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Frontline is the physios’ magazine from the CSP, sent direct to every member 21 times a year
All systems go at the CSP

T

his issue of Frontline once more illustrates the work carried out by our union and professional body to support you and your profession. Of course clinical issues are what makes all our members go, but our cover feature looks at the amazing recovery one patient is making after a car crash, thanks to physio. What better illustration of the CSP’s Love Activity, Hate exercise? campaign (page 24). But it’s all too easy, faced with the day-to-day pressures of a busy clinical environment, to lose sight of some of the other issues that the CSP is fighting for on your behalf.

One of these is the development of apprenticeships for physiotherapists (page 16).

‘I’ve seen some amazing developments in the profession’

Another is the push for first contact physiotherapists. (page 8) And we mustn’t forget all the hard work to secure a better day deal for NHS members, which underpins all physio’s ‘rates of pay. As we went to press, we were awaiting the results of the joint health unions’ deliberations.

Over the last seven years I’ve seen some amazing developments in the profession. I learnt so much about members’ incredible work and been inspired by Karen Middleton’s In Person column (page 37). That included one on getting a new job!

I’ll soon be moving to Nursing Standard, as editor, where I promise to promote physiotherapy to your nursing colleagues at every opportunity.

Lynn Eaton
managing editor Frontline
and head of CSP member communications
lonn.eaton@csp.org.uk

You’ve added...

Katrina Kennedy commented on Frontline’s article heralding the CSP’s Love Activity, Hate Exercise? campaign (csp.org.uk/node/1145254) This is a brilliant simple, clear initiative driven and co-produced by patients and CSP members for CSP members!

COC registration request refused!

I own a cluster of private practices in north Kent, employ mainly physiotherapists but also a podiatrist, and our applications to the Care Quality Commission has been repeatedly refused. They say that we don’t meet their requirements.

We have an independent prescriber (consultant physiotherapist) and injection therapists (advanced physiotherapists) but we don’t have a doctor or nurse and, according to the Care Quality Commission, we do not meet its criteria for registration.

We work within our scope and follow all legislation, but how many unregistered practitioners aren’t following these things? As an NHS provider, I feel the Care Quality Commission should be monitoring us and other private physiotherapy practices.

As a profession, we physiotherapists are leaving ourselves exposed by not being governed by the Care Quality Commission. Surely with the increasing scope of physiotherapy practice, the CSP should be pushing pressure on the Care Quality Commission to update its registration policies.

Sarah Booker,
Physiotherapy2Fit. Email p2f.
sarah@gmail.com

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Physiotherapy2Fit. Email p2f.
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Comment

Missing the point about hip replacements!

I read with interest your article on hip surgery (Frontline 2 May 2018).

In this, Professor Karen Barker is reported as saying that patients are ‘not prepared to put up with the levels of symptoms that patients in previous years would’. The implication is that patients are electing to have surgery in greater numbers and at an earlier stage.

Perhaps we are missing the point. The question is why these patients are being offered hip replacement surgery in the first place? Is there evidence of mild to moderate degenerative change that is not a justifi cation for offering hip replacement to the patient. The outcome is often unsatisfactory in terms of pain relief unless radiological changes are advanced. A sceptic would say that if one allows private hospitals driven by the profit motive access to leachers’ money, by surgical operations to NHS patients, then inevitably decisions to offer them surgery of any form will trend upwards.

Christopher Lovel.
St Stephen’s Physiotherapy
and Sports Injury Clinic

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Top Tweets

@natbesevbetheck Prof Anthony Rudd NCD for stroke
#WHEEvents expressed his disappointment of little change in serious shortfall of therapy since Kings Fund 1988 consensus statement Shocking!

@bodybrolan Great visit to Strabane Health Centre earlier to hear first contact advanced physiotherapist Vicky talk us through the impact she is having assessing, treating and if necessary referring MSK patients onwards - first 400 pts, only 2% onward referral to GP #TraffordInformationWest

@CGMMDan The guidelines on low back pain are clear: drugs and surgery should be the last resort https://bit.ly/2O9PfHv via @ConversationEDU

@BannwDolan If there are 1.7 million #NHS staff across the UK and 25% are at work on any given day, in a national 8-hr day (in practice often more), that’s 425,000 people with a combined total of 388 YEARS of public service to the nation every day of the year.

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The LSE is about to release a report about the hazard of antibiotics to our health. Who should pay a refundable deposit on items they needed to use? If so, read our selection below.

Got something to say?
Write to us or comment on articles from the latest issue of Frontline online. Log in at: www.csp.org.uk/frontline and then go to the current issue section. You will also find icons to like on Facebook or tweet articles. Comments posted online may be edited for print.

Comment

Correction

Neuro physio helps disabled man achieve world record on Everest
(Frontline 16 May 2018)

Andrea Shapley worked with the outreach team in the regional neurological rehabilitation unit at Hernerton Hospital, and London University Hospital NHS Trust as we said.
Most people who die in hospital could spend their final days at home if the government adequately funded community-based care, says the Institute for Public Policy Research. Source: Guardian https://bit.ly/2GBOrIM

More than 1.5 million heart patients should be on blood-thinning drugs to prevent stroke, according to a study at the University of Birmingham. Source: Telegraph https://bit.ly/2IFA33N

People who experience disrupted 24-hour cycles of rest and activity are more likely to experience mood disorders. Source: NHS Choices https://bit.ly/2IYQJqo

Hundreds of patients have lost the first round of a legal battle for compensation over allegedly ‘defective’ metal-on-metal hip implants. Source: BBC https://bbc.in/2LAAMtm

Exercising four to five times a week will stop the main arteries to the heart from stiffening, research at the Institute for Exercise and Environmental Medicine in Dallas, Texas, suggests. Source: BBC https://bbc.in/2Vo6Rm

Researchers at Baycrest’s Rotman Research Institute in Toronto claim that learning an instrument or a new language is a key to avoiding dementia. Source: Daily Mail https://dailym.ai/2x2bRaC
The Institute for Apprenticeships has agreed that postgraduate pre-registration qualifications, as well as BSc (Hons) degrees, can be used in degree apprenticeships that form entry routes into the healthcare professions.

The rule change recognises the significance of postgraduate routes into physiotherapy and other professions. It should also increase the value of degree apprenticeships for meeting workforce supply needs. The change follows successful lobbying of the institute by the CSP on behalf of the allied health professions (AHPs), with support from the nursing profession.

“The outcome is currently specifically for AHPs and nursing,” said Sally Gosling, an assistant director at the CSP. “However, it could also set a precedent for degree apprenticeships for other occupations in other sectors.” Master’s degrees have been an entry route into physiotherapy for over 20 years, and have become increasingly popular, she said. A fifth of physiotherapists currently qualify through postgraduate study after completing a first degree in a related subject. The proportion is higher in some other allied health professions.

“Enabling degree apprenticeships to reflect established qualifications should appeal to employers and education providers,” said Dr. Gosling. “It will provide a fast track route through the apprenticeship, and should increase the flexibility with which the apprenticeship can be delivered from early 2019.”

More information
What is an advanced clinical practitioner apprenticeship? See p16

Parkinson’s audit reveals rise in early referrals for physiotherapy but calls for improvements

More people with Parkinson’s are receiving a physiotherapy referral within two years of their diagnosis, but not enough services are using appropriate (or any) outcome measures. This is according to the 2017 UK Parkinson’s Audit, published on 24 May.

The audit was organised by the UK Parkinson’s Excellence Network, a collaboration between health and social care professionals and the charity Parkinson’s UK.

Fiona Lindsay, a specialist physiotherapist at Derby Hospitals NHS Trust, is part of the audit’s steering group and governance board and recently became the first therapy lead for UK Parkinson’s Excellence Network.

She told Frontline: “More people are being referred to physiotherapy earlier, which is great. However, only 16.8 per cent were referred in the diagnosis phase. ‘And we really want to capture people in the diagnosis phase, so we can encourage them in terms of exercise and maintaining their mobility and independence right from the start.’

‘Also, the audit shows that 85.2 per cent of physios reported using outcome measures, which is slightly more than last year. But this is a major area of concern as it means 14.8 per cent of physiotherapists are not using any outcome measures.’

In total, 95 physiotherapy services took part in the audit and collectively they reported on 1,516 people with Parkinson’s. It found there has been many service improvements since the previous audit took place in 2015. These include:

• An increase in the number of people with Parkinson’s referred to physiotherapy within two years of diagnosis
• An increase in the number of services specialising in the treatment of Parkinson’s
• 89.5 per cent of physiotherapists have been able to access Parkinson’s related continuing professional development in the past two years.

The audit also found that: 14.8 per cent of physiotherapists reported they were not using any outcome measures and there were 21 cases (3.2 per cent) of unregistered therapy support carrying out initial assessments.

Robert Miller

More information
2017 UK Parkinson’s Audit parkinsons.org.uk/audit
UK Parkinson’s Excellence Network bit.ly/2KN59Z0

NHS England gives a big push to STPs on first contact physios in primary care

Sustainability and transformation partnerships (STPs) in every part of England have until the end of June to identify areas for large-scale pilots of first contact physiotherapy posts (FCPs) in GP surgeries.

The CSP has been working with NHS England to direct the partnership’s to the right information and advice on how to develop FCPs as part of the musculoskeletal pathway.

CSP chief executive Karen Middleton added: “This is a significant opportunity. It shows commissioners that the profession is a solution to challenges facing the NHS and means exciting opportunities for many physios.

Most importantly it means better care for patients. But we need to act now.

Making this happen in reality is largely dependent on CSP members driving it forward,” she said.

Gary Henson

More information
CSP primary care resources www.csp.org.uk/professional-union/practice/primary-care

Data opt out begins
NHS patients in England can go online to choose not to have their health records used for purposes other than their own care and treatment. For those who can’t or don’t want to use an online system, there is a non-digital alternative.

CSP head of practice Steve Talon said this was: “an important reason why clinicians need to be able to discuss data use for research and service improvement with patients.”

See bit.ly/2rZCAlh
Acupuncture conference hears about therapies in pregnancy and exploiting the Johnsen-Rahbek effect

Evidence suggests acupuncture can provide relief from pelvic girdle and low back pain in pregnancy, acupuncturist Cheryl Mason told the Acupuncture Association of Chartered Physiotherapists (AACP) conference.

In her presentation at the event in Reading on 19 May, Ms Mason has worked in NHS nursing, midwifery and pain management teams, outlined research findings (Van de Pol et al 2006, and Wang et al 2009), which indicate the usefulness of acupuncture in pregnancy. She also cited a 2016 study by CSP member Nadine Foster from Keele University. It evaluated acupuncture and standard care for pregnant women with back pain and found that 74 per cent of participants favoured the addition of acupuncture.

The conference also heard from Johnny Wilson, clinical director of Athletic Rebuild, about how a multi-modal approach including acupuncture, and encouraging reflection and mindfulness, can help footballers with low back pain. Sports physio Chris Baynes told the conference that deep oscillation therapy, which relies on a phenomenon in physics called the Johnsen-Rahbek effect, combined with acupuncture can relieve pain and improve treatment outcomes.

NICE endorses resource on spondyloarthritis

A physiotherapist has adapted a poster about spondyloarthritis into an officially-recognised resource which has been endorsed by the National Institute for Health and Care Excellence (NICE).

Carol McCrum, a consultant physiotherapist at East Sussex Healthcare NHS Trust, produced the resource to support the NICE guideline Spondyloarthritis in over 16s: diagnosis and management.

Dr McCrum originally presented some of the information in the resource in a poster at last year’s Physio UK. She said: ‘I had the opportunity to present about it at Physio UK and created a poster and A4 leaflet copies. People kept asking for more copies and the feedback was that it was really useful.’

‘I asked NICE for advice about how to disseminate it and raise awareness and they put me in touch with their endorsement team. The resulting resource is a clinical guide that provides some brief decision-making support about when to be suspicious of spondyloarthritis and when to make a referral, as it can be disease that is hard to recognise.’

Dr McCrum, who works in rheumatology and orthopaedic departments, added that her aim was to produce an accessible guide to support aspects of the NICE guideline on spondyloarthritis.

Jenny Nissler, CSP professional adviser, said: ‘Much credit to Carol for taking the initiative and for achieving NICE endorsement for this work.’

NICE calls for cultural sensitivity

The views of people from black, Asian and other minority ethnic groups must be represented when health services are designed, says the National Institute for Health and Care Excellence (NICE).

In a quality standard published on 11 May, NICE says that unless services are culturally sensitive and appropriate, people in these groups are less likely to engage with them.

It warns services to reflect the needs of local populations. This means involving individuals, community organisations and faith leaders who can represent the views of local minority ethnic groups.

Melrose Stewart, lecturer in the school of sports, exercise and rehabilitation sciences at the University of Birmingham, welcomed the guidance.

She said: ‘People respect NICE guidance and practitioners will turn to it to inform their practice. Most important is NICE has recognised that once size doesn’t fit all and diabetes, which is rampant in black and Asian communities, needs to be addressed specifically.’

NICE says that people from certain ethnic communities are at higher risk of type 2 diabetes than the white population. In response, it recommends that those at risk are referred to an intensive lifestyle change programme.

To succeed in helping them to achieve a healthy weight and be more active, these programmes must be culturally sensitive.

‘Practitioners will need to use local ambassadors and culturally sensitive approaches to ensure they engage with the people who form the focus on this strategy,’ said Dr Stewart.

