

2018

APCP Professional Development Programme  
A Training Tool for B5/6



Association of Paediatric Chartered  
Physiotherapists

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## Introduction

The **APCP Professional Development Programme- A Training Tool for B5/6** is designed to assist with in-post transition of paediatric physiotherapists from B5 to B6.

There is an [ongoing shortage](#) of qualified physiotherapists nationally alongside other healthcare professions. This is in part due to fewer applicants, cost cutting within the NHS and the continuing pay cap. Further details can be found on the CSP [website](#). There are significant differences around the country with vacant posts for differing reasons including London Weighting, cost of housing and access to transport, schools and community facilities.

In paediatric physiotherapy, Band 6 (B6) posts are currently difficult to recruit to nationally. Feedback from physiotherapists suggests that current Band 5 (B5) physiotherapists do not always feel they have the skills or sufficient experience within paediatrics to apply for a B6 post. This often deters potential applicants. APCP Paediatric Physiotherapists in Management (PPiMs) produced a document '[Interested in a Career in Paediatric Physiotherapy?](#)' in 2015 to attempt to address some of these issues.

Managers have reported applicants applying to B7 posts without the necessary skills in a bid to increase their salary and develop their career. There are also less B5 posts/ rotations within paediatrics owing to it being a specialist skill rather than a core rotation, this means that post-graduate experience can be hard to come by, with B6 posts usually requiring it.

The transition of posts/ jobs from B5 to B6 has been trialled by some Trusts. In April 2016 County Durham and Darlington NHS Foundation Trust successfully implemented a B5 to B6 transition programme specifically for paediatric physiotherapy community staff. This programme has been delivered as a structured training tool over a suggested 12-24 months (factors influencing the timeline for the programme included the candidate's previous experience, working arrangements and work/ life balance).

The programme requires a departmental approach, teaching and learning being provided from all staff that are involved with the participant. This can be delegated to staff with the relevant skills to teach formally or through practice based learning. It has a structure to ensure that monthly meetings occur to collect evidence of learning outcomes being achieved and to set clear expectations of learning objectives from month to month. These are based on competencies, observations, attending MDT meetings, clinical and peer supervision sessions and critical reflection.

Candidates are given between half a day and a day per week for self-directed learning. There is a final assessment of completion of a case study which evidences the candidate adhering to all aspects of the Band 6 KSF job descriptors within their clinical practice and demonstrating their clinical reasoning skills.

Development posts are funded under Annex U Agenda for change and funding for the higher band post must be available. Annex U stipulates that the training package can last between 12 -24 months dependant on the persons training need and the person would be paid at the lowest increment of the higher band. They do not progress through an increment until they

have completed their training programme successfully. This equates to 70 percent of the budget for the higher band. For development posts there is discussion to be had with business managers to allocate training monies if required. For most staff in the B5/6 development, B5 increments 1 or 2 still represents a substantial pay rise to the bottom increment of band 6.

Following discussions at APCP National Committee about the difficulties with recruitment nationwide, the programme was presented in detail at the National Committee meeting in Edinburgh in March 2017 and a working party was tasked to produce a document detailing how the programme can be replicated nationwide. The potential to expand and standardise the content of the programme to suit other paediatric physiotherapy specialisms is recognised.

Development programmes have allowed managers to have a clear pathway for career development that can outline the training needs and the funding required for their staff development. They allow a structured and transparent pathway of skill acquisition for physiotherapist and managers can use these as a tool for succession planning and funding evidence for specific bandings of staff to be maintained or created.

The aim of the project is to create a document that can be used and adapted by individual departments to aid recruitment and retention of staff at the Band 5 / Band 6 transition level by offering a structured teaching /training package, which could also be adapted for other grades. Not every department has a recognised development pathway so this development tool can be used for any staff to identify their learning needs.

Further information can be found in the [Frequently Asked Questions](#).

