World Physiotherapy
Europe region

Guidance Document – Expected Minimum Competencies for an Entry-Level Physiotherapist in the Europe region

Education Matters Working Group (EMWG)

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GUIDANCE DOCUMENT - EXPECTED MINIMUM COMPETENCIES FOR AN ENTRY LEVEL PHYSIOTHERAPIST IN THE EUROPE REGION

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CONTENTS

1. PURPOSE

The purpose of this guidance document is to provide detailed information on the minimum expected competencies for an entry-level physiotherapist in the Europe region for use by the Member Organisations (MOs). This document aims to support MOs in their endeavours to develop high quality physiotherapy by proposing a minimum standard of competencies for physiotherapy entry-level programmes. This document is intended to be used by MOs to facilitate and support discussions with educators at Higher Education Institutions (HEIs) and the appropriate authorities and stakeholders in their respective countries. It is, however, beyond the scope of this document to be an entire guide to entry-level to practice. Therefore, it does not provide guidance on the development of a curriculum for a physiotherapy programme, nor does it provide detailed content or make references to hours or credit points (ECTS).

Establishing minimum expected physiotherapist entry-level competencies is important to ensure high quality patient care across the Europe region. In order to reach that goal, there is a need for obtaining a clear consensus about what is required in order to be able to practice as an autonomous professional.

This document is aligned with the following documents and will be updated in accordance with changes and other new documents as they are developed:

- World Physiotherapy (2019)[1]. Education Policy statement https://world.physio/sites/default/files/2020-04/PS-2019-Education.pdf
- World Physiotherapy (2019)[2]. Policy statement. Autonomy. https://world.physio/sites/default/files/2020-04/PS-2019-Autonomy.pdf
- Europe region - World Physiotherapy (2014)[3]. Policy Statement on Physiotherapy Education. http://www.erwcpt.eu/education/education_policy
- Europe region - World Physiotherapy (2018)[4]. Quality Assurance standards of practice and delivery. https://www.erwcpt.eu/file/233

2. BACKGROUND

This is the second version of this document. The first version emanated from an agreed recommendation of the Member Organisations at the General Meeting in 2016 in Limassol, Cyprus, and was adopted at the General Meeting of 2018 in Dublin, Ireland. During this period, the WG members considered the need to review it given the situation lived and the changes that education is adopting. This document has been updated in accordance with evolving physiotherapy roles, emerging technologies and population health needs.

Entry-level to practice physiotherapy varies from country to country within the Europe region includes Bachelors, and could also include Master and Doctoral levels, according to the European Qualifications Framework (EQF)[5]. At entry-level, the competencies need to be acquired at least at a level, which includes problem solving, evidence-based practice and effective professional practice[6].

This Framework for Qualifications of the European Higher Education Area (EHEA)[7] provides descriptors for the three levels of education in the framework of the Bologna process.

The descriptor for the first cycle (Bachelor degree) corresponds to the learning outcomes for EQF level 6, the second cycle (Master degree) corresponds to the learning outcomes for EQF level 7 and the third cycle (PhD degree) corresponds to the learning outcomes for EQF level 8 (see Table1).

Table 1: European Qualifications Framework cycles

First cycle	Bachelor degree	EQF level 6
Second cycle	Master degree	EQF level 7
Third cycle	PhD degree	EQF level 8

Each cycle descriptor offers a generic statement of typical expectations of achievements and abilities associated with qualifications that represent the end of that cycle (see Table 2, p. 5).

This document will restrict its focus to Bachelor entry-level (level 6) according to the EQF descriptors, considered to be the level of minimum competencies needed for a physiotherapist to practice in an independent and autonomous manner as defined by the European Skills, Competencies and Occupations framework (ESCO)[8].

Definition of a Physiotherapist

A physiotherapist is an autonomous health professional who is responsible for developing, maintaining, or restoring motor function and movement throughout the lifespan using evidence-based practice. A physiotherapist relieves pain and treats or prevents physical conditions associated with injury, disease, or other impairments. A physiotherapist empowers patients and their carers to manage the condition outside clinical settings. A physiotherapist works within his/her scope of practice and professional Code of Conduct (ESCO, 2016).

Table 2: Descriptors of the EQF – level 6, 7 & 8
(Modified from https://europa.eu/europass/en/description-eight-eqf-levels)

	Knowledge	Skills	Responsibility and autonomy
In the context of EQF	Knowledge is described as theoretical and/or factual.	Skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).	Responsibility and autonomy are described as the ability of the learner to apply knowledge and skills autonomously and with responsibility.
Level 6 The relevant learning outcomes are:	Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles.	Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study.	Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups.
Level 7 The relevant learning outcomes are:	Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research. Critical awareness of knowledge issues in a field and at the interface between different fields.	Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields.	Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams.

