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With the evolution of the support worker role, has the time come for statutory regulation?

C. Smith*, S. Palma

Chartered Society of Physiotherapy, Practice & Development Directorate, London, United Kingdom

Relevance: In 1948, 'aides' were employed to support the remedial professions including Physiotherapy. Originally used to assist qualified staff, they undertook housekeeping duties and some limited patient care.

The role today has moved into new areas, with greater responsibility, and the ability to contribute to wider population needs, arguably aligning with developments in physiotherapy. Despite these increases, staff still remain statutorily unregulated.

Purpose: In the NHS, it is estimated that around 60% of direct patient care is delivered by the support workforce. This narrative analysis takes into account the existing UK processes to ensure safe practice and asks whether it is now time to think about statutory regulation for part/all of a workforce that is growing in responsibility, capacity and demand?

Approach/evaluation: Taking a historical narrative view, this abstract considers the existing safeguards, from its beginning to present day and questions whether they are still sufficient.

Although the role began in 1948, it was only from 2002, that a Physiotherapy Assistants Code of Conduct was produced by the Chartered Society of Physiotherapy (CSP) for their members. This Code was replaced in 2011 by CSP Code of Professional Values and Behaviours. These Codes help clarify the understanding of delegation and accountability, in that the registered practitioner is accountable for delegating to the support worker, who is accountable for accepting, as well as being responsible for his/her actions in carrying it out.

In December 2010, Scotland introduced a set of mandatory standards for all new support workers. In February 2011, Wales produced a code of conduct to provide an Assurance Framework for public protection. However, until the Care Certificate was produced in 2015, there was no such competency based standards in England.

Could it now be argued that a UK form of deprofessionalising professional work is appearing, or is this evidence of a new approach to public risk management?

Outcomes: The above processes are in place as an attempt to manage risk, however, it remains vital that the physiotherapy service provided, meets the necessary professional, legal and ethical standards of the profession. Despite the introduction of safeguards, the role of the support worker continues to change significantly. As resources are squeezed, support workers could see a surge in demand, leading to a workforce that is taking on an even greater role.

There are examples of the support workforce achieving pay bandings identical to those evaluated for HCPC qualified staff and yet no regulation exists. Does this not pose a potentially dangerous flaw in the current regulatory system?

Discussion and conclusions: As the healthcare economy changes, roles evolve. Support workers are a core component and their responsibilities continue to increase. It is vital that the physiotherapy service provided meets necessary standards, to protect themselves and the patients they care for.

Impact and implications: This challenges current thinking, that un-regulated, competency based standards are enough. Is there also a significant risk to the practitioner who delegates? With enhanced responsibility on one side, it increases accountability and responsibility on the other. It therefore seems essential to ensure adequate processes are in place for both.

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UK survey of physiotherapy practice for patients with hip osteoarthritis

M. Low[1,*], T. Immins[2], T.W. Wainwright[2]

[1] *The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Bournemouth, United Kingdom*
[2] *Bournemouth University, Orthopaedic Research Institute, Bournemouth, United Kingdom*

Relevance: NICE Guidelines (2014) recommend education and advice, muscle strengthening and aerobic exercises, and weight loss (where appropriate) for patients with hip osteoarthritis. However current guidelines provide limited detail to the type of exercises, dose or intensity. This may result in variation for the provision of physiotherapy for this population. This variation in practice is a challenge when designing clinical trials where a 'usual care' arm requires specifying the intervention, establishing the number of treatment sessions and waiting times that reflect the NHS.

Purpose: The aim of this study was to contact current clinical physiotherapists in the NHS and survey their clinical practice, waiting times, and number of treatment sessions used for the management of patients with hip osteoarthritis.

Methods/analysis: A novel method for recruiting the participants for the study was through social media. Two of the authors sent 'tweets' which linked to an online survey from Twitter. The survey was conducted using the Bristol Online Survey website.

