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# Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

20 July 2016  
Volume 22  
Issue 13



## Building bridges

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Frontline is the physios' magazine from the CSP, sent direct to every member 21 times a year

\* Two-day ticket. ER-WCPT full members only. Other discounts apply for specific member groups. 20% VAT will be added for UK delegates. All four bookings must be made at the same time. 25% discount will be applied equally to all four bookings. Subsequent cancellation of one or more of the bookings may result in the remaining bookings being recharged at the full rate.

# Comment

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## Let's innovate

Innovation is a recurring theme in this issue of *Frontline*. From the article on new technology and apps (page 28) through to the Three minutes feature with CSP professional adviser Stuart Palma (page 66), it's clear that CSP members are at the forefront of developments.

A casual conversation on Twitter gained Stuart an 'in' with the lead for NHS England's innovation programme. He was then offered a fellowship to help integrate allied health professionals (AHPs) into the programme. Stuart Wildman's innovation, covered in the new technology article, took a different route:

### 'Helping one another out is what physios do best'

he launched an app for musculoskeletal physios interested in ultrasound.

Innovation of another sort comes in the shape of CSP award-winner Jean Driscoll, a physio who leads Dundee's community rehabilitation team. Her remit is to prevent patients being admitted, or readmitted, to hospital, and to promote swift discharges if a hospital stay is needed. Physios work alongside other allied health professionals and 'help one another out'.

Helping one another out is what physios do best. For those of you moved by the plight of refugees crossing the Mediterranean this summer, take a look at our article on page 12. The authors, Laura Treacy and Peter Skelton, are part of the CSP's Adapt professional network for international health and development. Their article will help you decide what is the most appropriate way to help.

#### Lynn Eaton

managing editor *Frontline* and head of CSP member communications  
[eatonl@csp.org.uk](mailto:eatonl@csp.org.uk)

### Express yourself

Thank you for publishing Dr Hammond's column on uniforms in the 6 July's Views and opinions pages [www.csp.org.uk/node/988876](http://www.csp.org.uk/node/988876)

Though there are many strong points for maintaining uniforms in hospital settings, uniforms reinforce hierarchical structures and control. Moreover, they suppress individuality.

I'm one of Grayson Perry's 'default men'. As soon as I set up in private practice I chose to wear stiff collared shirts (without tie, rolled or short sleeves), dark trousers and socks and slip-on shoes in black or brown.

I felt far more professional than I ever did wearing a hospital-designated uniform. I think my patients felt less threatened: I wasn't going to do something physical to them or with them in a gym. After all, they were there for a consultation with a professional and how many office-based professionals wear polo shirts or zipped tunics to work?

■ Vincent Lyles

### Doctor's notes

I am a salaried GP at the Bannockburn health centre in Stirling featured in *Frontline* [www.csp.org.uk/node/988876](http://www.csp.org.uk/node/988876)

I joined the practice when it entered a 'crisis period' over a year ago. We have now become a stable practice with a cohesive and forward-thinking team working with advanced nurse practitioners, primary care mental health nurses, physiotherapy practitioners (extended scope practitioners or ESPs), and pharmacists. Their new roles had to be clarified as did how patients are triaged and referred in the practice – the usual

teething problems.

They have all become invaluable to the practice, allowing GPs to focus on the more complex cases, but also being able to provide patients with quicker access to services they would otherwise have to wait a long time for.

The physiotherapy practitioners were the last services to join us. Initially, we were not very sure as to how they would be able to support us since we used to refer patients to them externally. We were aware that they could provide acupuncture, splints, injections, physio sessions and so on, but would that be

replicable in their new roles?

In the current practice model, patients with musculoskeletal (MSK) needs are filtered out through triage telephone consultations. The feedback we have been getting from patients is that the ESPs have managed to get them on the path of recovery by deciding on the most appropriate and relevant treatment plan.

Improved understanding of the ESP role and ensuring the patient is aware that they will not provide

### Top Tweets

Members have been as busy tweeting as ever!

■ [@CareQualityComm](https://twitter.com/CareQualityComm) Older people are denied personalised, effective and responsive care <http://bit.ly/29xvC9p> #CareForOlderPeople

■ [@evbasedphysio](https://twitter.com/evbasedphysio) Trigger points and Myofascial Pain Syndrome – 2016 <http://buff.ly/29OA99T>

■ [@digital\\_physio](https://twitter.com/digital_physio) Care.data – where did it all go wrong? <http://bit.ly/29CYIVp>

■ [@tolanPT](https://twitter.com/tolanPT) Patient activation measures – helping patients to manage their own conditions: [www.england.nhs.uk/2016/07/person-centred-care](http://www.england.nhs.uk/2016/07/person-centred-care). New pilot sites

■ [@ArthritisRUK](https://twitter.com/ArthritisRUK) Today we're launching MSK-HQ, the 'blood pressure' measurement for MSK conditions! Find out more <http://bit.ly/295FWsX> #MSKDataGroup

■ [@NHS\\_Dean](https://twitter.com/NHS_Dean) What does #Brexit mean for your job and the health service? <http://bit.ly/2a8qU3y>

■ [@hospicestclare](https://twitter.com/hospicestclare) Amazing #workoutatwork2016 #thaichi session from our lovely #physiotherapists @thecsp @stowe\_emily

 Follow us on Twitter at [@thecsp](https://twitter.com/thecsp)

## You've added...

Niki Webb from an integrated learning disability team liked the article and column on learning disabilities in the 15 June issue [www.csp.org.uk/node/984553](http://www.csp.org.uk/node/984553)

■ 'Great to see physio in learning disabilities highlighted in *Frontline*. I've just downloaded the leaflet and am about to email it to community and acute trust physio

colleagues. I attended our county council and trust's 'Staying Healthy' subgroup of the Learning Disability Partnership Board yesterday. It was a great 'networking'

opportunity (commissioners from lots of services and awkward questions asked about funding specialist equipment), but it also reminded me how little information we have in Easy Read. If anyone has

anything they'd like to share, that would be great!

An anonymous member responded to a news item stating that a falls prevention team had picked up an HSJ

award [www.csp.org.uk/node/987355](http://www.csp.org.uk/node/987355)

■ 'Many congratulations – I have experienced this service as the carer of a user and think the award is well deserved. Thank you.'

## icsptalk

Interested in recent topical discussion? If so, read our selection below.

iCSP is our peer led knowledge sharing area of the website – view all our popular discussions [www.csp.org.uk/popular](http://www.csp.org.uk/popular)

### Annual leave during school holidays

Annual leave policies set out how much leave you can take during school holidays. It's a first-come, first-served approach for most employers. Is it different where you work?

Comments: 4

Network: Profession wide  
[www.csp.org.uk/node/977082](http://www.csp.org.uk/node/977082)

### Functional movement disorder

Members share and discuss differences in their treatment pathways for patients with functional disorders.

Comments: 11

Network: Rheumatology  
[www.csp.org.uk/node/971024](http://www.csp.org.uk/node/971024)

### CRPS in 20-year-old woman

A challenging example of clinical practice is outlined by a member who would like your advice and opinion on how to proceed.

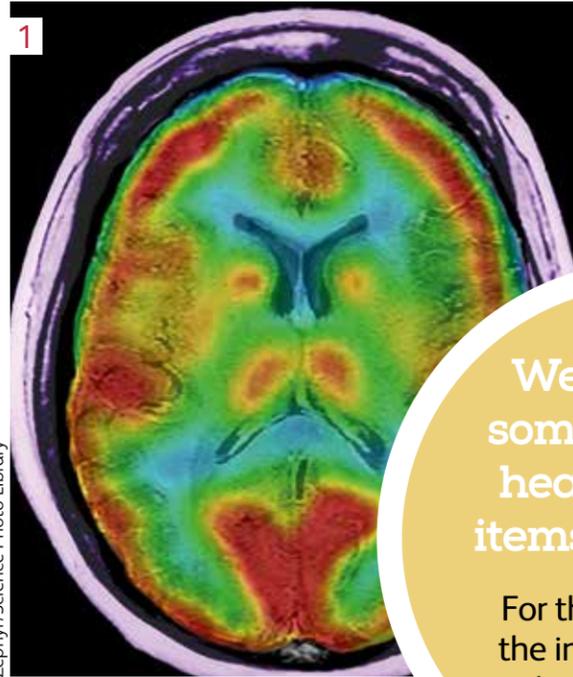
Comments: 14

Network: Massage and soft tissue therapy  
[www.csp.org.uk/node/955674](http://www.csp.org.uk/node/955674)

### 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](http://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.

# NewsinPictures



We showcase some of the best health-related items in the news

For the stories behind the images just follow the shortcut codes

Zephyr/Science Photo Library

Lukas Schulze/DPA/PA Images

SA Mathieson

**1** A decrease in blood flow to the brain is the 'earliest sign' of Alzheimer's Disease. That is the claim of scientists who set out their view in what is said to be most thorough study published on the condition.

Source: Daily Mail  
<http://dailym.ai/29xSo5r>

**2** Want to get fit? Get on Pokémon Go! Healthcare experts praise the app's ability to inspire users to move more.

Source: Daily Mail  
<http://dailym.ai/29AU21T>

**3** NHS and local libraries have been collaborating to boost people's wellbeing.

Source: The Guardian  
<http://bit.ly/29GblQA>

**4** Walking football is the popular sporting

sensation that helps men to battle depression and other mental health problems. Source: Daily Telegraph  
<http://bit.ly/29EHRkl>

**5** People with persistent coughs, or who get out of breath doing things they used to be able to – such as running for a bus or mowing the lawn – should see their doctor, a campaign by Public Health England and others warns.

Source: BBC  
<http://bbc.in/29FDEmz>

**6** Pasta does not make you gain weight, according to Italian scientists. Two studies found pasta consumption was associated with a lower prevalence of obesity and a healthy body mass index.

Source: Independent  
<http://ind.pn/2a0GgdQ>



Photo: SNS, reproduced with kind permission from Paths for All



## Frontline

Got a news story or idea for Frontline? See [www.csp.org.uk/ideasforfrontline](http://www.csp.org.uk/ideasforfrontline) for details of how to contribute, email [frontline@csp.org.uk](mailto:frontline@csp.org.uk) with a short summary and your phone number or call the news desk on 020 7306 6665

Want to send us a photo? Use our dataseed photo service. For details see 'photographs' at: [www.csp.org.uk/ideasforfrontline](http://www.csp.org.uk/ideasforfrontline)

Want to place an advert? Reach a 50,000+ physiotherapy audience with your product, course or recruitment ad. [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk) 0845 600 1394

Got an item for Networks & networking? [networksads@csp.org.uk](mailto:networksads@csp.org.uk) 020 7306 6166

Contact the CSP [enquiries@csp.org.uk](mailto:enquiries@csp.org.uk) 020 7306 6666  
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 Members have access to the CSP's journal, *Physiotherapy*. [www.csp.org.uk/journal](http://www.csp.org.uk/journal)

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# NewsDigest

 **Something to add?**  
email *Frontline* at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## New health minister confirms 1% pay award in Northern Ireland

Health minister Michelle O'Neill has confirmed a one per cent pay award for health and social care staff in Northern Ireland.

Over 55,000 staff will receive the figure which was recommended by the NHS pay review body.

Ms O'Neill said: 'While there can be no doubt that we are still under considerable financial pressure, it is important we recognise the continued hard work and dedication of people in the health and social care services.'

'I want to pay tribute to frontline healthcare staff, who are critical in ensuring the delivery of safe, effective care, of excellent quality, at the time of need.'

CSP senior negotiating officer Claire Ronald said: 'The CSP welcomes the fact that our new health minister is accepting the pay

review body (PRB) recommendations for 2016-17.

'However due to decisions made by previous ministers to make non-consolidated pay awards staff in Northern Ireland are paid less than colleagues in other areas of the UK and this historical issue still needs to be resolved.'

Staff will receive the one per cent increase and arrears in their pay packets by early autumn, the government said.

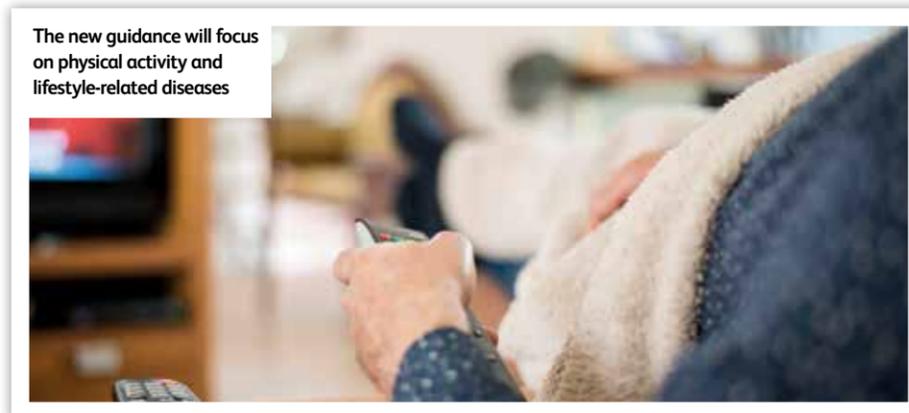
Ms O'Neill's announcement of the PRB-recommended consolidated one per cent rise confirms the decision of the previous health minister Simon Hamilton, made before the May Northern Ireland assembly elections, and means that decision is being implemented.

More info about NHS pay  
[www.csp.org.uk/pay](http://www.csp.org.uk/pay)  
■ *Gary Henson*

Over **55,000** staff will receive the figure



Health minister Michelle O'Neill



## Royal College of GPs will focus on physical activity

The CSP has welcomed a programme to support primary care professionals with evidence-based information to prevent and manage lifestyle-related diseases.

The Royal College of General Practitioners – the professional body for GPs – said last month it would focus on developing physical activity and healthy lifestyle resources for GPs and other primary care staff over the next three years

CSP professional adviser Priya Dasoju said: 'All healthcare professions should be looking to tackle the

physical inactivity epidemic across the UK.

'These practical, evidence-based guidance and tools will be particularly useful for physiotherapists, because we have expertise in delivering physical activity and providing lifestyle advice.'

■ *Robert Millett*

**More information**  
For more information on RCGP's clinical priorities visit: <http://bit.ly/1XuRaGr>

## NICE designs tool to help physios assess their service

A template which could help physios assess the quality of their services is available on the National Institute for Health and Care Excellence (NICE) website.

It has been designed to allow health service providers make an assessment of their current practice, record an action plan and monitor quality improvement.

CSP professional adviser Carley King said physiotherapists can use the tool to get instant access to quality standards from NICE.

She said they can select up to 10 topics for quality improvement, including stroke, dementia and diabetes.

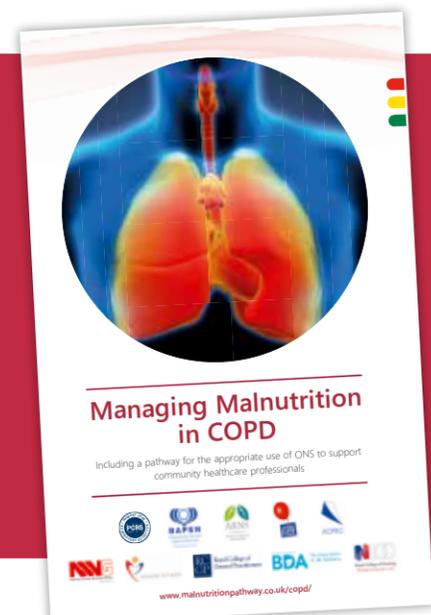
'With so many quality standards available, this template helps to pull them into one place,' said Ms King.

'Rather than having reams of information, the template can be used to help physios summarise all of the audit activity being undertaken.'

'It could also help with audit planning, ensuring a joined-up process throughout.'

■ *Gill Hitchcock*

**More information**  
NICE Quality Standards Service Improvement Template [www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance](http://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance)



## Guide will help physio therapists tackle malnutrition in COPD patients

Physiotherapists can now access a practical, evidence-based guide to managing malnutrition in adults with chronic obstructive pulmonary disease (COPD).

The resource aims to help healthcare professionals identify and manage

people with the condition who are malnourished or at risk of disease-related malnutrition.

It says the causes of malnutrition in COPD patients are varied, but can include the effects of medication or psychological and social factors such as depression, apathy and social isolation.

Sally King, a respiratory specialist physio at

Gloucestershire Care Services NHS Trust, was part of a multidisciplinary panel of COPD and malnutrition experts that produced the guide.

'We hope this guide will assist physios in giving appropriate dietary information, which will help in supporting the effectiveness of

exercise programmes in patients who are malnourished,' she said.

**More information**  
To download the guide visit: [malnutritionpathway.co.uk/copd](http://malnutritionpathway.co.uk/copd)

# NewsDigest

**Something to add?**  
 email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## Plan to axe AHP adviser causes outcry across the profession



AHP officer Alison Raw

The Allied Health Professions (AHP) Federation has written to the Department of Health (DH) about reports that it is preparing to axe the role of its AHP officer.

In a letter dated 13 June, the AHPF said that ending the post would diminish or silence the voice that represents 170,000 AHPs in departmental decision making.

'We would welcome your early confirmation that the value placed on the role of the AHP officer at the Department of Health will be maintained, so that ... we can continue to work closely to ensure AHPs continue to contribute to the vision of patient-focused healthcare,' the letter said.

In a statement, the DH said: 'All of the changes we are making through our DH 2020 programme are being done transparently and following extensive engagement with our staff.'

However, Health Service Journal reported that the AHP officer at the DH, Alison Raw, and six other employees will be leaving the department.

Ms Raw's job has been to advise ministers and policy teams about the contributions of physios and other AHPs to healthcare. She was able to influence legal changes to allow physios to train as independent prescribers, for example.

Karen Middleton, chief executive of the CSP, added her voice to the protest: 'If confirmed, this decision will impede the very progress the DH is seeking to make,' she said.

'The importance of clinical leadership in delivering patient safety was a key focus of the Francis Report so it is essential that allied health professionals are represented at the top table.'

■ Gill Hitchcock

## Physio staff 'crucial' in keeping Welsh NHS on its feet, says health secretary

Welsh cabinet secretary for health Vaughan Gething has thanked physiotherapy staff for their hard work in helping and supporting people with long-term and multiple chronic conditions.

Speaking at the CSP Wales conference in Cardiff last month, Mr Gething said: 'Healthcare therapy professions make a significant contribution to our NHS here in Wales.'

'We know we have an ageing population, and growing demand and financial pressures mean our NHS needs to find

different and innovative ways to deliver high quality care.

He said that physiotherapy staff were well equipped to respond to these challenges.

'They can directly treat and help reshape the way patients are supported to live their



lives and better manage their conditions.'

Mr Gething said it was estimated that up to 30 per cent of all GP consultations were for musculoskeletal complaints.

'Physiotherapists are well placed to act as the first point of contact in primary care for

these conditions,' he said.

'The benefits to patients of being able to receive assessment, advice and treatment in one location from a physiotherapist means services are more responsive to patients' needs.'

'Our fantastic staff in the NHS are our biggest asset.'

'The unique knowledge and skills of our physiotherapists not only deliver high quality outcomes for patients, they also help keep the NHS on its feet.'

■ Gary Henson

## Make workplace more trans-friendly, urges CSP

The CSP is calling for 'simple changes' to make health and social care environments more inclusive for transgender staff and patients.

Speaking on behalf of the society, physiotherapist Zackary Jepson raised a motion on the issue at the TUC lesbian, gay, bisexual and transgender (LGBT) conference, in London last month.

Mr Jepson, a community physio at East Sussex NHS Trust, told attendees that many trans people delay or refrain from accessing healthcare because they fear discrimination.

'Having to stay in hospital is a stressful experience for any person, and the last thing

you need to worry about is the possibility of verbal or physical abuse, discrimination, embarrassment, poor availability of appropriate toilet facilities, or if you have to disclose your trans status when needing to access healthcare,' he said.

'We need to take steps to ensure all individuals feel able to access appropriate healthcare in a timely manner, both for our community's wellbeing and to reduce the costs in the long term if this access is delayed.' Mr Jepson said the CSP was calling for health and social care employers to make their settings more trans-inclusive, for both staff and patients, by

- making single occupancy

- toilets unisex
- ensuring appropriate privacy in changing areas
- including sensitive gender identity questions on forms to encourage confidential disclosure
- providing positive images of trans individuals in waiting rooms

In addition the society requested that the TUC should develop a fact sheet on practical, low-cost trans-friendly changes employers can make to working environments, along with links to appropriate webpages and resources

The motion was seconded by the Society of Radiographers and

passed unanimously by conference delegates.

