

The Physiotherapy Pillar:

A supplementary resource of
the Allied Health Professionals
(AHP) Critical Care Professional
Development Framework (CCPDF)

Endorsing Organisations

Endorsed by



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Introduction

Welcome to the Allied Health Professional (AHP) Critical Care Professional Development Framework (CCPDF) – Supplementary resource for Physiotherapists. This document is designed to be used in conjunction with the AHP CCPDF. It provides worked examples of the CCPDF from physiotherapists in a variety of posts within critical care across the United Kingdom (UK), and aims to provide tangible examples of how the CCPDF has been used to support professional development in practice. As with the AHP CCPDF itself these are intended to be descriptive, not prescriptive.

Physiotherapy is one of the most well-established of the multi-professional groups working within critical care. The roles undertaken by physiotherapists in critical care vary significantly between organisations, regions, and UK-nations. Although this provides an inevitable challenge for workforce planning this role-diversity is one of the profession's key strengths; in both its breadth of contribution to critical care services and in attracting those newly qualified to the speciality. The examples provided in this document celebrate the professional flexibility of physiotherapists, and the innovation and creativity of the workforce across the NHS. Considered application of the CCPDF in practice is designed to support the development of a breadth of skills within local teams, robust responses to service demands, and develop professional leaders in local, national, and international forums, while recognising and fostering an individual's area of interest.

A reminder – key excerpts from the AHP CCPDF

A summary of benefits of using the CCPDF for AHPs:

- Career progression is measured against a specific national framework
- Provides a framework for structured and informal reflective practice and CPD
- Creates a common language to improve communication across the AHP workforce
- Establishes a framework for constructive feedback and appraisal review at specified intervals

The primary focus is that of the individual AHP and their ability to reflect their current level of practice as well as providing guidance to progress further. Progression in practice can be attributed to changes in three dimensions:

- Complexity
- Predictability
- Sphere of influence

It has been developed specifically to be *descriptive* rather than *prescriptive*. This framework should *facilitate discussion* between the clinician and manager regarding interpretation of language and subsequent development of the individual.

Advice to those using the CCPDF (both supervisees and supervisors):

- There are no metrics for how often a certain skill has to be demonstrated for you to classify yourself in a certain level, it should be agreed through an open and honest conversation with your line manager
- Everyone will have a mix of levels within each pillar and that is okay, remember this is not a performance matrix, it is a development framework
- The levels are there to outline the potential for growth and to give some guidance for how you may achieve the next stage, but that does not mean you have to achieve “expert” on each pillar
- The framework is not to be used as a comparison tool across professionals or individuals, it is a bespoke professional development framework for a specific individual

Individuals who have moved into Advanced Practitioner roles may find more specific guidance for their knowledge and skills through both the Advanced Critical Care Practitioner (ACCP) framework or the Advanced Clinical Practice guidance as published by Health Education England.

The summaries included in the supporting document have been provided by clinicians themselves and detail a self-assessment against the AHP CCPDF for their current role. The variation in the job roles and service provision is reflective of the breadth of contribution that Physiotherapists make to the therapy provision within critical care, and to the variation that exists within the workforce. The summaries are not an outline of, or endorsement for, an expected requirement or structure for any job role or banding. Names have been changed where requested.

AHP CCPDF – worked examples for Physiotherapists

Rotational Physiotherapist

Background

Mohammed is a rotational band 5 physiotherapist who has just started on critical care, although he has completed five other band 5 rotations in all the core areas. He is respiratory on call competent and thinks that critical care might be somewhere he would like to specialise in the future.

Mo was asked by his team lead to complete the CCPDF self-assessment grading tool to identify his learning needs at the beginning of his rotation.

Current position against the CCPDF

- Clinical Practice – Working towards foundation
- Leadership – Foundation
- Facilitation of learning – Foundation
- Research, evidence and improvement – Working towards foundation

Future development plans

Mo has never worked in critical care before, so he is looking to consolidate his respiratory skills within the field. Although Mo is respiratory on call competent, he is keen to spend time with more senior members of the team to become more confident, particularly with ventilated patients. He has also asked to spend time with other members of the MDT (Critical care outreach, tracheostomy practitioners and ICU nurse) in order to benefit from their knowledge and skills. Mo has booked himself onto an ACPRC short course on critical care, to be completed within this rotation. From both a leadership and facilitation of learning perspective Mo has transferrable skills from his other rotations. In terms of research, evidence and improvement, Mo's team lead has advised him to contact the trust library service for library skills, including literature searching. Mo is aware that by the end of his 6-month critical care rotation, he is required to complete either an audit or a service evaluation to present to the critical care therapy team, and is starting to formulate his research question for this.

