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InFront

Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS



Frontline is the physios' magazine produced by the CSP. Its purpose is to provide high quality and relevant content that is truthful, honest, fair, clear and timely. It aims to serve the interests of CSP members and celebrate the physiotherapy profession while avoiding offence and respecting privacy.

Frontline is produced by the CSP's Corporate Communications and Creative teams.

Contact the CSP

enquiries@csp.org.uk 020 7306 6666 14 Bedford Row London WC1R 4ED

Members have access to the CSP's journal, Physiotherapy www.csp.org.uk/journal

Meet the contributors









Members of the Student Reference Group helped plan and develop content for this issue of *Frontline*

Frontline advertisina

Reach 59,000 CSP members with your product, course or recruitment ad. Contact Andy Shields at Cambridge Publishers Ltd. 0845 600 1394 andy.shields@cpl.co.uk





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Special student edition

CSP student leader Martin Smith looks at new ways of working



Martin Smith is a BSc student at the University of Brighton

elcome to the
September issue of
Frontline and a huge
welcome to our new
students and apprentices.

I'm Martin Smith, a final year student at the University of Brighton and member of the CSP's student reference group's (SRG) and it's my pleasure to introduce this special student edition.

We are in interesting times globally and the future physiotherapy workforce has never been more important. Though, as this issue highlights, we need to adapt as a profession.

Our main feature looks at how placements are changing to meet the needs of our pandemic present and our new tomorrow. Having just completed a virtual MSK placement, I am excited to see how these new ways of working develop our communication skills and autonomy.

Do check the resources section for recommendations by the SRG's new learning and development officers and our infographic on staying connected while studying. There's also

a viewpoint from MSc student Rebecca on how she has used her CSP membership so far.

There is plenty to get involved in. Check out your regional and diversity networks (see the back pages) and the exciting plans for the first online Physiotherapy UK conference!

I am also pleased to announce that the new SRG (12 student members who champion student needs and lead on student-facing activities) begin their roles this month.

I urge you to follow @thecspstudents on Twitter and Instagram and subscribe to the Students iCSP forum to find out what we are planning for the next year. This is also a great way to network with and learn and find support from fellow students and physios.

Lastly, I must give thanks to all the members of last year's SRG, which I have chaired, as their passion and dedication (in particular in the face of the Covid-19 pandemic) was evident in all they did.

To all our new readers – enjoy physiotherapy and all it has to offer. I look forward to speaking to you very soon!

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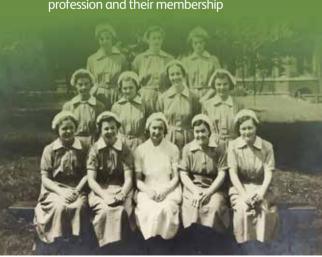
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Book now for vPUK2020

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Mature physiotherapy student Emilia Langley-Bunce shares how her aspirations have survived during 'Covid chaos'







NewsDigest

Accolade for study programmes addressing hea lth inequalities



The physiotherapy team at Glasaow Caledonian University has won a Collaborative Teaching Excellence Award (CATE) for its work in tackling health inequality in Glasgow.

The team has transformed the learning experience for physiotherapy students on the MSc Physiotherapy and Doctorate of Physiotherapy pre-registration programmes, developing them as health promotion agents of change and community rehabilitation practitioners across Glasgow.

Module leader Larissa Kempenaar explained: 'What inspired us is that people in Glasgow have the lowest

The health promotion team: (from left to right) Sivaram Shanmugam, Elspeth Donaldson, Douglas Lauchlan, Larissa Kempenaar and Chris Seenan

average life expectancy in Europe. This striking statistic is caused by both unhealthy lifestyles and by socioeconomic inequalities in health. In areas of deprivation, higher rates of substance

abuse, suicide and violence contribute to unacceptable levels of premature mortality. Exacerbating this, many people facing health inequalities experience complex situations and are often known as "hard to reach", or alternatively

'We responded to the needs of these diverse in need communities in Glasgow by developing our students as community focused, health promotion and community rehabilitation professionals.'

described as "easy to ignore".

She continued: 'To achieve this, we designed a unique four-way collaboration bringing

in community partners, health service users, our students, and our teaching team. We led a process of co-creating and delivering a unique academic module which is the foundation and the springboard for transformation.'

CATE, which is awarded by Advance HE, recognises and rewards collaborative work that has had a demonstrable impact on teaching and learning, and highlights the key role of teamwork in higher education.

Commenting on the award, Dr Kempenaar said: 'I am delighted that we have won a CATE award. It was wonderful to be recognised as a team for the hard work and effort put into the collaborative way of working. It has been a pleasure working with the various people and organisations across Glasgow, the students and the team at GCU. Long may it continue.

CSP supports plans for new NHS rehab centre

The CSP has expressed its support for Nottingham and Nottinghamshire CCG's proposal to create an NHS Rehabilitation Centre (NHSRC) near Loughborough, and will work to support impacted members through the consultation and engagement process.

The CCG is currently consulting on plans to develop a purpose-built inpatient (NHSRC) on the Stanford Hall Rehabilitation Estate, which also houses the Defence Medical Rehabilitation Centre. Its aim is to give people in the East Midlands wider access to high quality rehabilitation.

The CSP is sharing its views and concerns on the proposal by responding to the consultation survey, and is encouraging members in the East Midlands to contribute their own feedback. The survey closes on 18 September.

Ruth ten Hove, CSP assistant director, said: 'The CSP supports the plans to

develop a purpose-built rehab centre. It will go a long way to meeting the need for specialist inpatient rehabilitation in the region, as well as providing an example for other parts of the country.

'While it is encouraging to see this investment, we believe people requiring complex inpatient rehab must be supported to reach their full potential by having the ability to access community rehab services as part of an integrated pathway of care.'

CSP negotiating and organising officer Kevin Dale added: 'As these proposals develop, it is important that there is full and meaningful engagement with staff and their representative bodies to manage the change effectively, and we will work with local stewards to support CSP members currently working at the sites earmarked for closure.'

Access the consultation document at bit.ly/2Yxz3Jj

World Physio Day

World Physical Therapy Day 2020 – on 8 September – focuses on rehabilitation and Covid-19. World Physiotherapy has produced free resources to support campaigns and events and promote the key messages about chronic Pain. Find them at:

world.physio/wptday/ toolkit

PACE setting results ready to use

Thank you to everyone across the UK who contributed data to the Physiotherapy After Covid Evaluation (PACE) durina July.

The audit results are available to view on the interactive data dashboard, and will be useful for CSP members in highlighting areas that may need to be explored at local, regional and national level.

The CSP is starting to use the data as evidence to demonstrate the importance of rehabilitation

and help influence the expansion of the physiotherapy workforce to meet the increased demand.

Euan McComiskie, CSP professional adviser and health informatics lead, said: 'We are really pleased with the interactive data dashboard produced for the Physiotherapy After Covid Evaluation. The CSP will use it to further influence stakeholders and we hope that our members can interrogate and use the data provided at an individual, team, region and

country basis.

'Like all good data it triggers as many questions as it answers so we are exploring ways that we can add to the evidence base around Covid and around community rehabilitation at a larger scale.

All 895 responses are included on the dashboard, and members can look at data nationally or from a specific country or region. The dashboard along with a quide on how to use it is at: www.csp.org.uk/PACE



NewsDigest

NICE recommends a nonpharmacological approach to managing chronic pain

People with chronic pain should not be treated with pain relief medication – butshould have access to group exerciseprogrammes to help manage theircondition, according to a new draft guideline, Chronic pain in over 16s: assessment andmanagement, from the National Instituteof Health and Care Excellence (NICE).

The draft guideline, which is open for consultation until 14 September, recommends that people over 16 should not be offered medication to manage chronic primary pain.

This includes the prescription of medications such as opioids, non-steroidal anti-inflammatory drugs, benzodiazepines, local anaesthetic/corticosteroid combinations, paracetamol, ketamine and corticosteroids.

Instead, the draft guidance recommends the non-pharmacological management of chronic primary pain, including the use of supervised exercise programmes, psychological therapies and acupuncture.

The Physiotherapy Pain Association is preparing its comment for NICE.

A spokeswoman,
Claire Campbell, said: 'The
guidance is specifically for
chronic primary pain, as
recently outlined in the
ICD-11 [International
Classification of Diseases
11th Revision], and does
not include conditions
covered by other
guidelines, such as
neuropathic pain, low back
pain and osteoarthritis.

'We appreciate that many

patients may feel anxious when examining the draft guidance, as offering pain medication is no longer recommended.

'However, we hope that the NICE committee's emphasis on rehabilitation will result in wider commissioning and

'We welcome the guideline's emphasis on communication and strategies to improve collaboration between patients and healthcare professionals'

provision of pain rehabilitation services across health and social care.

'PPA recognises that chronic primary pain as a diagnosis is not yet commonly understood and further research is warranted into the nature of the conditions included in this diagnosis, and to determine optimal management strategies.

'We also welcome the guideline's emphasis on communication and strategies to improve collaboration between patients and

healthcare professionals as we recognise that people with pain benefit from validation and understanding in learning to live well with pain.'

The draft guidance recommends research including studies into the clinical and cost effectiveness of pharmacological interventions, manual therapy and psychological therapies such as mindfulness and cognitive behavioural therapy for the management of chronic primary pain.

Claire Campbell said: 'These recommendations reflect the relative absence of high quality research that account for the complexity of lived experiences of pain.

'There is huge variability in descriptors and outcomes for the interventions that are described within pain rehabilitation and these issues will pose challenges in gaining a consensus in the delivery of services.

'The PPA is committed to contemporary physiotherapy practice to support people living with pain, across all specialisms, that draws on bio-psycho-social approaches.'

More information

Chronic pain in over 16s: assessment and management bit.ly/2EhCugl

Key recommendations

- exercise recommended; both group and self-managed acupuncture recommended but explicitly only when delivered by a band 7 or less and for a maximum of five hours only electrotherapy not
- no evidence for effectiveness
- recommended medicines management, with list of medicines not recommended.
- research questions posed

medimotion

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VirtualStudies



Staying connected



Find what motivates you to get through the hard stuff and let yourself enjoy the good stuff @chloedooley99

Buddy up in small groups and share info/ideas. Make sure not to miss sessions because they're online, treat it as in person.

@PureSports01

The new normal can seem scary, but utilise its positives! There are a lot of free resources and courses online to help you develop skills as a practitioner! corrinnupton

@corrinnupton1

Remember there is no such thing as a stupid question. It can lead to a better understanding of the subject. Also look at social media and find relevant society pages as this can help to hear from students in other years. @iemeryptstudent

It can be overwhelming to navigate physio's multitude of disciplines. I recommend annotating your Frontline magazines to highlight patterns in your interests. If you find a contact or network that interests you don't be afraid to actively engage @beaphysio

Stay in contact with friends/lecturers to share concerns & provide emotional support for each other @NabilahPT

Reference all your study tasks - you may need them later. Listen to podcasts - great way of accessing research @SLiddle10

Try and find people on your course to study with, even virtually: people have different strengths and it's the best way to prep for exams and clinical experience! Emily@Broom

Organise coffee meetups to chat and discuss outside the lectures in small groups... Perfect your end of zoom wave. @physioback

Nesta McCluskey

The Wrexham-based assistant director of therapies talks to Mark Gould about what makes a good physio and shares her memories of student life

rowing up in rural north Wales, Nesta
McCluskey says she had an 'absolute ball'
as a physiotherapy student in Manchester
in the early 1990s.

'In spite of living student life at 100mph', McCluskey, now the assistant area director of therapies at the Maelor Hospital in Wrexham, says it did not come without big challenges.

'I did run into mental health issues, particularly in the third year, which took a lot of support from friends and the university. I developed an eating disorder and it was really tough, not just for me, but for the friends I was living with and my family far away. But we got through it together.'

McCluskey says that she has not really shared these problems outside of friends and family before, but the opportunity of appearing in a student-focused edition of *Frontline* made her reflect on the fact that it is important to be open about mental illness – especially when Covid-19 is contributing to many psychological problems.

'It's important to tell those who might be in a similar boat that many people have wobbles, which at the time can be all consuming and awful, and they can come back at other times, but they don't define you. With the right experience and the right support you can get through. Here I am in a senior job in one of the biggest health boards in the country but at 21 I had big mental health problems.'

McCluskey says that over the months of the pandemic one of the things she has been very open about with the team is how normal it is to be anxious and that it's okay.



InProfile



'I don't know anyone who hasn't had a wobble of some kind. I have had tears, other managers have had tears. People's emotion comes out in all sorts of ways: tears, silence, not everyone responds in the same way.'

Nesta McCluskey

trained as a physio

in Manchester and is

now assistant area

director of therapies

Hospital in Wrexham

at the Maelor

Becoming a physio

As a youngster living in Llanymynech (straddling Montgomeryshire in Wales and Shropshire in England) McCluskey had no vocation for physiotherapy. 'I had a back injury and it was a physio who made it better and I thought it looked like an interesting job and that was about as much thought as went into it at the time. I did live in a small town with a lot of sheep and not much else going on. I couldn't wait to go to a big city,' she explains.

After A-levels she trained at Manchester Royal Infirmary and after graduating got a job at St James's Hospital in Leeds where the first stirrings of interest in management came from an inspiring manager, an old style hospital superintendent: 'She got that balance of knowledge and leadership right, she knew how to talk to people, to make them feel welcome.'

During rotation she fell in love with paediatrics and eventually moved to Leeds General Infirmary as part of the acute on-call paediatric rota. There followed a period of moving between jobs across south Wales, then work and teaching at the Morriston Hospital in Swansea, and the birth of her son in 2005. Juggling the demand of her

own and her husband's new career – as a teacher – saw a move into community paediatrics in Wrexham, and project management work. Son number two came along in 2007 followed by an Open University masters in Advanced Healthcare Practice.

Impact of the pandemic

One of McCluskey's biggest concerns is how Covid-19 will impact on physiotherapy degree courses in September. She says: 'I really feel for those students, who quite rightly want that student life and won't get that on Skype or Zoom. My worry is that some might decide to defer. If sufficient numbers do defer we might have a problem with graduate recruitment in three years' time.'

But she is cautiously optimistic, pointing out that in

'We need to reassure students that physios are working in multiple clinical areas at this point and the learning that they have during this period will help them in their future careers'

'normal years' physiotherapy courses are oversubscribed.

McCluskey says that student placements will look a

lot different in the short term due to the nature of the pandemic. 'However, we need to reassure students that physios are working in multiple clinical areas at this point and the learning that they have during this period will help them in their future careers – to be adaptable, to communicate in PPE, to manage competing demands. Students will get the hours they need and if they miss out on certain elements those skills can be honed as qualified staff.'

On a positive note she thinks Covid-19 will boost physiotherapy retention because the pandemic has given physios 'the opportunity to come into their own'.

'Patients need more intensive care, they need pulmonary rehab. This is our time to shine. We have helped people survive by doing the intensive care work, then we will give them their lives back.

'When Covid-19 kicked-off we changed to offering a 24-hour service, helping move patients into prone positions in intensive care very early — because that was what was identified in China and Italy as a life-saving intervention for some of the most poorly patients.'

A diverse profession

Pandemic aside, McCluskey feels that a physiotherapy degree 'can take you anywhere in the world and anywhere in health management'. And she says the profession

welcomes everyone. 'I love it when I go to meet new band 5s and you get to meet 21 year-old graduates, or a woman in her 40s with grown-up kids who wanted a new career, or an ex-soldier, or a man who worked in Halfords for 10 years and wanted a change.'

She points to that diversity in her own hospital: 'We have unqualified people just starting out, to a physio who is in their seventh decade. The future of healthcare is where we can take on extended roles. We have our first consultant physio here in Wrexham, who would have thought that 20 years ago?'

Solving problems

To be a good physio you need an inquiring mind, McCluskey says. 'What makes physiotherapy really interesting is problem solving: we are not always trying to find a cure, rather we are trying to solve the problem that is associated with the diagnosis. So you need to get underneath the problem. Physios need the mind to ask 'what is it about this person that needs to be fixed?'.

Good communication skills are vital to help engage people in their treatment plans. 'We don't make people better; we help people make themselves better,' she says. 'You need to be able to communicate, listen and engage people in rehabilitation whether that is a three-

The CSP says

Physiotherapy is a great career choice and there are lots of different ways to develop within the profession once you've made the first step. Across the UK, future healthcare provision needs more registered physios and support workers, and we are working to influence decision makers to develop a more diverse workforce, fit for the future. The leadership development programme and other resources are available to support members into leadership positions. We need growth and diversity in the workforce and more physiotherapy leaders to make the case for the investment in staffing and training that is required. Contact enquiries@csp.org.uk for more details.

year old who you need to encourage to straighten an elbow after a break or that 99-year old who doesn't want to go for a walk.'

But it also takes resilience. 'You need to accept you can't always make things better. Sometimes it's sad, it's then you need your peer support.' fl

'This is our time to shine,' she says.



engage people in rehabilitation whether that is a three

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*** Full CSP members only. Other rates online.

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InDetail



Exhibition hall

In vPUK the exhibition hall is still a CPD-rich space allowing delegates to work at their own pace. Here you'll find dozens of exhibitors providing information about products, services and support relevant to physiotherapy practice and development.

At #Physio20: In the centre of the exhibition hall is the CSP stand, where you can come and talk to CSP staff, council members and speakers.



What is a focused symposia?

Sessions led by α recognised expert. with a leading group of clinicians or researchers. Audience interaction is central: it's a forum for exchange and exploration of ideas to shape future practice.

Join us for our annual confe

Physiotherapy UK will be a completely virtual event in 2020. The CSP's conference provides an exciting mix of focused symposia, abstract presentations and spotlight sessions grouped around five key themes, interspersed with networking events and scientific poster presentations. You will be able to see and hear from our 150+ speakers, join discussions, visit the exhibition and interact with fellow attendees - all from the comfort of your own home or workplace

At Physiotherapy 2020 the five key themes are:

- Managing complex pain
- Exercise and decision making
- Leading for change
- Managing multi-system trauma
- Ageing well

Partnering the CSP this year are:

- Chartered Physiotherapists working with Older People Association of Chartered
- Physiotherapists in **Respiratory Care**
- Association of Trauma and Orthopaedic Chartered **Physiotherapists**
- Association of Chartered Physiotherapists in sports and exercise medicine
- Physiotherapy Pain Association

What's it like to live in the vPUK world?

Here's what the chair of CSP Council, Alex MacKenzie, said of her first experience: 'Any concerns I had about the virtual platform were blown away when trying it out. It is simple to access, entertaining to make your avatar, but most importantly easy to navigate once you are in the system. It made me realise that having Physiotherapy UK in a virtual form is going to be amazing. My advice – just try it and you will see how much you can get out of attending a conference in this way.'



These will highlight current 'hot topics' and may be held in a variety of formats. They may look at policy, education or the latest research findings.