■ Robert Millett

**More information**  
**CSP guidance on physio treatment of transgender patients** [www.csp.org.uk/documents/physiotherapy-treatment-transgender-patients](http://www.csp.org.uk/documents/physiotherapy-treatment-transgender-patients)  
**Frontline article: Transgender – making the transition** [www.csp.org.uk/frontline/article/transgender-making-transition](http://www.csp.org.uk/frontline/article/transgender-making-transition)  
**Stonewall report: Unhealthy Attitudes** [www.stonewall.org.uk/our-work/campaigns/unhealthy-attitudes](http://www.stonewall.org.uk/our-work/campaigns/unhealthy-attitudes)



Zackary Jepson

TRADE UNION  
 SOLIDARITY WITH  
 LGBT RIGHTS

Take part in  
**OLDER PEOPLE'S DAY**  
 October 1

The CSP is producing a new 'Get up and Go' video as part of the support for this year's Older People's Day on 1 October. The video encourages older people to take appropriate exercise and shows what they can do to reduce their risk of falling.

And members who enrol through the CSP to take part in the day will get a pack of promotional materials. These include copies of the 'Get up and Go' guide, an accompanying supplement showing how to do the exercises, and posters to display in their waiting room or clinic.

The exercise section proved one of the most popular elements of last

year's guide, produced with Saga.

'Of the 1000-plus Saga members who responded to a survey about the guide, 83 per cent suggested it would help them prevent falls in the future,' said Becca Bryant, CSP head of campaigns and regional engagement.

'The most common reaction to reading the guide has been to encourage the reader to exercise more.'

Registration runs from 20 July to 12 September. To find out more about how to take part turn to pages 36-38 or visit: [www.csp.org.uk/opd](http://www.csp.org.uk/opd)

# NewsDigest

Jennifer Trueland reports from the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT) conference in Glasgow earlier this month



Dr Elaine Lonnemann from Bellarmine University, Louisville



Michel Coppitiers, researcher in nerve function, at the VU University Amsterdam



## Physios need to find ways to get patients active

Physios are being urged to promote physical activity to their patients in an attempt to improve the health of individuals and of populations. Leading physiotherapists from the UK, Canada and Australia led a symposium at the event, suggesting strategies for getting patients active.

Debra Shirley, a senior lecturer in physiotherapy at the University of Sydney, said that physical activity was known to improve health. 'We have a role to help people to do it, safely, and without injury. If it [physical activity] were a pill, after you got people to take it, we'd be on a healthier planet. But it's not as easy as taking a pill, and that's the challenge we have in getting people to be more active.'

While population-level health strategies and policies were effective,

one-to-one interventions in primary care were valuable in promoting physical activity, she said. She urged physios to make this part of the discussion with patients, and even to set aside time to talk about goals and how to achieve them.

Elizabeth Dean, adjunct professor in physical therapy at the University of British Columbia, said sedentary behaviour was a risk, even if people took part in physical activity. She urged physios to promote the value of even

micro-bursts of exercise, such as taking a short walk every hour.

Ann Moore, professor of physiotherapy at the University of Brighton, called for tailored interventions, education, advice and ensuring full understanding between health professionals and patients.

**'We have a role to help people to do it safely'**  
Debra Shirley

## Targeted treatment to specific patient groups is way forward

A leading UK researcher has called on the worldwide physiotherapy community to work together to drive a step change in tailoring treatments to groups of patients.

Nadine Foster, National Institute for Health Research professor of musculoskeletal health in primary care at Keele University, said that stratified care, or targeting treatments to subgroups of patients, had huge potential to improve outcomes and increase healthcare efficiency.

But despite many years of research into the topic, little had been achieved, she warned, and an international response was needed.

Professor Foster said that the one-size-fits-all

approach did not target treatments at those who might benefit most, diluting their effects.

A 'sobering' look at the evidence suggested that there were many isolated studies on single subgrouping approaches, and that research had stalled at the development stage, with no robust results on which to base a change in practice.

She described work at Keele in developing and testing a tool to target treatments for low back pain.

The STarT Back approach bases treatment decisions on prognosis of those at risk of poorest outcome, who get more intensive support and therapy, while the IMPaCT study

has measured its effectiveness.

She said these studies pointed to a way ahead for all musculoskeletal conditions – but that more large-scale research was needed.

'We need to collaborate internationally,' she said. 'We need to stop using single group studies to suggest responders to treatment.'

'Can IFOMPT help make that step change?'

**For more information**  
STarT [www.keele.ac.uk/sbst](http://www.keele.ac.uk/sbst)  
IMPaCT study [www.ncbi.nlm.nih.gov/pmc/articles/PMC3948756](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3948756)

## Independent prescribers have greater patient satisfaction

Independent prescribing had broadened the horizons of physiotherapists in the UK and benefited patients.

That was the message from Pip White, CSP professional adviser, who described the huge amount of work that led to physios winning the right to prescribe independently in 2013. Since then, around 500 physios have become registered independent prescribers, she said.

'For physios in the UK, it's been fundamental to expanding practice

and making physiotherapy better for patients,' she said. 'It has created capacity in health systems, allows service redesign, and, when you add it to our toolkit of physiotherapy, has given us a unique selling point over other professions.'

The campaign to win prescribing rights involved a number of steps, including understanding the scope of physiotherapy in your country and reviewing relevant laws, establishing a compelling, evidence-based care, and learning from the

experience of others.

It also involved winning support – or at least not outright opposition – from other professional groups, and aligning your arguments with national policy direction, she added.

Afterwards, research physio Judith Edwards and Nicola Carey, a nurse and senior lecturer at the University of Surrey, disclosed interim results into an evaluation of non-medical prescribing.

Early observational results of the study, which compared care given by

physiotherapy and podiatry prescribers and non-prescribers, suggest that prescribers have more involvement in medicines management, although both still use patient group directives. Early findings also suggest that patients of prescribers have greater levels of satisfaction.

**For more information**  
[www.csp.org.uk/node/989900](http://www.csp.org.uk/node/989900)



Felix Meissner/Eye Em/Getty

## CSP chief urges government to launch child obesity strategy

Karen Middleton has called for the government to publish its childhood obesity strategy as a matter of urgency.

The CSP chief executive said she wanted the strategy to be accompanied by a clear implementation plan and additional funding to make it happen.

The strategy was due to have been launched last December. It was rescheduled for January, but slipped to March. A spokesperson for the Department of Health told *Frontline* that it will now be published this summer.

Ms Middleton supports a tax to reduce sugar consumption, especially among children and younger people. She said: 'We want to see revenue from the sugar tax ring-fenced for public health.'

Her comments came as Cancer Research UK published research into how junk food advertising can influence children's eating habits. It found that children described junk food advertising as 'tempting' and 'addictive'.

Meanwhile, a *Health Service Journal* investigation found that many local authorities are planning to cut spending on public health services for children, worth £50.5 million in 2016-17.

Ms Middleton said: 'These figures are a wake-up call for the government. While huge consensus exists about the need to prioritise prevention and public health, cuts are hampering attempts to both maintain current services and deliver new ones.'

■ Gill Hitchcock

## Physios can help promote walking and cycling

There should be a major shift away from cars in favour of walking, cycling and public transport to reduce the harm of road transport and improve public health, says a report.

Local authorities can improve the environment for walking and cycling and discourage unnecessary car trips, says the report published by the Faculty of Public Health.

It recommends a range of measures to achieve this.

For example, it calls on councils to work with local clinical commissioning groups to get NHS staff and patients engaged with initiatives to increase walking and cycling.

Councils should re-allocate road space to walking and cycling, restrict access to cars by closing or narrowing carriageways and introducing road-user charging schemes, it says.

Sixty-eight per cent of people make a journey of less than two miles by car at least once a week, according to the document.

Moreover, 40 per cent of these people say they make a journey by car that could be done by walking, cycling or public transport.

'The public health imperative and public support for change provides an opportunity for local authorities to take action,' it says.

Stuart Palma, CSP professional adviser, welcomed the report and said that supporting and promoting active travel was essential if we are to improve public health.

'Physiotherapists see millions of people a year – ensuring we are promoting active travel at every opportunity is key,' he said.

'We must also lend our expertise to local authorities, to ensure the local environment is fit for purpose.'

■ Gill Hitchcock

**40%**  
of car users could have walked, cycled or used public transport

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Local Action to Mitigate the Health Impacts of Cars <http://bit.ly/FPHactivetravel>

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# NewsDigest

The chief allied health professions officer's conference took place in London on 23 June. Gill Hitchcock reports.

## Simon Stevens: ensure £450m to improve workplace health is used

The head of NHS England has urged allied health profession (AHP) leaders to 'bang on the doors of finance directors' and tell them to take up the £450 million on offer to improve the health of NHS staff.

'I believe that the NHS, as the largest employer in Europe, has got to do a better job when it comes to supporting the health of our workforce,' Simon Stevens said.

'For the first time we have allocated quite a big wodge of the incentive funding for providers this year, so-called CQUIN, a £450 million incentive to improve employee health and wellbeing across the NHS.'

Speaking about the pressure building in the health service, he said that people realised that they could not continue to work in the same way. They were open to more transformative ways of joining primary care, specialist services, community services, overcoming barriers between physical and



**Simon Stevens: NHS has to do a better job in supporting the health of our workforce**

mental health, as well as improving social care.

The AHP role was going to be central to that transformation, in NHS workplace health and three other areas particularly, he said.

The first of those areas was redesigning services for older people

with multi-morbidities and frailty. 'So we are going to need a strong focus on the contribution physios and other AHPs can bring,' he said.

The other areas were tackling obesity, particularly among children.

Mr Stevens said: 'I would hope that AHPs will advocate for some of the

wide changes which are needed if we are going to offset this otherwise completely predictable increase in type 2 diabetes, amputations, cardiovascular disease and cancer.'

He said that another area was continuing pressure on elective care, including on musculoskeletal pathways. But Mr Stevens pointed to improvements, saying: 'The staggering thing is that in some places this shows up as an orthopaedic waiting list problem, while other part of the country have completely reconceptualised the way MSK services work.'

**For more information**  
**CQUIN funding: [www.england.nhs.uk/wp-content/uploads/2016/03/HWB-CQUIN-Guidance.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/03/HWB-CQUIN-Guidance.pdf) (section 9.3 focuses on improving support to staff with MSK issues)**

## AHP mandate for change is due out in October

Less reliance on GPs and acute care was just one of the ways in which allied health professionals (AHPs) would impact on healthcare, according to initial feedback about an AHP mandate for change.

The outcomes came from the responses of AHPs through an online workshop. They were asked: 'How would England be different if AHPs were used effectively?'

Clinical fellow to the chief allied health professions officer (CAHPO) Joanne Fillingham announced the initial results at the conference. She said that the final mandate will be published in October.

Three further ways forward were: improved person and population health wellbeing;



**Joanne Fillingham: After the mandate is published, we will work on a plan to implement it**

less fragmentation, particularly between acute and community care; and reduced unwarranted variance in AHP services.

The AHPs who took part in the event also made four areas of commitment to achieve these changes. They were a commitment to:

- the individual – delivering care which is person-centred, enabling and timely
- keep care close to home – delivering care and interventions which are accessible throughout a person's life course and delivered primarily in the community
- the health and wellbeing of the community
- care for those who care – so that staff who deliver care are healthy and happy at work.

## New evidence-based practice resource goes online

Evidence for Everyday Allied Health, a series of resources from the research organisation Cochrane UK, was launched at the conference with Suzanne Rastrick, NHS England's chief allied health professions officer, saying: 'We are delighted to be collaborating with Cochrane's Evidence for Everyday series.'

'This online series aims to give AHPs relevant evidence and resources, and in quick easy formats on social media.'

'They have called it everyday, because they will focus on the common topics, or those applicable across specialties. And it acknowledges that everyday practice should be evidence-based practice.'

Cochrane UK has promised a series of guest blogs for and by allied health professionals, which will be published over the next five week days.

The first, on social media for continuing professional development, has been written by Naomi McVey and Helen Owen, tweet-leaders with @WeAHPs.

It will be followed by Chris Morris discussing the challenges and importance of ensuring practice is evidence-based. Then Danny Minkow will explore evidence on stroke rehabilitation.

■ The launch of the AHPs4PH Facebook page was also announced at the event. It aims to be an online space for AHPs to share ideas, showcase good practice, develop networks and get peer support about public health-related topics.

**Suzanne Rastrick: 'Guest blogs for and by AHPs have been published'**



## 'Health coaching' trainers say their programme empowers patients

'Health coaching' can improve the motivation of patients to take responsibility for their own health.

That was the message from Trudi Dunn and Nina Finlay, health coaching trainers and clinical specialist physiotherapists at West Suffolk NHS Trust.

They told delegates that all the clinicians who had been trained in health coaching agreed that it would be useful when working with people with long-term conditions. And all the trainees agreed that it would encourage greater responsibility and

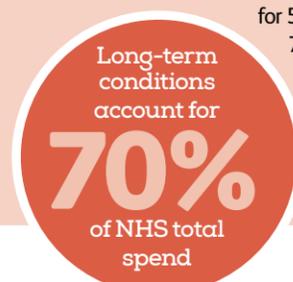
self-management among patients.

In addition, Ms Dunn said there had been benefits to the trust, with improved quality of care, reduced follow ups, and a reduction in complaints. She added that there also seemed to be an improvement in health outcomes and costs.

'Defining health coaching is tricky as there is no unified, agreed definition,' said Ms Dunn. 'But it has been described as talking to people with long-term conditions in a

way that supports and empowers them to better manage their own care, fulfil their self-identified health goals, improve their quality of life and move away from a dependent model of care.'

She said long-term conditions accounted for 50 per cent of GP appointments, 70 per cent of in-patient bed days and 70 per cent of NHS total spend. And there was growing evidence that clinicians' current approach with patients wasn't working.



'Our current system is paternalistic, authoritarian and expert driven. And while that's fantastically effective and efficient when patients are acutely unwell, we know that in the long term it can foster dependency.'

'So we need to be talking differently, and this is what health coaching is about.'

In the experience of the two physios, who are among 20 accredited health coaching trainers at the trust, for health coaching to be successful clinicians must recognise that they need to change their behaviour.

'It requires complex interpersonal skills, and it can be very difficult to incorporate something new into an already pressured environment,' said Ms Finlay. 'And it is difficult to use a coaching approach if those around you are not.'

Her tips for introducing health coaching programmes were to write a business case, and make sure it aligns with your local strategy; engage your local commissioners; make friends with your local training team; get administrative support and protected time up front; and work in pairs.

# RefugeeCrisis



Something to add?  
email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

As the refugee crisis continues, CSP's international health experts offer advice to would-be volunteers

## Help where it's needed

**G**lobally each year millions of people are forced to leave their homes and seek refuge from conflict and violence, human rights violations and persecution or natural disasters.

In Europe we are currently witnessing the biggest movement of people since the Second World War.

The scale of the situation within Europe and the Middle East, and the human suffering it has created, has meant that many physiotherapists want to help. Some donate money, some give time in the UK, others have volunteered for short trips inside Europe or travelled to the Middle East to support longer-term responses.

Offering to help for just a few short days can sometimes cause more problems than it can solve. ADAPT (the Association of Physiotherapists in International Health and Development) has worked with *Frontline* to try to answer some of the most commonly asked questions.

### What to consider if you want to volunteer

Before travelling to volunteer, it is worth critically evaluating your own skills to help, and whether your help is needed.

Do you have the appropriate clinical expertise? An understanding of the culture and recent experiences of those you are working with? How will you communicate with them? Have your particular skills been asked for? And if only going for a short time, will your physiotherapy skills be useful?

### Where do you find a volunteer opening?

ADAPT normally recommends that volunteers only travel with established, registered organisations, with a history of humanitarian response. This is important to ensure that the organisation can meet its aims and keep you safe, but also to provide a system to work within to ensure that those you work with are treated safely and will be followed up appropriately.

ADAPT has been in contact with a number of the major medical/humanitarian organisations at the forefront of the response about the current needs.

Currently, health care and rehabilitation needs vary depending on where along the refugee/migrant journey you look. On the Syrian borders, where the majority of refugees are, organisations such as Handicap International (HI) and International Medical Corps (IMC) are supporting rehabilitation services. Almost a quarter of this population has an injury or impairment and are often living in very difficult circumstances. Organisations working in the Middle East often recruit to medium/long term capacity-building positions to support national staff.

Those with significant injuries or disabilities are not likely to make it as far as Europe. Until recently those travelling through Europe have been eager to continue on their journeys, so have generally not been seeking medical or rehabilitation treatment unless urgent. Providing effective rehabilitation for highly mobile populations is a challenge. The new EU-Turkey agreement, which aims to return



A young Syrian girl arrives at a refugee camp on the Jordanian side of the north east border with Syria

migrants heading for Europe back to Turkey, will mean changes in places such as Greece, as closed borders may prevent migrants from travelling on.

To a lesser degree, a similar situation is seen with those trying to reach the UK from France. This may lead to some of the medical organisations working in these areas to consider including rehabilitation as part of their formal response. Organisations like MSF are already working with national physiotherapists in places like Greece. Several organisations reported that appropriate mental health services were currently a priority.

### Should I volunteer on my two-week holiday?

Although the exact need for physiotherapists within

Europe during this refugee/migrant crisis is currently unclear, the organisations that ADAPT has spoken to repeat the same message – they do see a role for experienced physiotherapists in their teams, particularly those with language skills and experience working with refugees, but short-term volunteering is generally not particularly useful.

### Am I suitably insured?

Large organisations will generally provide insurance. If working for a smaller voluntary organisation, physiotherapists should be aware that they must register with the national authority (the equivalent of the UK's Health Care Professions Council, or HCPC) if there is one, in order to practise legally and ensure you are covered by the CSP's insurance.

Remember to maintain your professional standards and work within your scope of practice, even in humanitarian situations.

### What can I do here?

The UK government has pledged to take in 20,000 refugees over the next five years.

Though registered asylum seekers can access the NHS free of charge, some have complex needs, and receive care from organisations like Freedom from Torture. This may increase the need for volunteers in the UK to provide them with support.

We'd suggest you consider volunteering in the UK before travelling abroad. There are also many non-physiotherapy related opportunities for volunteers with both local and national refugee

## Where to start?

So you want to be a volunteer, where do you start?

A number of organisations may be seeking volunteers, from those who operate in the UK, such as Freedom from Torture, though to others looking specifically for people to work in the Middle East, such as Handicap International. You'll find a fuller list on the online version of this article.  
[www.csp.frontline/22/12](http://www.csp.frontline/22/12)

### Useful links:

The UK government guide to assisting refugees: <http://bit.ly/29qimZj>

The World Confederation for Physiotherapy (WCPT) resource on disaster management:

[www.wcpt.org/disaster-management](http://www.wcpt.org/disaster-management)

WCPT-supported introductory guide on physiotherapy for torture victims.

See: <http://bit.ly/29gqPyy>

CSP insurance: [www.csp.org.uk/node/966714](http://www.csp.org.uk/node/966714)

support groups. Physio staff have many non-clinical skills that can be useful.

### Should I volunteer in a non-physio capacity?

If you are not working as a physiotherapist, you would be classed as an aid worker, and should work for an organisation with experience of delivering aid in this context.

Before rushing to volunteer as an aid worker, or to deliver your own donations, consider if you could have more impact by donating the equivalent cost of purchasing and transporting any donations directly to an existing organisation. It should already have distribution methods in place and have an understanding of the local needs. These are often very different from what we might assume. Though you might not get the same personal satisfaction, you might have more of an impact **FL**.

*This article was co-authored by Laura Treacy and Peter Skelton, who are members of ADAPT*

For more information  
ADAPT: [adapt.csp.org.uk](http://adapt.csp.org.uk)

# PhysioFindings

Janet Wright on the latest physio research



Something to add?  
email Frontline at  
frontline@csp.org.uk

## Satisfied users point way to successful research



Learning from successful patients could help researchers design studies that evaluate treatments more effectively.

Transcutaneous electrical nerve stimulation (TENS) is a low-risk method of pain relief that may be valuable for people with chronic musculoskeletal or lower-back pain. But studies of its effectiveness have had mixed results.

Some studies have found that participants didn't always use the device exactly as instructed. This, say the authors of a new paper, may be one reason researchers didn't find TENS effective.

Also, there is no consensus among researchers about the best timing, duration and settings to use.

'Although there is some evidence regarding the effectiveness of different settings for chronic pain, there may also be a tension between the preference of patients for different settings and the tendency for studies to opt for fixed settings,' say Peter Gladwell, of the pain management service at North Bristol NHS Trust, and colleagues.

Using semistructured interviews, Dr Gladwell's team investigated the practices of nine pain-clinic patients who

used TENS to manage their chronic musculoskeletal pain.

'Data analysis indicated that patients learned to address a range of problems in order to optimize TENS use,' the team found.

