



**Manchester University**  
NHS Foundation Trust

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Your Physiotherapy future;  
when and what to sow,  
when and what to cultivate,  
when and what to reap?

# Your undergraduate years

## Starting with a freshly ploughed field?

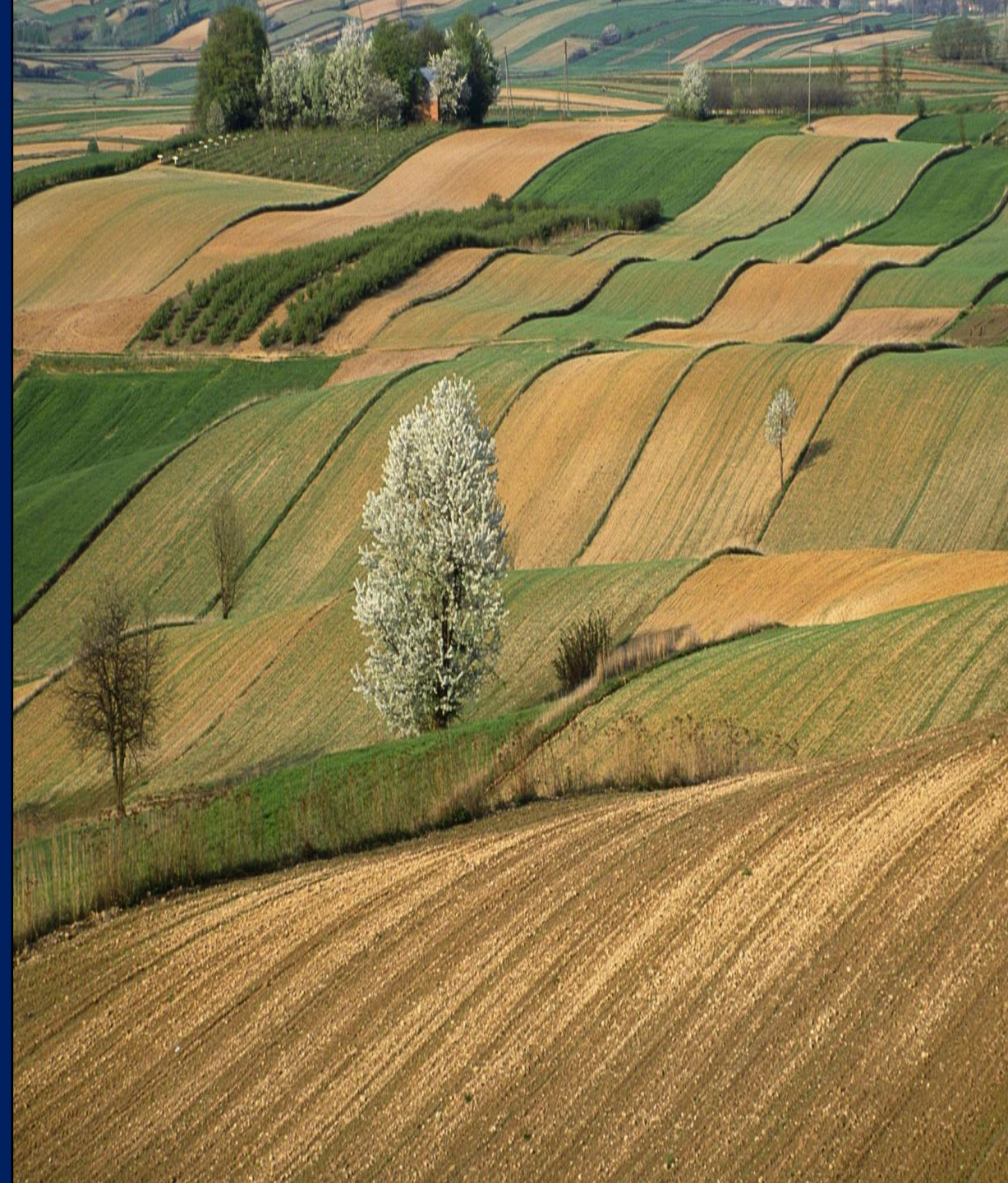
- Varied routes into Physiotherapy i.e. A level, HE Access, apprenticeship, part time, post graduate MSc
- Varied backgrounds – straight from college / 6th form, mature students, parents, carers, overseas students
- Motivations for entering profession i.e. personal experience, sports interest, professional reputation, altruism, financial



