
CAREER FOCUS

Army Physiotherapy

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Introduction

The developments of the physiotherapy officer career structure have been significant over the last decade. From a predominantly Other Rank Career Employment group it has advanced to an all officer cadre today. Progression has been driven by a number of factors including Service needs and the change of the professional status of physiotherapists in civilian life. Following the closure of the in-house source of physiotherapists, the Joint Services School of Physiotherapy in 1986, an attempt to recruit physiotherapists into the ranks was made without success. A combination of a failure to recruit Other Rank physiotherapists with the view of the Chartered Society of Physiotherapy that they would only support recruiting of commissioned physiotherapists contributed to the creation of an all-commissioned cadre in 1992.

The first phase of the change to an all-commissioned cadre saw Other-Rank physiotherapists applying for Late Entrant Commissions and successful candidates formed the core of the cadre. The following year Direct Entrant officer recruitment added 8 more to the cadre. Late Entrant and Direct Entrant officers served on Short Service Commissions with the prospect of a brief career. The Strategic Defence Review (SDR) provided formal recognition of the role of physiotherapists in deployed medical units for respiratory care of the critically ill and injured and as 'force multipliers' in the treatment of musculo-skeletal injury.

Major initiatives, Defence Cost Studies 15, Strategic Defence Review and Lead Provider Service for the Professions Allied to Medicine, have had a profound effect upon the cadre. The consequence of these is that army physiotherapy has developed from a secondary care based activity to a clinical service with wider application throughout the services. Most notable is the formal recognition of the essential, operational role of physiotherapy driving peacetime activity and providing the elements for a satisfying and meaningful career for physiotherapy officers.

More recently the recognition, at ministerial level, of the impact of musculo-skeletal injury on the deployability of Service personnel resulted in the formation of the 'Armed Forces Overarching Personnel Strategy Injury Steering Group' (AFOPS ISG). Physiotherapy is prominent in the

AFPOS ISG proposals to provide the lead in Armed Forces wide medical rehabilitation in Regional Rehabilitation Units and Primary Care Rehabilitation Facilities. Concurrently the Army Primary Health Team has come to the same conclusion and along with other health care professionals – appropriately trained medical officers and Remedial Instructors specifically – provides the core of the multi-disciplinary rehabilitation team.

Operational Deployments And Peace Time Posts

SDR defines the numbers of Regular physiotherapists required across the Services in deployable operational roles and in retained tasks. The Army as 'lead provider' for physiotherapy is therefore committed to supporting the Services SDR requirement operationally and in peace. Army physiotherapists provide the Royal Navy support at Role 3 on the Primary Casualty Receiving Ship (PCRS) Argus, on which they regularly exercise. For the Army, physiotherapists are operationally deployed at Role 2 and 3 in Close Support Medical Regiments, particularly 16 Air Assault Medical Regiment and the 3 Regular Field Hospitals. Operational deployments currently include Afghanistan, the Balkans and in support of winter ski training of the AMF(L) and the Royal Marines in Norway.

Physiotherapists now serve under a variety of "Chains of Command" from the Second Sea Lord to the Army Training and Recruiting Agency, LAND (within Regular Field Hospitals) and the Defence Secondary Care Agency. Of the 57 Regular army established physiotherapy posts only 50% are within secondary care. Opportunities now exist for sub-unit command and staff work, for example as OC Remedial Squadron at DSMRC Headley Court and as superintendent of physiotherapy services in British Forces Germany. In addition, physiotherapist officers are employed in 'out of cadre' posts in order to gain wider Service experience. Specifically as Troop Commanders in Close Support Medical Regiments and soon in SO2 positions in Clinical Governance in 5 Div South and as part of the Army Primary Health Care Team. Posts are also established at the Royal Centre for Defence Medicine (RCDM) for Clinical Specialists in both musculo-skeletal medicine and critical care. These posts will provide the opportunity to

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develop advanced clinical skills in collaboration with our NHS colleagues. The RCDM posts will also dovetail well with the Sports Science and Research Unit at DSMRC, which currently has a physiotherapy Major undertaking full time research into the treatment and management of lower leg stress fracture.

