



PORTFOLIO CAREERS IN PHYSIOTHERAPY

What are they?
Are they a good thing?

A WEEK IN THE LIFE OF AN ASTRETCH COMMITTEE MEMBER

When I was asked to contribute a piece to the Astretch website this week I was happy to. Having been a committee member for 3 years I had seen the resources of Astretch grow and grow to provide support to clinicians interested in Spondyloarthritis (AS). I just had to look at my own diary and decide on when I could do this.

Monday – Rheumatology Clinic

Tuesday – Project Management Training Course

Wednesday – Project Management Training Course

Thursday – Examining Masters Students at University

Friday- Digital Transformation Project/Research Day



Then it dawned on me that my working week is made up of ‘**many different bits**’ and when put together they **make up a whole**to me more interesting than 1 job.....

maybe that was worth writing about!



WHAT IS A PORTFOLIO CAREER?

6 months ago...a respected colleague of mine asked if I would speak to an audience of multi-professionals at a conference about my '**Portfolio Career**'. My genuine first question was: '**What is a Portfolio Career?**'

A Portfolio career is ... instead of working a traditional full-time job, you work multiple part-time jobs (including part-time employment, temporary jobs, freelancing, and self-employment) with different employers that when combined are the equivalent of a full-time position.

Portfolio careers are usually built around a collection of skills and interests, though the only consistent theme is one of **career self-management**

www.livecareer.com

If you're still interestedread on



THE WEEK THAT WAS.....

Rather than this be a diary not unlike 'Adrian Mole' (if any of you are as old as me to know about him), it is an account of the **SWOT of a physiotherapist working in the NHS** who has just passed their '**20 years of service**' badge.

SWOT here of course means '**Strengths, Weaknesses, Opportunities, Threats**' to **a sustainable career in the NHS**.

Perhaps to begin to relate to this piece you need to understand a little of me.....

'I like variety'

'I don't often sit still'

'I struggle to choose off a menu' and

'I own 8 coats!'

The following account is 'the week I have just had' ... a true and honest report of my week ...not to self-promote or shame....but to aid you in doing your own SWOT about **who you are** and **what you want to be** and **what you want to do** as a physiotherapist in the NHS.

MONDAY — RHEUMATOLOGY CLINIC



Patient/condition	Main Tasks	Actions	Comments
Annual Review of AS patient	BASMI Annual PROMs CVS risk assessment Exercise Habits review	Book DEXA Telephone Advice Card	Doing really well – joined NASS since going to ASK
Newly Diagnosed AS	Education ++ Explained MRI Discussed problem list/Goals	Refer to ASK	Next time invite family member to appt
New Starter on Biologics	Review digital PROM sent prior to clinic Discuss new meds Discuss exercise pacing now symptoms better	Set Goal for review Give telephone advice contact card	Doing really well at 3 months
Flaring Psoriatic SpA	SKYPE consultation Discuss problems/ arrange clinic follow-up	Letter to GP re medication change following rheum MDT review Refer to IBP hydrotherapy class	Patient happy with skype to avoid travel during flare



MONDAY — RHEUMATOLOGY CLINIC

Patient/condition	Main Tasks	Actions	Comments
Annual Review	BASMI Annual PROMs CVS risk assessment Exercise Habits review	Blood pressure check Bloods	Advice to GP regarding BP
Stable on biologics	Discussion regarding tapering medication Reviewed BASDAI since starting medication	Discuss case at MDT	If agreed – send patient digital PROM and review response in telephone follow-up
Flaring AS	Discuss Flare behaviour/triggers/action in flare- make a flare plan	Arrange for regular digital PROM to monitor disease activity for closely Refer to IBP hydro class	? Next visit- pre-biologic screening
Flaring Psoriatic SpA	Continuing to flare- pre-biologic screening- bloods/CXR and joint consultation with consultant	Bloods CXR Review imaging in radiology meeting	Direct to NASS website/provide information leaflets- write these resources into clinic letter- as much to take in



