



EUROPEAN REGION

**World Confederation  
for Physical Therapy**

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# **Advanced Practice Physiotherapy in the European Region of the WCPT Position Statement**

**ADOPTED**

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**Dublin, Ireland**

## ADVANCED PRACTICE PHYSIOTHERAPY IN THE EUROPEAN REGION OF THE WCPT – POSITION STATEMENT

### European Region of the WCPT Education Matters WG (EDU WG)

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## Summary

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- Advanced Practice in Physiotherapy refers to a level of clinical practice where physiotherapists make complex decisions and manage risk in unpredictable contexts using advanced clinical reasoning.
- It can potentially improve patient/client outcomes, health-system processes and health care costs.
- There are many ways to obtain formal recognition as an advanced practice physiotherapist through a Member Organisation (MO) or accredited agent, but ER-WCPT strongly supports formal programmes (e.g. postgraduate Master's programmes) as a way to develop the role in a country.
- Advanced Practice roles should be competency-based and ER-WCPT recommends that MOs follow a recognised standardised competency framework such as the European Qualifications Framework.

## 1. Purpose

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This document aims to support physiotherapists in the European Region in their endeavours to advance physiotherapy practice and ultimately to protect the public and ensure patient/client safety. This paper can be used by Member Organisations (MOs) to support discussions with physiotherapists, other healthcare professionals, educators and appropriate authorities and organisations in their own countries.

Throughout the document, the terms specialisation and advanced practice are used and will be further defined in the context of physiotherapy practice. The ER-WCPT recognises that advanced practice refers to a level of practice, rather than a specific role<sup>1</sup> and is a broader term than 'specialist'. Physiotherapists may work at an advanced practice level but not necessarily in specialist roles, whereas, specialist physiotherapists will work at an advanced practice level. For consistency, the term advanced practice will be used throughout this document. While the ER-WCPT aspires to have consistent terminology for such roles across MOs, it recognises that titles for those practising at an advanced level may differ across countries, and include but are not limited to the following descriptors: clinical specialist, advanced practice physiotherapist, expert, consultant, etc.

The drivers for development of advanced practice in physiotherapy include inappropriate referrals to consultants resulting in increased waiting times, implementation of the European Working Time Directive for junior doctors<sup>2</sup> and increased presentation of patients with multi-morbidity and resultant complex needs across healthcare settings<sup>1</sup>.

Other documents of relevance to this Position Paper include:

- WCPT (2011). Policy Statement- Physical therapist practice specialisation [http://www.wcpt.org/sites/wcpt.org/files/files/PS\\_Specialisation\\_Spet2011.pdf](http://www.wcpt.org/sites/wcpt.org/files/files/PS_Specialisation_Spet2011.pdf)
- WCPT (2011). WCPT Guidelines for physical therapist practice specialisation <http://www.wcpt.org/guidelines/specialisation>
- ER- WCPT (2012). A European Vision for CPD, including Specialisation <http://www.erwcpt.eu/education/specialisation>
- ER- WCPT (2008). Monitoring Report on Specialisation for Physiotherapists within the European Region of the WCPT.

This document will be updated to align with future WCPT and ER-WCPT documents

## 2. Background

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At the 2014 ER-WCPT General Meeting (GM) in Copenhagen, Denmark, the European vision for continuing professional development (CPD) focusing on specialisation was presented<sup>3</sup>. It was agreed at that meeting that CPD and Specialisation, whilst related, are distinct entities and that it would be more appropriate to develop separate ER-WCPT Briefing Papers on CPD and on Specialisation, for discussion at the ER-WCPT General Meeting 2016 in Limassol, Cyprus. This briefing paper built on the information on Specialisation presented in the 2012 document.

A 'Vision for Specialisation' in Physiotherapy was presented to the 2016 ER-WCPT General Meeting. Following a breakout discussion session at that GM, feedback from MOs on the future direction of specialisation in the European Region and requirements of MOs were obtained and incorporated into this current document.