At #Physio20: Spotlight sessions include:

- Future of MSK provision post-Covid. How will remote consultation and rehabilitation models transform UK physiotherapy?
- Beyond the data: Understanding the impact of Covid-19 on BAME groups

1920-2020 100

Join us to celebrate the centenary of the CSP's Royal Charter. Speakers will be making reference to the charter's legacy, highlighting the impact and evolution of physiotherapy over the last 100 years and outlining future strategies

Abstracts

These are an important part of any conference.

and visions for the profession.

- Accepted abstracts can be:
- **α** scientific poster
- a rapid 5 presentation (just five slides)
- a platform presentation (10-minute presentation)

Networking sessions

Informal sessions that delegates can wander in and out of at any time. It's your opportunity to get on your soap box and engage in debate and exchange your point of view. Sessions will be led by a facilitator and may be supported by other contributors.

What you need to be able to attend

The vPUK virtual world is available on PC, laptop and desktop Macs (not phones or tablets).

vPUK takes place on 13 and 14 November. from 10am to 7.30pm on Friday and 9am to 4pm on Saturday. Book your place today for just £99 (£49 for students /retired/ unwaged) vpuk-20. eventfarm.com

AdviceClinic

Each month, the CSP's professional advisers share advice and guidance on a topical matter



Physio burnout

Are you feeling exhausted at the end of your working day? Do you feel apprehensive just at the thought of going to work? Do you feel yourself just going through the motions? If so you may be experiencing burnout. With large numbers of healthcare workers having to self-isolate through illness or be absent due to sheer exhaustion, this will no doubt have an effect on frontline staff and the workforce as a whole

What exactly do we mean by burnout?

According to the World Health
Organization's (WHO) International
Classification of Diseases (ICD), burnout is a
syndrome conceptualised as resulting from
chronic workplace stress that has not been
successfully managed¹. Three dimensions
characterise it:

- feelings of energy depletion or exhaustion
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
- reduced professional efficacy.

What are signs and symptoms?
People who experience burnout typically

feel a mixture of symptoms that can be both physical and mental. Physical symptoms can manifest, such as chronic stress, headaches and intestinal issues. The end stage for those suffering from burnout is often a debilitating mental health condition such as clinical depression or anxiety. Burnout can also cause emotional exhaustion leading to people feeling drained, unable to cope or focus and constantly tired. Performance at work is often affected and the inability to separate work from home life can affect sleep patterns and overall general health and wellbeing of a person.

How do we deal with burnout in the workplace?
A starting point would be to recognise

that symptoms of burnout are present and to try to tackle this before the problem worsens or they reach crisis point. By having open and honest conversations with line managers, this can be the start of managing individual expectations, seeking support from inside and outside of the workplace via various methods, and to start recharging emotional batteries.

Mental health first aid (MHFA)

Some workplaces provide access to mental health first aiders. MHFA training came to England in 2007. The Department of Health: National Institute of Mental Health in England (NIMHE) developed and launched the programme as part of a national approach to improve public mental health.

There are plenty of different types of support out there, and a mental health first aider can help you access the support you need to feel better. Mental health first aiders are a point of contact if

you, or someone you are concerned about, are experiencing a mental health issue or emotional distress. They are not therapists or psychiatrists but they can give you initial support and signpost you to appropriate help if required.

Is my stress bucket full?

Sometimes you feel strong enough to carry a lot of stress, but it is important to find activities that help you lighten the load. A good start is to ask yourself key questions like 'what can I do to reduce stress? 'and 'how can I keep certain activities going when other pressures build up?'

A simple and effective tool would be to think about the 'stress bucket' 2 together with staff, which can enable you to

'Sometimes you feel strong enough to carry a lot of stress, but it is important to find activities that help you lighten the load'.

prompt colleagues to take action and tackle current issues but start to build your resilience.

CSP support in the workplace

One of the most effective ways to stop or prevent staff suffering burnout is for the issue to be tackled at an organisational level. If you think you and colleagues are at risk, consider asking your CSP safety rep or steward to conduct a membership stress survey to identify the key causes. Typically, the survey when done will show excessive demands coupled with insufficient support. Your rep can then use these findings as evidence to put to the employer to take action. When notified in this way, under health and safety regulation management should work with the rep and you to find acceptable solutions.

For more information on what a safety rep can do: https://bit.ly/3ibvNdW

If you don't have a CSP rep in your

workplace, you can:

Check to see if your employer has a

Further resources:

Feature on burnout by psychologist Professor Christina Maslach https://bit.ly/31pJlvq
CSP resources: www.csp.org.uk/publications/under-pressure-leaflets-posters
Working together to reduce stress at work A guide for employees, produced by the Health and Safety Executive: https://bit.ly/39Wrccy
Useful HSE resource for managers concerned about staff wellbeing: https://bit.ly/33Gpxab
ACAS information on stress at work: https://archive.acas.org.uk/

Mental health first aid: MHFA Interactive Stress Container https://bit.ly/2DG05WY https://bit.ly/2XxqihA

stress management or health and wellbeing policy that sets out what preventative measures or support that should be offered for staff

- Talk to your manager and colleagues if you feel change is required to how you are working. Refer to the CSP stress advice sheet on demands for ideas to discuss with colleagues on how to reduce work pressures www.csp.org.uk/publications/stress-work-advice-sheets
- Contact the CSP enquiry team on 020 7306 666 to be referred to our union services, if you require further advice and support. £1

Julie Blackburn and Jane Mitchell are CSP professional advisers

References

www.who.int/mental_health/evidence/ burn-out/en/ https://mentalhealth-uk.org/blog/thestress-bucket/

The CSP's Professional Advice Service gives advice and support to members on complex and specialist enquiries about physiotherapy practice, including professional practice issues, standards, values and behaviours, international working, service design and commissioning, and policy in practice. Find out more at bit.ly/2D2tg3G

IntheWorkplace

Support, guidance and updates from the CSP's Employment Relations and Union Services team



Innovation in remote training

The CSP has been successfully adapting workplace reps training to address the halt of face-to-face gatherings

n a first for the CSP, more than 40 stewards and safety reps have completed their induction training via a distance learning course, developed in response to Covid-19. With all face-to-face reps' training cancelled due to the pandemic, the CSP's employment relations and union services (ERUS) training team developed two new induction courses to enable reps to receive training on their role.

The courses covered activities on the role of the steward and safety rep, legal rights, supporting members and accessing support from the CSP and were a mixture of self-pacing learning and a series of Zoom events. Both courses are fully accredited by the National Open College Network and the TUC, meaning that reps will receive nationally recognised credits for their studies.

Louise Walker, head of training in ERUS said: 'It is essential that, despite Covid-19, CSP stewards and safety reps are still able to access training and support from the CSP. The new distance induction courses means that reps can still gain the essential knowledge to enable them to carry out their role.'

Beneficial for reps

Gwion Pugh-Jones a steward at Bronglais Hospital, Hywel Dda health board said: 'The whole course was beneficial in understanding our role as stewards. I felt it developed my knowledge of policies and the application of these policies within certain situations within the workplace. I gained valuable skills and methods to respond to the requirements of my role, and how to carry out stewards' tasks: for example, mapping the membership locally and working with managers. By making the content paper-based, I was able to reflect on the topics learned and refer to these as required. Additionally, the group Zoom calls were beneficial to solidify learning and answer any questions."

Joshua Meadows, safety rep at Northamptonshire Healthcare NHS Trust said: 'The resource manual and workbook were fantastic. The fact the CSP turned around an online course in the middle of a pandemic was brilliant.'

Further courses to come

Due to the success of the new courses, a further two courses will be taking place in the autumn and a Moodle distance learning course is being developed which will allow students to access the induction courses digitally via the CSP Learning Hub. At least 55 reps are expected to undertake the training this year.

Be part of the CSP workplace team

We can only provide the kind of support we do in the workplace if we have a strong CSP workplace team of stewards, safety reps and increasingly workplace contacts.

Now, more than ever, workplaces need reps to help ensure that the work environment is a safe place for staff. We are asking all members to consider becoming a steward, safety rep or workplace contact.

Stewards and safety reps will receive training and all reps will receive support and guidance on what tasks you could focus on during Covid-19.

If you are interested then speak to the CSP steward in your workplace if you have one, or find out more information here: www.csp.org.uk/jointheteam

In addition to national induction courses, the CSP normally holds two to three training days in the English regions and countries throughout the year and these were put on hold with the Covid-19 outbreak. Regular Zoom meetings have since been held to exchange information but formal training was frozen. However, this month the ERUS team will start work on developing a distance learning package focused on race discrimination in the workplace that will be delivered using digital technologies to workplace reps.

Blended approach

The CSP will be sharing its innovations at a regular round-table of AHP unions comprising organisers this month. All unions have been working in new ways to engage and support members and reps since the Covid-19 lockdown. Affiliation to the TUC and its Digital Lab is also giving the CSP access to cutting edge approaches adopted by the wider trade union movement and like-minded campaigning NGOs, brought in by the digital team at Congress House.

'Exchanging ideas and learning from practice in remote and digital learning to support workplace reps and organising is crucial. There are certainly some things we and other unions have done that we will continue doing because they improve access

and quality of training for reps and members

'At the CSP we expect to take a much more 'blended approach' to training and organising in the future,' says Louise Walker. fl



Another way the CSP has been supporting reps is through eBites, which were first launched in 2017. Take-up of the e-learning package has accelerated since the lockdown in March with 500 reps completing the two eBites 'Getting Started First Steps for Stewards' and 'Getting Started First Steps for Safety Reps' by May. The latest are 'Your CSP - A guide to the CSP's democratic structures and networks' and 'Getting Started – First Steps for Workplace Contacts', and accessible via the CSP Learning Hub: https://vle.csp.org.uk





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StudentPlacements



Frontline September 2020 25

StudentPlacements



on placement at

Harefield Hospital.

Opposite: Student

of Brighton

Issy Taylor-Gallardo



David McHugh/Brighton Pictures

hen the CSP asked its Twitter followers for examples of great placements to illustrate and celebrate their importance, the responses were wide-ranging and stretched back over years.

Many former students said their placements had inspired them to seek jobs in the same setting, others said it fuelled huge leaps in their confidence and knowledge. Almost everyone said the support of their educators and team had made all the difference. But no two definitions of the #bestplacementever were the same.

The range of responses reflects the fact that there is no one perfect placement or setting. What is important is valuing and supporting the skill and expertise of clinical educators who combine their daily responsibilities with ensuring that student placements provide vital learning experience.

Many educators were diverted to other roles as part of the Covid-19 response, which led to placements being cancelled. As students need to complete at least 1,000 hours' placement – a third of their education - to graduate with Health and Care Professions Council (HCPC) accreditation, swift action was and is needed to avert a crisis.

Some NHS trusts and providers responded by offering innovative and creative placements which provided high quality learning environment to students and took some of the pressure off individual educators. Many placements were different to the traditional 1:1 training model, so two or three students worked alongside each other – often virtually - and many were in a variety of settings. The CSP is keen to encourage these models.

At the Brighton and Sussex University Hospitals NHS Trust, allied health professional (AHP) leads offered leadership placements so students did two days a week clinical work and

Above: Student physios Lei Jiang and Finlay Marriott spent three days based with the AHP lead working on specific projects.

Sarah-Jane Ryan, principal lecturer, School of Health Sciences at the University of Brighton, said: 'The response to Covid has brought some exciting innovations. Trusts and organisations have embraced non face-to-face placements and taken students on a journey with them. They've learned together and it's been a really good experience all round.'

Glasgow Caledonian University's physiotherapy programmes have already trialled the 2:1, 3:1 and 4:1 placement models used in other countries, supporting educators to facilitate them.

Dr Sivaram Shanmugam, senior lecturer and programme lead for the doctorate in physiotherapy (pre-reg) programme said: 'Educators often think that 2:1 is double the work; however, experience and research evidences that peer-assisted learning facilitates students to support each other to formulate strategies and solutions, which can potentially free up practice educators.'

Shanmugam has been co-leading a Quality Assurance Agency Scotland project on the impact of the curriculum on students' mental wellbeing. From his research, one of the top two reasons students self-referred to the University's Student Wellbeing Team for help with anxiety or other mental health issues was due to placement-related stress.

'If a student on a 1:1 placement is the only one in an established practice team it can be stressful. Two or three students together on a placement gives a shared sense of belonging and offers the opportunity for them to collaborate in terms of clinical reasoning, which is hugely beneficial.'

The CSP is also encouraging a team-based approach to student assessment and is working on a series of resources to support educators, and allow them the flexibility to do other things. The

'If a student on a 1:1 placement is the only one in a established practice team it can be quite stressful, two or three students together on a placement gives a shared sense of belonging and offers them the chance to collaborate in terms of clinical reasoning.'

student activities will reflect the fact that physiotherapy is a lifelong learning process, necessitating the skills of reflecting on practice, gathering and analysing information, and thinking creatively to address problems.

The increase of online patient assessments during the pandemic has made it easy for more than one student to be involved.

Sara Hill, clinical specialist MSK physiotherapist and student co-ordinator at the Ashford and St Peter's Hospitals NHS Trust in Surrey, took on her first virtual student at the end of May and is now on her eighth.

She said: 'We're running a lot of virtual classes and the students are working exactly as they would on a placement, by observing initially and then taking a more active role. They're shadowing physios and ACPs, with a mixture of classes and video consultations. We're running FCP clinics virtually as well, so they shadow these.

'We took on a student from Sheffield Hallam at the beginning of lockdown. He got in touch via Twitter to say his placement had been cancelled and could we help. We're also hoping to offer a placement to a Scottish university student from October. It's really

Top tips for offering placements

- 1 Consider what learning opportunities there are within your team. No setting is too specialist.

 Placements can be offered wherever a physio works.
- 2 Make students feel welcome and valued. Give them a proper and prompt induction. Show them where they can leave their stuff. Have a computer terminal and log-in ready. Include them in the tea or coffee round. Invite them to sit with you at lunch even if virtually and invite them to team WhatsApp groups.
- 3 Let them know who to go to if they need some support, and how to access workplace guidelines and learning resources.
- 4 Get the whole team onboard. Educating the student shouldn't just be down to one person... everyone has knowledge to share.
- 5 If you show you trust and value them with some responsibility (and support) they'll repay you in spades
- 6 Students are often great at tech! Ask them to review apps or social media and make suggestions for improvements
- 7 Offer a safe, supportive learning environment, where they'll have the confidence to ask questions and respond positively to challenge.
- 8 Don't feel unsettled or threatened by students because they've studied more recently. You have the experience.
- 9 Don't fret if the placement doesn't go to plan. Involve students in your learning – and remember you can learn from them, too!
- **10** Give students time to reflect on complex patients and experiences.
- 11 If you do have any concerns, don't let the situation grow. Talk to the student's university if necessary.

exciting as it opens up the possibility of taking students from all over the country. They'll all bring something new, which enriches our team as well.'

Hill added: 'It's rewarding to feel that you're helping a student to graduate and move forward. Virtual appointments are here to stay in some capacity and you're giving students the opportunity to develop a great and necessary new skill.'

Placements can be made available wherever a physiotherapist works and no setting is too specialist. Equally, students can gain vital experience from role emerging placements, in settings where there is currently no physio involved. Such placements offer students the chance to learn more about the changing healthcare environment, their professional capabilities and potential – and they might even carve out a future role for themselves along the way.

In Brighton, Ryan reports success in schools, where placement

StudentPlacements

Get the most from your placement

- Don't think it all has to be patient-facing. Seeing the bigger picture is important, too.
 Introduce yourself to your educator before you start, outlining your experience and any concerns and asking what preparation could be useful.
 Prepare for the placement. Check trapsport
- **3** Prepare for the placement. Check transport,
- 4 Use a notebook to record any questions or
- 5 Be open, ask questions and get involved. Use free time to record your reflections and clinical reasoning, speak to other team members and seek out useful information.
- out useful information.Make sure you're clear and agreed on your learning
- **7** Grasp opportunities to work with other members of
- olacement, particularly if they're from another
- 9 Don't expect every placement to be highly structured and always follow a set plan. The real world is messy and challenging and your placement

students have supported children with additional needs by helping with prescribed interventions and programmes.

'We've also had students supporting student and staff wellbeing, especially in secondary schools. They've encouraged students with eating disorders to use exercise positively to help their mental health,' she added.

Gill Rawlinson, assistant director for practice and development at the CSP, said: 'Students who have done diverse placements can get snapped up because they bring different skills. Employers want students with transferable skills, who are flexible and adaptable, can communicate, problem-solve and work well in any environment.

'Students can be nervous about doing non-standard placements but the experience they gain could potentially



Lorne Campbell / Guzelian



'Students who have done innovative, diverse placements can get snapped up because they bring different skills. Employers want students with transferable skils, who are flexible and adaptable, can communicate, problem-solve and work well in any environment.'

Above: Students Jane Metcalfe (left) and Beth Budden on placement at York Hull Acute FS Centre with Tracey Daniels (right), non-medical clinical lead. Opposite: Brighton University student Hannah Wadsworth

make them stand out from the crowd."

Until now, the differences in paperwork, procedures and timelines have made some settings reluctant to offer placements to students from an unfamiliar university.

The CSP is working on a standardised approach to assessment that also recognises the increasingly diverse settings where physios are employed. The Common Placement Assessment Form (CPAF), which is close to pilot stage, is the result of several months' work by educators, universities, regulators and professional bodies across

The CPAF will be used irrespective of a student's university, learning stage, or the placement setting and will give parity to learning outcomes because all students will have to meet the same criteria. The forms are less prescriptive and give educators the opportunity to also assess students' professionalism, caring attitude, communication skills and ability to form part of a team.

Rawlinson said: 'The CPAF and its associated clinical educator resources offer us an exciting opportunity to streamline and simplify the placement process, supporting educators and students. There seems a huge appetite for the CPAF from everyone involved and we hope it will facilitate more placement offers across all sectors.'

What do students say?

Sam Evans, who is studying for a Bsc Physiotherapy at Bradford University, recently finished a five week placement with Airedale Collaborative Care Team at Airedale General Hospital, after his original placement was cancelled.

'As a student you have to be open to trying new things and taking every opportunity. I was offered the chance to work at Castleberg Hospital in Settle, as well as in the community. I decided to go for it and I'm glad I did – both were brilliant.'

Although assigned a physiotherapist educator, Sam often worked alongside OTs, nurses and community support workers.

'My educator guided things but all the MDT had input. They were very supportive: if you feel more relaxed you can be more yourself and more open to discussing things with your educators. If you can't do that from the off it can hinder your development because you feel inhibited.

'The practical application of the theory has helped my confidence, too. When I went out with a nurse or OT the physiotherapy side of our visit was my role so I had to do it.

'The biggest thing I've learned is an awareness of other roles. Everyone's contributing to the care plan so you end up approaching things more holistically.'

Kate Smedley graduated this summer with a pre registration MSc in Physiotherapy from Oxford Brookes University and is now moving onto a band 5 rotational post at the Great Western Hospital.

Kate had a job as a therapy assistant with the West Berkshire Intermediate Care team and when her original placement was cancelled, they offered her a community placement in order to finish her degree. Kate worked with patients who'd had falls, hip or knee replacements, as well as people with Covid-19.

