

Title An exploration of stakeholder perceptions of physiotherapists undertaking community advanced clinical practice roles

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**An exploration of stakeholder perceptions in relation to physiotherapists undertaking
community Advanced Clinical Practice roles**

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Conflict of interest statement:

The author declare they received no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work.

Key words:

Advanced Clinical Practice, Physiotherapy, Community, Enablers, Barriers, Prescribing

Abstract:

Background:

The research explored the role of advanced practitioners with a physiotherapy background in a community setting. In such roles advanced practitioners undertake a broad variety of activities that were not within the traditional scope of a physiotherapist, such as diagnosing and treating acute infections or prescribing palliative care medication. Since the introduction of the ACP framework other professional disciplines such as physiotherapists have been able to undertake these roles. Given this is a novel role for physiotherapists, there is a paucity of literature available in relation to physiotherapists undertaking ACP community roles. Therefore, the aim of this study was to explore stakeholders' perceptions of physiotherapists undertaking community ACP roles currently and in the future.

Methods:

A qualitative approach using semi-structured interviews was undertaken with 8 participants including ACPs, GPs and ACP managers. Reflexive thematic analysis was used to analyse the data.

Findings:

Both benefits and challenges relating to ACP physiotherapy roles were identified. The benefits related to improving the patient journey by reducing delays and providing more seamless care when patients were seen by physiotherapy advanced practitioners. The role provided an opportunity for career progression, enhancing physiotherapy retention. However, prescribing was identified as a challenge and a barrier to the ACP physiotherapist's role.

Conclusion:

This research identified a combination of benefits and challenges to physiotherapists undertaking community ACP roles. Although this is an expanding area of practice for allied health

professionals, there is a paucity of research to keep up with current practice. There is a need for further research into physiotherapists and other AHPs undertaking ACP roles, and an opportunity for NHS organisations and academic institutions to develop pathways to address uncertainty surrounding the role that may deter future physiotherapists considering this pathway.

Key points:

Physiotherapy ACPs can facilitate seamless and person-centred patient care, especially in areas such as falls and frailty where ACPs from other disciplines may not have the relevant experience.

ACP roles provide physiotherapists a route for career progression that retains them in clinical practice.

There are barriers to physiotherapists undertaking ACP community roles particularly surrounding prescribing which has the potential to affect person-centred and seamless patient care.

Reflective questions:

How do the list of controlled drug restrictions that are in place for physiotherapy ACPs affect delivery of care for your patients?

What are the potential benefits and challenges of having an ACP physiotherapist in your team to patient care?

What is the current appetite to have physiotherapists undertaking community ACP roles in your area?

1. Background

The National Health Service (NHS) is currently facing extreme pressure in relation to a growing and ageing patient population, increasing demand for services, staff shortages and the after-effects of the coronavirus pandemic (Evans *et al.*, 2021). There is an increasing need to create effective and efficient health services to address these pressures and to ensure patients receive the best standard of care possible (DOH, 2019). The NHS Long Term Plan set out ways to improve care in the community to help reduce the pressure on acute hospitals (DOH, 2019). To address this pressure, the NHS People Plan identified the need to increase the number of Advanced Clinical Practice (ACP) roles in both primary and secondary care (NHS England, 2020b).

Health Education England (HEE) developed the Multi-Professional Framework which looked to amalgamate job titles enabling a variety of health professionals such as nurses or physiotherapists to work at an ACP level (HEE 2017). These roles were developed to transform and modernise traditional roles, enabling clinicians to practise outside of their traditional professional boundaries to meet the needs of the local population (HEE, 2017). The ACP role has grown due to doctor shortages and advanced practitioners have taken more of a lead in the clinical care alongside doctors with traditional boundaries becoming blurred (Nadaf, 2018).

Physiotherapists have developed ACP roles beyond their traditional boundaries in musculoskeletal, orthopaedic and emergency care in the UK (Kersten *et al.*, 2007). HEE created a roadmap for musculoskeletal physiotherapists working in primary care which set out a clear pathway for physiotherapists to progress into ACP roles. However, similar roadmaps for

physiotherapists undertaking community roles has yet to be undertaken (HEE, 2021). Currently general assessments in primary care and the community are predominantly undertaken by ACP nurses (Evans *et al.*, 2020, Aranda and Jones 2007) as community ACP roles have not been widely adopted by physiotherapists. Given the drive for expansion of multi-disciplinary roles and the current demand on community services (DOH, 2019), the aim of this research was to understand how the community ACP role is being undertaken by physiotherapists and to explore the perceptions of stakeholders in community care.