MONDAY — RHEUMATOLOGY CLINIC

Patient/condition	Main Tasks	Actions	Comments
Annual Review	BASMI Annual PROMs CVS risk assessment Exercise review	Blood pressure check	Advice to GP regarding BP
Stable AS on NSAIDs	Tapering of medication Exercise review BASMI	Agreed annual review with telephone advice card	Advised how to contact us in a flare and why Offer Skype/tel as alternative to F2F
Stable AS with OA knee	Knee assessment Registrar injected knee	Review XR in radiology meeting Refer to orthopaedics	Worried about needing surgery- send leaflet about TKR
Flaring AS + peripheral	Telephone appointment	Book into flare clinic with nurse for DMARDS review	Offer skype/telephone as alternative to F2F
Newly diagnosed SpA elsewhere – new presentation of rash on palms/feet	Review with consultant BASMI Education	Refer to dermatology Refer to ASK Show NASS app in clinic Telephone advice card	Monitor closely



TUESDAY: PROJECT MANAGEMENT TRAINING PROGRAMME

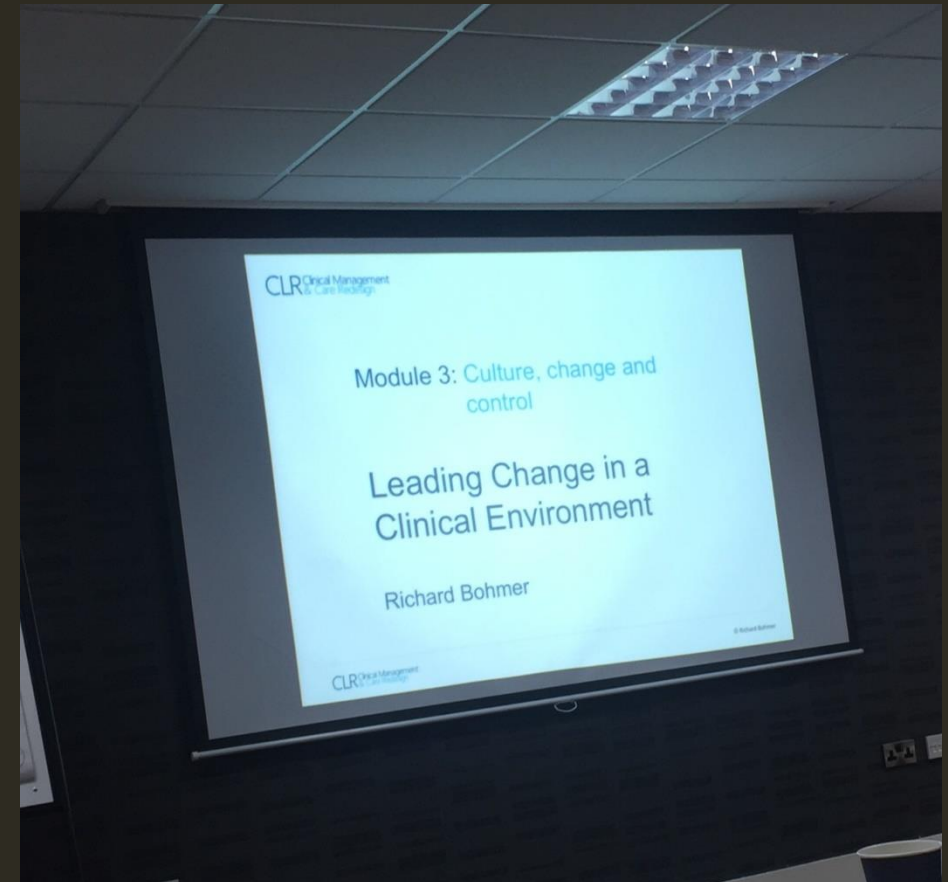
(INSTEAD OF A CLINIC DAY FOR JUST THIS WEEK)

Care Redesign is an 'in-house' project management training programme driving institutional, local and individual change through re-design of services in a systematic way.

3 months ago, I was nominated by the Clinical Director in Rheumatology to lead a cross-directorate team of Consultant Rheumatologists, Consultant Physiotherapists and managers to '**redesign**' **referral management of chronic low back pain coming into an integrated MSK service**.

Today is day 1 of the 3rd module: the focus today is **understanding working cultures**—both individually and at institutional level in order to facilitate change.

