World Physiotherapy
Europe region

Briefing paper –
European Vision for Continuing Professional Development

Education and Research Working Group (E&RWG)

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CONTENTS

1. INTRODUCTION

1.1. Purpose

This briefing paper has been developed for the use by Europe Region Member Organisations (MOs) to support physiotherapists in Europe in their endeavours to maintain the currency of their continuing professional development (CPD) and ultimately to protect the public/ensure patient/client safety. MOs can use this briefing paper 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 for physiotherapists and provide MOs with examples of activities and categories of CPD that may be appropriate for their needs, for society needs and for the physiotherapists in their country.

This briefing paper is aligned to the Europe Region of World Physiotherapy Strategic Plan 2022-2026[1] and Health 2020: A European policy framework and strategy for the 21st century by the World Health Organization[2].

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

- Europe Region World Physiotherapy Statement on Physiotherapy Education of the Europe region (2022)
- Europe Region World Physiotherapy Briefing Paper - Promoting research in Physiotherapy in the Europe Region (2024)
- World Physiotherapy Physiotherapist Education Framework (2021)
- World Physiotherapy Evidence Based Practice- Policy Statement (2023)
- World Physiotherapy Education- Policy statement (2023)

All physiotherapists should make an effort to continually update their skills and knowledge[3]. By doing this they will maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively, sustainably and legally within their evolving scope of practice.

2. CONTINUING PROFESSIONAL DEVELOPMENT

CPD is the process through which individuals undertake learning, through a broad range of activities that maintains, develops, and enhances skills and knowledge in order to improve performance in practice. Physiotherapists should record and track their CPD activities to strengthen their professional profile and ensure continuing competence[4].

Continuing professional development (CPD) describes the systematic, ongoing structured process of learning that underpins professional practice. It enables physiotherapists who have completed an entry level education programme to develop, maintain, advance their personal and professional skills, knowledge, and behaviours. CPD is self-directed learning to maintain competence to practise. It ensures that physiotherapists stay current with physiotherapy and health advances and a changing healthcare and service delivery landscape[5].

2.1. The importance of CPD

A range of factors have placed increasing pressure on all physiotherapists to demonstrate that they have engaged in the process of CPD in order to demonstrate their competence to practice. These include but are not limited to:

- an emphasis on the importance of the use of evidence-based practice and the growing body of research knowledge[6,7];
- the need to demonstrate greater accountability through clinical governance;
- a greater understanding of patients/clients' needs.

As Europe moves towards a knowledge-based society and economy with access to current 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/client care and benefit society as a whole[5].

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

A primary purpose of CPD is to enhance the quality of the service that patients/clients receive whilst striving for professional excellence and ensuring safety to the public. The links between CPD and quality should be recognised and requires physiotherapists 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[8]. Systematic and organised CPD can be used to:

- Increase the body of knowledge and expertise of the professional. Also, develop clinical leaders in the profession in order to identify and address key priorities and needs.
- Promote the value of physiotherapy practice to the welfare of the community and to improve quality of life of individuals throughout their lifespan.
- Support professional autonomy and changes in professional practice.
- Benefit the individual in terms of personal achievement, and if linked to public recognition of specialisation/advanced titles and employment possibilities, may also provide financial reward.
- Aware of new achievements in health care systems and support /communication with the policy makers for developing health policies.
- Provide the development of physiotherapy services by ensuring that physiotherapists update their knowledge and follow current concepts.
- Guide/ adopt the professional development according to social/ regional needs.

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, and/or short-term organisational requirement. Planned and structured CPD that responds to the demands of an individual´s practice is imperative as evidence-based practice underpins health care practice. Good quality health care is a basic right and should not depend on the individual physiotherapist.

2.2.1. Individual Responsibility for CPD

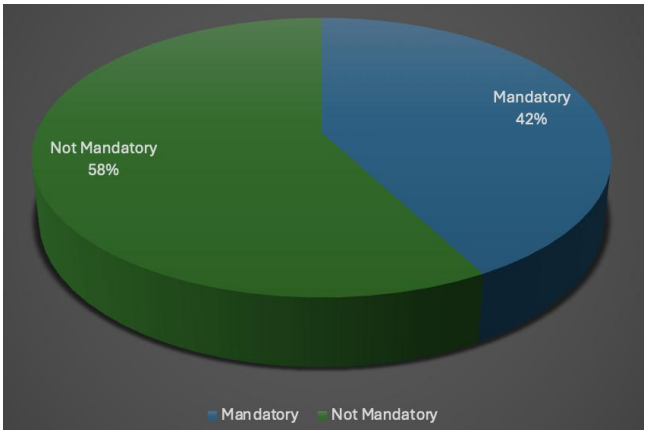
Central to the European vision of CPD is that individual practitioners are responsible for monitoring their own professional development and that individuals are responsible for planning and undertaking appropriate CPD that is relevant to the context in which they work. Key components are responsibility, trust and self-evaluation[9].

