



EUROPE REGION

World Confederation
for Physical Therapy

European Vision for Continuing Professional Development Briefing paper

APPROVED at the
General Meeting 21 – 23 April 2016
Limassol, Cyprus

EUROPEAN VISION FOR CONTINUING PROFESSIONAL DEVELOPMENT BRIEFING PAPER

European Region of the World Confederation for Physical Therapy (ER-WCPT) Education Matters WG

1.	Introduction	3
1.1	Purpose	3
2.	Continuing Professional Development	3
2.1	The importance of CPD	4
2.2	Responsibility for CPD	5
3.	Categories of CPD	6
3.1	Formal and informal learning activities	6
3.2	Examples of CPD activities	6
3.3.	Recording, measuring and evaluating CPD	7
4.	Conclusion and Recommendations	8
5.	Acknowledgements	8
6	References	9

***Every physiotherapist in the European Region takes responsibility
for their own CPD***

1. INTRODUCTION

1.1 Purpose

This briefing paper has been developed for the use by ER-WCPT member organisations (MOs) to support physiotherapists in the European Union in their endeavours to maintain the currency of their continuing professional development (CPD) and ultimately to protect the public/ensure patient safety. This briefing paper can be used by MOs to support discussions with physiotherapists, educators and the appropriate authorities and organisations in their own countries. The purpose of this briefing paper is to present the European vision for CPD of physiotherapists, and provide MOs with examples of activities and categories of CPD that may be appropriate for their needs and for the physiotherapists in their country.

This briefing paper is aligned to [ER-WCPT Strategic Plan 2014-16](#) and [Health 2020: A European policy framework and strategy for the 21st century](#) by the World Health Organization.

Other policies and guidelines intended to assist in planning and carrying out CPD include:

- ER-WCPT [Documents relevant to Education](#)
- ER-WCPT [Education Policy Statement](#)
- ER-WCPT [European Qualifications Framework and its relations to the Bologna Cycles and Directives on Professional Qualifications](#)
- WCPT [Guideline for Delivering Quality CPD for Physical Therapists](#)
- WCPT [Policy statement: Education](#)
- WCPT [Policy Statement: Evidence Based Practice](#)

2. CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development (CPD) describes the systematic, ongoing structured process of learning that underpins professional practice. CPD enables physical therapists who have completed an entry level programme to maintain, develop and enhance their personal and professional skills, knowledge and behaviours, and ongoing competence to practise. This, in turn, advances practice, service delivery and ultimately outcomes for patients/clients. All physical therapists should participate in learning activities that maintain or increase their professional competence.

[WCPT \(2011\)](#)

2.1 The importance of CPD

A range of factors have placed increasing pressure on all physiotherapists to demonstrate that they have engaged in a process of CPD in order to demonstrate their competence to practise.

These include:

- an emphasis on the importance of use of evidence-based practice and the growing body of research knowledge;
- the need to demonstrate greater accountability through clinical governance;
- a greater awareness of patients/clients' needs.

As Europe moves towards a knowledge-based society and economy with access to up-to-date information and knowledge, individuals are expected to use these resources on their own behalf and for the benefit of the wider community. CPD activities can increase knowledge, skills and productivity, which in turn represent an investment by individuals and their employers. This investment may be by the individual physiotherapist, with expectations of personal reward, through promotion and increase in salary; or 'social' where, for example, a country's health service invests in the training of health care staff to improve patient care and benefit society as a whole.

An important function of CPD is to support physiotherapists in their endeavours to maintain their post qualifying education and career long learning, in the context of their working lives. Keeping up to date with changes in practice require individuals to learn and develop constantly in order to deliver high quality evidence based services to their patients/clients.

A primary purpose of CPD is to enhance the quality of the service that patients and clients receive whilst striving for professional excellence and ensuring safety to the public. The links between CPD and quality should be recognised and require members to be more systematic in their CPD so they can explicitly make the connection. A commitment to providing effective services is essential, whether members are in direct or indirect contact with patients, for example, clinicians, educators, managers or researchers.

CPD is of crucial value and importance to society, the health care system, the patient/client, as well as to the profession and the individual physiotherapist. Systematic and organised CPD can be used to:

- Increase the body of knowledge and expertise of the profession. Also, provide the profession with clinical leaders, enabling it to address more readily key issues relating to its development.
- Advise stakeholders about physiotherapy specific skills.

- Promote the recognition of the value of physiotherapy practice to the welfare of that community.
- Support professional autonomy and changes in professional practice
- Benefit the individual in terms of personal achievement, and if linked to public recognition of specialisation titles and employment possibilities, should also provide financial reward.