The presenter is a Harvard Business School Professor



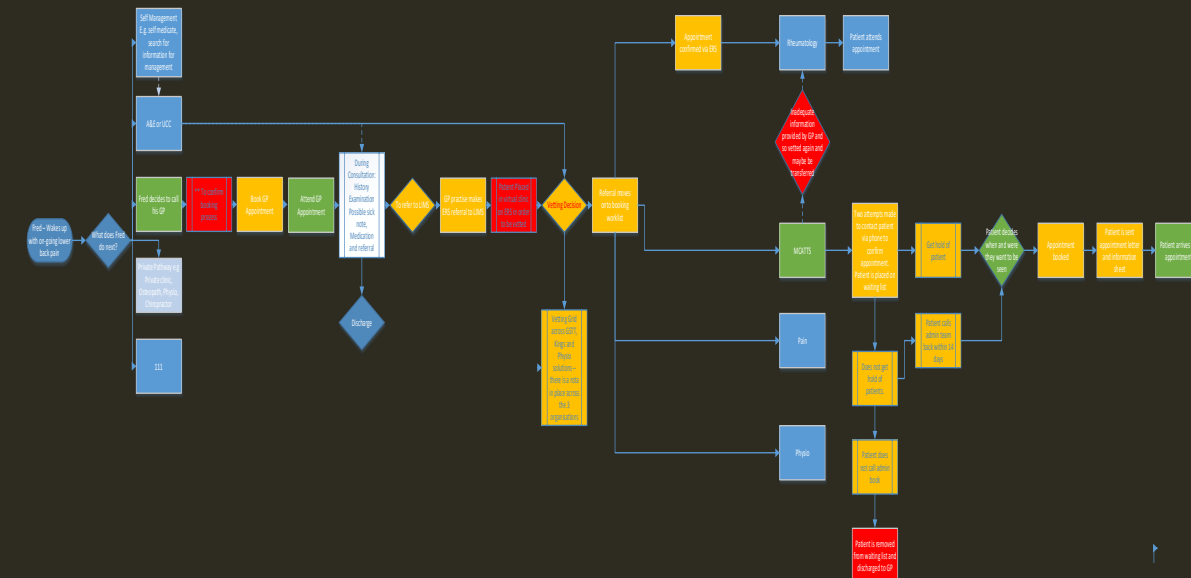
WEDNESDAY: PROJECT MANAGEMENT TRAINING PROGRAMME



Trekking through the snow to get there, I had to present **TeamMSK's** work to an audience of hospital clinicians and senior change agents, focussing on our **value proposition, process map, impact matrix and operational system.**

.... I didn't even know what an impact matrix was 6 months ago!!

In the afternoon we discussed 'next steps' and discussed '**who are our stakeholders?**'





THURSDAY: ASSOCIATE FELLOW ROLE

I switch hats today and go from 'student' to 'examiner'.

As an Associate Fellow at London South Bank University, I have lead the delivery of a Post-Graduate Masters Course entitled: ' **Musculoskeletal Triage**' for the last 8 years. The 5 month course supports band 6-7 staff develop clinical reasoning skills towards the level of an Advanced Practitioner.

Today is the 'dreaded' watched assessment and viva- where I observe a 'real-life ' consultation and then interview the student about their clinical decision making in a 40 minute viva.

I relish the challenge but also remember what it felt like to do this myself with empathy.





