

**AGENDA FOR CHANGE  
NHS JOB EVALUATION SCHEME**



**JOB DESCRIPTION**

**1. JOB IDENTIFICATION**

**Job Title:** Physiotherapist

**Responsible to:** Professional Team lead Physiotherapist

**Accountable to:** Professional Team lead Physiotherapist / Integrated Team Manager

**Department:** Physiotherapy Department, Lochaber

**CHP, Directorate or Corporate Department:** North Highland Community

**Job Reference Number:** MDLOCHLCTYMGMT27

**Last Update:** August 2022

**2. JOB PURPOSE**

- To take responsibility for an outpatient and inpatient clinical caseload incorporating patient assessment, diagnosis, treatment and discharge from care.
- To continue to develop clinical and organisational skills to meet the needs of the patients and organisation.
- Will be actively involved in audit and clinical effectiveness projects within Physiotherapy in NHS Highland.
- Assist in education of physio staff/ assistants.
- Providing an expert resource to other healthcare staff/patients/carers.
- To work within multiprofessional teams to ensure co-ordinated care for patients and carers.
- Develop a robust framework to monitor and evaluate clinical outcomes and standards of care.

**3. DIMENSIONS**

The Lochaber Physiotherapy Service sits within the North Highland Community Health Partnership. The postholder is based in Fort William Health Centre, working in the physiotherapy department and Belford Hospital. Clinical caseload is predominantly outpatients but will also include an amount of inpatient work. The post has a degree of professional isolation / lone working. There is no on-call requirement. Key aspects of the role:

- Working mainly in Outpatients, providing a service as required to inpatients.
- Works as an autonomous clinician within specified area taking full/overall responsibility for an identified caseload.
- Has responsibility for prioritising own caseload.
- Taking part in local audit and Clinical Effectiveness projects – this may extend to formal research projects.
- Monitors and evaluates the service provision in conjunction with the Professional Team Lead Physiotherapist ensuring effective practice.

- Provides support and guidance to Assistant/Technical Instructor grade staff.
- Delegates tasks to Physiotherapy Assistants/Technical Instructors and is accountable for their caseload management.

Service delivery is underpinned by a variety of professionals who deliver services as close to the patient's home as possible. We aim to deliver high quality Physiotherapy to patients and their carers, referred to our Services.

#### **4. ROLE OF THE PHYSIOTHERAPY SERVICE**

The Lochaber Physiotherapy Service exists to deliver high a quality, comprehensive range of inpatient, outpatient and community physiotherapy to patients and their carers.

Chartered physiotherapists use their expertise and skills in assessment, movement, electrotherapy, facilitation techniques and manipulation to effectively treat, rehabilitate and advise clients with a wide range of health problems. They work with people of all ages who have lost some degree of movement or ability through injury, surgery pathological change or illness.

Ultimately, the aim of physiotherapy is to help patients resume as active and independent a lifestyle as possible through individual intervention of as part of a multiprofessional team. It is the objective of all physiotherapy staff in Sutherland to provide the highest quality of patient care possible. As part of an on-going physiotherapy departmental quality assurance programme, staff are actively involved in setting, maintaining and improving standards. This is primarily aimed at:

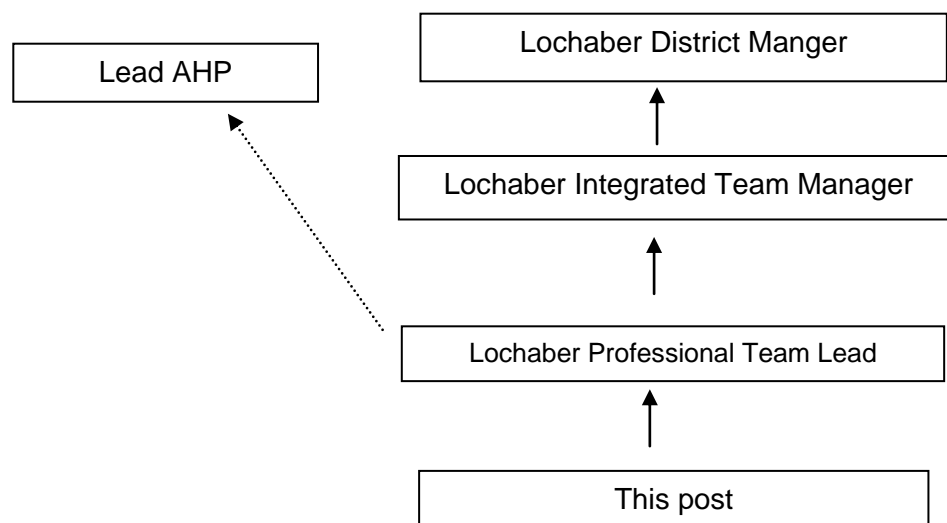
1. Improving the range and quality of services available
2. Ensuring patient needs are met

The service includes specialist injection therapy, specialist continence and women's health, musculoskeletal, care of the elderly, falls prevention, community rehabilitation, health promotion, cardiac rehabilitation, neurological acute and chronic degenerative conditions, palliative care.

