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Challenges and Learning Opportunities of Pre-Registration Physiotherapy Placements in First Contact Settings: The Perspectives of Musculoskeletal First Contact Physiotherapists

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Key Words: Challenges, Learning Opportunities, Pre-registration Students, Placements, Musculoskeletal, First Contact, Physiotherapy

Introduction

Primary healthcare in the United Kingdom (UK) is facing combined pressures from increased patient demand and a struggle to retain and recruit General Practitioners (GPs) (BMA & NHS England, 2019). Whilst from 2010 to 2015, the GP workforce only rose by 4.75% (King's Fund, 2016), statistics showed that GPs carry out around 370 million consultations (Roland & Everington, 2016) annually - a 16% rise in workload since 2007 (Hobbs, Bankhead, & Mukhtar, 2016). A fifth of GP appointments each year are for a musculoskeletal (MSK) problem (Arthritis Research UK National Primary Care Centre, Keele University, 2009), and this will escalate further with an ageing population (Murray et al., 2012).

Musculoskeletal first contact physiotherapy (FCP) is increasingly seen as a clinically effective way of alleviating the growing demands on general practice (Goodwin, Hendrick, Moffatt, & Logan, 2019). Since the first large scale trial (Holdsworth & Webster, 2004) of MSK FCP in Scotland, numerous studies (see Bishop et al., 2017; Goodwin & Hendrick, 2016) have demonstrated the clinical, patient and financial cost benefits of direct access to physiotherapy in primary care. A systematic review (Piscitelli, Furmanek, Meroni, De Caro, & Pellicciari, 2018) for example, showed, that when compared to standard GP care, MSK FCPs administered fewer physiotherapy treatments and used less diagnostic imaging, analgesia, non-steroidal anti-inflammatory medication and onward referral to secondary care.

MSK FCP is an advanced practitioner role within primary care that provides first-point of contact for patients with suspected or diagnosed MSK pathologies (NHS England & NHS Improvement, 2019). They are autonomous health professionals, whose role includes the assessment, diagnosis and management of MSK conditions (Chartered Society of Physiotherapy, Royal College of General Practitioners, & BMA, 2018). A recent study (Langridge, 2019), identified the skills, knowledge and attributes required for MSK FCP. These included: medical assessment and systems knowledge; an ability to think quickly in clinically uncertain contexts; a breadth of, and rounded field of knowledge, including of patient management and individualised care; interpersonal skills; clinical responsibility and experience, and; the capacity to deal with complexity in a time dependant environment. As

part of NHS England's (BMA & NHS England, 2019) new GP contract, thousands of MSK FCP roles are set to be rolled out over the coming years.

To meet this target, growth is required in the advanced practitioner workforce (Chartered Society of Physiotherapy, 2018). Although it is unlikely that newly qualified physiotherapists would take up MSK FCP positions, because of apprehensions about clinical capability and patient risk (Martini & Kelly, 2017), pre-entry physiotherapy students constitute a major part of the future pipeline into FCP. An international qualitative study (McMahon, O'Donoghue, Doody, O'Neill, & Cusack, 2016a) of physiotherapy educators that specialised in primary care, observed that there was an urgent need to prioritise primary care in pre-registration curriculum development. The educators' highlighted communication skills, interdisciplinary team working, cultural competence, health promotion, pharmacological knowledge and leadership and advocacy as key components of primary care - all of which, they suggested, should be integrated into pre-registration curricula.

Both the World Confederation of Physical Therapy (2009) and the Chartered Society of Physiotherapy (CSP) (2015), recommended that pre-registration clinical education needed to reflect the shift of physiotherapy services into primary care. The CSP (2019) response to 'The NHS Long Term Plan' (2019) also suggested that pre-registration physiotherapy education should be developed to ensure that students obtain experience of working in a primary healthcare environment. Despite the academic focus of pre-entry physiotherapy education, work-based learning remains integral to skills acquisition (Stainsby & Bannigan, 2012). However, writing in the context of undergraduate physiotherapy training in Ireland, McMahon, Cusack and O'Donoghue (2014) noted that practice education remained focused on acute services in teaching hospitals. From 2009 to 2012, just 5% of all pre-entry physiotherapy placements in Ireland were in primary care (McMahon, Waters, & Cusack, 2014).