FRIDAY: PROJECT LEAD & PART-TIME RESEARCHER

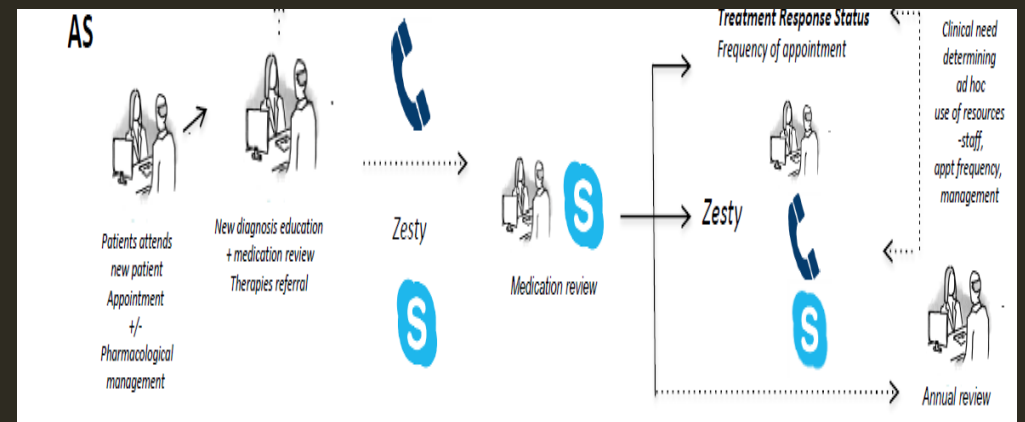
(TODAY I AM WORKING FROM HOME)

HAT 1

Project 1: Digital Transformation

16 months ago I was seconded 1 day a week to co-lead a **remote monitoring** project which has mushroomed to a £100k+ successful application to design and integrate a digital platform to monitor a large volume of patients with inflammatory arthritis.

As the '**Patient Champion**', today I am preparing interview questions for a panel of digital tech companies who have applied to be our partners in developing the digital platform.



FRIDAY: PROJECT LEAD & PART-TIME RESEARCHER

HAT 2

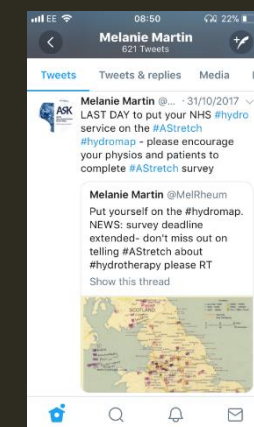
Project 2: Hydrotherapy Research

Today I had a teleconference call with my colleague and co-AStretch committee member Claire Jeffries regarding the 'Big write up' for our **NASS-funded National Hydrotherapy Study**.

Claire and I conducted a National Survey of NASS Members and Physiotherapists with regards their use and experience of hydrotherapy. We have had a poster accepted for BSR in May, have submitted an abstract to EULAR and are planning a submission to 'Rheumatology' Journal next month.

I also tweet [@MeIRheum](#) [@ASTretch_Physio](#) all about Rheumatology,

Physiotherapy & Hydrotherapy and a bit about football!



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Project 3: ASK- Axial Spondyloarthritis Know-How

ASK was developed at CSTSI in 2011 in response to an urgent need. The ASK service design recognized population ageing, ASK rheumatology and physiotherapy services were often of working age, with young families and often traveled long distances to attend. ASK provided those affected by AS with accessible and affordable services. The ASK programme was designed to be as low cost as possible. The ASK programme has been running at Guy's and St Thomas' NHS Foundation Trust for 6 years and often has been the subject of media interest. Research conducted into the ASK programme design found it to be an acceptable and beneficial experience for adults with AS (1,2).