Static Critical Care Physiotherapist

Background

Deborah has been a static Critical Care Physiotherapist for the last two years working across general, cardiothoracic and cancer ICUs, and is currently a trainee Advanced Clinical Practitioner (ACP) in Critical Care.

Deborah completed the CCPDF self-assessment grading tool to identify areas of strength and where to develop.

Current position against the CCPDF

- Clinical practice – Specialist
- Leadership – Foundation/specialist
- Facilitation of learning – Specialist
- Research, evidence and improvement – Foundation/specialist

Future development plans

Within the domains of leadership and research Deborah needs to develop focusing on service evaluation/improvement, research delivery and strategy and vision. Therefore, she is currently involved in leading a quality improvement project in the critical care physiotherapy service working closely alongside the Clinical Academic Physiotherapist in the team, as well as using skills she has learnt in her ACP masters. Deborah is hoping to deliver a poster presentation of her work in the European Society of Intensive Medicine conference later this year. Additionally, in order to advance her clinical practice and learning pillars, she has recently become accredited in point of care lung ultrasound and is working towards becoming a mentor to train other professionals on her unit.

Senior Rotational Respiratory Physiotherapist

Ahmed has recently rotated onto general critical care for one year as part of his senior respiratory rotations. Prior to his critical care rotation, he completed a range of rotations as a band 5 including paediatric intensive care and respiratory medicine, has completed a 12-month senior secondment in paediatrics, and has spent a few months on a specialist cardiothoracic critical care unit as part of his first senior rotation. From these experiences he has developed a range of transferrable skills but has not yet had an opportunity to build a specialist skillset in critical care. He is using the AHP CCPDF as part of his appraisal conversation to determine his aims and objectives for his general critical care rotation.

Pillar / domain	Current	Aim for end of rotation
Clinical practice		
Knowledge of critical illness	Foundation	Specialist
Coordinated care	Specialist	Specialist
Communication	Foundation	Specialist
Patient safety and clinical governance	Foundation	Specialist
Critical thinking and clinical reasoning	Foundation/Specialist	Specialist
Leadership		
Working with others	Specialist	Specialist
Connecting people and services	Foundation	Specialist
Managing people and services	Foundation/Specialist	Specialist
Improving services	Foundation/Specialist	Specialist
Strategy and vision	Foundation	Foundation
Facilitation of learning		
Learning opportunities	Foundation/Specialist	Specialist
Developing others	Foundation	Foundation/Specialist
Learning resources	Working towards Foundation	Foundation
Culture of learning and development	Foundation	Specialist
Research, evidence and improvement		
Evidence-based practice	Foundation	Specialist
Service evaluation and audit	Foundation	Foundation/Specialist
Research knowledge	Working towards Foundation	Foundation
Research delivery	Working towards Foundation	Working towards Foundation

Ahmed recognises that his focus for development in the upcoming year is mainly within the Clinical Practice pillar. His objectives focus on developing his own clinical and evidence-based practice within the critical care setting and embedding himself as a member of the critical care MDT. He is also keen to advance within the Leadership and Facilitation of Learning pillars. He aims to increase his confidence in supervising, mentoring, and providing learning opportunities for pre-registration students and junior physiotherapists on rotation. He is exploring opportunities to complete a post-graduate critical care module and plans to increase his formal and informal teaching and training contributions, both within his own team and in the wider department.

Clinical Academic Physiotherapist

Background

Owen has worked within adult critical care for the past 15 years, and was the Clinical Lead physiotherapist for nine years. In this role he developed Advanced/Expert skills in the Clinical Practice and Leadership pillars. Following a one year secondment as a research physiotherapist in 2018, he began a post as a clinical academic physiotherapist in June 2020. Owen has secured a NIHR clinical doctoral research fellowship and is currently completing his PhD as part of this. Owen has completed an updated AHP CCPDF self-assessment as part of his ongoing professional development review.