‘The language and ways of communication that practitioners use will need to be in tune with the understandings of those communities.’

NICE: black views matter in healthcare design

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Discharge to assess project frees acute NHS beds

A physiotherapist is helping to provide a successful discharge to assess (D2A) project which frees up acute hospital beds and gives people the opportunity to return home.

Rubina Adia is a specialist physio who works in an intermediate care at home team at Bolton NHS Trust. She is part of a multidisciplinary initiative introduced at Wilfred Geeve House, a local respite care home for people with dementia.

Ms Adia and her occupational therapy colleagues, Lucy Parkin and Sarah Learns, have been developing a patient-focused therapy model at the care home since December 2016.

As part of the project, the care home has reserved seven of its beds for vulnerable patients who are admitted to the Royal Bolton Hospital with delirium or dementia.

Ms Adia said: ‘It’s been very successful in giving the patients the opportunity to be assessed to see if they can safely return to their own homes.

‘Rather than an alien hospital environment where patients might be moved from ward to ward, due to pressures for hospital beds, the D2A beds provide the perfect setting for our vulnerable dementia patients.

‘It is about assessing patients in the right place at the right time.’

The project is based on NHS England’s D2A principle, which advocates supporting people to leave hospital so their care can continue elsewhere.

Since it started, the project has received 68 vulnerable patients, freeing up the same number of acute beds at Royal Bolton Hospital.

Robert Millett

More information
NHS England’s D2A principle
bit.ly/2d6cq60

People with dementia have high risk of falling, physio-led study reveals

A physio-led study has revealed alarming rates of falls and fractures in people with dementia and the need for more proactive falls prevention for high-risk groups.

The National Institute for Health Research-funded study, published on 9 May, followed more than 8,000 people with dementia (64 per cent female) over an average of 2.5 years. The researchers found that one third (2,500) of the people it studied had a fall leading to hospitalisation, while almost one in five (18 per cent) had a fracture.

Women with dementia, and those with physical health problems who live alone in deprived neighbourhoods and problematic living conditions, are at a higher risk of a fall, the study suggests.

Contrary to the findings of previous smaller studies, the research also indicates that prescribed medicines, particularly psychotropic, and symptoms of dementia such as memory loss and cognition were less important risk factors.

‘We must urgently find better ways to prevent people with dementia falling,’ said Dr Stubbs, adding: ‘I hope this research will lead to more proactive and focused interventions targeted at those at highest risk.’

Louise Hunt

More information
Predictors of falls and fractures leading to hospitalisation in people with dementia
bit.ly/2lzmnZv

Physiotherapy works: falls and frailty
www.csp.org.uk/node/330664

Team showcases its service with a day of dementia awareness

Physio staff in the West Midlands marked national Dementia Action Week with an awareness-raising open day, including sessions on exercise, falls prevention, Nordic Walking and adapted Tai Chi.

The event took place at Edward Street Hospital in West Bromwich on 23 May.

Bal Matharu, a physiotherapy team lead at the older adult mental health hospital, said the team used the open day for activity sessions and to speak with patients, carers and the public about their services for people with dementia.

‘It was a great opportunity to showcase the work we do with our client group, which is patients with acute deterioration of their dementia symptoms.

‘We sent invites out to the local public, GPs, community services and commissioners and our team highlighted the good work physiotherapy provides as part of the wider multidisciplinary team in older adult mental health.

Rani George, a specialist physiotherapist with the team, said: ‘Patients get a lot of enjoyment out of the activities we offer. They feel the physical and psychological benefits of it and we constantly adapt and modify the exercises to suit their individual needs.’

Robert Millett

At the open day, physio assistants San Reid and Rani George and lead physio Bal Matharu
Physios take the lead in exercise prescription

With physical inactivity now recognised as a major health problem, the CSP North East regional network’s seminar Innovation in Physiotherapy Practice aimed to help members tackle the issue.

Edward Kunanga, a physio who is director of public health with both Middlesbrough and Redcar and Cleveland Councils, said physios should take the lead in improving the health and wellbeing of people by helping them to be more active.

He told 130 delegates on 16 May: “If you hear of a new drug with no linked side effects which can be used for both treatment and rehab, it would be regarded as a miracle cure. It is called exercise. And who is best at analysing the evidence and implementing the changes? Physios.”

Inactivity is the new smoking, he said, and he has been working on a physical activity plan for the whole of Middlesbrough, which is one of the 20 per cent most deprived areas in England.

It will be used for prevention, prehab, rehab, early intervention, as treatment and also working with environment planners, with GPs and schools to reach people of all ages. Kenny Butler, head of health and wellbeing of UK Active, led a session on how physiotherapy can lead the change to embed physical activity into the management of long-term conditions. He said changing behaviour is key and told delegates they could help raise the bar during the inactivity crisis.

Sean Ledger, teaching fellow in musculoskeletal conditioning, gave tips on strength and conditioning and said exercise and regular physical activity give a good patient satisfaction score, but there was a lack of evidence on the impact on the patient as a personal trainer. Their biggest challenge was to “feel normal”. In a study with 16 of the sickest patients, a year of exercise improved fitness by varying degrees.

Sarah Moore of Newcastle University is studying exercise for stroke, whether stroke using a portable multi sensor, as there was a gap in the evidence. Her aim is to change the long-term policy for stroke and ensure everyone can access a physical activity programme. Rebecca Shea spoke about the pool-based pulmonary rehabilitation service in South Tees. She ran a pilot programme using exercises and weights and had a 100 per cent turn out. She now has three groups and patient satisfaction scores highly, as do the fitness outcomes.

And Rob Tyer of Connect Health gave tips on strength and functional conditioning. He advised finding out what a person wants to achieve and identifying their goals; this would help them to adhere to a rehab programme. The sessions were held as the CSP’s Love Activity Hate Exercise? campaign is launched with the aim of enabling physio to get patients and the public more active. Catherine Chappell, the CSP’s campaigns and regional engagement officer urged everyone to sign up online at www.csp.org.uk/activity

More information
A selection of presentations from the event are available online. Visit Twitter and search for @CSPNorthEastTwitter feed

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The advanced clinical practitioner (ACP) apprenticeship offers an exciting new way to develop a physio career, says Sally Gosling

What is an advanced clinical practitioner apprenticeship? The advanced clinical practitioner (ACP) apprenticeship offers a new route to an advanced practitioner role. It gives experienced clinicians the opportunity to develop into an advanced practice role, funded by their employer, and to study for an MSc in advanced clinical practice on a part-time basis, while practising and contributing to patient care and service delivery. The apprenticeship uses the knowledge of registered non-medical health and care professionals.

In line with all new apprenticeships, the ACP has an apprenticeship standard. This standard defines an ACP as an occupational role. It sets out the knowledge, skills and behaviours required to fulﬁl it. The ACP assessment plan sets out how apprentices need to be assessed at the end of their programme of learning to complete it successfully.

What is in it for me? It will enable you to undertake a structured and supported work-based learning programme that leads to a master’s degree and progress into an ACP role. It gives access to employer-funded professional development opportunities that fit with service needs.

How is the apprenticeship useful to employers? Developing workforce capacity at advanced practice level is a key element of delivering services differently and more effectively. This includes responding to rising demand and changing population and patient needs. Through the apprenticeship key and the ACP apprenticeship, employers now have the opportunity to invest in developing advanced practice skills in physiotherapy and other professions to realise the full potential of their workforce.

How has the CSP been involved in its development? The CSP has been involved at each key stage, responding to every public consultation. We responded to the initial proposal to develop an ACP apprenticeship and commented on how the standard defi nes the apprenticeship and how apprentices’ learning will be assessed at the end. We also encouraged members to provide feedback at each consultation stage. In addition, we led activity across AHP member organisations. This was to ensure the ACP apprenticeship is relevant to all the health and care professions, working in all sectors, services and settings. It should therefore be responsive to and inclusive of, the way job roles are changing. The CSP is now supporting universities to develop their ACP master’s provision and is preparing guidance for members.

Why was this important? We have tried to ensure that the ACP apprenticeship provides a new route that CSP members can use to gain support for their role development and career progression. It should also enable employers to spend their apprenticeship levy on developing their workforce at an advanced clinical practice level. They should also be able to develop their knowledge and skills capacity in areas of strong workforce need. For example, the ACP apprenticeship can help to increase physiotherapy workforce capacity for first-contact practitioner roles in general practice.

When and where will this start? The ACP apprenticeship was fully approved for delivery by the Institute for Apprenticeships in April. Universities are now reviewing how they can develop their MSc ACP provision to deliver it as an apprenticeship. In turn, they are looking at how they can best respond to employer demand to use the apprenticeship to meet their workforce development needs. We expect some employers and universities to offer it from September 2018.

Shouldn’t the profession wait to see how the apprenticeship works before getting involved? No, it is important that physiotherapy engages with emerging opportunities to ensure that the profession’s workforce development needs are met through the ACP apprenticeship. It is true that apprenticeships present some unknowns and challenges (in healthcare, higher education and at master’s degree level), however they present a new way for employers to invest in skills development. If physiotherapists don’t seek to use the ACP apprenticeship, others will. Employers will use their apprenticeship levy for different parts of the workforce.

I’m interested. What should I do? If you’re a manager wanting to develop your workforce through the apprenticeship, contact your workforce development lead and find out how your plans can be supported through wider apprenticeship activity.

If you’re a clinician wanting to access the apprenticeship development opportunity, find out whether your employer is planning to offer it and what the application process will be.

If you’re an educator wanting to ensure that your university’s ACP MSc degree provision is responsive to physiotherapy workforce needs, liaise with colleagues to find out whether and how plans have progressed and what the application process will be.

Sally Gosling is a CSP assistant director

Where can you get all this and more...

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Moderate to high intensity exercise does not slow cognitive decline

Recent reviews of trials of exercise training in people with dementia have shown mixed results. The researchers therefore decided to estimate the effect of a moderate to high intensity aerobic and strength exercise training programme on cognitive impairment in 494 people with mild to moderate dementia from across England.

Their average age was 77, and they were all living in the community. They were randomly assigned to either a supervised exercise and support programme (329) or to usual care (165).

The exercise programme consisted of group gym sessions lasting 60 to 90 minutes twice a week for four months, plus home exercises for one additional hour each week with ongoing support.

The main outcome was an Alzheimer’s disease assessment scale (ADAS-cog) at 12 months. Other outcomes included activities of daily living, number of falls, and quality of life. After taking account of potentially influential factors, the researchers found that cognitive impairment declined over the 12-month monitoring period in both groups.

Physical fitness improved in the short term among those in the exercise group, but they had higher ADAS-cog scores at 12 months (25.2 vs. 23.8) than those in receipt of usual care. But the average difference was small and it wasn’t clear what the clinical relevance of this was.

No differences were found in secondary outcomes, or after further analyses to test the strength of the results.

The period of structured exercise may have been too short to produce positive benefits, say the researchers, but they conclude that exercise can’t be recommended as a treatment option for cognitive impairment in dementia.

Future trials should explore other forms of exercise: it may be that some types of exercise might work best in specific subgroups of people with dementia, the authors suggest.

Overall, this paper provides evidence to support the potential benefits of structured exercise for people with dementia. Further research is needed to identify which interventions work best for whom, and how often they should be delivered.

As a result, this work is important for clinicians who are considering recommending exercise to people with dementia.

The BMJ 2018 www.bmj.com/ content/361/bmj.k675

This scoping review aims to clarify how advances in therapy and functional coordination of transport (reach) and grasp, successful reach-to-grasp requires temporal differences in the different reach-to-grasp characteristics in the ipsilateral and central workspace, which may need to taken into account during re-training of this activity.


Thoracic ultrasound can be used to examine the pleuras, lung parenchyma and diaphragm and promises to be a technique that could be of considerable benefit to physiotherapists. This scoping review aims to clarify how physiotherapists are currently using ultrasound in research and clinical practice. The authors report that there is evidence of efficacy in the diagnosis of conditions like pneumonia, pleural effusion and diaphragmatic dysfunction. They found 26 papers where physiotherapists were part of the study design or the chief investigator. The studies included healthy participants, critical care and COPD patients. This is an emerging field and its potential for the profession has yet to be realised.

S.A. Hayward et al. Use of thoracic ultrasound by physiotherapists: a scoping review of the literature. DOI: https://doi.org/10.1016/j.physio.2018.01.001

Papers providing normative data against which clinicians can compare their individual, or group, of patients are particularly useful. This paper provides normative reference values for unipedal balance test time based on the meta-analysis of data from 23 studies. The authors of this paper report that the test has been shown to be reliable, valid and useful in the clinical setting. With this in mind, their next step was to provide normative values in relevant populations. For studies stratified by age and test duration, the authors found weighted means ranging from 63 seconds for 60 to 69 year olds, to 10 seconds for individuals who were 80 years and older. They also demonstrated that men matched with women by age group and test duration stood on one foot a mean six seconds longer. Summary tables show unipedal balance time data consolidated via meta-analysis, and a comparison of unipedal balance time data between age groups and men and women. The authors also provide a suggested standardised procedure for conducting the test.

Richard W Bohannon et al. Unipedal balance test for older adults: a systematic review and meta-analysis of studies providing normative data. DOI: https://doi.org/10.1016/j.physio.2018.04.001

- Exercising for at least 30 minutes two to three times a week may be enough to minimise the stiffness of middle sized arteries that comes with age, suggests a study of 102 lifelong exercisers in their 60s. But to prolong the youth of the larger central arteries requires exercising on four to five days of the week, the findings show.