Key responsibilities of the service are: -

- Provision of physiotherapy care to a diverse range of clinical conditions and patient types in a variety of environments across acute, and community settings.
- Health promotion.
- Service management, planning and development within a defined budget and a multidisciplinary framework.
- Development, implementation and management of a Clinical Governance Strategy.

## 5 ORGANISATIONAL POSITION



## 6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

### Clinical

- To be professionally and legally accountable and responsible for all aspects of own work including direct and indirect patient care.
- To act independently to assess, analyse clinical and non-clinical information and provide a comprehensive clinical diagnosis for individual patients, to determine their need for physiotherapy intervention.
- To act independently to plan, implement, treat and progress patient care to maximise rehabilitation potential – including decision making regarding discharge from care.
- Manage an identifiable caseload of patients effectively and efficiently.
- To work as part of the multi-professional team to ensure effective communication and delivery of care.
- To provide specialist advice, teaching and training to other members of the multidisciplinary team regarding patient management to ensure a consistent approach to patient care.
- To assess capacity, gain valid informed consent and have the ability to work within a legal framework with patients who lack capacity to consent to treatment in line with the Adult Incapacity Act.
- Incorporate additional skills and knowledge gained from CPD and review of literature into clinical practice and to improve the service.
- To communicate effectively, work collaboratively with and make recommendations to all relevant colleagues to maximise patient care and promote effective multiprofessional working. This includes case conferences and discharge planning.
- Maintain patient documentation, records and accurate statistical information to reflect care provided and meet professional and local standards.
- Develop, implement and maintain appropriate clinical guidelines ensuring clinical effectiveness to optimise patient care.

### Managerial

- Delegate appropriate tasks to a Technical Instructor to maximise efficiency and achieve desired quality of care.

- Demonstrate professional leadership within the outpatient service and with peers in other services.
- Assist in developing a robust framework to monitor and evaluate clinical outcomes and standards of care.
- Participate in and undertake NHS Highland Personal Development and Performance Review System to promote personal and service developments.
- Identify gaps and pressures in the service and discuss remedial action with the Professional Team Lead Physiotherapist.
- Undertake clinical audit and clinical effectiveness projects to support the Physiotherapy Service Clinical Governance Strategy.
- Assist in development of, and implement, managerial policies to promote a fair, consistent and safe working environment.
- Liaise with a range of individuals, internal and external to the organisation, to ensure effective service delivery.

### **Educational**

- Develop and update clinical knowledge and skills to ensure delivery of evidenced-based care.
- Educate patients, carers and multidisciplinary team members to promote knowledge of physiotherapy management to enhance patient care.

### **Professional**

- Maintain own professional development.
- Comply with standards of physiotherapy practice and rules of professional conduct of the Chartered Society of Physiotherapy.
- Ensure that all statutory regulations are implemented including the Health and Safety at Work Act, Risk Management and Confidentiality Policies.

## **7a. EQUIPMENT**

Points a – d require a very thorough knowledge of anatomy, physiology and physiological effects, pathology, kinesiology, contraindications and individual patients presenting symptoms, drugs and medical condition.

Types of equipment used and frequency of use will be dictated by the capability and speciality the postholder is working within and patient needs within that specialty.

To understand and ensure the safe use of electromedical equipment including:

1. **Ultrasound** – treatment of soft tissue inflammatory disorders - frequently.
2. **Interferential** –management of musculoskeletal pain, muscle stimulation/strengthening - frequently.
3. **Laser** – for pain relief and soft tissue healing.
4. **Short-wave Diathermy** – treatment of musculoskeletal inflammatory disorders - frequent.
5. **Transcutaneous Electrical Nerve Stimulation** – management of musculoskeletal pain - frequent.
6. **Mechanical traction table** – traction treatment of cervical and lumbar spinal pathology – frequent.
7. **Suction equipment** – open suction (oral or nasopharyngeal) for non-intubated patients, Airways, Suction catheters – occasionally (wards, on call).
8. **Electromyographic biofeedback units** – assessment, monitoring and rehabilitation of muscular recruitment/motor unit function in musculoskeletal disorder – occasionally.