	Knowledge	Skills	Responsibility and autonomy
In the context of EQF	Knowledge is described as theoretical and/or factual.	Skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).	Responsibility and autonomy are described as the ability of the learner to apply knowledge and skills autonomously and with responsibility.
Level 8 The relevant learning outcomes are:	Knowledge at the most advanced frontier of a field of work or study and at the interface between fields.	The most advanced and specialised skills and techniques, including synthesis and evaluation, required to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice.	Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity, and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research.

3. DEFINITION OF COMPETENCE

In general, competence is defined as a multifaceted and dynamic concept that is more than knowledge and includes the understanding of knowledge, clinical skills, interpersonal skills, problem solving, clinical judgment, and technical skills[9]. Bossers et al.[10] (2002) describe professional competency as "the behavioural definition of the knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities".

Competencies should include what the person is capable of achieving, the degree of preparation, sufficiency or responsibility for certain tasks[11]. Therefore, to facilitate standardisation and dissemination across MOs physiotherapy, specific competencies should be formulated in accordance with the following guidance[12]:

1. Competencies begin with an active verb that must identify an action with an observable result, which allows the identification of possible learning activities and assessment tests adjusted to this one.
2. The description of the object of the action and the context in which it is applied: competencies must make reference to the disciplinary field on which it is based.

In health care, competencies are used to define discipline and specialty standards and expectations to align practitioners, learners, teachers, and patients with evidence-based standards of health care and performance. A competency model is a set of success factors that include the key attributes required for excellent performance in a particular role[13].

Several documents from the MOs, Physiotherapy Associations worldwide, as well as those from other organisations and developed by the EU, have been consulted in the preparation of this document. These include:

- Physiotherapy Competencies. ISCP Therapy Project Office. 2008.[14]
- The Physiotherapist. Profile of Competencies. Physio Austria. 2017.[15]
- Adaptation Report of the Spanish Framework of Higher Education Qualification (MECES) to the specific field of the Physiotherapy discipline in the branch of knowledge of Health Sciences. Physiotherapy competences in Degree and Master. National Agency for the Evaluation of Quality and Accreditation, ANECA. Spain. 2014.[12]
- ESCO. European Skills, Competencies and Occupations. European Commission. 2017.[8]
- ENPHE. Professional competences Physiotherapists, Advanced Physiotherapists and Physiotherapist Assistants - ESCO Professional definitions + ENPHE recommendations. 2017.[16]
- Physiotherapy Board of New Zealand. Physiotherapy Competencies for Physiotherapy Practice in New Zealand, Physiotherapy Board of New Zealand, Wellington. 2009.[17]
- Physiotherapy Board of Australia & Physiotherapy Board of New Zealand. Physiotherapy practice thresholds in Australia and Aotearoa New Zealand. 2015.[18]
- Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council. Essential Competency Profile for Physiotherapists in Canada. Toronto: Authors. 2009.[19]

- CSP. Physiotherapy Framework: putting physiotherapy behaviours, values, knowledge & skills into practice. 2011. [Updated May 2020].[20]

4. PHYSIOTHERAPY ENTRY-LEVEL (LEVEL 6) COMPETENCIES

The competencies outlined below have been developed from the ESCO framework[8] and other sources (as outlined above):

A. General Competencies

- Demonstrate knowledge relevant to the area of health care or physiotherapy practice.
- Demonstrate problem-solving and decision-making skills.
- Communicate effectively in healthcare.
- Demonstrate professional behaviours, knowledge, skills, and values.
- Ensure that physiotherapy equipment is properly maintained.
- Demonstrate the ability to incorporate existing and emerging technologies (including information technologies) to enhance practice.

B. Assessment Competencies

- Demonstrate appropriate background knowledge prior to starting assessment.
- Retrieve relevant information from available sources.
- Perform a subjective and a physical examination based on ICF assessment criterions.
- Demonstrate appropriate handling skills and perform assessments safely.
- Demonstrate the ability to screen appropriately for serious underlying pathologies (red flags).
- Ensure patient safety and dignity during assessment.
- Use clinical reasoning skills to agree appropriate goals through shared decision making with the patient.

C. Diagnostic Competencies

- Interpret and evaluate assessment findings, and provide a physiotherapy diagnosis.
- Consider diagnostic imaging and laboratory tests results.

D. Intervention Competencies

- Plan an appropriate intervention programme with “SMART” (SMART = Specific, Measurable, Achievable, Realistic and Time framed) based goals considering individuals´ expressed preferences, beliefs, and choices.
- Document the physiotherapeutic process, demonstrating evidence of clinical reasoning, and in accordance with ethical and legal requirements.
- Justify the intervention programme using evidence-based practice.
- Advise and enable the patient as appropriate.
- Communicate oral and written information in a clear, structured and succinct manner.
- Deliver a holistic approach to patient management, using the ICF (International Classification on Functioning, Disability and Health) – model.
- Implement a safe and effective intervention.
- Demonstrate appropriate manual handling skills for self and patient during treatment.