## Objectives of this document

1. To provide guidance and support to paediatric physiotherapy managers and team leaders to recruit physiotherapists into the specialty of paediatrics
2. To provide a structured and transparent pathway of skill acquisition for physiotherapists between B5 and B6 levels
3. To create opportunities for development from a novice paediatric physiotherapist to a well-established practitioner, deemed to be fully competent to clinically practice at a B6 level
4. To promote robust evaluation and quality of learning
5. To support managers or commissioners in accessing finance for the training tool
6. To assist teams to justify staff bandings and to enable succession planning

## Synopsis of Professional Development Programme

In order to progress through the **APCP Professional Development Programme- A Training Tool for B5/6** the supervisee will be expected to keep a portfolio of evidence detailing the relevant learning experiencing that can be evidenced and discussed with supervisors. This portfolio will also be useful in registration for HCPC.

### Expectations of Supervisor

- Monthly meetings will take place in the format of a face to face discussion between supervisee and supervisor to analyse the material submitted to evidence the staff members learning.
- At the supervision meeting the supervisor will discuss the evidence folder with the supervisee, enabling them to reflect on their learning
- Although the named supervisor will evaluate the final programme, other members of the team will feed into this process.

### Expectations of Supervisee

- Monthly meetings will take place in the format of a face to face discussion between supervisee and supervisor to analyse the material submitted to evidence the staff members learning.
- To plan diary and learning time with other members of the wider team to identify learning opportunities and time for self-study.
- Single named supervisor, although members of the team may be involved in the development programme.

## What Commitment is required by the Supervisor and the Supervisee?

### Supervisor

The named person (supervisor) assessing the supervisee will need to allocate 1 hour per month in order to review the monthly evidence log and set the targets for the following month. At this meeting the supervisee will have their portfolio reviewed and competencies appropriate to the previous months learning log will be reviewed to ensure that they have been signed off by relevant clinical staff.

There is the need to ensure the team are committed to support the learning of the supervisee. This should be done in the form of on the job training, clinical supervision and peer supervision sessions. In practice this has been found to be structured by the programmes identified learning needs and has directed the supervisee's learning but has not increased workload as this has been structured through joint working sessions.

It is recommended that the supervisee is supported to attend the Introduction to Paediatric Physiotherapy course if appropriate.

### Supervisee

Individual departments can allocate self-directed study time for supervisees to arrange observational visits to members of the multi-disciplinary team (MDT) working in their direct clinical setting and if appropriate to tertiary centres.

There is a commitment for time to study relevant articles and evidence based treatment and to research conditions and appropriate physiotherapy interventions.

Time is also required to write a case study and develop their portfolio, arranging competency assessments with senior staff and also to prepare evidence for monthly meetings in the form of clinical and peer supervision sessions .

It would be suggested that this would be between ½ a day a week for the duration of the programme to allow dedicated self-directed study time.

It is recommended that the supervisee attends the Introduction to Paediatric Physiotherapy course if appropriate

## The Professional Development Programme

This suggested example is based on the requirements for a **community paediatric physiotherapist** but each team will be able to tailor this to their specialty as necessary and it can be used for any workplace scenario.

Key areas to be detailed will be:

- Knowledge of MSK conditions applicable to children and young people
- Knowledge of neuro-developmental and neuromuscular conditions
- Knowledge of local policies for Selective Dorsal Rhizotomy, BoTox, multilevel orthopaedic surgery
- Physiotherapy assessment
- Physiotherapy treatment techniques
- Equipment
- Orthotics
- Roles of the multi-disciplinary team (MDT) and the inter disciplinary working relationship
- Communication with private providers, education, tertiary centres
- Journal/ article preparation, EBP
- Hydrotherapy and Rebound Therapy
- Respiratory management in paediatrics
- Attendance at clinics or specialist hospital settings
- Completing competencies with staff teaching supporting and assessing
- In service training (IST)

This learning should be evidenced through peer supervision documentation, clinical supervision documentation, learning logs for each relevant area, example assessments and treatment plans, evaluation of current evidence.