To understand and ensure safe use of exercise equipment for patient rehabilitation (frequent) including:

1. **Exercise bike**
2. **Rowing machine**

3. **Treadmill**
4. **Stairclimber**
5. **Elliptical trainer**
6. **Parallel bars**
7. **Gym balls**
8. **Slings and pulleys**
9. **Theraband**
10. **Weight machines and free weights**
11. **Various balance equipment**
12. **Sliding boards**
13. **Therapeutic hand equipment**
14. **Wall bars**

To understand and ensure the safe use of non-electrical patient treatment modalities and diagnostic tools including:

1. **Manipulation/mobilisation of spinal and peripheral joints** – for pain relief, to promote soft tissue healing and improved function (frequent).
2. **Soft tissue massage** – for pain relief and tissue healing (frequent).
3. **Heat packs** – for pain relief and improved function. Used before mobilisation to increase soft tissue extensibility (frequent).
4. **Wax baths** – as for heat packs (occasional).
5. **Cryotherapy (ice)** – for soft tissue/joint swelling and pain (frequent).
6. **Acupuncture** – for pain relief and to promote healing (frequent).
7. **Goniometer** – for measuring joint movement and angles (frequent).
8. **Stethoscope** – for use in auscultating post surgery and chronic obstructive pulmonary disease patients (occasional).
9. **Tendon hammer** – for checking reflexes in neurological conditions and sciatica (frequent).
10. **Halter traction** – traction treatment of cervical and lumbar spinal pathology (occasional).
11. **Manual therapy belt** – application of mobilisation forces/counterforces in the manual mobilisation of stiff/painful peripheral and spinal joints (frequent).
12. **Barometric biofeedback unit** – assessment and rehabilitation of cervical and lumbar muscle recruitment patterns in musculoskeletal disorder (occasional)

To understand and ensure safe use of additional patient rehabilitation and care equipment including:

1. **Powered treatment plinths** (frequent)
2. **Specialist beds** (frequent)
3. **Hoists** – standing, tracking and lifting (occasional)
4. **Stand aids** – tilt tables, standing frames (occasional)
5. **Manual handling equipment** – Slide sheets, pat slides, beds, trolleys (frequent).
6. **Walking aids** – Auxiliary, elbow, gutter crutches, zimmer, rollator, delta and uniscan frames, walking, tripod and fischer sticks – selection, adjustment, issue and instruction of appropriate walking aid (frequently)
7. **Transfer equipment** - sliding boards, turntable transfer blocks – increase patients independence during transfers and activities of daily living (occasional)
8. **Orthotics and taping** - Splints, AFO (ankle foot orthosis), Fem braces, Spinal braces, Knee braces, Collar and cuff, Neck collars, Shoulder immobilisers, Strapping, Taping and Tubigrip to reduce swelling, pain and pressure and to facilitate movement (frequent).
9. **Wheelchairs** – Correctly position patient in chair, assess, measure and order chairs for patients (occasional.)
10. **Woodsaw, metal saw, vice** – for sizing and cutting of walking aids (frequent).

#### **Administrative/education**

- **Personal computer** – daily use for e-mails, collation of physiotherapy patient activity data, intra and internet, producing exercise regimes for patients, clinical letters to GPs, Consultants and other healthcare professionals. Microsoft word, Powerpoint, Excel, Outlook express, Access (very frequent).
- **Laptop and digital projector** – as above and for powerpoint presentations (frequent).
- **Photocopier** – daily use in copying clinical leaflets, exercise regimes, letters, administration and training materials (frequent).

- **Telephone** – daily internal and external communication on clinical issues (constant).
- **Fax** – Booking of patient transport, sending/receiving non confidential information (daily).
- **Overhead projector** – Delivery of presentations during training, interviews, developments (occasional).

## 7b. SYSTEMS

- To be competent in the use of current documentation systems and develop new systems.

**Patient records** – written records of treatments/attendances with patients/interaction with medical staff in relation to patient care in accordance with CSP and Departmental standards.

**Patient activity statistics** – written record of patient contacts including number of new patients, total patients and attendances for use in departmental and organisation auditing of physiotherapy data.

**Computerised patient activity statistics** – collection of patient activity data on Excel for collation, analysis and audit purposes (daily).