Current position against the CCPDF

- Clinical Practice – Advanced/Expert
- Leadership – Advanced
- Facilitation of learning – Advanced
- Research, Evidence and Improvement – Specialist/Advanced

Future development plans

In his current role, Owen is focusing his development within the Research, Evidence and Improvement pillar. For Owen to progress into the Expert category for the Clinical Practice and Leadership pillars, Owen would need to seek out opportunities to contribute and collaborate with wider national and international bodies. This is not a focus of his current role and therefore does not form part of his professional development plan.

Owen has completed a Post Graduate Certificate in Teaching in Higher Education (PCTHE), gaining Fellowship of the Higher Education Academy and consistently contributes to the education of undergraduate and post-graduate clinicians across organisational boundaries. Owen is aiming to progress the delivery of education to doctoral level staff and work towards developing multi-modal opportunities for education.

The main area of focus for Owen's development is the research delivery domain. He needs to continue to develop a portfolio of varied research and contribute to wider research strategy within his organisation.

Clinical Academic Physiotherapist

Background

Sally has worked within respiratory for the past 17 years and most recently was the Respiratory Lead in an acute Trust which they held for 10 years. In this role they worked clinically focusing on advanced airway clearance and ventilation whilst managing a number of multi-disciplinary clinical teams. Additional roles include lecturing posts with both under and post-graduate physiotherapy students and contributions to national committees.

Sally has always been interested in research and completed a MSc in Advanced Cardiorespiratory Physiotherapy in 2012. This introduced them to clinical research which led to Sally applying for a NIHR Transitional Award and a subsequent AHP research award from their Trust Research Charity a few years later. At present Sally is on a secondment completing a NIHR Clinical Doctoral Research Fellowship. At the start of the secondment Sally completed an updated AHP CCPDF self-assessment which enabled them to develop specific annual objectives for their professional development plan.

Current position against the CCPDF

- Clinical Practice – Advanced/Expert
- Leadership – Advanced/Expert
- Facilitation of learning – Advanced
- Research, Evidence and Improvement – Specialist/Advanced

Future development plans

Sally is focusing on developing skills within the Research, Evidence and Improvement pillar of the framework, alongside maintenance of clinical practice skills. In order to progress within the research pillar, Sally is aiming to publish areas of their PhD as they are completed and make further links with international colleagues. This will enable them to increase their research portfolio for the future. Sally has taken on a Divisional Research Lead post within their Trust with the aim of influencing research policy for AHP's at a Trust level. This will involve developing an AHP research strategy, supporting other clinicians in applying for research grants and increasing a research portfolio within the Division.

Team Lead Physiotherapist

Background

Becky has worked within critical care for 10 years. After completing five years in rotational band 5 and band 6 roles previously, she has completed six years of static roles within critical care leading to her current team lead position. Becky has completed this self-assessment in conjunction with the HEE multi-professional framework for Advanced Clinical Practice in England, to prepare an application for Advanced Clinical Practitioner (ACP) accreditation and to help form her ongoing objectives towards this role.

