



MACP Annual Chair's Report: November 2022

Introduction

I would like to welcome you to the MACP AGM 2023. This is my last AGM as chair of the organisation and that has prompted me to reflect more deeply regarding our progress to date as an organisation but also on the challenges ahead if we are to stay as a leader in MSK health.

Over the last few years we have seen the landscape of MSK health change for the physiotherapy profession with the implementation of first contact physiotherapy roles across all four nations and the recognition of our skill set as MSK advanced practitioners.

These changes have provided the MACP to position itself as a leader in the MSK community due to the recognition of our internationally recognised educational standards and the strong overarching governance structure on our routes to membership. However, with change there is also challenges.

The MSK educational landscape is complex with several key stakeholders involved in setting the direction for recognition and accreditation of knowledge, skills and attributes at Advanced Practice level. The MACP Executive Committee has and will continue to work tirelessly to position our members in the best position for recognition of their skills set. However, stakeholder engagement takes time and often progress towards our key objectives is slower than our membership would like. I understand your concerns and frustrations regarding an advanced practice landscape that appears on the surface constantly changing. We share your frustrations however I can assure you that each member of the executive committee

is committed to ensure that MACP members receive recognition for achieving an internationally recognised and respected level of standard of MSK practice.

We are all aware of the rising cost of living and have not taken the decision lightly to increase membership subscriptions to the new rate. We, as an executive committee, will continue to review the subscription rate and the membership benefits to ensure we are providing added value to members of the MACP.

The MACP Executive Committee has undertaken an enormous amount of work this year to achieve our ambitious strategic aims. We must remember that the MACP Executive Committee are volunteers who balance the demands of their MACP role alongside full time jobs, PhD level study and family life. It is to that end we have strengthened the MACP Executive Committee with additional communications officers, co-opted MACP CPD portal officer and welcomed 6 new potential members willing to join the Executive Committee. We are aware, as an organisation, as executive members stand down often there is a loss of their inherent knowledge. Therefore, this year we have succession planned into key positions, with co-opted members on the executive shadowing existing executive committee roles. We have reflected on the success of previous succession planning under Jane Davies, as chair of the PDC, and the ongoing success of that committee under Komal Bhuchhada is testament to the seamless transition succession planning allows.

Strategy Objectives 2021/2022

At the 53rd AGM I outlined key strategic priorities for the MACP Executive Committee over the coming year

Priority Plan for 2021/2022

- Finalise MSK AP accreditation for all routes to membership
- Integrate CPD platform for use for MACP membership
- Continue to explore development of sub specialist MSK groups within the MACP
- Explore expanding the affiliate role to include non-physiotherapists

The following sections, in conjunction with the individual reports, will outline progress towards these priorities.

Advanced Practice Work Stream

I am delighted to see the publication of the UK MSK Advanced practice standards published by ARMA and is available both on the MACP and ARMA website.

The standards have been in development since a recommendation from the HEE commissioned framework mapping exercise which led to the formation of the MSK Partnership group.

The CEA and MACP Executive (with oversight from IFOMPT) have worked closely with the MSK Partnership and HEE to deliver these MSK standards which have been agreed by MSK UK community as the MSK UK educational standards for individuals wishing to develop expertise in the management of MSK conditions.

We thank the IFOMPT Executive Committee for their guidance in the development of these standards which places MACP members and MACP membership as the route of achieving the knowledge, skills and attributes outlined in the document. I would also like to thank Amanda Hensman-Crook, who has worked tirelessly on behalf of the MSK partnership in the standard development and publication.

These standards are now being considered by each of the 4 home nations to support educational commissioning frameworks for HEI as seen in the proposed HEE MSK credential

We continue to review and input into all UK MSK commissioning frameworks to ensure they meet the standard outlined in the core document. I would like to personally thank Professor Karen Beeton and Professor Jane Simmonds for their continued expertise and guidance to the MACP Executive Committee and the members of the MSK partnership for their support of the MACP / IFOMPT's position.

We had hoped to announce recognition of our routes to membership as meeting the Centre for Advancing Practice requirements for advanced practice. The conversation is still ongoing and it is hoped the publication of the UK MSK AP standards will aid in this discussion.

CPD Digital Platform

As outlined in last year's AGM the Executive Committee commissioned FourteenFish to work directly with the CEA to develop a portal for uploading CPD evidence against 2 pathways, FCP and MACP.