1.1 Research Question:

What are stakeholder perceptions in relation to physiotherapists undertaking community Advanced Clinical Practice roles?

2. Methods

2.1. Design:

A qualitative methodology was used to understand stakeholder perceptions and lived experiences of the ACP role using a phenomenological approach. Ethical approval was granted by the NHS Trust Research and Development Team and University to undertake the research.

Data was collected using semi-structured interviews with open ended questions to encourage meaningful responses from participants (Biggam, 2021) that allowed exploration of specific areas of practice the participant may have not mentioned spontaneously (Flick, 2018).

An interview guide was employed with open questions. The interviews were conducted between June and October 2022. The duration of the interviews was between 9 - 45 minutes long. Four interviews were conducted face to face in the workplace and four interviews were conducted remotely using video conferencing technology.

2.2. Participants:

Advanced practitioners, ACP managers or GPs who had experience of working alongside an ACP with a physiotherapy background in a community setting were invited to take part using purposeful sampling to identify information rich participants specific to the phenomena of interest, e.g. ACP (Palinkas *et al.*, 2015). Participants were invited to participate in the study via an email from a designated gatekeeper with a participant information sheet and consent form. The gatekeeper forwarded interested participants on to the researcher who organised the interviews. Participants were aware of the researcher's background as a physiotherapy ACP.

2.3. Data collection:

Eight participants were recruited for this study. The participants included two ACP managers, two GPs and four ACPs, from a community team in the West Midlands. No participants refused or dropped out. Data saturation was achieved after the eighth interview.

The interviews were recorded, then stored securely on an encrypted USB. The recordings were transcribed verbatim to generate transcripts that were anonymised (Jamshed, 2014). The transcripts were returned to the participants for validation following the interview, 14 days was allowed for this. No participants changed their transcripts following this.

2.4. Data analysis:

The Braun and Clarke (2021) Reflective Thematic Analysis (RTA) tool was used to analyse the qualitative data, and 252 initial codes were generated from the transcripts before organising the codes into clusters of similar interests. A mind map was used to establish how the coding and the data interacted with each other and enabled themes and sub-themes to be developed.

3. Findings:

3.1. Themes

Four main themes emerged from the data: current and future community ACP roles, benefits, challenges of physiotherapists undertaking these roles and identity. The themes and subthemes are documented in the table below;

	Themes	Subthemes
1	Current and future role of a community advanced practitioners	What are community ACP roles? Diversity within ACP team
2	Benefits to physiotherapists undertaking ACP roles	Benefit to patient Sharing expertise within team Physiotherapy retention
3	Challenges to physiotherapists undertaking ACP roles	Prescribing difficulties Professional direction
4	Identity	Physiotherapy advanced practitioner identity MDT and public understanding

Table 1- A table of the included themes/sub-themes.

3.1.1 Theme One: Current and future role of a community advanced practitioner.

Participants consistently described the high degree of patient complexity involved in the ACP role in the community. Participant 2 described the type of person in the ACP role in the community as:

“a very senior clinician, you got a lot of skills and knowledge about a lot of things, therefore you are able to manage that patient for all of their needs” (P2).

Participants were consistent in identifying there were a variety of professionals undertaking advanced practice roles including physiotherapists, illustrating the diversity within the ACP team:

“It has changed to allow physiotherapists and other professionals to work at an advanced level and have that work recognised ... because ACPs were massively successful at replacing GPs for a lot of the work” (P2).

“My team is actually a mixed team of ACPs, predominantly nurses, we have a trainee physiotherapist and an ACP that is an Occupational Therapist (OT)” (P6).

3.1.2. Theme Two: Benefits to Physiotherapists undertaking ACP roles.

There were many benefits to the patient of physiotherapy ACPs. Participant 4 reported:

“We have got an ACP trainee with physio background... their respiratory background specialism is a huge asset and often they would identify something that others wouldn’t have or could have potentially delayed the patient receiving care. ... having the opportunity for I suppose something like a trusted assessor to be there so one clinician seeing that patient at home and delivering something extra in a timelier fashion is a huge benefit” (P4).