Further development of this document took place following discussion with the EU Matters and Professional Issues Working Groups at the ER-WCPT Joint Working Groups' Meeting in Dublin, Ireland in September 2017. These included a change to the title of the document, recognition of the broader context of advanced practice than specialisation, consideration for the key attributes of an advanced practice role which include the use of advanced clinical reasoning, management of patients with complex needs using advanced skills and maintenance of core competencies along the development of advanced competencies.

Four career pathways can be identified in physiotherapy, 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. There include clinical, education, research and management career pathways. This document focuses only on advanced practice within the clinical career pathway.

### 3. Definitions and Context of Advanced Practice

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There are various definitions of Advanced Practice in a physiotherapy context. The ER-WCPT definition was created and agreed by the Member Organisations as part of the EU Commission's European skills, competencies, qualifications and occupations framework (ESCO). It defined advanced physiotherapists as being *highly specialised making complex decisions and managing risks in unpredictable contexts and within a defined area. They may focus on a specific area of clinical practice, education, research or professional management*<sup>4</sup>.

Working at an advanced practice level requires a combination of advanced skills, knowledge and attitudes that enable the physiotherapist to address problems and manage risk in unpredictable contexts. It involves the use of critical thinking to deliver care to patients with complex needs safely and competently. It includes the ability to recognise and manage unfamiliar presentations outside an individual's scope and take appropriate action<sup>1</sup>

The definition used by WCPT which was developed in 2011 relates to specialisation, whereby a specialist physiotherapist is defined as someone 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 specialist physiotherapist will practice primarily in a specific area of clinical and/or teaching practice, but would be expected to also be involved in evaluation and research, and/or practice/service development relevant to their practice setting<sup>5</sup>

### 4. Current WCPT Perspective

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The World Confederation for Physical Therapy (WCPT) supports the right of each MO 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<sup>5</sup>

According to the WCPT, MOs should therefore 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 his/her speciality by obtaining formal recognition of his/her knowledge and skills through an MO 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 physiotherapy, both specialist and non-specialist, practising within their respective levels of competence.

- specialisation is the application of advanced clinical competence by a physiotherapist qualified in a defined area within the scope of practice recognised as physiotherapy.

### 5. Standardisation of Advanced Practice within ER-WCPT

Due to diversity among the different European MOs, it is important to have a standardised competency framework for advanced practice that can be considered and used by MOs when developing a process for the formal recognition of advanced practice and /or specialisation.

Physiotherapists working at an advanced practice level should have a competency level which aligns with level 7 of the European Qualifications Framework (EQF)<sup>6</sup>. Descriptors of Level 7 are outlined in Table 1.

**Table 1: \*Descriptors defining Level 7 in the European Qualifications Framework**

| <b>Knowledge</b>   | <b>Skills</b>   | <b>Competence</b>   |
|--|---|---|
| In the context of EQF, knowledge is described as <i>theoretical and/or factual</i> .   | In the context of EQF, skills are described as <i>cognitive</i> (involving the use of logical, intuitive and creative thinking), and <i>practical</i> (involving manual dexterity and the use of methods, materials, tools and instruments) | In the context of EQF, competence is described in terms of <i>responsibility and autonomy</i> .   |
| High-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 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 |

\*Adapted from EQF Framework; EQF: European Qualifications Framework

## 6. Advanced Practice Frameworks

A framework may be helpful for an MO when developing advanced practice in their country. The development of advanced practice within physiotherapy should be considered within legal, regulatory, professional and organisational frameworks<sup>1</sup>.

Examples of how advanced practice may be developed within an MO in accordance with these frameworks are outlined in Table 2.