### **Monthly Progress Meeting**

The monthly meeting will look at the detailed learning log of any new conditions that have been assessed and treated in the past month with an action log of further learning needs, an example of a peer and a clinical supervision form from reflective and 1:1 sessions.

One knowledge based topic per week should be studied and the supervisee should have a detailed knowledge sheet to show the learning process that has been used to find the background information and evidence where the learning material has been found.

The following are suggested examples of what can be discussed but can be tailored to your specialty and to your department.

## Quarterly Progress Meeting

### Quarter 1

Gain an understanding of:

- Teams/ localities
- Clinic set-ups
- Different treatment modalities
- Specific records and documentation systems and legal requirements
- Consent and safeguarding

Basic understanding of:

- Normal gross motor development
- Normal variations of growth
- 2-3 specific common conditions supervisee likely to see e.g. toe walking, hypermobility, cystic fibrosis (depending on team caseload and speciality, this can be tailored to suit the team)
- Show recognition of equipment (seating, standing, respiratory) knowing the name, model and basic reasoning as to why it would be prescribed for that child.
- Recognise simple orthotic equipment, knowing the name and basic reasoning as to why it would be prescribed for a child.
- To be able to select appropriate articles that are relevant to recent EBP and reflect on their impact on treatment
- Case study

By the end of the first quarter the supervisee will be able to produce and present to their supervisor a basic assessment with a treatment plan and a reflection of progress to date in a written assessment. They will also be responsible for an appropriate caseload.

Demonstrate practical skills in

- Communicating with both children and parents (verbal and non-verbal)
- Basic handling skills – to demonstrate positioning, handling, hand holds, facilitation of movement.
- Appropriate play techniques.
- To be able to assess and treat children with conditions specified in the learning needs.
- Precise measurement skills with goniometer

To have the ability to treat independently both as 1:1 and a group session (if applicable) but have access to guidance and support to plan sessions as required.

### Quarter 2

Gain an understanding of:

- Multi-disciplinary team and attend a meeting
- Specialist clinics e.g. rheumatology, orthopaedics, botulinum toxin (or as appropriate within the team and speciality)
- Exercise prescription for rehabilitation
- Postural management



Understanding of:

- Specific complex conditions supervisee likely to see e.g. cerebral palsy, structural talipes, developmental delay
- Clinical reasoning as to why a child would be prescribed specific equipment. To be able to use specified equipment safely and to be able to order and complete clinical reasoning forms for equipment.
- Recognise a range of orthotic equipment, knowing the name, purpose and limitations.
- Safeguarding knowledge and demonstrate safeguarding procedures used in practice
- Appropriate articles that are relevant to recent EBP and reflect on their impact on treatment

Demonstrate practical skills in

- Improved play skills and communication with children.
- Full objective assessment of common conditions seen, using appropriate tools
- Competent handling skills that effect patterning and normalise tone effectively.
- Discussion with parents/ carers to explain the findings of an assessment and treatment plan.
- Setting SMART goals from the detailed assessment and formulation of treatment plan for short term outcomes.

To manage a caseload independently giving evidence of timely discharge, review, prioritisation and appropriate onward referrals.

### Quarter 3

Demonstrate an understanding of:

- Appropriate outcome measures and critically evaluate their relevance
- Participation in an MDT meeting at the school or hospital setting as the treating therapist with sole autonomy.
- Relevance of assessment findings as part of the wider picture e.g. Cerebral Palsy Integrated Pathway (CPIP), Education, Health and Care Plans (EHCP).
- Writing a professional report on assessment and treatment detailing clinical findings and physiotherapy input
- Goals and treatment plan formulation for the medium term (3-6 months).
- Safeguarding meeting or child in need referral and plan (if applicable)
- Awareness of limitation of independent learning and skills and when to seek assistance
- Complete SWOT analysis
- Appropriate articles that are relevant to recent EBP and reflect on their impact on treatment
- Case study preparation, evaluation of outcomes in relation to evidence base and change to practice if necessary
- Prepare an in-service teaching session