- In a study of more than 24,000 adults with rheumatoid arthritis, those who were severely obese experienced more rapid progression disability than those who were overweight. This wasn’t explained by features of their arthritis, including the amount of inflammation in their joints. Patients who lost weight unintentionally tended to become disabled more quickly, especially those who were already thin.

Arthritis Care & Research 2018 https://doi:10.1002/ acr.23579

- Even mild brain trauma may double the risk of developing dementia, suggests research which tracked the brain health of nearly 358,000 US army veterans. In those who had a moderate to severe head injury, the risk was nearly four times higher.


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**Views & Opinions**

**Vision of a modern workforce**

The role of physiotherapists in the surgical team is changing – and growing, says Amanda Trees

I was invited this year to the Royal College of Surgeons of Edinburgh (RCSGeD) to discuss the role of the advanced practice physiotherapist (APP) in surgical care.

The occasion was the college’s triennial conference, the Modern Surgical Team: the Future of Surgery. The RCSGeD is not only looking at developing and advancing its own surgical practices, but also exploring changes proposed by the joint committee of the Royal College of Surgeons of Edinburgh and the Royal College of Surgeons in England (RCSCE) in terms of ensuring high quality, safety and sustainability and transformation partnership for children’s surgical services.

I found it so encouraging that the RCSGeD wants to work collaboratively with both nursing and allied health professionals to develop roles that will enhance medicine – surgery, in particular – away from the traditional model and develop a new, modern workforce.

As ward therapist, I did early morning physiotherapy on the physiotherapy band 7. It was a band 5 rotational service so this was invaluable in terms of my respiratory and palliative care responsibilities.

The aims of the project were to promote patient independence and flow by adopting a rehabilitative approach and to release time to care. It wasn’t easy getting the balance right every day. Sometimes tasks had less therapeutic value and when they did I tried to focus on helping patients get out of bed to eat and wash and dress themselves might take more time at first but saves time later because ward staff no longer need to do it. In turn, this reduces inappropriate referrals to physiotherapy.

I left the ward staff feeling more confident about positive risk-taking and empowering patients.

Lauren Urch took on a role that eased pressure on nursing colleagues and helped her develop too

The aims of the project were to develop your posts to talk to the physiotherapy band 7. I was given a lot of trust and autonomy, which was flattering but also sometimes, although I was well supported by our CSP stewards.

Initially, I spent time shadowing different members of the ward team and upskilling in areas specific to the ward, including end of life care, inpatient, rehabilitation and chest drains. I was trained in the high dependency bay and am now able to set up and adjust non-invasive ventilation (NIV) and high flow oxygen. We do not run a physiotherapy-led NIV service so this was invaluable in terms of my respiratory and palliative care responsibilities.

I also focused heavily on reducing ‘pyjama paralysis’ and promoting the ‘home first’ motto, while supporting nursing and therapy staff by being heavily involved in managing patients’ stays. I kept mobility charts and walking aids up to date and ensured patients had the correct seating. I carried out ADLs, assessments and treatments while supporting new admissions and answering buzzers. This was really valuable in early screening and discharge planning, and reduced deconditioning while patients waited for community hospital rehabilitation.

Ultimately, supporting patients to wash and dress themselves might take more time at first but saves time later because ward staff no longer need to do it. In turn, this reduces inappropriate referrals to physiotherapy.

I left the ward staff feeling more confident about positive risk-taking and empowering patients.

As a result of this trial there are now eight ward therapists across the RUH. I feel these roles are the future of surgical care.

The consensus in Edinburgh was that higher up the hierarchical chain there is a lack of understanding and acknowledgement of our roles. The stakeholders and ‘inverses’ don’t understand what they get for their money. The purse holders see a business case for an APP & costing their trust £58,000 (with on costs), but a registrar will cost the same and can perform surgery. They fail to acknowledge that in 12 months’ time, the registrar will move on and a replacement will need to be trained.

So where do we go from here? I challenge those of you who want to develop your posts to talk to the surgeons and your managers. Read the linked document for an insight into the skills and commitment required, then write a case for it. It’s worth it.

Dr Amanda Trees is an advanced practice physiotherapist at James Cook University Hospital, Middlesbrough

**Advice Line**

Natalie Beswetherick, CSP’s assistant director, has good news on using the AHP fit note when patients are too ill to work

The use of a ‘fit note’ issued by an allied health professional rather than a doctor has been given a boost after a recent review led by a government body, marking a way forward for physios, particularly in musculo-skeletal services, to sign AHP ‘fit notes’.

The Joint Work and Health Unit has received legal clarification of the regulations that the AHP ‘fit note’ could be used by practitioners other than doctors.

Regulation 2(1) of the Statutory Sick Pay (SSP) Medical Evidence Regulations states that medical evidence provided for the purposes of SSP should be in the form of a medical fit note or ‘by such other means as may be sufficient in the circumstances of the case’.

This means physiotherapists can use the AHP Fitness for Work Report for statutory sick pay, provided the employer and employee agree it is sufficient in the circumstances.

Some occupational health and vocational rehabilitation services have been using the AHP report since it was introduced in 2013, but the uptake has been comparatively low. So this recent clarification is welcome.

Physiotherapists who assess and manage people working with conditions that prevent the person from being able to work, or requiring some workplace adjustments, should use the Fitness for Work Report.

Physiotherapists working in musculo-skeletal-skeletal services are ideally placed to use these reports.

However, under Section 14 of the Social Security Act, the AHP Fitness for Work Report cannot be used as a form of evidence for any other welfare or benefits. A medical fit note would still be required.

Further information: CSP’s website has a copy of the fit note and guidance: www.csp.org.uk/fitnote


Lauren Urch is in a band 5 rotational physiotherapy, Royal United Hospital, Bath

Blurring the boundaries

In April 2017 I started as ‘ward therapist’ on a respiratory ward at the Royal United Hospital (RUH), Bath. The role is a response to increasing staff nurse vacancies and is a way to assist with the caseload. The idea is that a more therapeutic approach will assist in reducing length of stay, change discharge pathways and improve patients’ experiences of care. In doing so it will alleviate pressure on acute wards.

As ward therapist, I did early or late nursing shifts, Monday to Friday, but continued my weekend working responsibilities on the physiotherapy band 7. I was managed by the band 7 nursing grade but supervised by the physiotherapy band 7. I was given a lot of trust and autonomy, which was flattering but also sometimes, although I was well supported by our CSP stewards.

Initially, I spent time shadowing different members of the ward team and upskilling in areas specific to the ward, including end of life care, inpatient, rehabilitation and chest drains. I was trained in the high dependency bay and am now able to set up and adjust non-invasive ventilation (NIV) and high flow oxygen. We do not run a physiotherapy-led NIV service so this was invaluable in terms of my respiratory and palliative care responsibilities.

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LoveActivity...

People with a long term condition can still be active, with help from their physio

Riding a bike is next on my list

Michael Thompson hears the bell ring and is on his feet in seconds to open the door. It’s no mean feat for a man who was not expected to survive a car accident four years ago that left him with a brain bleed and multiple other serious injuries. As Michael lay in a coma for four months, his parents were told several times to prepare for the worst. But Michael had other ideas and, as he progressed, was determined to prove he would walk again and even return to sport.

With the support of his physiotherapists, he is now more active than his parents ever imagined he could be. He is also an excellent role model for the CSP’s Love activity, hate exercise? campaign. He exemplifies the idea that by focusing on the physical activities that patients with long-term conditions love, and identifying goals, physiotherapists can improve patients’ health through exercise they find fun and rewarding.

On 24 July 2014, Michael, a sporty young man who had enjoyed football, rugby and athletics, and had an active job as an engineer testing energy leakage in homes, was involved in a devastating car accident, which he can’t remember. He had a severe diffuse axonal injury, sight loss and damage to his lungs, chest, jaw, teeth, legs, arms and more.

“We nearly lost him twice. There wasn’t a lot of hope,” says his father Derek, in the bungalow in Blaydon, near Newcastle, where Michael lives with him and his mother, Tina. “His lung collapsed, his heart stopped, he had a bleed in his brain. His first operation lasted nine hours at the Royal Victoria Infirmary in Newcastle. He was in an induced coma for four months.”

When Michael, 26, woke up he was determined to make the best recovery he could.

He was moved from the infirmary to Walkergate Park Centre for Neuro-rehabilitation and Neuropsychiatry in Newcastle, where he spent six months. The centre offers an encompassing service for people with a disability caused...

A devastating accident left Michael Thompson in a coma. Key to his ongoing recovery from multiple injuries has been finding an exercise that inspires him – climbing...
Bored without exercise

I was determined to make the most of my sessions with Helen, Michael says, and knew that physio could help me be “normal” again. At that stage, I couldn’t talk but I could communicate through letters on a board.

I looked around and saw other patients mentioning about having to do exercises and physio, but I told them this was their big chance to help them be normal again, to do the best they can. I have always been an extreme kind of guy who pushes to do and achieve more. I just bored without exercise and having people doing things for me.

I accept that means I’m different from some people and that moving on is an huge thing for me. If you don’t accept help and see it, it affects recovery. I wanted to build my life and Helen, my physiotherapist, supported me. She was amazing and understood what I needed both physically and mentally. It’s not all about stretching muscles – it’s about retraining the brain and motivation, too. I don’t find physio hard, it’s just what needs to be done.

Helen asked me what my aspirations were. One main goal was to get out of the wheelchair and walk from the Walkergate Centre on my own two feet. I pushed far as much help and support from physio as I could and I did it with crashes, and there was a great cheer from the staff.

Michael is extremely proud of the video recording this milestone.

Fighting for physio

Debbie remembers how his son demanded more physio after he attended Ipswich Hospital, Gainshead, as an outpatient. “There came a time when the level of physiotherapy from the NHS stopped and the clinical commissioning group said he didn’t need it. But we knew he had more in him and could achieve more with intervention,” he says.

Michael bought a house a few months before his accident. We decided to sell it and invest money in private physiotherapy, so he now attends Optimise Neurotherapy Centre. We are lucky to have had the funds private physiotherapy, so he now attends Optimise Neurotherapy Centre. We are lucky to have had the funds.

The focus group findings suggest we are not selling physiotherapy as normal, but the biggest is in neurorehabilitation at Optimise, who also climbs. “It’s great that Catherine likes the sport, too. She’s helping me and advising me on how much I can do. My right side is affected and I have no idea where the middle is. Dad videos me and we send it to her so she can assess how I am moving on the wall. I also like to show Helen back at Walkergate what I have achieved. It’s a way of saying thank you to her too. I plan to climb outdoors next.”

However, Michael’s next goal is to walk his sister Amy down the aisle with their father. This is a challenge as the wedding is in Mexico. “I’m not worried so much about the flight, as we have had a family holiday in Mallorca since my accident. But it’s a fantastic thing to work towards.

“I’ll always have another goal. I’m never going to give up trying to improve. I’ve got riding a bike and swimming on my list. I’ve been asked to mentor other people and have talked about this at a conference. I have proved how physio has helped me. It’s a long process but worth every bit of effort you put in. I think the CSP campaign will make a good impact if physiotherapists haven’t always been associated with injury or disease affecting the brain, spinal cord or muscles. It was here that Helen Dobinson, an advanced physiotherapy practitioner, began to work with Michael.

I’ll always have another goal, I’m never going to give up trying to improve … I have proved how physio has helped me. It’s a long process but worth every bit of effort you put in

Michael Thompson

Why not use this article to help inspire your patients? Feel free to copy it or suggest they look at it online:

www.csp.org.uk/Activity/climbing

Find out more about the campaign. Just go to: www.csp.org.uk/Activity
Your physiotherapy

In our continuing professional development series, Nina Paterson, the CSP’s education adviser, considers how support workers can seize the opportunities change presents and step into the primary care opportunities created by the lack of GPs, for example, that creates the opportunity for support workers to do likewise.

For all of us who are professional advisers here at the CSP, our role is to support you individually and collectively to understand the drivers that steer health and social care at national and local level, and to build on that understanding to navigate your workplace. Our goal is to help you build resilience, self-awareness and political awareness so that you can make the most of the opportunities that come your way as part of the changing environment around you. Claire’s role, focused on associate members, is no different: as support workers you require those skills and abilities as much as any other member of the team, particularly when you are making the case for personal CPD or arguing for structures that provide you and other support workers with career progression, or extending the scope of your roles.

With a background in physiotherapy clinical leadership and service management, Claire will be working strategically across the organisation and with external partners as she seeks to understand and influence how we best value, represent and champion support workers, and in doing so best serve our associate members. A couple of months into her role, she shares her initial thoughts here on the landscape as she sees it unfolding.

Next steps: making the case

We talk a lot in these articles about making the case for change, either individually or within services or organisations. If you look through any issue of Frontline you’ll see many examples, either as news items or features. When you’re making a case for anything, it’s all about making credible claims backed up with concrete examples and illustrations. Take the Physiotherapy Works briefing series. They spoke the language of commissioners – money and clinical effectiveness. As Claire’s work moves forward, the best way to help the CSP make the case for change is to provide evidence – case studies and examples – of what is working. The CSP activity box for this article is a call to our members, whether support workers or colleagues who work with you, to showcase your roles.

Claire Fordham in her own words

Support workers have long been recognised, by patients and the teams they work in, for their valuable contribution to care and outcomes. As the population ages, working longer and increasingly living with multiple long-term conditions, the number of support workers and what they provide needs to grow fast.