She said: 'My team were really supportive and welcoming

and my educator went above and beyond to make sure I was exposed to a variety of patients. She encouraged me to work independently where possible. She also challenged me, pushed me and encouraged me.

Charlie Milligan

'Working at the height of Covid could be emotional and weird, however my educator and the team let me know it as completely normal to feel overwhelmed by what was going on. I felt they gave me the best possible experience, even in such strange times.

'At the moment it feels like placements are changing so much, but have an open mind and reach out for support if you need it. You get out what you put in.'

Georgia Jones has just completed two months' placement at the Countess of Chester Hospital ahead of her third year at Manchester Metropolitan University. Georgia's March placement was cancelled and she had taken a job at a supermarket before being offered a month's paid placement at CCH, which was extended to two months. She worked with the multi-disciplinary discharge planning team, with patients who

She said: 'I was a bit apprehensive about being in a hospital setting but it was brilliant – you just get on with it. Initially I spent a lot of time observing but by the time I finished I was doing full assessments on my own, which really helped my confidence.

'It makes you realise how extended the scope of each patient's care plan is. You also get practical insight into how the NHS works and all the changes it's going through. It's a really good learning experience.

'It taught me to look at patients' care holistically. I got the chance to speak to everyone involved in the patients' care – even the consultant, who wanted to hear about my assessments. I now feel able to talk more openly to all the MDT which I never thought would have been possible.' fl

Student innovations

At the University of Brighton, Sarah-Jane Ryan and her team have pioneered the use of student passports to introduce students to their educators before they arrive, and encourage a collaborative approach to a student's learning in practice. Students detail their experience, a little bit about themselves, identify their learning needs and any concerns.

Students value them as a way of breaking the ice with their educator and say it sayes time while negotiating their learning contract. Practice-based educators say it gives useful insight into the student before they arrive, can allow them to put students' minds at rest about concerns, and gives them time to reflect on the best ways of supporting them.

Ryan said: 'The passports have made a huge difference in helping students hit the ground running with a good working relationship with their educator.'

She also recommends that both students and educator should have a notebook so they can record the student's achievements in the front and anything they need to read up on at the back: 'It encourages a secure learning environment where students can be honest about their experiences and use it as a basis of open discussion and review with their educator.

Workforcein Focus



Different pat hs

Shan Aguilar-Stone, CSP professional advisor for workforce development, outlines the development of the physiotherapist degree apprenticeship that is currently available in England

eptember generally marks the beginning of the academic year. As a former physiotherapy lecturer I thoroughly enjoyed this time of new beginnings and looking forwards, as well as thinking back on the previous academic year.

Background to apprenticeships

Let's start by looking back. Apprenticeships go back to the Middle Ages and are associated with the craft guilds¹. The current iteration was born from Modern Apprenticeship policy (1993-2004) and, after the 2010 election, progressed into Higher Apprenticeships (foundation degree and higher awards). The political rational was to develop skills, workforce and career pathways within distinct occupational roles, including through degree-level apprenticeships that provide entry routes into professions.

The CSP has been involved from the outset of the development of the physiotherapist degree apprenticeship, working to ensure the quality of the learning experience and outcomes was upheld. Indeed during the consultation stage there were mixed responses from CSP members with some being concerned that a two-tier system would be created. Let me assure you that, because these routes must be approved by HCPC and accredited by CSP (as lobbied for by the CSP), they therefore undergo the same quality assurance processes as non-apprenticeship routes.

The physiotherapist apprenticeship standard was approved for delivery by the Institute for Apprenticeships and Technical Education in December 2018², and the first programme started at Sheffield Hallam University in April 2019, followed by Coventry University in September 2019. You'll be seeing more apprentices coming through this route from other parts of the country as two new routes have recently been approved.

Workforcein Focus



Let's hear from **Jo Clark**, a physiotherapy mentor at United Lincolnshire <u>Hospitals NHS Trust</u>:

'Most of us have found ourselves in the role of clinical educator, but being a mentor on the physiotherapy apprenticeship degree course is something very different. The role of the clinical educator is an intense but short period of time, whereas the role of

mentor involves an investment of almost two and a half years of professional life into the development of your apprentice.

The role of the mentor is an important one, providing support and guidance throughout your apprentices' journeys. It is a misconception to believe that the role of mentor is essentially to provide further teaching when the apprentice is not on placement, as the role involves much more than that. As mentor you listen to your apprentice, question their ideas, encourage problem solving and guide them to develop their own ideas and talents.

However, the mentor is not expected to be the font of all knowledge, and is neither coach nor tutor, but is there to provide resources and advice should the apprentice need extra support.

The mentor role

'As a mentor I have learned a lot about myself and have come to realise that mentoring is a two-way street, my apprentice has contributed much to our team'

encompasses a range of skills, knowledge and behaviours. The mentor must be able to act as role model as well as provide insight into the culture and values of the organisation. The mentor is the corner stone, the fixed point of contact for the apprentice, the person with whom the apprentice shares not only their problems but also their successes and achievements.

Mentoring is led by the needs of the individual apprentice and so the mentor must be flexible and intuitive. The complexities of balancing mentoring and large caseload can be challenging but also highly rewarding. As a mentor I have learned a lot about myself and have come to realise that mentoring is a two-way street, my apprentice has established skills and knowledge, and has contributed much to our team.'



Crucial to the apprenticeship is the learner themselves. Chloe Brumpton is halfway through completing the two-and-a-half-year physiotherapist degree apprenticeship at Sheffield Hallam University and is supported by Nottinghamshire Healthcare NHS Foundation Trust. She started her career as a support worker, progressing through Band 2 to Band 4 before staring her degree apprenticeship. Here is a little of her story:

'After working as a support worker for 10 years, I knew I wanted to pursue my career as a qualified physiotherapist.

I was so excited when I heard about the physiotherapist apprenticeship programme and I tracked the progress on this course until it went live, and I was able to apply. I previously completed an NHS apprenticeship and enjoyed the hands-on learning approach. Earning whilst learning is an added bonus.

The course can be challenging at times, with just the same amount of workload and learning to be completed as a full time physio student, therefore as apprentices we must be disciplined to complete tasks, self-learning and development alongside exam preparation and assignments. This can sometimes be difficult and demanding however I am lucky to have support from the

university, my NHS trust, work colleagues and fellow apprentices. The university has a lot of support services that are available to help me with revision, assignments and exam prep. These support services are so valuable when the workload can sometimes appear demanding.

My background knowledge from previous support worker

'My transferable skills have given me confidence and lecturers have commented in the past about how valuable our underpinning knowledge is.'

roles has helped me on the course and on placements. The ability to work with and communicate with patients is a vital skill to physiotherapy to achieve patients' goals. My transferable skills have given me confidence and lecturers have commented in the past about how valuable our underpinning knowledge is. I think at times it is great to be able to use learnt skills however I have to remember to work within my scope of practice while working.'

Comparison with non-apprenticeship route

As previously mentioned, all physiotherapy programmes undergo rigorous quality assurance processes and graduates must meet the HCPC Standards of Proficiency along with undertaking the 1,000 hours of practice-based learning, covering the breadth and depth required for preparation for practice as a physiotherapist in the UK as required by CSP.

The main differences are that an apprentice is a paid employee and as well as learning 'off the job' there is also 'onl the job' learning. Off-the-job training is defined as learning that is undertaken outside of the normal day-to-day working environment and leads towards the achievement of an apprenticeship. This can include training that is delivered at the apprentice's normal place of work but must not be delivered as part of their normal working duties.

On-the-job training

This has proved to be more difficult to define. Fundamentally there must be demonstration of new knowledge and skills that are transferable to physiotherapy practice and that they become integrated within the apprentice's job. Examples include reflection on practice, critical appraisal including self, the service or an intervention, enquiry based learning.

While all learners have practice educators, apprentices also have a work-based mentor who is responsible for supporting the apprentice throughout their training and ensuring that they get the appropriate development and training opportunities in the workplace. Unlike a practice educator the mentor supports an apprentice for the duration of their studies.

Structure

While maintaining the quality of their learners' academic and clinical experiences, Coventry University and Sheffield Hallam University (SHU) have approached the way they design their programmes differently. SHU offers block release while Coventry has one day a week assigned to university-based learning.

As these new routes spring up, it is worth remembering that, just as there are several pathways leading to registration as a physiotherapist – full time, part time, BSc, Post Graduate Diploma, MSc, and in Scotland PhD - no one size fits every learner. And that's the beauty of all the physiotherapy educational models. £1

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¹ https://commonslibrary.parliament.uk/economy-business/ work-incomes/a-short-history-of-apprenticeships-in-england-frommedieval-craft-guilds-to-the-twenty-first-century/

² https://haso.skillsforhealth.org.uk/tandards/#standard-432



Key to the success of an apprentice's learning is the partnership working between employer, the apprentice, and the university. Cassie Hayes is a senior lecturer in physiotherapy and the course director for the integrated apprenticeship physiotherapy BSc course at Coventry University. She reinforces the importance of this tripartite relationship:

'As we are all more than aware, communication is paramount to most aspects of physiotherapy practice. From early on in a student's training and

throughout their CPD, communication is emphasised as a skill which must be at the forefront of clinical practice.

Since the apprenticeship course at Coventry University began in 2019, communication between the university (personal tutor), workplace (workplace mentor) and apprentice has remained key. Although following an overall course plan, apprentices are not allowed to re-learn skills they already have. Therefore, the apprenticeship course must deliver an individual programme for each person. A skill scan establishes prior learning and highlights what the apprentice is able to competently do. This is considered by the apprentice, their workplace and the university – the tailor-made changes are made as required. This individual approach is completely reliant on the three-way discussions between all parties to ensure appropriate changes are made and quality of the apprentices' learning remains high.

Physiotherapy apprentices have the challenge of participating in a new route of qualification but also have the challenge of doing so while juggling family and home life and a full time job. Personal situations are widely different and these have to be fully considered when supporting someone on our apprenticeship programme. The tri-partite relationship between mentor, apprentice and personal tutor is critical in supporting every apprentice on our course – discussion between them varies from individual study support to supporting the apprentices' requirement for more flexible study time from work. Sound communication is vital to ensure these discussions take place.

We have learnt, and continue to learn, many things from the first run of this apprenticeship course – but communication between parties has been key to making this new qualification route work for all involved. The importance of communication continues to be profound to be able to develop a high quality course which equips the apprentices for the future and move our profession forward.'

'We have learnt, and continue to learn, many things from the first run of the apprenticeship course – but communication between parties has been key to making this new qualification route work for all involved'

CharterCentenary

At the age of 102, Virginia Rowbotham is the CSP's oldest member, while 18-year-old Hannah Thomson is currently the youngest. Virginia lives in a care home in Henley-on-Thames and Hannah lives with her family in Helensburgh, Scotland. Robert Millett spoke to them both about their experiences, views and reflections on the profession



Virginia: When I was at boarding school I wanted to do nursing or medicine or physio, but I ended up deciding on physio. In those days you had to pay to train and my father didn't have a lot of money, so he had to splash out and save for me to do physio, as it was quite a lot for the course — whereas if you were a nurse you got paid. Physiotherapy was a very hard career to follow, as it was really hard work.

Hannah: I've always known I wanted a career where I could help people. When I was in school, I had the opportunity to shadow physiotherapists in some local hospitals and I really enjoyed it. Before that I had no idea that physios worked in so many areas within healthcare. I've also taken part in many sports all my life, so I thought physiotherapy would also allow me to promote something I am passionate about.

Tell us about your studies

Virginia: I trained at Kings College Hospital, which I think was one of the best in London, and we had excellent staff.

It was a shorter course in those days. It was 18 months and now it's much longer, so we crammed a lot in and it was jolly hard work.

We mostly did massage and medical gymnastics for the first few months, then after that it was medical electricity. The electricity side I found very difficult, but I think it was my favourite subject, in spite of it being such hard work.



Young est class

Another thing we did then, which I don't think they do now, is sunlight therapy. Poor children from the east end of London used to come up to the hospital and we'd treat them. They would strip to their waists and cover up their eyes up and we would give them artificial sunlight, which was meant to be helpful to them.

Hannah: I'm studying at Glasgow Caledonian University. I'm enjoying learning all about the human body and how everything works together. I like that the course is very practical so I can learn the theory and then see it in real life. The practical learning has given me a lot more confidence and allowed me to develop the way I interact with patients.

Starting the course when I was only 17 years old was a bit daunting as many people were a lot older and more experienced than I was. I'd only just left school but many of the other students had already studied at college or university. But that turned out to be a good thing as I was able to learn a lot from them.

What did you do after you qualified Virginia?

After my training I joined CSP and I was awarded a BA. And I got my degree without going to university — although I would have gone to university if I hadn't trained at that time.

I trained at 18 and I got married in 1941, right in the midst of an awful part of the war. Life was pretty hectic after the war came.

We lived in Sonning then and I had to work at the Royal Berkshire Hospital in Reading, as that was the nearest hospital. I cycled in every day, because we didn't have any petrol. And in those days we lived in, so we stayed over at the hospital. I worked there three days a week, in a newly built wing, and we also did evening clinics.

The patients saw a doctor before they were sent to our department and I did general massage and other things, and I really liked it.

Did you treat soldiers at the hospital?

Oh, yes. And I remember when all the troops came back from Dunkirk, we went down to the station and all these poor men were leaning out of the windows. We handed them cups of tea and they were in such a state. They looked so exhausted and worn out.

What did you do after the war?

Most of my friends were having babies, and they stopped working once they did, but I carried on until after the war, although I did do a bit of private work sometimes.

I didn't end up specialising in any area, as I was interested in all of it — but I particularly liked the medical electricity. We used to do muscle testing, to see if there was any life in the muscles or not, and I enjoyed that.

CharterCentenary



What do you hope to do after you qualify Hannah?

Before I began studying I always wanted to work in paediatrics, but over the last year I've learned so much more about the different areas that physios work in.

During my studies, a lot of emphasis has been put on the ageing population in the UK. I found it really interesting to shadow physiotherapists in an elderly rehab ward when I was doing work experience and I was really disappointed to miss my elderly rehab placement because of Covid-19. But I could definitely see myself working in this setting when I graduate.

I think once I complete more placements, I'll have a clearer view of the clinical area I'd like to work in.

Have you had any interesting placement opportunities?

For my first year placement I was very lucky to be shadowing physiotherapists in a stem cell transplant ward at the Queen Elizabeth University Hospital. The team were great and always made sure I understood what was going on. They also gave me lots of information to read up on, so I had background knowledge of the treatments happening in the ward and why the physios were so essential to the patient's recovery.

Virginia, what advice would you give to students today?

When I trained we were advised by the head of the

Virginia (second from left, middle row) with other physio students at Kings College Hospital, and (pictured right)

some of the rehab

guidance they

received

physiotherapy department to stay at a hostel in Clapham, and it took us about three quarters of an hour to walk to the hospital. But then suddenly, to our dismay, we were told to get out because the King George Jubilee Trust Fund had bought it as a hostel for boys. So we found somewhere else, which was literally five minutes' walk from the hospital. It was a lovely little house with a garden and it wasn't expensive. I was there for two years and it was marvellous. Those were very happy days.

'We mostlu did massage and

PHYSIGAL TREATMENT DEPARTMENT

Add union seeking and investing. Add pelos librag.

KCH

Other people spent hours on a train to get to the hospital. So I would always advise people to find somewhere nearby. Don't live miles and miles away from where you're training.

Tell us about your experiences of being a CSP member.

Hannah: I've enjoyed receiving a monthly magazine from the CSP because it allows me to keep up to date with new things happening within physiotherapy. I feel part of the physiotherapy community and I've learned a lot about

the work physiotherapists do. The website was also a great resource when I was completing assignments for university.

Virginia: When I started it was CSMMG – The Chartered Society of Massage and Medical Gymnastics. That was rather a mouthful, so it was much easier when they dropped that title and became the CSP.

I've kept up my membership, although of course I don't really need it – but I find it's quite interesting to keep up with things.

I still get the magazine every month and I don't want to give it up. I read it all and look at all the different things – and I always check to see who's died.

How have you both been coping with the pandemic?

Hannah: I started working in a supermarket just before lockdown started and I've been able to pick up lots of extra shifts over the last few months. I'm glad I've been

Virginia: I've coped all right. We have our temperatures taken every day here and nobody got it. The carers take great care and are very particular about hand-washing and that sort of thing. I've managed, because I have all my food brought for me, but unfortunately I can't go out and see my daughter Jane. She lives about a mile away and I used to go every Sunday, and two or three times a week, but I can't now. And, of course, we can't see hairdressers or anything — so I haven't had my haircut for a while.

working during the pandemic because I think it would've

being able to see my friends as much, but I have enjoyed

been difficult to stay at home all the time. I've missed

spending time with my family.

Do you do have any daily routines or habits to help vou stay fit and healthy?

Hannah: As a swimmer I've been missing my normal training and competitions, so I've tried other ways to keep fit. I've been walking and hiking a lot with my mum and we've also been out cycling. My dad has made a wee gym in our garage so me and my brother have been using that too. It's been nice to have a bit of a break, but I can't wait until the swimming pools re-open.

Virginia: I've always been very healthy until recently. I was living at home but then I had to have a big operation and after two weeks in the hospital I came to live in this nursing home, which is very good. But of course I'd rather be in my own home. My husband died about 20 years ago and he was about 10 years older than I was. I will be 103 in April, but I don't feel my age. fl

'I've enjoyed receiving a monthly magazine from the CSP because it allows me to keep up to date with new things happening within physiotherapy. I feel part of the physiotherapy community.'





King George V granted our Royal Charter hundred years ago, when our oldest member, Virginia Rowbotham, was only two years old. The CSP received its royal chartered status in 1920, in recognition of the society's high standing, respected education and professional standards.

ResearchFindings

Exercise improves symptom s of depression in people with chronic healt h conditions

eople with noncommunicable chronic health conditions such as cardiovascular disease, cancer, respiratory disease and type 2 diabetes have higher rates of symptoms of depression than the general population. Symptoms of depression are also an adverse prognostic factor for these conditions. Aerobic exercise is accepted as an effective treatment option for depression in people without comorbid chronic disease. This systematic review aimed to estimate the effects of aerobic exercise compared to usual care on symptoms of depression in people with chronic diseases.

Methods

Sensitive searches of three databases identified (non-)randomised controlled trials that recruited adults with cardiovascular disease, cancer, respiratory disease or type 2 diabetes. Trials had to compare an aerobic exercise intervention (delivered at least twice per week, achieving at least moderate intensity exercise, for a minimum of four weeks) to usual care. Trials where usual care involved any type of exercise were excluded. The outcome was depression assessed by clinical assessment or symptoms of depression measured using a validated questionnaire. Two independent reviewers selected trials and extracted the data. Trial quality was evaluated with the Downs and Black checklist and certainty of the evidence with the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) tool. Meta-analyses were reported



as standardised mean difference (SMD) and 95 per cent confidence interval (CI).