Empirical research on pre-registration physiotherapy placements in primary care is scant. An exception was a Delphi survey (McMahon, Cusack, & O'Donoghue, 2014) of primary care physiotherapists in Ireland, which examined the barriers and facilitators for pre-entry clinical education in primary care settings. An absence historically, of undergraduate primary care placements and staffing shortages were notable barriers. Facilitators included, university support, such as training provision for staff, and having keen, and motivated students. A later study (McMahon et al., 2016b) with undergraduate physiotherapy students in the same country, found that there was a perceived shortfall in primary care placements. While these two studies provided important insights about the provision of, and challenges and enablers

for pre-entry primary care placements, their findings may not transfer over to the UK context. In contrast to the UK, there is currently, no publically funded first-point of access to physiotherapy in Ireland.

To our knowledge, there is no extant British based research on the challenges and learning opportunities of student physiotherapy placements in MSK FCP settings. As MSK FCP is rolled out (BMA & NHS England, 2019), this could offer up new clinical educational opportunities. Therefore, it is important to explore the views of MSK FCPs, in regard to pre-entry physiotherapy placements in MSK first contact services. Understanding MSK FCP perspectives may serve as the first step in the formation of collaborative relationships between physiotherapy degree programme providers and physiotherapists working in primary care – helping create a new and sustainable supply of placements (Stainsby & Bannigan, 2012). Thus, from the perspectives of a sample of MSK FCPs in Britain, the research questions of our study were:

1. What are the operational challenges for providing pre-registration physiotherapy placements in MSK FCP primary care settings;
2. What are the challenges for pre-registration physiotherapy students undertaking placements in MSK FCP primary care contexts;
3. What are the learning opportunities for pre-registration physiotherapy students if they were to experience a MSK FCP placement?

Note, that these three questions were derived from a study, which examined from MSK FCP perspectives, other aspects of clinical educational provision for physiotherapy students in first-point of contact services. This paper strictly reports on the results related to the stated research questions. Other findings will be reported at a future date.

Methods

A qualitative strategy (Green & Thorogood, 2018) was adopted due to the focus on exploring the viewpoint of MSK FCPs with regard to the research questions. This was compatible with an interpretivist epistemology and constructionist ontology (Creswell, 2012), where the aim was to derive meaningful understanding (Bassett, 2013) from participants' perspectives.

Ethical approval

Granted (14/06/2019) by the University of Essex, School of Sport, Rehabilitation and Exercise Sciences (SRES) Faculty Ethics Sub-Committee (Reference: 1866.V1). The study conforms to the Declaration of Helsinki.

Study Participants

An invitation for MSK FCPs to participate in the research with an attached participant information sheet was placed (15/06/2019) on the interactive Chartered Society of Physiotherapy (iCSP), First Contact Physiotherapy Network (<https://www.csp.org.uk/icsp/fcp>). With 1500 members, it is the largest UK online forum for FCPs. The study was also advertised in the CSP fortnightly bulletin for FCP. In both cases, potential participants were asked to contact the lead author if they were interested in taking part. Nine participants were recruited through these self-selection methods. Another six MSK FCP participants were recruited via snowball sampling (Ellard-Gray, Jeffrey, Choubak, & Crann, 2015). Johnson (2005) defined snowball sampling as a nonprobability method of sampling, which depends on referrals from initially selected participants to other potential participants with the same characteristics of interest to the researcher. In particular, each participant was asked at the end of the telephone interview (see Data Collection) if they would be willing to send information (e.g. invitation letter and participant information sheet) about the research to any MSK FCP colleagues. Again, potential participants contacted the first author about their intention to participate. Recruitment proceeded until data saturation of the themes was achieved (Fusch & Ness, 2015).

Data Collection

The first author conducted telephone interviews with 15 MSK FCPs. Telephone interviews allowed access to a geographically dispersed sample of MSK FCP participants and eliminated travel costs (Novick, 2008). The interview schedule (Figure 1) was based on a semi-structured design (Brinkmann & Kvale, 2018), and was partly informed by the aforementioned Delphi study in Ireland (McMahon, Cusack, & O'Donoghue, 2014). Only the data from the interview questions (highlighted with an asterisk), which were related to the stated research questions are included in this paper.

A pilot interview was carried out with a former MSK FCP, who was previously known to the second author. This ensured that the interview topics would be relevant for the participants (Kvale, 2007). Data from the pilot, indicated that the challenges topic should be broken down

into three separate questions. These changes are reflected in the three challenges questions in the interview schedule above.