This is especially true for physiotherapy support workers. As care moves closer to home, we’ll see new support worker roles develop in exciting areas of primary care and public health. It’s likely that new and additional roles will be based in integrated teams to provide care across traditional professional boundaries. This is in addition to the expansion and development of roles setting in more specific physiotherapy services.

New personal development opportunities and career progression routes for support workers are emerging to support this transformation. This is an exciting time.

However, it may also be an unsettling period for support workers who will be asked to play a more direct and hands-on role in patient care and the recovery process, with increased delegation from physiotherapists and a greater role in educating and advising patients and carers. There needs to be clarity, guidance, support, training and education for all clinicians providing physiotherapy care in transforming services, whatever their role. This will be particularly important for support workers and especially for those who work across professional boundaries.

It’s in recognition of these opportunities and challenges that the CSP has invested in and reshaped my role.
LOVE HATE
ACTIVITY EXERCISE

Do more of what you ♥ with physio

Register now at: www.csp.org.uk/activity
The role of physiotherapists in the lives of hospice patients is highly specialised and deeply rewarding, as Julie Penfold reports.

The role of physiotherapy in palliative care and oncology is often misunderstood by professionals and the public. Rehabilitation is invaluable for this patient group as it reduces the impact of pain and anxiety, increases functional status and improves quality of life. Rehabilitative palliative care is patient-centred and can help people to adapt to their changing condition. Specialist physiotherapists work as part of multidisciplinary teams within the NHS, private sector and charitable sector.

St Ann’s Hospice
Bobby Magee is an advanced physiotherapist at St Ann’s Hospice in Greater Manchester, one of the biggest hospices outside London. Mr Magee leads the physiotherapy service across three sites: Heald Green (main site), Little Hulton and the Neil Cliffe Hospice.
Career Moves

Centre, which is based at Wythenshawe Hospital. Heald Green and Little Hulton have inpatient units, a medical outpatient facility and offer community services, while Neil Ciffé provides a supportive outpatient service. "Rehabilitation can be all-encompassing," says Mr Magee. "We can help to improve people’s quality of life and the symptoms they experience such as breathlessness, pain and loss of mobility. We also help with conditions such as lymphoedema. We see a wide variety of patients with life-limiting illnesses. This can also include patients with cardiovascular disease, chronic obstructive pulmonary disease (COPD) and neurological diseases such as Parkinson’s, stroke, Alzheimer’s and motor neurone disease (MND). We also run a monthly MND outpatient clinic. "We are trying to debunk the myth that hospice and palliative care is all about death and dying. It really is not. We can help people to thrive when they are perhaps at their lowest point in life by supporting them through those physical changes."

Unusually, Mr Magee started his career within this field as a junior physiotherapist. ‘I was lucky to get my first role at the Christie NHS Trust. I knew from the beginning that I wanted to remain in palliative care and oncology. Working in a hospice, you have time to build a rapport with patients. It can be challenging to experience the highs and lows patients go through, as you live and breathe everything they do. Sometimes it is the simplest and smallest things you do that make a difference, such as giving someone a hug when they need one, having a laugh together or just listening and being a shoulder to cry on."

Having emotional resilience and building that into your own daily life is important for physiotherapists working in hospices, he says. Mr Magee practices mindfulness meditation and exercises regularly. ‘I feel privileged to work in palliative care. People feel it must be sad to work in a hospice but it is very rewarding. We are helping patients to have a better quality of life, even when their prognosis is poor.’

A good grounding in core skills is important, Mr Magee advises. He also suggests completing a lymphoedema or self-management education in a hospice and seeing the power of exercise in palliative care is particularly rewarding.

Being the only physiotherapist in a team can be challenging but it can also be a bonus as you can influence where your organisation is going and fly the flag for physiotherapy within palliative care."

Sarah Mitchell leads an exercise class at St Vincent’s Hospice in Johnstone, Renfrewshire, where she leads the physiotherapy service

St Vincent’s Hospice

Sarah Mitchell is a specialist physiotherapist at St Vincent’s Hospice in Johnstone, Renfrewshire. There is an eight-bed inpatient unit, a day hospice and community services. Ms Mitchell is the only physiotherapist and leads the service. In addition to working three days a week, she manages the day hospice service and works one day a week in her management role. "Before joining the hospice as its first physiotherapist, I worked in the NHS as a respiratory physiotherapist and that knowledge is invaluable in palliative care," says Ms Mitchell. "My role is really varied. I could be carrying out mobility assessments in the inpatient unit, supporting patients with respiratory issues such as breathing control, relaxation and assisting with getting rid of secretions, or advising on patient transfers."

Physiotherapist-led exercise classes are also part of the day hospice programme and are held twice weekly. Ms Mitchell is supported in the running of these hour-long classes by two volunteer physios. In the last 18 months, the hospice has set up a weekly support group to share practical skills with carers. Each group meets for six weeks. In April 2017, Ms Mitchell launched the first physiotherapist-led wellbeing group in response to patients’ needs. "We are getting more younger people referred to us and also have patients who are relatively stable symptom wise who don’t want to come into the hospice for the full day," she explains. "The wellbeing group is a two-hour, eight-week outpatient programme that has been hugely successful. We use five functional exercise tests including the 30 second sit to stand test. In the first group, all patients improved in at least one aspect of fitness, such as improved balance or general mobility. Patients also had more confidence and it helped them to do more."

"We repeated the wellbeing group in autumn and had similar results. We are offering a combination of exercise and self-management education in a hospice and seeing the power of exercise in palliative care is particularly rewarding."

Being the only physiotherapist can be challenging at times, she says. ‘I do sometimes miss being part of a physiotherapy department. To help with this, I keep in regular touch with other palliative care physiotherapists in Glasgow and Clyde and have close links with the hospital where I used to work so I can contact them if I have any questions. You are asked all sorts of questions. Making and maintaining links is important. For me, they have been a lifeline."

‘Combining physiotherapy and management can be challenging but it can also be a bonus as you can influence where your organisation is going and fly the flag for physiotherapy within palliative care."

I feel privileged to work in palliative care. People feel it must be sad to work in a hospice but it is very rewarding. We are helping patients to have a better quality of life, even when their prognosis is poor.’

Bobby Magee

About this article

This article is primarily aimed at physios near the start of their career, or those considering a switch

Sarah Mitchell leads an exercise class at St Vincent’s Hospice in Johnstone, Renfrewshire, where she leads the physiotherapy service

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Top tips

The Association of Chartered Physiotherapists in Oncology and Palliative Care (ACPOPC) is one of the CSP’s smaller professional networks. It aims to provide peer support and facilitate the exchange of ideas and evidence-based knowledge, while providing opportunities for continuing professional development. The network is research active and influences cancer policy and strategy at both local and national level, including clinical guidelines for NICE.

What experience do I need?

I feel strongly that having broad professional experience and the professional confidence you gain from this is needed to work in palliative care. It is a specialist area where your knowledge base is key.

What postgraduate training is there?

There are masters level courses that cover palliative rehabilitation or exercise and lifestyle in cancer. There is also an excellent network of postgraduate courses through Macmillan Cancer Support and via a number of academic institutions.

Who would pay?

This depends on your circumstances. However, physiotherapists are highly motivated and may be able to demonstrate why they should be funded for specialist training by their employer. Alternatively, you may have to pay – I paid for a lot of my postgraduate training.

Are there student placements?

I’m exceptionally passionate about student placements within palliative care. We as a profession need to enrich the undergraduate curriculum by offering more placements in palliative care. One of the ACPOPC’s objectives is to encourage members to take students in oncology and palliative care settings to promote interest at undergraduate level.

To sum up...

In a hospice, healthcare workers are helping to create a five-star experience for patients. In this specialist field, you have the gift of time and the palliative person-centred approach is key.

Jackie Gracie, chair of the Association of Chartered Physiotherapists in Oncology and Palliative Care, acoppc.csp.org.uk The network endorses the content of this article.
InPerson

The little things

Don’t leave it too late to tell people about the positive impact they have made on your life, says the CSP’s chief executive, Karen Middleton

Last week I was told of the death of a friend and colleague with whom I’d worked quite closely in my previous role. I saw her perhaps every couple of months for about seven years and we worked on a common agenda – she locally, me nationally. She was 50 and had suffered a very short illness. I can only imagine what her family and close friends have been – are – going through because, even as a relatively remote colleague, I was devastated. I was also surprised by the amount of sadness I felt and have been trying to reflect on why.

My conclusion is that I don’t think I ever really told her what I thought about her. I think I did, indirectly, in the way I encouraged her to pursue further education and apply for jobs. But I didn’t tell her about the impact she made on me and other people. She was hard-working and passionate about her job and our shared agenda. She was kind and she was fun. She was thoughtful about those she was working with and always, always reminded me ‘it’s just work’ when something didn’t go my way or she thought I was worrying too much. I sat in many a meeting with her when I’d catch her eye and a giggle would start to erupt, which would put everything back into perspective. She was, as they say, a positive life force.

I am not writing this as a sort of obituary, but as a reminder to myself and to you, to make sure you tell people about the impact and the positive difference they make.

I am always struck by how we reserve this sort of thing for the big occasions – usually when someone is about to retire or leave – and forget how important it is to say thank you during our daily working lives.

Leaving a job, whether through promotion, retirement or redundancy can feel a lot like a bereavement of sorts, for the person going and for those left behind, which is why it is important to make the occasion. This is not dissimilar to one of the functions of a funeral when someone dies, after all. But let’s not wait for those big occasions to show our appreciation.

When time is short, it is not only easy to forget to make mention of something that someone has done or said, but it is so easy to not even notice. Even geography can make it difficult, if you’re not accessible to your team or other colleagues, you will have limited opportunity unless in a formal meeting or other specified occasion. Can you do anything about that so there is more opportunity to notice?

I am not suggesting we gush with praise on every possible occasion – we can all spot a fake. I am talking about authentic thanks that is meaningful and heartfelt.

I am also talking about the little things rather than big achievements, such as a project delivered on time, success against all odds with a patient or waiting time reduction. We all know that it is the little things that make the greatest difference and have the most significant impact. Ask any patient or a ward, or their families. I have noticed that it is often the time taken to respond in a small way that has most impact on the person – actually seeking them out to say thank you, or give a card or a cake – rather than big speeches in public.

So, having read this, think over your last week at work and who you are going to thank. And tell me about it, as I would really like to hear. It is only fitting for me to finish this In Person with my own thanks to the editor of Frontline, Lynn Eaton, who has edited this column for four and half years. I hope I haven’t waited until her departure to a wonderful new job to say thank you, but I do want to say publicly how much I have valued her ability to let me just write and say what I want, but also to tweak the column to make it even better.

Her counsel has been invaluable. Thank you.

Contact Karen
You can email Karen at: middletonk@csp.org.uk

www.csp.org.uk/icsp exclusive to CSP members
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Looking for a mortgage or think your current mortgage isn’t competitive?

Your mortgage is likely to be your biggest financial commitment. It therefore pays, quite literally, to get it right. With umpteen types of mortgages and hundreds of mortgage providers, it can be difficult to work out which to choose. Yet getting the right deal could save you hundreds or thousands of pounds over the term of your mortgage. The best solution is to consult an independent mortgage adviser.

That is why CSP Plus has appointed Lighthouse Mortgage & Protection Solutions as its approved partner for independent mortgage advice you can trust. Whether you are employed or self-employed, moving home, re-mortgaging or a first-time buyer, our job is to find you the right mortgage at a competitive rate and guide you through the application process.

We will ask you about your finances and help you work out how much you can afford to borrow. We will explain which type of mortgage suits your needs, and then find you a competitive deal. But we do much more than that – we guide you through the entire process, through to successful completion. Importantly, we will also recommend ways of protecting your mortgage payments against the unexpected.

Book a no obligation mortgage consultation now. Call 08000 85 85 90 or email enquiries@lighthousemps.co.uk quoting code CSP.

Your home may be repossessed if you do not keep up repayments on your mortgage or other loans secured on it.

_Taking good care of you_
Networks & networking

English networks news

English regional networks

News from the CSP English regional networks, branches and country boards.

Find out more at www.csp.org.uk/nations-regions

Want to help promote physiotherapy? The CSP has made it as simple as possible for members to help raise the profile of physiotherapy. This list gives a few ideas of how you can support CSP campaigns. For more information and support on promoting physiotherapy in your region contact the CSP’s campaigns and regional engagement team (CRE) at: cspcare@csp.org.uk

Love activity? Hate exercise? csp.org.uk/activity – Sign up to the CSP’s new campaign designed in consultation with members to help patients, including those with long term conditions, to lead an active lifestyle. Help raise the profile of physiotherapy and help tackle some of the key barriers to physical activity in the UK.

Rehab Matters csp.org.uk/rehabmatters – Share this film designed in consultation with physiotherapy in your region contact the CSP’s campaigns and regional engagement team (CRE) at: cspcare@csp.org.uk

Love activity? Hate exercise? csp.org.uk/activity – Sign up to the CSP’s new campaign designed in consultation with members to help patients, including those with long term conditions, to lead an active lifestyle. Help raise the profile of physiotherapy and help tackle some of the key barriers to physical activity in the UK.

Rehab Matters csp.org.uk/rehabmatters – Share this film designed in consultation with members to help patients, including those with long term conditions, to lead an active lifestyle. Help raise the profile of physiotherapy and help tackle some of the key barriers to physical activity in the UK.

