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# Information paper

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## **CSP expectations of educational programmes in Injection Therapy for physiotherapists (2<sup>nd</sup> Edition)**

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# CSP expectations of educational programmes in Injection Therapy for physiotherapists.

## Introduction

This document sets out the expectations of the Chartered Society of Physiotherapy (CSP) for its members' learning and development in injection therapy. It is designed for CSP members, employers and the providers of injection therapy learning and development opportunities. The expectations are focused on physiotherapists establishing and demonstrating their competence in using injection therapy, while recognising the importance of members maintaining and developing their knowledge and skills, once established, as an integral part of their continuing professional development (CPD).

Injection therapy is widely practised by physiotherapists in adult and paediatric musculoskeletal and neurological specialities. There are a number of routes through which physiotherapists can achieve the knowledge and skills to practise injection therapy safely, competently and effectively. These can be summarised as undertaking one of the following:

- A validated/accredited module offered by a higher education institution (HEI)
- A course offered by a professional organisation or network
- A structured period of work-based learning.

### **The CSP's expectations of all routes are as follows:**

- **They enable physiotherapists to achieve the outcomes set out in this document.**
- **They include elements of supervised practice, overseen by an appropriately qualified practitioner, and enable participants to develop their knowledge and skills safely and legally.**
- **They include assessment of participants' learning, using methods that are appropriate to the programme content and**

**enable participants to demonstrate their fulfilment of the outcomes set out in this document.**

All forms of learning may be transferrable between workplaces particularly if the CSP expectations can be demonstrated. Transferability is often subject to local agreement and may be more likely if an employer can be assured that any training undertaken has been to a professionally recognised standard.

Injection therapy and its associated medicines use is a post-registration activity that is not covered within qualifying physiotherapy programmes in the UK. Therefore there is value in setting out the expectations of learning and development opportunities that enable physiotherapists to build on the knowledge and skills they acquire through their qualifying education and subsequent post-registration practice and development to establish their competence in this area.

These expectations focus on initial post-registration learning and development opportunities that enable physiotherapists to establish their competence in injection therapy and to practise the modality safely. There may be a broader range of learning and development opportunities that enable members to maintain and develop their competence in injection therapy, as in all areas relevant to their current practice.

Injection therapy involves use of prescription-only medicines, and is an invasive technique and has the potential for significant adverse and/or unexpected effects to occur in patients even when the technique is performed correctly. Therefore the Society currently distinguishes injection therapy as a post-registration physiotherapy technique for which it is important that it defines its expectations of learning and development opportunities.

Initial injection therapy programmes offered by HEIs and other established providers usually develop and assess participants' learning to the level expected within Master's degrees. Any programme in injection-therapy should map, as minimum, to the expectations of learning at Bachelor's degree level.

CSP members considering undertaking a non-accredited or work-based programme of learning should establish whether such a programme meets

the expectations set out in this document and whether, and how, it will enable them to provide sufficient evidence of their learning and development should they be called upon to

- demonstrate their fitness-to-practise injection-therapy and/or
- transfer their learning and practice from one workplace setting to another.

This document sets out the CSP's expectations of learning and development opportunities that enable physiotherapists to **establish** their competence in injection therapy. Some providers offer weekend and/or one-day courses in aspects of injection-therapy, often for a multi-professional audience. These may be appropriate for members' **on-going** learning and development in injection therapy once they have established their competence in the area. Such courses may form useful components of a broader learning and development programme (e.g. one that is largely work-based) that members opt to pursue to maintain their competence in injection-therapy. However in isolation such courses will not fulfil the expectations set out in this document in enabling physiotherapists to **establish** their competence in injection therapy.

Target audiences for this document

### **1. Physiotherapists**

Injection-therapy training is offered by a variety of institutions and organisations as well as now being increasingly offered as part of work-based programmes of learning. There is likely to be variation in the content of programmes, depending on the provider and available resources. This document aims to provide physiotherapists with a 'checklist' of learning topics that the Society expects to be covered in programmes and the learning outcomes it expects members to be enabled to achieve and demonstrate through completing a programme successfully. These expectations should therefore help members to determine the appropriateness of different programmes for enabling them to develop their competence in the area of injection.

### **2. Providers of learning and development opportunities**

The Society hopes that this document may facilitate institutions and organisations to offer appropriate initial post-registration learning and

development opportunities in injection therapy. This document sets out CSP expectations of programmes in terms of the depth and breadth of topics covered and how the learning outcomes programmes should enable physiotherapists to achieve and demonstrate. The expectations outlined in this document represent a formal statement by the CSP of the expected standards of reasonable and responsible practice in establishing competence in injection-therapy.