**Table 2: Advanced Practice Frameworks**

| Type  | Framework                      | Example   |
|---|--------------------------------|---|
| Recognition from Government/National Authority                            | Legal<br>Regulatory            | Clinical Specialist grade in public healthcare system.<br>Protected titled membership   |
| Recognition from Employer   | Professional<br>Organisational |   |
| Recognition from the MO or a national MO subgroup (perhaps not necessary) | Professional                   | Specialist Member of the MO physiotherapy professional association +/- titled recognition e.g. Specialist Member of Professional Association  |
| Recognition from a WCPT Subgroup  | Professional                   | Specialist within a WCPT subgroup +/- titled membership e.g. 'Specialist Sports Physiotherapist' title recognition from the International Federation of Sports Physical Therapy (IFSPT) |

## 7. Examples of Advanced Practice Roles

Some examples of Advanced Practice applied to physiotherapy practice are presented in Table 3. These can occur in primary, secondary and tertiary settings and do not necessarily need to be linked to specific clinical specialties.

**Table 3: Examples of Advanced Practice Roles**

| <b>Activity</b>                                 | <b>Example</b>  |
|---|---|
| Advanced clinical care /Complex case management | <ul style="list-style-type: none"> <li>• Working in specialist areas such as paediatrics with physical, mental and learning difficulties or older people with multi-morbidity using advanced skills and critical thinking</li> <li>• Working in primary care with people with multi-morbidity and complex healthcare needs using advanced skills and critical thinking</li> </ul> |
| Role substitution                               | <ul style="list-style-type: none"> <li>• Ordering and Interpreting Diagnostic imaging/ laboratory tests</li> <li>• Prescribing Medication/Oxygen Therapy</li> <li>• Injecting medication (Corticosteroid/ Botulinum Toxin)</li> </ul>   |
| Role enhancement                                | <ul style="list-style-type: none"> <li>• Triaging patients into appropriate management pathways in a consultant-led or physiotherapy-led clinic</li> </ul>  |

## **8. Impact of Advanced Practice in Physiotherapy**

Advanced Practice Physiotherapy has the potential to impact positively on a number of stakeholders. Primarily, patients should benefit directly due to the use of enhanced skills of diagnosis, assessment and treatment that are underpinned by effective and efficient clinical reasoning and a strong critical awareness and understanding of relevant research whilst the general public will benefit by increasing awareness of the expertise associated with the role. Physiotherapists benefit by having their advanced level of skills and knowledge recognised, thus improving their employability and own personal and professional development. This may also have positive effects on the profession due to increased retention. Consequently, there should be a positive impact on health care efficiencies and resources.

There is clear evidence of the benefits of physiotherapists working in a substitution role. In such roles, they work in settings such as orthopaedic and rheumatology clinics or emergency department settings, working alongside medical practitioners to triage patients into appropriate management pathways, including surgical or non-surgical management options. Patient satisfaction<sup>7</sup>, reduced waiting lists for consultants and waiting times for surgery<sup>8,9</sup>, resulting in lower direct hospital costs<sup>10</sup> have been demonstrated. Physiotherapists have also demonstrated similar

diagnostic and management decisions to consultants<sup>11</sup>. In paediatric settings, physiotherapy-led surveillance clinics improved access to services for children with Cerebral Palsy.<sup>12</sup>

MOs should also consider the following issues when establishing advanced practice roles including the maintenance of core competencies, along with the development of advanced competencies, the education and training requirements to fulfil such competencies, the framework under which roles will be applied and over-emphasis on advanced practice roles to the detriment of the broader physiotherapy role. The short-term cost implications of establishing advanced practice roles should be set in the context of the long-term cost-effectiveness of these roles.

## 9. Recommendations for MOs

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1. MOs should inform their members about possible different career pathways and support them in developing advanced practice pathways.
2. MOs should develop processes for recognising advanced practice (e.g. use of specific titles) and communicate to relevant stakeholders (including the public, healthcare professionals, non-government organisations and government authorities etc.).
3. MOs should facilitate closer links with Higher Education Institutions, National Health Systems and competent authorities. The ER-WCPT recognises the many ways to obtain formal recognition as an advanced practice physiotherapist through an MO or accredited agent, but strongly supports formal programmes (e.g. post graduates Master's programmes) as the most optimal way to develop the role in a country.
4. MOs should prioritise clinical specialities that can be recognised in accordance with specific socio-economic and demographic trends, national health policy and specific regulation requirements in their country
5. MOs should link the process for recognition of advanced practice to their respective CPD processes.
6. MOs should maintain and update advanced practice information on the ER-WCPT website as is necessary to facilitate monitoring trends in the European Region.