Five subgroup analyses were prespecified and estimated via meta-regression: (1) type of condition; (2) frequency of exercise equal to or less than three versus more than three sessions per week; (3) duration of sessions equal to or less than 30

versus more than 30 minutes; (4) length of programme of 12 weeks.

Results

Thirty randomised controlled trials and two non-randomised trials (4,111 participants) were included in the review, 24 of which reported data suitable for meta-analysis.

Interventions were delivered two to

five sessions per week for 20 to 80 minutes per session for four to 24 weeks. Eleven studies included people with cardiovascular disease, 10 with cancer, two with respiratory disease and one with diabetes.

There was low certainty evidence that exercise improved symptoms of depression in people with chronic conditions (SMD 0.5, 95% CI 0.25 to 0.76, 24 trials) compared to usual care. There was moderate certainty evidence that aerobic exercise improved symptoms of depression in cardiovascular disease (SMD 0.67, 95% CI 0.35 to 0.99, 11 trials), and low certainty in cancer (SMD 0.22, 95% CI 0.07 to 0.37, 10 trials). There was low certainty of no effect in respiratory disease (SMD 0.98, 95% CI -0.01 to 1.96, 2 trials) and diabetes (SMD 0.11, 95% CI -0.43 to 0.65, 1 trial). Meta-regression did not show that session frequency, session duration or program length influenced effect size.

Implications

Aerobic exercise has potentially clinically important effects on symptoms of depression in people with chronic non-communicable diseases. Certainty of evidence is strongest in people with cardiovascular disease. The exercise programmes investigated targeted the health effects of the chronic conditions and were not specifically designed for symptoms of depression per se. It is also worth noting that this systematic review did not aim to assess the effect of exercise in people with clinical diagnosis of major depressive disorder. fl

Citations

Beland M, et al. Aerobic exercise alleviates depressive symptoms in patients with a major non-communicable chronic disease: a systematic review and meta-analysis. British Journal of Sports Medicine. 2020;54:272-8

Paula Manning Highly
specialist physiotherapist
(mental health) for St Andrews
Healthcare and physical activity clinical
champion for Public Health
England in the East Midlands

Expert

This research shows the increased strength of evidence of the effects of at least two physical activity sessions per week on depression as a comorbidity to other non-communicable diseases.

The evidence could be used to support community and rehabilitation services to actively target depression alongside the other more well-known beneficial effects of physical activity.

Physical activity can be used as part of a restoration to a less depressed state and as mental health self-care in people with cardiovascular disease, cancer, diabetes and respiratory disease. It can be added to the patient advice and be outcome measured, to add weight to service reviews or bids to increase service provision. In those without perceived or recognised symptoms of depression, physical activity can be targeted as part of the mental ill health prevention agenda.

Although the evidence is less strong in diabetes and respiratory conditions, it demonstrates the need for more research in this area and could be part of a research project locally in the workplace using an appropriate mood monitoring tool. Mental health and physical health are so deeply associated that all service reviews would be advised to have mood as an indicator.

This evidence summary was provided by PEDro. PEDro is the Physiotherapy Evidence Database, a free database of randomised trials, systematic reviews and clinical practice guidelines in physiotherapy. www.pedro.org.au

An infographic relating to this evidence summary can be found in PEDro's May newsletter: bit.ly/3iEIPSf



InPerson

Starting out

CSP is always here to offer you support – at the very start of your studies and throughout your career, says Karen Middleton

s my last In Person was speaking to those in the profession who provide student placements, this one speaks to those of you at the start of your training.

Albeit a long time ago, I was once where you are and not once have I regretted my decision to train as a physiotherapist.

Like many of you, I suspect, I knew something about the profession, but it was my training that really opened my eyes to its full potential. As a result, I have travelled the world, worked in the NHS and the private sector, taught, managed a wide range of services and led policy development for all colours of government and three prime ministers.

And I have come full circle from those days of being the student representative in my training hospital to being the CSP CEO. And I can honestly say in all of those roles I have used my physiotherapy training in some way – communication, problemsolving, data analysis, motivation and myriad other transferable skills that you will develop in the next few years

A physiotherapy degree is not an easy option and there will be times when you listen to other students and wonder why you embarked on such a programme, but the prize at the end will be worth it.

Your chosen profession is fulfilling and game-changing and you will make a difference everyday – not many people can say that about their jobs. And no two days

are the same, I can assure you.

Of course, at this early stage you will be thinking about developing your clinical skills, but remember your training is also about developing as a well-rounded professional and these skills and attributes are just as important and will be what will give you maximum flexibility when it comes to your career choices.

Through the whole of your training and your professional life, the CSP will be alongside you supporting you however we can. We are the trade union and professional body for physiotherapy in the UK and we want you to engage with us from the beginning, whether that is through the student reference group, your local regional network or iCSP – do get in touch.

You have a UK network of 59,000 members, which means the support available goes way beyond the staff working at the CSP

I hope to meet as many of you as I can — even if only virtually at the moment — so do invite me along. I hope to see you at Physiotherapy UK, the biggest national physiotherapy conference, or at the Annual Representative's Conference, or one of the many regional network meetings I attend.

I found, when I trained, the more you put in, the more you get out and that includes engaging with the CSP. It's a fantastic profession you are looking to join and it's a fantastic organisation to be a member of.

I wish you well with your studies! fl



Contact Karen to discuss this or any other issues at middletonk@csp.org.uk



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Life as a black physiotherapist

Warren Caffrey talks about pushing hard for what you believe in regardless of race



Warren Caffrey is an MSK physiotherapist at University Hospitals of Derby and Burton NHS Trust

eing a qualified clinician now for two years, at times I still experience 'imposter syndrome.'

Although I've never let my race define who I am or limit my opportunities, the reality remains globally, racism is rife. Describing my lived experiences thus far would run to several pages. What I'd say to others

help create change.
Following the harrowing and extremely distressing death of George Floyd in May, my trust executives called for BAME representation as

is push hard for what you believe in

and what you feel will be important to

'What are you doing to change and improve inequality, diversity and inclusion? Not just within physiotherapy but more importantly our local communities'

> an open forum to discuss feelings, experiences and the Covid-19 impact on BAME communities. I have subsequently accepted a reverse

mentoring opportunity with my trust's deputy CEO and have recently been given the role of communications lead for the trust's BAME network.

My career-path did not follow the usual route into physiotherapy. It began with a degree in sports rehabilitation, feeding a passion routed in health promotion and exercise prescription, which I still endorse heavily today. I've always strived to be the best version of myself and as I mature within my career I realise I've had to work incredibly hard to fit into a predominantly 'white middle-class profession' and not be labelled as the 'aggressive black male.'

I would ask you to think about the following to help improve our profession and wider communities, especially those from a BAME background. What are you doing to change and improve inequality, diversity and inclusion? Not just within physiotherapy, but more importantly, our local communities, to improve health inequalities and to inspire the next generation to become physiotherapists and other allied health professionals.

How I use my student membership

Rebecca Kay shares how she's made use of her CSP membership during the first year of her studies

joined the CSP as a student member ten months ago in the first term of my MSc and have, so far, experienced a lot of benefits, from accessing information about common conditions to free online courses. There's a wealth of resources I have access to.

Upon joining I received the Physiotherapist's Pocketbook (by Kenyon and Kenyon) as a free gift, which helped me immensely in the run up to exams. It's also been a useful reference tool for finding information on dermatomes, special tests, origins and insertions.

My first modules at university were Foundations of Physiotherapy and Neuromusculoskeletal Integrated Practice. Having access to the Pocketbook's information about MSK conditions such as arthritis and backpain and rehabilitation was especially useful during this time.

I also enjoyed the patient section. Its primary aim is to answer common questions patients may have, however, I found reading it gave me an insight into patients' barriers to exercise. I'm fairly new to the physiotherapy world, so seeing responses such as 'I don't have time or motivation to exercise' and 'I'm

in too much pain to exercise' prompted me to think about how I might approach similar situations on a future placement.

Another resource I have made use of is the iCSP (interactive CSP). I have joined a number of groups I have a special interest in, such as the Black, Asian and Minority Ethnic (BAME) diversity network and the iCSPs on Massage and Soft Tissue Therapy, Students and Musculoskeletal.

Following these networks helps me to stay up to date in areas of physiotherapy that interest me. Some networks have



Rebecca Kay, First year MSc student at Birmingham City University

'I found that reading [the pocketbook] gave me an insight into patient's barriers to exercise.'

a WhatsApp group where further resources and information are shared. A few weeks ago, a link was shared to an MSK leadership programme for qualified physiotherapists.

While this isn't an option for me right now, it is encouraging to know that programmes like this could be an option post-graduation.



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Resources

A selection of tools and information sources that you may find useful

We are Bea (@beaphysio) from the University of Birmingham and David (@Physio back) from Bournemouth University, your new learning and development officers for the Student Reference Group. These are some resources that we think are useful for physiotherapy students.



Pocket guides

'The Physiotherapist's Pocketbook' and 'Anatomy and Human Movement pocketbook' are handy reference guides for placements and practicals. If you join the CSP in the first term of your degree, you can receive one of these books as a free gift.



CSP diversity networks

If you identify as Black, Asian and Minority Ethnic (BAME), LGBT+, or disabled, the CSP community has three thriving diversity networks to support you, advocate change, provide professional role models and ultimately positively impact the wider CSP community. www.csp.org.uk/networks/ diversity-network



First steps by Physio Matters

This is a group of student and newly qualified physios who want to create a safe space for those 'silly' questions, share experiences and signpost to quality resources. It's a new

project but, with it being supported by the guys at Physio Matters, it is well worth keeping an eye on. www.instagram.com/pmfirststeps/ https://twitter.com/PMFirstSteps

Clinical Physio

Clinical Physio is run by Khalid Maiden,

received during lockdown with many glowing reports on twitter. Focussing on

www.clinicalphysio.com/

MSK, if you're struggling with a concept, keep an eye for some help here!

Phil Richards (Physios) and Dr Jack Hurley

(a Physio turned GP) and provides regular webinars (some free), e-books, handouts and courses. The webinars were well



If you come

tools you would like to

hare with other clinicians

please send them to

frontline@csp.org.uk

CSP ePortfolio and Learning Hub

It's never too early to start an ePortfolio to keep a record of your CPD development, reflections and achievements all in one place. www.csp.org.uk/eportfolio



James Armstrong's YouTube channel

PHYSIOTHERAPY TEXTBOOKS

WHAT YOU NEED TO KNO

James Armstrong is a recent graduate from Plymouth University and a member of the CSP South West Regional core team.

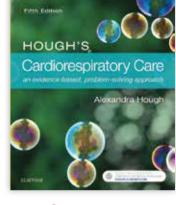
Physiotherapy Textbooks - What you need to know.

II Ca Yadide'

His Youtube channel contains a catalogue of videos that cover topics

Create a

such as clinical placements, reflections on practice, applying for jobs, as well as in-depth interviews with experienced clinicians, and a particular focus for students. https://bit.ly/2PopGXa



Hough's Cardiorespiratory Care: An evidencebased, problemsolving approach

This book gives a structured problem-based approach to respiratory and cardiac problems with clear explanations of the pathophysiology and rehabilitation options along with special populations. A must for anyone with an interest in respiratory care. Hough's Cardiorespiratory Care: An evidence-based, problemsolving approach; Ed: Alexandra Hough. Published by Elsevier. ISBN: 978-0-7020-7184-3







Resources

appearing

necessarily

endorsed by

on this

page

are not

the CSP

top 🛩 tweets

@sammcq_physio Today was the last day of my first week as a Physiotherapy Assistant and I can't believe how much iv learned already! The support and experience through this journey is unbelievable

@consultantPT Social media can be a force for good for #AHPs But a lot of #AHPs don't interact because of fear of attack or ambush! Let's just all be nice humans!

@simpson_pam Members and non members still need help. Some have not had the resources to enter "summer mode". We are fighting for our businesses and livelihoods. Find help here https://bit. ly/33xSEfD or contact us directly @PhysioFirstC

@CrouchPhysio This tweet is a reminder to all Physiotherapists to APPLY FOR THAT JOB, even if you feel you lack experience....

@Clemmie_Still can't believe it! Having had years of physio to get through chronic back pain and spinal surgery, I can't believe I'm graduating with a grade average of 89%, working at @RoyalLondonHosp in neurosurgery & about to move to @TeamQEH in Norfolk!!

icsptalk

A selection of topical discussions and comment

Interested in recent topical discussions? If so, read our selection below. Remember you need to be logged into your CSP website account to view this content and you need to subscribe to the discussion to be kept up-to-date with how the debate is shaping

Post-placement learning

A student shares learning and advice from her last placement, which took place during the pandemic. www.csp.org.uk/f73

Mental health teaching for physio

Student reference group are asking some questions about physio students' experiences of mental health teaching on their courses. www.csp.org.uk/f70



Climate change and physiotherapy

A group of students is seeking members' thoughts on the effects of climate change on the profession. www.csp.org.uk/f71

Work-based tasks for placements

A discussion where members are sharing examples of setting tasks and competencies for student placements.

www.csp.org.uk/f74

Virtual MSK services

A member is interested in hearing others' experiences of supporting band 5s and students in an MSK virtual setting, particularly training structure, mentorship and support, diary templates and patient allocation. www.csp.org.uk/f72

Got something to say?

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









'Can I support a local flu vaccination programme for patients and staff? Am I insured?'

ou can support these programmes. However, you need to be clear on some specific issues before agreeing.

Professional scope of practice and insurance

Administering vaccines is in the scope of physiotherapy practice. However this is in the broader context of physiotherapy in occupational health settings. If you are administering vaccines in this context you are covered by the CSP PLI scheme (subject to the terms and conditions of the policy).

In situations where you have been asked to administer vaccines to support a public health/staff health initiative you would not be undertaking this as a physiotherapy activity but rather as a capable individual who is well placed to contribute to a local programme. You can do this but you must be clear that it is not in the context of physiotherapy practice. In this situation you would not be covered by your CSP PLI.

If you are employed however (in the NHS or other organisation) your employer's liability insurance will cover you to undertake this activity as an addition to your usual practice. To be clear of this accountability you should have some documentation that evidences your employer's support and direction for you to participate in the vaccination programme.

If you work in private practice and are self-employed you would need to seek additional insurance to contribute as a vaccinator to a public/staff health inoculation programme. Please contact our broker Graybrook to discuss your requirements.

Personal scope

As an HCPC registrant you should limit your practice to areas in which you are trained, educated and competent.

In any of the above situations therefore you must ensure that you have developed the appropriate competencies to undertake vaccinations.

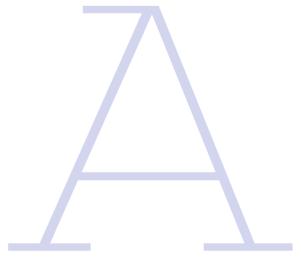
If you are employed and your



Claire Fordham is a CSP professional adviser

organisation is asking you to participate in this activity, they are responsible for providing you with the necessary training and they are responsible for continuing to support you to maintain competence. fl

For details of the CSP PLI scheme and contact details for our broker Graybrook visit: www.csp.org.uk/ professional-clinical/professionalguidance/insurance





Are you graduating soon?

Become a chartered physiotherapist

You'll get 3 months
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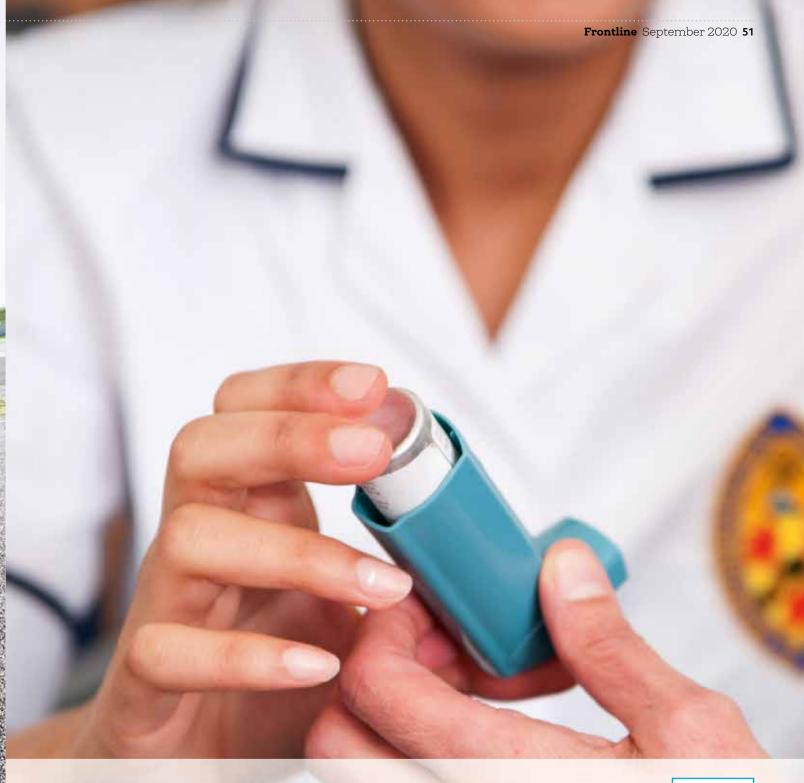


- As a CSP student member, you're automatically a graduate affiliate once your course finishes.
- You'll have three months free membership while you wait for your HCPC registration.
- This means you can stay in the loop, access resources and CPD.
- Once you have your HCPC registration, you can then upgrade your membership and get chartered.

Are you on the HCPC's temporary register?

We've opened a temporary qualified membership category so, as you practise as a Band 5, you have the security of PLI, workplace support and access to guidance and guidelines during this challenging time.

Www.csp.org.uk/getchartered



Networks&networking

Contact: networkads@csp.org.uk

Courses&conferences

Contact: andy.shields@cpl.co.uk

Recruitment

Contact: andy.shields@cpl.co.uk

For deadlines and dates, see: www.csp.org.uk/news/frontline-magazine

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68

80

Possible cancellation of events due to Covid-19

Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

Regional networks

Are you being kept up-to-date?

If you've not opted-in to receive emails from the CSP, you may miss out on invitations to local Zooms, events and local CSP news.

To update your email preferences, login to your CSP account online, select 'Update email preferences' from the drop down, and ensure that all you've checked all the boxes relevant to your membership or employment role and the region or country that you work or live in. Once you've checked each section, click 'Save preferences' to confirm your email subscriptions.

CSP providing support

The CSP has developed a Covid-19 website 'hub' which an excellent library of resources and is updated each time new information/guidance is produced. Find the hub here: https://www.csp.org.uk/news/coronavirus.

Should members be unable to find their answers online, the CSP enquiries team is providing individual advice, and can also refer members onto appropriate CSP experts. The CSP enquiries team is contactable on 020 7306 6666, or by completing the form on the 'Contact us' page on the CSP website.

