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Education England (HEE) roadmap for FCP Accreditation of Advanced Practice

Conclusion(s): Through cross-system partnership and collaboration it has been possible to implement a new workforce model across an Integrated Care System with a population of 2.6m. Pump priming funding to pay for Level 7 modules at a local HEI was instrumental in establishing this programme however sustainable funding is now available through the apprenticeship scheme to ensure continued workforce development. A single model for implementation across the different places in West Yorkshire and Harrogate would have been unlikely to succeed as the models of MSK service provision varied significantly between places, however a set of shared principles for integration, competencies and minimum standards supports parity in service quality and standards across the ICS.

Impact: The successful approach of whole system collaboration for rapid (15 month) development and implementation will be considered for other first contact roles in physiotherapy and other professions particularly in respiratory care and frailty.

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P084

Development of a multi-component risk assessment process for face to face consultations in an outpatient setting

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Keywords: COVID-19; Risk assessment; Face-to-face

Purpose: The aim of developing a standardised risk assessment process was to aid physiotherapists in balancing clinical need and risk mitigation when planning care and using that information to facilitate informed shared decision with people using the service when considering virtual or face to face consultations.

Methods: A multi-component risk assessment process was developed using the Chartered Society of Physiotherapy's 7 factors to consider when planning face to face consultations and NHS England guidance as the core foundation. Specific components included COVID-19 screening, clinical vulnerability, age, gender, ethnicity, smoking and alcohol intake, clinical need, red flags, consideration of virtual consultation, consideration of patient carers and vulnerable household members, risk mitigation, shared decision



making and informed consent. The document was shared with a multi-professional team and members of the equality, diversity and inclusion team to ensure the process was inclusive and sensitive to our diverse staffing group.

Results: The risk assessment framework was formally ratified by the Trust clinical governance group and adopted as part of the combined therapy services electronic note system and became a component of the electronic notes audit to ensure appropriate use. The process was also used by multi-profession services outside of therapies.

Conclusion(s): The impact of the COVID-19 pandemic has meant services have evolved new ways of working to ensure delivery of quality patient care safely with shared decision making integral to the process. The development of the standardised risk assessment form supported clinicians and patients in making fully informed shared decisions about their care plan.

Impact: The impact of this project was that patients who had a clinical need and/ or preference for face to face treatment were able to make informed decisions about their care balancing clinical need and risk in a transparent and inclusive way.

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P085

Distal radius manipulation under anesthetic can be safely performed by advanced practice physiotherapists in the emergency department

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Keywords: Emergency medicine; Advanced practice; Fracture reduction

Purpose: Distal radius fractures are the most commonly reduced fracture in the emergency department (ED) (Malik, Appelboom & Taylor 2020). They account for nearly one sixth of all fractures presenting to the ED (Goldie, 2002). The quality of any reduction can influence definitive management and any reduction should aim for as close to anatomical position as possible (Lichtman et al., 2010). There is no literature on physiotherapists performing such a task. The aim was to show advanced practice physiotherapists, with appropriate training, can safely and effectively perform the reduction of displaced distal radius fractures.

Methods: A case series review of 10 reductions. Review of pre and post reduction x-rays was performed by two different orthopedic surgeons and an emergency department