Think Physio for Primary Care Influencing GPs and practice managers at a local level to run a first contact physio a key priority for 2018. The ‘Think Physio for Primary Care’ document is a great tool to help with influencing. To order a hard copy contact the enquires team or visit it online at: http://bit.ly/2VpiAQP

London To keep up to date with your region visit: www.csp.org.uk/nations-regions/london Follow us on Twitter @CSPLondon

East Midlands An opportunity to explore practice based learning and opportunities in the East Midlands. The CSP East Midlands regional network, University of Nottingham and University of Lincoln are delighted to announce details of a special event focused on exploring practice based learning issues and opportunities in the region.

The event will provide delegates with a chance to have critical conversations around practice based learning. Topics covered will include the importance of practice-based education in sustaining the workforce, barriers to offering placements, developing capacity in the East Midlands region and innovative new approaches to placement models. Speakers from a range of providers, both private and NHS, will take part.

Whether you are an experienced practice educator, clinician or manager or do not currently offer placements this event will provide an opportunity for you to find out how student placements can increase productivity and quality in your workplace and contribute to growth in the profession.

The event is taking place on Wednesday 6 July from 9.30am to 4pm at the University of Nottingham. Tickets are limited. Please book yours today by visiting: eastmidlandsrpl.eventbrite.co.uk

For more information on the CSP’s practice based learning campaign visit: www.csp.org.uk/nations-regions/east-midlands

Pictured above left: Hayley Clarke, and right: Emma Ryan

New chair of CSP South Central ERN, Hayley Clarke and vice-chair Emma Ryan are inviting any South Central members who are interested in helping out with promoting physiotherapy in the region to come along on Friday 13 July to CSP HQ for a tour of Bedford Row and a meeting with CSP chief executive Karen Middleton.

To keep up to date with your region visit: www.csp.org.uk/nations-regions/west-midlands Follow us on Twitter @WestMidlandsCSP

Like us on Facebook @WestMidlandsCSP

South Central Invitation from new chair and vice chair of CSP South Central ERN at Portsmouth Hospital Trust, currently on a medicine respiratory ward. Hayley started doing work with the CSP as a student and was keen to continue this after she qualified. Hayley says: ‘I love my job and am passionate about encouraging leadership at all levels, public health and activity and making positive change.’

Emma Ryan is physiotherapy team leader for orthopaedics on the Isle of Wight and more recently a new to women’s health. She recently won an ovo for ‘above and beyond’ which was awarded for her work as the lead for a project that was a part of a very busy trauma unit in Poole. Emma ‘absolutely loves’ rehabilitating people so that they can have an independent, meaningful life, from major trauma. Emma has also been an off/on steward since being a junior.

To keep up to date with the region going forward, members in South Central who are interested in joining the core team and becoming an active member in the region, are invited to join Hayley and Emma for a planning session at the CSP on Friday 13 July from 11am until 4pm. The meeting will include a tour of the CSP and a meeting with Karen Middleton. If you are interested in joining the core team and attending the meeting, please email cspcare@csp.org.uk Places are strictly limited so please book your place quickly.

To keep up to date with your region visit: www.csp.org.uk/nations-regions/south-central Follow us on Twitter @CSPSouthcentral

Like us on Facebook @CSPSouthcentral

South East Coast Dates for your diary in South East Coast Physios don’t sleepwalk into obscurity – An evening with CSP chief executive Karen Middleton Date: Thursday 12 July Theme: An opportunity for South East Coast members to hear from Karen Middleton about the future of the profession and what we, as members, need to do now to secure a prosperous future for physiotherapists and patients.

We have come a long way since Karen gave her ‘Frontline’ Lecture in 2010. Physiotherapy’s degree of autonomy continues to build – achieving endorsement by the BMA and RCPG for physiotherapists as first contact practitioners across England, through to government backed approval for physio for issue fit notes.

But does the profession need a SWOT analysis to ensure progress in the right direction? Are we in danger of losing our autonomy?

This special evening event will give you the chance to hear the viewpoint of the CSP’s chief executive on our direction of travel as a profession and the opportunity to ask questions in a dedicated Q&A session with Karen Middleton.

All members who register their attendance at the event will have the opportunity to submit a question to Karen in advance of the evening. We will then ask Karen to review the questions and pick the one that particularly captures her attention. The member who posed the question selected will then have the chance to sit next to Karen on the evening. All questions submitted will be answered on the night.

Time: 6pm-10.30pm Place: Holiday Inn Gatwick, Povey Cross Road, Gatwick RH6 0BA. Cost: £15 per ticket Booking: Book your place by emailing cre@csp.org.uk. Places are limited so book early to avoid disappointment.

CSP South East Coast regional conference Date: Monday 29 October Time: 10am-4pm Place: Holiday Inn Gatwick, Povey Cross Road, Gatwick RH6 0BA Cost: Free to members Booking: Will be possible via Eventbrite later this year. More details will be published online and in Frontline.

If you would like to get more involved in the South East Coast network and help with activities and campaigning please contact: southeastcoastchair@csp.org.uk

For news, events and updates from your visit: www.csp.org.uk/nations-regions/south-east-coast Follow us on Twitter @CSPSouthEast

North East Do you want a free ticket to Physiotherapy UK? The CSP North East regional network is pleased to announce a competition for two CSP members from the North East region to
Terms and conditions:
- the chair’s decision will be final
- feedback will not be available to unsuccessful applicants
- entries are welcome from all CSP members who either work or reside in the North East region
- the winners will be required to provide feedback about the conference at the North East event on 14 November at Teesside University. Feedback can be either verbally or in the form of a poster presentation.

Did you miss the Innovation in Exercise event?
If you missed the sold out CSP North East regional network last month (see page 16) don’t despair because a selection of presenters from the event are available online.
Visit Twitter and search for: @cspnortheastexercise to see comments and photos from the event and view the film footage of the presentations on the @CSPNorthEast Twitter feed.

To keep up to date with your region visit: www.csp.org.uk/nations-regions/north-east
Follow us on Twitter: @CSPNorthEast
Like us on Facebook: @CSPNorthEast

East of England
If you are interested in helping to promote physiotherapy in the East of England and would be keen to support the network with events in the region please email Catherine Chappell, CSP campaigns and regional engagement officer, at: chappell@cps.org.uk

To keep up to date with your region visit: www.csp.org.uk/nations-regions/east-england
Follow us on Twitter: @CSP_EoE
Like us on Facebook: @CSPEastEng/Regionalnetwork

South West
Members vote via Twitter poll for Bristol Suspension Bridge to appear on the region’s new event banners

The South West ERN invited members to vote on Twitter poll for the best South West iconic landmark to feature on their new banners used at regional events. The winner was The Clifton Suspension Bridge in Bristol with 39 per cent of the votes. The other options were: The Eden Project in Cornwall, Smethwick’s Tower in Devon and Stone Henge.

You will see the new banners on display at the South West’s next event on Tuesday 19 June at Exeter Court Hotel

CSP South West ERN Joint event with stewards

Theme: A joint event with CSP South West stewards on topics relating to:
- the new CSP council
- professional standards
- Physio UK – your chance to attend this year on behalf of the South West
- ARC
- NHS 70th Birthday celebrations
- engaging with the CSP and networking with members locally.

All CSP members are welcome (students, retired, associates and full members) and the event is FREE.
You may join the event for a free lunch starting at 12.30pm or arrive when the ERN event starts at 1pm.
Spaces are strictly limited to please book your place now to avoid disappointment.

Date: Tuesday 19 June
Time: 12.30pm (for lunch which is provided) 1pm | SWERN event starts
Place: Exeter Court Hotel, Kennford, Exeter EX6 7UX
Cost: Free to members
Booking: Via Eventbrite – see The South West CSP regional web page for the Eventbrite link

CSP South West ERN Conference
Date: Wednesday 3 October
Time: TBC
Place: TBC
Cost: Free to members
Booking: Will be possible via Eventbrite later this year. More details will be published online and in and in Frontline.

If you would like to get involved with South West member activity and events please email: south westchair@cps.org.uk

To keep up to date with your region visit: www.csp.org.uk/nations-regions/south-west
Follow us on Twitter: @CSPSouthwest

Yorkshire and Humberside
If you are interested in helping to promote physiotherapy in Yorkshire and the Humber and would be keen to support the network with events in the region please email Catherine Chappell, CSP campaigns and regional engagement officer, at: chappell@cps.org.uk

To keep up to date with your region visit: www.csp.org.uk/nations-regions/yorkshire-humber
Follow us on Twitter: @CSPYorkshire
Like us on Facebook: @CSPNortheast

Professional networks news

Professional networks
Courses and events from CSP recognised professional networks. Share your events here free of charge.

Send an email to networks@csp.org.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Yorkshire
Neuroactive exercise in Parkinson’s disease – How to make real change
Date: Saturday 21 June
Time: 9am – 4.45pm
Place: Tops Fitness and Rehabilitation, 1 Coldram Parade, Leeds Road, Wakefield
WLF 1ZD
Course tutor: Rachel Rutley, independent physiotherapist and expert practitioner in Parkinson’s disease and movement disorders
Cost: £55 for ACPIN members, £90 for non-

Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex
Aquatic physiotherapy for neurological conditions training course
Speaker: Jacqueline Poddatt
Date: 11-12 August
Place: Eastbourne District General Hospital, Kings Drive BN21 2LU
Cost: ACPIN member £180, non ACPIN member £230.
Place secured when payment received. Only eight spaces available.
Contact: Email: xueyjane@gmail.com

Aquatic physiotherapy for neurological conditions training course
Date: 11-12 August
Place: Eastbourne District General Hospital
Course tutor: Jacqueline Pattman
Cost: £180 ACPIN members, £230 non ACPIN members.
Only eight spaces available.
Contact: Email: xueyjane@gmail.com
Association of Chartered Physiotherapists in Neurology (ACPIN) – Wrexham

This is an acute and practical course that is mainly for those with limited or no radiology background, wanting to appreciate the role of imaging in practice. An interactive three-day course aimed at providing senior physiotherapists and new APPs with a level of understanding in the fields of occupational health and ergonomics.

AACP Grants

Visit www.aacp.org.uk > Training > Foundation Courses or CPD

AACP are a professional body for occupational therapists (OTs), physiotherapists (POGPS), myopaths (MACPs) and chartered physiotherapists (MCPS).

Manual handling training

For further details of the POGP short course programme or to download an information pack for any of the above courses, please visit the POGP website at: http://pogp.csp.org.uk/courses-events

Association of Chartered Physiotherapists in Neurology (ACPIN) – Wrexham

ACPIN members – to include referrals (but not lunch). Places limited to due to the practical nature of the course, priority will be given to ACPIN members. If you are not ACPIN member, please email: acpin@acpin.net

Association of Chartered Physiotherapists For People With Learning Disabilities (ACPPLD)

To book: 01284 748202 or email: acpohe@buryphysio.co.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Wrexham

Contact: Michelle Watson

Access to PRG, Please visit the POGP website at: pogpcourses@yahoo.com Follow us on Twitter: @ThePOGP Check out pogp.csp.org.uk for information on bursaries and funding opportunities.

Association of Chartered Physiotherapists in Neurology (ACPIN) – Wrexham

As previously mentioned, if you work to our trauma and orthopaedic peers and would like to talk to one of the invited speakers and a scientific abstract session will be run.

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)

On the University campus, a lovely garden and terrace area.

We have speakers on a range of topics including postural and pelvic floor management, pressure care, delegation and aquatic therapy.

Contact: Sian craw acppld.org.uk for a full programme, attendance and accommodation options with costs and an application form.

Pelvic, Obstetric, Gynaecological Physiotherapy (POG)

Physiotherapy assessment and management of lower bowel dysfunction

Cost: £325 POGP member/affiliate, £395 non-member

Place: Chichester, Sussex

July

Place: Leeds

Physiotherapy assessment and management of pregnancy related musculoskeletal conditions – Part 2

Cost: £125 POGP member/affiliate, £160 non-member

Place: Cambridge

Physiotherapy assessment and management of female urinary dysfunction: Limited places left

Cost: £40 non-member

Place: Horsham

Physiotherapy assessment and management of lower bowel dysfunction

Contact: For further details of the POGP short course programme or to download an information pack for any of the above courses, please visit the POGP website at: http://pogp.csp.org.uk/courses-events Email our course administrator at: pogpcourses@yahoo.com Follow us on Twitter: @ThePOGP Check out pogp.csp.org.uk for information on bursaries and funding opportunities.

Association of Chartered Physiotherapists in Neurology (ACPIN) – Wrexham

Physiotherapy assessment and management of lower bowel dysfunction

Date: 13-14 July

Place: Ascot

Cost: £300 POGP member/affiliate, £350 non-member

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)

Course: Pelvic floor physiotherapy and psychological support: why do patients fail to complete their rehab and how to support them?

Date: 6 July

Place: Manchester

Physiotherapy assessment and management of female urinary dysfunction: Limited places left

Cost: £325 POGP member/affiliate, £395 non-member

Place: Swansea

Physiotherapy assessment and management of lower bowel dysfunction

Date: 23-25 November

Place: Swansea

Physiotherapy assessment and management of lower bowel dysfunction

Date: 7-9 September

Place: Larbert, Falkirk

Physiotherapy assessment and management of lower bowel dysfunction

Cost: £725 POGP member/affiliate, £845 non-member

Advanced pelvic floor course: In-depth advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunction

Cost: £160 members, £220 non-members

Place: Islington, London

Cost: £300, £360 non-members

Place: Bradford

Cost: £495 – Including one year’s full membership of the AACP with many benefits!