- Implement safe practice during intervention to prevent or minimise risks and hazards.
- Communicate clearly and professionally with patients, relatives and carers, as part of the therapeutic relationship.
- Record clear, concise, legible, understandable and accurate notes using recognised abbreviations.
- Manage appropriate discharge planning.

E. Professional and Interprofessional Competencies

- Adhere to professional codes of conduct, legal and ethical standards of practice, and professional and organisational policies.
- Demonstrate appropriate professional behaviour and attitudes.
- Be an advocate for patients and the profession.
- Be aware of one´s own role and the role of others within a multi-professional team.
- Be aware of one's own limitations of knowledge and skills.
- Be aware of potential conflicts within a multi-professional/interdisciplinary team, and contribute to resolving problems.
- Recognise autonomy and individuality of team members, while respecting diversity.
- Share relevant information with other team members while ensuring patient confidentiality.
- Demonstrate effective team working for efficient case management and optimal service delivery.

F. Health Promotion and Prevention Competencies

- Identify the determinants of health using a biopsychosocial*[1] approach.
- Empower patients to facilitate health behaviour change through motivational interviewing*[2] and implementation of self-management strategies.
- Use a biopsychosocial approach when applying health promotion and prevention strategies.
- Contribute to planning and implementation of health promotion and prevention activities to improve population and individual health.

G. Research and Evidence based Competencies

- Demonstrate the ability to search and retrieve relevant scientific literature and information sources to underpin practice.
- Critically analyse the available evidence and integrate findings into clinical practice.
- Use reliable and valid outcome measures to evaluate practice and modify accordingly.

[1] The **biopsychosocial model** is a broad view that attributes disease outcome to the often complex, variable interaction of biological factors (genetic, biochemical, etc.), psychological factors (mood, personality, behaviour, etc.), and social factors (cultural, familial, socioeconomic, etc.). The approach shows that all attributes can play a significant role in human functioning in the context of health or illness.

[2] **Motivational interviewing** is a goal-oriented, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. The main goals of motivational interviewing are to engage clients, elicit change talk, and evoke client motivation to make positive changes.

H. Education and Learning Competencies

- Demonstrate initiative and willingness to learn.
- Demonstrate ability to reflect and self-evaluate practice in order to identify professional development needs.
- Engage in professional development and lifelong learning to continually update and enhance professional knowledge, skills and behaviours.
- Incorporate lifelong learning and experience into best practice.
- Engage in shared learning with other professionals as appropriate.
- Contribute to clinical supervision of pre-registration/undergraduate students.

I. Management Competencies

- Understand and promote the role of the physiotherapist within the function and structure of the health system.
- Demonstrate the ability to prioritise and manage one's workload.
- Utilise resources effectively and in line with professional standards and code of ethics
- Contribute to service development needs.
- Participate in quality improvement initiatives within the profession and/or the organisation.

J. Digital Competencies[22]

- Understand the computer programmes and digital devices used by physiotherapists.
- Understand the data type as well as demonstrate the ability to visualise and evaluate data in practice.
- Control of patient data through information governance, cyber security and privacy controls.
- Use an electronic health record (EHR) system to aid the provision of optimal patient care.
- Use the tools and systems within the provision of the physiotherapists interventions with patients.

5. CONCLUSION

Physiotherapists should be autonomous professionals with developed lifelong learning skills and an ability to engage in continuing professional development. Life-long learning and a commitment to professional development are attributes of a competent physiotherapist worldwide[1].

Entry-level professional qualification should represent completion of a curriculum according to a competency framework which should be used by physiotherapists, as autonomous professionals, to help identify learning and development needs at undergraduate as well as postgraduate levels, to guide continuing professional development and to assist in one's career as well as in personal development.

Defined entry-level competencies can contribute to high quality standards of physiotherapy in healthcare delivery. It can assist responsible authorities to judge the quality of professional educational programmes, and to help in internal and external quality assurance processes.

The development of a framework of entry-level competencies also ensures comparability of graduation certificates/diploma supplements and can consequently promote international mobility[14].

Competence profiles need to be established in accordance with political developments in health professions and trends in higher education on a European level to:

- ensure the quality of patient care and safety;
- maintain or achieve professional autonomy;
- facilitate mobility and employability;
- serve as a basis for professional development and career planning.

6. RECOMMENDATIONS FOR MEMBER ORGANISATIONS

MOs should use this document for reviewing or developing curricula in collaboration with Higher Education Institutes (HEIs) and national authorities in order to ensure minimum competencies for entry-level physiotherapists across the Europe region.

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