The acquisition of the FourteenFish product has been a pivotal, digital, step forward for the MACP. A great deal of work has gone into designing, building and launching the platform to support our full and growing affiliate membership. This portal has been completed and is available as part of the membership package for all membership categories. The portal is under continuous review to ensure it remains responsive to MSK developments and we hope to integrate the consultant level framework into the portal over the coming year.

The portal has been recognised as a leader in e-portal development as evidenced in the recent article in the Chartered Society of Physiotherapy Frontline Magazine. We are aware of the ongoing cost to the MACP in the provision of this portal and believe, as well as supporting current members from affiliate to full, it also is of interest to other physiotherapists interested in developing and evidencing their MSK knowledge and skills.

We have therefore commissioned a marketing company to assist the Executive Committee, in a short term capacity, to ensure we can optimise this portal to the wider national and international MSK community.

A 3-module mentorship support CPD programme has also been completed and published. This is designed to help mentors and mentees navigate through mentored clinical practice and I would like to thank Dr Aled Williams on his work in developing the programme and the CSP financial support in the commissioning process.

Sub Group Development: MACP Rheumatology

The MACP rheumatology sub group is still in early stages of development hampered by the COVID pandemic. They have developed a core team linking with reciprocal members on the MACP Executive Committee with the aim of creating a network of support, professional development, education, research, influence and advocating for evidence-based, effective and high quality physiotherapy practice and care for people living with, or who may come to develop a rheumatology condition.

The group has dedicated pages on the website and is keen to engage with the wider MACP membership in improving standards of care for people living with rheumatology diagnoses.

We hope this relationship will provide a blueprint for the development of further sub groups and we will be announcing some work later in the year linked with our knowledge translation role.

Expansion of Affiliate Membership Category

Throughout this last year the MACP Executive Committee has canvassed member opinion on the proposal to open the Affiliate membership category to include membership of non-physiotherapists with an interest in Musculoskeletal (MSK) Health.

As part of this work, we provided regular briefing documents to members, took part in on line Q&A forums and liaised with our professional network partners, CSP and IFOMPT.

This proposed membership change was put to a vote of full and honorary MACP members over the week beginning 5th September, closing at midnight on the 11th of September. Although the Executive Committee had already been informed of the result of the vote, due to respect on the passing of Queen Elizabeth the second, and in line with NHS and CSP communications during the period of mourning, there was an agreement to inform members of the result of the vote on the 20th September.

As per prior membership category votes, the proposal required a 2/3rds majority of votes casts for the proposal to be accepted and changes made to the MACP membership structure.

We had 343 voters participate in the membership category vote with 67% of vote in favour of the proposal. Following verification of the result the MACP Executive Committee informed membership that the organisation received the 2/3rd majority in favour of the proposal.

We will continue to engage with membership and our wider stakeholders regarding any ongoing concerns or issues with the proposed category change. However we feel this change will strengthen the MACP position as a leader in the MSK community and allow us to truly realise the mission and vision of the organisation.

MISSION

"Leading and advancing standards in musculoskeletal education, research and clinical practice."

VISION

"To lead, unify and advance excellence in global musculoskeletal health

Overview of MACP Executive Committee Activities

Communication Officer; Matt Daly, Sam Simmonds, Simon Williams

Our communication team has continued to increase our digital communications footprint ensured that the MACP was able to promote a range of activities from our courses, to engaging with the musculoskeletal community and a range of other professional organisations. They have also produced a range of short video clips regarding MACP executive member's roles and responsibilities. They were instrumental in reaching out to members during the Expansion of Affiliate membership proposal.

Through their efforts we continue to see a yearly growth in use of Touchnote, Twitter, Facebook and Instagram and will continue to explore new avenues to keep relevant on the SoMe channels.

Research Officer; Dr Colette Ridehalgh

The Nurturing research in practice conference will take place in March 2023 and its primary aim is to offer support for those new to presenting at conferences. By doing so, we hope to provide reassurance and guidance to enable clinicians to feel more confident in presenting their research findings. The conference will enable those submitting abstracts to receive feedback on their abstract submission as well as to receive direct feedback on their poster or presentation. Additionally, we have 3 experienced researchers who will be presenting their research journey.