Demonstrate practical skills in

- Prescribing and fitting appropriate orthotics
- The ability to engage play as a clinical tool to influence optimal movement and outcome
- Adapting physical activities for a range of needs in a group session
- Teach or instruct someone else to deliver a programme e.g. assistant, student, parent/carer
- To have an understanding of safe use of advanced equipment in relation to the appropriate environment e.g. Pavlik harness, boots and bar, ventilator, functional electrical stimulation (FES)
- Communicate effectively with tertiary centres by giving and receiving feedback and alter local treatment plan accordingly

To have the ability to run a full clinic to time (e.g. MSK new patient (NP) 40 mins, follow up (FU) 30 mins), and review independently (but have access to some guidance and support following session as required for clinical decision making). To have a full and varied caseload.

#### Quarter 4

Demonstrate an ability to

- Forward plan the diary to allow for training, vacation etc.
- Delegate and monitor treatment interventions
- Run an audit
- Identify service improvements and your role within it
- Write effective Risk Assessment Plans.

Demonstrate practical skills in

- IST delivery
- The ability to keep a child on track during an assessment by doing the same thing in several ways.
- Goals and treatment plan formulation for long term goals
- Teach parents and guardians handling skills.
- Supervision of an associate or assistant member of staff.
- Performing appropriate outcome measure independently e.g. GMFCS 88, North Star, MMT8, CMAS and record and evaluate the data and inform parent.
- Completing an EHCP if appropriate for service
- Advising all professionals involved in the child's care about effective timetabling for postural management treatment sessions, clinics, hydrotherapy goal setting and programmes

Final assessment with portfolio review by clinical supervisor.

Qualify as band 6 therapist on the band 6 incremental pay scale.

## Examples of Evidence Within the Portfolio

- A copy of an assessment and a treatment plan that can be discussed and critically reflected upon will be required at meetings. It is noted that in the first 3-6 months this discussion will be around the teaching needs of the staff member and the progression in the ability of the staff member to complete a partial to a full assessment.
- Equipment / Orthotics should be in the format of two separate logs that reflects the item that has been seen, the purpose and description, the clinical need, the explanation as to why and when this would be prescribed.
- Roles of the MDT and inter-disciplinary working relationship. This should be demonstrated with a reflective piece that describes the role of the MDT member and how their work influences, links with and compliments that of the paediatric physiotherapist. One job role per month could be done as an example.
- Example of working across employment / service boundaries, dealing with professional conflict or service mismatch of provision.
- Journal/ article preparation. One article will be presented by the staff member per month and discussed in relation to practice and learning validity and reliability.
- Hydrotherapy. Hydrotherapy learning (where available) will be evidenced in reflection. This will be as the sessions occur and will be a continuing piece of work.
- Respiratory management can be documented as a reflective piece looking at the respiratory care needs of a complex child if acute respiratory care is not available or appropriate.
- Attendance at clinics or specialist hospital settings. These would be evidence of specialist teaching and reflection and critical evaluation will take place following the individual sessions.
- Completing competencies with other staff e.g. teaching, supporting and assessing band 2 – 6 will be completed.
- In Service Training. To have a clear log of any in-service training and formal teaching attended with actions to endeavour to see children who present with the particular aetiology.

The timescale for completion will be discussed after six weeks in post so the staff member has had time to settle in and get to know everyone, and will be split into four quarters throughout the allocated programme period. Allocated staff will have the responsibility to

support the staff member through the programme and to feedback to the supervisor the staff member's learning needs and successes.