All telephone interviews were arranged and conducted from 15th June to 1st September (2019) by the first author. The first author was an experienced health professions researcher, but not a trained physiotherapist. Bias was minimised by the fact that the interviewer was previously unknown to the participants. Before each interview, written and informed consent was given, and participants were asked a series of socio-demographic and background questions. The duration of the interviews was 35 minutes on average – and they ranged from 25 to 45 minutes. All interviews were digitally recorded and transcribed verbatim.

Analysis

Transcripts were uploaded into NVivo 12 (QSR International, Melbourne, Australia) and framework analysis (Ritchie & Spencer, 1994) was used by the first author to analyse the data. Framework analysis is a highly systematic and transparent process and is effective at meeting certain informational requirements within a prescribed timescale (O'Donoghue, Doody, & Cusack, 2011). The five stages of this approach are: (i) familiarisation; (ii) identifying a thematic framework; (iii) indexing; (iv) charting, and; (v) mapping and interpretation (Richie & Spencer, 1994).

Initially, the transcripts were repeatedly read to gain an overview of the data. Before indexing (coding), a thematic framework was created in NVivo, using overarching themes that were generated deductively from the interview questions - and emergent ideas, developed inductively from participants' perspectives. All data were subsequently coded (indexed) with reference to the thematic framework. The next stage involved devising charts in Excel for each of the defined themes and associated codes. The charts relating to the stated research questions were:

- Operational challenges,
- Challenges for physiotherapy students,
- Learning opportunities for physiotherapy students,

To illustrate the chart creation process, Figure 2 shows the headings (theme, codes and participant number) with blank cells for the chart: Challenges for Pre-Registration Students. Each section of text in NVivo, which was related to a specific code, theme and participant

number was concisely summarised and entered into the appropriate cell of the relevant chart – a process congruent with a thematic approach to Charting (Richie & Spencer, 1994). This led to the final stage of ‘Mapping and Interpretation’ (Richie & Spencer, 1994), where the range and nature of the data were analysed as a whole.

The first author gave detailed feedback to the second author about each analytical stage. This allowed for any disagreements about the interpretation of data to be discussed until a consensus was achieved, which enhanced the validity of the analysis. Consistent with member checking by proxy (Bassett, de Souza, Williams, & Lempp, 2018), the findings were verified (03/09/2019) with a MSK FCP cohort at a CSP East of England regional network event.

Results

Participants’ socio-demographics and background characteristics are displayed in Table 1. In addition to the data in Table 1, 13 of the participants were a MSK FCP in a general practice setting, while two participants were a MSK FCP in an Accident and Emergency (A&E) department. None of the participants had previously clinically supervised pre-registration physiotherapy students as a FCP - and no current formal partnership existed between participants’ MSK FCP services and university physiotherapy educational providers to set up student placements.

Three themes; each with several subthemes were identified and are presented in Table 2. The frequency ($n=$) with which individual subthemes were reported across the 15 participants is stated in the text. This provides useful information about their prevalence within the data (Seale, 1999). Extracts from the interviews are used to highlight the subthemes. After every interview quotation, the participant number that it is related to is reported in brackets.

Theme 1: Operational Challenges

Participants ($n=7$) repeatedly suggested that the clinical requirement for MSK FCPs to throughput patients in time-restricted appointment slots, would make it logistically difficult to give the input necessary to facilitate student learning. As the following account illustrates, this would negatively impact on all aspects of clinical supervision and students’ development.

'We have twenty minute patient appointments. I don't think, there will be the time to reflect and learn over [with students] what has happened, what was done with the patient - and to identify future learning needs because of that'. (10)

Half of the interviews highlighted that the current funding system for first contact physiotherapy would be a significant obstacle to integrating student physiotherapy placements in MSK FCP services.

'... we [MSK FCP service] have cluster funding and contracts. There is an expectation that you need to provide a certain amount of [patient] contacts per week. That would go down, were we to provide student placements'. (12)

Thus, the clinical supervisory support that would be required for a successful student placement was financially unviable - where there was an external expectation from Clinical Commissioning Groups (CCG) to throughput sufficient numbers of patients in time-limited appointments. Given these financial barriers, it was mentioned that primary care funding bodies, such as CCGs, would need to be consulted in any decision to roll out pre-registration physiotherapy placements in MSK FCP services.

'Clinical Commissioning Groups and managers of the [general] practice would need to be involved in this, because of the financial implications'. (11)

Another operational challenge ($n=5$) was that fulltime clinical supervision could not be ensured due to a lack of capacity within the existing MSK FCP workforce. The current shortage of fulltime equivalent posts would make whole week placements untenable.