This year, we have had some competitive applications for our research awards and we continue to review awards and support applications. The new research awards developed last year are still on hold until the new contract with Elsevier is finalised.

Regional Engagement Officer: David Alderson

COVID19 has continued to offer challenges to our engagement offering, as we had hoped again to return to some face to face regional events by the AGM 2022.

Over the next 12 months we hope to see a return to face to face regional events that provide an opportunity for MACP members present, past and future to meet and share knowledge and experience that will influence practice. This should begin to provide greater local support for MACP members in terms of dissemination, whilst also raising local issues for support by the MACP Executive.

Digital Officer: Gethin Lynch

The digital elements of the MACP continue to grow to reflect new ways of communicating, training and supporting our membership. There have been several key developments with the digital space of the MACP within the past year. Our website continues to grow and expand to reflect new partnerships and projects the

MACP are involved in. We have continued to review our website provision and the current capabilities of our current website provider. After a comprehensive scoping exercise The MACP Executive feel that we require further investment in the website and will be working with a new website provider to create a new, modern MACP website that reflects this growing organisation.

CEA: Dr Neil Langridge

The CEA has received sad news regarding closure of the University of Brighton MACP route to membership. The route was well recognised by students and educationalists as a route to developing excellent on musculoskeletal health management. The MACP will continue to work with the University of Brighton to support current students of the route to membership.

Articles in both Frontline and Musculoskeletal science and Practice (pending) regarding portfolio development and CPD portal development have raised the profile of MACP routes to membership and we aim to link with additional stakeholders and educational providers to support and develop routes to membership.

Knowledge Translation Officer; Matt Low

The role of knowledge translation officer is evolving and in keeping with the MACP's strategic aims of growing the impact of the MACP in the MSK landscape.

As of October 2022, there will be increased activity of knowledge mobilisation and encouragement to engage with communities of practice with the publication of a knowledge translation plan for the MACP in 2023.

Professional Network and Equality and Diversity Officer; James Rogers

The Professional Network and Equality and Diversity role within the MACP aims to promote and collaborate with key organisations, MSK networks and stakeholders. To enable this the MACP encourages inclusivity as an organisation ensuring that we welcome a wide and diverse spectrum of clinicians who have an interest in MSK Physiotherapy.

There has been ongoing engagement with the CSP on areas including MSK Core Standards, Equality, Diversify and Belonging and professional engagement. There has been continued links with ARMA focusing on areas including engagement on national MSK developments and patients lived experience.

Professional Development Committee: Komal Bhuchhada

The PDC has continued in the last year to facilitate the virtual delivery of courses on ZOOM. All courses offer by the MACP are now mapped to IFOMPT standards and hence the FCP Roadmap and MSK CCF. The PDC have gone from strength to strength in their ability to support tutors using virtual educational delivery running over 33 course this year alone.

IFOMPT Officer; Laura Eccott

We would like to welcome new Member Organisation (MO) from the Philippines: Philippine Association of Orthopaedic Manual Physical Therapists (PAOMPT). Additionally, IFOMPT also welcome a new Registered Interest Group (RIG) from Poland: Orthopaedic Manipulative Therapy Poland (OMPT) who will join 3 other Polish RIG's who are aiming to collaborate to work towards becoming a MO.

The MACP equality and diversity policy has been identified as a priority for review by the executive committee. This coincides with the IFOMPT equality and diversity policy being updated in 2022/23, within this update they will use the World Physiotherapy Diversity and Inclusion Policy statement. This statement can be used by other organisations when acknowledged. Given that this policy is rigorous and well referenced, this has been proposed as the MACP position and is currently being discussed by the MACP executive committee.

Honorary Fellowship: Professor Richard Collier

The Criteria for award of Honorary Fellowship is:

“A member of the MACP who has advanced the speciality of manual therapy as a whole, by forwarding the boundaries of professional knowledge and furthering the

aims of the MACP. This may include members who have made outstanding contributions in the teaching and education of manual therapy to others”

The MACP Executive Committee is delighted to award Fellowship of the MACP to **Professor Richard Collier**

Professor Collier is the Centre for Advancing Practice Recognition Lead for Health Education England (having previously held the role of Lead for the Centre) and Professor of Advanced Clinical Practice at the University of Winchester and visiting Professor at the University of Southampton.