## 10. Conclusion

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The recognition of advanced practice should primarily benefit patients and consumers of healthcare by improving quality of care and access to services. It benefits physiotherapy as a profession by providing alternative career pathways for individual physiotherapists. This recognition of expertise within the profession, to the employer and other stakeholders could increase the profile of physiotherapy, expand

opportunities for physiotherapists and potentially improve patient/client outcomes and health care costs. Achievement of an advanced practice/specialist status may also benefit the individual in terms of personal achievement, and if linked to the grading structures within the profession, could provide personal financial reward. It may also facilitate mobility and employment across Europe in line with the European Skills Competencies and Occupations (ESCO) classification System. Career pathways can benefit from engaging in formal education as well as from recognition (including accreditation) of informal learning by Higher Educations Institutions. Considering the diversity within the European region, it is relevant to monitor how advanced practice is organised in different MOs.

### **Acknowledgments**

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## References

1. Chartered Society of Physiotherapy (CSP). Advanced Practice in Physiotherapy. London 2016.
2. Working Conditions - Working Time Directive. 2003. at <http://ec.europa.eu/social/main.jsp?catId=706&langId=en&intPagId=205>)
3. ER-WCPT. A European Vision for CPD including Specialisation- an interim report. 2012. <http://www.erwcpt.eu/education/specialisation> [Accessed 8/1/2016).
4. European skills, competencies, qualifications and occupations (ESCO) framework. 2017. <https://ec.europa.eu/esco/portal/occupation?uri=http%3A%2F%2Fdata.europa.eu%2Fesco%2Foccupation%2Fa317e9c2-62d5-4a24-8ad4-5cb7b9db3f3b&conceptLanguage=en&full=true>)
5. WCPT. Policy Statement- Physical therapist practice specialisation 2011.
6. European Qualifications Framework (EQF). 2017. <https://ec.europa.eu/ploteus/en/content/descriptors-page> (Accessed 23rd Sept 2017)
7. Kennedy DM, Robarts S, Woodhouse L. Patients Are Satisfied with Advanced Practice Physiotherapists in a Role Traditionally Performed by Orthopaedic Surgeons. 2010;60:266-72.
8. Oldmeadow LB, Bedi HS, Burch HT, Smith JS, Leahy ES, Goldwasser M. Experienced physiotherapists as gatekeepers to hospital orthopaedic outpatient care. Med J Aust 2007;186:625-8.
9. Robarts S, Stratford P, Kennedy D, Malcolm B, Finkelstein J. Evaluation of an advanced-practice physiotherapist in triaging patients with lumbar spine pain: surgeon-physiotherapist level of agreement and patient satisfaction. Can J Surg 2017;60:266-72.
10. Daker-White G, Carr AJ, Harvey I, et al. A randomised controlled trial. Shifting boundaries of doctors and physiotherapists in orthopaedic outpatient departments. J Epidemiol Community Health 1999;53:643-50.
11. Marks D, Comans T, Bisset L, Scuffham PA. Substitution of doctors with physiotherapists in the management of common musculoskeletal disorders: a systematic review. Physiotherapy 2017;103:341-51.
12. Hurtubise K, Shanks R, Benard L. The Design, Implementation, and Evaluation of a Physiotherapist-Led Clinic for Orthopedic Surveillance for Children with Cerebral Palsy. Phys Occup Ther Pediatr 2017;37:399-413.