### **3. Service Commissioners**

The range of individuals and organisations that may wish to commission the services of physiotherapists is growing and include NHS providers, private hospital providers, third party rehabilitation companies, insurance companies and individual physiotherapists. Some of these organisations approach the Society to ask what evidence of competence and qualification they should ask to see from physiotherapists as part of the commissioning process. The Society hopes that this document provides the information that commissioners require in the area of injection therapy.

### **4. Regulators**

The Health Professions Council regulates physiotherapists and has a duty to investigate complaints about individual registrants' fitness to practice. Occasionally, this may relate to how a registrant has established his or her competence in a post-registration technique and the learning and development opportunities they have accessed, undertaken and documented to do this. The Society intends that this document provides a useful statement of professional body expectations for the HPC to use when investigating any claim of impaired fitness-to-practise and alleged inadequate training in injection-therapy.

### **5. Service Users**

Those considering receiving injection-therapy as part of physiotherapy treatment may wish to enquire about the training that their physiotherapist has undertaken to establish their competence in this area. The CSP is keen that its expectations of learning and development opportunities in injection therapy are available to patients and service users to help meet this need.

## Section 1: Definition of Injection-Therapy within the scope of practice of the profession and individual physiotherapist

‘Injection therapy’ in the context of physiotherapy practice, and for the purposes of this paper, is the use of selected Prescription Only Medicines (POMs) and other products by physiotherapists which are administered by injection to the intra-, and extra- articular tissues and joint spaces. Injection-therapy also includes the aspiration of joint spaces.

In context, physiotherapists working in the neurological specialities use Botulinum toxin in injection-therapy for the physiotherapeutic treatment of spasticity and dystonia. Physiotherapists working in the musculoskeletal specialities use corticosteroid and local anaesthetic with or without inert substances as a vehicle for administration, to treat a range of joint and soft-tissue inflammatory and degenerative disorders. Injection-therapy may evolve to include other clinical specialities in due course.

Vaccination, subcutaneous and other parenteral administration of medicines and/products, whilst being delivered by ‘injection’, is not considered to be ‘injection-therapy’. Such activities may form part of the scope of both physiotherapy practice and the individual physiotherapist, but the training requirements for such activities are beyond the scope of this document.

Injection-therapy in physiotherapy practice does not include the cosmetic use of injectable medicines and/or products and devices.

In order for injection-therapy to be within the personal scope of practice of an individual physiotherapist, s/he must demonstrate that they are adequately educated, trained and competent in the technique.

Individual physiotherapists may choose to offer injection therapy for a range of anatomical areas and/or conditions, or they may choose to specialise in offering injection therapy for one particular anatomical area and/or condition

only. The length and breadth of learning required may differ depending on the scope of individual physiotherapists' injection-therapy practice. However, in all cases programmes should cover the seven key areas identified in Section 6, should enable physiotherapists to demonstrate the learning outcomes in Section 7, and include assessment of participants' learning as described in Section 9.

## Section 2: Legal Framework for Injection Therapy

As injection therapy requires the use of a variety of Prescription Only Medicines (POMs), it can be used and delivered within any lawful medicines-use framework. Medicines use in the UK is controlled by a clear framework governed by the terms of The Human Medicines Regulations 2012. Practitioners using injection therapy understand both the medicines frameworks available to them.

### **The Patient Specific Direction (PSD)**

This is an administration framework. It is a written instruction from a prescriber for the physiotherapist to administer medicines to patients, in this case via injection therapy. It relates to the relationship between the prescriber and another professional. It is not a prescribing tool for the physiotherapist. Another person, who is permitted by law to prescribe, instructs the physiotherapist to administer a named medicine to a named patient. The physiotherapist must only administer the medicine in accordance with the instructions that are written by the prescriber. It is not good practice for oral instructions to be acted upon except in life-threatening emergencies. A written record of the instructions given under a PSD must be maintained.

### **The Patient Group Direction (PGD)**

This is a supply and administration framework. It is not a prescribing tool for the physiotherapist. A doctor and a pharmacist define in writing the named medicines that may be supplied and/or administered to groups of patients not individually identified prior to treatment. The PGD must be drawn up in a



specific way in order to be legally valid. The physiotherapist must supply and administer the medicine in accordance with the instructions that are written within the PGD. PGDs are not valid in all healthcare delivery settings. The application of PGDs in clinical practice varies between the Home Countries.

