

fications), their achievements to date and an estimate of the time spent in each of the four pillars of the role: clinical practice; leadership; education; and research. Consultants were then invited to take part in a semi-structured interview, conducted by telephone, skype or facetime, to discuss their career pathway to becoming a consultant, explore their experiences of the role and discuss their outputs in more detail. To ensure face and content validity, 22 consultants contributed to developing the data sheet and topic guide and an internal pilot was undertaken with 3 consultants. Data were audio-recorded, transcribed verbatim, coded and analysed thematically, and a Framework approach was used to manage the data.

Results: Between July and December 2018, $n=42$ data sheets were returned (response rate 46%) and 38 interviews conducted (duration 17 - 70 minutes). Collectively, the consultants had delivered 224 practice developments, held 161 national committee roles, gained £12.5 million of research funding, given 1288 presentations, produced 679 publications and received 28 awards and national honours. In the interviews, consultants highlighted the lack of clear career pathway, best described as ... *not necessarily an easy one or a straightforward one*. They identified considerable overlap in the 4 pillars and many expressed a wish to reduce the clinical commitments, which limited time for the other pillars. Research was heavily valued by many consultants, although reportedly less so by their managers and this pillar included the greatest obstacles to delivery. Whilst consultants were seen as expert practitioners working with the most complex patients, they considered it was their roles as change agents, role models, team builders and leaders that differentiated them from other advance practitioners, in particular their strategic oversights and horizon scanning.

Conclusion(s): This is the largest evaluation of the consultant physiotherapist role ever undertaken and identifies the contributions that UK consultant physiotherapists make to healthcare. It highlights the diversity in roles, lack of career pathway and the challenges of delivering expert practice across the 4 pillars of clinical, professional leadership, education and research.

Implications: As the UK population presents with increasingly complex health problems, the need for senior clinicians has never been greater. This study is important for future-proofing consultant roles, highlights the need for a career pathway for experienced physiotherapists and provides insight into what differentiates consultants from other advanced practitioners.

Funding acknowledgements: This project was unfunded, as it was undertaken in partial fulfilment of BSc (Hons) Physiotherapy degrees at the University of Southampton. The supervisor is funded through an NIHR Senior Clinical Lectureship.

<https://doi.org/10.1016/j.physio.2020.03.260>

P157

Physical activity interventions and therapeutic exercise in adults with rare neurological disorders: development of a core outcome measure set

V. Buscemi^{1,*}, J. Marsden², H. Dawes³, F. Jones⁴, L. Rochester⁵, L. Paul⁶, T. Jaki⁷, R. Playle⁸, M. Robling⁸, R. Breen⁸, A. Boaz⁹, M. Busse⁸, G. Ramdharry¹

¹ UCLH Queen Square Institute of Neurology, London, United Kingdom

² Plymouth University, Plymouth, United Kingdom

³ Oxford Brookes University, Oxford, United Kingdom

⁴ Kingston University, London, United Kingdom

⁵ Newcastle University, Newcastle upon Tyne, United Kingdom

⁶ Glasgow Caledonian University, Glasgow, United Kingdom

⁷ University of Lancaster, Lancaster, United Kingdom

⁸ Cardiff University, Cardiff, United Kingdom

⁹ St. George's, University of London, London, United Kingdom

Key-Words: outcome measures, rare neurological conditions

Purpose: Rare neurological conditions have a significant impact on functional ability and independence for those affected individuals. Collectively, they place a major burden on health and social care services. Enhancing physical activity and reducing sedentary lifestyles is considered imperative in these conditions, however effectiveness of interventions across rare neurological disorders is yet to be established. The PARC collaboration is working to develop a novel symptom based approach to support people living with rare neurological conditions to be physically active. The aim of this initial work is to develop a core outcome set that will inform the future clinical and cost effectiveness evaluation of the PARC intervention.

Methods: Methods used were based on the COMET and COSMIN recommendations for developing core outcome sets: 1) Conceptual considerations; 2) Finding existing outcome measurement instruments; 3) Quality assessment of outcome measurement instruments; 4) Generic recommendations on the selection of outcome measurement instruments for core outcome set. To set the conceptual considerations, we ran a workshop with a patient public involvement (PPI) group of people living with rare diseases and charity representatives to define the constructs and domains to be measured that are important to them. We then conducted a scoping review



across a broad range of rare neurological conditions. A two-phase search strategy was implemented: a preliminary search was conducted using keywords such as physical therapy, physiotherapy or exercise. Relevant keywords of systematic reviews were extracted to form a second list of terms that were used to run the final searches. Only systematic reviews in English were included with at least one outcome measure on physical activity. Data extraction: titles and abstracts were screened for eligibility by one reviewer against inclusion/exclusion criteria. Tools obtainable from the COSMIN website were used to evaluate the psychometric properties of the OM. Details of OM used were extracted and grouped according to the framework developed in the workshop. Consensus on the OM was established at a second workshop with the PPI group.