The two most senior positions within the physiotherapy cadre are in the final stages of formal establishment. The posts are the Assistant Director of Defence Rehabilitation (ADDR) based at DSMRC Headley Court and SO1 Rehabilitation, Research and Training at the RCDM in Birmingham. Both posts are in the rank of Lt Col and so ensure that the opportunity exists for appropriate progression over a full military career with a regular commission.

Post Graduate Training And Clinical Experience

The co-ordination of Post-Graduate training has been a real success of the physiotherapy cadre over the last few years. It has been designed to meet both the operational and key peacetime physiotherapy roles whilst ensuring that officers' professional aspirations are met. This approach has been achieved by the formation of a Standing Committee for Post-Graduate Training, which reports to the Defence Consultant Adviser in Rehabilitation who also holds the post of Director Defence Rehabilitation. The training committee works under the authority and guidance of the Royal Defence Medical College. The committee approves and accredits courses and ensures that appropriate training is undertaken at the right time in an officer's career. Training is divided into Level 1 and Level 2 courses. Level 1 courses provide essential clinical expertise for physiotherapists in operational and peacetime roles. Level 1 courses are in critical care or musculo-skeletal medicine and typically include such courses include the Society of Orthopaedic Medicine and McKenzie. Level 2 courses are for the more senior members of the cadre and provide more diverse opportunities for academic study up to Masters level.

The aim of developing officers into well-rounded members of the cadre is achieved through diverse clinical and military experiences. Although the formal NHS system of professional career development from junior grade physiotherapist through senior 2 and 1 to superintendent does not exist the equivalent does. Junior physiotherapists undertake rotations in outpatient musculo-skeletal medicine, critical care, orthopaedics and rehabilitation. Training opportunities are provided at Ministry of Defence Hospital Units, Royal Hospital

Haslar and at the Defence Services Medical Rehabilitation Centre (DSMRC) Headley Court. The more senior clinical positions are available within Primary Care particularly within basic military training establishments such as the Army Training Regiments, Infantry Training Centre and other units such as Medical Support Unit Hereford. Within DSMRC Headley Court physiotherapists also support the Sports Injury Clinics for elite Services sportsmen and women. In line with the NHS Plan and with the support and direction of the orthopaedic consultant an 'Extended Scope Practitioners' (clinical specialist) post has developed at the Royal Hospital Haslar in the management of spinal injury.

The Future

The intellectual challenge has been to develop a cadre of physiotherapy officers with the required clinical skills to meet the Services need in peace and operationally. The creation of an all officer physiotherapy cadre with the opportunity to progress to Lieutenant Colonel means that newly qualified physiotherapists can join the Army and have a full and meaningful career. The drive has been to develop well-rounded physiotherapy officers with a combination of clinical and military expertise who are equally at home in primary and secondary care or in an operational environment. From these the senior clinicians and leadership the cadres need now and in the future can be selected. The foundation has been laid and with further expansion planned for the near future with the introduction of primary care rehabilitation up to a further 20 posts are anticipated to complement the ad hoc development of rehabilitation centres which already exists. Commensurate with the growth of physiotherapy posts is the need to produce validated research and the evidence base for rehabilitation. This is a major challenge for the future which, with the new posts at RCDM and burgeoning sports and training injury and research unit at Headley Court will in part address. The success of Army physiotherapy is exemplified by the ease with which Officer Recruiting is able to attract new candidates. To date all established posts are filled and vacancies are over subscribed without the need to formally advertise. This is essentially a consequence of varied and interesting clinical opportunities particularly in musculo-skeletal medicine; first rate post-graduate training relevant to the Service's needs; the prospect of a full career and, of course, the benefits of Service life – travel, glamour, operational tours! This bodes well for the future of army physiotherapy.