The ASK Programme at Guy's and St Thomas' NHS Foundation Trust in 2011

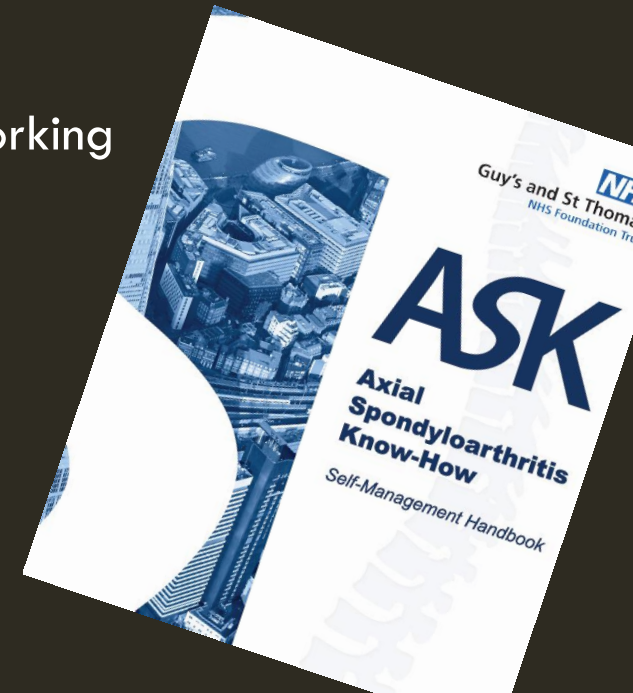
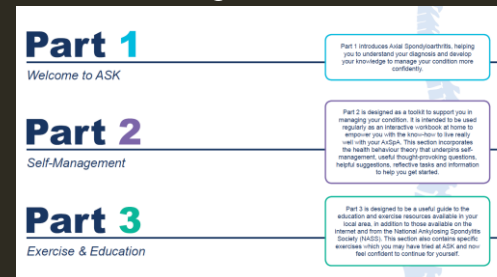
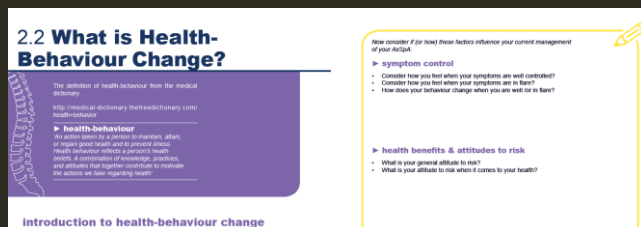
The ASK Programme is now integrated into the early management pathway in the rheumatology service and is designed to engage in a self-management approach, following guidance.

The 2nd edition of the ASK self-management handbook, completed in 2017, has received extremely positive feedback from service users and reviewers from Arthritis.



ASK is my passion and research interest for a future PhD and I have been working on this for 7 years.

Follow [@MelRheum](#) if you're interested in hearing more about ASK





MY PORTFOLIO CAREER

Advanced Physiotherapy Practitioner

Clinical

Rheumatology SpA
Service

Education

ASK
Associate Fellow

Research

ASK
Hydrotherapy
Self-management

Projects

Remote Monitoring
Referral
Management
ASK



DO YOU HAVE A **PORTFOLIO CAREER**?

Job role

What does your current job involve?

What are your interests?

Which 'bits' of your job would you like to do more of?

What resources do you need to support this development?



WHAT IS A SWOT?

WHY BOTHER?

SWOT Analysis is a useful technique for understanding your own **Strengths** and **Weaknesses**, and for identifying both the **Opportunities** open to you and the **Threats** you face when self-managing your own career in physiotherapy.

Enough about meWhy not consider **YOUR current AS physiotherapy role** and try working through the SWOT analysis about **YOU** and **YOUR** career

SWOT:

I've put a few suggestions in here...but make it about yourself



MY PORTFOLIO CAREER



Back to my original question: **Are Portfolio careers a good idea?**

My 'Portfolio Career' did not come about purely by chance

I sought out '**Opportunities**' by recognising the **transferable skills** a physiotherapist has and where they could be applied in other areas of healthcare

I sought '**advice**' —from a work-based coach, work colleagues and my friends

I focussed on what '**made me happy**'

But I needed a '**challenge**' after 20 years in the NHS

I looked for '**value-added**' where my efforts could make a '**real difference**'

I was trying to avert '**Burn-out**'

YOUR PORTFOLIO CAREER



BUT beware.... Wearing too many



can lead to this



Being a 'YES' person comes with '**Threats**'

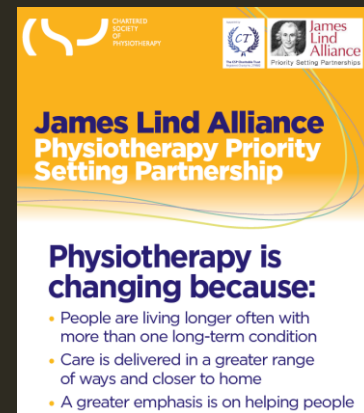
So my advice is '**get talking**' to your rheumatology team, your managers, your physio colleagues and **AStretch** about **your portfolio career** as there are many opportunities in Physiotherapy for a **sustainable careers in the NHS**.