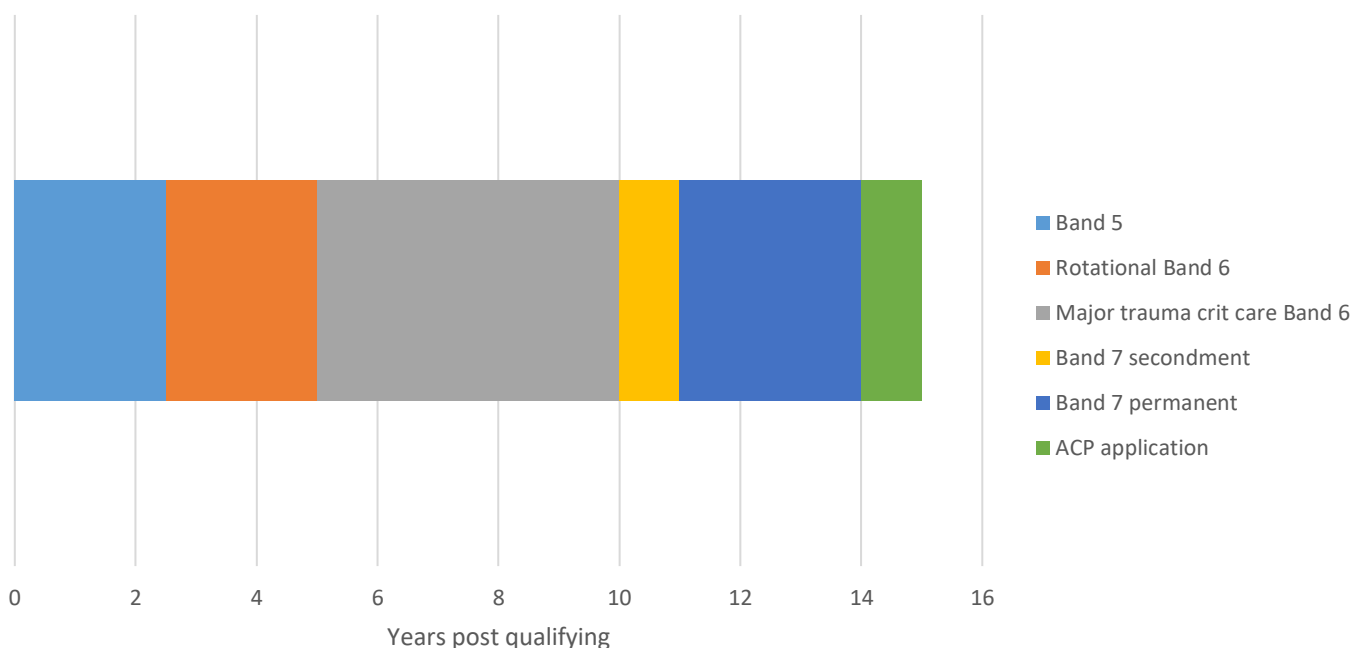
Current position against the CCPDF

- Clinical Practice – Advanced
- Leadership – Advanced
- Facilitation of learning – Advanced
- Research, Evidence and Improvement – Foundation/Specialist

Future development plans

Becky is able to evidence advanced skills in clinical practice, leadership, and facilitation of learning. In order to progress in the clinical practice and leadership pillar she will need to evidence working in collaboration across organisational boundaries and engaging others to shape pathways of care and service delivery. Becky has opportunities to do this through membership of external organisations as well as exploring courses to enhance skills in policy development and service redesign. To advance further in the educational pillar Becky is working to enhance the variety and quality of education she delivers to the MDT and to input to postgraduate level education opportunities, implementing learning from completing a Post Graduate Certificate in Practice Education. A mixture of Foundation and Specialist skills are evidenced in the Research, Evidence, and Improvement pillar. This is appropriate to her current role and service requirements. Becky will continue to seek opportunities for service evaluation and development, input to national projects, lead on and support others in audit, as well as contribute to the ongoing larger scale research projects within the service.

Indicative time frame to current CCPDF review:



Clinical Educator in Critical Care

Background

Vicky has worked within critical care for nine years as both a static Band 6 and more recently Band 7 team lead physio with a split role as AHP education lead for her trust. Vicky has just been successful in gaining a new Band 8a post: AHP clinical educator for critical care. Vicky has a new line manager and has been asked to complete the AHP CCPDF self-assessment as part of her annual appraisal.

Current position against the CCPDF

- Clinical Practice – Expert
- Leadership – Working towards expert
- Facilitation of learning – Expert
- Research, evidence and improvement – Specialist

Future development plans

From her vast experience working within a large teaching hospital's critical care unit, Vicky has expert clinical skills and facilitation of learning, thanks to her AHP education role. However, until now Vicky has led a uni-professional team and will now be leading the education and development for all critical care AHPs. As such Vicky has enrolled on an Intensive Care Society leadership programme, with full support from her line manager. Vicky is aware that her weaknesses lie within the field of research. She has developed an educational package for her trust over the past eight years and is keen to publish this somewhere. She is liaising with both the Clinical Academic Physiotherapist and Research Design Service at her trust to assist with this, and is looking into research grant opportunities to further support this.

Rehabilitation after Critical Illness (RaCI) Specialist Physiotherapist

Background

George is a static band 6 on critical care, in a specialist RaCI role on a general critical care unit. They completed two years of band 5 rotations, and then three years as a rotational respiratory band 6 prior to taking this post.

