



EUROPE REGION

World Confederation
for Physical Therapy

A European vision of CPD including specialisation An interim report

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A EUROPEAN VISION FOR CPD INCLUDING SPECIALISATION: INTERIM REPORT

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

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1. INTRODUCTION

1.1 Purpose

This paper has been developed for the use of ER-WCPT member organisations to support physiotherapists in their endeavours to maintain their post qualifying education and career long learning.

The purpose of this paper is to present the European vision for continuing professional development (CPD) focussing on specialisation, and provide information to physiotherapists, educators and the appropriate authorities and organisations within the European Union, in addition to the WCPT guideline for delivery quality CPD for physiotherapists (2011).

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

- WCPT [Policy statement: Education](#)
- WCPT [Guideline for Delivering Quality CPD for Physical Therapists](#)
- WCPT [Policy Statement: Research](#)
- WCPT [Policy Statement: Evidence Based Practice](#)
- ER-WCPT Education Policy Statement (for approval at GM 2014)
- ER-WCPT [Monitoring Report on Specialisation for Physiotherapists within the European Region of the WCPT](#)
- ER-WCPT [Briefing Paper on Research and Research Careers in Physiotherapy in Europe](#)
- WCPT [Policy for physical therapy practice specialisation](#)
- WCPT [Guideline for physical therapist practice specialisation](#)
- WHO [Health 2020: A European policy framework and strategy for the 21st century](#)

1.2 ER-WCPT Strategic Plan 2012-14

The working plan for the Education Matters Working Group (EMWG) 2012 – 2014 includes:

‘Collaboration with the Professional Issues WG to work towards the development of a report/statement titled “A European vision for CPD including specialisation” will also address issues of diversity and harmonisation of processes across the region must be taken in view of future developments.’

1.3 ER-WCPT vision for physiotherapy education of 2020

The vision of the European region is excellence of entry level and post qualifying physiotherapy education across Europe, which is internationally recognised and based on a common consensus among educators, students, employers, public

opinion, other health professions and stakeholders. The education should meet the future societal needs for physiotherapy in order to improve health, functional ability and well-being of the population. High quality educational programmes lead to enhanced employability of European physiotherapists. This in turn will enhance free movement and the right of establishment of physiotherapists across Europe.

2. CONTINUING PROFESSIONAL DEVELOPMENT

CPD is the career-long learning that physiotherapists engage in, 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. CPD describes the systematic, planned and on-going process of learning that underpins professional practice. CPD enables physiotherapists that have completed an entry level programme to maintain, develop and enhance their personal and professional skills, knowledge and behaviours, and on-going competence to practise. This, in turn, advances physiotherapy practice, service delivery and ultimately outcomes for patients/clients. All physiotherapists should participate in learning activities that maintain or increase their professional competence.

CPD activities for physiotherapists should meet the minimal standards of quality as set out in the WCPT guideline for delivering quality continuing professional development for physiotherapists (WCPT 2011). An important part of CPD is specialisation. Masters programmes with different specialised clinical content provide new opportunities for expanded knowledge and career possibilities for specialists in physiotherapy (ER-WCPT 2006, ER-WCPT 2010).

The 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.

The benefits of systematic CPD can:

- 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 specialist capacities.
- Promote the recognition of the value of physiotherapy practice to the welfare of that community

- Benefit the individual in terms of personal achievement, and if linked to public recognition of the specialisation titles and the employment possibilities, should also provide financial reward
- Support professional autonomy and changes in professional practice
- Involve a range of CPD activities including a self-directed and learner-centred approach

2.1 Models of CPD

There are two main approaches to recording, measuring and evaluating CPD: one focuses on the quantity of learning which is seen as an input-based approach. The other focuses on the quality of learning and its impact on practice which is referred to as an outcomes-based approach. For example 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.

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, educator, or researcher.

2.2 Responsibility for CPD

2.2.1 Individual Responsibility

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

2.2.2 Mandatory Regulation of CPD among MOs

CPD is legally mandatory in 46.4% of the countries represented by MOs that responded to the ER-WCPT 2012 survey (13/28):

CPD legally mandatory	CPD not legally mandatory
Austria, Czech Republic, Estonia, Finland, France, Italy, Luxembourg, Netherlands, Norway, Poland, Slovakia, Slovenia and the United Kingdom	Belgium, Cyprus, Denmark, Greece, Iceland, Ireland, Malta, Portugal, Romania, Serbia, Spain, Sweden, Switzerland, Turkey and Ukraine

Mandatory CPD is required by the regulatory and/or professional bodies in some countries to maintain registration.

Mandatory CPD could require physiotherapists to:

1. Maintain a continuous, up-to-date and accurate record of their CPD activities, for instance in a portfolio;
2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. Ensure that their CPD has contributed to the quality of their practice and service delivery;
4. Work safely and competently within their scope of practice.

