

Revised Health Policy Statement of the European Region of the WCPT

REVISED at the
General Meeting 25-27 May 2006
Šibenik, Croatia

REVISED at the
General Meeting 22-24 May 2008
Athens, Greece

For REVISION at the
General Meeting 17-19 May 2012
St. Julians, Malta

REVISED HEALTH POLICY STATEMENT OF THE EUROPEAN REGION OF THE WCPT
European Region of the World Confederation for Physical Therapy (WCPT)

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1. SUMMARY

The Health Policy Statement of the European Region of WCPT was first adopted in 2000. That version, based on the Health Policy of the former Standing Liaison Committee of physiotherapists in the EU, was prepared by the EU Working Group. A revised Health Policy Statement was prepared by the EU Working Group and the Professional Issues Working Group and was adopted at the General Meeting in 2004. At that meeting it was agreed that the EU Working Group would follow the implementation of the Health Policy Statement by the Member Organisations at national level. A follow-up survey resulted in a revision of the Health Policy Statement, prepared by the EU Working Group for approval at the General Meeting in 2006.

The revised Health Policy Statement deals with the role of physiotherapists in health care, the physiotherapist's role in the provision of services, prevention and health promotion, and the accessibility and quality of physiotherapy services.

The Health Policy Statement of the European Region of WCPT may be used in the following ways:

- In relation to physiotherapy education, employment, patient care and continuing professional development both at international and national level.
- To inform the design of qualifying education and continuing professional development as it is important to ensure students understand the importance of the public health role for physiotherapists
- To emphasise that physiotherapists must adapt to changes and development in national health care, which can offer new opportunities and challenges for physiotherapists in the future.
- As a tool to influence the authorities regarding laws, health programmes and plans where physiotherapists are involved.
- As a reference when developing a national health policy of a physiotherapy association.
- As a reference when seeking, developing and implementing the most effective and appropriate methods and person-centered services (the best for the patient), which are based on population and patient's needs.
- As a tool to promote patient's self-referral in all physiotherapy settings. Appropriate legislative and regulatory policies need to be in place to recognise and permit practice

without a medical referral, as well as required levels of entry-level physical therapy education. Self-referral supports self-care/self management, particularly of long-term conditions, by empowering patients to be more actively involved in managing their condition.

- To emphasize that patient education should be included in the basic undergraduate curriculum and should be integrated in the physiotherapy practice.
- As a reference to promote clinical leadership, policy and management roles of physiotherapists.

Member Organisations are encouraged to translate the Health Policy Statement into their national language and implement it at national level.

The European Region of WCPT encourages the establishment of national health policies for the physiotherapy profession.

2. PREAMBLE

The World Confederation for Physical Therapy (WCPT) aims to improve global health care by encouraging and supporting high standards of physiotherapy education and practice. The commitment to ensure high standards and quality of services is reflected in the Declarations of Principles and Position Statements (WCPT 1995, revised 2011)¹.

The European Region of WCPT endorses WCPT commitment to improve health care and in response has adopted the European Health Policy Statement, also taking account of relevant policy initiatives within WHO and the EU.

3. POLICY CONTEXT

3.1. The European Region of WCPT and the Physiotherapy Profession in Health Care

The aims and objectives of the European Region of WCPT, according to its Charter¹⁰, are to improve the quality of physiotherapy education and practice in Europe and to promote physiotherapy in Europe.

The ER-WCPT has adopted several documents to ensure high standards of physiotherapy education and practice.

- *A European Benchmark Statement on physiotherapy education outcomes*¹¹ was adopted in 2003. The document describes the nature and standards of programmes of study in physiotherapy that lead to awards granted by higher education institutions in Europe in the subject of physiotherapy.
- *European Core Standards*¹² of physiotherapy practice were adopted in 2002.
- *An Audit Tool*¹³ to measure these standards was adopted in 2003. The Core Standards provide clear statements about expected quality of interaction required to apply the ethical principles outlined by WCPT. There are clear criteria on how the standards will be achieved. The criteria are measurable so that patients, physiotherapists and others can assess the quality of interaction.
- *European Physiotherapy Service Standards*¹⁴ was adopted in 2003 to ensure the quality of physiotherapy services in Europe.
- *Framework for Clinical Guideline Development in Physiotherapy was adopted in 2004*¹⁵.
- The ER-WCPT briefing paper on the role of physiotherapy in Public Health (“Active and healthy – the role of the Physical Therapist in physical activity” stresses the value of physiotherapists` involvement in health promotion and disease prevention integrating bio-psycho-social approach. (For approval at the GM in Malta 2012)
- The “Strategic Plan” about the vision for the future of physiotherapy in the European Region of WCPT (recommended for adoption at the General Meeting in Malta, May 2012). The strategic plan expresses aspirations grounded in realistic projections of how physiotherapy in the European Region should develop and will be reviewed at the following GM in 2014.

The European Region of WCPT recognises that the organisation of health care systems in Europe varies considerably. Despite these different systems it is generally accepted that the health care systems are based on some common principles like solidarity, equity, accessibility and quality. The services should meet population and patients' needs and methods and services should be developed appropriately.

The European Region of WCPT and the Member Organisations are committed to further the objectives of the European Region of WCPT with emphasis on promoting and encouraging:

- Co-operation between the Member Organisations
- Exchange of information and experience between the Member Organisations
- Development of health promotion strategies
- Endorsement and accessibility of clinical guidelines
- Use of outcome measures in physiotherapy practice
- The provision of Evidence Based physiotherapy services

3.2 The World Health Organisation (WHO)

In its constitution, the WHO has stated that the enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition².