For example, patients may need to personalise the positioning of electrodes and the TENS settings and to readjust them over time. The team discovered that the successful patients learned to use TENS in a strategic manner.

'The findings indicated that a pragmatic TENS evaluation may need to incorporate a learning phase to allow patients to optimize ... TENS usage, and evaluation may need to be

sensitive to the outcomes of strategic use,' the authors conclude. 'These findings also have implications for clinical practice.'

In an earlier report, the team noted that patients valued TENS for psychological and other benefits as well as pain relief (see Physio Findings, 4 November 2015, [www.csp.org.uk/node/938462](http://www.csp.org.uk/node/938462))

Gladwell PW *et al.* Problems, Solutions, and Strategies Reported by Users of Transcutaneous Electrical Nerve Stimulation for Chronic Musculoskeletal Pain: Qualitative Exploration Using Patient Interviews, *Physical Therapy* 2016; 96: 1039-48, <http://dx.doi.org/10.2522/ptj.20150272>

## Comments and conclusions

■ Children as young as six years with sedentary lifestyles are already increasing their risk of pain conditions, say researchers at the University of Eastern Finland. This isn't linked with obesity: the study of 439 children found that those with low levels of body fat were at higher risk. Encouraging fitness, for example by taking active screen breaks, could reduce children's risk of chronic pain in later life, say the team. Vierola A *et al.* *Journal of Pain* 2016; <http://dx.doi.org/10.1016/j.jpain.2016.03.011>

■ Women are still under-represented in research into sports and exercise, despite the increasing number of female players and exercisers. 'The complexities of the menstrual cycle are considered major barriers to the inclusion of women in clinical trials,' say Georgie Bruinvels, of University College London, and colleagues in an editorial. Bruinvels G *et al.* *British Journal of Sports Medicine* 2016; <http://dx.doi.org/10.1136/bjsports-2016-096279>

■ People who eat plenty of whole grains are at lower risk of coronary heart disease, cardiovascular disease and cancer, according to a systematic review of 45 studies. A diet high in whole grains is also linked with reduced risk of death from all causes. The benefits come from eating up to seven servings a day; one serving could be a slice of wholemeal bread or 30 grammes of unrefined breakfast cereal. Aune D *et al.* *BMJ* 2016; <http://dx.doi.org/10.1136/bmj.i2716>

## World physios pool their amputee expertise

Physios working in amputee rehabilitation have a major new resource available online. Physiopedia, the physiotherapy 'wiki', has published more than 100 peer-reviewed case studies on lower-limb amputees.

The newly published case studies are the best of more than 1,000 submitted during a massive open online course (MOOC) run by Physiopedia last year, in collaboration with the International Committee of the Red Cross.

More than 7,000 participants in 150 countries registered for the eight-week MOOC, which was accredited by the World Confederation for Physical Therapy.

Reviewed by a team of physiotherapists, the case studies have been made openly available with support from the British Association of Chartered Physiotherapists in Amputee Rehabilitation.

'The case studies are an excellent example of global practice on rehabilitation of individuals with

limb loss and will be a fabulous knowledge resource and educational tool,' says CSP member Rachael Lowe, founding director of Physiopedia.

One study, for example, follows 'Jill', an army officer and athlete who was impatient to return to her normal life after losing a leg in a road accident. Her determination to run again, rather than spend time on basics such as transfers and balance, was delaying her recovery.

Jill's physiotherapist devised a programme that included making mundane exercises appear more advanced than they were and turning her treatment into a competition. After accepting the need to work through all stages, Jill made rapid progress, returned to work and is now training for a triathlon.

[www.physio-pedia.com/Category:Amputee\\_Case\\_Studies](http://www.physio-pedia.com/Category:Amputee_Case_Studies)

More than  
**7,000**  
participants in 150  
countries registered  
for the eight  
week MOOC



Charles Milligan



# Views & Opinions

## Stand and deliver



**Feel the fear and do it anyway, says Amanda Hensman-Crook after speaking at a national event**

**W**hen the CSP asked me to talk about the first contact musculoskeletal service I run at a national multidisciplinary conference, I had mixed emotions. While I was honoured to represent my professional body, but the monkey on the other shoulder reminded me how anxious I still feel (after 23 years in practice) when presenting to colleagues at an in-service event. Speaking in front of a much larger audience was a big step-up. Anyway, it

was done. I had agreed to do it and there was no turning back.

So the day arrived, and I was to speak first. This meant there was less time to hang around with my sweaty palms and palpitations, and it also gave me plenty of time to spend with the technical support team. For me, technology is another source of anxiety. The technician reassured me that the presentation was set up, and took me on to the podium to show me how to work the

slides. After putting a remote control in my sweaty palm, as I paled he quickly realised that the arrow button was a better option.

I found I could see the next slide alongside the one I was speaking about. This meant when I got brain freeze, I knew what was coming next, but I less happy to find there was nowhere to put the 'get out of jail' notes I'd written to prevent me reading directly from the slides.

As it turned out, it was a godsend to have something in my hands to stop that awkward 'what do I do with my hands' feeling I get when nervous.



**Something to add?**  
email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

Fully inducted, I took my seat. The time came, and the chair called me to the podium. I drifted there feeling a strange 'out of body' type experience, and cursing my decision to wear

**'Speaking in front of a much larger audience was a big step-up'**

stilettoes instead of the usual flats. Beginning to feel more confident, I realised with horror that I had failed to press the arrow button and I hadn't put the title page on the screen. Too late to worry, I glossed over it

and carried on. Slowly, I started to enjoy it, thinking 'bring on the questions' at the end.

The delegates seemed to share my fear of microphones. They initially shouted questions from the floor. I asked if they could help me by using the mic, pointing out that I was just as nervous as them.

Would I do it again? Yes. The nerves were short lived and it was empowering to speak on a topic I felt passionate about.

So my message is to feel the fear and do it anyway. You never know. You might just enjoy it!

**Amanda Hensman-Crook** is based at *Windermere Health Centre, Cumbria*



## Adviceline

**Suffered a personal injury? Ian Taylor says legal help could be at hand for CSP members**

When CSP's vice-chair of council Philip Hulse was knocked flying from his bicycle by a careless car driver in 2014, he suffered head and leg injuries requiring a four-month absence from work. Philip turned straight away to CSP solicitors Thompsons in order to begin the process of making a personal injury claim.

'Thompsons were there for me right from the start,' he said. 'They secured me an interim payment to help offset my loss of income from not being able to work additional hours on call while off sick and during my phased return. The solicitor assigned to my case was really professional, caring and empathic.'

Two years later, and Philip has just learned that his claim has been settled, avoiding the need for a court hearing, and he has received a five-figure sum in compensation.

One of the most experienced personal injury law firms in the country, Thompsons has more than 90 years' expertise in pursuing and settling claims. Gerard Stilliard, the firm's head of personal injury, told *Frontline*: 'We explain the nature of your claim in clear language and keep you totally informed from start to finish. No unnecessary jargon, no unpleasant surprises – we put you in control. Plus we act only for the injured and mistreated, and never for insurance companies, employers or big corporations, so we're totally committed to securing the best possible outcome for clients in the shortest possible time.'

Philip agrees. 'The CSP arranges and funds the entire process makes accessing the service really straightforward. I would recommend Thompsons to any CSP member who has received a personal injury of any kind. I'm grateful to Thompsons for the very efficient manner in which they negotiated the settlement.'

If you are injured at work or outside work and feel that another party may be to blame, contact Thompsons' legal helpline. Tel 0800 587 7519.

**Ian Taylor**, CSP national legal officer

**More information**  
For more information, visit [www.csp.org.uk/legal](http://www.csp.org.uk/legal)

## Health beyond health care

**Jo Bibby urges the the government not to take a narrow-minded approach to people's health**

**T**he Health Foundation and the All-Party Parliamentary Group for Health have published a series of essays titled *A Healthier Life for All: the case for cross-government action* [www.health.org.uk/publication/healthier-life-all](http://www.health.org.uk/publication/healthier-life-all) In this publication, we call on the government to tackle the causes of poor health and make health improvement an objective across all policy areas.

Physiotherapists today face a growing number of avoidable cases of musculoskeletal problems related to excess weight and sedentary behaviour. Helping people to be physically active is a vital means to reduce their risk of diabetes, cardiovascular disease and many cancers.

These conditions are putting a substantial strain on the NHS and have a significant impact on the ability of individuals to live their

lives to the full, which, in turn, impacts on families, communities and society.

Preventable ill health is responsible for around 40 per cent of the burden on health services, but only around four per cent of the health budget is spent on prevention. The money spent to promote health through local authorities is diminishing. In

February, the Health Foundation, The King's Fund and the Nuffield Trust published a joint briefing on the Impact of the 2015 spending review which highlighted that public health spending will fall by at least £600m in real terms by 2020-21. Poor health also has serious economic consequences beyond the NHS. In 2010, Professor Sir Michael Marmot

Preventable ill health is responsible for around **40%** of the burden on health services



estimated that preventable ill health cost the country from £50-£65 billion a year in lost productivity and tax revenues. And according to Dame Carol Black, almost a quarter (23 per cent) of jobseekers allowance claimants and more than 40 per cent of incapacity benefits claimants have mental health problems.

Good health needs to be seen as an asset – for individuals, communities and the economy – that is worth investing in. Health contributes to the core infrastructure of a prosperous and sustainable society, and is not something we can

only 'afford' when the economy is thriving.

**Jo Bibby**, director of strategy, the Health Foundation

# 4<sup>th</sup> European Congress

## themes for ER-WCPT Congress 2016:

### Policy, Strategy and influencing

The European community offers both challenges and opportunities for advancing physiotherapy. This theme aims to bring about a greater understanding of physiotherapy across Europe and how diversity, equivalence, harmonisation and collaboration are of value for the profession. Additionally this theme explores how physiotherapy can promote itself and influence policy on a regional, national and European level.

### Research, Education and Practice

Researchers, educators and clinicians may be regarded as separate groups of practitioners in physiotherapy, with perceived boundaries of practice and with individuals having to choose where they best fit. This theme aims to explore the potential for a more symbiotic relationship between all of these areas of physiotherapy to be both innovative and maximise the impact on practice.

### Practice in a Digital Age

Technology plays a significant role in daily life. This theme aims to explore new innovations as well as the opportunities and challenges posed by using technology both in teaching and in physiotherapy and healthcare practice.

### Responding to changing Population Needs

The world of health and practice continues to evolve rapidly and physiotherapy needs to adapt and develop for the future to remain a viable contributor to health and wellbeing in the face of competition from other groups. This theme offers an opportunity to consider how physiotherapy can impact on, and enhance, the population's health and wellbeing.

### Public Health, Prevention and Social Care

Physiotherapy has an important role to play in public health, health promotion and social care. This role occurs in a context of changing population demographics and growth with competing demands on resources. This theme aims to explore how physiotherapy can contribute to the health priorities that confront society at regional, national and European levels.

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#### The power of social media

**Unnur Pétursdóttir**

President, Icelandic Physiotherapy Association, Iceland



#### How can we influence public health policy as physiotherapists?

**Stephen Lungaro-Mifsud**

Faculty of Health Sciences, University of Malta, Malta



#### The impact of interdisciplinary engagement

**Atle Karstad**

Consultant Physiotherapist in Musculoskeletal Medicine, North Tees and Hartlepool NHS Foundation Trust, UK



#### Entry into Practice

**Bjorg Gudjónsdóttir**

Assistant professor, University of Iceland, Iceland



#### Can technology be exploited to enhance healthcare education and clinical practice?

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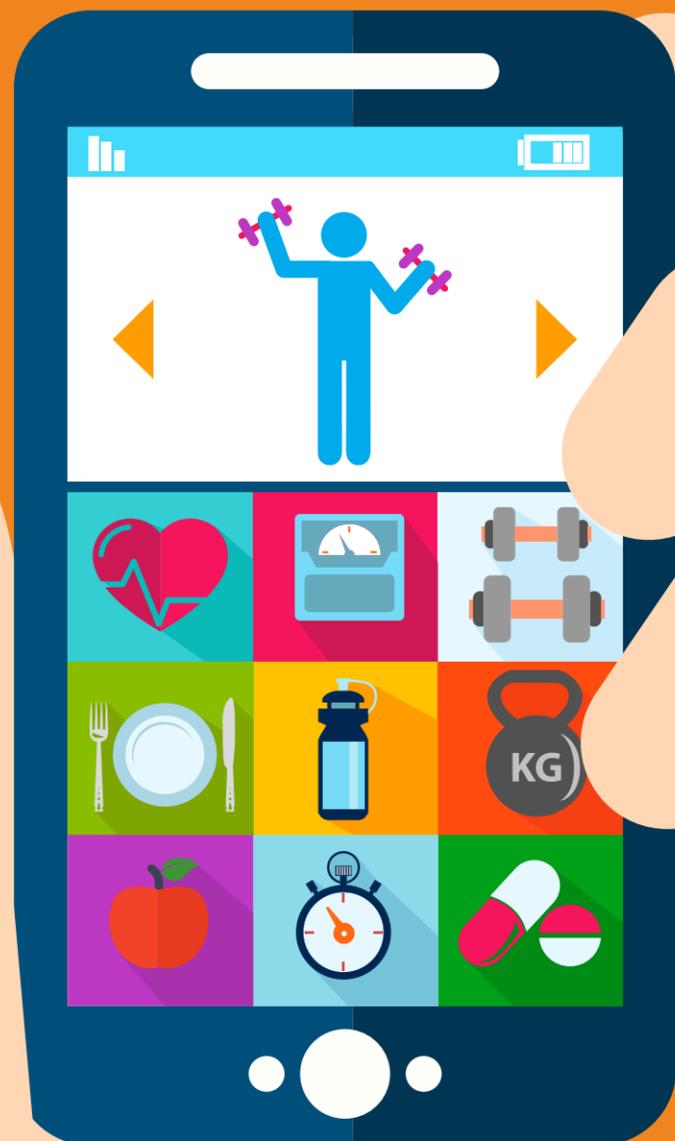
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# New Technology



Physios are helping to blaze a trail by exploiting apps and other technologies to communicate with patients, as Gill Hitchcock found out

**W**hile the digital revolution transforms entire industries, from banking to retail, the NHS seems to lag behind. In February, the Nuffield Trust said that 88 per cent of adults in the UK use the internet, but just two per cent transact digitally with the NHS. But NHS England's director of digital technology Beverley Bryant points to a digital divide within the NHS too: 'We have a world-leading primary care system where general practice is 100 per cent digitised, but in secondary care, through various false starts, we still have Post-it notes, paper and whiteboards being used to manage clinical diagnosis and day-to-day work,' she told the Westminster Health Forum earlier this year.

In February came promising news, however, when England health secretary Jeremy Hunt announced £4.2 billion for technology in the health service. While this is not entirely new money, it at least indicates his intention to drag the NHS into the digital age.

Physio and app developer Carey McClellan believes healthcare is at the start of a rapidly unfolding understanding of how to exploit technology. For instance, there are thousands of wearables and apps to track health, fitness and wellbeing – even to diagnose illness. The potential for physiotherapy is vast, but finding which apps work best and for whom can be difficult.

Two major organisations – the National Institute of Health and Care Excellence and Public Health England (PHE) – are working on an NHS app store, but it is only at an early stage.

James Freed, PHE's technology policy lead, says privacy and security are stumbling blocks: 'Only 10 per cent of 600 popular apps had a privacy policy,' he told delegates at the forum. Mr Freed highlighted the problem by giving an 'extreme example': a melanoma app had misdiagnosed two-thirds of genuine melanomas.

Rather than waiting for someone else to create apps for their profession, a number of physios are doing it for themselves. Dr McClellan says inspiration for his getUbetter back pain recovery app came from a 'perfect storm' of his PhD research into economics and the delivery of emergency care, and ideas of how technology could empower patients.

'I used an app generator, capable of creating an unlimited number of apps, and I intend to build a family of apps, but we have got our first – getUbetter Lower Back Pain,' he says. 'And I have written an algorithm that basically takes people day-by-day through their recovery and delivers information that's relevant at a particular stage.' The getUbetter app includes clinical evidence from NICE, physiotherapists and clinical psychologists to guide the patient's journey, according to Dr McClellan.

'It isn't designed to diagnose. It certainly isn't designed to be a substitute for a physiotherapist's or doctor's review. But it is designed to provide people with the right information at the right time and in the right way on their mobile device as their injury unfolds.'

### Developments harness Skype's reach

Physio Stuart Wildman launched SonoMentor, an app for musculoskeletal (MSK) physiotherapists interested in ultrasound, in February. 'The main barrier I was trying to get through was the difficulty around MSK ultrasound training,' he says. 'It's a big interest area for physios, but people have a number of difficulties in accessing peer support, learning and mentoring.'

Mr Wildman says the app allows him to control the privacy and quality of information, which would be more difficult on other online channels, such as Facebook. 'It's early days, but it's had over 900 downloads now,' he adds.

Meanwhile, at the Royal National Orthopaedic Hospital in Stanmore, north London, physio Anthony Gilbert has been

Only  
**2%**  
of adults in the UK  
transact digitally  
with the health  
service

# App appeal

# New Technology



Something to add?  
email *Frontline* at  
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'Skype adds a new dimension for clinicians, because they can see how patients function in their home environment'

Anthony Gilbert



researching remote consultations using Skype. He wanted to find out whether videoconferencing was an acceptable option for clinicians, as well as patients who often travel long distances for appointments at this specialist hospital. As part of his research, Mr Gilbert worked with eight clinicians (six physios and two occupational therapists) and 13 patients (seven who chose Skype, and six who wanted face-to-face consultations) from August to December last year.

'All the clinicians felt that videoconferencing was acceptable, provided the patients were aware of the benefits and the limitations,' he says. 'There were definite benefits for patients. For instance, two of them would have had to get flights from Ireland for their follow-ups.'

'Also, it added a new dimension for clinicians, because they could see how patients functioned in their home environment, for example reaching something from a shelf or washing the dishes.'

There is an appetite for more Skype consultations at the hospital, but a potential problem is that the physiotherapists are commissioned to provide their services face-to-face. However, Mr Gilbert says that a case for further videoconferencing, to include his findings, will be presented to local commissioners.



## The 3D printing process

One of the most striking examples of 3D printing, a process used to create a three-dimensional object under computer control, has been on show in Trafalgar Square in London: a replica of Syrian monument Palmyra's Arch of Triumph.

But 3D printing is also being deployed in a groundbreaking trial to produce splints for the hands of patients with brachial plexus injuries at Swansea's Morriston Hospital.

'The project is a collaboration between myself, patient Tom Wheeler and a colleague at Cardiff University,' says Marc Lloyd, a physio who specialises in brachial plexus injuries.

'We get 20 to 30 patients a year with severe brachial plexus injuries. They tend to be young athletic patients with sports injuries, but motor cyclists are also quite common.' So far Mr Lloyd has trialled 3D printing to create splints for two patients.

His role in the process is to take an initial scan, while his colleague at the university prints the splint. The scan currently takes about 15 minutes, but he is looking to standardise the procedure by taking just three key measurements and speed the process up to about a minute.

Speaking about the benefits, he says: 'It limits the patient's time and our appointments, because we know that the 3D splint will be the correct size. Plus the cost of the actual 3D splint is going to be cheaper than a conventional splint.'

He hopes his project will inspire other physiotherapists to investigate the potential for 3D technology, and says he is not aware of a similar development elsewhere.



Left to right: Anthony Gilbert; Marc Lloyd (right) with patients; 3D-printed splint; and Carey McClellan

## Scanning the horizon

Employing the right terminology in health records will be important in any bid to improve physiotherapy, as Dr McClellan explains: 'If we want to understand the populations we are trying to help, we have to re-think what information we need, and use the data we collect.'

'We need to obtain revealing real-time data about our population's physical, mental and social wellbeing. Then we can start to make changes and revolutionise evidence-based practice.'

'Instead of using evidence, or other organisational measures directing what we do, we can incorporate this data to make changes and improvements, locally and nationally. These changes can be continuously evaluated and improved upon and should better meet the needs of our users.'

And when it comes to writing software for the physio profession, Dr McClellan thinks physios are best placed to do this and should be looking out for grants.

They can be available from government agency Innovate UK. And NHS England's Code4Health is on the lookout for individuals and organisations who want to share ideas and build digital solutions to improve healthcare.

'Every area of physiotherapy should be thinking about or adopting technologies, horizon scanning to see how can we improve interaction,' says Dr McClellan. 'Gone are the days of simple exercises and leaflets, because patients are using smartphones and we need to be changing.'