George’s post requires them to:

- Take a small caseload of complex and/or long stay patients on critical care
- Independently undertake a rehabilitation outreach round once a week – providing ward-based follow-up to all patients discharged from critical care in the preceding seven days. This includes triaging patients to input from physiotherapy, outreach nurse, or both.
- Review patients in outpatient clinic 2-3 months post discharge. Working jointly with an Advanced Critical Care Practitioner to provide holistic assessment and appropriate signposting or advice on further management
- Provide support and education regarding the management and prevention of known long-term sequelae of critical illness
- Support junior physiotherapists, and students on critical care
- Work as an active part of the physiotherapy team and critical care MDT

George assessed themselves against the CCPDF, and documented brief reflections to describe their reasoning for the level selected on each pillar. These informed a discussion with their critical care team lead during a CCPDF focused supervision session, to identify appropriate development opportunities to correspond with George’s identified knowledge and skill gaps. Excerpts from George’s reflections and the possible development opportunities identified for each pillar are included below.

Current position against the CCPDF

Clinical Pillar - Specialist

Self-assessment/reflection	Development opportunities identified
<p>I feel confident in my knowledge of the pathophysiology of the conditions commonly seen on general critical care, and the sequelae of critical illness, as they present on the ward and in clinic.</p> <p>I would like to work on advancing my knowledge of the evidence-base relating to RaCI, and then find a way of cascading that information to the rest of the physiotherapy team.</p>	<p>A relevant MSc module.</p> <p>Attendance at a conference such as the European Weaning and Rehabilitation meeting.</p> <p>Focused supporting-patient-activity (non-clinical) time to develop evidence-based teaching sessions for the rest of the physiotherapy team.</p>

<p>My work with complex, long-stay patients, and focus on achieving the individualised goal-focused rehabilitation allows me to achieve a specialist level in coordinated care. I feel confident in my ability to work holistically with patients from their first goal-setting discussion on intensive care, to their outpatient follow-up.</p> <p>Although I complete outcome measures with individual patients, I am not involved in evaluating the RaCI service as a whole. I am willing to support wider service evaluation, but unsure where to start.</p> <p>I do often coordinate interventions for those with complex care needs, but always with the support of my band 7 and 8a clinical colleagues as required.</p>	<p>In-house training in methodologies to use to complete service-evaluations.</p> <p>Support from senior MDT colleagues to review RaCI service overall.</p> <p>Support from senior MDT colleagues to create a systematic means of involving service users in review and improvement projects, perhaps starting with accessing the existing critical care patient and public involvement group, which meets quarterly.</p>
<p>I am able to use a variety of communication strategies, but would not describe this as comprehensive. Communication is one of the most challenging parts of my job, particularly when relaying sensitive or distressing information to relatives and loved ones.</p> <p>I feel confident using a variety of communication strategies with patients who are unable to speak because they are being ventilated with cuff up. However, I find working with those with delirium challenging.</p>	<p>Reflections after family discussion regarding morbidity, functional outcomes from critical illness, discussed with senior.</p> <p>'Difficult conversations' in-house training.</p>

Leadership pillar - Foundation

Self-assessment/reflection	Development Opportunities
<p>I feel confident in my own role within the physiotherapy team and the critical care MDT. I understand the roles and responsibilities of those around me, and have received positive feedback from others relating to my attitude and behaviours at work.</p> <p>I have discussed with my team lead how my role fits within the wider critical care service strategy. In particular, that my role contributes towards our adherence to national guidance and standards. However, I am unsure how I would use the data I collect to aid the development of business cases to grow the RaCI service and further improve our service provision post-critical care.</p>	<p>Undertake in-house clinical leadership training (covering self-assessment, team effectiveness, influencing styles, and communication strategies).</p> <p>Work with senior therapists and critical care MDT to further develop and build RaCI service.</p>

Facilitation of Learning Pillar – Foundation to Specialist

Self-assessment/reflection	Development Opportunities
<p>I regularly attend relevant study days, and have a good understanding of the roles of others in the critical care MDT. I work closely with both the outreach nursing team, and one the Advanced Critical Care Practitioners (ACCP).</p> <p>I readily accept constructive feedback from both the physiotherapy team and the wider MDT in order to improve my contribution to the delivery of high-quality holistic care.</p> <p>I regularly take physiotherapy students on placement, and have completed the ‘clinical educator course’ at the local university. I regularly select complex critical care patients for case review with peers and seniors.</p> <p>I feel I fulfil most of the elements described in ‘Specialist’, but I have not represented the physiotherapy profession locally, or mentored other professional groups within the MDT.</p>	<p>Support nursing new-starters when spending time with physiotherapy team to improve their understanding of our role.</p> <p>Undertake teaching and support of other MDT professions, as opportunities allow.</p>