## Appendix 1: Timeline of Advanced Practice Process in Ireland

### The time line outlines the development of advanced practice in Ireland

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**1977** Recognition of professional autonomy

**1997** Following industrial action by health care professionals, the Labour Court investigated a claim from the trade union representing 10 health care professionals, including physiotherapists to maintain parity of pay grades with the nursing profession.

An independent Expert Group heard submissions from professional groups, attended national and overseas site visits and reviewed health research policy to develop recommendations on pay grade review.

**1998** An objective of the Society's Strategic Plan CPD Working Group was 'to establish a recognised process for ongoing professional development'. The specialist award is based on criteria identified and agreed by the European Region of WCPT (ER-WCPT).

**2000** The Expert Group (referred to above) made a number of recommendations

- Recognition of the changing roles of the professions including scientific development of the professions and best practice, resulting in increased responsibilities
- Increased professional autonomy  
Substantial widening of scope of the professions with development of new services, new forms of treatment and a trend toward specialisation
- Shift towards diagnostic as well as therapeutic responsibilities
- Increased need for ongoing education and training to address these developments.

**2003** The attributes of a Specialist were adopted by the ISCP at its AGM. Applicants who could demonstrate 7 out of the 8 attributes would be eligible for the award of specialist member. The award involves an application process and consideration by an evaluating committee.

**2004** Introduction of recognition of Specialist members by the professional body (ISCP) with the introduction of the 'Specialist Member of the Irish Society of Chartered Physiotherapists' award (SMISCP)

**2005** The first specialist (SMISCP) awards were made. Awards can be made in the following areas: Acupuncture; Primary Care; Education; Intellectual Disability; Management; Neurology; Musculoskeletal; Gerontology; Paediatrics; Sports

Medicine; Cardio/Respiratory; Occupational Health & Ergonomics; Women's Health; Orthopaedics; Rehabilitation; Rheumatology; Hydrotherapy; Veterinary Physiotherapy.

- 2011** Approval from the Irish Government to create 26 Clinical Specialist posts in the public health care system. These were upgrades of existing Senior Grade posts (rather than additional posts).
- 2012** Creation of additional 24 Clinical Specialist posts, specifically in Orthopaedics and Rheumatology services in secondary care Consultant-led clinics to triage patients into appropriate management pathways (role substitution).
- 2011 and 2016** The Specialist member criteria and application process were reviewed and revised

## **Appendix 2: Physiotherapy Clinical Specialist Certification Process in Iceland**

After encouragement from the Icelandic Physiotherapy Association, the Ministry of Health in 2001 established a certification programme/process to provide formal recognition for physiotherapists with advanced clinical knowledge, experience, and skills in a special area of practice and to assist consumers and the health care community in identifying these physiotherapists. A regulation from the government followed, including a description of what a specialist physiotherapist is, guidelines for assessment of competence, and the process employed to obtain specialisation certification.

Physiotherapists sent their applications to the Ministry of Health who forwarded them to a committee consisting of a physiotherapist from the Department of Physiotherapy at the University of Iceland and a physiotherapist who was a representative from the Physiotherapy association in Iceland and a physician. This committee decided who could be entitled to a specialist certification that was then recognised and issued by the government. The areas of specialisation were: arthritis, cardiovascular, geriatrics, health promotion and ergonomics, intensive care, neurology, manual therapy, orthopaedics, paediatrics, pulmonary, psychiatric, sports and women's health. Included in this regulation was a clause of recertification after 10 years with the purpose of verifying current competence as an advanced practitioner in a specialty area and to encourage ongoing education and professional growth. A few years later, the Directorate of Health (which is under the Ministry of Health and Welfare) took over the responsibility of issuing all specialist certifications to health professions in Iceland, including physiotherapy.