Similarly, Mr Tolan thinks physios must be involved in shaping the NHS's digital agenda: 'There is loads of room for creativity. You need to be able to influence within your organisations, to understand who is involved in the digital agenda within your organisation, and then make yourself known to them and see what opportunities there are.' FL

Technology developments are under way at the CSP too. It has been contributing to SNOMED CT, the global lexicon of clinical terms due to be implemented in primary care in December and across the NHS by 2020.

SNOMED CT can represent clinical information consistently and comprehensively in electronic health records. Physios will need to have the correct terms to record their practice.

'It's a library of more than 3,000 terms and for it to be used meaningfully, we physios have to develop smaller sub-sets,' says CSP head of practice Steve Tolan. 'If you were writing a record, it would be impossible to navigate the whole library of terms, but a subset – a grouping of terms relevant to physiotherapy practice – means we will be able to use SNOMED CT effectively.'

Mr Tolan says the CSP has worked with external consultants and a 30-member reference group to develop sub-sets for low back pain and post-hip fracture treatment.

Crucially, the CSP has created a new method to develop more sub-sets for physios, which other professions are keen to copy. 'Using SNOMED CT means we can automatically generate data about patients and populations just by writing our records,' he says. 'Potentially this means our health records could support or challenge published research and evidence with real-time data.'

# CPD:Practice

## Returning to practice: part 2

In the second of a two-part series on returning to practice, CSP professional adviser **Nina Paterson** says forward-thinking employers can reach out to a pool of untapped talent

I read a Financial Times article about returning to work after a career break recently. It spotlighted the 'returnship' scheme of the international financial services company Goldman Sachs. The scheme has been running since 2008. Since then, eight other companies in the field have set up similar schemes to support return to work. Each scheme works differently but all help to refresh people's skills and knowledge. In particular, they focus on helping people to regain their confidence.

As I read the article, I was struck by the fact that the issues raised mirrored the types of enquiries we hear at the CSP. I wondered if we could learn some lessons from another sector. In preparing this article, I discussed these themes with members. Among others, I talked to therapy service leads, managers in independent hospitals and smaller private practices, and a neuro specialist in a large NHS teaching hospital.

### Benefits to your organisation

The interviewees in the Financial Times article said their supporting people to return to work gave them a chance to tap into a rich talent pool. With a little effort, they can reconnect with a motivated and experienced workforce who are ready to jump back in. All the CSP members I spoke to agreed: colleagues returning from career breaks are a valuable resource. Having left the profession initially for family, educational or travel reasons, they bring a range of skills and experience from both their previous roles and career break activities.



Matt Kenyon/Alamy Stock Photo

### Flexibility

As an unintended of its 'returnship activities', the banking sector recognised the value of flexible working arrangements. For example, if you run a physiotherapy service where introducing seven-day working or a more flexible working pattern is under consideration, you may find those seeking to return to work are a good fit.

### Leading by example

It was striking how strongly helping others to return to work was seen as a priority and welcomed by the chief executives at the banking firms. Encouragement from the top developed a culture in which opportunities were generated. When we ran a session for 'returners' at Physiotherapy UK last year, it was good to hear managers offering supervision opportunities. They came to the event to see how they could help.

In the first article in this two-part series, Gwyn Owen mentioned the Recruitment, retention and return to practice network on iCSP. This provides a space for 'returners' to share their experience but it also offers a chance to let people know you can help. Health Education England is encouraging trusts to advertise return-to-practice placements on the NHS jobs site, so you might consider this as an alternative route <http://bit.ly/29uXw8C>

### How to get involved

If you are approached to help, or are interested in helping, someone return to work, the following prompts will help

- find out what they need. Anyone preparing to return to practice will have identified their strengths and their learning needs
- if they meet a direct need in your team that's great. If you can't manage everything that the returner is asking for, could you offer part of it, or something slightly different that meets your service needs?
- familiarise yourself with what they need to do. The Health and Care Profession Council's

### In their own words

#### Managers' thoughts on supporting peers back into the profession ...

'We often have hard to fill posts, having people show an interest or being willing to think about coming back into these areas is great. We've always been responsive to that, and it is in our interest to help them gain the skills. Once they are back on the register, there's a good chance they'll apply for a job with us.'

'It isn't just about our service needs now. We offer supervised placements anyway, even if we don't have vacancies. If they've had a good experience they might apply to us down the line.'

'Determined and motivated – these are great qualities to have in someone who is a part of your team, even if they are only with you temporarily.'

'I have staff in my team who love to help others develop or are looking for mentoring opportunities. Offering someone a return-to-practice experience is great for the returner and great for that member of staff.'

'Someone is shadowing you but working in neuro, having another pair of hands to help, how can that not be a bonus?'

(HCPC) paper on returning to practice sets out the expectations. See links in the first article in the series [www.csp.org.uk/node/984503](http://www.csp.org.uk/node/984503)

- the guidance also outlines expectations on enhanced disclosure and barring service checks, so you'll know what should be in place. Returners who are full CSP members will have public liability insurance cover, so you will just need to arrange an honorary contract for them
- if members of your staff would benefit from the experience of providing peer support, how can you involve them?
- don't forget to record your own learning and ask for feedback. It is a great way to demonstrate to the HCPC your commitment to your own continuous professional development
- if you haven't been directly approached use iCSP (or similar) to let potential returners know that you are able to support them.
- lastly, enjoy the experience! **FL**

# IntegratedCare



Something to add?  
email *Frontline* at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## Follow the leader

Jean Driscoll is passionate about integrating health and social care in order to improve provision for patients in Dundee. **Ian A McMillan** meets the CSP award winner

**P**hysiotherapist Jean Driscoll clearly revels in leading the Dundee community rehabilitation team. She manages 23 members of staff: 10 physios, four occupational therapists (OTs) and nine support workers. Team members, who Ms Driscoll says are supportive and enthusiastic, are based at the Kings Cross Health and Community Centre – a mile or so from both Dundee and Dundee United's football grounds. Originally, King's Cross was an infectious diseases hospital, equipped with its own bakery.

Last December, Ms Driscoll notched up a career highlight, picking up a CSP excellence award on behalf of her team in London. Her achievements were lauded by a colleague who put her name forward in the awards' 'demonstrating integration of health and social care' category.

'It's a lovely environment to work in and I just love my job,' she said when *Frontline* visited in March. 'We are there for each other and let's say it's not difficult to come into work. All of us are constantly advancing our skills. As the health service and the world is changing, our service is evolving to meet those demands.'

In recent years the Tayside NHS team's work has been bolstered by awards from the Change Fund – part of the Scottish government's Reshaping Care for Older People strategy. See [www.gov.scot/resource/0039/00398295.pdf](http://www.gov.scot/resource/0039/00398295.pdf)

The community  
rehab service  
receives about  
**3,000**  
referrals  
a year

CSP award winner  
Jean Driscoll in front  
of the rail bridge  
that spans the River  
Tay in Dundee

# IntegratedCare



Jean Driscoll with patient Ian Wylie at a joint physio and nurse drop-in clinic for people with long-term conditions

'Our OTs are co-locating with the social work OTs, which is a huge step forward in terms of integration and I will still line manage them.' Integration is something of a buzzword at present, and was a key part of the 2015 CSP award, but has a long pedigree in Dundee.

For example, Ms Driscoll's team has been training care staff in the social services enablement team – which supports older vulnerable people at home – on topics such as delivering gait education and basic exercise programmes for several years.

'We also do joint visits with them to see how they put it into practice. Because we have skilled them up, it frees us up to spend more time with the more complex patients. They also can go back and do more maintenance with the patients than we, or our support workers, could. It's all about health promotion and is working well.'

## Smoking-related illnesses

One of the most common conditions in Dundee is chronic pulmonary obstructive disorder (COPD). Among some older patients, there is probably a link to employment in the jute mills. 'Working with jute wasn't good for people's lungs,' says Ms Driscoll.

But an alarming proportion of the pulmonary team's patients are in their 30s, Ms Driscoll reveals. 'There are pockets of deprivation in Dundee and we have higher rates of COPD than many other places. It's quite frightening how in recent years we are seeing more younger people whose COPD has been triggered by smoking tobacco and other substances.'

'By the time they are referred to us, perhaps by a GP or a counsellor, they will have said they want to do something about that and perhaps made a lifestyle change. We can educate them to self-manage their condition and increase their exercise capacity.'

There is also a falls service and an intermediate care service, the latter based in a unit known as Bluebell. 'The physiotherapy staff also work at the Kingsbury care centre (a psychiatry of old age centre) and are beginning to get involved at the McKinnon centre for people needing care after being discharged from a local brain injury unit,' Ms Driscoll explains.

Overall, the community rehab service receives about 3,000 referrals a year, but of course, there are ebbs and flows. 'In any one week, staff covering one electoral ward areas might have 50 referrals, while another might have 10,' says Ms Driscoll. But staff are willing to share the burden when colleagues are under pressure. 'One of the strengths of the team is that we help each other out.'

Though the core staff are fairly stable, there is some churn with Robert Gordon University students coming and going on placements. In addition, physios on rotation from the city's Ninewells Hospital join the team for stints lasting from six to nine months, depending on their banding. 'Having this valuable community experience makes them better physios when they go back to the hospital. Their discharge planning will be better, for example,' says Ms Driscoll. **FL**

The fund's aim is to help prevent patients from being admitted or readmitted to hospital and to promote swift discharges.

The team covers the whole of the city of Dundee, reaching out to parts of neighbouring Angus, and Perth and Kinross, Ms Driscoll explains. Dundee, Scotland's fourth largest city, was once famed for its jute mills (which, interestingly, had a large female workforce as women were cheaper to employ than men). The raw material, imported from India, was processed in Dundee into products such as canvass and twine which were then exported around the world.

## Health promotion activities

The industry and the port gradually declined in the last century as cheaper options became available overseas, triggering widespread industrial decline and unemployment. But optimism is in the air again with a £1 billion overhaul of the former docks area promising to make the city more attractive to tourists and businesses.

In general, the team sees older people (nine patients in 10 are 65-plus) in their own homes. 'We have aligned our service with social care and have divided Dundee into eight geographical areas, based on electoral wards, each having a physio who "shares" an OT,' says Ms Driscoll. Despite the team's size, there is plenty of interaction and camaraderie. 'Most people start their day's visits from the centre, return at lunchtime for peer support and come back in the evening before leaving for home. Some visits are done in pairs if, for example, there are safety concerns, and we have systems to ensure that those visiting patients' homes alone are safe.'

The centre also hosts falls and pulmonary rehab classes.

**'We have aligned our service with social care and have divided Dundee into eight geographical areas based on electoral ward'**

Jean Driscoll



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# InReview

## Featured book

### How to develop your Healthcare Career A Guide to Employability and Professional Development

Lisa Taylor (ed)  
ISBN: 9781118910832

Given the current plethora of choice for many band 5 and 6 physiotherapists across the UK it could be argued why should you bother with this text? However, to maximise our chances of gaining our optimum job, this book provides an essential guide. The text is relevant for students thinking of their first post, those going for new roles and line managers encouraging career development.

The chapters are logically laid out and flow from areas

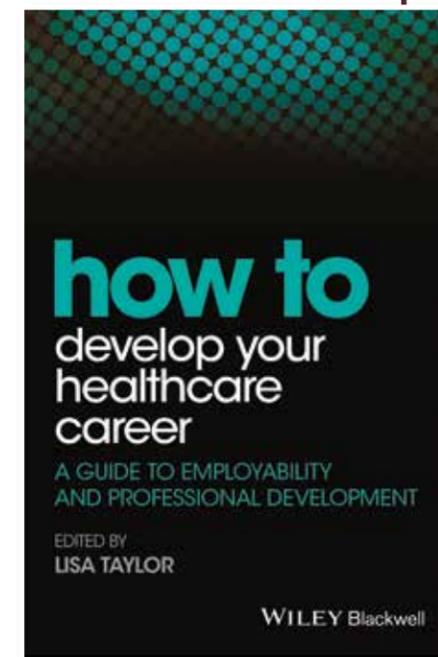
such as career planning and management to service improvement. The format is very accessible with summary boxes in each chapter for 'tips and trips'. Handily, there is a section in each chapter on potential interview questions that could prove useful for both interviewee and the new interviewer. The reader is actively encouraged to reflect on the text with regular 'time for reflection' boxes as you progress through the chapters, to ensure you apply the learning into a practical context.

In the foreword, Karen Middleton, the CSP's chief executive, strongly commends the business skills chapter and refers to the key themes of 'going the extra mile' and 'personal responsibility'. I would concur and found the chapter on

professionalism offered a good starting place for a conversation around what professionalism looks like these days. This is a complex area that has shifted over the years and will continue to do so. Interesting constructs such as vocation and values are explored and one of the reflection boxes asks you if you are familiar with your code of ethics. Social media are addressed though there is less focus here on the positives.

This book would be a useful addition to a department or university library.

*Dr Stephanie Best, lecturer in health care management and leadership, Swansea University and public relations officer, Leaders and Managers of Physiotherapy Services (LAMPS)*



# What's in THE BOX?

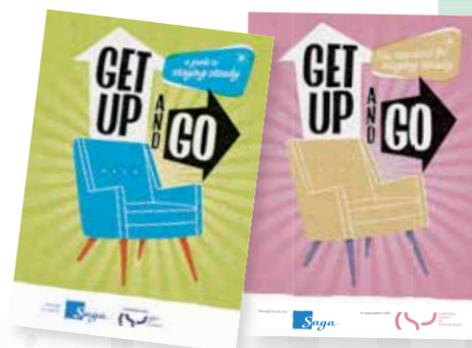
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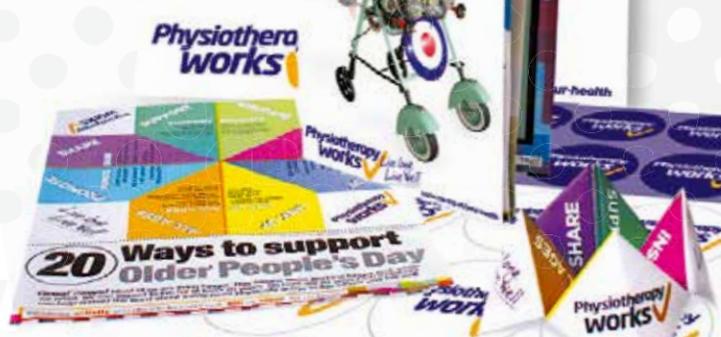
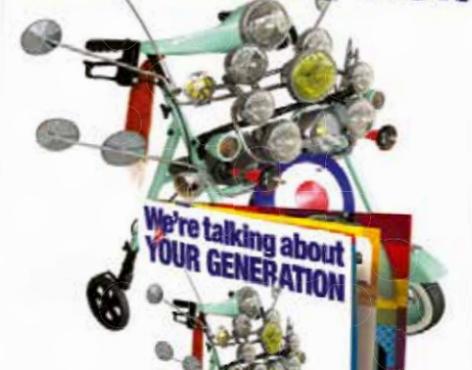
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[www.csp.org.uk/olderpeoplesday](http://www.csp.org.uk/olderpeoplesday)



### We're talking about YOUR GENERATION



### <http://sbrihealthcare.co.uk/competitions>

SBRI Healthcare, an NHS England-funded initiative supports innovative approaches to unmet health needs. Up to 12 small business could each benefit from £100,000 in its latest competition for healthcare innovations that help manage patient flow in acute care and the care of children with long-term conditions.

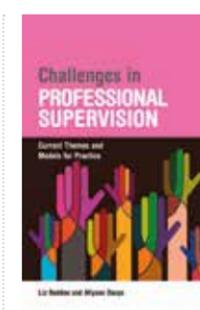
The competition closes at 12 noon on 28 July.



### [www.iprescribexercise.com](http://www.iprescribexercise.com)

This evidence-driven innovative app, developed by chartered physiotherapists, creates a tailored exercise based programme for its users. Using algorithms, the app creates a personalised 12-week programme based on screening questions and data input. The app has been developed with the UK's 20 most prevalent non-communicable diseases in mind, making it accessible for all.

*Stuart Palma, CSP professional adviser*



### Challenges in Professional Supervision: Current themes and models for practice

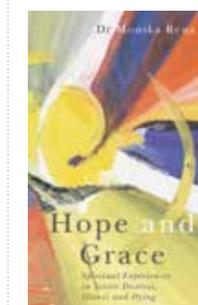
Liz Beddoe and Allyson Davys  
ISBN: 9781849055895

This book explores issues, trends and developments in supervision work in health and social care and may also appeal to academics interested in developments in the field.

### Hope and Grace: Spiritual experiences in severe distress, illness and dying

Monika Renz  
ISBN: 9781785920301

Conventional coping strategies can be pushed to their limits when people find themselves in situations of suffering, illness, and dying. The author shows how care providers can recognise patients' spiritual experiences.



### Vulnerability: Challenging bioethics

Henk ten Have  
ISBN: 9781138652675

This book looks at the new concept of vulnerability in today's bioethics. Arguing that the language of vulnerability offers perspectives beyond the traditional autonomy model, the author aims to offer a new approach that will enable bioethics to evolve into a global enterprise.

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## p42 Networks & networking

Catch up with news and announcements regarding the CSP's work at region and country level and also courses and events from CSP recognised professional networks. All recognised networks may list their events free of charge in this section to a limit of 180 words. Reach out to members, previous colleagues and classmates through the info exchange, retirement groups, or reunions sections. Send the information you wish to include to: [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

### Frontline schedule

Issue date	Booking deadline
Aug 3	Jul 18
Sep 7	Aug 22
Sep 21	Sep 5
Oct 5	Sep 19
Nov 2	Oct 17
Nov 23	Nov 7

## p58 Courses & conferences

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## p62 Recruitment

Advertise your vacancy, agency or service in *Frontline*, or online at [www.jobescalator.com](http://www.jobescalator.com) by contacting our advertising agents, Media Shed, on tel: **0845 600 1394** or email: [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

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# Networks & networking

## English networks news



## English regional networks

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

Find out more at

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The 10 English regional networks organise forums, events or conferences four times a year.

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Introduction to your new campaigns and regional engagement officers – Catherine Chappell and Mindy Daubeny

**Catherine Chappell**



Catherine is supporting North East, Yorkshire and The Humber, East Midlands, East of England and London.

**Mindy Daubeny**



Mindy is supporting North West, West Midlands, South West, South Central and South East Coast.

They are both working closely with the regional networks to help members promote physiotherapy locally. They welcome your ideas and feedback.

**Contact Catherine at:** [chappellc@csp.org.uk](mailto:chappellc@csp.org.uk)  
Tel: 020 7314 7863

Twitter: @CChappellCSP

**Contact Mindy at:** [daubeny@csp.org.uk](mailto:daubeny@csp.org.uk)  
Tel: 020 7306 6163 Twitter: @CspMindy

### East Midlands

**I'm not just a physiotherapist. I am a leader!**

The East Midlands ERN organised a study day designed to help members look outwardly for leadership opportunities and understand their own leadership attributes.

The event featured Catherine Pope, CSP chair of council, who discussed the importance of leadership and participation. Other topics covered included emotional intelligence and self-awareness, mentorship and imposter syndrome and a workshop about good and bad leadership.

### East Midlands June regional forum event



The East Midlands regional network held a forum meeting on 13 June at the Community Hospital, Derby. The event featured a cost calculator demonstration and Q&A on health education and workforce planning. Attendees networked with each other, discussed key topics and fed back issues from the East Midlands to the CSP.

#### Upcoming events

##### The East Midlands regional network forum

**Date:** Monday 12 September

**Time:** 5pm-7.30pm

**Place:** London Road Community Hospital, Training Room 1, London Road, Derby DE1 2QY  
**Cost:** Free of charge (members who travel more than 10 miles will have their travel expenses refunded).

##### The East Midlands regional forum

**Date:** Wednesday 7 December

**Time:** 5pm-7.30pm

**Place:** London Road Community Hospital, Training Room 1, London Road, Derby DE1 2QY  
**Cost:** Free of charge (members who travel more than 10 miles will have their travel expenses refunded).

To read a full review of both events and keep up to date with your region: [www.csp.org.uk/nations-regions/east-midlands](http://www.csp.org.uk/nations-regions/east-midlands)

### West Midlands

The No Physio, No Way Campaign on Worcester High Street, helped to secure positive support from local MP Robin Walker. In his response to a letter sent by our senior negotiating officer, Jim Fahie, MP Walker said: 'I recently raised this matter with the South Worcestershire CCG and discussed the commissioning of physiotherapy in Worcestershire. It is my intention upon the return of Parliament to call for a debate and the information that you have kindly provided will be most helpful in enabling me to take this forwards.' We now await the CCG report following the public consultation. Latest

updates on this campaign will be published online at: [www.csp.org.uk/nations-regions/west-midlands](http://www.csp.org.uk/nations-regions/west-midlands)

In the Birmingham area we have received a positive response from the chief contract and performance officer at Salford CCG. They are now reviewing the draft Back Pain Policy as a result of feedback from stakeholders including the CSP.