### **Exemptions**

This is a supply and administration framework. It is not a prescribing tool. Specific pieces of law allow certain listed medicines to be supplied and administered to patients by certain health professional groups without the need for another appropriate prescribing or supply/administration framework. There are no Exemptions that apply to physiotherapists.

### **Supplementary Prescribing**

This is a prescribing framework. It allows a physiotherapist to prescribe, supply and administer medicines to individual named patients, those medicines that have been defined in writing within a Clinical Management Plan as appropriate to the needs of the named patient. Supplementary prescribing requires the involvement of a medical independent prescriber, the supplementary prescriber and the patient. The terms of use and definition of 'clinical management plan' are defined in law.

### **Independent Prescribing**

This is a prescribing framework. It allows a physiotherapist to prescribe, supply and administer medicines to individual named patients, those medicines that the practitioner judges to be appropriate to the needs of the named patient.

## **Section 3: Principles underpinning CSP expectations of learning and development opportunities in injection therapy.**

1. Patient safety is paramount.

2. The programme teaches learners the principles of injection therapy and how to apply these safely within their relevant scope of practice and patient user groups.
3. The programme links to relevant competence frameworks that are published elsewhere that enable physiotherapists subsequently to maintain their skills in injection therapy and demonstrate their ongoing fitness to practise injection therapy.
4. The programme enables physiotherapists to practise injection therapy in either neurological and/or musculoskeletal settings according to their individual scope of practice and specialist area of practice.
5. The existence of injection therapy programmes and physiotherapists' access to these as part of their post-registration learning and development does not imply that all physiotherapists are required to demonstrate their competence in injection therapy.
6. The development of these expectations of the indicative content of programmes in injection therapy by the CSP does not imply that physiotherapists should undertake their learning separately from other professionals undertaking the same professional development in this area.
7. Decisions about how programmes are structured and delivered should be determined locally
8. Failure to complete a full programme in injection therapy (subject to formal approved exemption) including its assessment of participants' learning should result in the individual being deemed not to have passed the programme. If individuals intend to practise injection-therapy they must demonstrate their competence, which meets the Society's expectations, in other ways.
9. Programmes should map to academic levels 3 (graduate) or level 4 (Master's), in keeping with injection therapy currently being a technique learned after initial qualification and registration as a physiotherapist.

10. Both theoretical and learning-in-practice components of programmes should be tailored in content, delivery and assessment to achieve knowledge and practice that maintain patient safety.

11. Programmes should include an emphasis on clinical-reasoning and decision-making, and information-sharing with patients, promoting consideration of the appropriateness to offer, or not to offer, injection-therapy in line with patient need and preference.

## Section 4: Mandatory pre-requisites prior to commencement of an injection-therapy educational programme.

In order for physiotherapists to be eligible to undertake a programme in injection therapy, a physiotherapist must:

- provide evidence of current HCPC registration.
- provide evidence of current appropriate indemnity insurance to practise.
- be currently practising in a country where injection-therapy is recognised as being within the scope of practice of physiotherapy in that country.
- be able to demonstrate relevant physiotherapy competence, skills and experience in the assessment and diagnosis of the clinical conditions (generally neurological and/or musculoskeletal) that would benefit from injection-therapy.
- be able to identify the benefit to patients/ service users in offering injection-therapy skills.
- have formally identified and entered an agreement with a mentor and/or supervisor for the learning-in-practice elements of a programme, prior to commencing the programme.
- be practising in a role, or imminently looking to move into a role, in which the use of injection-therapy skills have been identified as an integral component of practice. Where a member is employed, the formal support and engagement of the employer is recommended.

- Be able to access the relevant medicines through a setting-appropriate lawful medicines framework in order to offer injection-therapy.

### **Concurrent requirements to use injection therapy**

On completion of a programme of learning that enables physiotherapists to achieve and demonstrate competence in injection therapy, individual practitioners must also hold the following in order to practise the modality safely:

- valid CPR / Basic Life Support certification
- valid anaphylaxis management training ( this may be covered as part of a programme in
- injection therapy)
- evidence of appropriate Hepatitis B immunisation.

## **Section 5: Aims and objectives of programmes**

The broad aim of programmes should be to develop the knowledge and skills required by physiotherapists to practise injection-therapy safely in accordance with contemporaneous standards of practice, for the benefit of patients, whilst recognising that programmes may be designed for members of various professions.

The objectives of programmes should broadly be to enable physiotherapists to develop and evidence their initial competence in using injection therapy safely and in response to patient need within their wider physiotherapy scope of practice.