## **Frequently Asked Questions**

### **1. Why not hire a band 5?**

A B5 within paediatrics is a very worthy post when the post is clearly defined and there is a clearly defined skill set to carry out the allocated work. Often B5 posts are rotational and the rotation time is very short to teach and provide appropriate professional scope of practice to treat the variety and complexity of the paediatric caseload. Commonly, B6 posts cannot be filled as there are not suitably experienced candidates coming through or these posts are downgraded to save money to a B5. This results in a decrease in the scope of practice and leaves gaps in service provision.

### **2. Who will teach on the programme and how much time must be allocated?**

Teaching commitment is dependent on the experience and needs of the person undertaking the development programme. This will determine if 12 months or 24 months are required for completion of the programme. Competencies should be identified for completion of the training including key knowledge topics and treatment skills. Teaching can take the form of 1.1 practical teaching sessions, joint working and self-directed learning within the person's allocated training time. Training should be delivered by staff who have the skill set and relevant clinical caseload. This will allow the teaching load to be shared.

### **3. Who will formally assess the Development Programme?**

It is helpful to have one supervisor who leads the monthly progression meeting. This should last 60 – 90 minutes to review work undertaken and the progression and to plan the following month in accordance with the quarterly plan. This person would be required to do the quarterly assessment and the final assessment which would be done within the monthly meeting allocated time.

### **4. What is required for agreeing competencies?**

Competencies for each staff banding key elements should be written. These need to be signed off by a suitable staff member witnessing or discussing the content as appropriate. This can be done by a range of staff and does not need to be the responsibility of one person.

### **5. What skill set does the person need to have to apply?**

As the development programme for B5/6 can be tailored individually, previous experience in any specialist area can be limited or even non-existent, as the training programme can be set to identify all training needs. Suitable candidates include new graduates, returners to practice or a person moving speciality.

### **6. I work in acute services, can I still follow this programme?**

This programme can be adapted for any speciality. The information in this document is for guidance and is based on a community post. The format can be used for any area.

### **7. I work in private practice, is this document relevant to me??**

This document can be used to share knowledge and best practice within your team. It can also evidence your career experience should you choose to apply for a post within the NHS, perhaps making it easier to job match and identify an appropriate incremental level. It is a useful document to improve your own skills in a structured way.

### **8. What are the positives for the department in this programme?**

This programme allows departments to train staff to cover all aspects of the service. It has helped to ensure that departments have appropriate clinical competencies. It also allows the person training to present current evidence they have researched in their development time and to take a lead on an area of service development. Present departmental staff have stated that the development programme has made them feel valued as an experienced member of the team through informal teaching and have said that they wished they had a similar programme when starting in post. It is very much a team effort and all members of the team could have a part in the training of a new staff member through this programme.

### **9. What self-directed learning time is required?**

It is suggested that ½ a day a week is protected as learning time. Self-directed learning, observations of MDT, case study, and any learning needs identified in the quarterly programme to be completed for the portfolio.

### **10. Are there any barriers to this programme?**

There is a time commitment from the supervisor and a coordinated, organised approach must be adopted. As the person undergoing the programme is given learning time this means that ½ a day a week is lost in training. This is time well invested as they become able to work in all areas of the service and can provide cover for the team with the learned skills and competencies. Where departments are very busy and feel that there may not be the time to support the development programme, it must be highlighted that this is for a relatively short period and the gain brought is for the longer term progression and benefit of the department. Arguably those teams who have posts unfilled and have least time are the teams that may want to invest in such a project for the long term gains. Staff going through the programme report that they feel very invested in and want to ensure that they give back to the department.

## Documents



### APCP Development Programme for New Staff Monthly Assessment Template

<b>Name</b>	
<b>Date</b>	

#### Evidence

Teaching topic	List of evidenced material

Peer supervisions	Topic discussed

Clinical supervision	Topic discussed

Competencies signed off	Name of staff member

	Clinical supporting evidence
1	
2	
3	
4	
5	
6	

Assessment	Brief description of progress of assessment with an example

Observations MDT	Brief description of progress of observation

	Actions for next month from discussion

Signed By Supervisor	
Signed By Supervisee	
On track to succeed to date	
Not on track to succeed to date	
Comments	



**APCP Development Programme for New Staff  
Clinical Supervision Template (Example)**

Date \_\_\_\_\_

Name \_\_\_\_\_

Place of work \_\_\_\_\_

Description of clinical activity supervised

Clinical supervision with (staff member), following block of intervention with child for developmental delay.