#### Upcoming events

##### Join us for a day of CPD!

Headline topics include: Social prescribing, exercise works and mental wellbeing PLUS hear from experts on latest thinking in these areas:

- Sarah Bazin on social prescribing  
Twitter: @Sarahbazin2
- Ann Gates, Exercise Works  
Twitter: @exerciseworks
- Sharon Greenshill on mental wellbeing
- Susan Spence, CEO of Age UK  
Twitter: @AgeUKWolves
- The CSP's Steve Tolan  
Twitter: @tolanPT

**Date:** Monday 12 September

**Time:** 9.30am-4.30pm Refreshments and registration from 8.30am

**Place:** Wolverhampton Medical Institute, New Cross Hospital

**Cost:** Free to CSP members (a refundable deposit of £25 is required to secure a place)

To book visit the regional page online at: [www.csp.org.uk/nations-regions/west-midlands](http://www.csp.org.uk/nations-regions/west-midlands)

### North West

NW ERN member Karen Martin represented the CSP at a special service in Blackburn Cathedral to mark the Queen's birthday. Karen said: 'It was good to sit alongside other people who represented the Queen's patronages, many who I spoke to were not aware of the breadth of the physiotherapy profession – so it was a great opportunity to spread the word.'

CSP chief executive Karen Middleton gave a talk earlier this month at the Manchester Metropolitan University's Faculty of Health, Psychology and Social Care. Commenting on Karen's visit, Prof. Alison Chambers, pro-vice chancellor and dean of health, psychology and social care said: 'Manchester Metropolitan were delighted to host Karen Middleton's inaugural visit to the university. Karen spent the day with students and staff and shared her perspective on the role of physiotherapy and physiotherapists in an integrated public health

focused health and social care system. We look forward to welcoming Karen back in the autumn. In the meantime, the university will be working with Karen to promote the role of physiotherapy in the devolved system'.

#### Upcoming events

##### The North West regional forum

**Date:** Monday 12 September

**Time:** 6pm

**Place:** Manchester Metropolitan University

**Cost:** Free of charge

### East of England

##### East of England June regional forum event

More than 30 CSP members based in the East of England came together on 13 June at a CPD event themed on managing pain the multidisciplinary way. The free evening event was held at the University of Essex, Colchester Campus.

Participants were given a presentation by Helen Skinner, specialist pain physiotherapist, and June Palmer, specialist pain nurse, from the Ipswich pain Management Programme.

#### Upcoming events

##### East of England regional network CPD event – Dementia in practice

**Date:** Saturday 1 October

**Time, place and cost:** TBC

To read a full review of the event and keep up to date with your region visit: [www.csp.org.uk/nations-regions/east-england](http://www.csp.org.uk/nations-regions/east-england)

### South Central

##### A bicycle made for two inspired by a dog called Fable

South Central ERN chair, Mandy Pike, took on an epic challenge earlier this month cycling 85 miles across Hampshire on a tandem bike, along with her friend Denise, to raise money for Guide Dogs. Mandy explains why this charity is so important to her: 'I have been visually impaired since birth due to a condition called albinism. I have always believed that we have to make the best of our situation and I did just that for 42 years. I didn't realise life could be any different until I was matched with my first guide dog, Fable, last July. She is the most amazing guide dog, and life companion. It's only now that I realise how limited my life has been!'

If you wish to support Mandy visit the Just Giving page at:

[www.justgiving.com/fundraising/ITakesTwoTandemRideforGuideDogs](http://www.justgiving.com/fundraising/ITakesTwoTandemRideforGuideDogs)

#### Upcoming events

##### South Central are delighted to welcome

Professor Karen Middleton, Professor Karen Barker and Laura Penhaul, pacific non-stop rower and Paralympic PT, to an inspirational event for South Central members on Tuesday 22 November. Look out for further details online at: [www.csp.org.uk/nations-regions/south-central](http://www.csp.org.uk/nations-regions/south-central)

### South East Coast

##### SECRN member receives award from Kent, Surrey and Sussex clinical research network

Matthew Carr (below), MSK clinical quality manager at Horder Healthcare, an independent provider of NHS physiotherapy and orthopaedic services, recently won an award for his role in securing and carrying out a research project.



The research is a University of Edinburgh TRIO study into targeted rehab for improving patient outcomes following total knee replacements. In the full article online Matthew gives tips on how to progress your research ambitions at: [www.csp.org.uk/nations-regions/south-east-coast](http://www.csp.org.uk/nations-regions/south-east-coast)

#### Upcoming events

##### 'Where could your career take you..?'

This is your opportunity to meet with like-minded physiotherapists across the south east coast region and find out about exceptional and innovative physiotherapy services used locally to enhance patient experience... AND your chance to win up to £250 towards your own CPD by putting in a poster presentation.

**Date:** Thursday 15 September

**Time:** 9.30am-4pm

**Place:** Worthing Health Education Centre, Park Avenue, Worthing

**Cost:** Free of charge for CSP members.

Places are limited so please book now to avoid disappointment. Book online at: [www.csp.org.uk/nations-regions/south-east-coast](http://www.csp.org.uk/nations-regions/south-east-coast) >

**London****London June regional forum event**

The London regional network forum was held on 20 June at the CSP HQ in London. The event, which was free to attend and open for all, started with a presentation by Andy Lord, Physiotherapy Works project manager on the cost calculator and also featured a talk from Claire Sullivan, CSP director of employee relations and union services, on leadership and on engagement and how they impact influencing opportunities.

**Upcoming events****London regional forum event**

**Date:** Monday 19 September

**Time:** 4pm to 7pm

**Place:** TBC

**Cost:** Free of charge for CSP members

**Associate CPD event focusing on opportunities for associates and technicians**

**Date:** Monday 26 September

**Time:** 9:30am-4pm

**Place:** CSP, 14 Bedford Row, London WC1R 4ED

**Cost:** Free of charge for CSP members, £10 for non-members

**London regional forum event**

**Date:** Monday 12 December

**Time:** 4pm-7pm

**Place:** TBC

**Cost:** Free of charge for CSP members

To read a full review of the event and keep up to date with your region visit: [www.csp.org.uk/nations-regions/london](http://www.csp.org.uk/nations-regions/london)

**South West**

SW ERN members, stewards and health and safety reps gathered together in Exeter last month to share views and benefit from a series of CSP workshops, including one on health and social care integration. This was a great opportunity for members to hear from the CSP information on the national approach to integration and for Steve Tolan, head of practice, and Rachel Newton, head of policy, at the CSP to find out from members locally how it is being put into practice. Rachel said: 'The members input was really useful in developing our understanding of integration in practice and we are keen to hear more about their experiences of integration – both positive and negative. This will be used

specifically to develop evidence to submit to a parliamentary select committee inquiry into social care this August (email: [newtonr@csp.org.uk](mailto:newtonr@csp.org.uk)). As the SW has the most experience of integration, we are planning to survey SW members about their experiences'.

**Upcoming events****South West regional network event – a great opportunity for networking plus drinks and nibbles!**

**Date:** Wednesday 14 September

**Time:** 4pm-7:30pm

**Place:** Truro – venue TBC

**Cost:** Free of charge for CSP members

For latest updates and news from the South West visit: [www.csp.org.uk/nations-regions/south-west](http://www.csp.org.uk/nations-regions/south-west)

**North East****North East June regional forum event**

The North East regional forum event was held on Tuesday 14 June at the Riverside Cricket Ground, Chester-le-Street. The event, which was free to attend and open for all, was themed around 'Sharing Best Practice'.

Following a networking lunch the North East regional network chair, Rob Goddard, carried out a Cost Calculator demonstration. The event featured presentations on local best practice. Topics included draft LBP Guidelines, talipes and post ICU rehab.

**Upcoming events****North East regional forum event – themed on leadership and influencing featuring case study based clinical workshops**

**Date:** Monday 12 September

**Time:** 9am-4pm

**Place:** Novotel, Newcastle

**Cost:** Free of charge for CSP members

**North East regional forum event**

**Date:** Tuesday 6 December

**Time:** TBC

**Place:** TBC

**Cost:** TBC

To read a full review of the event and keep up to date with your region visit: <http://www.csp.org.uk/nations-regions/north-east>

**Yorkshire and Humber****Yorkshire and Humber June regional forum event**

The Yorkshire and Humber regional forum

event was held on 14 June at the Source Skills Academy, Sheffield.

The event was themed on occupational health and included a presentation and workshops on occupational health from Heather Watson of Health and Work Matters.



The presentation focused on why work matters in healthcare and how physiotherapists can better support people to stay in work. For more information on Heather Watson visit: [www.healthworkmatters.com](http://www.healthworkmatters.com) and follow Helen on Twitter: @HWMatters

**Upcoming events****Yorkshire and Humber regional network – CPD event themed on dementia and mental health**

**Date:** Tuesday 27 September

**Time:** 3pm-7pm

**Place:** The Source Skills Academy, 300 Meadowhall Way, Sheffield S9 1EA

**Cost:** TBC

**Yorkshire and Humber regional network – CPD event themed on women's health**

**Date:** Monday 7 November

**Time:** Evening TBC

**Place:** TBC

**Cost:** TBC

**Yorkshire and Humber regional network – CPD event featuring Professor Mick Thacker**

**Date:** Friday 27 January 2017

**Time:** Morning TBC

**Place:** Medical Education Centre (MEC) Lecture Theatre, Hull Royal Infirmary

**Cost:** TBC

**Yorkshire and Humber regional network – CPD event themed on MSK physiotherapy**

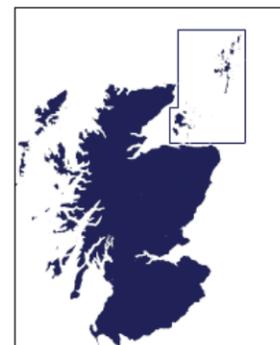
**Date:** Saturday 5 March 2017

**Time:** TBC

**Place:** Leeds Beckett University (City Campus)

**Cost:** TBC

To read a full review of the event and keep up to date with your region visit: [www.csp.org.uk/nations-regions/yorkshire-humber](http://www.csp.org.uk/nations-regions/yorkshire-humber)

**CSP board news****Scotland**

Scottish board met in Dundee on 17 June and welcomed Stuart de Boos, CSP director of finance, and several new members to our meeting. The day comprised of a mixture of discussions, workshops and feedback sessions with the aim of maximising member engagement. If you have any queries or ideas

regarding the items outlined below please do not hesitate to get in touch – all our contact details can be found on the Scottish board section of the Scotland pages of CSP website: <http://www.csp.org.uk/nations-regions/scotland/csp-scottish-board>

**NHS Scotland Event Glasgow 14-15 June**

CSP staff and members at this event took the opportunity to engage with members of the Scottish Government Health Directorate networks and those shaping health and social care in Scotland. Informal contacts with key stakeholders will now be followed up with written submissions to maximise our opportunities to influence. Board discussed the limited number of physiotherapy posters at the event and are considering how they can better support the membership in Scotland to showcase innovative work.

**Meeting with Chief Medical Officer for Scotland**

The CSP met with Dr Catherine Calderwood, chief medical officer for Scotland, to discuss the

contribution of physiotherapy to the progress of the National Clinical Strategy for Scotland. Karen Middleton, CSP chief executive, Janice McNee, CSP Scottish board secretary and AHPFS representative, and Sara Conroy, CSP professional adviser for Scotland; held a positive and constructive meeting the Dr Calderwood and Tracy MacInnes, chief health professions officer, in which the potential for physiotherapists to take on new roles, ease pressure and reduce hospital admissions was welcomed. This meeting secured another direct communication route with the Scottish Government and will be followed up with written clinical examples of where physiotherapy has had direct positive impacts on services across Scotland.

**Health and Social Care Integration**

Members received an update from Claire Ronald, CSP senior negotiating officer for Scotland, on Health and Social Care Integration work and of the problem-solving and action planning completed by Scottish stewards at their May training. >

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Workout at Work was highlighted as a key opportunity to educate local councils on the role of physiotherapy in the workplace and to establish links for further communications. See: <http://www.csp.org.uk/news-events/events/workoutwork-2016> The board members will contribute to CSP Scotland's ongoing mapping of both the new structures and where we have a strategic voice in the Integrated Joint Boards.

#### Scottish board student award

Following disappointing nomination numbers in the past two years for this annual award, board has agreed to award a prize for the best poster at the Scottish Physiotherapy Student Conference in October. Board has secured a slot at the conference to present on the role and work of CSP Scottish Board. Further information on the award and how to apply will be shared with all student members in Scotland in the near future.

#### CSP governance review

Alex MacKenzie, CSP vice-president, updated board on the governance review and facilitated a workshop session on hopes/fears /what should the CSP committee structure look like in the future. All board members were encouraged to discuss on their workplaces and to directly

engage with the review by looking at the information on the CSP website: <http://www.csp.org.uk/documents/csp-governance-review-frequently-asked-questions>

You can also get in touch with the governance SLWG directly using: [governancereview.csp.org.uk](mailto:governancereview.csp.org.uk)

#### Scottish conference 2017

A conference working group is developing the programme for our 2017 conference with current working themes of inspiring, innovating, having impact. Karen Middleton is to attend as our keynote speaker. The day will have a mixture of podium presentations and poster displays. More details will be shared with members as early as possible. If you are undertaking a piece of project work, service evaluation or audit this year this conference may be a great opportunity to showcase your work.

#### Board communications

The board's communications working group undertook a stop/start/continue analysis with the board membership to review our communication and engagement. The results and developments were shared with the

board and next steps outlined with the aim to improving our communication both within the board and with you as the membership in Scotland.

*Katie Wilkie, chair*

*Scottish board representative to CSP council*

#### CSP Scottish board chair's report – March 2016

Scottish board had another successful year in 2015 with active engagement and participation from all members with some lively and lengthy discussions and debates. Attendance has been excellent which has ensured almost all regions and areas of practice are represented either by a member or alternate. We continue as a board to make every effort to extend our networks and increase CSP member engagement. The focus of the December meeting was a workshop on communication and engagement planning led by Rob Yeldham, director of policy, strategy and engagement at the CSP, where both members and alternates were invited to attend. This further supports the work which Brian Macmillan and Pete Glover have been doing around effectiveness of Scottish board and the communication strategy.

Board meetings were well attended and

supported by CSP staff throughout the year. While welcoming new faces and members board said farewell to Margaret Revie, CSP vice-president and long-time member of the board and Ishbel Baird the Lothian representative.

At the start of the year two very successful physio works events were held, one in Aberdeen, the other in Glasgow with attendance exceeding expectations in both venues, 144 and 150 respectively. Many of the board members attended as facilitators.

In the summer the CSP created a part-time position for a professional advisor based in Scotland on an 18-month trial. This is a great opportunity for the profession in Scotland and something the board have been supporting and trying to promote for a number of years. We were delighted with the appointment of Sara Conroy who took up post in October, on 2.5 days per week for a period of 18 months. The main aims of the role are to provide advice to CSP members in Scotland on a range of professional matters relating to physiotherapy practice, to support a sustainable network of specialists who can be accessed to provide Scottish specific advice and to support Scottish members with the translation of policy and evidence into practice. This will help the board tremendously in progressing many of the priorities.

In December Scottish board held a Parliament reception event, at the Scottish Parliament, which was sponsored by Denis Robertson MSP. It gave us the ideal opportunity to showcase and provide the evidence that 'Physiotherapy Works' in Scotland.

The strategy group continue to meet between board meetings to review and set the agenda for the next meeting and to discuss any issues which require responses as well as forward planning. We also discussed board priorities pulling together any discussions and ideas from board reps and thanks to Janice and Marie for producing the final document. All objectives from the previous year were met.

We continue to be well advised by our CSP Scotland officers to include Kenryck, Patricia, Claire and Marie.

Thanks go to all board members for their contributions and attendance over the year. A continued acknowledgement that board would cease to function without Sarah as treasurer, Janice as secretary and Marie Logan goes without saying through their committed organisational and administrative support. I would also like to acknowledge the huge contribution Katie Wilkie makes as the board representative to council taking every

opportunity to ensure we are well informed and also very professionally communicating any messages from the board.

In conclusion we look forward to another successful year and are fully committed to progressing the 2016 priorities.

*Liz Hancock*

#### Professional networks news



### Professional networks

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

Send an email to [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

#### Association of Chartered Physiotherapists in Neurology (ACPIN) – West Midlands Study day: Train the trainers – Effectively promoting excellence in 24-hour postural management

An interactive day including presentations, discussions and practical workshops relevant to the care of a wide range of neurological conditions. Understand the essential components of postural management to protect body shape and promote good health and wellbeing. Develop skills and knowledge to train others to assist those in their care to remain safely active. Feel confident to deliver this training to groups and individuals.

**Date:** Saturday 17 September

**Speakers:** Karen Hull and Jill Fisher, specialist neurological physiotherapists

**Place:** Inpatient Treatment Area, Queen Elizabeth Hospital, Birmingham

**Cost:** £30 for ACPIN members, £55 for non-members. Includes a USB stick of training resources

**Contact:** Email: [nicola.condon@uhb.nhs.uk](mailto:nicola.condon@uhb.nhs.uk)

#### Association of Chartered Physiotherapists in Neurology (ACPIN) – Kent

##### Kent ACPIN's first national stroke conference

Kent ACPIN are excited to host a varied programme of speakers for all the MDT. The conference content blends a wide range of physiology and evidence-based research from speakers including: Dr Fiona Jones, Jonathon Marsden and Lousie O'Connell. The conference will consist of six lectures with question and answer sections. Lunch and refreshments are also provided. Ashford, Kent is easily accessible from London St Pancras. Book now to avoid disappointment!

**Date:** Saturday 1 October, 9am-5pm

**Place:** Eastwell Manor, Ashford Kent

**Cost:** £95 including lunch and refreshments

**Contact:** Email: [kent@acpin.net](mailto:kent@acpin.net) for more information or for details on how to book your place. Alternatively find us on Eventbrite.

#### Physio First

*September 2016 central education programme*

Bookings now open – secure your place early to avoid disappointment!

#### Sports specific rehabilitation

Giving private practitioners an insight into rehabilitation techniques employed in professional sport. With Sid Ahamed.

**Date:** Saturday 10 September

**Place:** Sibford School, Banbury, Oxfordshire OX15 5QL

#### MSK occupational health acupuncture

Enabling physiotherapists to expand practical skills in musculoskeletal pain and dysfunction of the neck, shoulder, limb and lower back. With Jon Hobbs.

**Date:** Tuesday 13 September

**Place:** West Yorkshire Physiotherapy Centre, Bradford BD12 9PA

#### The five phases of knee rehabilitation

The latest techniques in ACL and knee rehabilitation, progressing patients through the Five Phases of Rehabilitation; pain management, early motion and movement retraining. With Mike Antoniadis.

**Date:** Saturday 17 September

**Place:** Park Physiotherapy, Norfolk NR20 3JE

#### The young athlete from screening to rehabilitation

Peter Gallagher, international swimmer and dancer introduces how dancers view the dynamic core and the importance of fluid control of the body. With Sid Ahamed.

**Date:** Saturday 24 September

**Place:** Victoria Leisure Centre, Nottingham NG1 1DB >

## Research

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- Access help from experts - Networking and support
- Research policy and priorities
- Careers and training
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**Contact:** Book now at: [www.physiofirst.org.uk](http://www.physiofirst.org.uk) to receive a £10 discount, or contact our events team on tel: 01604 684968, email: [education@physiofirst.org.uk](mailto:education@physiofirst.org.uk)  
Visit: [www.physiofirst.org.uk](http://www.physiofirst.org.uk) for course details and further courses in 2016.

**Association of Chartered Physiotherapists in Neurology (ACPIN) – London and Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR) jointly present**

**Dizziness in neurological patients**

**Date:** Saturday 24 September

**Programme:** 9am-9.30am Registration

- 9.30am-10.45am Anatomy and physiology of the central and peripheral vestibular systems showing scans and videos, Professor Jon Marsden
- 10.45am-11.15am Break (refreshments provided)
- 11.15am-12.30pm Vestibular assessment with a demonstration and differential diagnosis, Dr Diego Kaski
- 12.30pm-1.15pm Lunch (provided)
- 1.15pm-2.45pm Vestibular treatment, from the basics to progressions, factoring in the postural control model, Amanda Male
- 2.45pm-3.15pm Break (refreshments provided)
- 3.15pm-4pm Case studies: MS pt with central vestibular involvement, Hilary Myall. CVA with peripheral vestibular involvement, David Herdman. SCI with BPPV, Lisa Burrows
- 4pm-4.15pm Q&A
- 4.15pm Finish

**Place:** Basement Lecture Theatre, The Clinical Neuroscience Centre, 33 Queen Square, London WC1N 3BG

**Cost:** £50 ACPIN/ACPIVR members, £75 non-members

**Contact:** Registration will be via Eventbrite at: <https://www.eventbrite.co.uk/e/dizziness-in-neurological-patients-tickets-25240410748>

**Association of Chartered Physiotherapists for People with Learning Disabilities (ACPPLD)**

**The 2016 annual learning event**

The 2016 Annual Learning event (ALE) is being held on the 26 and 27 September at the Hilton Hotel in York. If you have not already secured your place then there is still time as the closing date has been extended to Friday 12 August. Full details of the programme and an application form are available on the ACPPLD website.