2.2 Responsibility for CPD

CPD should no longer be viewed as an optional extra to be undertaken according to the random needs or wishes of the individual or to meet some ill-defined, short-term organisational requirements. Planned and structured CPD that responds to the demands of an individual's practice is imperative as evidence based practice underpins health care practice.

2.2.1 Individual Responsibility for CPD

Central to the European vision of CPD is that individual practitioners are responsible for monitoring their own professional development; and that individuals are responsible for planning and undertaking appropriate CPD that is relevant to the context in which they work. Key components are responsibility, trust and self-evaluation.

Even though it is the individual's responsibility, advice and support from the MOs/professional bodies is expected.

2.2.2 Regulation of CPD by regulatory bodies or MOs

There is diversity among the European MOs in regard to mandatory regulation as evidenced in the ER-WCPT 2012 survey which found CPD was legally mandatory in 46.4% of the countries represented by MOs that responded to the ER-WCPT survey (13/28).

Mandatory CPD is required by the regulatory bodies in some countries to maintain registration, for example, The Health & Care Professions Council ([HCPC](#)), the regulator in the UK, who were set up to protect the public. To do this, they keep a [Register](#) of health and care professionals who meet their [standards](#) for their training, professional skills, behaviour and health.

Other countries use a monitoring system of recording CPD, for example [AXXON](#) in Belgium.

3. CATEGORIES OF CPD

The European region recognises that there are ranges of learning activities that encompass CPD, both formal and informal. The value of study days, short courses and longer courses leading to additional qualifications, for example, postgraduate awards, is acknowledged. Other activities, for example, in-service education programmes, clinical supervision and peer review systems, journal clubs, reflective practice and networking are also valuable opportunities for learning.

The focus on learning will differ as individuals progress through their careers and the settings in which they work. Different types of activities will be undertaken which are appropriate to the individual's learning needs in relation to their practice. The activities undertaken by a newly qualified physiotherapist will have a different emphasis to an advanced practitioner/clinical specialist, a manager, an educator, or a researcher.

3.1 Formal and informal learning activities

Both formal and informal CPD activities are important if they maintain and /or further develop the physiotherapist's practice.

Formal learning can encompass a range of ongoing education including accredited seminars; workshops; individual study days or courses provided by the MO or other accredited provider; longer programmes of study that may lead to an academic award, such as a Masters or Doctorate; professional courses on a specialised area of physiotherapy practice, or related to physiotherapy; attendance at, or presentations at conferences.

Informal learning can involve work-based activities such as: ad hoc and structured in-service events, mandatory training, clinical supervision, shadowing others, mentoring, and discussion at journal clubs; and self-directed learning activities such as reading, engaging in reflective practice and maintaining a CPD Portfolio.

3.2 Examples of CPD activities

There are many activities that physiotherapists engage in as part of their CPD and some examples are provided in Table 1. CPD activities for physiotherapists should meet the minimal standards of quality as set out in the *WCPT Guideline for delivering quality CPD for physical therapists* ([WCPT 2011](#)).

Table1: Categories of Continuing Professional Development
 (Adapted from The Physiotherapy Board of New Zealand, 2012, page 15)

Work based CPD	Professional activities CPD	Formal Education CPD	Self directed CPD
<i>The learning gained from the work you do within your professional environment.</i>	<i>The learning gained from your involvement as a physiotherapist</i>	<i>Organised study/ learning and presentations either as recipient of or provider of education.</i>	<i>Learning generated by you.</i>
Examples of Activities* which may contribute to your CPD			
<i>Case Studies</i>	<i>Participation in MO work</i>	<i>Conference/ seminars/courses</i>	<i>Accessing knowledge via the internet and other media</i>
<i>In-service training</i>	<i>Participation in MO Clinical Interest Groups</i>	<i>Postgraduate study</i>	<i>Self-directed distance learning</i>
<i>Documented reflective practice</i>	<i>Quality improvement activities</i>	<i>Articles/papers/ submissions</i>	<i>Learning from observation/ evidence by self-reflection</i>
<i>Special Project Work</i>	<i>Presentations of a course you have developed</i>	<i>Planning or developing a course</i>	<i>Review of books/ articles/journals/ DVDs</i>
<i>Clinical Audit</i>	<i>Research/ research supervision</i>	<i>Research</i>	<i>Developing course materials for your course</i>
<i>Peer Review</i>	<i>Lecturing/ teaching/ tutoring</i>	<i>Administrative component of a course</i>	
<i>Journal Club</i>	<i>Participant in other professional bodies</i>		
<i>Meetings with CPD content</i>	<i>Assessor/Auditor/Advisor</i>		
<i>Health and Safety courses</i>	<i>Examining/ marking</i>		
<i>Student/staff supervision</i>	<i>Mentoring</i>		
<i>Accreditation preparation</i>			
<i>Business/strategic plans</i>			
* Activities are presented in a random and not hierarchal order			

