

Chartered Society of Physiotherapy expectations of educational programmes in injection therapy for physiotherapists: supporting good governance in neurological and musculoskeletal injection therapy

Introduction

This document sets out the expectations of the Chartered Society of Physiotherapy (CSP) for its members' learning and development in the area of injection therapy. It is designed primarily 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 recognizing the importance of members maintaining and developing their knowledge and skills, once established, as an integral part of their continuing professional development.

Injection therapy has been accepted as within the scope of physiotherapy practice since 1995. It is widely practised by physiotherapists in adult and paediatric musculoskeletal and neurological specialities, and may have the opportunity to develop in other areas with time.

There are a number of routes through which physiotherapists can achieve the knowledge and skills required to practise injection therapy safely, competently and effectively. These can be summarized as undertaking one of the following:

- a validated/accredited module offered by a higher education institution (HEI);
- a course offered by a professional organization or network; or
- 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 that enable

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

All forms of learning may be transferable 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 recognized standard.

The use of injection therapy and its associated medicines 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. The CSP recognizes that there is a broader range of learning and development opportunities that enable members to *maintain* and develop their competence in injection therapy, with the imperative that members do so, as in all areas relevant to their current practice.

One of the conditions of the Society's professional liability insurance (PLI) cover is that members are 'adequately trained' in the techniques they perform. At initial physiotherapy-registration level, completion of a Health Professions Council (HPC)-approved physiotherapy programme is evidence of adequate training as a physiotherapist. At post-registration level, some techniques are already subject to additional initial training requirements. In particular:

- The *law* requires that physiotherapists using prescribing skills have completed an HPC-approved non-medical prescribing programme that demonstrates their ability work as a physiotherapist supplementary prescriber. The Department of Health defines the curriculum framework, the length of training and the methods of assessment for approved programmes. The HPC approves courses against its own standards for training. Such physiotherapists must have an additional annotation against their HPC registration.

Given that injection therapy involves the use of prescription-only medicines, 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), 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.

The 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 (Level 4). Any programme in injection therapy should map, as minimum, to the expectations of learning at Bachelor's degree level (Level 3).

All 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. Members seeking information about competency frameworks for injection therapy can find information at:

- www.npsa.org.uk
- www.skillsforhealth.org.uk

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' ongoing 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 are highly unlikely to fulfil the expectations set out in this document in enabling physiotherapists to *establish* their competence in injection therapy.

Target audiences for this document

This document sets out CSP expectations of learning and development opportunities that enable its members to establish their competence in order to deliver injection therapy safely to appropriate patient groups in a variety of clinical settings. It is designed to be relevant to the following audiences:

(1) Physiotherapists

Injection therapy training is offered by a variety of institutions and organizations, 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 organizations 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 knowledge. 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 organizations that may wish to commission the services of physiotherapists is growing and include National Health Service (NHS) providers, private hospital providers, third-party rehabilitation companies, insurance companies and individual physiotherapists. Some of these organizations 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 HPC 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.

Registration and professional liability insurance

Physiotherapists who are members of the CSP benefit from personal PLI as part of their membership of the Society. In order for their PLI to be in force (subject to the terms of the policy), the CSP member must:

- hold current registration with the HPC;
- hold a current CSP membership in a category that provides PLI cover at the time that treatment or advice is given;
- be practising lawfully;

- be practising within the overall scope of the profession of physiotherapy; and
- demonstrate they are 'trained' in what they do.

Injection therapy and aspiration are accepted as being within the overall scope of the profession. Provided that a physiotherapist is adequately trained in injection therapy and injection therapy remains within their personal scope of practice, the member's PLI will be in force subject to the terms of the policy.

Physiotherapists who are not members of the CSP will need to ensure they have adequate insurance in place for their practice. They may be personally liable for any costs if they are not adequately or appropriately insured.

Many employers now expect individual health professionals to hold their own personal professional indemnity insurance in addition to any employer vicarious liability insurance that may be in force. Physiotherapists who wish to join the CSP in order to gain PLI, and a variety of other benefits and forms of professional support, are very welcome and should contact the CSP via its website (www.csp.org.uk).

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 that are administered by injection to the intra- and extra-articular tissues and joint spaces. Injection therapy also includes the aspiration of joint spaces. Injection therapy has been recognized as being within the overall scope of the physiotherapy profession since 1995.

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 specialties use corticosteroids and local anaesthetics, 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, and subcutaneous and other parenteral forms of the administration of medicines and/or products, whilst being delivered by 'injection', are 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 at the current time *does not* include the purely 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 s/he is 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 specialize 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

Since injection therapy requires the use of a variety of 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 Medicines Act 1968. Practitioners using injection therapy must be clear that they understand both this framework and the differences between the five core frameworks for medicines use, *and* how these mechanisms apply to them as physiotherapists (as distinct from how such frameworks may apply to other professional groups).