'... there are many (MSK FCP) providers that are not providing a full week's cover. Just a morning or afternoon session once a week. That is not enough to provide a student with enough support'. (13)

Theme 2: Challenges for pre-registration physiotherapy students

Participants' ($n=13$) suggested that the sheer pace and complexity of MSK FCP's work in time-limited appointment slots with potentially difficult patients could ultimately lead to student burnout.

'... mentally, there are higher stress levels, because you (FCP) are working within 15 minute appointment slots... to put students, who do not have the experience in a

highly timed and pressured environment and with demanding patients would be difficult for them'. (9)

A placement in an A&E MSK FCP setting also was seen as a stressful clinical environment for students. This was due to the acute nature of the patient caseload in an emergency setting.

'... students might find A&E overwhelming, in that patients will come in, in horrendous pain. This will create worry and stress for the student that will have a knock on effect onto the patient'. (5)

Another commonly mentioned ($n=11$) challenge for pre-registration students undertaking placements in MSK FCP settings were patients presenting with masquerading pathologies. In particular, participants' suggested that students would not have the sufficient clinical knowledge or the pattern recognition skills that are developed through clinical experience to spot 'red flags'.

'In FCP, you never know what is going to walk through the door. Patients are not great historians - and rock up with other things wrong with them. I have seen a dissecting aortic aneurysm, kidney infection – and last week, I had a patient with temporal arteritis. It is the ability to recognise those things. How do you prepare a student to deal with that'? (11)

As the quote highlights, this challenge relates to the fact that in a first-point of contact setting, patients are not medically pre-screened. This raised the issue of whether it was possible to ensure safe student clinical practice in this context.

'You do not want to miss something [red flag] that would be horrible to miss. That weighs on us as FCPs, let alone for a student'. (14)

The complexity of patient presentations in primary care, including comorbidities, was also seen ($n=7$) as a potential challenge for students experiencing a placement in MSK FCP. As the next quote shows, patients' psycho-social issues add another layer of complexity.

'In primary care, you are dealing with patients with comorbidities – and there are social and psychological aspects on top of it. As a FCP, there is a responsibility to be able to identify that, and provide early intervention. That would be particularly challenging for students. They would need time and support to do that'. (10)

Theme 3: Learning opportunities for pre-qualification physiotherapy students

Participants' ($n=13$) expressed the view that a placement experience in a specialist role setting would be beneficial for students' professional development. In particular, it would give students an awareness and appreciation of the extended scope clinical skills of an advanced practitioner in a primary care setting. It was indicated that this was something that students were unlikely to come across in other placement contexts.

'Typically, in MSK outpatient placements, students won't come across advanced practitioners. It gives students an opportunity to see an expert clinician in MSK with their skills of injection therapy, prescribing and using fit notes... those extra elements, which they may not come across in core modules'. (13)

Other participants' mentioned that students would gain knowledge of additional extended practice capabilities, such as blood diagnostics and imaging and the role of pharmacology. Furthermore, a pre-registration physiotherapy placement in MSK FCP offered the opportunity to see patients early on in their presentations - and expose students to a variety of acute MSK conditions.

'Working in FCP, will show them [students] how it is to work in the health care frontline... you see patients in a different time frame - and they present slightly differently as well, in that we (FCPs) have patients that can be very acute when presenting to us. Like, an injury that occurred on the very same day. It provides students with a good mix of patient conditions'. (4)

'Lots of acute conditions. You will never see gout in our MSK clinics, but you will see a whole bunch of gout in first contact'. (1)

There was a shared view ($n=9$) that the provision of placements in MSK FCP may encourage students to consider the role of a first contact practitioner, as something to aspire to in their future career development. As the following quote points out, raising students' awareness of this role through clinical education is important, as the possibilities for an early career pathway into MSK FCP emerge.

'There is talk now of a structured pathway into FCP. A framework is being developed for FCPs that may start as early as a Band 5 [physiotherapist]. A placement in FCP

could highlight to them [students] whether it was something they wanted to do, and what [career] pathway they should take'. (8)

Six participants' suggested that a pre-qualification physiotherapy placement in MSK FCP would provide the learning opportunity to work in a multidisciplinary team (MDT) of primary healthcare professionals. Learning about the other healthcare professional roles in the MDT - and developing inter-professional communication skills were viewed as particularly beneficial for students' professional development.