**Appraisal and PDP** – yearly staff appraisal and development of personal development plan.

**Integrated care pathways** – standardised care plans that detail steps in patient care for specific illnesses and detail expected treatment and progress.

**Staff induction/orientation** – as required.

**Diary** – maintain a diary of patient appointments.

**Ordering forms** – for procurement of supplies from stores.

**Exercise/information leaflets** – using computerised software (physio tools) (frequent).

**Expenses claim forms** – on call, travel & subsistence expenses (monthly).

**Annual leave/study leave** – complete and forward onto line manager (as required).

- Demonstrate an extensive knowledge of relevant IT systems and software packages e.g. GroupWise, Excel, Excelicare, Physiotools (exercise program package).

## 8. ASSIGNMENT OF WORK

- Clinical caseload will be generated by the specific service needs of the clinical area. The postholder will prioritise caseload with respect to known CSP standards of care within physiotherapy, identifying priorities for treatment and implementing appropriate care.
- Professional Team Lead Physiotherapist will delegate other non-clinical tasks.
- Postholder will work independently on a day-to-day basis.
- Postholder will meet regularly with the Professional Team Lead Physiotherapist.
- Professional Team Lead Physiotherapist will undertake personal development and performance review on an annual basis.

## 9. DECISIONS AND JUDGEMENTS

- To accept, assess, plan and undertake highly complex Physiotherapy interventions using clinical reasoning to decide how to complete and/or discontinue treatment taking all presenting factors into account regarding the clinical condition and utilising a holistic approach to individual care.
- To work autonomously making clinical decisions within scope of practice.
- To provide advice regarding additional patient care to appropriate clinician or service on transfer or discharge.
- To undertake risk assessments regarding patient condition and environment to ensure patient and staff safety
- To balance clinical, managerial and professional demands to ensure quality of care in specialist

area.

- Take responsibility for local problem solving e.g., time keeping – seeking further advice regarding more sensitive and complex situations e.g., clinical competence.
- Assist and advise more junior staff regarding clinical decision making and organisational issues.
- To delegate appropriate tasks to the technical instructor.
- To seek advice from more experienced colleagues/peers if/as required.

#### **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**

- Undertake a physically, mentally and emotionally demanding job whilst taking care of own health and safety as well as that of patients, carers and colleagues.
- Ability to adapt to the variable and unpredictable demands of both clinical and managerial workload in addition to developing and supporting the needs of the outpatient service within Belford Hospital.
- Maintain and continually develop clinical knowledge and skills in outpatient rehabilitation whilst geographically and professionally isolated.
- Multi-professional working.

## **11. COMMUNICATIONS AND RELATIONSHIPS**

### **Patients and relatives/carers**

- Communicates complex clinical information effectively and appropriately with patients and their carers using a range of verbal and non-verbal, written and presentation skills. This may involve conveying complex terminology into lay terms e.g., communication difficulties relating to stroke patients.
- Interacts with patients and carers and multidisciplinary team to provide specialist advice and receives information regarding assessment, diagnosis, prognosis and treatment to encourage compliance and maximise patient care.
- Convey information in a particularly sensitive manner when it is contradictory to patient and carer expectations and desires.
- Identifies and modifies the most appropriate communication method depending on the individual requirements e.g., hearing or visual impairments, learning difficulties, language differences or disinterest.
- Provides support, reassurance and encouragement to patients and their carers as part of the rehabilitation process.
- Convey comprehensive detail of physiotherapy treatment programmes in a manner and at a rate which is appropriate for every individual emphasising and reiterating points as and when to ensure a full understanding.
- Encourage and motivate patients to maximise outcome recognising those who are in pain, are afraid or reluctant and require reassuring, motivating and persuading to comply with treatment.
- Utilise appropriate methods and aids e.g., audio visual, music when working with patients either in groups or individually for either education or exercise purposes.
- Deal with verbal complaints.

### **Physiotherapy Staff (internal)**

- Consult more experienced staff for advice.
- Liase with peer group to ensure service equity is maintained and resources optimised.
- Negotiate with Superintendent Physiotherapist regarding service needs and developments.
- Delegate tasks clearly and effectively to Technical Instructor.

### **Physiotherapy Staff (external)**

- Provide appropriate details for transfer of patients for on-going care elsewhere.
- Network with appropriate physiotherapy colleagues, national peer groups, clinical effectiveness forums and research groups in undertaking development work to ensure delivery of clinically effective care.