Another participant felt their physiotherapy background ensured a seamless delivery of care reducing the number of health care professionals required in the patient’s journey:

“Those who have fallen or need therapy intervention, it makes their path a lot smoother, because you minimise the people going in taking a history you halve the contacts the patient needs. So, if it is a nurse ACP who requires a therapy intervention as well, typically fall query cause, we will send a ACP nurse and a therapist or just me” (P7).

Another benefit was the shared expertise within the ACP team. Various participants reflected on this, acknowledging that an ACP physiotherapist provided support for other colleagues within the multi-disciplinary ACP team, through sharing of practice knowledge for enhanced patient care:

“MSK patients can be quite complex and knowing you have that specialist knowledge there that you can either ask the physio ACP to review the patient or at least be able to call them and ask for advice and talk through your findings, I think it is something that is invaluable, without that in the team I don’t think the patients would get such a good experience” (P6).

Physiotherapy retention was a further benefit for physiotherapists. Two participants identified that potential progression into ACP roles provided physiotherapists the opportunities to develop expertise in their profession:

“I think it is a great opportunity for physios developing their career that may not want to go down the management or education route to enhance their physical clinical knowledge and be at an 8a level and eventually become a consultant ACP” (P4).

However, it was also viewed as a clear route within a physiotherapy career for student physiotherapists:

“We need progression only then we will have more students taking up physio courses as undergrad but if there is no progression beyond a Band 7, I don’t think we can interest many” (P8).

3.1.3. Theme Three: Challenges to physiotherapists undertaking ACP roles.

Many participants identified the prescribing challenges faced by physiotherapy ACPs, creating issues for individuals, colleagues, and managers:

“The drugs are a barrier to advanced practice; it has caused such issues ... you had to learn it from scratch and then it has put a barrier in the way of you feeling able to carry on as an ACP in this role... You just didn’t know anything about them” (P3).

Participants that did not have a physiotherapy background identified how these prescribing challenges affected their team and caused frustration when they were required to prescribe on behalf of a physiotherapy ACP:

“Part of me thinks when I am on the shop floor doing it saying write the bloody thing up, but I understand why you can’t” (P3).

Despite the challenges with physiotherapists’ lack of previous medication experience a participant that was an ACP manager described how this could be overcome where there is adequate staffing and support:

“I don’t think it is a real problem, it is just making sure that people in the team are aware of what people’s limitations are...I have tried to protect them as much as ... to make sure they get protected time” (P4).

A further barrier to prescribing was the restricted list of controlled drugs physiotherapists were able to prescribe, which may affect a physiotherapy ACP’s ability to provide care to a patient:

“We do a lot of palliative work with palliative care for patients in crisis, the HCPC (Health and Care Professions Council) guidelines around prescribing mean I can’t prescribe some of the anticipatory medications which is a challenge” (P7).

An interesting finding was for participant 7 who expressed concerns relating to the professional direction of ACPs from the CSP (Chartered Society of Physiotherapy), in particular a tendency to be focussed on musculoskeletal job roles, when the profession is broad:

“I think the CSP guidance in terms of advanced practice is focussed on MSK clinicians and to that extent those people who take work outside of MSK remit, the guidance is very vague and self-directed” (P7).

3.1.4. Theme Four: Identity

One physiotherapy ACP described the complex relationship they have with their professional identity:

“If you identify really strongly as being a physio, I found it difficult to merge into someone that works alongside a team of other professionals that doesn’t matter what profession you are because you are an ACP, so you will become a generic clinician with a specialist background, and you have to work quite hard to retain your specialist profession and keep using those skills, because otherwise you do get a loss of identity” (P7).

Another participant felt that physiotherapy advanced practitioners needed to avoid being seen as physiotherapists:

“If you as a physio come into a role and say you will do X, Y and Z in a generalist role then that isn’t going to work, you can’t just say I am going to look at your physio bits as that will cause difficulty” (P3).

This quote suggested that if physiotherapy ACPs were to stick to traditional physiotherapy roles this could cause difficulty within the team given the higher expectations within the team, and of the ACP role in patient care.

Various participants described confusion from patients, professionals and managers around the professional identity of community ACP roles. One participant recognised the potential lack of understanding about the diversity of professionals working in ACP roles:

“There will be health care managers out there that are not clinicians, and they won’t understand that there is a difference, they won’t understand there are ACPs from different backgrounds” (P2).