His role within HEE is to support the multi-professional national programme, including developing and operationalising a strategic implementation and delivery plan for the Centre for Advancing Practice. He is currently working on processes to recognise routes to Centre recognition for Practitioners in First Contact Practitioner roles and to recognise those Programmes that meet FCP educational requirements.

He has been a MACP member since 1985, subsequently, he was invited to teach on many of courses leading to membership.

His teaching work for the MACP led him to be appointed as an external assessor for the CSP to scrutinise the first MSc in Musculoskeletal Programme that the MACP endorsed, this subsequently led onto numerous External Examiner appointments, spanning 25 years, for Universities, MACP, and related programmes. He has taught advanced manual therapy across the professions for decades to 100s of undergraduate and postgraduate students.

He joined the University of Southampton in 1993 as a Lecturer in Physiotherapy which provided the opportunity to develop numerous education and clinical programmes across physiotherapy and allied professions. A 25-year career in education at the University followed which culminated in being appointed as Director of Programmes for Allied Health, Midwifery and Physiological Sciences.

Richard’s recent research has focussed on the impact of Advanced Practice; in 2014, his Doctoral thesis described the anatomical and sEMG fatiguing characteristics of erector spinae muscles of the lumbar region which subsequently led a number of conference presentations and publications. He has, and continues, to supervise numerous PhD and MSc students.

In 2017, Richard joined HEE and quickly established himself as a subject matter expert in Advanced Practice and specifically MSK. He was a joint author of the 2018 MSK Core Capabilities Framework that has informed the current FCP Roadmaps to Practice.

In 2021, Richard was appointed as Professor of Advanced Clinical Practice at the University of Winchester and as a Visiting Professor in Physiotherapy at the University of Southampton

Professor Collier's contribution has been substantial and sustained. His leadership in the advancing practice space in Physiotherapy and the multi-professional is difficult to match, and his overall contribution to advanced practice and the MACP can only be described as hugely impactful and respected. He now holds a national leadership role, and his recent appointment of Professor of Advanced Clinical Practice is further recognition of his tireless contribution to the profession and MACP. MACP members are all positively affected in their opportunities due to Richard's work, his advocacy for standards in advanced practice and First Contact Physiotherapy clearly reflects his own practice, leadership, and educational knowledge, which again, is quite unique.

Obituary Dr Jane Greening

It is with sadness that the MACP Executive Committee learnt of the passing of Dr Jane Greening. As a mark of respect the MACP invited Agneta Lando and Professor Alison Rushton to speak on Dr Greening's achievement on behalf of the MACP.

The MACP Executive Committee would like to rename one of our education / research awards in recognition of Dr Greening. That award will be announced at next year's AGM.

EULOGY FOR DR JANE B GREENING

Agneta Lando, Professor Alison Rushton

Dr Jane Greening passed away peacefully on the 30th of October 2022 after a long illness. To sum up a person's professional life in a few words never seems enough, particularly when the person concerned has made seminal discoveries which have had profound and ongoing impact for clinical, educational and research practices.

Isaac Newton said of himself:

“I do not know what I may appear to the world, but for myself I seem to have been only like a boy playing on the seashore and diverting myself in now and then finding a smoother pebble or a prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me.”

For us this describes Jane's life beautifully. She didn't assume, she always questioned and was not put off by answers not being readily available. Observations of patient's presentations were the basis for her clinical and research work and when this led to further questions she was not put off by the effort of finding answers. The patient was central to her work and there was never a personal agenda.

Jane trained as a physiotherapist at The London Hospital and qualified in 1975. She started working clinically at The London hospital and developed a particular interest in Respiratory Care. The patient load consisted of people with chronic respiratory problems, post-surgical and Intensive Care scenarios. After two years she went to work at Preston hall hospital where she specialised in ITU work. The main attraction, apart from making the patient breathe better and therefore be more comfortable, was the fine balance of drug use in combination with rehabilitative intervention. It was a collaboration between Doctors, Physiotherapists and Nurses and gave opportunity for questioning and discussion of what would give the best outcome for the individual patient. It was challenging and important work which allowed her to develop collaborative skills which she used for the rest of her professional life.

During these years Jane married Trevor and in 1979 had their son Ross and the Lizzie their daughter arrived in 1981.