Summary of event for reflective log

Clinical supervision with (staff member), following block of intervention with child seen for developmental delay.

During my intervention, I was working on facilitating this child's transitions from the floor into standing.

I had been working on sitting into side sitting,

Then working on transitioning from side sitting into high kneeling,

Then from high kneeling into half kneeling and then pulling into standing.

As this child would bottom shuffle as a means of being mobile around the floor, it was important to teach the child how to get himself into standing from the floor as this child had not learnt how to do this.

Should he not learn this, then he would struggle to get to his feet on his own and transition to walking.

As the child was bottom shuffling as a means of being mobile, it was important to teach him the easier and more efficient way of mobilising in walking.

Therefore once the child was able to get into standing, it was important to teach him what is require to be mobile. Therefore thoracic stability, unilateral trunk elongation, pelvic rotation, unilateral hip extension, and lateral weight shift.

Therefore I was working with this child in standing, with him propping through one arm and playing with a toy with another arm, then taking his foot away. This is so that he could bring this foot back to the midline and self-correct himself.

By taking away one of his legs, this passively allows the child to laterally weight, rotate their pelvis and then elongate their trunk. Then with the child correcting his position and finding midline, they then can actively complete the same on the opposite side to then correct.

During clinical supervision with (staff member) he then demonstrated how to progress this further, as this child was furniture walking left and right approx. 2-3 steps. (Staff member) then set up with soft play a corner, to enable the child to prop through his arms then move around the corner to get the toy. The child was able to move their hands round the corner to stabilise himself to then step round.

This develops the child stepping from unilateral to rotational and in the frontal plane.

Once the had completed this round both left and right corners, the child was then sat just out of reach of the toy which was on the soft play tables, he then had to stand from lap sitting and reach forwards to fall onto the soft play. By taking his centre of gravity forwards giving the child something to fall onto this gives the child propulsion, and with already having learnt stepping to correct his



centre of gravity in multi directions. The child is then able to throw themselves forwards onto the soft play, with their feet then stepping to correct their centre of gravity.

As the child had learnt this task and begun to complete in a controlled manner, a wheeled stool was then used in place of the soft play. This allowed the child to bring their centre of gravity forwards against an object, so that they felt safe. However as the stool was able to move forwards, this meant that the child had to continually correct their centre of gravity, therefore taking steps, and walking.

Once the child had gained the skills to stabilise their thoracic, elongate their trunk, rotated their pelvis, extend their hip, and lateral shift their weight, A demonstrated how to strengthen the child's pelvis and trunk to supplement.

This was completed by the child crawling up an inclined soft play. This will allow the child to stabilise their thoracic, elongate their trunk, rotate their pelvis, extend their hip, and lateral shift their weight and strengthen these components, all of which are required to mobilise.

Learning identified in joint session

How to progress a developmentally delayed child's mobility, once gained skills to get into standing.

Any actions or further learning to take place from discussion

To Order a size 1 forward rollator and to teach nursery staff use of this.

Action log


Review Date \_\_\_\_\_

Signature of supervisee

--

Signature of Supervisor

--

To be used for- Please highlight

HPCP YES

Appraisal YES

Other

Once completed please save in your Development Programme folder



**APCP Development Programme for New Staff  
Peer Supervision Template (Example)**

Date \_\_\_\_\_

Name \_\_\_\_\_

Place of work \_\_\_\_\_

Subject of discussion

Discussion regarding MPFL reconstruction and Rehab for end stage.

Summary of event for reflective log

Discussion regarding MPFL Reconstruction surgery and end stage rehab, and discussion from knowledge already gained on this procedure from adult's services.