## Your undergraduate years

### Starting with a freshly ploughed field?

- Important to identify what **you** need to grow in **your** field (SWOT)
- Some will prefer horizon scanning (5 year planners)
- Some will prefer taking a look in the adjacent field (1 year planners or next assignment deadline)



## My experience

### What did my field look like?

- Entry via HE access + 2 A levels
- Mature student (25yrs)
- Background machinist / dressmaking, and fitness industry
- 2 children (3 and 7 years)
- Single parent
- Daily 4 hour commute to University



## The sowing phase

### Undergraduate years

- Sowing the seeds for ***your*** future career working with tutors and clinical educators
  - ✓ Communication
  - ✓ Study skills and planning
  - ✓ Theory and practical skills
  - ✓ Clinical assessment skills
  - ✓ Treatment planning
  - ✓ Problem solving
  - ✓ Rudimentary project planning and management
- May start developing interest in a speciality within PT



## My experience as an undergraduate

- Identified the seeds I needed to sow
  - ✓ Theory (A&P)
  - ✓ Clinical assessment skills
  - ✓ Clinical reasoning
  - ✓ Goal setting
  - ✓ Treatment planning
  - ✓ Treatment modalities
  - × Communication
  - × Problem solving
  - × Rudimentary project planning and management
  - × Study skills and planning



# When and what to cultivate?

## Graduation

- ✓ Autonomous practitioner
- ✓ New seedlings growing well

Your next career step is determined by the skills you want to develop

- ? Private / NHS
- ? Rotational or static post
- ? Teaching or smaller local hospital / clinic
- ? Specialist interest
- ? Academia / Research



# My experience

- Graduated 1998
- My priorities as Junior / B5 were
  - ✓ Competencies in core specialities (T&O, MSK, Medicine, Surgery, Neuro, Paeds)
  - ✓ Clinical assessments skills
  - ✓ A&P
  - ✓ Clinical reasoning
  - ✓ Treatment planning and goal setting
  - ✓ To work in a team where I wasn't ***one of many*** new graduates
  - ✓ Stay local

## My choice

- Rotational post (3 month rotations)
- Local DGH hospital to reduce commute
- ? Area of interest T&O





## Still cultivating

- 18 months after graduation and on completion of all core rotations promoted to B6.
- Completed a further 3 months on T&O / community
- Decided on T&O / MSK speciality
- 2000 Left DGH
  - × No sight of career progression in T&O
  - × Limited learning opportunities



## Still cultivating, with a little sowing and.... a little reaping

- Locum work at SHH, SRFT, NMGH, CMFT
- Developed new skills with education and training
  - ✓ DSE and ergonomics training
  - ✓ Occupational Health course
  - ✓ Moving and handling; teaching the carers course
  - ✓ ACPOHE membership
  - ✓ Business development course



# Still cultivating, with a little sowing and.... a little reaping

- BioMec set up in 2000 – branches
  1. Tennis Academy S&C, on court analysis, PT
  2. Occupational Health  
H&S  
Risk management  
Moving and handling training  
Community care M&H assessment
- Contracts
  - ✓ Lawn Tennis Association
  - ✓ First (Bus)
  - ✓ Arriva (Bus)
  - ✓ Houghton Plc
  - ✓ Greater Manchester City Council



## What and when to reap

Able to reap the rewards of all previous work

- 2003 Appointed to NHS B7 T&O clinical specialist post
- 2004 promoted to 8a
- Sold BioMec