Follow your regional networks and country boards and keep up to date

The CSP regional networks and boards are run by CSP members generously stepping up in a voluntary capacity and, as you would expect, a different approach is being taken to regional activity at the moment, with many regions hosting special Zoom sessions for members on specific issues relating to the pandemic.

The best way to be kept up-to-date about what's happening where you live and work is by following the relevant Twitter accounts, and visit the specific

pages on the CSP website, under 'Networks' and 'Nations and regions'.

The networks and boards Twitter accounts are:

- North West
 Twitter: @Northwestcsp
- North East
 Twitter: @CSPNorthEast
- Yorkshire and Humberside Twitter: @CSPYorksHumber
- East of England
 Twitter: @CSP EoE
- LondonTwitter: @CSPLondon
- West Midlands
 Twitter: @WestMidlandsCSP
 Facebook: West Midlands CSP ERN
- East Midlands Twitter: @CSPEastMidlands Facebook: Search for and join the 'CSP East Midlands Regional Networking' private group
- South West
 Twitter: @CSPsouthwest
 Facebook: CSP South West Regional
 Network
- South East Coast Twitter: @CSPSouthEast
- South Central Twitter: @CSPsouthcentral Facebook: CSP South Central
- WalesTwitter: @CSPWales
- Northern Ireland Twitter: @CSPNI1
- Scotland Twitter: @cspscotboard

Would you like to play an active role in your local regional network?

The South Central and South East Coast regional networks are seeking new members to join their teams. The teams are a group of volunteer CSP members who meet regularly (now by Zoom) to plan member engagement activities for the region. Being a part of a core team gives you access to an engaged group of like-minded members who all share a passion for the profession and benefit from taking an active role in the region. Being part of the core team presents valuable opportunities for individuals professionally too. Anyone can be part of the core team (student, associate, full, retired, NHS or private practitioner).

If you are interested and would like to know more please contact Mindy Dalloway, CSP campaigns and regional engagement officer, at: dallowaym@csp. org.uk



South West - new FCP steering group

The CSP is setting up a South West FCP steering group in conjunction with NHSE/I and Health Education England to support the wider role out of First Contact Physiotherapists. We will be looking for a clinical FCP representative from each STP area in the South West to engage as part of this. Please contact Jane Mitchell, CSP professional advisor for the region, at: mitchellj@csp.org.uk if interested.

South West – date for your diaries Diversity, equality and inclusion in physiotherapy: Keeping the conversation going

Date: 16 September, 7.30pm-9pm

This upcoming CSP South West regional network Zoom event is one not to miss. Sparked out of the historical and powerful Black Lives Matter movement, we are bringing together our region to unite in

support of this. This event is reminding us of the importance of 'keeping this conversation going' about race and inequality, and will allow discussion of how the physiotherapy world can acknowledge this, support it and make changes for the better.

This event is highlighting the importance of diversity, equality and inclusion within physiotherapy for Black, Asian and minority ethnic groups. We want to point out the initiatives started since the Black Lives Matter movement and review the progress made, and future actions planned, within the profession. We have gathered an engaging and influential panel of speakers alongside two of our 'core team' members, to facilitate an evening of much needed discussion and support. We encourage everybody to join us; an open, honest and safe place to discuss these important topics.

Watch out for more information about the event on the CSP South West regional network page at: https://www.csp.org. uk/networks/nations-regions/south-west and on the region's Facebook and Twitter profiles Twitter: @CSPsouthwest Facebook: CSP South West Regional Network

South Central – date for your diaries

The South Central regional network will be hosting a special Zoom for associates and support workers on Thursday 24 September. For more details visit the CSP South Central regional network web page at: https://www.csp.org.uk/networks/nations-regions/south-central and follow the regional network on Twitter and Facebook Twitter: @CSPsouthcentral Facebook: CSP South Central



The East Midlands iCSP Forum – connect with local physio staff

The East Midlands iCSP Forum is a dedicated space where physio staff from the East Midlands can come together to >



North East Regional Network presents

A series of free, evening virtual events for CSP members

- Meeting the Rehabilitation Challenge #RighttoRehab - with the CSP's Karen Middleton and Ruth ten Hove Tuesday 6 October
- Pain Management
 Tuesday 13 October
- COVID 19 Leadership with Rachael Moses plus Frailty Management Tuesday 20 October
- Student Placements
 Tuesday 3 November

For more details and to register for your ticket visit www.csp.org.uk/network-event

@CSPNorthEast #MyLocalCSP



Possible cancellation of events due to Covid-19

Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

discuss local issues, opportunities and discussions on the following subjects are up and running:

- community rehab sub regional discussions
- private practice
- dates for diaries
- support workers
- First Contact Physio
- adapting for COVID 19
- news post around the rapid 5's. Get involved or add a new discussion online at: https://www.csp.org.uk/icsp/ east-midlands



The CSP North East regional network is pleased to announce that tickets are now available for a series of free evening virtual events. Visit: www.csp.org.uk/networkevent to book your ticket.

The schedule is as follows:

Meeting the rehabilitation challenge –
with CSP chief executive Karen Middleton
Date: Tuesday 6 October

Pain Management – Gail Sowdon, consultant physio, Connect Health. Virtual Pain Management Solutions; Cormac Ryan, professor of clinical rehab, Teesside University Flippin' Pain Campaign Introduction; John O'Sullivan, clinical psychologist. Top 10 tips on ACT Date: Tuesday 13 October

COVID 19

COVID 19 leadership with Rachael Moses Scott Buxton, speaking on management of frailty post COVID 19

Date: Tuesday 20 October

Student placements

Matthew Wyatt, consultant physiotherapist, Connect Health. Setting up virtual student placements – our experience; Tamsin Baird, CSP professional advisor. Update on the central student placement form; Jill Kent, Teesside University – local student issues **Date:** Tuesday 3 November

@CSPNorthEast #MyLocalCSP

CSP Boards



Welsh board virtual meeting



On 25 June, CSP Welsh board met virtually over Zoom for their quarterly meeting during the Covid-19 pandemic. The meeting was well attended and it was great to see all the members following this unsettled past few months.

Board welcomed officers Shan Aguilar Stone, practice and development officer in Wales and Adam Morgan, senior negotiating officer to the meeting, as well as Marie-Clare Wadley, council member, and Natalie Beswetherick, director, professional development for CSP.

Members were also delighted to welcome back Pip Ford, retired member for Wales , Chloe Dooley, newly qualified member and new member Hilary Mott, WPhLAG representative.

Board were given a brief overview of key reflections, developments and challenges during the pandemic from each physiotherapy area across Wales including the NHS, community, private practice, independent hospitals and education. It was great to hear how services had come together during this

time and inspiring to hear the innovative work happening in Wales. Services have been proactive in embracing virtual technology when communicating with patients and teams. Independent hospitals have been successful running virtual classes to patients. The main themes that had been a challenge across all areas, were uncertainties of when service would resume including outpatient's, routine community, surgery, placements etc. and staff exhaustion after changes in roles, shift patterns and increased levels of stress.

Key points highlighted by CSP officers included:

- PPE Wales has had better access to PPE than England and Welsh government feel they have a good supply in case of a second wave. They have not brought in the mandatory wearing of face masks.
- Testing 6,000+ tests are being carried out per day in Wales and there is also antibody testing although the science on this is underdeveloped so unsure what the results show.
- Annual leave statement For the 2020/21 leave year, individuals are encouraged to book and take annual leave at regular intervals throughout the year as they would under normal circumstances. Taking annual leave is an important contributor to an individual's physical and mental health and their ability to undertake their duties in a safe and effective manner. Local organisational policies apply with regard to carry forward of leave from the 2020/21 leave year.
- Louise Wright gave some information on the petition against the change in childcare arrangements for key workers which was put forward to Welsh government. This issue was causing a lot of problems for staff and there has been talk of some taking extended unpaid leave over the six-week summer holiday to cover childcare.

Other key things to look out for:

• The council and committee elections had been postponed but Welsh members

are encouraged to put themselves forward for the places, the elections are proposed for the end of 2020.

- There has been a lot of work by the CSP on Covid-19 resources that are all on the CSP website which have been a valuable resource for members.
- Shan Aguilar-Stone has provided members with the latest practice and development update including draft rehab models, Hip Sprint work and workforce and education.

Stay up to date www.csp.org.uk/ networks

Professional networks

CPTRH

Chartered Physiotherapists in Therapeutic Riding and Hippotherapy

CPTRH Certified Hippotherapy course 2021

For chartered physiotherapists wishing to use the horse within physiotherapy treatment. Two sequential modules both four days long.

Equine module: Assessment and selection of equines for hippotherapy.

Dates: Friday 29 January to Monday 1 February 2021

Place: Crown Farm, Kelvedon Hatch CM14 5TB

Hippotherapy module: Delivery of best

practice of hippotherapy

Date: Friday 29 October to Monday

1 November 2021

Place: Venue to be confirmed

Cost: £1100 plus non-refundable registration fee of £200.

Closing date for applications:

30 September 2020

Prerequisites:

- Chartered Society of Physiotherapy membership
- Health Professionals council registration CPTRH membership
- One-year postgraduate clinical experience
- Submission of the CPTRH Equine skills record
 Required to register for the complete

course.

Horse riding experience:

CPTRH recommend applicants have basic horse-riding skills in addition to general equine experience.

Assessment: >

Presenting a series of free webinars focused on supporting physio staff to champion community rehabilitation

Championing Community Rehabilitation

A Spotlight Webinar Series

Spotlight on working across pathways and communications 101

Date: 9 September **Time:** 6.30pm-8pm

Spotlight on pain, lived experience and the elevator pitch

Date: 23 September **Time:** 6.30pm-8pm



Find out more by joining the Community Rehab iCSP Network at www.csp.org.uk/icsp/community-rehabilitation

Possible cancellation of events due to Covid-19

Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

- Continuous formative assessment of practical skills
- Extensive written assignments following each module
- Summative assessment of practice in hippotherapy module.

Contact: Application requests and enquiries to course coordinator, Fiona Hainsworth, at email: afhains@btinternet.

POGP

Pelvic, Obstetric, Gynaecological Physiotherapy

Pelvic health physiotherapy: Female urinary dysfunction – an entry level course – FULL BOOKED

Date: 11-13 September Place: Chertsey

Cost: £370 POGP member/affiliate.

£445 non-member

Pelvic health physiotherapy: Lower bowel dysfunction - an entry level course - FULLY BOOKED

Date: 18-20 September Place: Reading

Cost: £345 POGP member/affiliate.

£420 non-member

Pelvic health physiotherapy: Managing complex female pelvic pain and pelvic floor muscle dysfunction advancing your practice – FULLY **BOOKED**

Date: 25-27 September Place: Cambridge

Cost: £370 POGP member/affiliate.

£445 non-member

Pelvic health physiotherapy: Female urinary dysfunction – an entry level course - FULLY BOOKED

Date: 25-27 September

Cost: £370 POGP member/affiliate.

£445 non-member

Place: Hexham

Pelvic health physiotherapy: Female urinary dysfunction – an entry level course - FULLY BOOKED

Date: 16-18 October

Place: Chorley

Cost: £370 POGP member/affiliate,

£445 non-member

Pelvic health physiotherapy: Pelvic organ prolapse – advancing your practice

Date:17 October Place: Horsham

Cost: £140 POGP member/affiliate.

£175 non-member

Pelvic health physiotherapy: Lower bowel dysfunction - an entry level course - FULLY BOOKED

Date: 6-8 November Place: Cambridge

Cost: £345 POGP member/affiliate,

£420 non-member

Pelvic health physiotherapy: Managing complex female pelvic pain and pelvic floor muscle dysfunction – advancing your practice – FULLY BOOKED

Date: 6-8 November Place: Bolton

Cost: £370 POGP member/affiliate.

£445 non-member

Pelvic health physiotherapy: Female urinary dysfunction – an entry level course - FULLY BOOKED

Date: 13-15 November Place: Lewisham

Cost: £370 POGP member/affiliate,

£445 non-member

Pregnancy related physiotherapy: The childbearing year – an entry level course

Date: 28 November Place: Swindon

Cost: £140 POGP member/affiliate, £175 non-member, £100 student Pelvic health physiotherapy: Male lower urinary tract symptoms – advancing your practice

Date:16 January 2021 Place: Chertsey

Cost: £140 POGP member/affiliate,

£175 non-member

Pelvic health physiotherapy: Female urinary dysfunction – an entry level course

Date: 22-24 January 2021

Place: Bath

Cost: £370 POGP member/affiliate,

£445 non-member

Pelvic health physiotherapy: Pelvic organ prolapse – advancing your practice

Date: 30 January 2021

Place: Manchester

Cost: £140 POGP member/affiliate,

£175 non-member

Pelvic health physiotherapy: Managing complex female pelvic pain and pelvic floor muscle dysfunction – advancing your practice

Date: 26-28 February 2021

Place: Manchester

Cost: £370 POGP member/affiliate, £445 non-member

Pelvic health physiotherapy: Pelvic organ prolapse - advancing your practice

Date: 13 March 2021 Place: Edinburgh

Cost: £125 POGP member/affiliate,

£160 non-member

Pelvic health physiotherapy: Female urinary dysfunction – an entry level course

Date: 19-21 March 2021 Place: Liverpool

Cost: £370 POGP member/affiliate,

£445 non-member

Pelvic health physiotherapy: Lower bowel dysfunction – an entry level course

Date: 7-9 May 2021 Place: Bath

Cost: £345 POGP member/affiliate.

£420 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 via email: pogpcourses@outlook.com Follow us on Twitter: @ThePOGP Check out pogp.csp.org.uk for information on bursaries and funding opportunities

AACP

Acupuncture Association of Chartered Physiotherapists

Upcoming CPD courses Effecting the affect course Date: 4 September Place: Peterborough

Acupuncture for chronic pain, radiculopathy and tendinopathies

Date: 3 and 4 October

Place: Cheshire Fascia and anatomy course

Date: 20 November Place: Peterborough

Trigger points needling techniques

Date: 19 and 20 December Place: Cheshire

AACP Basic acupuncture foundation

AACP.

Expand your skillset and increase patient choice by training in acupuncture with the

Dates: 5 and 6 September, 3 and 4 October and 7 and 8 November

Place: Manchester

Dates: 9,10, and 11, October and 27, 28

and 29 October Place: Cheshire

benefits.

Cost: £549- Including one year's full membership of the AACP with many

Contact: To book, visit: www.aacp.org.uk > Training and Conferences > Foundation

Courses or CPD Courses Tel: 01733 390007 #3 Email: sec@aacp.uk.com

MACP

Musculoskeletal Association of Chartered Physiotherapists

Pregnancy, post-natal and female pelvic health for the musculoskeletal physiotherapist

This course will prepare musculoskeletal physiotherapists to assess, treat and manage: pelvic girdle pain; rectus diastasis; post natal LBP; prolapse and conditions of pregnancy related pelvic girdle pain. It will also enable musculoskeletal physios to identify conditions that require more specialist pelvic health physiotherapy such as prolapse, urinary dysfunction, obstetric anal sphincter injury and pelvic pain.

Facilitator: Mr Gerard Greene MSc (Manip Physio); BSc Physio, MMACP, MCSP, PG

Cert HEd, Assistant Professor Physiotherapy (Coventry University, UK)

Date: Saturday 5 September

Time: 9am to 5pm (registration 8.45am) **Place:** Online delivery via Zoom

Cost: £120 MACP members - £140 non-

members

Book online at: www.macpweb.org Optimising the function of the shoulder girdle – Making sense of the dysfunction

This course has been created to combine systematic methods of assessment and functional rehabilitation of the shoulder and is applicable to the elite sport and outpatient environments. The course will allow clinicians to apply new concepts to their existing knowledge in this area.

The virtual delivery of this one-day course will include: Functional anatomy and biomechanics; shoulder assessment considerations for exercise selection for rehabilitation; management of small nerve dysfunctions around the glenohumeral >



Covid-19 Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

joint; assessment and management of the SCJ; proprioceptive assessment and management tips; functional kinetic chain testing; lumbopelvic, cervical and thoracic spine relationships to shoulder function; post-op return to play pathways; a wide range of practical exercise solutions to shoulder problems.

Facilitator: Dr Ian Horsley PhD, MSc, MCSP, CSCS

Date: Saturday 12 September (9am-5pm)
Place: Online delivery via Zoom
Cost: £120 MACP members, £140 non-

members

Contact: Visit: www.macpweb.org

BAHT

British Association of Hand Therapists

BAHT Level II Management of thumb conditions

Date: 10-12 September

Place: Wrightington Hospital, Hall Lane, Appley Bridge, Wigan WN6 9EP **Contact:** Website: www.neshands.co.uk Email: anne.page@wwl.nhs.uk Tel: 01257 256 274

Level II Radiographic imaging of the hand

Date: 30 September to 2 October **Place:** University of Derby Enterprise Centre, 67 Bridge Street, Derby DE1 3LD **Contact:** Email: linda.tozer1@nhs.net

Tel: 01332 786964

BAHT Level I Hand therapy

Date: 4-6 November

Place: University of Derby Enterprise Centre, 67 Bridge Street, Derby DE1 3LD Contact: Email: linda.tozer1@nhs.net or:

anicia.baron@nhs.net Tel: 01332 786964
Level II Assessment and differential

Level II Assessment and differentia diagnosis of the hand

Date: 13-15 November

Place: TBC

Contact: Email: n.glassey@ntlworld.com

Tel: 07901 1500713

Level II Management of the wrist

Date: 3-5 December **Place:** Talbot Hotel, Stillorgan, Dublin

.....

Contact: Website: www.neshands.co.uk
Tel: 020 3488 3848 or Clare Dooley email:
claredooley@rcsi.ie Tel: +353 1 402 2148
Level II Management of the PIPJ

Date: February 2021 (Date TBC) **Place:** William Harvey Hospital,

Kennington Road, Willesborough, Ashford

TN24 0LZ

Contact: Website: www.neshands.co.uk Tel: 020 3488 3848 or Harriet Edwards

email: harriet.edwards@nhs.net

BAHT Level II Fractures

Date: Early 2021

Place: FPS, Hutton Grove, North Finchley

N12 8DR

Contact: Website: www.neshands.co.uk

Tel: 020 3488 3848

Level II Management of the burn injured hand and upper limb

Date: May 2021 (Date TBC)

Place: TBC

Contact: Email: n.glassey@ntlworld.com

Tel: 07901 1500713

BAHT Level I Hand therapy

Date: 16-18 May 2021

Place: FPS, Hutton Grove, North Finchley N12 8DR

Contact: Website: www.neshands.co.uk

Tel: 020 3488 3848 BAHT Level II Fractures

Date: Early 2021

Place: FPS, Hutton Grove, North Finchley

N128DR

Contact: Website: www.neshands.co.uk Tel: 020 3488 3848

ATOCP

Association of Trauma and Orthopaedic Chartered Phusiotherapists

ATOCP memberships via standing order – Important update

Due to the introduction of the GDPR policy the ATOCP have been obliged to review the way that members' data is collected and stored. To review your data preferences, we have sent all ATOCP members an email. If you have not received this email, it may be the contact details we hold for you are not up to date. Please contact: atocp.treasurer@gmail. com if you have not received an email asking for your permission.