**Acupuncture Association of Chartered Physiotherapists (AACP)**

Upcoming CPD courses

**Two-day acupuncture refresher**

**Date:** 3-4 September

**Place:** Manchester

**Fascia and anatomy CPD**

**Date:** 20 September

**Place:** Peterborough

**Upper limb refresher**

**Date:** 24 September

**Place:** Crystal Palace

**AACP Basic acupuncture foundation courses**

Expand your skillset and increase patient choice by training in acupuncture with the AACP. Our foundation courses have been designed to offer you a level of knowledge, skill and understanding that will allow you to practise acupuncture in a safe and appropriate manner, in a clinical setting.

**Dates:** 10, 11, 17 and 18 September and 5, 6 November

**Place:** Maidstone

**Dates:** 10, 11, 17 and 18 September and 5, 6 November

**Place:** Inverness

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

**To book:** Visit [www.aacp.org.uk](http://www.aacp.org.uk) > Find a Training Course > Foundation Courses or CPD Courses

Tel: 01733 390007 #3 Email: [@aacp.org.uk](mailto:@aacp.org.uk)

**AACP grants**

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

**Association of Chartered Physiotherapists in Sports and Exercise Medicine (ACPSEM)**

**Membership**

For just £55 per annum full members enjoy the benefits of a strong network of sports physios, three sports journals online, a structured CPD pathway supported by a suite of evidence-based training courses in taping, soft tissue and rehabilitation, and discounts with more than 20 companies. Student membership £21.

**Soft tissue techniques, part 1**

**Date:** 30-31 July

**Place:** The London Royal Hospital

**Cost:** Fees from £200

**Clinical reasoning exercise and performance rehabilitation**

**Dates:** P1 24-25 September

P2 15-16 October

**Place:** Holme Pierrepont, Nottingham

**Cost:** Fees from £200/weekend

**Autumn study day, 'Technology in sport and rehabilitation'**

**Date:** 5 November

**Place:** University of Cardiff

**Cost:** Early bird rates apply / fees from £80

**Contact:** See: [www.physiosinsport.org/courses.html](http://www.physiosinsport.org/courses.html)

**Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)**

**Physiotherapy assessment and management of female urinary dysfunction (CSP-endorsed)**

**Date:** 9-11 September

**Place:** Wansbeck, Northumberland

**Cost:** £350 POGP member/affiliate, £420 non-member

**Understanding pelvic organ prolapse – assessment and conservative management**

**Date:** 17 September

**Place:** Penrith, Cumbria

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

**Physiotherapy assessment and management of pregnancy-related lumbo-pelvic conditions**

**Date:** 21-23 October

**Place:** Worthing, Sussex

**Cost:** £275 POGP member/affiliate, £345 non-member

**Physiotherapy assessment and management of pregnancy related musculoskeletal conditions – advanced study day**

**Date:** 12 November

**Place:** Stockport, Greater Manchester

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

**Physiotherapy assessment and management of lower bowel dysfunction – a practical skills-based workshop**

**Date:** 27-29 January 2017

**Place:** Chertsey, Surrey

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

**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>  
Contact our course administrator at: [pogpcourses@yahoo.com](mailto:pogpcourses@yahoo.com)  
Follow us on Twitter: @ThePOGP  
Check out: [pogp.csp.org.uk](http://pogp.csp.org.uk) for information on bursaries and funding opportunities

**Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE)**

ACPOHE is the CSP professional network for physiotherapists working in occupational health and ergonomics. Registered members of ACPOHE are physiotherapists who have demonstrated specialist competency in the fields of occupational health or ergonomics.

**ACPOHE Study day**

**Date:** 18 November

**Place:** Manchester

**Cost:** £75 (member), £100 (non-member)

**Introduction to occupational health**

**Date:** 21/22/23 September

**Place:** Edinburgh

**Cost:** £455 (member), £515 (non-member)

**Changing health behaviours: Using a cognitive behavioural approach to achieve better outcomes**

**Date:** 27-28 September

**Place:** Co Down

**Cost:** 300 (member), £360 (non-member)

**Upper limb disorders in the workplace – Risk**

**assessment and management**

**Date:** 1 October

**Place:** Guildford

**Cost:** £140 (member), £200 (non-member)

**Introduction to applied ergonomics**

**Date:** 14-15 October

**Place:** Slough

**Cost:** 300 (members), £360 (non-members)

**Occupational rehabilitation and work hardening**

**Date:** 15-16 October

**Place:** Edinburgh

**Cost:** £280 ACPOHE members only

**Assessing fitness for work and function**

**Date:** 11-12 November

**Place:** Glasgow

**Cost:** £350 ACPOHE members only

**ACPOHE courses hosted by Central Health:**

**Office ergonomics (DSE) level 1**

**Date:** 17/18 September

**Place:** Central Health Network, Spondon, Derby

**Contact:** Jane Fearn on tel: 01332 281411, email: [jane.fearn@centralhealth.org.uk](mailto:jane.fearn@centralhealth.org.uk)

**Contact ACPOHE:** Tracy Long, ACPOHE

administrator, tel: 01284 748202, email: [acpohe@buryphysio.co.uk](mailto:acpohe@buryphysio.co.uk)  
<http://www.acpohe.org.uk/events>

**Musculoskeletal Association of Chartered Physiotherapists (MACP)**

**Athletic screening and programme design, reducing injury risk and aiding performance**

**Date:** 25 September

**Place:** Nuffield Vale Hospital, Vale of Glamorgan

**Cost:** £110 per member, £120 non-members

**Contact:** For more information or to book please go to [www.macpweb.org](http://www.macpweb.org)

**Spinal masqueraders study day**

Spinal masqueraders course is a highly interactive case study based day designed to help with the awareness, clinical reasoning and management of the five most common spinal masqueraders seen in physiotherapy practice.

**Date:** 3 September 9am-4.30pm (registration 8.45pm)

**Place:** Nuffield Health, Academy Rooms, Epsom Gateway, Ashley Avenue, >

# Why pay full fees if you don't need to?

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Epsom KT18 5AL  
**Cost:** £110 MACP members, £120 non-members  
**Contact:** www.macpweb.org or Terry Smith at: admin@macpweb.org  
**Spinal masqueraders expanded**  
 'Spinal masqueraders: expanded' covers new issues not covered on the original study day and is designed to enhance awareness and clinical reasoning in the management of non-musculoskeletal causes of back and radiating leg pain. Attendance on the original masqueraders study day is not a prerequisite to this course, however, knowledge and skills gained from the first course will be further enhanced.  
**Date:** 4 September 9am-4.30pm (registration 8.45pm)  
**Place:** Nuffield Health, Academy Rooms, Epsom Gateway, Ashley Avenue, Epsom KT18 5AL  
**Cost:** £110 MACP members, £120 non-members

**Contact:** www.macpweb.org or Terry Smith at: admin@macpweb.org  
**An interactive three-day course aimed at senior physiotherapists and new ESPs**  
 An interactive three-day course aimed at senior physiotherapists and new ESPs with limited radiology background, wanting to learn more about requesting and basic interpretation of musculoskeletal imaging in practice. Day 1: Lumbar spine, Day 2: Shoulder. Day 3: Knee. You can choose to do one, two or three days.  
**Date:** 7, 8 and 9 October  
**Place:** Nuffield Health, Epsom  
**Cost:** One day: £110 MACP members; £120 non-members  
 Two days: £220 MACP members; £240 non-members  
 Three days discounted: £300 MACP members; £330 non-members  
**Contact:** For more information or to book please go to: www.macpweb.org

**British Association of Hand Therapists (BAHT)**  
 For the most up to date information on BAHT accredited courses see: www.hand-therapy.co.uk and follow @BAHTEducation  
**Level I courses**  
**Place:** Dublin (Hand Dynamics)  
**Date:** 16-18 February 2017  
**Place:** London (NES)  
**Date:** 10-12 May 2017  
**Place:** Derby  
**Date:** 11-13 October 2017  
**Level II courses**  
**Hand therapy in practice – MSc module**  
**Place:** University of Derby  
**Date:** 31 May-19 August (attendance 11-15 July 2016)  
**Contact:** Email: a.c.underhill@derby.ac.uk  
**The PIP joint**  
**Place:** St George's Hospital, London  
**Date:** 7-9 September  
**Contact:** Web: www.neshands.co.uk  
**Splinting**  
**Place:** Dublin (Hand Dynamics)

**Date:** 22-24 September  
**Contact:** Email: handdynamics@eircom.net  
**Radiographic imaging of the hand**  
**Date:** 19-21 October  
**Contact:** Email: melanie.arundell@nhs.net or tel: 01332 786964  
**The wrist**  
**Place:** London (NW11)  
**Date:** 7-9 December  
**Contact:** Web: www.neshands.co.uk  
**Level III courses**  
**Contemporary practices in injection therapy – MSc module**  
**Place:** University of Nottingham  
**Date:** Eight days attendance between 17 October and 13 December

**Chartered Physiotherapists Working With Older People (AGILE)**  
**AGILE Regional study days 2016: Exercise and fitness for clinical and specialist populations: Evidenced based exercise programmes in practice**  
**Date:** 24 September  
**Place:** Sherwood Hall, Nottingham City Hospital, Nottingham  
**Contact:** Bhanu Ramaswamy at: physiotherapy.thirdage@gmail.com  
**Date:** 29 October  
**Place:** Whitefield Day Hospital, Queen Margaret Hospital, Dunfermline KY12 0SU  
**Contact:** Janet Thomas at: janetthomas@nhs.net  
**Cost:** The cost per delegate is £50 for AGILE members; £65 for non-members  
**Contact:** Full details on particular AGILE course via organiser or on AGILE website at: http://agile.csp.org.uk/network-events

**AGILE learning event 'Managing dementia: the Allied Health Professionals' role'**  
**Date:** Saturday and Sunday 8-9 October  
**Place:** Great North Museum: Hancock, Barras Bridge, Newcastle upon Tyne NE2 4PT  
 This AGILE learning event will focus on the role of allied health professionals across the full biopsychosocial scope of managing dementia and the AHP role in providing personalised dementia care. Delegates will have the opportunity to explore the most up to date policy, research and practice insights related to caring for someone with dementia and a chance to reframe how AHPs deliver dementia care to ensure the person with dementia is at the centre of all care and support planning.  
**Keynote speaker:** Professor Lynn Rochester, speaking on 'Gait, cognition and falls – a clinical challenge.'

Other presentations include: neurobiology of dementia, gait and cognition, Parkinson's dementia, hip fracture recovery, pain management, personalisation, end of life care, and the role of the carer. Workshops will be held on multidisciplinary team approaches and psychotherapy and dance.  
**Contact:** To book and to see the full programme, go to: http://www.andrewsimscentre.nhs.uk/events/607/ managing-dementia-the-allied-health-professionals-role/

**British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR)**

**BACPAR 2016 Conference and AGM 'Supporting the challenging patient'**  
 The 2016 BACPAR Conference and AGM will be held in Liverpool on 10 November. The content of the 'Supporting the challenging patient' theme aims to develop the delegate's skills and knowledge for the management of the individual that has undergone amputation and presents with additional problems.  
**Place:** BT Convention Centre, ACC Kings Dock, Liverpool Waterfront, Liverpool Merseyside L3 4FP  
**Contact:** If you have any questions please email: bacparpro@gmail.com

**Chartered Physiotherapists Working With an Extended Scope of Practice (ESP)**  
**ESPPN Lower limb study day – Managing complex lower limb conditions in ESP practice**  
**Date:** Friday 30 September  
**Place:** The Hilton Hotel, Manchester Airport Outwood Lane, Manchester M90 4WP  
 Book online at: www.esp-physio.co.uk/courses/20  
**Cost:** Early bird offer: £80 members only (until end of August, then £95), £120 non-members

**Radiology workshops**  
 Workshop sessions are filling up! Delegates will attend two sessions only:  
 Session 1. 11.30am-12.10pm  
 Session 2. 12.15pm-12.55pm  
 Can you please confirm your choices in order of preference ie 2,3,1,4 (see below). As places fill up we will have to allocate you accordingly to balance sessions. The earlier you book and confirm the better chance of securing your preferred choices!  
 1 – Systematic approach to image viewing, Gulraiz Ahmed  
 2 – Understanding MRI of the Knee, professor Waqar Bhatti

3 – Ankle ultrasound, Dr Reda Braham  
 4 – Radiology of the hip, Dr Pascal Demaine.  
 Please confirm your choices to: esp-physio@outlook.com  
 (If you do not confirm, we will allocate you to sessions of our choice)  
**Present a case study**  
 If you would like to submit a case study to present on the day, please complete a case submission form. The deadline for submitting is Friday 29 July. We will then inform you within two weeks whether you have been selected. Case study presentations will be for a maximum of five minutes and you may use a maximum of five powerpoint slides. These will be required approximately two weeks prior to the event. All responses to: research@esp-physio.co.uk  
**Contact:** Any questions please contact: esp-physio@outlook.com  
 If you are interested in joining our group for only £25 go to: www.esp-physio.co.uk

**Association of Paediatric Chartered Physiotherapists (APCP)**

**Wales region CPD session – Pilates for children**  
**Date:** Saturday, 5 November  
**Place:** Glan-Irfon Health and Social Centre, Builth Wells LD2 3DG  
**Cost:** £20 APCP members / £25 non-members  
 Practical workshop facilitated by Helena Webb looking at how to plan and structure children's Pilates sessions including how to adapt exercises for different age groups  
**Contact:** Further information or to book your place: http://apcp.csp.org.uk/courses-events

**Chartered Physiotherapists in Massage and Soft Tissue Therapy (CPMaSTT)**

**Fundamentals and clinical application of massage and soft tissue therapy**  
**Date:** Saturday 6 and Sunday 7 August  
**Place:** Wigan  
**Cost:** £220. Student or unemployed members £160  
**Tutor:** Bob Bramah  
**Outline:** This CSP approved course is open to physiotherapists, assistants and students who wish to:  
 • revise and develop expertise in massage and soft tissue therapy  
 • build on the fundamentals of massage, current research, clinical effectiveness and evidence-based practice  
 • learn adaptations for specific effect including release of myofascia and trigger points  
 • develop expertise in manual therapy.  
 Participants have the opportunity to learn >



**97<sup>th</sup> Annual General Meeting**

**CHARTERED SOCIETY OF PHYSIOTHERAPY**

**The 97th Annual General Meeting of the Chartered Society of Physiotherapy will be held on Saturday 12 November 2016 at 12.45pm at the BT Convention Centre in Liverpool.**

Any Member, Fellow, Associate or Student member wishing to submit a motion for consideration at the AGM must inform the Chief Executive by 12 August 2016 via the contact details below.

Votes at an Annual General Meeting may be given personally or by proxy. A proxy form can be downloaded from the CSP website: [www.csp.org.uk/agm](http://www.csp.org.uk/agm) Proxy forms must be completed, signed and returned to the Chief Executive's office 14 Bedford Row, London WC1R 4ED to arrive no later than 12 noon on Monday 7 November 2016. Scanned copies can be emailed to: [hamptonj@csp.org.uk](mailto:hamptonj@csp.org.uk)

practical skills from specialist physiotherapist with emphasis on care of the patient; self care of the physiotherapist and palpation skills applied in realistic conditions.

**Contact:** To book contact Bob Bramah email: cpmasttcourse@googlemail.com or call tel: 07968 307717

#### Medico-legal Association of Chartered Physiotherapists (MLACP)

##### MLACP Introduction to Medico Legal Work

This course will be of interest to any physiotherapist who wishes to be involved in medico-legal work. This introductory day will involve legal systems, civil and criminal, difference between Causation and Liability and Quantum, Part 35 of C.P.R. and legal aspects of physiotherapy report writing such as 'The role of an expert in the context of access to justice' and 'Being a medico-legal expert'. There will also be specific lectures on how to write a catastrophic injury quantum report and musculoskeletal quantum and causation and liability reports

**Date:** Monday 3 October

**Place:** Withy King Solicitors, Robert Adam Room, Chandos House, 2 Queen Anne Street, London W1G 9LQ

**Course leader:** Lorna Stybelska

**Speakers:** Stuart Brazington, partner, Withy King LLP; Tracy Norris Evans, partner, Withy King LLP; Sarah Daniel, physiotherapist; Rob Swire, physiotherapist; Cathy Kwan, physiotherapist

**Cost:** £60 members, £95 non-members (max 50 delegates)

**Contact:** For programme details and an application form please go to: <http://www.mlacp.org.uk>

#### Other groups

#### The James Lind Alliance (JLA) Scoliosis Priority Setting Partnership (PSP)

The JLA brings together patients, carers and health and social care professionals in Priority Setting Partnerships (PSPs) to agree what research matters most in given healthcare areas. This Priority Setting Partnership will identify important uncertainties in the diagnosis and management of scoliosis in people of all ages.

The PSP is led and managed by a steering group of people with personal and professional experience of scoliosis including patients, carers and clinicians, and is chaired by the JLA.

The aims and objectives of the Scoliosis PSP are to:

- work with patients, carers and clinicians to identify uncertainties about the diagnosis and management of scoliosis;
- agree by consensus a prioritised list of those uncertainties, for research;
- publicise the results of the PSP and process;
- take the results to research commissioning bodies to be considered for funding.

In order to achieve these aims, organisations and individuals will be invited to take part, representing the following groups: people who have scoliosis, carers of people who have scoliosis, medical doctors, nurses and professionals allied to medicine with clinical experience of scoliosis.

Methods and timing: An online survey will be used to gather questions from people with scoliosis, their carers and healthcare professionals. The responses will then be analysed and checked against existing evidence. Once a long list of verified unanswered questions has been identified, a process of prioritisation will begin. The end result will be a top 10 list of questions that people with scoliosis, their carers and healthcare professionals want researchers to address.

How you can help: We wish to reach a wide and diverse range of people: patients, carers and guardians, clinicians and healthcare professionals, and we will provide you with information and materials to help us to do that.

For details of the online survey please contact email: [sandra.regan@ouh.nhs.uk](mailto:sandra.regan@ouh.nhs.uk)

#### Info exchange

#### Army School of Massage/Physiotherapy 1905-1977

##### Can you help?



I am researching into the history of the Army School of Physiotherapy with the help of former students. Most of them trained

between 1955 and 1977. At 89 Peter Fitchett was the oldest ex-army physiotherapist I had made contact with, but sadly he passed away recently. He commenced physiotherapy training in 1948 at the Royal Victoria Hospital (RVH) Netley.

There are two noticeable gaps in my research so far: 1920-1926 and 1940-1954. If through any research you have undertaken, you trained at the Army School Netley or Woolwich (civilian or service) or you have worked as a civilian at a military hospital and can provide me with any further information I would be grateful if you could contact me.

**Contact details:** Email: [l.asplin@btinternet.com](mailto:l.asplin@btinternet.com) or write to: Ty Newydd Coed Bach, Defynnog Road, Sennybridge, Powys LD3 8RT.

Len Asplin

MSc BA Grad Dip Phys MCSP Cert Ed

#### Charity news / events

#### Cycling to Amsterdam for prostate cancer UK

The Football Medical Association organised a team to cycle 145 miles to Amsterdam, raising just under £20,000 for Prostate Cancer UK. Former West Ham FC and Portsmouth FC team physio Anthony Colman, who now works in private practice, took part and tells *Frontline* of his experience.

Cycling to Amsterdam for prostate cancer UK, ended up being a privilege to complete and experience the unique camaraderie of the 350 cyclists and support staff. It appeared that almost everyone had a story to tell and some of them were truly heart-breaking. On day one 87 miles we started from the London Velodrome to Harwich for the ferry to the Hook of Holland. After a six mile detour up a big hill after the lunch stop, it suddenly became clear we had gone the wrong way and 70 or so cyclists looked like lost sheep for 10 minutes or so until a rider with some local knowledge got us back on track. It was a windy cold day 11 degrees and just when I thought I had broken the back of it at 62 miles – puncture! I was cycling with some of the guys from Liverpool FC. Woody (legend on a pink, yes pink, racing bike!) stopped and assisted with a very quick tube change, we were back on the road in seven minutes. He then proceeded to drag me up a massive hill to re-join his team

mates, I can't explain in words, but my heart rate monitor had maxed out! On arriving at Harwich I insisted we all get straight in the sea for at least 15 minutes to help our legs for the next day. It was one of the funniest sights I seen in a while, one of the lads had done only one training session for the ride. He shall remain nameless, but we know who you are! He described his thighs as literally being on fire.