The regulation of clinical certification was revised in 2010-2011 according to the recommendations of a committee of four specialists in physiotherapy. This work was initiated by the Physiotherapy Association in cooperation with the Directorate of Health. The regulation was made clearer regarding the educational requirements (post professional masters or PhD), work experience and guidance from other specialists in the specialist field. The committee also submitted qualification competencies (required knowledge, skills, and competencies) for each area of specialisation in physiotherapy. The competencies were prepared in cooperation with a number of specialists in each area. These competences make it easier for applicants and the specialist decision committee to decide who fulfils the requirements for clinical specialisation.

Based on this work a new regulation was completed in 2012 by the Ministry of Health (minor changes were made in 2016). One change was made that the committee did not suggest and that was to omit the clause of re-certification. The government did not want to provide staff to go through applications from specialists who were recertifying.

The committee now consists of two specialist physiotherapists (university teachers). The application track is as follows: The applicant sends the application to a secretary at the Directorate of Health, who makes sure that all necessary papers are included (checklist) before sending the application on to the committee. The committee then has 4 weeks to scrutinise the documents and decide whether to recommend to the Directorate of Health to award the applicant as a specialist in the specific area of expertise. The committee seeks advice from relevant experts as needed in this process. The Directorate of Health always acts in line with the recommendation of the committee. If the applicant finds the decision unjust and can provide further papers to confirm the claim, he or she can claim a second evaluation of the application.

*\*Information provided by Bjorg Gudjonsdottir, Physiotherapist and Assistant Professor, Department of Physical Therapy, School of Health Sciences, University of Iceland and Ragnheidur Harpa Arnardottir, Associate Professor, School of Health Sciences, University of Akureyri.*

### **Appendix 3: The development of Advanced Practice Physiotherapy in the UK**

UK Definition of Physiotherapy: *Physiotherapists work with people to optimise function and mobility and to reverse the impact of illness and disability. They build resilience and enable individuals to be independent and healthy. Using a bio-psycho-social, evidence-based approach, physiotherapists target and tailor care in line with individuals' needs and goals* (The CSP Vision).

- 1900** The Society acquired the legal and public status of a professional organisation.
- 1920** Royal Charter granted by King George V to the professional body. This Charter definition can only be changed with Royal Assent. (Royal Charter of the Chartered Society of Physiotherapy 1921.  
<http://privycouncil.independent.gov.uk/royal-charters/chartered-bodies/>)
- 1944** The Society adopted its present name The Chartered Society of Physiotherapy.
- 1977** The UK physiotherapy profession secured professional autonomy (Department of Health and Social Security. DHSS Circular HS(77)33, Relationship between the Medical and Remedial Professions – A Statement by the Standing Medical Advisory Committee,. London: Department of Health and Social Security; 1977.)
- 1986** Physiotherapists began their roles as specially trained physiotherapists in orthopaedic clinics (Byles S, Ling R. Orthopaedic out-patients: A fresh approach. *Physiotherapy*. 1989; 75(7): 453-37)
- 1991** All UK physiotherapy qualifying programmes acquired graduate status.
- 1996** The BMA advised that medical tasks may be devolved to other registered practitioners – this had significant implications for physiotherapists in expanding their roles (Central Consultants & Specialist Committee [BMA]. *Towards tomorrow: The future role of the consultant*. London: British Medical Association; 1996. <http://dx.doi.org/10.1136/bmj.312.7033.781>)
- 1997** CSP decision to incorporate injection therapy within the scope of UK physiotherapy practice (The Chartered Society of Physiotherapy. *Inclusion of injection therapy including within the scope of physiotherapy practice*. The Chartered Society of Physiotherapy, London; 1997)
- 1999** Physiotherapy was defined as a 'health profession'