Our new process for managing your personal data will link to your CSP membership and payment must be made using 'Go-Cardless'. This ensures that you have given permission for how your details are to be used and can opt-out at any time.

Therefore, we can no longer accept membership payments by standing order. Furthermore, if you continue to pay by standing order, we are unable to retain your personal details without your consent. Any personal details we hold will be disposed of appropriately and we will have to suspend your membership. We are unable to cancel standing orders; only the account holder can cancel payments.

What action do I need to take?

1. Cancel any standing order for ATOCP immediately. This does not cancel your ATOCP membership and you will remain a member of the ATOCP for the remainder of the payment period since you last paid (12 months from the date of your standing order).

2. In the month that your renewal is due, we will cancel your membership and email you. At this point, to continue your membership, you will need to re-register for membership with Go Cardless via the 'Join me' page on the main ATOCP webpage. We are unable to cancel your standing order from our end so unless you cancel it, you will continue to pay without active membership from 2020.

ACPOHE

Association of Chartered Physiotherapists in Occupational Health and Ergonomics

Simply we are physios for work and health. We work to improve the health and wellbeing of workers so that they can do their jobs efficiently and effectively. We have now moved over to the new website: https://acpohe.csp.org.uk/Manual handling – Train the trainer and risk assessment

Date: 7 November

Place: Bury St Edmunds, Suffolk
Cost: £150 members, £210 non-members
Advanced office workstation
ergonomics (DSE) Level 2

Date: 14-15 November

Place: TBC (will be Midlands based)

Cost: £280 members, £340 non-members

Occupational Health Essentials Online

Nine-module course designed for

chartered physiotherapists interested

in developing knowledge and skills in occupational health. Completion of this online course, or the three day face to face course, is a requirement for technical membership of ACPOHE.

For more information on this please visit the 'Courses' page of the ACPOHE website.

To access this you must first register with the CSP e-Portfolio and learning hub.

Physio First

All Physio First members have the exclusive opportunity to be part of our unique Data for Impact programme and work towards becoming a Quality Assured Practitioner (QAP) or a Quality Assured Clinic (QAC).

Many of our members are already participating, for others this is an important time to start getting involved.

Collecting data on your outcomes will help you promote your practice during this time of rebuilding and re-evaluation.

The Covid-19 pandemic has changed our world and for many our businesses have changed with it. More than ever, we now need to find ways to attract patients back to our clinics with confidence in the quality and cost-effectiveness of our treatments, irrespective of whether we are giving face to-face or remote consultations

Physio First membership includes the online collection of data using a validated tool, the third-party analysis of that data, the award of a quality kitemark and the confidence that the data is collected by private practitioners and used for the benefit of private practitioners.

Contact: To find out how to join and how to start collecting data visit: www. physiofirst.org

Other groups and nonclinical networks

CSP Student network Students iCSP

Subscribe to the Students iCSP at: www. csp.org.uk/icsp/students to receive the latest opportunities, news and discussions for and from physio students.

CSP Diversity networks
The CSP diversity networks are for members
who feel that they belong to one, or more,
of the following groups (membership is on
the basis of self-identification):

- Disability
- BAME background
- Lesbian, gay, bisexual, transgender + other related identities.



Covid-19 Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

Please come along to network meetings for discussion, peer support, CPD and a warm welcome.

Contact: Please contact Tom Gill at: qillt@csp.org.uk with any queries.

CSP Retirement Association news

Campfire session for Physiotherapy UK conference 13-14 November – NOW VIRTUAL

Pip Ford is to lead a campfire session for the CSPRA on the Friday so watch for more information how take part in a lively discussion on retirement.

In Profile: Rachael Bailey

Well done to Rachael on becoming a new physiotherapy graduate and for using her personal experience as a patient to pursue her career.

Reading her article brought back memories for me as a young newly qualified physiotherapist working on ICU with a Guillain-Barré syndrome patient (a young woman) and following her through rehab to a complete recovery.

So when my daughter suffered an 'original neurological event' six years ago which in fact took her sight away as well for two weeks my memory of GB gave us both strength and hope. Her symptoms were so similar in the early frightening stages that I convinced her I knew she would make a full recovery – at a time when doctors were all doom and gloom. She did bounce back after wonderful care but still has poor colour vision. She has changed career from film producing to author and has written two books and done a TED talk.

Her first book 'Patient H69' is a detailed insightful and inspiring account of her recovery process as her sight returned. This diary is a journey into and out of blindness with much about the science of herself,

with the valued help from psychologists and a Cambridge neuroscientist.

For more information please contact: judith6072@hotmail.co.uk

CSPRA AGM

Date: 24 September, 11am to 12.30pm via 700m

To take part in our AGM you will need to register with Eventbrite and this will give access to the Zoom code. Please see advert on page 61 in this issue of *Frontline*.

Our new treasurer - Linda Browne

I was first interested in physiotherapy when my father had knee surgery in the 60s so went along to help in a local physiotherapy department in my school holidays . The qualified staff were most supportive and encouraged me to pursue a career as a physiotherapist .

I trained at the Prince of Wales Hospital in Tottenham 1970-1974. My first job was in a small general hospital in Wanstead East London where a full rotation was in place. Here we treated outpatients in the afternoons and general ward patients every morning. After three months I moved to the Royal London Hospital to pursue my love of paediatrics. I gained experience in community and special schools. Good old East London families were still living in poor conditions however I was always made welcome and felt safe.

I left to have my children returning to adult outpatients when they started school. I went back to paediatrics soon after in Redbridge (East London). and was promoted up as head of service but the management side beat me. After sick leave I returned as a Band 7 and hands on therapy until I retired.

I have some wonderful happy memories of the children and their families — including on a children's ward when two lads on traction had a pillow fight. After a pub lunch one time a cheeky lad said to me 'ere Miss you smell just like me dad'!

Special schools were so different in the 70s as many children did CSE s and typing etc but now they would be integrated into mainstream and special are just for profound disability.

I was involved in research for Baclofen to reduce spasticity and the Eva Bowers project to quantify intensity and frequency of therapy.

Now retired I miss children but enjoy my grandchildren and friends watching their development. Sometimes I am able o give encouragement to anxious parents – especially 'what not to worry about'.

From the chair

I too wander round York despairing at all the flat feet and silly footwear!

Info exchange

Did you ever work at Walkden Rehabilitation Clinic in Worsley, Lancashire?

The University of Manchester's Centre for Musculoskeletal Research is keen to add to the information it holds about Dr John Lawrence, who worked at the clinic in the late 1940s/early 1950s. Dr Lawrence carried out research into rheumatism in miners and subsequently became the centre's first director. We are interested in any memories, photographs etc. you may have of your time working at the clinic. Contact: janet.suckley@manchester.ac.uk

Guy's Hospital Physiotherapists Association

Your help is requested – from those who trained at Guy's Hospital and have any knowledge of the sets below

As part of an archive project I am trying to fill in as many names as possible on the back of the photos which were taken of the sets in the first few months of training. Many of the names I have are so damaged as to be unreadable or are just not there. I have done a lot of work on this and thanks to so much help I have had from so many, many missing names are now recorded.

The following sets are not as complete as I would like so if you can help please, please email me at: buchele42@btinternet.com Thank you.

ATTENTION ALL RETIRED CSP MEMBERS

CSPRA 'Virtual' AGM and General Meeting

Date: Thursday 24 September 2020

Time: 11am-12.30pm via Zoom

Guest speaker: Karen Middleton, CSP Chief Executive

Please register to join the Zoom meeting via Eventbrite:

https://cspra_2020agm.eventbrite.co.uk and you will be sent the Zoom login details.

The CSPRA looks forward to seeing you there!



Avatar (m) of your life!

Come to Physiotherapy UK without leaving home:

13&14 November





*Windows 7 or OSX required. Full system requirements: https://virbela.zendesk.com/hc/en-us/articles/115000670231-Hardware-and-Software-Requirements

Covid-19 Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

Maxine Buchele, archivist, Guy's Hospital Physiotherapists Association Help needed for the following sets:

D Set 1962-1965 F Set 1963-1966 A Set 1964-1967

B Set 1965-1968 (very few names known)

A Set 1968-1971

D Set 1973-1976 (very few names known)

E Set 1973-1976 (very few names

known) F Set 1974 -1977

G Set 1974-1977 Double intake set with A 1974-1977

A Set 1974-1977 Double intake set with

G1974-1977

F Set 1974-1977 G Set 1974-1977

F Set 1977-1980

G Set 1977-1980

A Set 1978-1981

B Set 1978-1981

D Set 1979-1982.

Len Asplin

A History of Physiotherapy in the Army

Parts 6, 7 and 8 of 'The History of Physiotherapy in the Army' have been added to the website of the CSP at: https://bit.ly/20KXYmN

All three parts contain information submitted by former students. As this an ongoing project if you trained at the ASP or worked for the WO/MOD and would like to share you experience please contact me at: l.asplin@btinternet.com

I would like to make contact with anyone who commenced their training at the Army School of Physiotherapy in 1974. Please contact me at the above email address.

Keep your adverts up to date networkads

@csp.org.uk

Reunions

QE School of Physiotherapy 1977-1980

Due to the current COVID socialising restrictions, we have decide to postpone our planned 40 year celebrations until 2021. Lesley James (Roper), fizzioljj@ hotmail.com will contact everyone who was intending to come, with the new details, when finalised. We look forward to seeing you in 2021 for a '40 plus 1' celebration.

Leeds School of Physiotherapy 1980-1983

We would love to see you at our 40 years reunion to be held in Leeds on 19 September Please contact: janerudge@outlook.com for further details

Pinderfields College of Remedial Gymnasts 1980-83. 40 Year Reunion

Where did all those years go!! How about a get-together? A simple night out in Nottingham – as its central. Saturday 3 October – meet in The Park Plaza Hotel, Maid Marion Way, Nottingham – in Bar at 6pm. We'll then head out into town for a bite to eat. Option of staying at the Plaza or wherever you fancy. I'm happy to co-ordinate numbers for our meal out if you'd like to email me to let me know you're coming. I'll leave it to you to book your accommodation. Martin and I will be staying at Plaza. Spread the word. Email: louise@louisehaines.com

ROH Birmingham Set 49 40th anniversary

Unbelievably 2020 is the 40th anniversary of Set 49 students at ROH Birmingham qualifying! Where have the decades gone? Lyn Clark (Nee Deeley) and I are keen to celebrate this with a catch up some time this year. If you are interested please do make contact with me Natalie Beswetherick (nee Clark) at: beswetherickn@csp.org.uk

I recently met up with Lindsay at a West Midlands regional network event so I know some of you are still working in the West Midlands and much further afield.

University of Liverpool reunion We are organising a 20 year reunion for the graduates of The University of Liverpool 2000 (97-00 intake). It's taking place in Liverpool on 12 September 2020. We would particularly like those friends who aren't on social media to know about this. Please contact us for more information at: danielchristophermartin@ amail.com

Obituaries

Ann Reed (née Irving)
BA, MCSP, Dip TP
5 December 1944 – 3 May 2020
Ann made a decision to become a
physiotherapist very early in life. She
never lost her focus! Periods of hospital
care in her childhood, and an inspiring
physiotherapist on her ward, determined
her to apply to the Queen Elizabeth
Hospital, Birmingham.

Qualifying in 1966 and remaining in Birmingham, she worked in an outpatient department and then an intensive care unit. To her surprise she preferred outpatient work as it offered more patient interaction between therapist and patient than was possible in intensive care. So when Ann moved to Croydon General Hospital in Surrey she worked with outpatients and then with children with physical disabilities within a school setting.

While there she began exploring the possibility of becoming a physiotherapy teacher. Her search led her to The London Hospital School of Physiotherapy (LHSP) in Whitechapel, which became the base from which she attended Chelsea College of Physical Education in Eastbourne and

the North West London Polytechnic before qualifying in 1971. So began her years of teaching in East London which continued despite her move to Northamptonshire in 1970.

The birth of her daughters in 1972 and 1974 meant a break in her career before a return to the London Hospital on a part-time contract of two days a week. She was asked to teach electrotherapy, which Ann described as 'the least popular subject in physiotherapy for students and teachers'! Nevertheless she accepted this challenge and proceeded to "gradually build up more knowledge and ways to make it more palatable, and even fun for students". She succeeded! She was in fact becoming an acknowledged expert in the field, as well as a popular and effective teacher who held students to her high standards while remaining very approachable.

As her children grew older, and thanks to the enormous support of her parents, Ann opened a small private practice in 1978 and went on to gain a degree through the Open University in anticipation of the 1981 start of the BSc. Hons. Physiotherapy course at the LHSP.

It was in 1988 that the LHSP moved to nearby North East London Polytechnic (NELP), later to become the University of East London (UEL). Ann continued to teach electrotherapy and became aware of the need for a new textbook in electrotherapy. She began to collaborate with fellow physiotherapy lecturer John Low, from Guy's Hospital School of Physiotherapy, in order to produce 'Electrotherapy Explained: principles and practice'. Published in 1990 this book quickly became a key text for undergraduate students, running to three editions by 1999. Low and Reed continued their involvement through their contribution to the expanded fourth edition published in 2006. Meanwhile they had published two other books, 'Physical Principles Explained' in 1993 and 'Basic Biomechanics Explained' in 1996.

During her years at UEL which lasted until 2004 Ann's contribution to students

through teaching, project supervision and publishing was enormous. She was also greatly valued by the staff team. On hearing of her death one previous staff member expressed her memories of Ann in the following way: 'She remained a very special person in the development of my teaching career, not because I was interested in or knew anything about electrotherapy but because of the person she was. Always generous with her time, sharing her teaching talent, her ability to control a class with just the right word and the raise of her eyebrow. A truly memorable person.'

Well before her retirement she had negotiated a new role for herself as a visiting tutor to students on clinical placements from the Coventry School of Physiotherapy. Staff at Northampton General Hospital described her as 'the ultimate professional... whose experience and love of physiotherapy was never questioned... and who was always available for staff and students alike to talk through concerns they may have had.' Ann had brought with her a breadth of clinical experience in addition to a thorough knowledge concerning practice. She nurtured and mentored others wherever she went, always with insight and humour.

Her dry wit, her integrity and her support for others were also valued by her wide circle of friends with whom she played bridge and enjoyed linedancing.

A strong faith underpinned Ann's life and work and on her retirement she became a reader in her local Anglican Church. This role was important to her and was one which she continued until the end of her life. The latter came suddenly. She was diagnosed with terminal cancer in mid-April 2020 and died on 3 May 2020, She will be sorely missed not only by her daughters Helena and Charlotte and their families but also by her many friends and previous colleagues. Sarah Beeston FCSP, MA, Dip.TP Helena Urban MA, DPhil.

June Margaret Miller 1926-2020

June Miller passed away at the end of March this year after a short illness, at the age of 93.

June began her training as a chartered physiotherapist at the Royal Victoria Infirmary, Newcastle in 1943. On completion in 1945, she went straight into hospital work, insisting from the beginning that she wanted to treat and help really needy patients. This was at a time when some of her contemporaries were being attracted to better paid overseas work in private practice. Her first placement from 1945-1947 was in the physiotherapy department at Sunderland Infirmary. She then worked as assistant physiotherapist in Tynemouth Infirmary from 1947-1955. She finally became senior physiotherapist at Preston Hospital, North Shields, later the Tynemouth Jubilee and Preston Hospital (TVJI), where she worked until her retirement in 1986.

June lived in the Tynemouth area all her life, and for much of that in the house where her family moved to in 1939. She was a great authority on the natural history and local history and archaeology of the North-East, and was a long-time supporter of local and regional initiatives, such as the Friends of Vindolanda. She was a skilled amateur artist and craftswoman, being particularly accomplished in dressmaking, knitting and crochet. Above all she was a great collector of antiques, and was highly knowledgeable about the history of English china, and toys.

A local memorial service will be held for family and friends in August.

Dr. Guy Van Herp

16 January 1955-7 July 2020 It is with great sadness that I inform fellow physiotherapy friends, colleagues and students of the passing of my father Guy Van Herp.

Guy was born in Belgium. He was sporty and competitive from a young age so it suited him to attend a sports boarding school where he discovered a love for running. At age 16 he became the

Belgian junior champion for the 800m. Guy was always fascinated by anatomy and physiology and so completed his diploma in physiotherapy in Belgium.

After completing his diploma Guy travelled to Rwanda in Africa to do voluntary work for two years. There he fitted and adjusted callipers for children with Polio. During this time he also met his future wife, Anita and they travelled the east coast of Africa for six months backpacking.

After Rwanda Guy returned to Belgium and he discovered a passion for research and he went on to complete his masters at the University of Brussels. His passion for research and learning took him all over the globe including California, Sweden, Norway, Kuwait and finally the UK where he settled in Edinburgh. At Queen Margaret University he took a lecturing position and completed his PhD.

Through the years I have met many ex-students who have all been so full of praise for him and his enthusiasm for the profession. From their stories I can gather that he bestowed a vast amount of knowledge in a fun and interesting way. He also caused many giggles along the way with his foreign pronunciations (I can assure you this never changed no matter how many times I corrected him). His love for education and lecturing continued and he visited Florida, Australia and Hong Kong as a visiting lecturer.

In Edinburgh Guy had his own private practice in Meadowbank where he specialised in sports rehabilitation but would see anyone and everyone. As a physiotherapist myself I would often shadow him and I would see that he would treat everyone with the same enthusiasm and compassion. If you were an elite athlete or a recreational runner it didn't matter, you always got 100 per cent of his time and effort. This is what inspired me to become a physiotherapist myself and for that I will be forever grateful.

Guy's passion for sports continued through the years. He worked at many British athletic events including the world 24-hour running championships. He also incorporated his love of football by working with the Hearts under 21's and occasionally worked for the first team. Laterally he worked for the Scottish women's national football team and was proud to join them at the world cup last year in France. From the stories I have been told he made their trip memorable and helped so many players not only physically but emotionally as well.

Guy made such an impact in the world of physiotherapy and sport and I know he inspired many people to become physios (myself included) and he continued to inspire qualified physios to improve their practice. As an educator he would never let you have the easy answer but would encourage and discuss the question with you to help you reach the answer yourself. This in itself is such a talent for an educator and I know I will try to adopt this myself throughout my practice.

His larger than life personality will be missed by so many. He was one of a kind and his loss will be felt around the world. Majka Van Herp

Elaine 'Lisa' Judith Sylvina Hopgood

Elaine 'Lisa' Judith Sylvina Hopgood, known as Lisa, beloved eldest daughter of the late Roy and Pamela Hopgood was born on 24 April 1961 in Devizes Maternity Hospital and passed away on 19 June 2020 at the Great Western Hospital, Swindon.

Lisa is survived by her loving partner Alan and son Luke, twin brother Julian, sister Laura and elder brother Paul. Lisa attended Devizes School and was a gifted and popular student, both academically and on the sports field culminating in her being appointed head girl. Lisa had many friends both locally and further afield. She enjoyed being an active participant in the local Devizes Community, both professionally and socially.