Research, evidence and improvement pillar - Foundation

Self-assessment/reflection	Development Opportunities
<p>I feel confident in appraising relevant literature and applying it to my own practice. I engage in team journal-club discussions, but have not led one of these myself. Specifically, I have not supported junior staff to improve their own skills translating evidence into practice.</p> <p>I understand the difference between service evaluation, audit, and research. I am able, with support, to use the data collected during our long-stay patients’ critical care stay, contact with the RaCI team on the ward and in clinic, to evaluate our service performance. However, I would not be confident in translating this into a strategy to improve the service’s performance.</p> <p>I have a basic and limited understanding of different research methodologies, and would not be confident putting these into practice without supervision.</p>	<p>Register with NIHR Learn, undertake relevant modules withing this platform.</p> <p>Spend time with critical care research team to improve understanding of their role.</p> <p>Lead journal club for own team with papers using different methodologies – such as, one qualitative piece, one quantitative. Include methodological differences in discussion.</p> <p>Undertake in-house training in quality improvement methods.</p>

Therapy Manager

Background

Helen has been a qualified physiotherapist for 18 years. On qualifying she worked in a large acute Teaching Trust and completed her Junior rotations before moving trusts for her first Band 6 post. As a band 6 she initially was in a static ICU and surgery post which was fantastic to consolidate skills and knowledge in this area, whilst also focusing on the more non-clinical band 6 responsibilities. In order to further expand her respiratory skills and exposure, she returned to her initial Trust where she joined a respiratory specific Band 6 rotation-this covered both medical, neurosurgery and cardiac ICU's alongside their associated wards.

As Helen had already been exposed to band 6 responsibilities she took the opportunity to get involved and lead audits and service development projects specifically around rehabilitation following critical illness. As part of her CPD she also attended her regional critical care meeting and relevant conferences which enabled her to build a network of clinicians within her region and across the country.

Her first band 7 post was a secondment to cover a maternity leave. During the secondment her department went through a process of change which saw the Physiotherapy Department merge with Occupational Therapy, Dietetics and Speech and Language Therapy, alongside a transition into seven day working. These projects exposed Helen to the development of business cases, job planning and service re-design which she really enjoyed. Due to the service reconfiguration and additional funding, Helen was made a permanent band 7 in ICU at the end of her secondment.

Five years later the Therapy Department advertised a Therapy Manager position which Helen was considering applying for. As part of her annual appraisal Helen completed the CCPDF self-assessment grading tool to identify areas of strength, development needs, and to consider next best steps.

Current position against the CCPDF

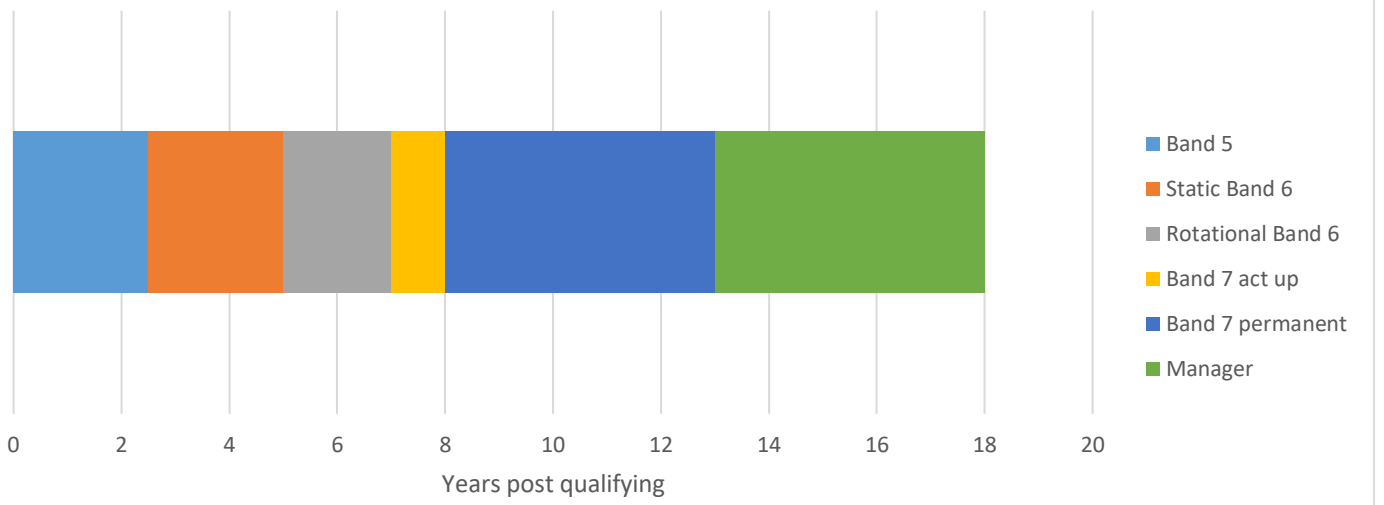
- Clinical Practice – Advanced/Expert
- Leadership – Foundation/Specialist
- Facilitation of learning – Specialist
- Research, Evidence and Improvement – Foundation