- 2001** Physiotherapy gained protection of title under the Health Professions Order (The Health and Care Professions Order 2001 SI 2002/254)
- 2003** Physiotherapy Consultant posts were created as part of the NHS modernisation programme, the aim of which was to improve the quality of patient care. Physiotherapists appointed to these roles were expected to provide expert clinical practice, professional leadership & consultancy, education training & development; Practice & Service Development; Research & Rehabilitation. The first physiotherapy consultant was Professor Paul Watson.
- The first consultant physiotherapy post was developed (Candy E, McCrum C. UK Physiotherapy Consultants Report: The value and impact of consultant physiotherapy roles prepared for The Chartered Society of Physiotherapy (CSP). London: The Chartered Society of Physiotherapy; 2012)
- 2005** Supplementary prescribing was introduced for UK physiotherapy (The Medicines for Human Use (Prescribing) Order 2005 SI2005/765 [www.legislation.gov.uk/ukxi/2005/765/contents/made](http://www.legislation.gov.uk/ukxi/2005/765/contents/made))
- 2008** CSP agreed a new definition of scope of practice and interpretation and meaning of the 4th pillar to facilitate the development of expanding roles to support patient care. (The Chartered Society of Physiotherapy. Scope of Practice. London: The Chartered Society of Physiotherapy. 2013. [www.csp.org.uk/professional-union/professionalism/scope-of-practice](http://www.csp.org.uk/professional-union/professionalism/scope-of-practice) )
- 2013** Independent prescribing introduced. The Human Medicines Regulations 2012 SI 2012/1916 [www.legislation.gov.uk/ukxi/2012/1916/contents/made](http://www.legislation.gov.uk/ukxi/2012/1916/contents/made), The Chartered Society of Physiotherapy. Medicines, prescribing and physiotherapy (PD019). 3rd London: The Chartered Society of Physiotherapy; 2013. [www.csp.org.uk/publications/medicines-prescribing-physiotherapy-3rd-edition](http://www.csp.org.uk/publications/medicines-prescribing-physiotherapy-3rd-edition).
- 2016** CSP publication to define and share understanding of Advanced Practice. *Advanced practice in physiotherapy: Understanding the contribution of advanced practice in physiotherapy to transforming lives, maximising independence and empowering populations*. CSP, 2006.
- Agreed definition of Advanced Practice: *Advanced practice (AP) enables physiotherapists to incorporate advanced level skills and knowledge within their physiotherapy practice. Advanced Practice Physiotherapists (APPs) have the skills to address complex decision-making processes and manage risk in unpredictable contexts. Physiotherapists incorporating advanced practice will have completed an advanced programme of studies and/ or, are*

*able to demonstrate the ability to work at an advanced/ Master's level of practice.*

**2017** The UK physiotherapy professional network of Extended Scope Practitioners changed its name to reflect contemporary terminology and understanding that these roles are within, and not beyond, the scope of UK physiotherapy practice. The group is now called the APPN, Advanced Physiotherapy Professional Network <https://www.esp-physio.co.uk/advanced-practice-physiotherapy-network> and will formally launch in 2018

**2017** UK wide acknowledgement of primary care first contact physiotherapy roles *Physiotherapy-as-first-point-of-contact-service for patients with musculoskeletal complaints: understanding the challenges of implementation* Fiona Moffatt, Rob Goodwin and Paul Hendrick <https://doi.org/10.1017/S1463423617000615> 12 September 2017

**2017** PTUK 2017 included a series of presentations around advanced practice roles in primary care with a focus on MSK and a service and the APP role for patients with multiple comorbidities

**2017** Initiation of a project to define and promote Consultant roles mirroring the 2006 Advanced Practice in Physiotherapy publication (CSP, 2016). It was envisaged that there would be a gradual introduction of consultant roles across the UK covering a range of specialities. The importance and value of the consultant level role is evident across several national initiatives and is illustrated by the efforts to support the development of clinical academic career pathways.

*Agreed definition of Physiotherapy Consultants: Consultant Physiotherapists are experienced organisational leaders on projects, pathways and implementation of services, both within physiotherapy and as allied health professional and multi-professional team leaders. This involves the development, improvement, evaluation and expansion of healthcare and education services. These are high impact clinical roles, which directly influence the quality of patient experience, education for health professionals and clinical research. They also work towards developing and extending the responsibilities of the physiotherapists who work within their domains of practice.*