Following school, Lisa trained to be a physiotherapist at the Birmingham School of Physiotherapy. She pursued a 30-year career as a physiotherapist, predominantly in the NHS, including positions at Musgrove Park Hospital,

Taunton and a senior paediatric community role based in Swindon and then Bath. She also enjoyed a four-year period as a physiotherapist in Newfoundland, Canada. In more recent years, Lisa expanded her skills as a physiotherapist and trained in Bowen Therapy establishing her own rewarding and successful independent practice.

Lisa will be forever remembered for her wonderful smile and cheery voice that lit up a room. She had such incredible generosity, wisdom, compassion and joy of life.

In 2018, Lisa was diagnosed with Motor Neurone Disease (MND). Despite the diagnosis, Lisa remained cheerful and positive until her passing. No flowers, all donations go to the My Name'5 Doddie Foundation. Lisa took great strength and inspiration from Doddie's positive approach to this cruel disease. https://www.myname5doddie.co.uk/

Deaths

HOPGOOD On 19 June 2020 Elaine Lisa Judith Hopgood MCSP. Trained Birmingham Hospital School of Physiotherapy.

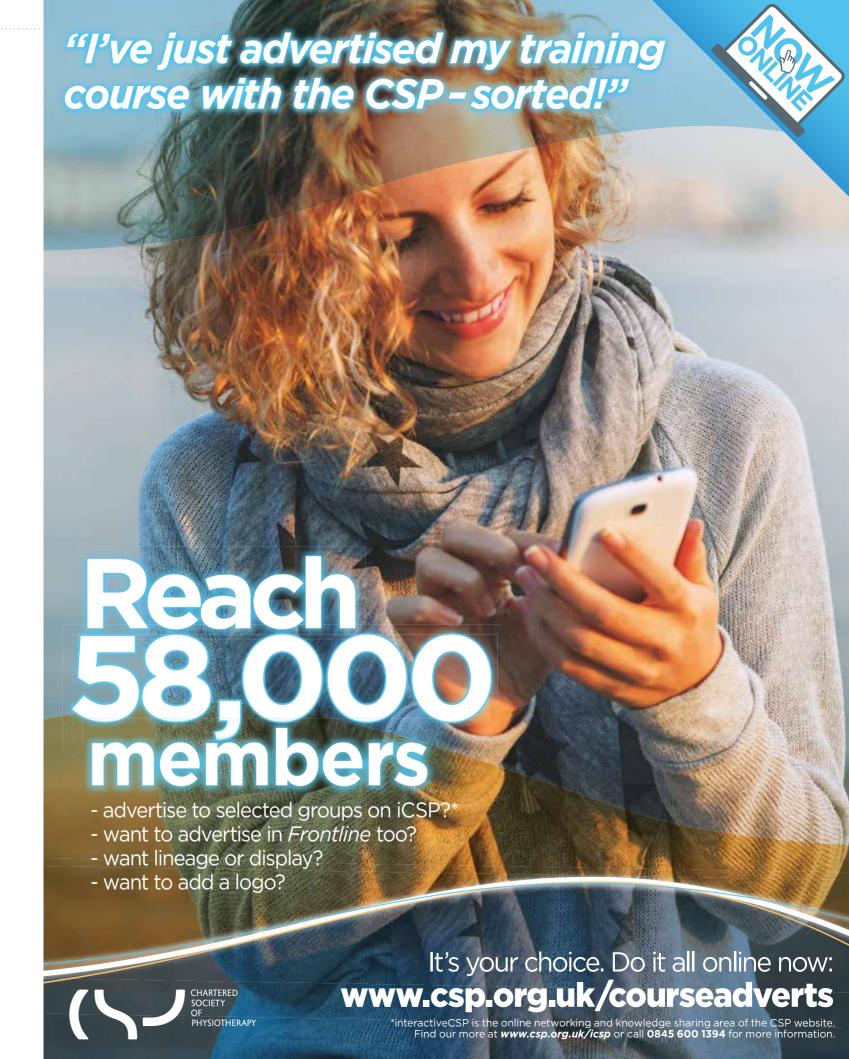
VAN HERP On 7 July 2020 Dr Guy Van Herp PhD MCSP. Trained overseas.

SWEET In July 2020 Dinah Sweet MCSP nee Owen. Trained Cardiff School of Physiotherapy.

SPENCER On 15 June 2020 Alan Spencer MCSP.

DALY On 31 March 2020 Gaynor Elizabeth Daly MCSP nee Smith. Trained Cardiff School of Physiotherapy.

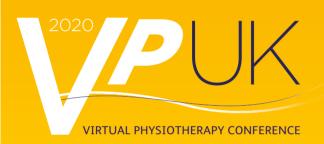
DEANE In March 2020 Susan Diane Deane MCSP nee Carter. Trained Birmingham Hospital School of Physiotherapy.



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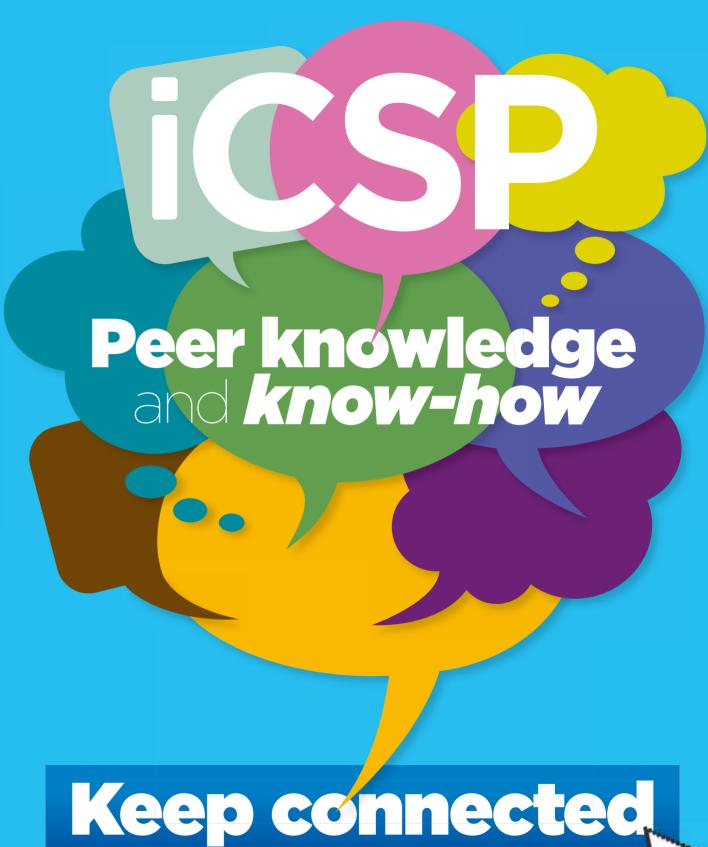
13&14 November











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Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

Learning disabilities and mental health

OCCUPATIONAL STRESS: UNDERSTANDING AND **MANAGEMENT**

When: 2 December 2020 Where:London Road Community Hospital, Derby Derby Speaker: Dr Aftab Laher. The workshop will draw on the wider psychological literature with a particular focus on occupational stress in healthcare settings. It is hoped that by the end of the workshop delegates will have enhanced their knowledge. skills and confidence in

Contact:

CPD: 5.5 hours.

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identifying, assessing and

organisational and service

user perspective. Fee: £130.

managing occupational

stress from a personal,

RECOGNISING POST-TRAUMATIC STRESS DISORDER

When: 18 January 2021

Where: London Road

Community Hospital, Derby Speaker: Dr Aftab Laher. The workshop aims to help health professionals understand more about the development, assessment and treatment of PTSD. The workshop combines both elements of didactic teaching and participative exercises. Fee: £130. CPD:

5.5 hours. Contact:

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COGNITIVE-BE-HAVIOURAL APPROACHES TO PHYSICAL REHABILITATION:

INTERMEDIATE

LEVEL WORKSHOP When: 11 January 2021 Where: Royal Derby Hospital, Derby Derby Speaker: Dr Aftab Laher. This study day will cover: • The theoretical

- background to CBT • Assessment tools and
- procedures • How to formulate clinical problems using the CBT
- framework • CBT treatment strategies
- How to deal with treatment roadblocks Fee: £130, CPD: 6 hours.

Contact:

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ADVANCED COURSE: THERAPY MANAGEMENT OF PARKINSON'S

When: 4 February 2021 Where: Royal Derby Hospital, Derby. Derby The programme will cover management at each of the 4 stages of Parkinson's - Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Each session will be led by α

of Parkinson's. CPD: 5.75 hours. Fee: £130.

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clinical specialist in the field

Learning disabilities and mental health

Miscellaneous

MOTIVATIONAL INTERVIEWING: INTERMEDIATE LEVEL

When: 17 November 2020 Where:London Road Community Hospital, Derby Derby

Speaker: Dr Aftab Laher. The emphasis will be on learning and developing the core practical skills of Motivational interview in the context of interventions within a physical health or mental health setting (the degree of focus on physical or mental health will depend on the background of the majority of the delegates). November 17th 2020 - CPD: 6.75 hours. Fee: £130.

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TAPING COURSE

28 January 2021 Where:London Road Community Hospital, Derby Derby Trainers: Erica Malcolm &

When: 27 January 2021 -

Ella Donnison.

Day 1 will explore basic kinesiology & dynamic taping techniques and tips along with the concepts and research supporting their use (CPD: 6 hours). Day 2 will explore possible kinesiology taping techniques for use with the adult neurological patient. It will build on the students

clinical reasoning skills and response based practice to decide how when where and with which patients to try taping (CPD: 6.25 hours). Fee: £145 per day

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or £260 for both.

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Miscellaneous

THE SACROILIAC **JOINT SIMPLIFIED**

When: 3 October 2020 Where: Holloway Community Health Centre, London London

Trainer: Alison Middleditch. Course Aims:

- Have an understanding of the anatomy, biomechanics, normal function and dysfunction of the SIJ.
- Be able to use an evidence based approach to assessing and treating the SIJ.
- Be able to use manual skills when appropriate to assess and treat the SII.
- Understand the role of the pelvic musculature in SIJ dysfunction.
- Be able to design a rehabilitation programme for SIJ dysfunction. CPD: 6 hours. Fee: £160.

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MOTIVATING THE UNMOTIVATED: HELPING 'DIFFICULT' **PATIENTS**

When: 5 October 2020 Where: London Road Community Hospital, Derby Derby

Speaker: Dr Aftab Laher. The study day will provide an opportunity to learn about:

Motivational styles and theories in the context of client work.

How to enable unmotivated clients to change health behaviours. How to work with depressed or apathetic clients.

How to engage clients who do not want to be there. Strategies to prevent treatment sabotage by clients with compensation claims outstanding.

Working with the sceptical client. Strategies to maintain

clients' motivation once treatment has ended. CPD: 6 hours. Fee: £130

Contact:

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EXPLORING GAIT AS IT RELATES TO POSTURE & BALANCE FOR THERAPY ASSISTANTS & TI'S

When: 14 October 2020 Where:London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. Aims: To provide an outline for

aait analysis in the neurological patient in the clinical setting To develop a clinical reasoning process to know how to handle during gait To develop an ability to facilitate gait.

CPD: 5.75 hours. Fee: £130. Contact:

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VESTIBULAR REHABILITATION INCLUDING CERVICOGENIC DIZZINESS

When: 7 December 2020 -8 December 2020

Where:London Road Community Hospital, Derby Derby

Trainer: Richard O'Hara. This two-day course covers the essentials of clinical vestibular assessment and treatment. A strong emphasis is placed on differential diagnosis. clinical reasonina and treatment selection. Delegates will be taught to identify signs and symptoms that indicate central/sinister pathology. Fee: £300. CPD: 15 hours.

Contact:

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A JOURNEY THROUGH LEADERSHIP USING EMPATHY

When: 2 October 2020 Where:London Road Community Hospital, Derby Derby

Lecturer: Carolyn Cleveland. The day is an empathy journey that will help develop an understanding of the psychology and neuroscience of empathic and emotionally focused thinking and challenging unconscious processes. It will examine, in an authentic and honest way how our own emotions and biases influence us and our outcomes, CPD: 5 hours. Fee: £130.

Contact:

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EFFECTIVE CLINICAL SUPERVISION

When: 14 January 2021 Where:London Road Community Hospital, Derby Derby

Training by BPP University School of Health. The day will introduce individuals to the principles and practice of Clinical Supervision through analysis and application of key Clinical Supervision skills, the core principles of effective Clinical Supervision and the use of models and techniques to plan and perform it effectively. Fee: £150. CPD: 6 hours.

Contact:

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EFFECTIVE CLINICAL SUPERVISION

When: 18 November 2020 Where:London Road Community Hospital, Derby Derby

The day will introduce individuals to the principles and practice of Clinical Supervision through analysis and application of key Clinical Supervision skills, the core principles of effective Clinical Supervision and the use of models and techniques to plan and perform it effectively. CPD: 6 hours. Fee: £150.

Contact:

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Musculoskeletal

The Shoulder: Steps to Successful **Treatment**

When & Where:

12th – 13th December 2020 at Charing Cross Hospital, London.

Content:

Lecturer: Jo Gibson. This two day course looks at the current evidence base regarding dynamic stability of the shoulder complex and how it impacts assessment and management. The course will look at the challenges of true evidence based practice and how developments in the motor learning and communication literature offer opportunities for enhancing interventions.

Fee: £300. CPD: 11.5 hours.

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Possible cancellation of events due to Covid-19

Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

Musculoskeletal

THE SHOULDER: **STEPS TO SUCCESSFUL TREATMENT**

When: 3 March 2021 - 4 March 2021

Where:London Road

Community Hospital, Derby Derby Lecturer: Jo Gibson. This two day course looks at the current evidence base regarding dynamic stability of the shoulder complex and how it impacts assessment and management. The course will look at the challenges of true evidence based practice and how developments in the motor learning and communication literature offer opportunities for enhancing interventions. CPD: 11.5 hours. Fee: £300.

Contact:

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THE CLINICAL

Where: London Road Community Hospital, Derby Derby Lecturer: Steve Nawoor. This is a 1-day, fast-paced, knowledge thirsty course designed to challenge, debate and further our clinical reasoning. The course will explore the clinical conversation. differential diagnoses and index of suspicion within MSK assessment, we will discuss systems thinking, and MSK versus Non-MSK pathology whilst investigating the impact of rheumatology, inflammatory, vascular, neurological, orthopaedic and genetic influences. CPD: 7 hours. Fee: £135.

Contact:

MAZE When: 22 October 2020

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RHEUMATOLOGY

When: 10 November 2020 Where: London Road Community Hospital, Derby Derby Lecturer: Jack March. This course will cover the recognition of Rheumatology and Systemic Inflammatory Disorders; following recognition the appropriate immediate management, investigations and onward referral as well as the required Physiotherapy

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management of such

presentations. CPD: 6

hours. Fee: £155.

RED FLAGS & RHEUMATOLOGY

When: 27 November 2020 Where: Bedford Hospital North Wing, Bedford Bedford Lecturers: Andrew Cuff & Jack March. This one-day workshop focuses on the development of clinical reasoning in relation to the detection of non-musculoskeletal disorders presenting within the Musculoskeletal clinic through a perspective of 'Systems Thinking'. CPD: 7 hours. Fee: £150.

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MULLIGAN MANUAL THERAPY CONCEPT: PART C: ADVANCED

COURSE: CLINICAL REASONING AND PAIN RELEASE PHENOMENON

When: 26 November 2020 - 27 November 2020

Where:London Road Community Hospital, Derby Derby

Lecturer: Thomas Mitchell. A two-day advanced course to review and fine-tune the participant's skill level with the Mulligan approach to manual therapy for the whole body. In addition, instruction in the use of Pain Release Phenomenon techniques and compression techniques will be presented. This course is vital in preparing those interested in taking the Certified Mulligan Practitioner Exam. CPD: 14 hours. Fee: £300.

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Musculoskeletal Neurology

RED FLAGS. SERIOUS SPINAL PATHOLOGY & SYSTEMS THINKING

When: 29 January 2021 Where:London Road Community Hospital, Derby Derby

Lecturer: Andrew Cuff. Case studies are used to aid transfer of theory into practice with a focus on the development of Clinical Reasoning. There is a strong focus on 'Systems Thinking' to help clinicians identify those non-Musculoskeletal conditions that may be masquerading as such. CPD: 7 hours. Fee: £155.

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EXPLORING FUNCTIONAL PATTERNS OF MOVEMENT

When: 1 February 2021 Where: London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. A course for therapy assistants working with the patient with acquired neurological damage. By the end of the course the participants will be able to clinically reason the most effective way to move an individual in order to promote positive neuroplastic change for future independent functional activity. CPD: 5.5 hours. Fee: £130.

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ASSESSMENT AND IDEAS FOR THE TREATMENT OF THE WRIST AND HAND IN ADULTS WITH

DAMAGE When: 11 March 2021 Where:London Road Community Hospital, Derby

NEUROLOGICAL

Derby Lecturer: Erica Malcolm. By the end of the course the delegate will be able to:

- Undertake a structured assessment of the wrist and hand as they relate to posture and movement
- Clinically reason the significance of wrist and hand alignment on an individual's ability to move the upper limb
- Begin to develop treatment ideas relating to the wrist and hand – their alignment and influence on function
- Gain feedback on handling skills relating to the wrist and hand in a practical setting. CPD: 5.5 hours. Fee: £130.

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POSTURE AND BALANCE IN RELATION TO THE UPPER LIMBS FOR ASSISTANTS

When: 31 March 2021 Where: London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. Learning Outcomes:

- Develop an understanding of the importance of postural control for function.
- Develop an understanding of selective balance for sitting and standing.
- Develop an understanding of the meaning of 'selective' movement of the upper limbs.
- To be able to link poor postural control to inappropriate muscular activity in the upper limbs in sitting and standing.
- To be able to assess whether an individual is using the upper limbs appropriately in sitting and standing.
- To be able to recognise aspects of postural deficits and link these to functional difficulties. CPD: 5.25 hours. fee: £130.

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Neurology

POSTURE & BALANCE AS IT RELATES TO SELECTIVE CONTROL OF THE UPPER LIMB

When: 3 December 2020 -4 December 2020

Where:London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. By the end of this course the participant should be able to:

- Understand the terms posture and balance as they relate to a 'normal movement' perspective.
- Identify key aspects involved in maintaining the integrity of the upper limb in the early stages of recovery post CVA.
- Relate the ability to control 'selective' movement of the upper limb to overall posture and balance.
- Structure an assessment of the upper limb taking into account alignment, tone, patterns of movement, and relate this to potential for function.
- Identify when an upper limb is/is not able to be facilitated and why. CPD: 11.25 hours. Fee: £220.