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

2.2.2. Regulation of CPD by regulatory bodies or MOs

There is significant diversity among the Europe Region's MOs with regards to mandatory regulation as evidenced from the profile of the profession in each MO, in 2026 (Figure 1) due to differences in: national health policies, regulatory maturity of the physiotherapy profession, perceived need or demand for accountability, resources available for monitoring CPD, cultural or political attitudes toward professional autonomy.

Figure 1: Mandatory regulation of CPD among the Europe Region's MOs.



MOs should encourage CPD to be mandatory[3] for:

- Patient safety and quality of care, as healthcare knowledge evolves rapidly and mandatory CPD ensures that physiotherapists update their skills and knowledge regularly, reducing the risk of outdated or unsafe practices.
- Professional accountability and advocacy because a mandatory CPD system creates a structured way for professionals to demonstrate ongoing competence, being important for public trust.
- Equity across the Europe Region of World Physiotherapy, as it helps harmonise professional standards across countries, which is important for professional mobility, especially within the EU.

- Evidence-based practice, fostering critical thinking and application of the latest clinical research, which directly benefits patient outcomes and quality assurance.
- Regulatory oversight, through mechanisms to monitor and ensure minimum standards in countries where CPD is not mandatory.

3. CATEGORIES OF CPD

3.1. Formal and informal learning activities

The Europe Region of World Physiotherapy recognises that there are a variety 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, academic awards, is acknowledged. Other activities, for example, in-service education programmes, clinical supervision and peer review systems, journal clubs, reflective practice, participation in physiotherapy research 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 and the future needs of society. 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.

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 MSc or PhD or other doctorate study; professional courses on a specialised area of physiotherapy practice, or related to physiotherapy; attendance at, or presentations at conferences. It is recommended that courses/ study days/ seminars/ workshops attended for CPD should be based around a specific clinical area, current concepts in physiotherapy, professional topic or theme from the physiotherapist's professional development plan. CPD should lead to benefits for physiotherapy service users (patients/clients, caregivers, students, other health professionals or stakeholders).

Informal learning can involve work-based activities such as ad hoc and structured in-service events, mandatory training, clinical supervision, guiding/supporting 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

CPD activities for physiotherapists should meet the Quality Assurance Standards of Physiotherapy Practice and Delivery and should be aligned with the Policy Statement on Education.

There are many formal and informal learning activities that physiotherapists engage in as part of their CPD and some examples are provided in Table 1.

Table 1: Examples of Activities for CPD[10]

Activities which may contribute to your CPD			
Work-based learning	**Professional activity**	**Formal learning**	**Self-directed learning**
Learning by doing	*Involvement in a professional boy, specialist-interest group or other groups*	*Courses*	*Reading journals or articles*
Case studies	*Lecturing or teaching*	*Further education*	*Reviewing books/ or articles*
Reflective practice	*Mentoring*	*Research*	*Updating your knowledge through the internet or TV*
Audit of service users	*Being an examiner*	*Attending conferences*	*Keeping a file of your progress*
Coaching from others	*Being a tutor*	*Writing articles and papers*	
Discussions with colleagues	*Organising journal club or other specialist groups*	*Going to seminars*	
Peer Review	*Maintaining or developing specialist skills*	*Distance or online learning*	
Gaining and learning from experiences	*Being an expert witness*	*Going on courses accredited by a professional body*	
Involvement in wider professional related to work	*Giving presentations at conferences*	*Planning or running a course*	
Work shadowing	*Organising accredited courses*		
Secondments	*Supervising research or students*		
Job rotation *Journal club* *In-service training* *Supervising staff or students* *Expanding your role* *Significant analysis of event* *Filling in self-assessment questionnaires* *Project work*	*Being a national assessor*		
Others: relevant public service or voluntary work,			

Other type of CPD activity, seen as a feasible method to address various needs of undergraduate health science training while providing care at a primary healthcare level could be Community based-practice learning[11].