'The richness of a primary care setting is all the healthcare professions working there. Again, teamwork and communication... An opportunity to see how other health professionals think, how other professionals treat, and how other professionals communicate'. (9)

Discussion

To our knowledge, this is the first study to explore the challenges and learning opportunities of pre-registration physiotherapy placements in MSK FCP settings from first contact physiotherapists' perspectives. Figure 3 shows that the time-restricted patient appointment slots of MSK FCP, which our participants stated were either 15 or 20 minutes, was the factor that determined two of the operational challenges subthemes and one of the challenges for pre-registration physiotherapy students subthemes. More specifically, the contractual and clinical expectation to throughput patients rapidly was seen to limit the viability of practice-based education in MSK FCP, in terms of the support required from MSK FCPs as practice educators, the financial cost implications of such placements, and the time pressures and stressors of a pre-registration placement in a first contact setting.

To overcome the challenges in Figure 3, will require consultation with all those responsible for, and/or affected by the establishment of pre-registration physiotherapy placements in MSK FCP settings. These stakeholders include: GPs; other members of the primary care MDT; clinical commissioners; MSK FCPs, and; pre-registration physiotherapy degree programme providers. Stainsby and Bannigan's (2012) research on the development of community-based physiotherapy placements in particular, showed the importance of consulting with all those involved in practice-based education. A dialogue between healthcare providers, practice educators and physiotherapy degree programme educators

ensured that the learning expectations of students within a community placement were achievable and realistic.

Participants' highlighted a lack of capacity within the existing MSK FCP workforce to provide placements. Similarly, a Delphi study (McMahon, Cusack, & O'Donoghue, 2014) involving primary healthcare physiotherapists in Ireland, indicated that a shortfall in tutor support due to flexible working hours was a significant barrier for the provision of clinical education in primary care settings. Implementation guidance for FCP posts (Chartered Society of Physiotherapy, Royal College of General Practitioners, & BMA, 2018) suggests that once first contact physiotherapy is firmly established with sizeable numbers of physiotherapists in these roles, the workforce capacity will be there for physiotherapy students to access placements in general practice contexts.

Interview accounts indicated that physiotherapy students would not have developed the clinical competency to identify 'red flags' in a first contact placement. 'Red Flags' are "clinical features that may be associated with the presence of serious, but relatively uncommon conditions, requiring urgent evaluation" (The Scottish Government, 2015, p. 16). Confidence, vigilance and clinical experience underpin safe practice and reduce the potential for serious pathology being overlooked (Langridge, 2019). An evaluation (Moffatt, Goodwin, & Hendrick, 2018) of first contact physiotherapy found that the management of clinical risk is reliant on having clinically experienced MSK physiotherapists with an extended scope of practice in post.

Research (Salisbury, Johnson, Purdy, Valderas, & Montgomery, 2011) suggests that the majority of consultations in a primary care setting involve patients with multi-morbidities - and that these may be challenging to assess and manage (Foster, Hartvigsen, & Croft, 2012). Complexity of patient presentation was reported by over half of the study participants as a challenge for physiotherapy students undertaking placements in first contact physiotherapy settings. Given the complexity of cases encountered by physiotherapists in primary care contexts, it has been recommended that the expanded chronic care model should be taught within pre-registration physiotherapy education (McMahon et al., 2016a).

Having considered the challenges, participants were asked to reflect on the learning opportunities for physiotherapy students if they were to experience placements in MSK FCP. In particular, there was a perception that practice-based education in a MSK FCP setting would give students an understanding of an advanced area of practice that they were unlikely to encounter elsewhere in their clinical education. Langridge (2019) in a recent

study, notes that the emergence of MSK physiotherapists in primary healthcare with the extended scope to independently prescribe and inject and to request medical imaging is moving physiotherapy into a new area of practice. Our participants perceived that by making students aware of this extended scope role through clinical education, it may inspire them to work towards becoming an MSK FCP in the future. A study (Walsh & Mason, 2018) of the experience of pre-registration general practice nursing placements, found that it gave nursing students an insight into the general practice nursing role and encouraged them to consider it as a potential career.

Participants' mentioned that practice-based education in MSK FCP settings would afford physiotherapy students the opportunity to interact with, and learn about the other members of the primary care MDT. This finding is supported by McMahon and colleagues' (2016b) research on undergraduate physiotherapy students in Ireland. In particular, they showed that those students, who had undertaken a primary care placement found the experience invaluable, in terms of inter-professional communication skills and learning about how care is delivered in a primary care MDT. The transformation in the role of the community physiotherapist from working in a physiotherapy team to being part of a MDT, necessitates education on how to work within a multidisciplinary primary healthcare team at pre-registration level (French & Galvin, 2017).