3.3 Recording, measuring and evaluating CPD

There are two main approaches to recording, measuring and evaluating CPD:

1. Input based approaches focus on the quantity of learning (such as collecting points for the hours of CPD, attendance at conferences).
2. Outcomes based approaches focus on the quality of learning and its consequent change in behaviour and impact on physiotherapy practice. An outcomes-based approach to CPD, has an emphasis on quality and

achievements where learning can be demonstrably linked to quality of patient care, service delivery and professional excellence whilst ensuring public safety. Self-declaration and random auditing of CPD is carried out by some regulatory authorities, for example the Health Professions Council in the UK (see section 2.2.2).

4. CONCLUSION AND RECOMMENDATIONS

The EMWG supports the view that individuals are responsible for their CPD activities including up-to-date documented outcomes. A planned, structured and ongoing CPD requires support from employers, higher education institutions, MOs and legislative authorities.

Until quite recently the main emphasis in CPD has been on input measured in terms of points or hours. What is important, however, is the outcomes of the learning and competence achieved as a result of the practitioner's CPD; and also the application of that learning to develop individual practice for the benefit of patients/clients care and improved service delivery. Professional bodies, as well as education and training establishments, employers' organisations and trade unions need to find effective ways of measuring this learning in a form acceptable to their members.

Considering the diversity within the European region it is relevant to follow up and support MOs' implementation of CPD at a national level and monitor EU developments.

5. ACKNOWLEDGEMENTS

The European Region of the World Confederation for Physical Therapy acknowledges the work of Silke Gruber, Helena Johnson, and Sonia Souto as authors of this document with valuable contributions from other members of the Education Matters Working Group: Helen French, Charlotte Häger, Camilla Wikström-Grotell; and Roland Paillex from the Professional Issues Working Group.

6. REFERENCES

- AXXON: Physiotherapy in Belgium www.kinesitherapie.be [Accessed 12 January 2016].
- European Higher Education Area <http://www.ehea.info/> [Accessed 12 January 2016].
- European Qualifications Framework (EQF): *Defining the Descriptors* <https://ec.europa.eu/ploteus/content/descriptors-page> [Accessed 12 January 2016].
- ER-WCPT Documents relevant to Education http://www.erwcpt.eu/education/documents_relevant_to_education [Accessed 12 January 2016].
- ER-WCPT (2014) Policy Statement on Physiotherapy Education of ER-WCPT http://www.erwcpt.eu/education/education_policy [Accessed 12 January 2016]
- ER-WCPT Strategic Plan 2014-16. http://www.erwcpt.eu/about_er-wcpt/strategic_plan [Accessed 12 January 2016].
- Health and Care Professions Council (HCPC) <http://www.hcpc-uk.co.uk/aboutus/> [Accessed 12 January 2012].
- HCPC Register <http://www.hcpc-uk.co.uk/aboutregistration/theregister/> [Accessed 12 January 2016].
- HCPC Standards of Continuing Professional Development <http://www.hcpc-uk.org/aboutregistration/standards/cpd/index.asp> [Accessed 12 January 2016].
- HCPC Standards for Registration <http://www.hcpc-uk.co.uk/aboutregistration/standards/> [Accessed 12 January 2016].
- Physiotherapy Board of New Zealand (2012) *Recertification Guidelines: Guidelines for Continuing Professional Development for Physiotherapists (3rd edition)* Physiotherapy New Zealand.

- World Confederation for Physical Therapy (2011) *WCPT guideline for delivering quality continuing professional development for physical therapists*
http://www.wcpt.org/sites/wcpt.org/files/files/Guideline_CPD_Complete.pdf
[Accessed 12 January 2016]
- World Confederation for Physical Therapy (2011) *WCPT Policy Statement: Education* <http://www.wcpt.org/policy/ps-education> [Accessed 12 January 2016].
- World Confederation for Physical Therapy (2011) *WCPT Policy Statement: Evidence Based Practice*. <http://www.wcpt.org/policy/ps-EBP> [Accessed 12 January 2016].
- World Health Organization (2013) *Health 2020: A European policy framework and strategy for the 21st century*
http://www.euro.who.int/_data/assets/pdf_file/0011/199532/Health2020-Long.pdf (Accessed 12 January 2016).