Discussed the implications for surgery I.E regular patelofemoral dislocations, with soft tissue tear? Recurrent instability, poor outcome from rehab.

Then discussed the surgery its self, I.E patelofemoral ligament moved medially to help fix patella in tracheal line.

Then discussed the rehab, early stage guided by protocol (See attachment).

Later stage is then guided by consultant review, I.E the healing of scar tissue, the bony calcification, the reaction to loading during therapy.

Rehab is then based around initially gaining quad control and strength generally, then more specific VMO to prevent lateral strain of the patella.

Then to look more dynamic control to maintain knee stability with one directional load, then multi directional loading. Ensuring that hips/pelvis, knee are also stable.

Once this has been gained on double leg then this process is then repeated to single leg.

Then progression is taken into double foot jump and lands ensuring that hips, knees, and ankles are aligned. This is then taken into single leg take off to double foot lands. Then double foot take offs to single foot lands. This process then goes as follows;

- Single leg to single leg
- single leg to single leg to single leg alternating between each leg
- continuous same leg
- begin gentle jogging

This process would also be repeated for unilateral work. Also should the patient require to jump and land in their sport this would be repeated from a box.

Then more dynamic stability would be taken from wide slalom running, slowly bringing the cones closer until the patient can push off and turn.

Agreed actions from discussion

To Book Into gym rehab group to begin end stage rehab.

Any further learning to take place from discussion

--

Action log


Review Date \_\_\_\_\_

Signature of supervisee

--

Signature of Supervisor

--

To be used for- Please highlight  
HPCP  
Appraisal  
Other

Once completed please save in your Development Programme folder



**APCP Development Programme for New Staff**  
**Observation of Treatment Session Template (Example)**

Date \_\_\_\_\_

Name \_\_\_\_\_

Place of work \_\_\_\_\_

**Communication**

Spoke to child well and age appropriately and explained to parent the purpose of the joint session  
Took the time to start the session by building a rapport with child and explained what was expected throughout the session clearly and logically.  
Listened to parent and child's view points and asked for their expectations.  
Gained consent

**Note**

Would have been good to ask the child what they thought of their new splints.

**Observations**

Undressed the child suitable to carry out a compressive assessment  
Explained to the child why you were asking him to be prone on the bed

**After treatment**

Splints were reapplied well with an explanation of the new splints and the reasoning for a wedge and a heel raise – this was correct and thorough.

**Note**

It may have been nice to talk about a graduated approach if unable to tolerate the wedge straight away

**Assessment**

You did attempt to analyse the gait pattern and could identify what was happening throughout the gait cycle but did need some help to break each component down to identify the specific muscle weakness and lack of control

The biomechanics of each phase of the gait cycle should be revised to be able to clinically reason why he is not gaining heel strike and how the position of the knee is affecting the gait cycle.

You did correctly position the child in prone to assess the TA length and made sure that you had the sub talar joint in neutral and the fore foot not pronated.

You did demonstrate the exercises well

**Note**

It would have been nice to ask the parent to demonstrate that they understood the exercises by running you through them.

#### Treatment

Treatment session on floor was adequate with preparatory hip and trunk hands on and active content. You could have demonstrated your knowledge and goals setting slightly better by explaining subsequent session treatment goals and or the main aims of the session that he will be planning. It is perfectly acceptable to identify the goals and ask for assistance in breaking these down and analysing the component needed at this point in your development programme and these can be discussed at the time of observation or in clinical reasoning or peer supervision sessions.

#### Evaluation

A good treatment session with good interaction and explanation and praise to the child throughout the session. Age appropriate language and play skills to engage.  
A conversation was needed to think jointly about why the patient was currently hitching the hip and to target specific muscles within muscle groups and to follow this through to the perceived problem of a limp by the child and parents. You explained the need for a splint well from foot anatomy and calf tightness but did not explain the knee and hip component. This could have been done simply.  
A higher level of clinical reasoning was encouraged to be thinking clearly about targeted intervention criteria and goal setting for the subsequent session rather than just the current session.