The patient-specific direction

This is a supply and administration framework. It is a written instruction from a prescriber for the physiotherapist to supply and 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 supply and/or administer a named medicine to a named patient. The physiotherapist must only supply and administer the medicine in accordance with the in-

structions 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 patient-specific direction must be maintained.

The patient group direction

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 patient group direction (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. Patient group directions are not valid in all healthcare delivery settings. *The application of PGDs in clinical practice varies between the Home Nations.*

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 at the current time, but the situation may change in the future.

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.

Section 3: Principles underpinning Chartered Society of Physiotherapy 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 must meet the Society's expectations, in other ways.
- (9) Programmes should map to academic Level 3 (Bachelor's) 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 prerequisites 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 HPC registration;
- provide evidence of current appropriate indemnity insurance to practise;
- be currently practising in a country where injection therapy is recognized 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; and
- 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 cardiopulmonary resuscitation/basic life support certification;
- valid anaphylaxis management training (this may be covered as part of a programme in injection therapy); and
- evidence of appropriate hepatitis B immunization.

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 recognizing 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. Table 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; and
- (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 in order 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, physio-

therapists 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; and
- (7) knowledge and understanding of the regulation and control of medicines as they apply to (a) physiotherapists and (b) 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.

Table 1. Indicative content for programmes within the seven identified topic areas: (NHS) National Health Service

Learning topics	Indicative areas of content
Clinical knowledge	Anatomy revision Musculoskeletal/neurological pathology Condition management, e.g.: joint/soft tissue problems spasticity/dystonia
Clinical decision making	Evidence base for injection therapy Principles of assessment and diagnosis Differential diagnosis Selection of injection therapy as the intervention of choice Contraindications to injection therapy Supervised clinical practice
Pharmacology and therapeutics	Pharmacology Pharmacokinetics Adverse drug interactions and events Medicines: local anaesthetics corticosteroids botulinum
Performance of injection therapy and aspiration	Equipment Safety Aseptic technique Infection control Management of aspirate Managing emergencies and complications Regional intra-, extra- and peri-articular, and intramuscular injection techniques Post-injection aftercare and follow-up Concurrent rehabilitation strategies Ultrasound-guided injection techniques
Patient information and informed consent	Risks and benefits of injection therapy Significant risks (>1% chance of occurrence) Comparative risks of injection therapy with alternative treatments for the presenting condition Answering patient questions
Communication and documentation	Communication with patient Communication with healthcare team, including general practitioner Record keeping
Medicolegal aspects of injection	Knowledge and understanding of medicines therapy legislation: patient-specific direction patient group direction exemptions supplementary prescribing independent prescribing Management of prescription-only medicines Storage and disposal of medicines Legal issues: NHS medicines non-NHS medicines private practice medicines

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 that achieve the Society's expectations of learning should comprise in the region of 150 h (20 days) of learning. This must include 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 participations' 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, which should be 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; or
- (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;
 - 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 transferable 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: Chartered Society of Physiotherapy recognition of programmes

The CSP implements schemes through which it confers recognition of post-qualifying programmes of learning. Recognition can take the form of:

- Endorsement: programmes of learning must include formal assessment of participants' learning, and meet the Society's particular expectations relating to the quality of the educational design of the programmes and the quality of the learning attained.
- Quality Mark: programmes do not have to include assessment of participants' learning, and the Society's expectations relating to educational design and quality of learning are less stringent.

Programmes in injection therapy that meet these CSP expectations can be submitted for formal recognition through these schemes, with endorsement being the type of recognition that is likely to be most suitable.

Section 13: 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 organize 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 these by compiling evidence of their learning and development using the topic headings identified in this document in Section 6.

If physiotherapists identify areas in which their learning requires further development to meet these new requirements, they 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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Authors

Pip White – CSP Professional Advisor, Medicines and Prescribing, Chartered Society of Physiotherapy, London, UK (lead author)

Sally Gosling – Assistant Director, Practice and Development Function, Chartered Society of Physiotherapy, London, UK

Contributing advisers from the Chartered Society of Physiotherapy Medicines Management Advisory Group

Billy Fashanu – Consultant Physiotherapist, Southend University Hospital NHS Foundation Trust, Southend, UK

Paul Hattam – Module Leader, Diploma in Injection Therapy, Society of Orthopaedic Medicine, Liverpool, UK

Davina Richardson – Clinical Lead Therapist Neurosciences, Imperial College Healthcare NHS Trust, London, UK

Stephanie Saunders – Course Leader, Diploma in Injection Therapy, Orthopaedic Medicine Seminars, London, UK

Tony Wilson – Course Director, MSc Module in Injection Therapy, University of Southampton, Southampton, UK

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