Contact:

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BALANCE REHABILITATION -TRANSLATING RESEARCH INTO CLINICAL PRACTICE

When: 23 February 2021 -24 February 2021

Where: London Road Community Hospital, Derby Derby

When: 24 April 2021 – 25 April 2021

Where: Horton General Hospital, Banbury. Banbury

Trainers: Lucy Gwynne & Michelle Kudhail. Course

- To provide a framework for multi factorial balance assessment in patients in community and/or hospital settings.
- To develop a treatment programme that patients can follow in a safe and effective way with and without the therapist present, CPD: 13 hours, Fee: £210.

Contact:

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MANAGEMENT OF SPASTICITY IN THE UPPER LIMB **FOLLOWING** STROKE

When: 12 October 2020 Where: London Road Community Hospital, Derby Derby

Trainers: Lucy Gwynne & Michelle Kudhail. Course Aims:

- To provide an overview of assessment and management of spasticity with a particular focus on the upper limb.
- To provide you with the tools to set up an early self-monitored practice programme that the patients can follow.
- We will also look at the types of feedback that are available and discuss attentional focus and how that is particularly important for the upper limb.

CPD: 5.5 hours. Fee: £130.

Contact:

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SKILL ACOUISITION IN STROKE REHABILITATION

When: 10 October 2020 Where:Leamington Hospital, Warwick Warwick

Trainer: Dr Louise Johnson. This is a one day workshop, covering current theory and evidence relating to motor control, motor learning, and skill acquisition. Attendees will come away with a sound understanding of the current evidence base in this field, along with practical examples of how to apply this in clinical practice. CPD: 6 hours. Fee: £130.

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Neurology

POSTURE & BALANCE AS IT RELATES TO SELECTIVE CONTROL OF THE UPPER LIMB

When: 3 December 2020 -4 December 2020

Where: London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. By the end of this course the participant should be able to:

Understand the terms posture and balance as they relate to a 'normal movement' perspective. Identify key aspects involved in maintaining the integrity of the upper limb in the early stages of recovery post CVA. Relate the ability to control 'selective' movement of the upper limb to overall posture and balance. Structure an assessment of the upper limb taking into account alignment, tone,

patterns of movement, and relate this to potential for function. Identify when an upper

NCORE (National Centre of limb is/is not able to be facilitated and why. CPD: 11.25 hours. Fee: £220.

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MULTIDISCIPLI-NARY MANAGEMENT OF PARKINSON'S

When: 11 November 2020

Where: Royal Derby Hospital, Derby. Derby

Aims and Objectives

- To increase understanding of aetiology and pathology of Parkinson's Disease.
- To understand the drug actions, options and importance of getting medication on time in Parkinson's Disease.
- To understand the non-motor symptoms of Parkinson's Disease
- To gain knowledge of the best practice and current evidence based therapy management of Parkinson's Disease, including Physiotherapy, Occupational Therapy, and Speech Therapy. • To know how to use cues
- and strategies in Parkinson's Disease management. Fee: £130. CPD: 5.25 hours.

Contact:

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TREATMENT & EXPLORATION OF GAIT FOR PHYSIOTHERA-

When: 7 January 2021 - 8 January 2021

PISTS

Where:London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. This 1.5 day course is looking at gait analysis in the normal adult and exploring how inefficiencies/ compensatory strategies will impact on the gait pattern. Fee: £220 CPD: 9 hours.

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EXPLAIN PAIN (ONLINE)

When: 25 January 2021 -26 January 2021

Where: Royal Derby Hospital, Derby Derby

Trainer: Ben Davies, Course Aims:

- To expand the clinical framework of rehabilitation via the paradiams of neuromatrix and pain mechanisms.
- To teach biologically based pain management skills under a framework of the sciences of clinical reasoning and evidence from clinical trials, neurobiology and education research.
- To reconceptualise pain in terms of modern neuroscience and philosophy.
- To stimulate an urgent reappraisal of current thinking in rehabilitation, with benefits for all stakeholders in clinical outcomes - the patient, the therapist, the referrer and the payer.
- To teach the core pain management skills of neuroscience education. Fee: £295. CPD: 12 hours.

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Neurology

SENSORY INTELLIGENCE® TRAINING FOR **PRACTITIONERS**

When: 20 October 2020 -22 October 2020

Where: Royal Derby Hospital, Derby Derby

Trainer: Dr Annemarie Lombard, Course Outcomes:

- Gaining an in-depth understanding of Sensory Processing and profiling and how it can be used to improve the quality of life, home, work and relationships for adults
- Understanding complex sensory neuroscience concepts in a more practical and easy-to-use format
- Expanding your service offering as a healthcare professional in utilising, sensory insights and strategies to fast-track interventions for adults in mental health and/or educational settings. Sensory Intelligence® can be successfully integrated into the treatment of adults with ADHD, Asperger syndrome, anxiety, depression, stress related disorders, alzheimers and dementia. Fee: £430. CPD: 18 hours.

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POSTURE AND BALANCE IN RELATION TO THE LOWER LIMBS FOR ASSISTANTS

When: 15 October 2020 Where:London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. Learnina Outcomes:

- Develop an understanding of the importance of postural control for function.
- Develop an understanding of selective balance for sitting and standina.
- Develop an understanding of the meaning of 'selective' movement of the lower limbs.
- To be able to link poor postural control to inappropriate muscular activity in the lower limbs in sitting and standing.
- To be able to assess whether an individual is using the lower limbs appropriately in sitting and standing.
- To be able to recognise aspects of postural deficits and link these to functional difficulties CPD: 5.25 hours. Fee: £130.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

ASSESSMENT AND IDEAS FOR THE TREATMENT OF THE THORAX IN **ADULTS WITH NEUROLOGICAL DAMAGE**

When: 26 February 2021 Where: London Road Community Hospital, Derby Derby

Lecturer: Erica Malcolm. By the end of the course the delegate will be able to:

- Undertake a structured assessment of the thorax as they relate to posture and movement.
- Clinically reason the significance of thoracic alignment on an individual's ability to move.
- Begin to develop treatment ideas relating to the thorax - its alignment and influence on function.
- Gain feedback on handling skills relating to the thorax in a practical setting.

CPD: 5.5 hours. Fee: £130. Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

ANATOMY AND MOBILISATION OF HANDS AND FEET FOR ASSISTANTS

When: 8 March 2021 Where:London Road Community Hospital, Derby Derby Lecturer: Erica Malcolm.

• Demonstrate a structured assessment of the hand

Learning Outcomes:

- Demonstrate a structured assessment of the foot
- Demonstrate an awareness of the main anatomical areas of the hands and feet
- Demonstrate the ability to mobilise a hand to create an improved alignment for future function
- Demonstrate an ability to mobilise a foot to create an improved alignment for future function CPD: 5.75 hours. Fee: £130.

Contact:

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Advertise in Frontline

Contact Andy Shields at Cambridge Publishers Ltd

andy.shields@cpl.co.uk

Pain management

ACUPUNCTURE FOUNDATION COURSE

When: 24 September 2020 - 26 September 2020

Where:London Road Community Hospital, Derby Derby

When: 19 November 2020 - 21 November 2020

Where:London Road Community Hospital, Derby Derby

Trainer: Dr Stephanie Griffiths. This course is designed to introduce acupuncture as a modality for the treatment of common musculoskeletal conditions, both acute and chronic. The course will include all the key areas necessary to enable the physiotherapist to practice acupuncture including review of safe practice, treatment planning for optimum effect, review of relevant anatomy, application of relevant pain physiology, critique and application of acupuncture evidence and the development of safe and effective needling skills. CPD: 39 hours. Fee: £520 for AACP members and £648 for non-members.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

LOWER BACK PAIN - SOLVING THE LUMBAR-PELVIC **COMPLEX**

When: 7 November 2020 Where: Spire Leeds Hospital, Leeds Leeds

Tutor: Dr. Marie-Elaine Grant. This workshop aims to give a clear understanding of the reasons why back pain occurs in 80% of the population, a clear understanding of the biomechanics and pathology underpinning Low Back Pain. CPD: 6 hours. Fee: £160.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

TENDINOPATHY

When: 6 November 2020 Where:London Road Community Hospital, Derby Derby

Trainer: Dr Marie-Elaine Grant. The aim of this workshop is to address possible key factors relating to the prevention and management of Tendon Pain. CPD: 7 hours. Fee: £160.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

ADVANCED STUDY DAY ON CHRONIC PAIN **MANAGEMENT**

When: 10 March 2021 Where:London Road Community Hospital, Derby Derby Speaker: Dr Aftab Laher. Areas to be covered will

- include: • Advances in the understanding of pain neurophysiology and how we can explain pain to patients
- Developments in the cognitive-behavioural and motivational approaches to chronic pain
- What should we be assessing and how?
- Developing an evidence-based chronic pain management service
- Dealing with patient resistance and other treatment obstacles CPD: 5.5 hours. Fee: £130.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

A STUDY DAY ON **CHRONIC PAIN MANAGEMENT**

When: 8 February 2021 Where: London Road Community Hospital, Derby

Speaker: Dr Aftab Laher. The study day will provide an opportunity to learn about rehabilitation in the context of adults presenting with chronic pain and:

- Act as a refresher of basic knowledge and skills
- Give you an opportunity to share latest innovations/research/theory-practice developments
- Provide opportunities for learning and practice of some specific skills and strategies
- •Introduce you to strategies for dealing with roadblocks or obstacles to treatment change CPD: 5.5 hours. Fee: £130.

Contact:

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andy.shields@cpl.co.uk 0845 600 1394

Possible cancellation of events due to Covid-19

Please note that all events are subject to postponement or cancellation. We advise that you contact the course organiser directly before attending any event.

Sports medicine

APPI REHABILITATION PILATES MATWORK LEVEL

1

When: 12 October 2020 – 13 October 2020 Where: Royal Derby

Hospital, Derby
Derby

The first level in the matwork Pilates training series which has been designed for those teaching in the rehabilitation setting. Based on the most up to date evidence in spinal stability, pelvic stability, strength/conditioning and pain - this is the essential Pilates training tool for all health professionals. CPD: 16 hours. Fee: £349.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

Unravelling Strength and Conditioning

When & Where:

17th – 18th October 2020 at London Road Community Hospital, Derby DE1 2QY

16th – 17th January 2021 at Hermitage Medical Clinic, Dublin D20 W722

Content:

Lecturer: Andrew McCauley. This intensive 2 day course will give you an introduction into how S&C can transform your current practice both with athletic and non-athletic patients.

F**ee:** £260/€300. CPD: 15 hours.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

UNRAVELLING STRENGTH & CONDITIONING

When: 16 January 2021 – 17 January 2021

Where: Hermitage Medical Clinic, Dublin Dublin

Trainer: Andrew McCauley. This intensive 2 day course will give you an introduction into how S&C can transform your current practice both with athletic and non-athletic patients. CPD: 15 hours. Fee: €300.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

INTRODUCTION TO TAI CHI

When: 20 February 2021 – 21 February 2021

Where:London Road Community Hospital, Derby Derby

Trainer: Linda Arksey. Objectives:

- Each participant will understand the Tai Chi movements and how they can be an effective exercise in healthcare.
- You will develop how to deliver this set of movements safely to your participants.
- This will be a good introduction to Tai Chi and a foundation to other Medical Qigong and Tai Chi exercises. It is also a great first step to learning the Yang 24 movements.

 CPD: 12 hours. Fee: £210.

Contact:

NCORE (National Centre of Rehabilitation Education) uhdb.ncore@nhs.net 01332 254679

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Courses - Guidance for CSP 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
- CSP Code of Professional Values and Behaviour: www.csp.ora.uk/code
- Frontline CPD series (published in each issue)
- HCPC CPD requirements:

www.hpc-uk.org/about registration/standards/cpd



Recruitment

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opportunity for an enthusiastic, motivated self-employed physiotherapist to join our well-established clinic in central Plymouth. The workload is varied and interesting incorporating private patients, GP referrals, medico-legal and occupational presentations. We have a complementary team of psychologist, sports therapist, acupuncturist, chiropodist and medico-legal doctors within the clinic ensuring we provide a thorough patient service. We require a proactive clinician preferably with private practice experience to deliver excellent evidence based musculoskeletal physiotherapy. Active engagement in business development will be required in return we offer excellent remuneration, negotiable hours, regular training, clinical mentoring and career development. Please email CV and covering letter to clinical lead Ricky Mckee at: rickymckee@faypedlerclinic.co.uk

NEUROLOGICAL PHYSIOTHERAPIST NW LONDON AREA We are looking for an enthusiastic, self-motivated and dynamic neuro physio to join our growing team. Physio4You provides expert domiciliary neuro rehab to private and case managed clients with a wide array of neurological disorders. The position is highly flexible, and we are happy to discuss employed and self-employed options for the right candidate. To apply please email your CV and covering letter to: mail@physio4you.co.uk or call James on tel: 07786 390318.

PAEDIATRIC PHYSIOTHERAPIST – HERTS/ESSEX AREA We are looking for an enthusiastic, self-motivated and dynamic paediatric physio to join our growing physio team. Physio4You provides expert domiciliary rehabilitation to private and case managed clients with a wide array of disorders. The position is highly flexible, and we are happy to discuss part-time employed and self-employed options for the right candidate. To apply please email your CV and covering letter to: mail@physio4you. co.uk or call James on tel: 07786 390318.

PART-TIME MUSCULOSKELETAL
PHYSIOTHERAPIST, BROMSGROVE,
WORCESTERSHIRE Self-employed, highly
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established practice. The hours are flexible, can include evenings and Saturday morning. Please send CV to: catherine_adams@btconnect.com

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com Web: www.londonhomephysio.co.uk

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PHYSIOTHERAPY PRACTICE in South Bucks for sale due to retirement. Good facilities, parking and access. Contact tel: 07968 371777.

FOR SALE – PHYSIOTHERAPY PRACTICE

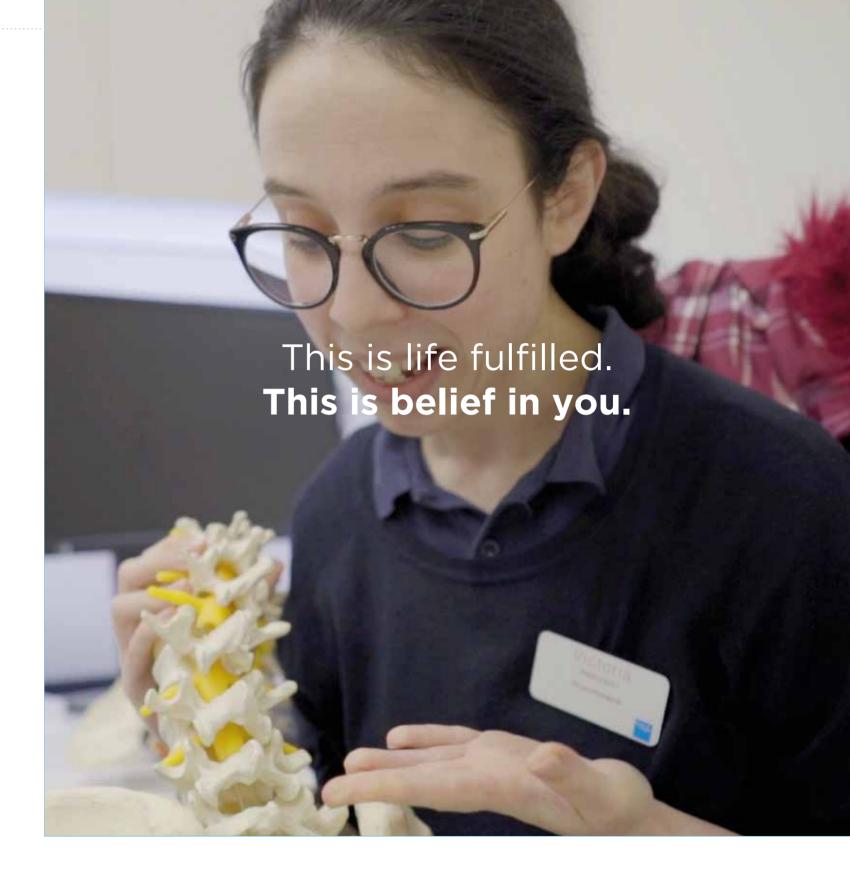
Situated in holiday destination of Scarborough. Established 2001. Owner retiring. One storey building with two clinic rooms, one functioning, the other presently unoccupied (possible small gym) £105,000 for building (assessed at £80,000) and clinic, with yearly serviced equipment, two phone numbers, email address and patient list. Audited books available. Would suit one or two therapists. Contact Brian Jamieson at: ramshillclinicphysio@hotmail.com

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LastWord

Thanks for the *lifeline*

Mature student Emilia Langley-Bunce starts a physiotherapy degree at UWE Bristol this month and shares how her aspirations have survived during 'Covid chaos'



Emilia Langley-Bunce is a neuro hydro and MSK therapy support worker at Northern Devon Healthcare NHS Trust

s a mature student
navigating the huge
amount of uncertainty
that has descended on
to our lives, the Chartered Society of
Physiotherapy has been my saviour.

I have spent two years working towards this degree. Confirming where my passions lie, I worked as a therapy support worker and completed an access course.

I was driven, excited and full of plans when suddenly everyone was thrown into 'Covid-chaos'. All work and contact with physios evaporated and I was in a lonely haze of wondering how to spend summer

'I couldn't bear the thought of a virtual-only course'

productively or even whether my course would (or could!) go ahead.

I started to feel uncertain about physiotherapy's place in a socially distanced future. I couldn't bear the thought of a virtual-only course, let alone clinic work. Although online interactions are useful, I have

cherished human contact.

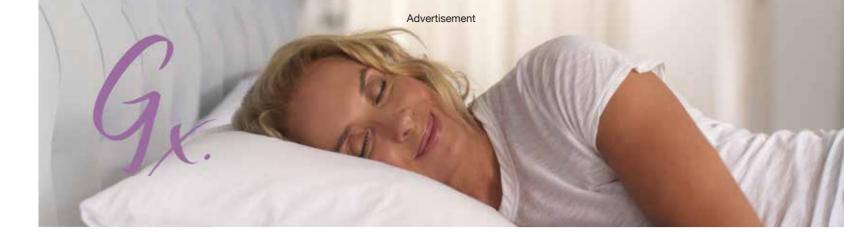
My only consistent link to physiotherapy has been the CSP website and *Frontline*. Every single page has provided priceless insights. I like reading the physical magazine in the garden and making notes on tips to research.

Once CSP webinars commenced, a warm glowing lifeboat emerged from the mist. Engaging with physios while they problem-solved and transformed new challenges into opportunities has been so reassuring.

Regional webinars have helped me understand how inter-professional teams have tirelessly adapted to working with Covid patients. Their dedication has been inspiring.

Wary of social media content bombardment, I judiciously spend my time looking at my CSP region's shared links. An incredibly motivating resource has been 'James Armstrong Physio' (YouTube), an enthusiastic physio graduate who interviews physios. Twitter @PhysioArmstrong

So, if you are feeling a little deflated, know you are not alone. Please reach out to your university and the CSP, they are there to support us. <u>fl</u>



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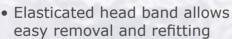
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