To book: Visit www.aacp.org.uk > Training and Conferences > Foundation Courses or CPD Courses Tel: 01733 390007 #3 Email: clare@aacp.org.uk

AACP have a number of grants available for AACP members. For more information please contact Mindy Cairns, AACP research advisor, at: or research@aacp.org.uk or see the AACP website: www.aacp.org.uk

Musculoskeletal/Association of Chartered Physiotherapists in Neurology

Integrating imaging into musculoskeletal practice

An interactive three-day course aimed at senior physiotherapists and new APPs with limited or no radiology background, wanting
to learn more about requesting and basics of interpreting musculoskeletal imaging and how to utilise for better patient care in practice. You can choose to attend one, two or all three days.

Each day includes:

- One day: Knee with Jessica Gent, clinical physiotherapy specialist (lower limb), advanced physiotherapy practitioner
- Day two: Shoulder with Sharon Mains, specialist physiotherapist, Shoulder Academy, Central Health Physiotherapy. Previously lead extended scope practitioner, Imperial College Healthcare Trust
- Day two: 29 September – Lumbar Spine with John Caplin, advanced physiotherapy practitioner, MSK clinical team lead for SCFT
- Day two: 29 September – Lumbar Spine with John Caplin, advanced physiotherapy practitioner, MSK clinical team lead for SCFT
- Day two: September – Shoulder with Cathy Barrett, specialist physiotherapist, Shoulder Academy, Central Health Physiotherapy. Previously lead extended scope practitioner, Imperial College Healthcare Trust

This workshop will deepen clinicians’ understanding of the specialist knowledge and skills they need to have when working with children and young people. It will look at conditions seen in babies, children and adolescents.

Date: 23 September
Place: Mount Vernon Hospital, Northwood
Contact: Nikki Burn/NIH差不多，电话可以联系07784514780
Surgery and therapy management of flexor/extensor tendon injuries to the hand

Date: 3-5 October
Place: University of Derby Enterprise Centre
Contact: Ella Dovison, email: london@macp.org.uk

The Association of Paediatric Chartered Physiotherapists (APCP)

APCP Introduction to paediatric physiotherapy

This three-day course is for physiotherapists who are new to working with children and young people, including newly qualified physiotherapists, those changing from another specialty, or those returning to practice and wishing to work in paediatrics. The course may also be suitable for experienced support workers and other APHs who work within paediatrics - however, this will be at the discretion of their managers when considering learning needs.

Date: 14-16 June
Place: Jury’s Inn Newcastle, Scotswood Road, Newcastle NE1 4AD
Cost: £225 APCP members; £275 non-members
Contact: For further information/to book your place, visit: appc.csp.org.uk/courses-events or contact: courses@appc.org.uk

CPSP UK Annual meeting 2018 – Sharing experiences of implementing COPP and its impact on practice

A one day event for paediatric physiotherapists, paediatricians and orthopaedic surgeons involved in the management of children and young people with spina bifida from the UK, Scotland and Denmark will share their experiences of implementing the cerebral palsy orthopaedic pathway and its impact upon their practice.

Date: Saturday, 3 November
Physio First offers five core unique benefits only available to members:
1. Unique member marketplace information
2. Up-to-date information gleaned from discussions with marketplace holders.
3. Practice benchmarking reports
4. An anonymous and safe crowd sourced evidence for us to learn 'best private business practice' together.
5. Private trusted LinkedIn Forum
A unique colleague to colleague, safe and trusted forum where we can ask and answer more specific and searching questions than it is possible for any organisation to answer centrally.

4. Data for Impact
Quality demonstrated by our ‘evidenced-based cost effectiveness’. It delivers marketplace evidence for us to use as individuals, and as clinics to prove our quality based on our outcomes. It is also the engine to drive benefit number 5.
5. Quality Assured Practitioner scheme
Sign up to our Data for Impact project and represent our response to the changing healthcare marketplace and above all, represent a change in our mindset.

Contact: To join or for further information see our website: www.physifirst.org.uk

The Physiotherapy Pain Association (PPA) Introductory course. Psychologically informed approaches to physiotherapy assessment and management of pain.

Date: Saturday 3rd and Sunday 4th November Place: City Hospital, Dudley Road, Birmingham, West Midlands B18 7QH Cost: £200 for PPA members and £220 for non-members

Contact: Kate McAlister at: ppcourses@gmail.com or pay online at: http://ppa.csp.org.uk/courses

Association of Chartered Physiotherapists in Temporomandibular Disorders (ACP-TMD)

Physiotherapy management of temporomandibular disorders (TMD)

Tutor: Phil Bateman

Date: Saturday, 22 September

Place: Back in Motion, Windmill Surgery, London Road, Wymondham, Norfolk NR18 1AF

Cost: £149 (early bird discount of £129 if booked by 20 August)

One day course reviews:

• relevant clinical anatomy
• physiotherapy assessment of the masticatory system
• classification of common TMDs
• theoretical and practical aspects of physiotherapy management

Contact: Cathy Gordon at: cathy.gordon@stockport.nhs.uk for further information and an application form.

Chartered Physiotherapists in Therapeutic Riding and Hippotherapy course now accredited at MSc level with Robert Gordon University Aberdeen

For chartered physiotherapists wishing to use the horse within physiotherapy treatment.

Course dates and Structure 2019

Two sequential modules both four days long: Module – Assessment and selection of equines for hippotherapy.

Date: Friday January 25 to Monday 28 January 2019

Hippotherapy Module – Delivery of best practice in hippotherapy

Date: Friday October 25 to Monday 28 October 2019

Venue: Venue for both modules: Clywd Special Riding Centre, Llanynfylid, Wrexham, Clwyd LL11 5HN

Cost: £1300 including non refundable registration fee of £200. This includes £100 fee to RGU.

Closing date for applications: 30 September

Prerequisites:

• Chartered Society of Physiotherapy membership
• HCPC registration
• APTHR membership
• one year postgraduate clinical experience
• submission of the APTHR Equine Skills Record
• required to register for the complete course.

Horse riding experience: APTHR recommend applicants have basic horse riding skills in addition to general equine experience. Assessment: Continuous formative assessment of practical skills. Extensive written assignments following each module. Summative assessment of practical in hippotherapy module.

Application: Contact requests and enquiries to course co-ordinator. For full research, email: j.hans@btinternet.com or send to: The Coach House, Rodney Lane, Calverley, Leeds LS28 5QH

Chartered Physiotherapists Working With Older People (AGILE)

AGILE Regional study days 2018

Backward chaining – Approaches, and evidence-based exercise programmes to reduce falls with later life

Speaker: Bex Tawney, an exercise specialist, director and tutor of Let’s Life Training, and Kate Bennett, clinical lead physiotherapist, AGILE, chair.

An interactive study day of lectures and practical workshops to build knowledge of backward chaining (part of the evidence base for FaMe) and exercise training to reduce falls within our populations. Kate Bennett will be supporting Bex from a physiotherapy perspective. Pre-course reading will be supplied for participants.

This interactive study day will use lectures and practical workshops to:

• enable participants to consider if backward chaining should be included in rehabilitation programmes for frail older people at risk of falls
• provide participants an opportunity to build their knowledge of backward chaining
• provide participants with practical knowledge of implementation, analysis and progression of backward chaining
• provide participants with an insight/refresh of FaMe exercise program and exercise training principles.

Place: East region

Date: 1 July

Contact: Email: agileeast@gmail.com

Place: North region

Date: 1 September

Contact: Email: agilenorth136@gmail.com

Place: West region

Date: 29 September

Contact: Email: agile.rep.west@gmail.com

Place: Ireland

Date: 6 October

Contact: Email: agile.northernireland@gmail.com

For venues please refer to website: http://agile.csp.org.uk/network-events

Cost: 40th anniversary concessionary price for AGILE members of two current previous consecutive years: £5, AGILE members: £50, non-members: £75

For more details see AGILE website: http://agile.csp.org.uk/network-events

Conference: Bridging the gap between theory and practice

Date: 10-11 November

Place: Glasgow Caledonian University

Speakers to include: Prof Lorna Paul, Ann Murray, Sek Chastin, Megann Lowy, Kishna Gundapudi, Melissa McConnaghy, Louise Kellehan

Cost: For two-day conference – ‘Early bird’ AGILE member: £100, AGILE member: £120, non-member: £150. Cost for two-day conference plus three course conference dinner/dance on Saturday night – ‘Early bird’ AGILE member: £125, AGILE member: £145, non-member: £175

Contact: Applications are through Eventbrite.

Through mud, icy water, up hills

University of Worcester physiotherapy students beat their £1,000 fundraising target for five charities by completing a ‘half tough mudder’ event at Belvoir Castle in Grantham, Lincolnshire, on 20 May.

They were Jason Glazer, Fan Ruggieri, Louise Dawkins, Jack Graham, Emily Driscoll, Stefan Morant-Hury, Laura Underhill, Sophie Mulcahy, Ella Cottle, Niki Schulz and Bradley Cox.

Jen Law organised the event which saw over £1,600 raised for Birmingham Children’s Hospital, UK Kawasaki disease foundations’ ‘Sosie’, CLIC Sargent, Alzheimer’s Research UK, Leicestershine fundraising group and Sutton MenCap.

CSP rep Jason Glazer said: ‘We did five miles, 13 obstacles and more mud than you can shake a stick at.’

Virgin Money Giving page: bit.ly/2zBL3
CSP Diversity Networks

The CSP diversity networks are for any members who self-identify as disabled, from black or minority ethnic (BME) groups, or are lesbian, gay, bisexual or transgender (LGBT+). Please come along to network meetings for discussions, peer support, CPD and a warm welcome.

Upcoming meetings:

Jontivity day
Date: 10 July
BME Network
Date: 25 September

Judith Saunders
Email: judith6072@hotmail.co.uk

Disability members network
Date: 9 October

LGBT+ members network
Date: 3 November

Place: All meetings are held at the CSP in London.

Contact: Please contact Susanah Gill at: gill@csp.org.uk with any queries.

Grant opportunity
Physiotherapists who completed their training at a former St Thomas’s Hospital School.

The CSP Physiotherapy Scholarship Fund is designed to attract and retain talent in the profession. Participants will be able to work closely with colleagues across the Trust in developing innovative, evidenced-based physiotherapy practice. It will be awarded to anyone who is committed to developing physiotherapy practice and has demonstrated a willingness to contribute to the Trust.

The fund comprises the former St Thomas’s Hospital Physiotherapy Trust funds and the Mennell-Randall and Bauwens-Carlske fund, which, with the consent of the Charity Commission, has been transferred to Guy’s and St Thomas’ Charity.

Applications may be made for training and research purposes (including attendance at conferences or related academic activities) in accordance with the Trust’s requirements (retrospective costs will not be considered).

The deadline for applications is 11 July 2018. For full details and application form, please see: https://www.gsttc.org.uk/gsttcphysiotherapyscholarshipfund

CSP Retirement Association

A great day out
Pictured above: CSPRA members gather at the Gordon Museum for a guided tour, April 2018.

Yorkshire and Humber spring meeting
We met at York station on 3 May before a short walk to the Yorkshire railway museum. As one of our most popular events, we had a great turn out. Our tour guide was knowledgeable and engaging. There was a lot of interest in the built railway network and the history of the railway. We enjoyed a regular morning coffee and lunch at an English pub.

Within our own professional network many members of POGP wished to honour Margie and this was made possible through the generosity of Margie’s family. This has enabled the creation of the Margie Polden Memorial Fund, which supports the Margie Polden Memorial Lecture and the Margie Polden Award.

The Margie Polden Memorial Fund
A bursary was set up in memory of Margie, thanks to the generosity of her husband, to fund a place at the POGP conference for a student or newly-qualified physiotherapist. This bursary will be awarded annually to an applicant who is able to demonstrate an interest in the field of pelvic, obstetric, and gynaecological physiotherapy and is keen to develop that interest further.

The CSP diversity networks are for any members who self-identify as disabled, from black or minority ethnic (BME) groups, or are lesbian, gay, bisexual or transgender (LGBT+). Please come along to network meetings for discussions, peer support, CPD and a warm welcome.

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Jontivity day
Date: 10 July
BME Network
Date: 25 September

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A bursary was set up in memory of Margie, thanks to the generosity of her husband, to fund a place at the POGP conference for a student or newly-qualified physiotherapist. This bursary will be awarded annually to an applicant who is able to demonstrate an interest in the field of pelvic, obstetric, and gynaecological physiotherapy and is keen to develop that interest further.

The CSP diversity networks are for any members who self-identify as disabled, from black or minority ethnic (BME) groups, or are lesbian, gay, bisexual or transgender (LGBT+). Please come along to network meetings for discussions, peer support, CPD and a warm welcome.

Upcoming meetings:

Jontivity day
Date: 10 July
BME Network
Date: 25 September

Reunions
Bradford School of Physiotherapy 1980-83.
35 year reunion

Well as we all had such a good time at our 30 year reunion, it was decided that every 10 years we would plan a reunion at 22 September 2018 in Skepton, venue(s) to be confirmed. We have had a really good response to the Facebook group Bradford physio 83 that has been set up. So far we have met with around 20 of our number, and would love if we could get at least 25 of us together. If you would like to attend or if you can’t but just want to be included and find out what our plans for the weekend are, please can you email your email address and mobile phone number to gillies_ weir@btinternet.com We are hoping to set up a What’s App chat group for those not on FB. Looking forward to hearing from you all.

