

Ten Questions about being a consultant Physiotherapist

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1. Please describe briefly your job role and responsibilities?

As a consultant physiotherapist, I have to fulfil the role in 4 pillars on a day to day basis.

Clinical:

- I have a caseload of patients with complex needs and musculoskeletal pains, especially those with spinal, widespread body pains with various coexisting comorbidities. Present interest is in understanding the flow of the so-called, “**medically unexplained pain**” in neurology, rheumatology, orthopaedics, pain, mental health, gynaecology, urogenital and gastroenterology. Have developed interest in improving psycho-neuro-immuno-biological health. I.e. emotional health, sleep, stress interaction with inflammation.

Leadership:

- With development of the new job roles, there is some blurring of the professional boundaries, so there are always few challenges within the MDTs and my job is to reduce this and help improve integration and interaction within the MDT.
- Developing Advance Clinical Practice, First Contact Practice. MSK physiotherapy, aligning pathways into both specialist care as well as community services.
- Develop leadership within the team Improve operational effectiveness and drive Innovation in both clinical and operational aspects.

Research and Audits:

Surrey i-MSK Advance Practice & Physiotherapy team have been working on audits on ‘Straight to Test’ to rule out serious pathologies from information on the referral, Developing Advance

Practice role in Rheumatology, MSK-HQ, clinical traits of revolving door patients and a few other audits to develop the service in line with our service needs.

Teaching:

- My job is about facilitating both formal and informal interactions at triage desk, co-located clinics, emails, phone interactions and training for sharing knowledge and experience.
- Numerous interactions that take place between clinicians (physiotherapists, pain, rheumatology, orthopaedics, pain, psychologists, neurologists) and there are always common evolving themes. I work on understanding themes to help with learning and development.
- At specialist levels, a formal training of teaching without interaction, difficulty conversations, challenging the practices will not produce any innovation, clinical behavioural change and results in decaying, downgrading of the skills.

2. Please describe briefly your career pathway so far.

- My career is driven by the personal value of doing meaningful things in life “to serve”. As a band 7 physiotherapist, I felt that there is something missing and most importantly felt I was not good at what I was doing even after training courses.
- Thanks to Louis Gifford, BKS Iyengar, Master Wu Kwong Yu, Shanti deva’s bodhisattva principles, and mindfulness has helped to realise that I can only help people to help themselves through enabling intrinsic motivation, creating reason for behavioural change. This helped me to start understanding the role of "self in suffering". I became happy with what I was doing. I took Advance Practice in spinal pains and then progressed to Consultant physiotherapist.

3. Have you completed any postgraduate education courses relevant to your role?

I have a Master's degree in sports and exercise medicine. My focus was on exercise & public health rather than sports injury. After a few years of experience as an Advance Practitioner, I embarked on an MBA at Henley Business School. This has helped to understand soft systems methodology, strategy, leadership and management science.

4. What have been the challenges in achieving advanced practice or consultant level practice?

There are several challenges and some of them are still fresh in my mind

- Working with therapy leads, who are neither good at clinical work nor at management but very good at networking to get to a higher banding. The relationships are very transactional.

Irrespective of gender, race, sexual orientation and religious belief working with difficult people is a challenge for all. Some of challenges I faced with difficult people were

- Dismissive of ideas, overlooked when it comes to roles and undermined by your own mentee because of your overseas qualification.

- People, who don't have ethical responsibility for promoting inclusion, diversity and not promoting or hiring the right competent clinicians to the job, any challenge is met with stiff resistance and disruptive behaviours.
- Small errors were highlighted as big mistakes. Expectation to manage unusual pathologies trigeminal neuralgia unsupported as a junior clinician. Often such pathologies are not well managed even in pain clinics.
- I am dyslexic and have Attention Deficit, so I am often interpreted as not attentive and undermined.

I am not disheartened by responses below.

- *"We regret to inform you that your application has not been successful"*.
- Cancellation of the interview on the same day with poor explanation but promoted an internal candidate.
- *"We were thinking about bringing an experienced director with a nursing background to help shape up therapies"*. Assumptions from an executive who mentioned that not many AHP applicants have applied.
- *"This should be investigated under the care of specialist centres not a service lead by physiotherapists"*. A comment on a scan report by a clinician regarding a patient who was investigated for fear of spinal cancer.

5. What advice would you give to a new graduate keen to develop as an Advanced Practice and consultant level Physiotherapist?

- All graduates must focus on learning and development by appreciating the present needs and planning to meet future needs of the patients.
- A move away from being paternalistic, deductive reasoning approach of care to a holistic approach with good depth & breadth knowledge on diagnosis, prognosis and personalised care. The knowledge will help guide patients to the right pathway, promote autonomy in self-management and life style changes and rehabilitation.
- It is useful to be an independent prescriber or have skills in injecting at present to deliver care at an individual level. However to be a consultant you must understand and influence the social determinants of health.
- Growing mental health problems, wide spread body pains, and substance use means we must expand our skills into various other domains of health and wellbeing. For example: Prevention of diabetes, osteoporosis, nonpharmacological management of depression, and developing mental exercises aimed at reducing anxiety and ADHD.

6. What personal qualities/characteristics are important to have for your role as an advanced practice or consultant Physiotherapist?

- Do not avoid the challenge of doing the right thing in difficult circumstances or expressing your distinct point of view, these can be done softly.
- Compassion is about the best interest of others. Empathy, kindness are important facets of physiotherapy and where appropriate, compassion is also about disagreeableness of maladaptive beliefs, courage to say "No"

- Expose yourself to failure and criticism of ideas, it is the only organic way to develop resilience.

7. How to do measure your effectiveness as a consultant-level physio?

The challenges within integrated care systems are variation in behaviours, reputation, interactions and expectations of physiotherapy teams from commissioners, clinicians from general practice, specialist consultants, non-clinical managers and patients.

Therefore, in my view the consultant effectiveness is measured by his or her impact on the whole system.

Some of the important objective measures are:

- Clinical innovations, Learning & Development of the team.
- Outcome and Experience measures from the whole system.
- Objective transformation variable of the service.
- Friendship that is built within the members of MDT.
- Gradual reduction in the complaints related to poor care but this does not include complaints related to not providing poor value treatments and inappropriate investigations.

8. Where do you see yourself in 5 years?

After a few years of experience as a consultant, I want to take up more challenging roles in a wide system of NHS. I see myself as a director or transformation lead for the AHP or in integrated care services.

9. What type of CPD activities do you do at this level?

One must know their learning styles, self-awareness of your strength and weakness. This helps with self-directed learning, asking difficult questions and establishing relationships between the various topics of health. Examples: I always asked how sleep affects health, benefits of exercise in preventing dementia. COPD associated muscle loss and impulsiveness to smoke and PTSD. Dark side of exercise addiction and over training syndrome.

10. What would be your 3 top tips to an experienced Physiotherapist keen to develop as an advanced practice or consultant physiotherapist?

1. You don't have to be in a high job position to be a leader to influence change.
2. Have theoretical and practical experience, reflection on that experience.
3. Motivation to become a consultant or Advance Practitioner should be about responsibility to serve others, rather than a drive to be successful in order to validate your self-esteem.