## Back to sowing again...

### Advanced Clinical Practitioner (ACP) training

- MSc to work in Dr replacement role in T&O
- 2 years part time whilst working in existing role
  
- An alternative progression route would have been into a team manager role
- Newer roles also include First Contact Practitioner (FCP) another Dr replacement role primarily in ED, virtual and F2F fracture clinics and GP clinic



# My experience

The four pillars that underpin ACP are

Pillar	SWOT Level
Clinical Practice	Sowing, cultivating and reaping
Education of self and others	Sowing, cultivating and reaping
Leadership and Management	Sowing, cultivating and reaping
Research, audit and QI	Cultivating and reaping



## My experience of implementation of 4 pillars

- ✓ Set up ACP # clinic service and later Virtual Fracture clinic (Pre COVID)
- ✓ Introduced Enhanced recovery to MFT firstly in T&O then into all other specialties
- ✓ Developed and harmonized EB elective ortho pathways from 3 hospitals to one new Manchester Elective Orthopaedic Centre (45 surgeons)
- ✓ Introduced therapy twilight service
- ✓ Introduced OT weekend working in T&O and roll out across MFT



## My experience of implementation of 4 pillars

- ✓ Set up therapy service within GM Major Trauma Collaboration
- ✓ Developed inpatient specialised service for management of patients with #NOF
- ✓ Introduced new pathway for distal femur #- adopted by BOA and NHFD
- ✓ Dissemination of audit, QI and service evaluations at national and international conferences
- ✓ Local collaborator on multiple research studies





# The glass ceiling

- 8a Clinical Lead was glass ceiling reached for clinical posts
- After 9 years at 8a, in 2013 applied for 8b Therapy Service Manager post = unsuccessful
- Applied again in 2014 = unsuccessful

## SWOT for progression

S	Excellent clinical experience and ability to drive change. Data analysis, process mapping, influencing
W	No interest in management. Limited experience at corporate or snr management level.
O	Director aware of desire for progression = Coaching. Academia as alternative
T	Other applicants more experienced and interested in mgt roles. Desire was to remain clinical



## 2 potential academic routes

Pros	Cons
<b>Teaching</b>	
Enables career progression	Limited career progression without clinical work
Term time working	Prefer to deliver education in clinical setting
Challenging	Limited option to remain clinical
Investing in future PT workforce	
Rewarding to share knowledge and skills	
Qualification	
<b>Research</b>	
Remain clinical (DCAF) with further progression	Back to sowing .... A lot
See the difference made to patients	Time consuming and slow
Research qualification	Funding
Challenging	Frustrating
Contribute to EBP	



# National Institute for Health and Care Research

Fund, enable and deliver world-leading health and social care research that improves people's health and wellbeing, and promotes economic growth.

- Associate PI scheme
- Internships
- Pre-doctoral Fellowship
- Doctoral fellowship
- Post-doctoral fellowship

<https://www.nihr.ac.uk/health-and-care-professionals/your-path-in-research/>



# Current work

- Lead Therapist for GM Major Trauma Service
- Lead AHP Research Champion for MFT acute services
- NICE Advisory panel for Guidelines following Traumatic Injury
- GM CAHPR committee member
- NMTNRG and NMTNRrG Committee member
- ATOCP committee member

## 2022

- Developed complex pelvic and Poly T MDT clinic
- Lead for MT Enhanced Rehabilitation in GM
- James Lind Alliance research priority setting committee member
- NMTNRrG Delphi study lead for rehab
- NIHR Intern and Pre Doc fellowship supervisor
- PI on 2 studies
- NIHR HTA Grant application for MT Enhanced Rehabilitation
- Presented at BOA, EFORT, Trauma Care conferences
- 2 publications and 1 in edit
- 1<sup>st</sup> ATOCP Fellow appointment





Writing for  
publication

HIVE / EPR

ACAF

HTA grant  
writing

Any questions?