Another participant suggested that other NHS staff do not correctly identify the ACP role:

“If we send someone to hospital ... it will always be documented even if a handover sheet that states seen by the advanced practice team it will always say patient sent in by district nurse” (P7).

There was however, consistency across participants that in addition to managers and NHS staff, there was a perceived lack of public understanding of the community ACP roles, particularly those undertaken by a physiotherapist:

“Think the public perception is not clear what an ACP does and certainly not what an ACP with a physiotherapy background would do, that needs a little more publication I think” (P6).

4. Discussion:

This research explored perceptions of various stakeholders that worked with physiotherapy ACPs in the community. Exploring and understanding the physiotherapy ACP role in this research showed consistency in describing the high degree of complexity the ACP role entails. This research also found that reducing delays and making care more seamless happened when patients were seen by physiotherapy advanced practitioners. These findings are consistent with previous literature demonstrating potential benefits to physiotherapists undertaking such roles (Dawson and Ghazi, 2004; Rath *et al.*, 2021; Taylor *et al.*, 2022). This research also found that ACP roles have evolved in the community to incorporate a variety of professionals from different backgrounds including physiotherapists and OTs to enhance patient care. Similar research has placed emphasis on the need for professionals with different backgrounds to hold ACP roles to allow them to work across professional boundaries which in turn could deliver better outcomes for patients (Jones *et al.*, 2015).

The findings from this study identified that ACP roles in the community also provide physiotherapists with a route for clinical progression that could help attract and retain physiotherapists in the profession. Similar findings have been reported within nursing literature whereby a clear driver for individuals undertaking ACP roles is the opportunity for progression as a clinician, rather than as a manager (Taylor *et al.*, 2022).

However, these potential benefits were balanced with challenges. Prescribing provided a challenge for physiotherapists undertaking community ACP roles. Physiotherapists have been able to independently prescribe medication since 2013. The CSP defines a physiotherapist's prescribing scope of practice to extend across any licensed medication in the BNF providing it's within the individual's scope of practice (CSP, 2023). However, physiotherapists are currently able to prescribe seven controlled drugs (NHS England, 2020a). This forms a barrier to

physiotherapists undertaking these roles, given there are certain controlled drugs such as Codeine that are commonly prescribed by advanced practitioners in the management of acute pain. In this situation a physiotherapy ACP would need to contact an ACP with a nursing or pharmacy background or GP and ask whether they would consider prescribing this medication for them. In practice this creates a delay to the patient receiving medication and could put the ACP or GP who would prescribe the codeine in a difficult position if they had not seen the patient.

This legislative barrier is unique to physiotherapy advanced practitioners; nurses and pharmacists do not have this restriction. This research identified frustration amongst the ACP team and provided specific challenges in areas of practice such as palliative care which is supported by previous literature (Hooks and Walker, 2020; Graham-Clarke, Rushton and Marriott, 2022; Boggon and Pryor, 2024). There is currently a consultation taking place to identify whether this list of controlled drugs could be expanded for physiotherapists (NHS England, 2020a). It is fundamental the restriction on controlled drugs is addressed in a timely manner to ensure equity for ACP physiotherapists working in community settings, given the potential to improve provision of seamless and timely patient care and team dynamics. Given prescribing is key to the community ACP role it is fundamental that physiotherapist advanced practitioners are supported throughout all stages of their development. This involves adequate governance, ongoing continuing professional development and supervision to ensure prescribing is undertaken safely.

A participant felt a barrier to physiotherapists undertaking ACP roles in the community was the lack of awareness from the CSP, with a predominant focus shown towards MSK clinicians. A recent guidance note prepared by the CSP (2023) outlined that physiotherapists can work in a variety of clinical settings and recognised that previous definitions related to physiotherapists prescribing may have unintentionally limited their prescribing potential and patient delivery. This document is a step forward in recognising that physiotherapists are able to prescribe any medication in the BNF, excluding the restricted controlled drugs within the practitioner's area of expertise. In the future it is key that the CSP continues to understand and promote the varied

roles that physiotherapists are able to undertake such as ACP in the community to ensure that this career path is considered in the future.