### **Multiprofessional Teams**

- Teach patient physiotherapy management strategies to optimise patient care.
- Provide patient assessment findings, progress with treatment and discharge information in written or verbal form. This can be complex and/or sensitive information.
- Provide advice regarding additional strategies for patient management e.g., referral to another specialist practitioner.

### **Medical Staff**

- Liase with and advise medical staff to increase knowledge relating to individual patients and specialist area; ensuring patient management is maximised.

### **Other Agencies (local Authority, Voluntary Sector)**

- Negotiate and liase with other agencies to optimise patient care and ensure efficient service

delivery.

## 12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Manual handling of patients on a daily basis. This may include very immobile, obese, unwilling patients for lengthy periods – often from lying to sitting position, sitting to standing and transfer onto chair and back in one session.

### Physical Demands

- Assisting patients with walking and stair practice – this may include sudden and unpredictable changes in movement or falls/faints, which require physical support and/or lowering to the floor ensuring patient and staff safety.
- Manual physiotherapy techniques several times a day including facilitation of movement and/or joint manipulation. This requires a specific level of dexterity, response to sensory feedback, and co-ordination of movement.
- Significant element of walking, climbing stairs, standing and working within confined spaces on a daily basis. Supporting patients while walking. Assisting patients up from chair/bed and supporting limbs during treatment.
- Frequent use of equipment such as hoists, walking aids, tilt tables, which require manipulation, dexterity and strength, often manoeuvring within confined spaces.
- May adopt static postures for lengthy periods whilst assisting dependent patients (e.g., after stroke or spinal injury) to regain movement patterns.
- May spend short periods using IT equipment – requires awareness of own postures and positioning of equipment/seating etc.

### Mental Demands

- Responding to frequent changes in patients' condition – this requires being alert in order to undertake a high standard of clinical reasoning involving constant reassessment regarding clinical management.
- Prioritising workload – daily
- Prolonged periods of particular concentration especially with new and complex patients and those with communication difficulties – frequent.
- Dealing with acutely ill patients requiring urgent treatment while remaining calm e.g. choking, aspiration (occasional).
- Dealing with abusive patients and carers – infrequent.
- Maintaining a holistic overview whilst dealing with the demands of individual seriously ill patients.

### Emotional Demands

On a regular basis dealing with~:

- Death and bereavement and permanent severe disability.
- Patients who have long term illness/conditions.
- Terminally ill patients.
- Emotionally labile and/or depressed patients.
- Breaking news about poor outcome or prognosis.
- Patients who may not be able to return home and require long term care.
- Patients with severe injury and loss of function.
- Undertaking distressing treatment modalities e.g., naso-pharyngeal suction.
- Undertaking treatment modalities, which may increase pain levels.

- Delivering unwelcome news to patients and carers.
- Patient/carer complaints.

### **Working Conditions**

- Exposure to bodily fluids (urine, faeces, vomit), sputum – daily.
- Exposure to body odours, fleas and lice - daily.
- Exposure too physical and/or verbal abuses - infrequent.
- Handling of soiled linen – frequent.
- Possible exposure to infectious diseases e.g. TB, Hep B/C.

## **14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB.**

### **Qualifications**

- Diploma/degree in Physiotherapy, registered with Health Professions Council.
- Extensive highly specialist experience in musculoskeletal physiotherapy
- Post graduate education or experiential equivalent in musculoskeletal speciality e.g., SOM, MACP, MacKenzie
- Evidence of & commitment to CPD with ongoing plan for personal development in place, with special relevance to specialism/clinical field of post.

### **Experience**

- Broad range experience and specialist experience relative to post.
- Involvement in clinical governance activities.
- Active participation in in-service training, both in-group & as a 'leader'.
- Experience of service development.

### **Skills and Abilities**

- Ability to organise, prioritise and delegate.
- Up to date on professional practice and research, including legal responsibilities of the profession.
- Evidence of clinical reasoning skills.
- High levels of written, verbal and non-verbal communication skills.
- Self-confident approach.
- Motivated clinically with dynamic and up to date approach to patient care.
- Computer literate.
- Presentation skills.

### **Other Requirements**

- Good communicator.
- Ability to work effectively under pressure.
- Team player who is reliable and loyal.
- Flexible and able to adapt to change/unpredictable circumstances.
- Conscientious, calm and empathetic.
- Problem solving approach.
- Car Driver.

**JOB DESCRIPTION AGREEMENT**

**Job Holders Signature:** .....

**Date:** .....

**Head of Department Signature:** .....

**Date:** .....