3. SPECIALISATION

3.1 ER-WCPT work on development of specialisation from 1996 to 2012

The concept of specialisation for physiotherapists is a result of cooperation between the MOs within ER-WCPT. The concept was based on the work and results from a series of meetings and conferences on post basic education and specialisation held in the Standing Liaison Committee of Physiotherapists within the European Community (SLCP) and ER-WCPT starting in 1996 in Stockholm. The concept is also based on the links between specialisation and employment and the vision of free migration for physiotherapists in Europe.

Specialisation in physiotherapy was discussed at the Conference on Post Basic Education in April 1998 in Estoril, which led to a description of the attributes of a specialist in physiotherapy. This description was replaced by the Vienna description of core attributes of a physiotherapy specialist in 1999. Also in 1999 the Executive Committee of the ER-WCPT established an Education Matters Working Group. In Edinburgh in 2000, the action plan for the work on specialisation was implemented with the EMWG agreeing the necessity to emphasise the difference between specific clinical expertise, high academic achievement, and specialisation in physiotherapy. This work was further developed in Stratford-on-Avon, and Limassol, 2001, Estoril and Edinburgh in

2002. In Limassol 2001 a general framework on specialisation was developed to establish a formal system of specialisation whilst also enabling some flexibility in how different attributes could be measured. The Vienna description of 1999 was revised and approved at the GM in Budapest in 2002. In Croatia in 2006 the EMWG proposed:

the qualification of a physiotherapy specialist will include a process for testing or acknowledging the appropriate advanced theoretical and clinical knowledge and skills for the speciality. It is expected that the formal as well as informal process will be fully documented by the applicant. Part of this documentation could be provided through systematic evaluation of outcomes such as keeping a portfolio. The focus on learning might differ as individuals progress through their careers and the settings in which they work.

And:

While establishing a formal system for specialisation the MOs should recognise the need for systematic evaluation of CPD as documentation of formal and informal education.

At the GM in Berlin in 2010 the EMWG report showed that a majority of countries - 14 of 24 MOs who responded (from 35) had developed a formal process for specialisation in physiotherapy; and that specialisation was considered a competence aimed at employment and not developed as a career possibility in itself. Recommendations for future activity included consideration of: physiotherapy specialisation is a competence in a process of constant development in the European countries and physiotherapy member organisations; levels of education and recognition of specialists in physiotherapy is a result of national education policies, national academic level of health education in the university systems and access to CPD programmes; specialisation in physiotherapy is regarded a competence level for employment in specific areas and therefore dependent on strong efforts from the MOs to promote public recognition and employment possibilities.

ER-WCPT recommended to the MOs that the validation and acknowledgement procedure towards a specialisation title within physiotherapy should be based on a competence profile that includes documentation of extensive experience, clinical supervision and CPD.

In the adopted report on CPD at the GM in Malta 2012 in relation to the anticipated development of a report/statement entitled: A European Vision for CPD including Specialisation, consideration towards the issues of diversity and harmonisation of processes across the region must be taken in view of future developments.

3.2 Specialisation in physiotherapy

The World Confederation for Physical Therapy (WCPT) supports the right of MOs to make national policies which permit practice specialisation, where such activity is considered to benefit the public and the profession by promoting higher standards of physiotherapy. WCPT wishes to harmonise and co-ordinate the development of practice specialisation by adopting consistent principles, definitions and guidelines.

MOs should encourage and support the following:

- The qualification of a physiotherapist specialist will include a formal process for testing and acknowledging the advanced clinical knowledge and skills of the speciality. It is expected that the formal process will be fully documented.
- A physiotherapist can demonstrate advanced clinical competence in their speciality by obtaining formal recognition of his/her knowledge and skills through a member organisation or accredited agent.
- Specialisation is not to be considered, or implied, to mean a limitation on practice. The field of activity recognised as physiotherapy will remain open to all appropriately qualified physical therapists, both specialist and non-specialist, practising within their respective levels of competence.
- Specialisation is the application of advanced clinical competence by a physical therapist qualified in a defined area within the scope of practice recognised as physical therapy.
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Physiotherapy speciality — is a prescribed area of physiotherapy practice formally recognised by a MO within which it is possible for a physiotherapist to develop and demonstrate higher levels of knowledge and skills. Examples of fields of specialisation in physiotherapy include: cardiovascular; care of older people; manual therapy; musculoskeletal; neurology; palliative care; paediatrics; mental health; women's health; respiratory care; or sports.

Some of the specialities referred to above are based on the core pillars of physiotherapy, but could also be criticised as a quite traditional view of physiotherapy. The view of the EMWG 2012-14 is that this must evolve in the future in order to respond the health needs of the public in our societies.