The survey asked:

1. Which county the respondent worked in;
2. How many years they had worked with people with hip osteoarthritis;
3. How long on average waiting times were;

4. Which treatment modalities were used;
5. How many times on average a patient would be seen;
6. The average time in weeks between first appointment and discharge;
7. The average total number of hours a patient would receive.

Results: A total of 13 tweets were sent between the 10th and 15th of November 2015 of which 783 engagements occurred. There were 62 responses from 25 different counties across the UK from physiotherapists working in hospital out-patient or community areas. The number of years qualified ranged from under one year to over ten years, with 42% working more than 10 years.

Mean waiting time was 6.2 weeks (range 1 to 18 weeks). The mean number of times a patient was seen was 3.6 (1 to 8 times), and the mean total number of hours treatment was given was 2.5 (1 to 5 hours). Mean overall treatment time was 8.0 weeks (0 to 16 weeks).

63% of respondents used mobilisation of hip as a type of manual therapy, 27% mobilisation of other joints, 7% manipulation and 24% soft tissue. All respondents used strengthening exercises, 73% stretching exercises, 50% cardiovascular exercises, 73% balance exercises and 26% co-ordination exercises.

Only 39% of respondents answered that they included strengthening and cardiovascular exercises, along with an education leaflet. None performed ultrasound, 2% carried out pulsed short wave diathermy, and 21% heat/ice therapy. 44% gave out an education leaflet developed locally, 63% gave out a standard education leaflet. None of the respondents mentioned advice on weight loss as part of their treatment.

Discussion and conclusions: The survey confirms that waiting times, number of sessions and treatments in the management of hip osteoarthritis vary widely across the UK; and only 39% of respondents use strengthening and cardiovascular exercises and provide an education leaflet, as recommended by NICE.

Impact and implications: Further research is needed to explore how NICE guidelines can be effectively disseminated and utilised within physiotherapy clinical practice.

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"A light bulb moment!" Physiotherapists' experiences of delivering Physiotherapy informed by Acceptance and Commitment Therapy (PACT)

D.J. Critchley [1,*], M. Galea Holmes [2], V. Wileman [2], L. McCracken [2], E. Godfrey [1,2]

[1] *King's College London, Department of Physiotherapy/Health and Social Care Research, London, United Kingdom*
[2] *King's College London, Department of Psychology, Institute of Psychology, Psychiatry and Neuroscience, London, United Kingdom*

Relevance: Persistent non-specific low back pain is huge burden for individuals, health-care systems, and societies world-wide. Effective management is a challenge for patients and clinicians and clinical outcomes are often modest. Acceptance and Commitment Therapy (ACT) is a theory-based form of CBT with promising outcomes in persistent pain. We have developed a Physiotherapy intervention informed by Acceptance and Commitment Therapy (PACT) which augments physiotherapy with theory-based psychological methods, aiming to improve clinical outcomes. Physiotherapists were trained in PACT before delivery in a clinical trial www.controlled-trials.com/ISRCTN95392287.

Purpose: This longitudinal qualitative study explored the feasibility and acceptability of training and treatment amongst physiotherapists delivering PACT.

Methods/analysis: Individual semi-structured interviews were conducted by independent researchers. Physiotherapists were interviewed three times over 18 months: after training, six months later, and at the end of treatment delivery. Interviews were audio recorded, transcribed verbatim and analysed using the framework approach to generate key themes. Respondent validity and independent coding by another researcher were conducted to check the validity of emergent themes.

Results: Eleven physiotherapists (Band 6 to 8; mean age 40 years, range 26 to 52; eight females) from three NHS hospital trusts in SE England were interviewed. Four themes emerged:

(1) Barriers and facilitators to implementing training "I'm cool about (sticking to PACT) to be honest because you know what we are doing for back pain as a profession is rubbish." "I think (PACT) fits with the role, not just my role, but any physio working in particularly the NHS environment, I think it fits very well."
(2) Value of supervision and support throughout the trial "you would have to shake up the whole physiotherapy community quite a bit I think in order to be on regular supervision for physiotherapists" "...we feel that we've