Future development plans

Initially Helen was concerned that she would miss the patient contact. However, on taking the role she quickly realised that she is still contributing to positive patient outcomes, just from a different angle! On starting the role Helen focused on developing Leadership skills in a manager specific role. In order to progress in this pillar she completed some in-Trust management training sessions and an external coaching course. She also joined a Respiratory Leaders forum to be part of a network for peer support and future collaborations. She was keen to maintain her clinical practice skills and so continues to contribute to her weekend rota and regularly completes practical 1:1 supervision sessions with members of her team.

Helen is aware that her knowledge and skills within research are at the foundation level. Although she does not plan on completing any research she is also keen to improve her awareness of research opportunities so that she can support members of her team, ultimately benefiting staff development and patient care.

Indicative time frame to current CCPDF review:



Consultant Physiotherapist

Background

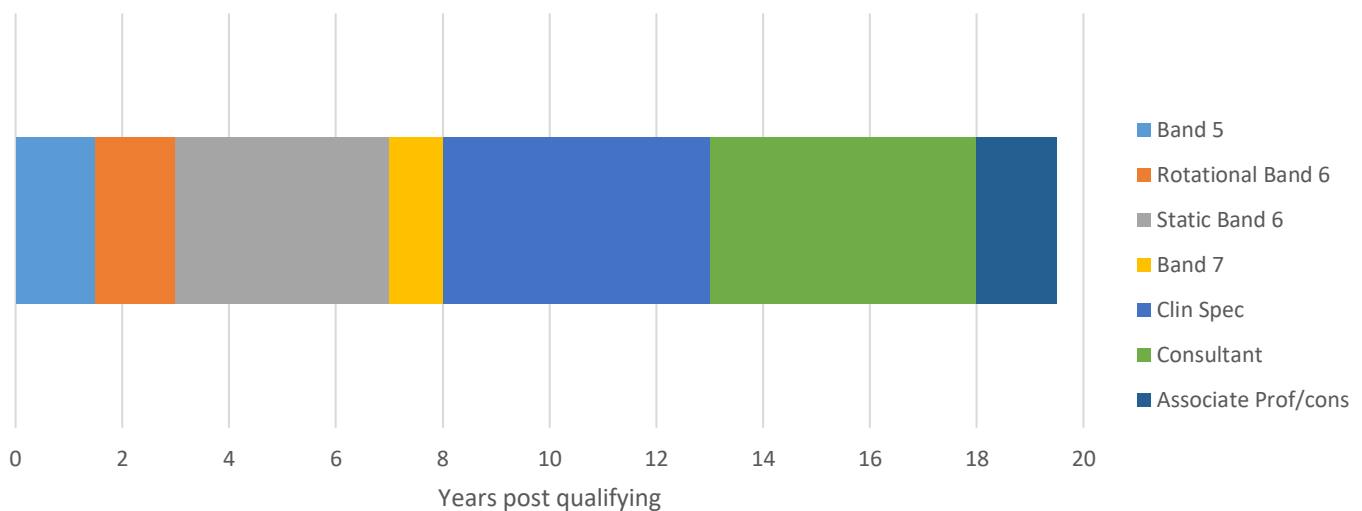
David is a Consultant Physiotherapist with over 15 years' experience of working within critical care. Within his role he provides clinical leadership to the physiotherapy and wider Allied Health Professional teams. He is also the AHP research lead within his trust. David completed his PhD in 2018 and has completed the self-assessment to support his ongoing development towards a Clinical Professor role. He carries a national and international profile, holding direct roles for a number of national organisations and advising on the development of critical care guidelines and developments. He regularly lectures both nationally and internationally to multi-professional audiences.