Signature of supervisee

Signature of Supervisor

To be used for- Please highlight  
HPCP YES  
Appraisal YES  
Other

Once completed please save in your Development Programme folder



**APCP Development Programme for New Staff  
Completion of Development Programme Template (Example)**

Date \_\_\_\_\_

Name \_\_\_\_\_

Place of work \_\_\_\_\_

**Final Assessment Report**

I am delighted to inform you that you have successfully completed the APCP Development Programme for New Staff and as of the (date) will be recognised as a 1.0 WTE B6 paediatric physiotherapist. This will mean that you will have a full and varied B6 caseload and will have the responsibility for (a special school). You will receive an incremental pay point progression from the (date).

Throughout the programme you have developed from a novice paediatric physiotherapist to a well-established practitioner who is deemed to be fully competent to clinically practice at a B6 level.

It is noted that you have put in an exceptional amount of work to your continued learning and development to complete this course in the time frame of 12 months and I thank you for your continued hard work and your dedication to the role.

You have demonstrated that you have successfully completed the KSF framework areas to ensure that you have worked at B5 level and progressed to B6, meeting both competencies and job description details with clear examples of all the B6 KSF markers being met within your working practice

These include the areas of:

<b>Communication</b>
<b>Personal and People Development</b>
<b>Health, Safety and Security</b>
<b>Service Improvement</b>
<b>Quality</b>
<b>Equal and Diversity</b>
<b>Enablement to address health and wellbeing needs</b>
<b>Assessment and treatment planning</b>
<b>Interventions and treatments</b>
<b>Information collection and analysis</b>

Your case study from (date) clearly demonstrated examples of each of these areas of development and working practice. Your reflections, peer supervisions, clinical supervisions and documented learning portfolio also demonstrate this clearly.

Throughout the programme we have met and documented your progress on a monthly basis. I have been impressed with the increase in your organisational levels over the year and feel that you are now demonstrating that you can effectively manage a busy caseload with input into several specialist areas, MSK, special school, neurodisability and group work.

I feel confident that you have shown that your clinical reasoning skills have vastly improved throughout the programme and you are now working in a manner where you are continually evaluating best practice and seeking guidance and relevant discussions with your peers. I feel that you are now at the level that you will add value to the conversations being had rather than just learning from that which is being said.

I have reviewed your Development Programme Portfolio in detail and I am impressed at the level of detail that it includes. You have been extensively supported by the team to have in-house training and teaching opportunities and to attend many clinic based settings and external courses. There is significant learning development in the folder demonstrating the level of increased knowledge that you have built up over the year and I would like to congratulate on the steep learning curve that this programme has delivered to you.

You have fitted into the team well and are a respected and well-liked member of the team with both staff and patients. You have an excellent rapport with the children and young people. You are aware of your current strengths and limitations at this time in your career and I must praise the way that you have coped in some stressful situations involving child protection issues throughout the year. Please ensure that you always use your team to be supported clinically and emotionally in these circumstances

To conclude as of the (date) you will be an official B6 member of the team. This will mean that your study time to complete the Development Programme consisting of 2 sessions a week will become clinical time. You be will required to use all the skills and knowledge that you have acquired over the programme in your new role.

Congratulations (name) on your hard work and dedication. I wish you a long and successful career in paediatric physiotherapy and hope that your passion for the profession brings great things for you and the children and young people that you treat. We are delighted to have you on the team and your work and enthusiasm is very much appreciated throughout the department

Kind Regards

Head of Paediatric Physiotherapy  
NHS Foundation Trust

## Acknowledgements

*This document has been written for physiotherapists working with children and young people.*

*It was prepared by a Working Party of the National Committee of the Association of Paediatric Chartered Physiotherapists and in consultation with the Association of Paediatric Chartered Physiotherapists.*

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