## Section 6: Indicative content

Programmes must include theoretical and practice-based elements, together with formal assessment of participants' learning. Providers of programmes have discretion over how they design and deliver the learning opportunities created. However, it is expected that programmes include coverage of, and assessment, in the seven core topic areas listed below. Annex 1 provides an illustrative list of topics that programme providers may wish to include within the topic areas:

1. Clinical knowledge
2. Clinical decision-making and diagnosis
3. Pharmacology and therapeutics
4. Performance of Injection therapy and aspiration
5. Patient information and informed consent
6. Communication and documentation
7. Legal aspects of practice

The focus in developing programme content around these seven key areas of practice should be on enabling participants to develop their knowledge and skills within the context of the scope of both their profession's and their individual scope of practice. In turn, the emphasis should be on developing physiotherapists' current knowledge and skills in these areas to support and enable their achieving competence in the area of injection therapy to be able to practise the modality safely in line with patient need.

Within physiotherapy practice, injection-therapy is not simply a task-based procedure. Rather, it encompasses the full assessment, diagnosis and reasoning process to make a decision as to whether to select injection therapy as an intervention to offer patients. Moreover, physiotherapists must

be able to discuss with the patient the technique in sufficient depth and understanding to allow the patient to choose whether to accept injection therapy or, instead, to select an alternative appropriate treatment intervention.

## Section 7: Learning outcomes

Programmes should enable physiotherapists to be able to demonstrate the following seven broad outcomes:

1. Knowledge and understanding of applied human anatomy, physiology and pathology in the musculoskeletal and/or neurological physiotherapy context.
2. The ability to clinically reason a patient's musculoskeletal and/or neurological dysfunction and evaluate a patient's suitability for injection-therapy.
3. Knowledge and understanding of the pharmacology of the medicines used in musculoskeletal and/or neurological injection-therapy and the indications and contraindications for injection-therapy.
4. Demonstrate technical proficiency in a range of injection-therapy techniques used in musculoskeletal and/or neurological injection-therapy, and proficiency in managing emergencies, complications, unexpected effects and aftercare.
5. The ability to communicate effectively with patients with regard to treatment selection and choice, and the integration of injection-therapy into a total-rehabilitation plan.
6. The ability to create an accurate record of the injection-therapy management delivered, that is shared with all those involved in the care of the patient.

7. Knowledge and understanding of the regulation and control of medicines as they apply to 1) physiotherapists and 2) the healthcare delivery setting in which the physiotherapist practices, or plans to practice.

Individual programme providers have discretion in how they interpret these outcomes and formulate the specific outcomes for their programme, and how they design and structure their learning, teaching and assessment approaches. The CSP does not expect all programmes to be the same. Individual programme providers should retain the ability to tailor their programmes such that potential students have a choice of opportunities for their learning and development.

## Section 8: Length of programmes

Injection-therapy in musculoskeletal and/or neurological physiotherapy practice is a post-registration activity that requires both the acquisition of new knowledge and skills together and the development of existing physiotherapy skills. The key areas of practice that need to be developed, in terms of their depth and range, together with the learning outcomes that should be achieved, mean that programmes represent a substantial component of learning.

As an approximation, the CSP expects that programmes which achieve the Society's expectations of learning should comprise in the region of **150 hours** (20 days) of learning. This must include with a good balance between theoretical and clinically-based learning activity (including practice supervision) and assessment.

## Section 9: Assessment strategies

1. Programmes should include both theoretical and practice-based elements, together with assessment by an appropriately qualified practitioner acting in a supervisory capacity to ensure that participants meet a safe standard of practice.
2. Programme assessment strategies should include an appropriate combination of assessment approaches for determining participants' fulfilment of the learning outcomes.
3. Programme assessment strategies should include clear marking criteria and schemes for establishing a pass or fail in all summative assessment elements within the programme.
4. Programme assessment strategies should include participants' satisfactory completion of a period of supervised practice, signed-off by an appropriately qualified practitioner to affirm their competence in using injection therapy.

## Section 10: Supervision of practice-based elements

Supervision during the practical aspects of programmes should be provided by one of the following:

1. A medical practitioner in an appropriate secondary care speciality
2. A General Practitioner in an appropriate primary care speciality
3. A physiotherapist or other registered health professional from an appropriate speciality who
  - has completed an injection-therapy programme that meets the Society's expectations and



- has established and maintained their competence in injection therapy and who
- actively uses injection therapy in their current practice.

