based practice
 45. contribute to organisational and service policies that support the maintenance of good clinical governance, manage risk and ensure patient safety is paramount.
 46. be responsible for identifying and reporting any risk/ clinical governance issues in the FCP service
 47. contribute to monitoring and review of service standards for MSK primary care services. Including established clinical, professional and service standards
 48. represent the PCN's FCP service offer at internal primary care meetings and at external forums/service meetings
 49. participate in/support investigations into complaints and clinical errors/incidents when appropriate

Education/Workforce Development

50. participate in developing education and training of specialist physiotherapists up-to post-graduate level to support the development of advanced clinical practice skills and knowledge within the wider physiotherapy workforce
51. provide training and supervision, some of which maybe to postgraduate level, for specialist primary care professionals, including GPs in order for them to develop specialist MSK patient referral and management skills
52. provide and receive clinical supervision and be an active provider of mentoring and coaching of specialist clinicians from a range of disciplines
53. maintain a professional portfolio of advanced clinical practice knowledge and skills through participation in internal and external development opportunities

Research and Evaluation

54. promote and lead the integration of evidence-based practice and national guidelines into own and local FCP MSK service practice
55. use expert knowledge of evidence-based guidelines and national frameworks to influence the development of FCP services within the primary care team

56. lead or participate in research and MDT research projects as appropriate. This may include participation in cross organisational research and audit programmes.
57. present and disseminate research and clinical audit findings to the primary care team as required.
58. Provide analysis of local and national data sets to illustrate service improvements and to promote service change
59. maintain an up-date audit and data derived from a range of data sets in order provide statistical reports on outcome measures and achievement of KPIs for a range of audiences
60. use audit and research to develop and improve service guidelines, care protocols, delivery of triage services and referral pathways

Communication/Building Networks

61. take the lead in communicating and influencing across the PCN the benefits of the FCP role in primary care
62. promote and explain the FCP role and what it can deliver to a range of audiences including patient groups, individual patients and other primary care team members, including GPs
63. communicate effectively and appropriately with patients and their carers. This will include explaining the diagnosis, prognosis and treatment choices available to manage multi-pathology and complex conditions. It will also involve communicating limitations on treatment outcomes and managing expectations of patients with chronic or life limiting conditions

Further information can also be found in The CSP General Practice Guidance [here](#).

Person Specification

Element	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> • BSc degree in Physiotherapy • Health & Care Professions Council (HCPC) registration • can demonstrate working at Level 7 [within the ACP framework] capability in MSK related areas of practice or equivalent (such as advanced assessment diagnosis and treatment) 	<ul style="list-style-type: none"> • MSc degree in Physiotherapy • completed or working towards a Supplementary Prescribing qualification • non-medical prescribing qualification

Knowledge	<ul style="list-style-type: none"> • experience in applying the physiotherapy process to include MSK assessment, interpretation, individual care planning, motivation, monitoring and evaluation of highly specialized MSK treatment • working knowledge of Microsoft and GPIT systems, alongside prescribing data monitoring systems • experience of contributing to and service delivery/evolving evidence led practice and delivery in a changing environment • ability to demonstrate leadership when introducing change. 	<ul style="list-style-type: none"> • working towards advanced clinical practitioner status • previous supervisory experience • experience of working with a diverse range of stakeholders • cognitive behavioural and motivational interviewing approaches / skills
Analytical skills	<ul style="list-style-type: none"> • able to understand and analyse complex issues and balance competing priorities in order to make difficult clinical decisions. • support individual patient care by an ability to analyse and interpret complex clinical/ often incomplete information, pre-empt and evaluate issues, and recommend and appropriate course of action to address the issues 	<ul style="list-style-type: none"> • experience of working within a primary care setting • evidence of working across organisational boundaries within health and social care • independent thinker with demonstrated good judgement, problem-solving and analytical skills
Communication skills	<ul style="list-style-type: none"> • excellent interpersonal and organisational skills • ability to evidence a sound understanding of the NHS principles and values • excellent interpersonal and communication skills, able to influence and persuade others articulating a balanced view 	<ul style="list-style-type: none"> • evidence of inspiring and motivating teams with the ability to communicate passionately, effectively. • ability to negotiate effectively within the MDT or across a range

	and able to constructively question information	of services/providers.
Personal attributes & abilities	<ul style="list-style-type: none"> • ability to co-ordinate and prioritise workloads – able to multi-task as well as be self-disciplined and highly motivated • demonstrates a flexible approach in order to ensure patient care is delivered 	<ul style="list-style-type: none"> • high degree of personal credibility, emotional intelligence, patience and flexibility • ability to cope with unpredictable situations • confident in facilitating and challenging others