Middlesex Hospital School of Physiotherapy, 1985-88
Let’s have a big reunion, as it is 30 years since we qualified. We are planning a lunch in central London on Saturday 8 September. Please contact Caroline (Joly) at: carolinejw11@ukemail.com or Fiona (Murdoch) at: bsklandford@btinternet.com so we can arrange somewhere suitable, there are about 10 of us already confirmed. Please pass the word on to anyone you keep in touch with. We can’t wait to hear from you all and see you in September, there is so much to catch up on.

Sheffield City Polytechnic 1986-1989 set
Next year we will have been qualified for 30 years (how did that happen?) We are thinking it will be nice time to have a look back and reflect on our time and ideas and feel good about what we have done, and are proposing to meet up in Sheffield some time in 2019. If you are interested in meeting up in Sheffield please contact heathfieldh@blueyonder.co.uk or clare_miller1@btconnect.com by end of June this year.

Normanby College School of Physiotherapy, Kings College Hospital 1985-1988, 30 year reunion
We cannot believe that it is 30 years since we all qualified and are planning a reunion this summer to celebrate! So far we have about 15 confirmed via Facebook with Alison coming from USA, Sarah from NZ and Vicky from SA.

At 1pm on Saturday 21 July we are meeting at one of our old haunts – The Crown and Greyhound (The Dog) in Dalwhill Village. Buffet lunch has been booked in the village hall. Please contact Zoe Spencer (nee Walker) for more details at: zjspencer@hotmail.co.uk and spread the word anyone you are in touch with. Look forward to hearing from you.

Oswestry and North Staffordshire School of Physiotherapy 40 1978-1988
This year we are celebrating 40 years since we all met at train at the Robert Jones and Agnes Hunt Hospital, Oswestry. Autumn bank holiday weekend is a time to meet with old and new friends. Please contact Jane Weston (nee Shapter) at jane.weston@btinternet.com or tel: 07832 652285.

University of West of England, Bristol School of Physiotherapy and School of Radiography, 1995-1998
Hello all, it is 20 years this year since we qualified! It would be lovely to see as many of you as possible back in Bristol on the weekend of 28 July. Venue etc to be confirmed. We have a Facebook page where there has already been some chat about getting together. If you would like more information, please contact Sarah Clifford (see Sarah Gills) at: sarahclarklass1988@gmail.com for more details.

Prince of Wales’ School of Physiotherapy 1975-1978
Did you attend the Prince of Wales’ School of Physiotherapy between 1975 and 1978? There is a 40 year reunion coming up and a reunion is in order! It will probably be in the summer and in London so if you would like to attend or if you are in touch with anyone you keep in touch with please contact Maggie Lewis (nee Robinson) at: maggielesw56@mail.com

Middlesex Hospital 1990-1993
A 25 year reunion is happening this summer on Saturday 14 July. Venue still to be arranged more please contact anyone you keep in touch with. Please contact Enone Evans (nee Deakins) at: nancyblake@hotmail.com

Guy’s Hospital School of Physiotherapy 1969-1972 D Set
Nine of the D set are in touch with each other, but we have lost contact with several others. Are you out there, or does anyone know the whereabouts of any of these members? Bridget King (Booth), Ginny Humphries (Sykes), Alice Nethercote (Bright (Stranger)), Liz Pota and Teresa Hamblin.

We would love to hear from you, and you might even like to join us at a Guy’s reunion in 2019 Please contact: patastle@hotmail.co.uk

Combined Training Institute, Cardiff School of Physiotherapy, 1965-1968
Yes – this year, the class members of 1968 will be 30 years qualified, and we (Glyn, Saika and D) reckon it provides us all a great reason to meet and do some serious catching up.

We are proposing to meet over the weekend of 12-14 October back in Cardiff, with one reunion on Saturday (13th) 12.30 to 4.30 please contact us at: physiotherapy.thirdage@gmail.com not only to confirm your ability to join in, but...
Guy’s Hospital School of Physiotherapy 1975-1988. B and C Sets
Let’s have a 40 year reunion. Ali, Beth, Maggie, Mary, Sally and Sue Rogers are in touch with each other and we would like to meet up with the rest of our two sets this year. Please get in touch and then we can arrange a convenient date and venue. Contact: maggieboase@hotmail.co.uk

Royal Liverpool Hospital College 1978-1981
This year marks 40 years since we started our training, and I wondered if any of my fellow students would be interested in a reunion in Liverpool next summer? I would love to catch up with you. If you are interested, email me at: lesley.walters@hotmail.co.uk or visit my Facebook page (Lesley Walters), or the FB page I have set up called Royal Liverpool Hospital College School of Physiotherapy 78-81. Lesley Walters (nee Pritchard).

Thinking of having a reunion?
Need to contact old friends? Send an email to networkkads@csp.org.uk
Don’t forget… after your reunion has taken place, send Frontline a photo and tell us about it!

Obituaries
William (Bill) Morrison Gilchrist, FCSP, MCSP
Born 1934 – Died 25 March 2018

Bill Gilchrist, a highly influential leader and innovator in the physiotherapy profession, was a national steward, CSP council member, chair of the JIC committee, senior manager, pioneer in data research, and a lovely man. He died a week before Easter 2018, aged 83.

Perhaps we do not recognise nearly enough the work of the numerous CSP volunteers of all kinds, the sacrifice of precious free-time which they, their partners and families make to improve patient care and help many other CSP members.

The recent death of Bill Gilchrist, gives us all the opportunity to celebrate that dedication via someone who was very influential in the development of the CSP and who was a courageous pioneer, an innovator and someone very special. He was never afraid to try and so he was a leader. He was passionate about the profession; about improving patient care; and about fair rewards for those working in physiotherapy. He was a very likeable man of integrity, generosity, dependability and compassion.

He was awarded an FCPs by the CSP in 1994 in ‘recognition of his advancement of the profession of physiotherapy’.

Early life and career
Bill was born in 1934, the son of a highly respected GP who lived and worked in the Strathbogie region of Glasgow’s south side. His father saved the poorer people who lived in the crowded tenement blocks of the area. This was a big influence on Bill’s own commitment to fairness and justice for people. Yet he was no revolutionary and was gently conservative in his outlook.

He considered becoming a doctor and then joining the Navy (he had a life long love of the sea and boats) but instead decided to become a physiotherapist. He studied at the school of the independent Faculty of Physiotherapy, Glasgow. (This was a separate professional body which amalgamated with the CSP in 1964). He graduated in 1958, when there were comparatively few men in the profession. He first worked for two years in Lennox Castle hospital, Glasgow, with people with Down Syndrome. The hospital also had a maternity unit, and in typical Bill fashion, he quickly became one of the first male physios in the UK to work in a maternity unit!

In 1960, he moved to Bellevire Hospital where he worked in a series of physiotherapy roles, including management, for the next 24 years. Bill decided to specialise as a respiratory physiotherapist, working initially with patients using ‘iron lungs’ who had survived the last major outbreak of polio to hit Scotland. His interest in research led him to become one of the very first pioneers and advocates for the use of inhalers and nebulisers which subsequently became a standard part of UK physiotherapy practice.

CSP involvement and activity
In the 1960s, Bill was an enthusiastic member of CSP Glasgow, one of the largest and most active branches in the UK. But it was his election in the early 1970s to the branch executive and his role as branch secretary that set his life off in a very different direction... and all as a result of an accident of circumstances!

In 1976 the then Labour government had passed a new Industrial Relations Act which required organisations involved in pay bargaining to register as a trade union. The CSP had had a ‘stewards committee’ since the early 1950s, with two seats to negotiate pay for physiotherapists on an NHS national body called the ‘PTA Whitley Council’. The CSP had no staff to negotiate nor any local representatives and was not very successful in negotiations. Council decided that it needed to be legally registered as a trade union to keep its seats on the PTA Council.

However, the catch was that the new law required any newly registered union to show what it had local representatives. The CSP council’s ‘solution’ was to ask a few of the largest branches to nominate someone to be the steward for a whole CSP region. Bill was told by his branch chairman that as branch secretary this was his role... so Bill found himself catapulted to represent Scotland as one of the first of a new breed of ‘regional steward’. He never looked back.

In 1977 he attended the excellent training course for the new CSP branch run by Keele University. It made him personally committed in the succeeding years to ensure that the CSP provided the very best training and information on its volunteer stewards and safety reps.

Following the appointment of the CSP’s first professional industrial relations officer in 1978 (one Phil Gilchrist by name) Bill was elected leader of the regional stewards as the first CSP national steward. He was heavily involved in the rapid recruitment and training of hundreds of CSP stewards and the safety reps all over the UK. He was elected to the new CSP industrial relations committee in 1980. He had a CSP seat at the national PTA Whitley Council paying negotiating body from 1981, the same year he was elected to the CSP council.

Nevertheless, Bill later reflected that he and other stewards had to be brave in those early days. In a Frontline article in 2008, he recalled the initial animosity he and others faced when trying to make the CSP an effective trade union. ‘There were times when I felt I was in a coconut shy with many vitriolic attacks’. But, he added with a warm smile, they changed their mind and ‘apologies did come from the anti-brigade’.

The major cause of the collective change of mind was the March 1980 Clegg Commission report into pay of the professions supplementary to medicine as they were known at the time, which insulted the professionalism of physiotherapists and the other professions. It caused a furious reaction resulting in a huge demonstration in support of the professions in London. Bill, leading as ever, chartered multiple buses from Scotland to join the astonishing 6,500 physios and students in a successful march to parliament. The Clegg report was withdrawn. Bill always said it was a major turning point in support.

He was elected to CSP council in 1981 and remained an elected member until 1997. He was chair of the CSP industrial relations committee from 1982 to 1993, and was closely involved in the successful submission of evidence to the NHS Roy Review. Both sets up in 1984.

Are your circumstances changing?
You could be taking a career break, looking to practise overseas, heading on maternity or parental leave or considering retirement. Whatever your circumstances, stay up to date and connected, at a reduced fee, using your CSP membership.
Bill was active locally in Scotland, representing many physiotherapists with problems at work or grading claims. His wide range of knowledge meant that he was consulted widely in the UK. He was always passionate about high standards of patient care, but also about ensuring that physiotherapy was being listened to and assisted, were fairly treated and respected.

The senior manager
Bill resigned as a CSP steward when he was appointed in 1984 as a senior manager to run all the physiotherapy and other services at the Southern General and Victoria Hospitals. Yet even here, Bill the innovator and pioneer was at work. He was a major contributor to a small CSP working party, chaired by physiotherapist, Dr Robert Jones, which produced the highly influential report Distinctive Physiotherapy Management. Why It Must Stay’. It provided the crucial arguments in successfully defending professional physiotherapy management when it was under attack. The report was widely copied by other professional groups. Bill was a member of numerous other CSP working parties which had to deal with the politically driven changes in the 1980s and early 1990s.

Bill made an outstanding personal contribution to his undergraduate career. His cerebral, computerised, management information and data systems in his Glasgow physiotherapy service in the 1980s. He was one of the few people in UK physiotherapy at the time who understood and strongly advocated the computerisation of physiotherapy treatments.

He was a governor of Queen’s College, Glasgow, from 1984-88, where he helped to influence the education of physiotherapy students. He retired as a senior manager in 1995.

Bill the man
Bill was married in 1961 to the wonderful and endlessly supportive Bette, who was his childhood sweetheart, whom he met on separate family holidays to Milport when he was 13 and she just 11. Eventually their paths crossed more romantically in 1959 and they crossed more romantically in 1959 and they always lived on his father’s farm, the kirk? He was an eminent, passionate and proud physiotherapist who has benefited countless patients and CSP members by his lifetime of professional work, innovation and commitment.

He was a wonderful man and good friend to so many others. We offer our deep and heartfelt sympathy to the family members who has left his mark on his profession and in the affectionate memories of so many. May God bless you, Bill. - Phil Gray, FSCP, MNK-BSc.

(Former CSP CEO, 1998-2014)
April 2018

Joy Needham
It is with great regret that I advise of the death of Liz Irwin in August 2017 (aged 62) after a two and a half year battle with pancreatic cancer. Liz studied physiotherapy at the Northern Ireland School of Physiotherapy, Ulster University, graduating in 1978. She worked at the Royal Victoria Hospital, Belfast as a junior and senior II physiotherapist and then spent three to four years as a clinical supervisor to physiotherapy students before starting her own private physiotherapy clinic in Cleland Park Surgery, Bangor, Co. Down. She was instrumental in the development of the Northern Ireland branch of Private Practitioners, being a committee member for a number of years. She held the post of regional officer for Northern Ireland to the DCPPP UK physiotherapists, known as Physio First. She developed relationships with UK colleagues to advance and promote physiotherapy practice. She enjoyed sports physiotherapy and was the Irish hockey team physio in earlier days. Liz enjoyed very happy times and holidays abroad with her husband Norman, and with her four children, three of whom have studied physiotherapy. She will be very much missed by her family, colleagues and her very extensive group of friends.

Elizabeth (Liz) Irwin nee Carson

Joy loved her dogs and rescued several over the years. Her family have requested that any donations in her name be given to the Dogs Trust.