Jane took a career break and when she felt ready to return decided to do a course in 1986 and 1987 which at the time was called “The Married Women Refresher Course”. The course was designed and led by Jill Guymer, an expert in neuromusculoskeletal physiotherapy. So inspirational was the course that Jane decided to go into the field of musculoskeletal clinical practice.

Jane's constant hunger for knowledge and wish to understand why patients presented with a particular set of signs and symptoms led her to do a MSc in

Musculoskeletal Physiotherapy at University College London, with clinical links to the Middlesex Hospital, in 1992.

The exposure to high level research scientists during her MSc, not least in neurophysiology, excited her and provided a perfect setting for her to try to get some answers for her every increasing questions.

Timing sometimes plays a crucial part in a person's development and at this time there appeared to be an increase in the number of patients presenting with arm pain with non-traumatic onset. The symptoms were often debilitating to the point of the person not being able to perform activities of daily living and not able to work. The condition was particularly prevalent amongst secretaries and journalists at the time when the old-fashioned typewriter was still in use and the introduction of the PC had just started.

Typically, the patient would present to their GP, who would prescribe painkiller and anti-inflammatory drugs. When the symptoms did not abate, there was a tendency to attribute the symptoms to mental health issues and the use of Valium and anti-depressants were introduced. The patients consistently told the same story: their symptoms had presented after increased use of the PC or working long hours at the typewriter. A group of journalists brought a case against their employer quoting the work conditions as being the root of their problems. The case was lost as the expert witnesses employed who were learned doctors, stated that there was no evidence in the literature demonstrating the aetiology or indeed the existence of the condition, RSI as it was then referred to. It was therefore not a condition to be recognised. In his summing up statement in 1993, Judge Prosser, concluded that RSI was a condition mainly suffered by hysterical women.

This was the backdrop to Jane's interest in this population of patients. As a musculoskeletal physiotherapist she knew that many if not all the patients she saw, had specific limitations of the mobility of the large nerves which supplied the sensory and motor function of the upper limb. There were tests, commonly used by physiotherapists, that demonstrated the direct link between limitation of nerve mobility and symptom production of the kind found in RSI patients.

These tests were not used by doctors. The common tests to establish neural integrity such as reflex testing, sensory testing of light touch and pin prick, did not pick up the

physiological integrity of the nervous system. The dynamic testing of nerve mobility which had been developed mainly in Australia and published in the physiotherapeutic press, was not read, or accepted by the medical profession.

Jane decided to test for vibration thresholds as the first sign of neurophysiological involvement. She set up a series of experiments investigating the median nerve in patients with RSI symptoms and non-symptomatic subjects. The function tested was their threshold response to vibration using a tuning fork. In her MSc thesis Jane was able to demonstrate the significant difference in the response of the two groups, so describing the neurophysiological differences in the symptomatic group. This work paved the way for many more questions and further research.

Jane's work with RSI led to The Lancet's news announcement of – "Repetitive Strain Injury is real – its official!" This highlighted that her research had shown that RSI is caused by damage to sensory nerves supplying the hand providing the first concrete evidence that RSI exists and making a real difference to numerous patients. It is important to mention at this point the excitement this research brought to the scientific members of staff at UCL and to the physiotherapists involved. This was true clinical scientific collaboration looking at ultimately improving the lives of a large population of patients.

Jane completed her PhD in 2000 and was awarded the Schaefer Prize (Faculty of Life Sciences) from University College London for distinction in research. Jane's contribution to physiotherapy research cannot be underestimated and that research has directly contributed to the MACP. Her research contribution from her PhD onwards can be described in 3 phases.

1. Use of high frequency ultrasound to characterise nerve longitudinal movement using cross-correlation of successive images. This work enabled understanding of nerve biomechanics during positioning, particularly the median nerve. The technique enabled quantification of reduced transverse movement of the median nerve at the wrist in patients with carpal tunnel syndrome; and reduced longitudinal movement following whiplash injury and in patients presenting with non-specific arm pain, accompanied by signs of neural mechano-sensitivity.

2. Use of shear wave elastography to quantify stiffness of nerves during movements providing a further opportunity to evaluate nerve biomechanics.
3. Use of MRI imaging leading to a publication in The Lancet identifying reduced function associated with both small and large sensory fibres in patients with non-specific arm pain and additionally, for the first time, a functional change related to sympathetic fibres. More recently this has progressed to new magnetic resonance neurography techniques to identify peripheral nerve inflammation and pathology at the wrist and more recently in the brachial plexus that contributes to symptoms.