Telephone interviews enabled us to capture in-depth, the perspectives of MSK FCPs in Wales and Scotland and from all regions of England. However, self-selection underpinned our sampling strategies - and therefore, the potential for bias in the findings cannot be excluded. While underpinned by rich data, the themes were generated only from the standpoint of MSK FCPs. Therefore, the perspectives of additional stakeholders, such as GPs, other members of the primary care MDT, clinical commissioners and pre-qualification physiotherapy educators should be considered, in order to provide a fuller understanding of the challenges and opportunities of physiotherapy placements in MSK FCP.

Conclusion

Understanding the perspectives of MSK FCPs is an important first step for the development of a new and sustainable supply of placements in an emerging area of primary care physiotherapy practice. However, to overcome the identified challenges of practice-based education in first contact settings will require consultation and collaboration with all relevant stakeholders.

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Tables

Table 1: Participants' Background Characteristics

Participant Number	Gender	Age	Number of Years Since Graduation	Total Duration Worked So Far as a MSK FCP	Location of Participants' MSK FCP Service
1	Male	25-34	4.5	1 Year	East England

2	Female	35-44	10	Just started post	Scotland
3	Male	45-54	22	1.4 years	South East England
4	Male	45-54	20	2 weeks	East England
5	Female	35-44	14	7 months	North West England
6	Female	35-44	23	2.5 years	Midlands England
7	Male	55+	21	1 year	East England
8	Female	45-54	30	4.8 years	Wales
9	Female	55+	38	1 year	Wales
10	Male	35-44	15	7 months	East England
11	Male	35-44	20	1 year	Midlands England
12	Female	45-54	27	3.5 years	Wales
13	Female	25-34	9	6 years	South West England
14	Male	35-44	14	1.8 months	North East England
15	Female	45-54	29	3 years	London

Table 2: Themes and Subthemes

Theme Name	Subthemes
Operational challenges	<ul style="list-style-type: none"> • Ensuring sufficient support from MSK FCP practice educators • Financial cost implications of placements • Lack of capacity in existing MSK FCP workforce to provide placements
Challenges for pre-registration physiotherapy students	<ul style="list-style-type: none"> • Time pressures and stressors of a MSK FCP Placement • Identifying red flags • Complexity of patient presentations
Learning opportunities for pre-registration physiotherapy students	<ul style="list-style-type: none"> • Experience a specialised physiotherapy role in a primary healthcare setting • Bringing awareness of the MSK FCP career pathway • Experience Multidisciplinary Team (MDT) working in primary care

Figure Legends

Figure 1: Interview Questions

Figure 2: Chart Example

Figure 3: Time Restricted Patient Appointment Slots of MSK FCP and Three Challenges
Subthemes

For Review Only

Figure 1: Interview Questions

1. What led to your decision to pursue a career path as a MSK FCP?
2. Describe how your pre-registration education prepared you for MSK FCP.
3. Describe how your continuing professional development post-qualification prepared you for MSK FCP.
4. In what way (if any) could your pre-registration education had better prepared you for MSK FCP?
5. What are the operational challenges to providing pre-registration physiotherapy placements in MSK FCP settings?*
6. What are the challenges for pre-registration physiotherapy students in undertaking placements in MSK FCP settings?*
7. Are there any other challenges to providing pre-registration physiotherapy placements in MSK FCP settings?*
8. What are the benefits for MSK FCPs if pre-registration physiotherapy placements are provided in MSK FCP settings?
9. What are the professional development opportunities for physiotherapy students if they experienced a MSK FCP placement?*
10. How can pre-placement training prepare physiotherapy students for placements in MSK FCP?
11. What professional development advice would you give to a pre-qualification physiotherapy student, who is considering a future career pathway into MSK FCP?*
12. What recommendations can you give about how to integrate pre-registration physiotherapy placements into MSK FCP settings?

Figure 2: Chart Example

Chart: Challenges for Physiotherapy Students

Participant Number	Code: Time Pressures and Stressors of a MSK FCP Placement	Code: Identifying Red Flags	Code: Complexity of Patient Presentations
1			
2			
3			
4			
5			
6			
7			
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9			
10			
11			
12			
13			
14			
15			

Figure 3: Time Restricted Patient Appointment Slots of MSK FCP and Three Challenges Subthemes

