# Executive summary

This Fellowship project focused on exploring and understanding the implementation, development and innovation within Advanced Practice physiotherapy in the UK, Australia and New Zealand.

The author split this Fellowship project into three stages; pre-travel stage, travel stage and post-travel stage. The pre-travel stage involved literature searches, developing an international network of colleagues involved in Advanced Practice, interviewing clinicians and leaders locally and nationally in the UK to build a picture of the important areas within this topic and planning the travel phase along themes which started emerging from these initial conversations and research. The travel phase took place between January, February and March 2020 and involved the author travelling to several states and regions in Eastern Australia and New Zealand to visit services and interview clinicians and clinical and system leaders about their contributions to Advanced Practice. These visits often involved meeting with teams involved in these services, observing clinical interactions and training events, touring facilities and sharing useful resources such as research papers and local policies. Further interviews were conducted by video conferencing software which enabled a wider contribution for areas the author was unable to visit in person. All interviews were recorded using dictation software. The post-travel phase was impacted significantly by the Covid-19 pandemic and therefore post-travel activities were curtailed due to Covid-19 restrictions and changing priorities within the authors work. Despite this the post-travel phase did involve transcription of recorded interviews and thematic analysis of this data. Initial findings were developed from this analysis and combined to produce the following report which has been confirmed with any contributors from the travel phase of the Fellowship. What follows in this report is the results of this 12 month project.

The themes that emerged from the initial pre-travel period and from the interviews and observations during the travel period are as follows: Clinical governance, Regulation, Education, Digital and technology, Leadership, Research, Integrated care.

## Proposals

Based on these themes the proposals from this Fellowship proposal are as follows:

### Individual Action:

* Hold yourself and your employer to higher standards of cultural competence

### Service level Action:

* Make engaging with the individual and their whanau a priority
* Develop multidisciplinary assessment and treatment teams
* Integrate treatment and assessment teams
* Implement telehealth options in assessment and treatment services
* Focus on the vision, values and principles of the service
* Implement multi-disciplinary educational rounds in primary care
* Develop links to higher educational institutes to provide access to Masters level education
* Implement educational coordinator roles and research fellow positions
* Use technology to increase access to evidence and research
* Implement FCP Alliances (local or regional depending on numbers)
* Develop or engage with consumer groups and patient participation groups
* Address negative or inaccurate perceptions of Advanced Practice

### Region or national action:

* Increase widespread adoption of advanced practice roles
* Develop rotational advanced practice roles
* Formalise a development route for advanced physiotherapy practice
* Implementation of local and regional mentorship schemes
* Lobby for executive level representation for AHPs and Director of AHP roles

This Fellowship project suggested a number of barriers which may be present to implementing change within Advanced Practice, including the proposals above. These include the physiotherapy professions perception of its own abilities, opportunities and influence as well as other influential professions perception of physiotherapy, particularly those professions with a larger number of individuals and a larger representation in senior level positions such as nursing and medicine. It was understood that some professions have a greater history of influence and lobbying for policy change and this may impact physiotherapy’s ability or perceived ability to make these changes. Lack of physiotherapists in senior level positions or board level positions was also seen as a limiting factor and it was acknowledged that physiotherapists in these positions often had a wider focus such as Allied Health Profession lead which may have diluted the Advanced Practice physiotherapy message.

Despite these barriers this Fellowship project suggests that ongoing implementation, development and innovation within Advanced Practice physiotherapy is of huge value to patients, staff, services, organisations and society and it is the hope of the author that this report can assist in further advancement of this area of the physiotherapy profession.