KEEP READING for new **OPPORTUNITIES**



OPPORTUNITIES IN SPONDYLOARTHRITIS

1. **Delay to Diagnosis** – physiotherapists in frontline services have the opportunity to work in **First contact practitioner** roles and to support recognition of inflammatory back pain in primary care settings and physiotherapy services
2. **Education** – physiotherapists are well positioned to lead the education of GPs/fellow AHPs in recognising Rheumatological conditions
3. **Personal Development** – education events such as the **Astretch conference**, **BritSpA**, **PhysioUK**, **BSR**, **EULAR**, **Back in Focus** conferences as well as local sponsored educational events can support your CPD in SpA
4. **Research** – NASS have a research fund which physiotherapists are invited to apply for each year. NASS has its own research agenda: www.nass.co.uk/en/research which physiotherapists can support. The CSP has just launched its own research priorities: www.csp.org.uk/publications. Think about visiting the National Institute of Health Research website: www.nihr.ac.uk for research grant opportunities.





OPPORTUNITIES IN SPONDYLOARTHRITIS

Networking – come along to the Astretch conference and meet other physiotherapists with a shared interest in SpA

Collaboration – By keeping in touch with colleagues across organisations and special interests groups the interest, expertise and awareness of SpA can continue to grow

Social Media – why not follow [@Astretch_Physio](#): [@MeIRheum](#): [@physiowillgreg](#); and [@NASSExercise](#) to name just a few tweeters about ‘all things SpA’

Going Digital – We are in the midst of the ‘*Digital Era*’ in the NHS – think about how digital can enhance what you do and your patients’ experience

OPPORTUNITIES IN SPONDYLOARTHRITIS



Keep Learning – Go to

www.axialspabackinfocus.co.uk

www.asas-group.org

www.nass.co.uk

www.britspa.co.uk

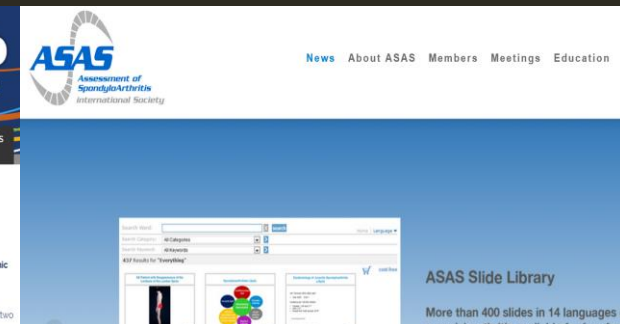
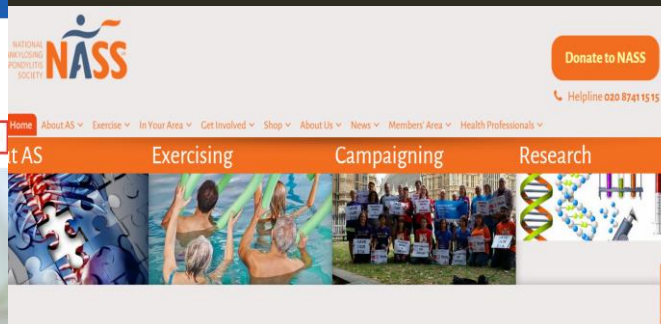
for excellent SpA resources



Follow what other AStretch members are doing:



Dr Jane Martindale
is the first
Physiotherapist
on the BritSpA
Executive Committee





THE WEEK THAT WAS.....

So I think you can see why.... I have 8 coats!to wear with my many **HATS!**

What a week..... Of all my tasks this week.....this was perhaps the most pleasing!



THANKS FOR READING

LOOK OUT FOR OUR NEXT PIECE ON OUR WEBSITE, FACEBOOK AND TWITTER

@AStretch_Physio

www.astretch.co.uk



Please come and say 'Hello' AT BSR at the Poster Stands and read about Astretch's NASS-Funded Research Project:

**'A NATIONAL SURVEY OF HYDROTHERAPY SERVICES FOR THE MANAGEMENT OF
AXIAL SPONDYLOARTHRITIS: THE PHYSIOTHERAPISTS' & PATIENTS' PERSPECTIVE'**