He basically crawled out on hands and knees and we are talking big stones, rocks no sand.

The ferry was our chance to rest and get some much needed sleep. My roommate was Nick who works for the football league who help set up this event four years ago with Ipswich Town FC and prostate cancer UK.

Day 2 Holland – We get under way cycling along beside the dunes unbelievably I manage to take not one but two wrong turns which adds another five miles on. I really should not blindly follow the cyclists in front of me, lesson here look yourself idiot!

By 12.30 the temperature has ramped up to almost 31 degrees and I knew the next couple of hours to the finish would be difficult in the heat. I got to the next check in where the lads had already refuelled and was ready to go again. I asked them to wait five minutes so I could finish with them as we done almost the whole ride together. I got some salt tablets and fluids down me had some food and departed straight away with them, knowing that my food could well make an unwanted reappearance shortly. The next 30 minutes were not pleasant but they passed and I did not throw up yippee.



We arrived together at the finish at Ajax FC in Amsterdam and it was an incredible feeling to be part this 350 strong team. We shared some photos together had a glass of bubbly to celebrate our achievement and picked up my medal which my six year old son Matthew has duly taken for himself.

All 350 cyclists had dinner in the hotel in the evening and Terry Butcher (England and Ipswich Town FC defender 1990 world cup) gave his after dinner speech highlighting the importance of prostate cancer and his passion for getting involved. A fantastic effort by Terry considering he has had a revision of knee replacement!



Pictured above: Anthony Colman and Terry Butcher at dinner in Amsterdam

My roommate Nick had had a reaction to the pollen coming off the trees etc. He looked like a puffer fish, his face eyes and mouth all swollen up. Although he found it funny, I was quite concerned and we got him sorted out with some medication. Now Nick has previous history last year in Amsterdam, he went to the after cycle party came in at 5.30am and missed the coach to Brussels a very expensive 350 euro taxi was required. He behaved this year got in 3.20am!

To finish I like to thank Steve Smyth the photographer for giving up his time a support to this event. Steve himself was diagnosed with prostate cancer about two and half years ago.

In Steve's own words he says: 'My biggest regret is not getting checked sooner when I was aware of certain symptoms happening to me. I didn't realise they had anything to do with cancer. If I had, my cancer would have been far easier to treat and there would have been a greater chance of a successful treatment'.

I am inspired from taking part in this event and to all the people who divulged their difficult stories and experiences with me you are my inspiration and I thank you so much. I must not forget all the very kind people who sponsored me, your money will help and save lives. I will be on-board next with The Football Medical Association again and hope we can put a much bigger team of cyclists together.

#### CSP Retirement Association



### CSP Retirement Association

News and information from the CSPRA. Upcoming meetings, events and also details of get-togethers in your area.

Contact Sue Russell at: [news4sue@keleus.com](mailto:news4sue@keleus.com)

#### Annual general meeting of the CSPRA 2016

Plans are coming together for our annual general meeting to be held in the autumn. This year, we have decided to hold the event on Monday 7 of November 2016. This is in direct response to those members who wished to come to London for the weekend and stay on for the AGM! A perfect opportunity to shop, see a show or an exhibition and round off the stay with a visit to the AGM.

The event will be held at CSP, 14 Bedford Row and will commence at 10.30am for coffee and aims to end at 3.15pm. A sandwich lunch will be provided along with coffee throughout the day. The cost remains unchanged at £15.

This year we are delighted to have as our keynote speaker Rachel Maskell, MP. Rachel very graciously met with a group of us in March at the Houses of Parliament. She sits as member for York Central and is shadow secretary of state for environment, food and rural affairs. As far as we know, she is the first physio to become an MP and she is a fascinating speaker.

Karen Middleton, CEO of the CSP will give us an up-to-date presentation of Physiotherapy Practice Today and will answer questions. This will be a good opportunity to hear from Karen the challenges facing the profession right now and the strategies to deal with them.

To attend this interesting day, download an application form from iCSP 'Documents' or contact Lyn Ankcorn directly on tel: 0121 475 2612, Mobile: 077980525822 email: [ankcorn@cspr.org](mailto:ankcorn@cspr.org) or [lyn.ankcorn@virginmedia.com](mailto:lyn.ankcorn@virginmedia.com)

or complete, tear-out and send the application form printed in the 6 July issue of *Frontline*. We look forward to meeting you.

#### Glasgow retirement group update

On 3 March we had a very enjoyable meal at Kelvingrove Art Gallery and Museum in Glasgow. Judith Saunders, chair of the CSPRA had, earlier in the year, kindly invited our group to the York event in May. Anne attended this very enjoyable day in York. She was made most welcome and enjoyed the excellent speakers. The venue at the Bar Convent in York was really special. Many thanks to Judith and all who helped to organise this.

At our last meeting on 10 June, nine of us met and shared an Italian meal together, and decided that we would have a visit to the seaside in Largs for our next meeting on 18 August. We have grown from three people in 2015 to a current group of 10!

If you would like to join us in Largs, or be informed of future meetings, please contact Anne at: a\_forrester50@hotmail.com. New members to this very informal group are very welcome.

#### Reunions

#### Cardiff School of Physiotherapy 1973 - 76 set

Ever wonder what everyone is up to now?? It is over 40 years since we were let loose on the world as fledgling physios! We arrange a get-together every year or so for lunch somewhere in Cardiff. This year the lunch is planned for Saturday 10 September – venue TBA. Lots of laughs as we reminisce – guaranteed! We would love to see us all reunited again – so please get in touch.



Here's a shot of the last reunion! Email me, Jan Short, at: dulaspt@hotmail.com or tel: 01686 412471.

#### Guy's Hospital School of Physiotherapy C set 1972-1975



Nine of us got together last year for a 40 year reunion. We had lunch at an Italian restaurant in London then a boat trip up the River Thames, including a quick trip to Guy's (see photo). It was fun to catch up after so long and we are organising another get together this year. We plan to meet on Friday 21 October in London, with lunch then possibly a visit to the Sky Roof Garden. We would love to see more of the old set so if you would like to join us please contact me at: lizdeller@blueyonder.co.uk. We look forward to hearing from you.  
*Liz Deller (nee Meire)*

#### Normanby College, Kings College Hospital 1986-1989

It's 30 years since we first met! I saw Chris and Nina at a conference the other day and we decided it was time for a reunion. The plan is to meet Sunday 2 October in London, the venue will depend on numbers. If you would like to be part of the gathering please contact me Alison Booth (nee Tomlinson) initially via my email: alison.booth@yahoo.co.uk

#### Royal Infirmary of Edinburgh 1966-69

In October this year it will be half a century since we started our training. Is there anyone interested in getting together to celebrate – possibly in Edinburgh in November. Please contact Jenny Currie (nee Dowie) at: jenmcurrie@gmail.com

#### Army School of Physiotherapy (RVH Netley / RHH Woolwich)

Former students who attended the school and army physiotherapists who attended the Joint Services School of Physiotherapy, Halton are invited to a reunion at Blackheath Rugby Football Club on Saturday 30 July. If you would like to attend please contact Len Asplin at: l.asplin@btinternet.com

#### Manchester Royal Infirmary physiotherapy reunion for year 1978-1981

Hello, it's nearly 35 years since we qualified! Is anyone interested in a reunion? Please contact me and we will look to arrange! Alison Colwell email: alihunt21@hotmail.co.uk

#### Middlesex Hospital 31 year reunion 1982-1985

Michelle, Sue and Vanessa are getting together in London on Saturday 20 August at lunchtime. It would be great to meet up with some others from our training days. Please contact Michelle at: mcdowd48@gmail.com (venue to be decided depending on numbers).

#### Nottingham School of Physiotherapy class of 1983-86 – 30 years

We could not let this landmark date pass without celebrating those heady days in Nottingham in the mid-1980s! Are you up for getting together? Come and celebrate with us. We hope to meet for a Saturday in October or November. Will work out location and activities once we know where people are living. All welcome. Please email Ruth ten Hove (nee Dubbey) and Dean Phillips at: dean@timberlandphysio.co.uk

#### Pinderfields 1996-1999 Reunion

It is 20 years since we all first met! We are having a reunion where it all began in Wakefield on Saturday 17 September. Please get in touch even if you can't make it as we are trying to track the whole year down. Contact via Nathan Humphries on email: nathanhumphries@hotmail.com. Hope to see you all there!

#### Royal Jones and Agnes Hunt Orthopaedic Hospital, Oswestry – Set 45 1983-1986

30 year reunion to be held in Edgmond, Newport, Shropshire on Saturday 25 June. Please contact Andrea Williams (nee Raymont) for further details at email: andrea@physiotherapyservices.co.uk. Tel: 07791 678382.

#### Normanby College, Kings College Hospital 1981-1984

This year it is 35 years since we started training! It is also 15 years since our last whole set reunion. Would anybody be interested in meeting up this year – possibly September/October? We are also going to send out letters to the addresses that we have from 15 years ago – obviously many could well be very out

of date so please pass this on if you are in contact with anyone you know who is not working and receiving *Frontline*. Please get in touch if you are interested. Once we have some response and an idea of numbers we can think about location etc. Would be great to hear from you.

Contact Alison Hodgson (nee Pilling), email: alih.sher@hotmail.co.uk or Sara Sandford (nee Croot), email: sara@sandford.me

#### The Queens College Glasgow, 30 year reunion (1983-86)

It has been 30 years since we became physios and we think it would be great to celebrate that in style. The date is planned for 3 September, in Glasgow for drinks and nibbles. Venue to be decided. Please contact us if you can make it and pass on the details to anyone else you are in touch with. Would be great to catch up! Contact via email: queenscollegglasgow86@gmail.com, or via Facebook (event: 30 years since we qualified!!!)

#### Coventry University School of Physiotherapy, class of 1988-1991

As it is 25 years since we qualified we are getting together in Coventry for lunch and an afternoon catching up on Saturday 26 November. Some of us will stay overnight on the Saturday night.

Please spread the word to any physios from our course who you are still in touch with, or can manage to locate.

If you'd like to join us please email me to book a place, as we need to pre-order our meal and pay a £10 deposit. Looking forward to seeing you! Jill Davis (nee Bowerman) email: jilldavis685@yahoo.co.uk

#### Middlesex Hospital School of Physiotherapy – 1966-1969, April set

It is 50 years this year since we began our training. If you are interested in a get-together to celebrate and reminisce please contact Geraldine Mann (nee Oldring) at: geraldine.mann@btinternet.com or on tel: 01225 706148. I look forward to hearing from you.

#### Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976

40 years since we qualified! It seems a good milestone for a reunion. If interested, we could arrange something for autumn. Please contact Debbie Stokes at: debstokes@hotmail.co.uk. How exciting!

#### Sheffield Polytechnic 1978-1981

Some of us had a successful reunion in September 2015 and would like to do it again in 2016 – please save the date – Saturday 10 September. It will be 35 years since we

qualified – please join us before people get harder to find as retirement options begin! We will walk in the morning, in beautiful Derbyshire countryside, and eat at lunch and in the evening. Come and join us for all, or part of the day. Please email Nikki Adams at: n.adams@adamsneurophysio.org.uk (originally Bramson) for more details.

#### The Guy's Hospital 30 year reunion E and F sets

The Guy's Hospital 30 year reunion for E and F sets will be held on Saturday 1 October in Oxford. Pub lunch, walk, tea etc. All welcome. Please email Liz Ellis at: lellis52@hotmail.com for details.

#### Bradford School of Physiotherapy 1991-1994

Is it really 25 years since we first met? That's got to be worth a celebration. A small group of us have recently got together again and have loved catching up and remembering our time in Bradford.

If you are interested in meeting, perhaps sometime in June, then I suggest that in the first instance you email either myself, Sue Brook at: mrssueabrook@yahoo.co.uk or Paul Henry at: pdchenry@aol.com. We are really looking forward to hearing from you all. >

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**Royal Orthopaedic Hospital Woodlands 1983-1986**

Any one interested in meeting over the summer in Birmingham to celebrate 30 years? Please contact Fiona Harding (nee Johnson) or Pat Chapman (nee Leckenby). We would love to hear from you. Email please to: fiona.fm.harding@talk21.com or: trish.chapman147@googlemail.com

**University of Northumbria 1993-1996**

Save the date – Class of 96 reunion in Newcastle, Saturday 24 September 2016. It will be 20 years this year since we have graduated so it would be great to have a get together! Details TBC. Please pass this message on to people who you are still in contact with. Please get in touch via email to Nicola Idowu (nee Henderson) at: nichen74@yahoo.co.uk or see the Facebook page at: <https://www.facebook.com/groups/943057765730497/?fref=ts>

**The Royal Orthopaedic Hospital School of Physiotherapy – ‘The Woodlands’ 1969-2**

It is 43 years since we qualified and, while some of us are in contact, we have never organised a set reunion. If you are interested in meeting up sometime during the summer of 2016 please email me, Marilyn Andrews, at: m.p.andrews@keele.ac.uk It would be lovely to catch up with everyone after all this time.

**United Liverpool Hospitals School of Physiotherapy 1977-1980**

Hello! I was wondering if after all this time you'd like to meet? If you would, contact Karen (McLoughlin) at: email: ladylittler@gmail.com Please share with tutors et al: Eileen Thornton that includes you!

**St Mary's Paddington Class 1971-1974**

Anyone out there from class 1971-1974 who would love to meet and catch up? Contact by emailing: lesrust@gmail.com

**Kings College Hospital 1966-69 October set**

A reunion has now been organised for Saturday 15 October, 50 years after we started our training, and six of us are now going to meet up in London. We are really looking forward to meeting up after all this time and we'd be really pleased if more of the set could join us. Please contact me at: carolyn@beavisnet.co.uk if you are interested. Thank you so much. Carolyn Beavis (nee Gray)

**School of Physiotherapy, Withington Hospital Manchester 1973**

Lenia from Nicosia, Cyprus would like to get in touch with friends from the school of physiotherapy, Withington Hospital Manchester 1973 intake. Email: elenidracopoulou@gmail.com

**Bradford Hospitals School of Physiotherapy Set 1974-1977/8**

It has now been more than 40 years since we all met in Bradford to start our physio training. Jill, Mary, Mary, Liz, Janet and Barbara shared a weekend in 2015 and plan to reunite this year.

We all wish to widen the circle by inviting everyone from our year to join us and meet this year. We plan to meet in Bradford over a weekend to revisit old haunts and local Yorkshire beauty spots – time and exact location yet to be decided. It would be great to hear from you. If you would like to join us, please contact. Jill Cooper nee Emery at: jill.cooper@hotmail.co.uk or Barbara (nee Sharp) at: barbara.marsland@gmail.com

**Prince of Wales (POW) Set A 1966-69**

Remember us – Angela Hancock-Martin, Jenny Eve, Marion McKenzie, Anne Brown? We hope to get in touch with Elaine Slater, Prunella Patel, Tina Laflin, Sue Frankel and perhaps others from Set A for a possible get-together this year, or just to hear how the passing years have treated you! Please contact: angecourt@googlemail.com and/or: awbrown15@gmail.com Hope to hear from you.

**Nottingham School of Physiotherapy**

We are planning a reunion for the Nottingham leavers from 2001 in 2016 – it will be 15 years since we qualified. There are still people we have not been able to track down email addresses for – Darren, Cath, Carl, Nicky, Sue, Carol. If this is you please contact me at: rfieldhouse78@hotmail.com

**The Queen's College Glasgow Class of 1981 – Nearly 35 years!**

Are there any old gals and guys out there interested in a get-together perhaps in June to reminisce, celebrate and commiserate?

If there is an appetite for a bash we will be happy to do the planning. Please reply to: susan@familyhastings.com Looking forward to hearing from you! Jillan Rae (nee Craig), Irene Pullar (nee Caddie) and Susan Hastings (nee Clunie).

**Northern Ireland School of Physiotherapy – Belfast 50th anniversary reunion**

We have continued to meet since our reunion and are now planning the 50th reunion of our qualification in 1964, which will take place at a suitable date in 2017. We hope to have another luncheon party this spring so if any other physiotherapists would like to attend please get in touch with me at: jarcherphysio@aol.com

**Edinburgh Royal Infirmary 1963-1966**

Anyone out there still working? Fancy meeting up? Email me on: madelinesg14@tiscali.co.uk or tel: 01992 586659.

**West London School of Physiotherapy**

John M B Long would like to hear from ex-students who were there in the 1950s. Email: jmlong@hotmail.com

**West Middlesex Hospital School of Physiotherapy 1975-1978**

Reunion? I now have contact with 14 students/physiotherapists from our set, but some are still 'missing'. Are you 'one of us', or do you know someone who graduated from West Middlesex 1978? If so, please contact Lars Andersen on email: la-and@online.no

**Salford School of Physiotherapy, Hope Hospital 1974-1977**

It's a long time since we left Salford. If you are interested in a reunion or just a catch up by email, please get in touch with Jane Heyer at: janeheyer@rocketmail.com

**Thinking of having a reunion?**

Need to contact old friends?

Send an email to

[networkads@csp.org.uk](mailto:networkads@csp.org.uk)

Don't forget... after your reunion has taken place, send *Frontline* a photo and tell us about it!

# JOIN UP!

## CSP Equality and Diversity Networks

welcome members of the CSP who are disabled, from black minority ethnic (BME) groups, or are lesbian, gay, bisexual or transgender (LGBT)



For more details go to:  
[www.csp.org.uk/equalitynetworks](http://www.csp.org.uk/equalitynetworks)

or email:  
[keatings@csp.org.uk](mailto:keatings@csp.org.uk)



# 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, 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](http://www.csp.org.uk/ePortfolio)
- CSP Code of Professional Values and Behaviour: [www.csp.org.uk/code](http://www.csp.org.uk/code)
- *Frontline* CPD series (published in each issue)
- HCPC CPD requirements: [www.hpc-uk.org/aboutregistration/standards/cpd](http://www.hpc-uk.org/aboutregistration/standards/cpd)



## Cardiorespiratory

### Buteyko Breathing Association Buteyko Teacher Training Courses for Healthcare Professionals

Adult & Child Module  
**When:** 6th-8th October 2016  
**Where:** Cambridge  
**Fee:** £625  
For details go to:  
[www.teachingbuteyko.co.uk](http://www.teachingbuteyko.co.uk)  
or email  
[ga@teachingbuteyko.co.uk](mailto:ga@teachingbuteyko.co.uk)

## Complementary therapy

### Dry Needling for Sciatica

**When:** 19th & 20th November 2016 or 3rd & 4th December 2016  
**Where:** London School of Osteopathy SE1 3BE  
**Contact:** Anthony J. Agius [antagi@hotmail.co.uk](mailto:antagi@hotmail.co.uk)  
No previous experience needed. CSP insurance covers you to practice from day 1

## Advertise in Frontline

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[cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

## Complementary therapy

### THE 50 MOST USEFUL ACUPUNCTURE POINTS REVISED (10 hrs CPD) (1 day)

**With:** Hubert van Griensven  
6th Aug 2016: Surrey  
24th Sept 2016: London  
22nd Oct 2016: Bath  
12th Nov 2016: Loughborough  
10th Dec 2016: Surrey  
**Contact:** [info@physiok.co.uk](mailto:info@physiok.co.uk) or call 0208-394-0400

### AACP APPROVED REFRESHER / RETURNING TO PRACTICE ACUPUNCTURE COURSE (1 day)

**With:** Hubert van Griensven  
3rd Dec 2016: Loughborough  
21st Jan 2017: Surrey  
**Contact:** [info@physiok.co.uk](mailto:info@physiok.co.uk) or call 0208-394-0400

### WANT TO HOST A 50 MOST USEFUL ACUPUNCTURE POINTS COURSE

Want to host this as 2017 course. Contact us on [info@physiok.co.uk](mailto:info@physiok.co.uk) for details.

## Manual therapy

### An Introduction to Myofascial Release Part 2

**When:** 24th-25th Sept 2016  
**Where:** Hobbs Rehabilitation, Hampshire, SO211AR  
**Contact:** Anne Wood 01962 779796  
Dynamic 'hands-on' course that will consolidate and fine tune your myofascial release skills. Specific releases of the TMJ, neck, lower back and pelvis will also be explored.