Results: The workshop identified three main domains of importance to measures: 1) Physical Wellbeing: Physical functioning and independence; 2) Psychological Wellbeing: emotional, mood, enjoyment, motivation and confidence; 3) Participation in Activities: leisure, occupation, spirituality. The scoping review revealed that the majority of studies measured at the level of body structure and function and did not fit the agreed framework. Where there were gaps, the research team searched the literature for other suitable measures. The following measures were proposed to match the domains: 1) Oxford Participation and Activities Questionnaire (OX-PAQ), 2) Sources of Self-efficacy for Physical Activity scale; 3) Physical activity monitoring using accelerometers.

Conclusion(s): We have used recommended procedures to develop an OM framework as presented. Due to the rarity of these conditions, there is little existing data to validate these measures in these disease populations. Further work is required.

Implications: A recommended OM set will be accessible for future trials of physical activity interventions.

Funding acknowledgements: The Physical Activity in Rare Conditions project is funded by a National Institute for Health Research (NIHR) programme development grant RP-DG-0517-10002. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

<https://doi.org/10.1016/j.physio.2020.03.261>

P158

Physiotherapists can make every contact count to promote smoking cessation; a quality improvement project on a vascular ward

N. Keating*, E.R. Tuakli, L. Fornasari,
M. Townsend, K. Conneally

Royal Free London NHS Foundation Trust,
London, United Kingdom



Key-Words: Making Every Contact Count, Prevention, Smoking cessation

Purpose: Smoking is the greatest cause of preventable death and ill-health. Supporting patients in hospital to quit is recommended in NICE guidelines and is a priority of the NHS long-term plan. It is cost-effective and life-saving. As health-care professionals, physiotherapists have a responsibility and duty of care to help patients stop smoking. Despite this, 23% of UK physiotherapists do not discuss smoking with patients. Encouraging physiotherapists to Make Every Contact Count by routinely giving Very Brief Advice (VBA) on smoking cessation, may result in additional referrals to Stop Smoking Services (SSS) and more successful quit attempts. Many patients with vascular disease smoke. The aim of this project was for therapists to give VBA and offer a referral to local SSS to at least 75% of patients on the vascular ward who smoked.

Methods: Training was delivered to the vascular therapy team on giving VBA on smoking cessation and how to refer patients to their local SSS. Between March and August 2018 therapists used the 'Ask-Advise-Act' model for the provision of VBA to patients who smoked. Assessment forms were updated to record smoking status, whether VBA was given, and the outcome of VBA (i.e. referred to SSS, referred for Nicotine Replacement Therapy (NRT) or declined). The impact of the initiative was measured by recording the number of SSS referrals and assessing the uptake and outcome of those referrals.

Results: During the intervention period 22% ($n=43$) of vascular in-patients were recorded as smokers. 83% ($n=36$) of these patients received VBA, of which 33% ($n=12$) were referred to local SSS. 17% ($n=6$) of patients given VBA were referred to ward doctors/pharmacists for NRT. Overall, there was a 50% increase in SSS referrals from the ward. Of the 12 patients referred to the SSS, data was unavailable for 3 patients and 3 died. Two patients were unable to be contacted by the SSS, 2 accepted the referral and 2 declined; 1 patient reported quitting independently. Establishing the public health impact from this follow-up data alone is challenging given the small sample size. However, when combined with other similar studies, it is predicted that in this setting, the number needed to treat (i.e. give VBA) to achieve one successful quit attempt is 42.

Conclusion(s): Physiotherapists are well-placed to encourage and enable patients to quit smoking. By routinely providing brief advice and offering a referral for NRT and Stop Smoking Services, more vascular in-patients were assisted to quit.

Implications: If successfully upscaled and embedded in all therapy teams at the Royal Free Hospital, this intervention is predicted to achieve 97 successful quit attempts and a return on investment of approximately £15,353 in 1 year. To facilitate this, in-patient assessment forms have been updated and VBA training introduced to new and current therapy staff. Further work includes recruiting Smoking Cessation Cham-