Recent work with ER-WCPT and the ESCO Reference Group on defining occupations* within the field of physiotherapy will be discussed at the GM 2014. The proposed definitions in this paper therefore may change as a result of these discussions.

Physiotherapist*

A Physiotherapist is an autonomous health care professional who assesses, diagnoses, plans, treats and evaluates clients/patients and is responsible for his/her own actions. A Physiotherapist has his/her own caseload of clients/patients with complex needs and practices within complex and increasingly unpredictable

contexts. A Physiotherapist practices according to professional codes of practice and conduct. A Physiotherapist has completed a Bachelor of Science Physiotherapy education programme, which is recognised by the state to practice physiotherapy.

Advanced Physiotherapist*

An Advanced Physiotherapist is a Physiotherapist who has formally demonstrated an ability to apply advanced competence (knowledge, skills and attitudes) in a defined area, within the scope of practice recognised as physiotherapy. An Advanced Physiotherapist has highly specialised skills to address complex decision-making and manage risk in unpredictable contexts, which demands innovation. An Advanced Physiotherapist has completed a Masters level programme or can demonstrate he/she can work at an equivalent level¹, focusing on a specific area of clinical practice, education, research, or professional management.

For example a suggested description for a clinical specialist physiotherapist is:

A Clinical Specialist Physiotherapist is a physiotherapist who has formally demonstrated an ability to apply advanced clinical competence in a defined clinical area, within the scope of practice recognised as physiotherapy. A clinical specialist physiotherapist will work primarily in a specific area of clinical and/or teaching practice, but would be expected to also be involved in research and evaluation and practice/service development relevant to their practice setting.

The qualification of a clinical specialist physiotherapist will include a formal process for testing and acknowledging the advanced clinical knowledge and skills of the speciality. It is expected that the formal process will be fully documented. A clinical specialist physiotherapist can demonstrate advanced clinical competence² in his/her speciality by obtaining formal recognition of his/her knowledge and skills through a member organisation or accredited agent.

4. CAREER PATHWAYS

Four distinct career pathways can be identified, however they are not mutually exclusive and many physiotherapists may work across more than one pathway at any one time, or move from one to another throughout their professional careers. Each pathway could include development and advancement to a specialist role:

- 1. Clinical career pathway**
- Education career pathway**
- Research career pathway**
- Managerial career pathway**

4.1 Clinical career pathway

¹ According to EQF level 7.

² Advanced clinical competence is the demonstration of knowledge and skills beyond those required for entry to professional practice.

Clinical career pathway: physiotherapy posts in clinical settings as a clinician (private or public). Within the clinical career pathway most physiotherapists will develop advanced skills working with a particular clinical condition or clinical speciality (for example musculoskeletal conditions, or cardiovascular respiratory) or with a particular client group (for example paediatrics or care of older people). The creation of an increased number of clinical specialist posts will provide the profession with clinical leaders, enabling it to address more readily key issues (for example, clinical effectiveness and evidence-based practice) relating to its development.

4.2 Education career pathway

Education career pathway: physiotherapy posts in education, usually in higher education institutions, as a lecturer, senior lecturer, programme leader or academic leader. Some posts may combine clinical and education pathways: such as lecturer-practitioner or clinical educator/supervisor. Within the educational career pathway many physiotherapists will maintain a focus on a particular clinical speciality (for example musculoskeletal conditions or neurological conditions) or with a particular client group (for example paediatrics or care of older people).

4.3 Research career pathway

Research career pathway: physiotherapy posts in research and or education, as a research associate, researcher or professor. Some posts may combine pathways: such as a clinical researcher or educational researcher. Within the research career pathway many physiotherapists will maintain a focus on a particular clinical speciality or client group (for example stroke rehabilitation).

4.4 Managerial career pathway

Managerial career pathway: posts as team leader (physiotherapy or multidisciplinary team), physiotherapy manager, and therapy service manager. Team leaders may be linked to a specific clinical condition, such as a team leader in stroke rehabilitation. Management posts may be more generic, such as a general manager, but the post holder may also act as the professional leader for physiotherapy.

5. 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.

The recognition of an advanced/specialist status in each of the career pathways should benefit physiotherapy as a profession by providing alternative career pathways for individual physiotherapists. This recognition of expertise both within the profession, to the employer and other stakeholders could increase the profile of physiotherapy and expand opportunities for physiotherapists. Achievement of an advanced/specialist status may also benefit the individual in terms of personal achievement, and if linked to the grading structures within the profession, could also provide personal financial reward.

Career pathways can benefit from engaging in formal education as well as from recognition (including creditation) of informal learning by higher education institutions.

Considering the diversity within the European region it is relevant to monitor how CPD and Specialisation is organised in different MOs/countries.

It is recommended that the EMWG should further develop the European vision for CPD including Specialisation, in conjunction with the PIWG.

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