

KNOWBEST: The KNOWledge, BEhaviours and Skills required of the modern physioTherapy graduate; description of a longitudinal multi-stakeholder crowdsourcing project

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Background: KNOWBEST was commissioned by the Chartered Society of Physiotherapy (CSP), as part of their transformation of pre-registration education to examine the knowledge, skills, attributes and behaviours required for contemporary professional practice, including practice based learning.

Aims: To describe a crowdsourcing approach used to obtain views from a wide group of stakeholders within **KNOWBEST**.

To evaluate the success of this crowdsourcing approach by demonstrating inclusive engagement with all identified stakeholders.

Methods: Crowdsourcing describes solving a problem via aggregating crowd wisdom.

Multiple methodologies, supported by a UH steering group of stakeholders, were undertaken (27/09/2021-02/02/2022) to crowdsource for 12 *a priori* broad categories of stakeholders to examine their views and beliefs. Engagement activities were multi-faceted and actively varied to ensure they were appropriate and responsive for each stakeholder group.

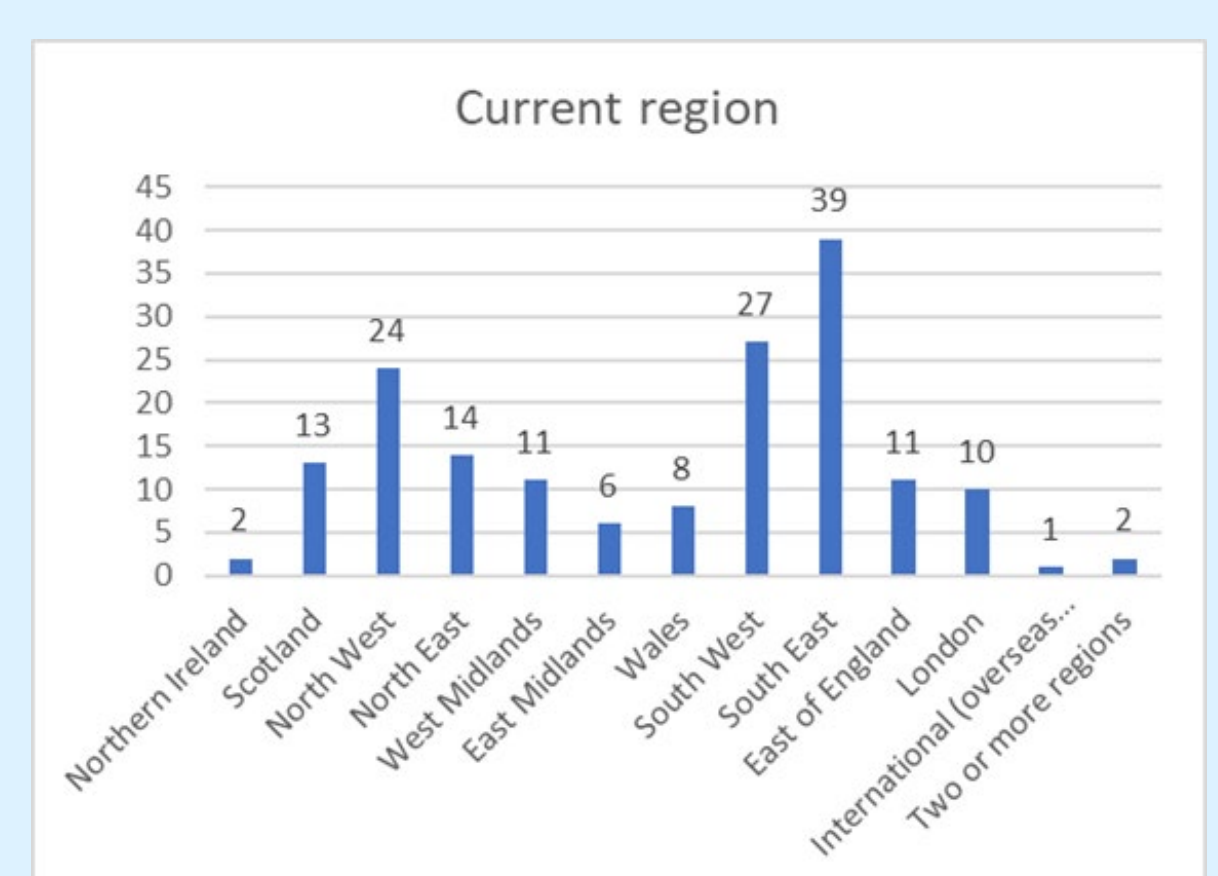
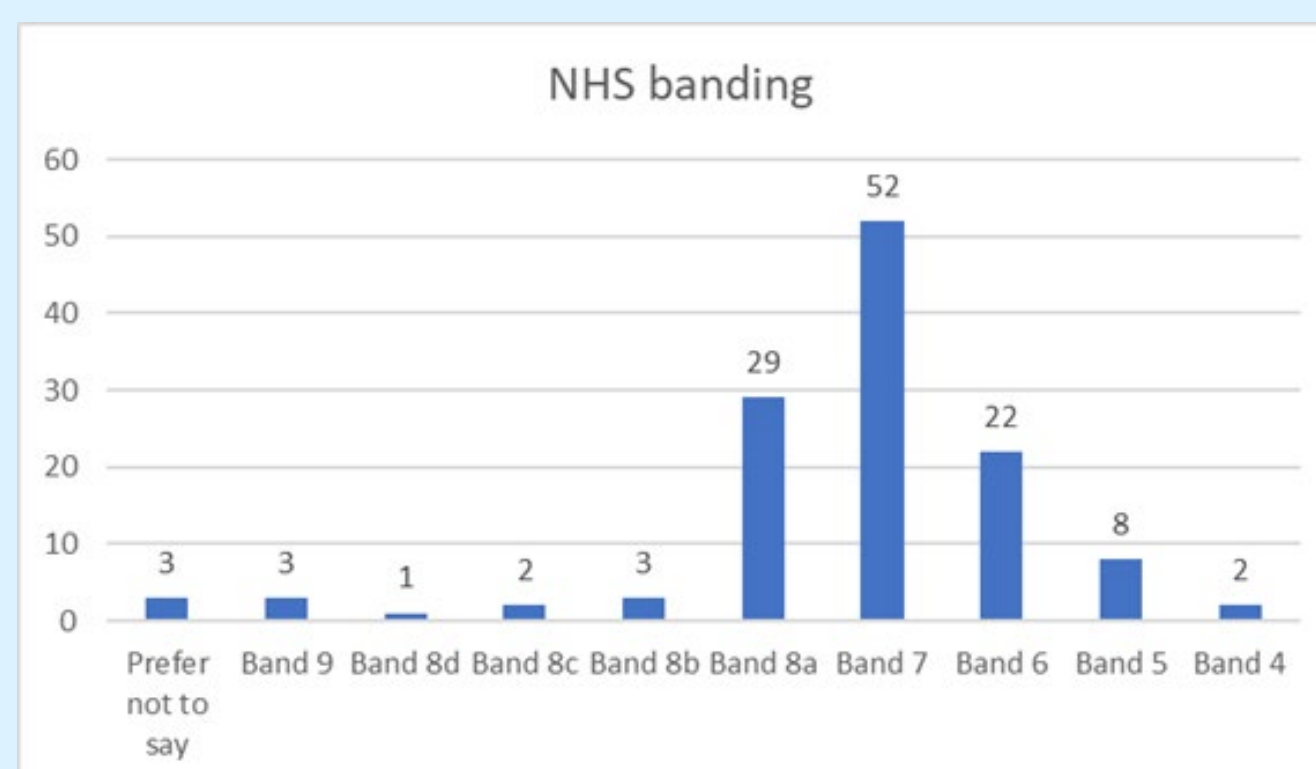
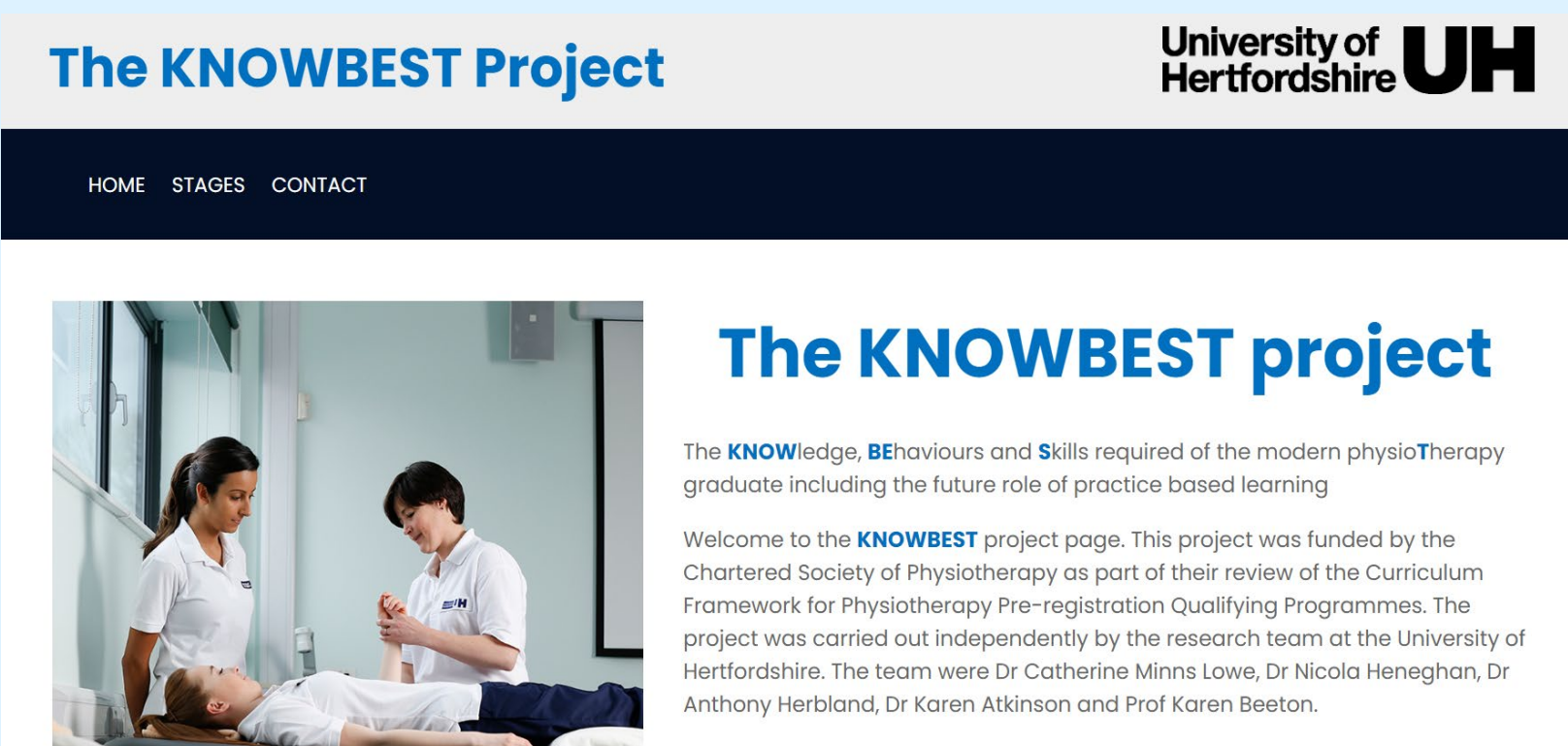
Stakeholders included:

1. CSP Education Reps. 2. CSP professional networks including diversity networks and student reference group. 3. Health leaders, workforce planners locally, regionally and nationally. 4. UK HEIs educators and staff. 5. Multi-professional perspectives e.g. AHP professional bodies. 6. Physiotherapists: including support workers, NHS and independent/private practice, clinicians representative of all areas of clinical practice, managers, academic and research physiotherapists, working in Department of Health and Government organisations. 7. Practice Education Teams. 8. Professional networks outside of the CSP. 9. Physiotherapy students/apprentices including BSc and Pre-reg MSc programmes. 10. Service providers. 11. Service users. 12. Researchers and leaders from health and social care sectors.

Data collection approaches: project website (with information, invitations to events, and a hosted on-line survey), webinars, conference networking, Instagram, group meetings (purposive sampling), social media, discussion fora, one-to-one meetings and emails.

Data analyses: Descriptive statistics and demographic findings were used to determine the successfulness of our crowdsourcing approach.

Results: The project website landing page is shown below, with demographic data for 168 responses left on the website. All UK home nations, NHS bands 4-9 and professional networks were represented in responses from physiotherapists (below).



STAKEHOLDERS ATTENDING WEBINARS AND DISCUSSION FORA:

Clinicians (n=47)

HEI staff (n=43)

Practice Educators/Supervisors (n=19)

Researchers (n=9)

Students (n=10)

Members of a CSP network (n=9)

Managers (n=3)

CSP employees (n=5)

Physiotherapy Support worker (n=1)

PPI (n=4)

Other roles (NHS Education, Strategic AHP role (n=4)

OTHER ACTIVITIES:

Virtual Physiotherapy UK conference networking field session (n≈40)

Student Instagram survey (n=239) **A purposive group meeting with Support Workers (n=9)**

One-to-one meetings/emails to ensure all stakeholders were involved (n=30-40)

Figure 1. Additional Stakeholders in KNOWBEST:

NB: There is the possibility that some people attended more than one activity.

Other website demographic data: Most respondents worked in clinical settings (n=119: NHS n=93, independent/private sector n=19, other n=7).

23 physiotherapy networks/special interest groups were represented.

N=6 had backgrounds such as service providers, rehabilitation engineering, occupational therapy, music therapy, MSK and holistic healthcare, community neurology, clinical placements and AHP practice education.

N=5 were AHPs: occupational therapy, clinical sciences, dietetics and nursing.

'Other's included being a service user, a GP, a health psychologist and people working for other NHS and AHP organisations.

Conclusion: Crowdsourcing successfully and effectively allowed all 12 planned categories of stakeholders to give their views to inform **KNOWBEST** and provide data to contribute to our report and its recommendations provided to the CSP.

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Ethics Approval Ref: HSK/SF/UH/04680

Acknowledgments: Students on KNOWBEST research placements who contributed to crowdsourcing: Jen Boonin, Ben Clements, Zainab Gaylani, Flo Radones, Jack Rose