A further challenge was the potential conflict in how physiotherapists working as ACP and other non-physiotherapists viewed their professional identity. Given the generic nature of the ACP role in the community, one participant felt they should not identify strongly as a physiotherapist in order to integrate within the team. However, there was an additional concern that they may find it hard to retain their physiotherapy identity and their specific skills. A further participant supported the notion that it would not work if a physiotherapist ACP chose to focus on the 'physiotherapy bits' in a generic role. Further discussion is needed in the future to identify whether ACPs in the community continue to have a generic focus regardless of their disciplines or whether there are specific patient groups such as those at risk of falls or patients undergoing rehabilitation that would be better suited to an ACP physiotherapist's skill set.

This research also identified a potential lack of awareness of health care managers of the diversity of ACPs' professional backgrounds. It is fundamental that the ACP role is promoted, and education is delivered to health care managers about the potential scope and strengths of different disciplines that undertake these roles to ensure that the best person is in place to provide optimal patient care.

The findings also identified that there was a general lack of understanding of the ACP role from patients, multi-disciplinary team members and organisations which was more pronounced in relation to physiotherapists undertaking these roles. This may stem from the lack of public education and engagement about ACP roles. It is, therefore, fundamental that local ACP teams educate and engage patients in publicising the role and scope of ACPs in the future. At national level, NHS England and other professional regulators such as HCPC, and the Nursing and Midwifery Council and professional bodies such as the CSP need to educate patients about the role of ACPs to improve patient awareness and understanding and expectation in delivery of their care. This is vital given the necessary need and expansion of such roles.

In the future, research is needed across a regional or national level to ascertain whether there are similar benefits to patients as those described in the current study. At present there is little understanding of the potential physiotherapists can have in community ACP roles. With the expansion of community services in the future it is fundamental that policy makers and health care managers consider having ACPs from a variety of disciplines to enhance patient centred care.

This study is the first to provide insight into the perceptions of stakeholders towards physiotherapists undertaking ACP in a community setting. However, these findings should be reviewed in light of the nature of the research. It is important to recognise a possible limitation with the interviewer's background being a ACP physiotherapist as this could have influenced participants responses introducing bias. The researcher made it clear to participants there would be strict levels of confidentiality, they explained to participants they were not obliged to answer questions they did not feel comfortable with, and they accommodated breaks and pauses during the interview as needed. The researcher made attempts to practise reflexivity by identifying the biases they held, given their background as a physiotherapist and kept returning to participant data to drive understanding.

This research was limited as it was based in one community team in the West Midlands and these findings may not be transferable to other community teams. However, examining one team's experiences from the perspectives of a variety of stakeholders provides insight into an under-researched phenomenon that has utility for many other teams working with ACPs from different professions. The researcher recognised, despite a variety of stakeholders being included in the study, that patients were not included. In future it is fundamental that patients are a key stakeholder as per the NHS constitution which ensures patients have the right to be involved in their healthcare and how healthcare services are developed (DOH, 2023).

5. Conclusion

This paper detected benefits to patients in the community who are seen by a physiotherapy ACP in reducing patient delay and delivering seamless care. The potential for physiotherapists to undertake such roles was linked to increased physiotherapy retention given the opportunity for clinical progression. Challenges were highlighted to physiotherapists undertaking ACP roles, particularly around prescribing. The current restriction on prescribing controlled drugs for physiotherapists provided a barrier to patient care to those physiotherapists undertaking specific activities such as palliative care as part of the community ACP role. In the future lifting such restrictions and providing greater support and training would benefit patients and staff alike.

All participants perceived a lack of patient understanding of the community ACP role, this was also expressed by professionals and organisations. The lack of understanding was more pronounced when professionals such as physiotherapists were undertaking these roles. Further health promotion is necessary to educate patients of the ACP role and the different professional disciplines that can undertake such roles.

In conclusion this is a novel area of practice illustrated by the paucity of relevant evidence, given the current NHS drivers to meet the needs of an expanding and ageing population. It is likely the ACP workforce is going to grow with physiotherapists recruited to undertake these roles. It is key that individuals, managers and organisations understand through education that physiotherapists can undertake the community ACP role and are familiar with the benefits and challenges associated with this in the future. Going forward there is a need for wider research both nationally and internationally on the benefits and limitations of this role in order to improve practice and outcomes for patients.

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