### Combined Manual Therapy Days

**When:** Option 2: 17 September  
Option 1: 12 November  
**Where:** The Royal United Hospital, Bath  
Only £99 per day, benefit from two experienced tutors  
**Contact:** [jo.galise@physioimpulse.co.uk](mailto:jo.galise@physioimpulse.co.uk) 07917 327322  
Visit <http://www.physioimpulse.co.uk/cpd-courses.html>

### MSK Assessment Day

**When:** 3rd September  
**Where:** The Royal United Hospital, Bath  
Only £99, benefit from two experienced tutors  
**Contact:** [jo.galise@physioimpulse.co.uk](mailto:jo.galise@physioimpulse.co.uk) 07917 327322  
Visit <http://www.physioimpulse.co.uk/cpd-courses.html>

### INTRODUCTION TO MYOFASCIAL RELEASE (PART 1) WITH JOHN ANNAN (2 days)

19th-20th Nov 2016: High Wycombe  
**Contact:** [info@physiok.co.uk](mailto:info@physiok.co.uk) or call 0208-394-0400

### MULLIGAN LEVEL 1 (2 days)

13th-14th Aug 2016: Hemel Hempstead  
12th-13th Nov 2016: Crawley, West Sussex  
**Contact:** [www.physiok.co.uk/mulligan2016](http://www.physiok.co.uk/mulligan2016) or call 0208-394-0400

### DOUG HEEL – BE ACTIVATED LEVEL 1 2016 DATES (2 days)

26th – 27th Nov: Scotland  
28th – 29th Nov: Manchester  
1st – 2nd Dec: London  
3rd – 4th Dec: Milton Keynes  
**Contact:** [info@physiok.co.uk](mailto:info@physiok.co.uk) or call 0208-394-0400

### THE THORACIC RING APPROACH COURSE WITH LJ LEE (3 Days)

13th -15th Oct 2016: Surrey  
**Contact:** [info@physiok.co.uk](mailto:info@physiok.co.uk) or call 0208-394-0400

## Manual therapy

### THE ADULT HIP: IS IT AN FAI, LABRAL TEAR OR LIGAMENTOUS TERES INJURY?

**With:** Benoy Mathew and Glen Robbins  
15th -16th Oct 2016: Newcastle  
**Contact:** [www.physiok.co.uk/hip12](http://www.physiok.co.uk/hip12) or call 0208-394-0400

### WANT AN ADVANCED UPPER LIMB COURSE?

Have a look at this packed day with Teri Bayford on Thoracic Outlet and odd upper limb symptoms.  
1<sup>ST</sup> October 2016: Berkshire  
**Contact:** [www.physiok.co.uk/teri](http://www.physiok.co.uk/teri) or call 0208-394-0400

### ONLINE EVENING LECTURE: THE HIP - WHAT'S CURRENT IN DIFFERENTIAL DIAGNOSIS, SURGERY AND REHAB?

**With:** Mr Johan Witt, Benoy Mathew and Glen Robbin  
Mon 15th Aug (7-9pm)  
Early bird rate until 1st Aug.  
See [www.physiok.co.uk/thehip](http://www.physiok.co.uk/thehip)  
Or call 0208-394-0400

## Neurology

### LEICESTER BALANCE COURSE

**When:** 12 Oct. 2016 – 14 Oct. 2016  
**Where:** College Court  
The premier established course for Vestibular Assessment and Rehabilitation training. For full details and how to register, please visit [www.biosensemedical.com/LeicesterBalanceCourse](http://www.biosensemedical.com/LeicesterBalanceCourse) or email [courses@biosensemedical.com](mailto:courses@biosensemedical.com)  
**Contact:** Biosense Medical Limited [courses@biosensemedical.com](mailto:courses@biosensemedical.com) 0845 2266442



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media-shed.co.uk](mailto:cspads@media-shed.co.uk)

### Introduction to splinting for the prevention and correction of contractures in adults with neurological dysfunction

**When:** 23rd & 24th September 2016  
**Where:** Regional Rehabilitation Unit, Northwick Park Hospital, Watford Road, Harrow, Middlesex HA1 3UJ  
This intensive and dynamic 2-day course offers a practical introduction to upper and lower limb splinting in neurological patients using rigid and semi-rigid fibreglass materials. The course has a large practical element, with a focus on clinical reasoning (including case studies), specifically linking to practice and the ACPIN / COT Splinting Guidelines. Course fee £325 (including all materials). Limited to 20 places.

**Course tutors:** Dr. Stephen Ashford - Consultant Physiotherapist, Aideen Steed – Clinical Specialist Physiotherapist, Chantelle Pieterse – Clinical Specialist Occupational Therapist.

**Contact:** Helen Albea, Therapy Admin Assistant  
**Tel:** 020 8869 2808  
**Email:** [h.albea@hns.net](mailto:h.albea@hns.net)

### INTERACTIVE METRONOME BASIC TRAINING AND ADULT BEST PRACTICE

**When:** 22 Oct. 2016 – 23 Oct. 2016  
**Where:** LEEDS - Novotel  
Interactive Metronome training is used worldwide by proactive Paediatric and Adult Physiotherapists working with developmental disorders and acquired brain injuries. [www.newbraintechnologies.co.uk](http://www.newbraintechnologies.co.uk) Booking: [www.centrevts.co.uk](http://www.centrevts.co.uk)  
**Contact:** Liz Hurst [eliz.hurst@yahoo.co.uk](mailto:eliz.hurst@yahoo.co.uk) 07757796343

### Laser Therapy Training 2016

**When:** 4 August  
**Where:** Bristol  
**When:** 24 August  
**Where:** London  
**When:** 3 December  
**Where:** London  
Theory, dosage, safety, contraindications, regulations, hands on training. Cost: £200.  
**Contact:** Course Leader: James Carroll FRSM. 01494 797100, [www.thorlaser.com](http://www.thorlaser.com)  
Register online - Early Bird Discounts available

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### Sports medicine

#### THE THORACIC RING APPROACH COURSE WITH LJ LEE (3 Days)

See advert in manual therapy

#### Laser Therapy Training 2016

Please refer to advert in  
Electrotherapy section

#### DOUG HEEL BE ACTIVATED 2016 DATES

See advert in manual therapy

#### ASSESSING AND TREATING RUNNERS: HANDS ON PRACTICAL COURSE

With: Benoy Mathew  
and Glen Robbins

5th Nov 2016: Loughborough  
18th Mar 2017: Manchester

Contact: [www.physiouk.co.uk/](http://www.physiouk.co.uk/)  
runners or call 0208-394-0400

#### ONLINE EVENING LECTURE: THE HIP - WHAT'S CURRENT IN DIFFERENTIAL DIAGNOSIS, SURGERY AND REHAB?

See advert in Manual Therapy

### Paediatrics

#### A two-day introductory course to NDT (hybrid) for the treatment and management of children with cerebral palsy for therapy assistants.

The neurodevelopmental (NDT/Bobath) approach conjoined with evidence-based procedures.

When:

October 13th & 14th 2016

Where: Victoria School, Bell Hill, Birmingham, West Midlands B31 1LD

or

When:

October 27th & 28th 2016

Where: The Scottish Centre for Children with Motor Impairment, Craighalbert Centre, Cumbernauld G68 0LS  
£210

Course Tutor: Dr Christmas  
PhD MSc MCSP

Consultant physiotherapist for the management of spasticity in children

Email: [pmchristmas@googlemail.com](mailto:pmchristmas@googlemail.com)  
Tel: 07854831486.

#### An introduction to NDT (hybrid) for the treatment and management of children with cerebral palsy for physiotherapists and occupational therapists.

The neurodevelopmental (NDT/Bobath) approach conjoined with evidence-based procedures.

When:

October 25th & 26th 2016

Where: The Scottish Centre for Children with Motor Impairment, Craighalbert Centre, Cumbernauld G68 0LS  
£290

Course Tutor: Dr Christmas  
PhD MSc MCSP  
Consultant physiotherapist for the management of spasticity in children

Email: [pmchristmas@googlemail.com](mailto:pmchristmas@googlemail.com)  
Tel: 07854831486.

#### INTRODUCTION TO MYOFASCIAL RELEASE FOR NEURO (PAEDIATRIC FOCUS) WITH JOHN ANNAN (2 days)

Contact us if interested in this course as we are confirming a Jan 2017 date.

Contact: [info@physiouk.co.uk](mailto:info@physiouk.co.uk)

### Pain management

#### Laser Therapy Training 2016

Please refer to advert in  
Electrotherapy section



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The programme is a collaboration between the Society of Musculoskeletal Medicine and Middlesex University and is specially designed to be flexible to suit you. SOMM's MSc Musculoskeletal Medicine is open to students who have completed the SOMM Diploma in Musculoskeletal Medicine. It is also open to anyone who has successfully completed a course in musculoskeletal medicine with any one of our affiliated organizations: The Cyriax Foundation, European Teaching Group of Orthopaedic Medicine (ETGOM), Irish Society of Orthopaedic Medicine (ISOM), Orthopaedic Medicine International (OMI UK), Orthopaedic Medicine International (OMI Europe) and Orthopaedic Medicine Seminars (OMS).

Once you've registered on the programme, at the Postgraduate Diploma level, your next 60 credits will be made up by attending the 20 credit research methods module plus two other 20 credit

option modules – 'Theory and Practice of Injection Therapy', 'Advancing Practice in Musculoskeletal Medicine', the 'Practice Based Proposition module' or 'Special Tests in Musculoskeletal Examination'. And – good news – if you've already done any of those they can be carried forward into the programme. Then just the 60 credit dissertation to do and you're there! Almost 80 dissertations completed so far and you're very welcome to see the list for inspiration.

The programme is designed to provide a flexible framework within which you can construct a postgraduate programme, which meets your personal, professional and academic needs, whilst also incorporating the needs of your clients and the organisation within which you work.

The programme is quality assured by Middlesex University and you will receive a Middlesex award on successful completion.



#### IMPORTANT DATES 2016

##### 31 August 2016

Deadline for all MSc applications to be received at the SOMM office

##### 14-16 September 2016

Enrolment and **SOMM 1 - compulsory** attendance at Middlesex University

##### 13-14 October 2016

**SOMM 1 - compulsory** attendance at Middlesex University

For further information contact the SOMM office on **0151 237 3970** or email [christine.williams@sommcourses.org](mailto:christine.williams@sommcourses.org) or visit our website at [www.sommcourses.org](http://www.sommcourses.org)

# Recruitment



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**PART-TIME SELF-EMPLOYED MUSCULOSKELETAL**

**PHYSIOTHERAPIST REQUIRED** to work in a private clinic within City Centre of Edinburgh. Good manual therapy skills essential. Apply to Chris Taylor at: meadowbankclinic@gmail.com

**GREAT OPPORTUNITY** Full-time (would consider part-time) musculoskeletal permanent employed or self-employed physio post available in north London N14. Would suit local person with excellent clinical and interpersonal skills. The post is within a friendly multidisciplinary clinic which continues to grow. In house CPD. Please email with CV and details of availability to: info@oakwoodphysio.co.uk

**TRING, HERTS** Self-employed part-time musculoskeletal physiotherapist required for well-established GP-based practice. Eight to 10 hours, afternoons/evenings. MCSP/HCPC registered. Send CV to: info@tring-physio.co.uk

**SOUTH WALES** Part-time self-employed musculoskeletal physiotherapist required to join friendly and expanding private practice, based in various clinic locations throughout South Wales. Please send your CV/enquiries to: nicky@go-physio.com

**NEUROLOGICAL PHYSIOTHERAPISTS REQUIRED** Due to continued expansion The Neuro Physio Service require experienced adult and paediatric physiotherapists to work with us on an associate basis in all areas of the country. If you can offer a few hours per month to see private clients please forward your CV to: info@theneurophysioservice.co.uk www.theneurophysioservice.co.uk

**BRISTOL** Experienced neuro physiotherapist required on an ad-hoc basis for small ABI service. CV/enquiries to: jane@neuro-therapy.co.uk or call tel: 07906 810832 for further details.

**PHYSIO MATTERS NEUROLOGICAL**

is a growing and friendly community neurological physio team based near Manchester. We work with many other committed professionals to treat a wide range of neurological conditions with a focus on brain injury rehabilitation. We pride ourselves on thinking 'outside the box' and getting clients back to activities they love such as football and skiing as well as day-to-day activities. We are currently looking to recruit a full-time band 5 physiotherapist to join our ambitious team. Please email your CV to: office@physio-matters.org or call tel: 0161 681 6887 to arrange an informal chat. Closing date 19 August.

**NEWPORT PAGNELL MEDICAL**

**CENTRE** We are looking for an enthusiastic physiotherapist with a minimum of two years musculoskeletal outpatients experience to join our friendly team on a full time basis. You will work within a GP surgery amongst a team of 6 senior physiotherapists. You will be provided with full support from the team to develop your clinical knowledge. The candidate must have good communication and manual therapy skills and be able to work well within a multidisciplinary team while also being confident to work independently. You must be able to demonstrate high clinical standards and patient centred care. Please email CVs to: NPMC.HR@miltonkeynes.nhs.uk. Telephone enquiries to Wendy Kerr, HR manager on tel: 01908 619749.

**CHELMSFORD, ESSEX** Part-time self-employed physiotherapists required to join our friendly and expanding clinics in Chelmsford and South Woodham Ferrers. We require enthusiastic and dynamic physiotherapists for: evening sessions, daytime sessions, weekend sessions. Applicant needs to have at least three years specialising in musculoskeletal work, strong manual therapy skills, and the ability to work in a team and individually. Acupuncture and sports experience preferable but not essential. Please send CVs to: bwsfarrell@gmail.com or call tel: 07980 898212 for further information.

**KIDDERMINSTER, WORCESTERSHIRE**

We are a growing private practice looking for an enthusiastic part-time Band 6 musculoskeletal physiotherapist for up to 20 flexible hours a week. May include evenings and/or weekends to suit. Please

call tel: 01562 754380 or email your CV to: info@midlandphysio.co.uk

**KIDS PHYSIO WORKS** are looking for physiotherapists to join the weekend team. Offering dynamic treatments such as NMES and treadmill training from our clinic in Colchester. Full training given, excellent CPD opportunity and excellent pay rates. Tel: 01206 212849 for more info. www.KidsPhysioWorks.co.uk

**DEVON AND SOMERSET** Part time opportunities for independent manual therapists possessing positive and enthusiastic approaches towards patient care, to join our team. Download the full information pack from: www.amsphysio.co.uk/careers

**CAPITAL PHYSIO** are seeking ambitious physiotherapists across the UK to join its expanding team. We currently have vacancies in London, Manchester, Cambridge and Birmingham, with opportunities coming up in other major cities. For up an up to date list of vacancies, please visit: <http://www.capitalphysio.com/jobs/>

**WE ARE LOOKING FOR AN OUTGOING PHYSIOTHERAPIST**

to join our expanding team of physiotherapists, sports therapists, strength and conditioning coaches and psychotherapists. We have clinics in Luton and St. Albans, and provide home visit services throughout Bedfordshire and Hertfordshire. Essential skills needed are hands on manual therapy experience, exercise prescription knowledge and an interest in neuro rehab. New graduates welcome. Please send CVs to: haleymersh@hillspd.co.uk and if further information is needed then feel free to send queries via email.

## Equipment for sale

**ALL TYPES OF SECONDHAND AND NEW ULTRASOUNDS, ELECTROTHERAPY, LASERS, COUCHES ETC** With warranty. View at [www.trimbio.co.uk](http://www.trimbio.co.uk) or call Trimbio on tel: 01403 597 597.

## Equipment wanted

**SECONDHAND ELECTROTHERAPY BOUGHT AND SOLD** Ultrasounds Interferential Combinations etc. Call RWR services on tel: 03452 578925. Email: richard@rwrservices.co.uk Web: [www.rwrservices.co.uk](http://www.rwrservices.co.uk)

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## Service and repair

**FORMER SHREWSBURY MEDICAL ENGINEER** Offering repairs and servicing of your electrotherapy equipment. Call RWR services on tel: 03452 578925. Email: richard@rwrservices.co.uk Web: [www.rwrservices.co.uk](http://www.rwrservices.co.uk)

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## Practice for sale

**SOUTH BIRMINGHAM** Busy well-established practice with good reputation among doctors and patients. Single treatment room, waiting area, disabled toilet and car parking. Sole practitioner retiring. Building for lease. Email: liveandkicking82@gmail.com

**SUSSEX COAST** Small practice and premises for sale due to retirement. Contact: info@falklandphysio.co.uk

## Business opportunity

**CAPITAL PHYSIO** is actively looking to acquire and partner with Physiotherapy practices across the UK. If you are a physiotherapy business owner considering selling your practice or exploring joint venture opportunities, please visit: [www.capitalphysio.com/buy-my-practice](http://www.capitalphysio.com/buy-my-practice)

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# ThreeMinutes

## Freedom to innovate

Stuart Palma manages to combine his role at the CSP as a professional adviser with being an honorary innovation fellow with NHS England

### First, tell us about the clinical entrepreneur programme

The programme was developed by NHS England and Health Education England. It aims to help healthcare professionals develop their entrepreneurial aspirations while working in the NHS. Its remit is to support and retain clinicians with innovative ideas, giving them the skills, knowledge, experience and capacity to deliver innovations across the NHS. Being able to retain and support this talent pool will help to drive up the quality and value of care in the NHS.

### How did you get involved?

When it was launched in May the programme was only open to junior doctors. Because I'm passionate about the value and contribution of the 'whole' workforce, I contacted Tony Young, clinical

lead for innovation in the NHS. I asked why allied health professionals (AHPs) weren't included. After all, AHPs form the third largest workforce in the NHS and are incredibly innovative, demonstrating their ability to lead change on a daily basis. The launch of recruitment of wider clinical specialties, including AHPs, is planned for September.

After I reached out to Professor Young on Twitter, he agreed to meet and discuss how we could make this happen. After the meeting, he offered me an honorary fellowship at NHS England so I could facilitate the integration of AHPs into the programme. It's funny to think that this fantastic opportunity all started with a few tweets ...

### Has the NHS been resistant to change?

I think in the past the NHS has found it difficult to capture and encourage innovation, due to a number of resource-based constraints. But it has taken a step forward and is actively encouraging a culture of innovation. The Five Year Forward View embedded change and innovation at the heart of the NHS. The vanguard sites are a great example of this and the outcomes we are seeing from these sites speak for themselves – just look at the successful integration of physiotherapists into primary care.

### What are the potential benefits?

Change is vital everywhere – not only in health. It can be easy to stick with the status quo and resist change, but change should be embraced and engaged with. To reduce the strain on the NHS, we must come together as a team, and look forward, not back.

### How and when can physios get involved?

Physiotherapists have a lot to gain from the programme, but also a lot to give. Many of us have

great ideas but don't know what to do with them. The programme is looking for a broad spectrum of innovations and fresh thinking across the healthcare sector. This includes care pathway re-design, personalised medicine and patient-activated self-management and workforce redesign. Other topics are reducing health inequality, creating sustainable care delivery systems and, of course, new technologies.

No idea is too wild. Fellows will then be offered opportunities including mentoring, coaching, internships and industrial placements. It is a really fantastic opportunity.

### Give us some tips on breaking down barriers

■ be clear on the problem, and even clearer on the solution you have in mind. Does it solve the problem? How much does it cost? Does it add value? Once you've answered these questions, the chance of success will dramatically increase.

■ network across sectors. Remove yourself from silos. Reach into other sectors, such as education, business, industry, and immerse yourself in their ways of working and innovating. This insight will be invaluable

■ collect evidence and data. Without this you will struggle to convince people of the value of your idea. If you haven't got evidence – work with others to help you get it. Data will be key to your idea being adopted

■ try, try and try again. Don't be put off by failure. Learn from it and start again. As former prime minister Winston Churchill said: 'Success is not final, failure is not fatal: it is the courage to continue that counts'. FL

It has been  
**5**  
months  
since Stuart joined the  
NHS innovations  
unit

### More information

To find out more about the programme, visit <http://bit.ly/29uo3m1>

# Robert Williams International Award

The **World Confederation for Physical Therapy (WCPT) International Congress** will take place in South Africa, from 2-4 July 2017.

The **Robert Williams International Award (RWA)**, funded by the **CSP Charitable Trust**, provides financial assistance to help members of the CSP to present papers at the Congress. A total of **£10,000** for up to 10 awards is available for allocation and awards will be offered on the basis of the quality of abstracts submitted.

Applicants for the Robert Williams Award must submit an abstract for presentation to the World Congress. The closing date for abstract submission to WCPT is 31 October 2016.

Details of the application procedure for the Robert Williams Award are available from the CSP website: [www.csp.org.uk/charitabletrust](http://www.csp.org.uk/charitabletrust) (follow the link to the RWA page).

**The closing date for applications for the Robert Williams Award is noon on 11 November 2016.**



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