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, established by the regulatory body/government.
2. Outcomes based approaches focus on the quality of learning and its consequent change in behaviour and impact on individual and wider society as a result of practice.

Every physiotherapist needs to be able to identify their own development needs and choose appropriate activities to meet those needs in order to benefit their practice and patients/clients. It is also important to focus on societies' needs and global health, environmental changes and technical innovation, digital teaching and learning in the profession in CPD programs. An outcomes-based approach to CPD, emphasises quality and achievements where learning can be demonstrably linked to the quality of patient/client care, service delivery and professional excellence whilst ensuring public safety. Self-declaration and random auditing of CPD is carried out by some regulatory authorities.

European countries adopt diverse approaches to monitoring CPD, with tools ranging from digital portfolios to formal audits and quality registers. The following examples illustrate the methods used:

- **Digital or Online Portfolios**:
  - **Ireland** (*CPD required for re-registration*): CORU requires physiotherapists to log CPD activities in an official online portfolio; documentation and reflections are subject to random audit[12].
  - **Spain** (*CPD not required for re-registration*): The SEAFORMEC digital platform is used to log CPD hours, upload certificates, and track compliance.
  - **Netherlands** (*CPD required for re-registration)*: Physiotherapists in the Quality Register (QRP) use digital systems such as ProMedas to document learning and engage in peer review.
- **Reflective Portfolios and Logs:**
  - **United Kingdom** (*CPD required for re-registration*): The HCPC mandates a reflective CPD portfolio showing learning relevance and impact; compliance is monitored via random audits.
  - **Sweden** (*CPD not required for re-registration*): Although CPD is not quantified by hours, professionals maintain self-directed learning logs, often reviewed by employers.
- **Netherlands** (*CPD required for re-registration*): QRP members must reflect on CPD activities and discuss outcomes with peers as part of competence maintenance.
- **Certificate-Based Tracking and Record Retention:**
  - **Germany** (*CPD required for re-registration*): CPD certificates must be retained for up to 10 years; state authorities conduct random checks to verify compliance.
  - **Italy** (*CPD required for re-registration*): Physiotherapists must record their CPD hours via the national ECM system, with certification and mandatory audits enforced.

These examples highlight common trends such as increasing reliance on digital platforms, reflective documentation, and formal auditing. While some systems are mandatory and centralised (e.g., Italy, Ireland), others depend on professional autonomy and employer oversight (e.g., Sweden).

4. CONCLUSION AND RECOMMENDATIONS

4.1. Conclusions

The E&RWG supports the view that individuals are responsible for their CPD activities including up-to-date documented outcomes. A planned, structured and ongoing CPD portfolio 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. However, what is important 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 an 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.

4.2. Recommendations

To support a coherent and high-quality approach to CPD across Europe, Member Organisations (MOs) of the Europe Region of World Physiotherapy are encouraged to:

- **Promote CPD as a professional responsibility** by encouraging physiotherapists to take ownership of planning, implementing, and evaluating[13] their development in alignment with their practice scope and societal needs, while fostering skills in self-evaluation, reflective practice, and lifelong learning.
- **Encourage the implementation of mandatory CPD systems,** in collaboration with regulatory authorities, to promote patient safety, professional accountability, and evidence-based practice, while supporting consistent standards and mobility across countries.
- **Implement structured CPD** monitoring mechanisms by promoting the use of tools such as digital portfolios, reflective logs, and certificate-based systems, alongside regular audits, peer reviews, or outcome assessments to ensure compliance and relevance.
- **Promote outcomes-based approaches to CPD** by focusing on the impact of learning on practice, patient outcomes, and service delivery, and by encouraging planning aligned with individual development needs and national health priorities.
- **Foster employer and institutional support** by engaging stakeholders to recognise CPD as a shared responsibility and advocating for protected time, funding, and equitable access to quality learning opportunities for all physiotherapists.

- **Facilitate access to diverse learning opportunities** by promoting a broad range of formal and informal CPD activities-such as clinical training, digital learning, policy engagement, and research-and ensuring inclusive access across all employment settings and career stages.
- **Align with regional and global frameworks** by ensuring national CPD systems reflect the World Physiotherapy Education Framework, Policy Statements, and the European Qualifications Framework, thereby strengthening advocacy and influencing health policy development.

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