Those providing supervision should be supported in developing a full understanding of the approach and design of the programme. Furthermore, they should have a thorough understanding of the programme's learning outcomes, assessment methodology and the criteria against which participants' learning should be marked. Some programme providers may specify additional requirements relating to the suitability and/or appointment of supervisors.

## Section 11: Transferability of learning

All forms of learning may be transferrable between workplaces particularly if an outcomes-based approach to learning is taken, enabling learning achievements to be evidenced and demonstrated to others, including future employers. However, transferability is often subject to local agreement and may be more likely if an employer can be assured that an individual has successfully completed a programme that meets professionally- and nationally-set expectations. Whilst new employers may accept completion of a programme that meets these expectations as valid, they may still require individual practitioners to undertake a period of locally-determined learning and development to ensure familiarity with their specific governance structures for injection-therapy.

## Section 12: Providing evidence of learning

The record of evidence of initial learning and development in injection-therapy will be distinct from the subsequent record kept to demonstrate maintenance of fitness-to-practice in injection therapy.

The CSP expects members who complete a programme in injection therapy to keep a record of the learning and development process they have

undergone to establish and demonstrate their competence in the area. The record should detail the topics covered during the programme, the structure of the programme (including elements of supervised practice), the learning outcomes against which their learning was assessed, and evidence of their successful completion of the programme. This should help members to demonstrate to future employers/ service commissioners that they have completed an appropriate programme of initial learning and development to enable them to integrate injection therapy into their practice safely.

While drawing upon documentation supplied by the programme provider (including a certificate and assessment results), it may be helpful to organise evidence of learning within the seven topic headings listed in Section 6.

Physiotherapists who have undertaken an injection therapy programme prior to the publication of these expectations may still be able to demonstrate appropriate levels of learning in line with them by compiling evidence of their learning and development, using the topic headings identified in this document in Section 6.

If a physiotherapist identifies areas in which his/her learning requires further development to meet these new requirements, s/he should implement a learning and development plan, with support as required from appropriately qualified practitioners, to help them address the identified shortfalls and to demonstrate and evidence their new learning.



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## Annex 1 Indicative content for programmes

Learning Topics	Indicative areas of content
Clinical Knowledge	<ul style="list-style-type: none"> <li>• Anatomy revision</li> <li>• MSK/neurological pathology</li> <li>• Condition management               <ul style="list-style-type: none"> <li>○ E.g joint / soft tissue problems</li> <li>○ E.g spasticity / dystonia</li> </ul> </li> </ul>
Clinical Decision-making	<ul style="list-style-type: none"> <li>• Evidence base for injection therapy</li> <li>• Principles of assessment and diagnosis</li> <li>• Differential diagnosis</li> <li>• Selection of injection-therapy as the intervention of choice</li> <li>• Contraindications to injection therapy</li> <li>• Supervised clinical practice</li> </ul>
Pharmacology & Therapeutics	<ul style="list-style-type: none"> <li>• Pharmacology</li> <li>• Pharmacokinetics</li> <li>• Adverse drug interactions and events</li> <li>• Medicines – LA / CS / Botulinum</li> </ul>
Performance of Injection Therapy and Aspiration	<ul style="list-style-type: none"> <li>• Equipment</li> <li>• Safety</li> <li>• Aseptic technique</li> <li>• Infection control</li> <li>• Management of aspirate</li> <li>• Managing emergencies and complications</li> <li>• Regional intra-,extra-,peri-articular and intramuscular injection techniques</li> <li>• Post injection aftercare and follow-up</li> <li>• concurrent rehabilitation strategies</li> <li>• US guided injection techniques</li> </ul>
Patient Information and Informed Consent	<ul style="list-style-type: none"> <li>• Risks and benefits of injection therapy</li> <li>• Significant risks (&gt;1% chance of occurrence)</li> <li>• Comparative risks of injection therapy with alternatives for the presenting condition</li> <li>• Answering patient questions</li> </ul>
Communication and Documentation	<ul style="list-style-type: none"> <li>• Communicating with patient</li> <li>• Communication with healthcare team including GP</li> <li>• Record-keeping</li> </ul>
Medico-legal aspects of Injection Therapy	<ul style="list-style-type: none"> <li>• Knowledge and understanding of medicines legislation – PSD/PGD/Exemptions/SP/IP</li> <li>• Management of POMs</li> <li>• Storage and disposal of medicines</li> <li>• NHS medicines legal issues</li> <li>• Non-NHS medicines legal issues</li> <li>• Private practice medicines legal issues</li> </ul>