For members only

Everyday deals & discounts

CSP Plus
is a member-only benefit. The scheme provides discounts and offers on lifestyle and professional products and services.

Log-on to to see how much you could save www.csp.org.uk/cspplus

Death
ABBEY On 3 April 2018 Mrs Elizabeth Abbey MSCP nee Fort. Trained at Cardiff University.

Courses – Guidance for members

Members have a responsibility to limit their practice to those areas in which they have established and maintained their competence. Completing a course may not be sufficient to establish personal competence in a new area, while members are responsible for undertaking CPD to maintain their competence in all areas of their current practice.

Members should explore individual courses’ suitability and value (including their quality, intended outcomes and whether they include formal assessment of learning) for meeting and demonstrating fulfilment of their personal learning needs. Members should also think about the broader ways in which they can address their learning needs. These include day-to-day practice, self-directed and mentored learning, and professional networking and peer review.

It is important that members evidence their learning: maintaining a record of CPD is a regulatory requirement of the Health and Care Professions Council (HCPC), while recording the education and training undertaken to support progression into a new area of personal practice is a condition of CSP professional liability insurance (PLI) cover.

A course being advertised in Frontline does not necessarily mean that it is relevant to all members, it has gone through a quality assurance process (courses advertised in the magazine are not formally recognised by the CSP unless explicitly stated), or that its topic area falls within the scope of UK physiotherapy. In addition to issues of competence, including an area within personal and collective scope of practice depends on the context in which it is practised, how it is integrated into physiotherapy activity, how it is promoted as a service delivered by a physiotherapist and how its physiotherapeutic value is demonstrated.

Some areas ordinarily sit outside the scope of UK physiotherapy. However, they may be undertaken by CSP members as part of extended activity. Members should ensure that this is with the agreement of their employer and/or explicitly as a service delivered outside their activity as a physiotherapist, is supported by appropriate education and training; and is covered by insurance from a source other than the CSP. Courses advertised in Frontline may be relevant to members extending their activity in this way.

Further guidance and support:
- CSP ePortfolio: www.csp.org.uk/ePortfolio
- CSP Code of Professional Values and Behaviour: www.csp.org.uk/code
- Frontline CPD series: (published in each issue)
- HCPC CPD requirements: www.hcpc-uk.org/aboutregistration/standards/cpd
Courses & Conferences

ACUPUNCTURE UPDATE
When: 21 July 2018 – 21 July 2018
Where: North East Clinic, Newcastle Upon Tyne
The day’s session will cover: Needling safety, pain physiology, clinical reasoning, practical application to the elbow, knee, foot, neck and low back.
Contact: Dr. Carii Carlson enquiry@occphys.co.uk 0779943528

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The most established college of Cranio-Sacral Therapy in Europe, offering a comprehensive professional training, leading to a Diploma, accredited by the Cranio-Sacral Therapy Association.
Introductory Days: Saturday 30th June & 8th September 2018
Introductory Course: 14th – 19th July 2018
One Year Course (London): starts July 2018
Two year Course (weekend format): starts October 2018
College of Cranio-Sacral Therapy, 9 St. George’s Mews, London NW1 8XE
020 7483 0120
info@ccst.co.uk
www.ccst.co.uk

A LIFE TO BE LIVED: AN UPDATE ON PHYSIOTHERAPY WITH THE AGEING PERSON
When: 7 Sept, 2018
Where: Royal Derby Hospital, Derby
A one-day interactive workshop of lectures and practical sessions reviewing physiotherapy interventions with older people. Fee: £755
Contact: NCORE
dtfr.ncore@nhs.net
01332 254679

DIABETES AND ITS EFFECTS ON THE LOWER LIMB
When: 5 July 2018
Where: Royal Derby Hospital
Arms - To update the health care professional in the range of, and treatment approaches to diabetes-related complications, especially those affecting the lower limbs and feet. Fee: £80
Contact: NCORE
dtfr.ncore@nhs.net
01332 254679

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Manual Therapy courses

Spinal Manual Therapy Course
Intensive 8-day spinal course to increase expertise in evidence-based management including manual therapy.
DUBLIN 21 July 2018
LONDON 27 October 2018
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Investment: AUD 2,200

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Twice yearly intense 4-week evidence based program. Can lead to higher qualifications at Curtin University including a Masters.
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Nick Grantham MSc, CSCS, ASCC, Performance Enhancement Specialist
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Plus special keynote lecture from Tom Goom
Website: http://www.weekendwarriorsphysio.co.uk/
Email: dhft.ncore@nhs.net
Phone: (01332) 254679

BBTA’S THERAPY ASSISTANTS
MODULES I, II & III 2018
When: 1-Sept 2018 – 2 Sept 2018
Where: Royal United Hospital, Bath
Bath
When: 13 Oct 2018 – 14 Oct 2018
Where: Royal United Hospital, Bath
Bath
When: 10 Nov 2018 – 11 Nov 2018
Where: Royal United Hospital, Bath
Bath
The BBTA’s Therapy Assistants’ course is aimed at therapy assistants and technicians working in
neurehabilitation. Each Module will focus on improving handling skills and increasing understanding of
therapeutic interventions. The Modules will include theory and practical sessions exploring
movement control, function and independence. See application form for further details.
Module I: Improving Functional Performance: The 24-hour Approach to Rehabilitation
Module II: The Arm and Hand in Rehabilitation
Module III: Walking and Balance in Rehabilitation
Course tutor: Ann Holland
Cost: £175 per module
Courses for Therapy Assistants
Course tutor: Ann Holland
Cost: £120 per module
Facial Rehabilitation
Course is for physiotherapists and speech therapists interested in facial rehabilitation; limited to 20
participants
Course tutor: Ann Holland
Cost: £140
Application form and further information contact Alkida Domi,
Tel 020 3448 3476, Fax 020 3448 3711
Email: therapy.courses@uclh.nhs.uk; a.domi@nhs.net
Website: www.uclhcharitycourses.com

The National Hospital for Neurology and Neurosurgery,
Queen Square, London WC1N 3BG
British Bobath Tutors Association
Introductory Modules
Module I: What is Normal Movement?
19/20 October 2018
Module II: Assessment and Treatment of Adults with Neurological Conditions (Part A)
16/17 November 2018
Module III: Assessment and Treatment of Adults with Neurological Conditions (Part B)
7/8 December 2018
website:
http://www.thechnh.org.uk
Email: enquires@bhtn.org.uk
Phone: 020 7748 3616
Website: www.bhtn.org.uk

ENHANCED SUPPORTIVE CARE: CANCER TOXICITY MANAGEMENT CONFERENCE
When: 5 July 2018 – 6 July 2018
Where: Museum of Science and Industry Manchester
This two day conference will focus on the management of cancer pain, cancer toxicities, precision medicine, acute
and long term toxicities, radiation, radiotherapy, surgical, palliative care and psychological oncology. Ideal for
all health professionals involved in cancer treatment plans.
Contact: enquires@bhtn.org.uk

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to join our team delivering evidence based musculoskeletal services across two well established clinics in the Cotswolds. The ideal candidate will have at least five years comprehensive musculoskeletal experience. Desirable private practice previous in London, masters level education, clinical Pilates expertise Remuneration dependant on experience. Please send CV to Simon Gilchrist at: simon@ッグchristoha.com

THOMPSON, WARRINGTON, CHERSHE Committed chartered physiotherapist urgently required to join busy established private clinic. Flexible working hours with interesting and varied musculoskeletal work. Visit our website: www.stocktonheathphysio.co.uk Email CV to: sheila_nesbitt@btconnect.com. Please call Sheila Nesbitt on tel: 07745 870442.

COTSWOLDS/GLOUCESTERSHIRE Opportunity for a self-employed chartered physio to work flexible hours (full-time, part-time or evenings) and across two well established clinics in the Cotswolds. The ideal candidate will have at least five years comprehensive musculoskeletal experience. Desirable private practice previous in London, masters level education, clinical Pilates expertise. Remuneration dependant on experience. Please send CV to Simon Gilchrist at: simon@ッグchristoha.com

VICTORIA, SW The Westminster Physio and Pilates Centre is looking to appoint additional full/part-time staff. Applicants should have at least five years comprehensive musculoskeletal experience in Pilates rehabilitation and teaching exercise classes, as we have a fully equipped Pilates gym and can cater for highly skilled multidisciplinary therapists, which makes for a stimulating and enjoyable atmosphere. Please email claire.fone@westminsterphysico.co.uk. Please send CV and cover letter to: claire.fone@westminsterphysico.co.uk

AGILE THERAPY LTD are looking to recruit an experienced musculoskeletal physiotherapist who has the drive to work in a small and friendly multidisciplinary clinic. Working from Agile Therapy’s offices in London, you will be looking predominantly acute sports injuries. Other work load includes a mixture of standard musculoskeletal injuries, APP/ AACP qualifications desirable but not essential. Full time permanent contract that includes 26 days leave, pension, CPD and bonus structure (once probation passed). Some evening work and occasional weekend work expected. For more info please call: 02920 099400. To apply please email your CV and cover letter to: info@agiletreatment.co.uk

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BEDFORD Musculoskeletal physiotherapist required to join our team at a busy, established multidisciplinary practice in Bedford. Part-time, full-time or weekend hours available. Must be CSP and HCPC registered. Please email CV and covering letter to: info@thehealththerapycentre.co.uk
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FIRST CONTACT PHYSIOTHERAPIST (BAND 6) Chapman Physiotherapy Ltd – Doncaster. We are actively recruiting two to three physiotherapists to work in a musculoskeletal first contact role on a part-time contract, supported by GPs for prescriptions referral requests. The ideal candidate will be capable of lone working, confident in their assessment and triage skills and able to prescribe exercise programs to assist early intervention. Hours of work will be 50 per cent evening and weekends as this will be an extended hours service. Initially a three month trial with potential to progress to permanent position dependent on outcomes. There may also be opportunities to work privately within our multi-disciplinary musculoskeletal physiotherapy practice. Salary pro rata from £26,000. For more information on this exciting new project please call tel 01302 321245 or email: vicky.chapman@chapmanphysiotherapy.com

FULL-TIME POSITION, AVAILABLE MAY 2018 in busy clinic in Cork City sub. We are looking for a part-time physiotherapist with experience in musculoskeletal disorders and sports injury management. Experience in manual therapy, clinic writing and dry needling skills are highly desirable. Eligible for ISCP membership is essential. Please contact Sarah Kershaw at Complete Physiotherapy on (0) 1 818 946 2299 if interested.

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Champions league

With help from staff ‘champions’, physiotherapist and Darzi fellow Joanna Carr led initiatives designed to reduce care home falls and improve residents’ health.

Why did you switch to a non-clinical role?
Darzi fellows are recognised in London for leading major service improvements, implementing safety and quality initiatives, and achieving substantial financial savings. The fellowship (which gives decisions a chance to develop as leaders) has given me the knowledge, attitude and skills to help lead the NHS of the future. It has also provided me with a wide network of critical alliances, and friends, to learn from.

What was your objective?
As a Darzi fellow, to represent physiotherapy as a valued member of the Sutton Homes of Care vanguard was an honour. Vanguards are new care models, meant to develop an NHS blueprint for the future, and our aim was to improve the health and quality of life of all care home residents in the London borough of Sutton by delivering a new integrated care and rehabilitation model. It was recognised that falls in care homes were contributing to a high number of ambulance call-outs. Although falls are, sadly, sometimes unavoidable, there are preventive measures.

What was your role?
I focused on culture change, leading initiatives and helping care homes to empower staff through physiotherapy training and knowledge. Understanding new models of care – the benefits, challenges and applications – was the foundation of my change project.

How did it work in practice?
A pilot of a new model of care was set up in four care homes. It involved a wellbeing and health board, and the development of end-of-life care and falls champions willing to participate in training and the implementation of the model. The champions were staff members who volunteered for the additional role and were passionate about improving residents’ experience and care. The desire and initiative to be a champion must come from the staff member. The model doesn’t work if the individual is assigned or appointed.

So you worked with the champions?
I would meet them and provide regular training and workshops, and reflect on issues at their care homes to identify opportunities for change. An example of the work I did with our champion was the development of a system known as RAG – red, amber, green – to rate mobility aids. This was the idea of a champion who identified that staff could not easily recognise how much assistance or supervision was needed by residents who walked with frames. This was especially notable when bank staff were on duty. The RAG rating was adopted by three out of four pilot homes and has been rolled out to other homes in Sutton. The initiative created a culture change and helped to prevent falls.

What challenges did you encounter?
Working in a care home system required an appreciation of, and respect for, culture and processes before practices could be observed and improved. Variance in recording of falls, lack of a standard definition of a fall and changes in management structure, plus some staff reluctance, all had an impact. But the biggest success was providing evidence that by implementing small, tangible initiatives we could bring about a reduction in falls. The initiative of the champions was absolutely essential. They all had similar qualities and characteristics – enthusiasm, empathy, excellent communication and listening skills – which made the whole experience possible. Engaged staff, good communication and protected time were all essential ingredients.

Now you’re back on the crisis team, what lessons have you learned?
The champion model is a manageable way of empowering staff who want to make a difference. Not only does the model improve residents’ experiences, it also offers care home staff new confidence and career development. Every organisation has change ambassadors. It is up to management to identify and support them to pursue their desire to create change.

Joanna Carr, highly specialist physiotherapist, Sutton Intermediate Care, Sutton Health and Care.
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