Current position against the CCPDF

- Clinical Practice – Expert
- Leadership – Expert
- Facilitation of learning – Advanced
- Research, Evidence and Improvement – Advanced

Future development plans

David is able to evidence expert skills in clinical practice and leadership, with advanced level skills in facilitation of learning and research, evidence and improvement. In order to progress in the facilitation of learning pillar David is completing a post graduate teaching qualification that will make him an Associate Fellow of the Higher Education Academy. He also aims to increase his experience in designing content and delivering post graduate education at a doctoral level. David has mixed evidence at expert and advanced level skills in the research, evidence and improvement perspective. To further develop in this area David will aim to increase his involvement in national level trials, including application for NIHR funding awards, whilst also gaining experience in the supervision of PhD candidates.



Consultant Therapist – Critical Care

Background

Paul is a physiotherapist whose job title is Consultant Therapist for critical care. Having qualified 17 years ago, he completed his band 5 rotations he started to specialise in respiratory physiotherapy starting with a band 6 static critical care and respiratory role. Following this Paul undertook several specialist respiratory physiotherapy rotational and static posts. After one year working as a team leader, he was a clinical specialist physiotherapist for critical care and tracheostomy service for six years, before being appointed to a consultant post.

In his current role Paul provides expert physiotherapy input to patients admitted to critical care and has responsibility for providing strategic oversight for the entire critical care recovery pathway (including follow-up clinic). Paul has developed advanced skills in Lung Ultrasound (FUSIC accredited) and tracheostomy care including undertaking tracheostomy tube changes, decannulations and diagnostics. Additionally, Paul provides senior clinical leadership for all therapies working within critical care (dietetics, occupational therapy, physiotherapy and speech and language therapy) and is part of the critical care directorate management team.

The role is also the AHP lead for critical care research and development, with a focus on undertaking, overseeing and supervising therapy focused research, audits, and service evaluations. Paul also has an interest in quality improvement and is undertaking a fellowship in 'spread and scale' methodology. He also holds an honorary contract with a local Higher Education Institute through which he lectures on MSc programmes. Whilst not essential for the post, he also holds several leadership roles within physiotherapy and the National Rehabilitation Collaborative, and nationally promotes the role of therapies within critical care and the existing workforce challenges.

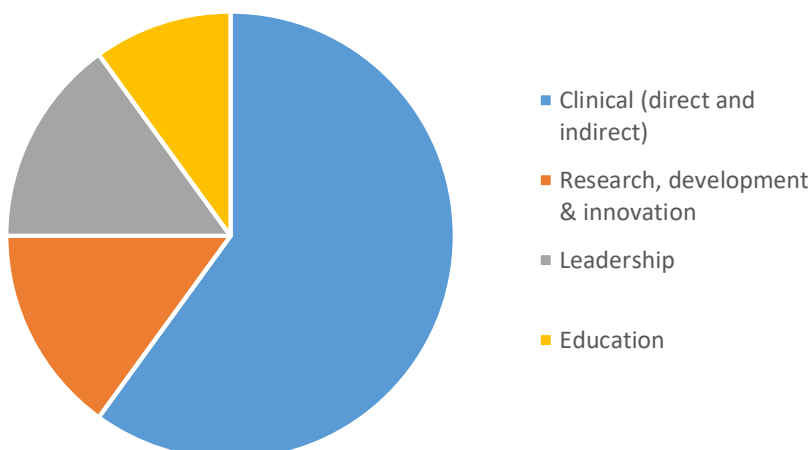
Paul's job plan ensures focus on all four pillars of practice with varying sessional commitment depending on the needs of the service. As part of his appraisal, he evaluated his current role against the framework and suggested:

Current position against the CCPDF

- Clinical Skills – Expert
- Leadership – Expert
- Facilitation of Learning – Advanced
- Research and Quality Improvement – Expert / Advanced

Future development plans

His current job plan ensures a commitment to research and education which are essential for the ongoing development of our evidence base and preparing the future critical care therapy workforce. An overview of the job plan compared to each pillar is shown below.



Associated frameworks and documents

HEE multi-professional framework for Advanced Clinical Practice in England

Pan-London competencies

CSP reflection paperwork

Glossary

ACP – Advanced Clinical Practitioner

ACPRC – Association of Chartered Physiotherapists in Respiratory Care

FUSIC – Focused Ultrasound In Critical Care

HEE – Health Education England

PCTHE – Post Graduate Certificate in Teaching in Higher Education

RaCI – Rehabilitation after Critical Illness



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