Jane's research was at the forefront of musculoskeletal discovery combining the basic and clinical sciences highlighting for us clinically the potential role of the nervous system in pain, specifically the potential contribution of minor peripheral nerve injury to musculoskeletal pain. Jane navigated the interface of the basic and clinical sciences effortlessly with an unbending focus on quality in everything she did, whether that was precise neurodynamic positioning of the upper limb for imaging or hours of pouring over images to develop new methods of analysis. This passion remained to the end of her life, illustrating its importance to her.

Alongside her research career Jane contributed impactful leadership to the MACP. She served on the Executive Committee and was Chairperson of the MACP from 2001 to 2004 and was described by her Vice Chair Chris McCarthy as having a gentle, kind and humerus manner that gave her great authority as a leader. As Chair, Jane was proactive in particularly moving the Association towards research through strategic initiatives, that included:

- Facilitation of the PDC to develop a portfolio of courses on evidence based practice, with a focus on clinically based topics.
- Commissioning funded work to develop the MACP. For example, Roger Kerry's work on Cervical Artery Dysfunction.
- Enabling the Course Approval Board's governance of educational standards to be published and then adopted by IFOMPT to inform its processes of International Monitoring.

- Through the communications officer, promoting the MACP to the press office at the CSP, and encouraging the CSP to actively seek help and advice from the MACP on matters relating to musculoskeletal medicine.

Jane also lectured extensively since 1997 both in the UK and abroad, primarily on the nervous system, vibration thresholds, non-specific arm pain, whiplash injury and carpal tunnel syndrome. She taught postgraduate students working towards MACP membership and existing members. Since 1995, Jane was a member of the Editorial Advisory Committee for Manual Therapy, and later Musculoskeletal Science and Practice. Jane was awarded a fellowship of the MACP in 2006 for her contributions to musculoskeletal physiotherapy.

In summary, Jane's professional life was captured by two passions, her research and the MACP. Her personal life was captured by her family; as a wife, mother, and grandmother and by her friendships with many of us who were fortunate to know her.

Thank you, Jane, for everything and you will be greatly missed, while the discoveries that are only possible because of your research will continue.

Summary

This year we will see a change in the executive committee members with long standing members of the MACP Executive Committee stepping down from their roles and 6 new members taking their place on the executive committee.

Introduction of new members continues to strengthen the breadth and depth of our executive committee and I am confident their vision will continue to drive forward the MACP as an international leader in MSK provision.

I would also like to thank Claire Small, Laura Eccott and Matt Daly who are stepping down from their role on the executive committee.

Laura has held the position of both secretary and IFOMPT representative providing a valuable link between both organisations and helping to raise the profile of the MACP internationally.

Matt Daly, in his role as communications officer, has overseen an explosion in the use of SoMe for our organisation. From our earliest posts on Facebook to more than

21K on twitter, posts on Instagram and regular editorials in Touchnote he has continue to engage with members of the MSK community.

A large thank you must go to Claire Small who is stepping down as the MACP treasurer this year and co vice chair. She has worked tirelessly on behalf of the MACP ensuring the financial stability of the organisation and providing sound counsel to myself as chair. Claire will continue to be involved in the organisation in her role as Fellow working on a task and finish group examining the legal status of the organisation going forwards

My third and final year as Chair has not gone without challenges and every decision made has only been made after considerable thought, consultation and advice.

Becoming Chair of the MACP is not a position that I or any other Chair has taken on lightly and can only be achieved with the support of the wider MACP family.

I would like to personally thank all the past and current members of the MACP Executive Committee, sub committees and administration team for their guidance to me as chair. I would like to thank the membership for their ongoing support of the MACP Executive Committee and my role as chair.

Lastly I must also personally thank Claire Small and Dr Neil Langridge who act as co-vice chair, fellows, treasurer, CEA lead respectively. I will miss working with such passionate and committed individuals who have patient care at the heart of their professional life.

I know despite the challenges we face as an organisation I leave the MACP in good hands and look forward to a bright future for the MACP as an international leader on MSK Enhanced, Advanced and consultant level practice.



Helen Welch

Chair MACP