Health is influenced by a number of factors including living and environmental conditions and employment.

In 1998, the WHO adopted a health policy declaration on Health for All (Annex 1)³.

The WHO has recognised that the improvement of health and well being of people is the ultimate aim of social and economic development and is committed to the ethical concepts of equity, solidarity and social justice. The WHO has emphasised the importance of reducing social and economic inequalities by improving the health of the whole population.

Therefore, the greatest attention should be paid to those most in need, burdened by ill health, receiving inadequate services for health or affected by poverty.

The WHO has recommitted itself to strengthening, adopting and reforming the health systems, as appropriate, to ensure universal access to health services that are based on scientific evidence, good quality care, are within affordable limits and sustainable for the future. The WHO has adopted a policy on physical activity where the goal is "to promote higher levels of physical activity within the world population of all ages and conditions, men

and women, in all life settings”. They also observe that “regular physical activity can be a practical means to achieve numerous health gains, either directly or indirectly”⁴.

WHO global recommendations on physical activity for health have been published in 2010

The WHO has adopted an International Classification of Functioning, Disability and Health, known as ICF. “The overall aim of the ICF classification is to provide a unified and standard language and framework for the description of health and health-related states”⁵

A Health Promotion Glossary has also been adopted that can be used as a reference for Health Promotion⁶.

3.3 The European Union (EU)

The ratification of the Amsterdam Treaty of the European Union in 1997 provides a legal basis for development of a formal European Union public health policy (Annex 2)⁷. The European Union has adopted a programme of EU Community action in the field of Health and Consumer Protection 2007 – 2013⁸.

“The goal of EU Health and Consumer Policy is to improve EU citizens’ quality of life in terms of their health and their consumer interest”.

“EU Health and Consumer policies have three core joint objectives:

1. Protect citizens from risks and threats, which are beyond the control of individuals and that cannot be effectively tackled by individual Member States alone (e.g. health threats, unsafe products, unfair commercial practices).
2. Increase the ability of citizens to take better decisions about their health and consumer interests.
3. Mainstream health and consumer policy objectives across all Community policies in order to put health and consumer issues at the centre of policymaking”.

The European Union adopted a charter of Fundamental Human Rights in 2001⁹ which states that: “everyone has the right of access to preventive health care and the right to benefit from medical treatment” and “the Union recognises and respects this entitlement to social security benefits and social services, providing protection in cases such as maternity, disability, illness, industrial accident, dependency or old age”.

The European Region of The World Confederation for Physical Therapy (WCPT) accepts as a basis for its Health Policy Statement the WHO Health Policy Declaration on Health for All 1998, Article 152 of the Amsterdam Treaty of the European Union 1997, the Programme of

EU Community action in the field of Health and Consumer Protection 2007 – 2013 and the European Union charter of Fundamental Human Rights 2001.

EU Physical Activity Guidelines have been developed by the EU Working group “Sports and Health” and confirmed by the EU Member State Sports Ministers in 2008

“The Physical Activity Guidelines should be perceived mainly as a source of inspiration for Member States, regional and local authorities, sport organisations, civil society organisations and other relevant actors to define and implement policies which would make it easier for Europeans to be physically active as part of their daily lives.”

Physiotherapists are mentioned in this document as one of the professional groups within the health sector to advise on physical activity. It is part of their professional skills to enable them to assess the respective needs of individuals in regards to physical activity.

4. PROVISION

- 4.1** Physiotherapy is an essential part of the health service delivery system. It is the service only provided by, or under the direction and supervision of a physiotherapist. It includes assessment, diagnosis, planning, intervention/treatment, evaluation and re-evaluation (WCPT Description of Physical Therapy, revised 2011)
- 4.2** Physiotherapists are involved in each of the stages of the care pathway: promotion, primary and secondary prevention, assessment, diagnosis, treatment, rehabilitation and palliation
- 4.3** Physiotherapists practice independently of other health care providers and also as members of the interdisciplinary team (The WCPT Description of Physical Therapy, 2.1). The European Region of WCPT emphasises the importance of interdisciplinary teamwork and the important role of physiotherapists as integrated members of the interdisciplinary team.
- 4.4** Physiotherapists have an essential role in rehabilitation/habilitation programs for the restoration of optimal function and quality of life in individuals with loss and disorders of movement. (The WCPT Description of Physical Therapy, 2.1).
- 4.5** Physiotherapists work closely with persons with disabilities, their families and carers promoting the concept of independent living and full participation in the society.
- 4.6** Physiotherapists have a responsibility to contribute to the public health agenda to improve health and the quality of life of the citizens.
- 4.7** Physiotherapists acknowledge the importance of cost effectiveness of physiotherapy interventions and recognise that research should investigate not only the clinical effectiveness but also the cost effectiveness of physiotherapy services.
- 4.8** Physiotherapists must pay attention to the importance of developing more person-centred, innovative services to meet patient needs
- 4.9** Physiotherapists acknowledge the need to strengthen leadership, career development and to develop new roles for physiotherapists in health care, e.g. physiotherapists involved in prevention and health promotion.

5. PREVENTION AND HEALTH PROMOTION

- 5.1** Physiotherapists endorse that “prevention is better than cure” and recognise that the therapeutic approach to health problems needs to integrate prevention and health promotion approaches¹⁵.
- 5.2** Physiotherapy is an autonomous health care profession qualified to assess, diagnose, treat and evaluate. *“Intervention/treatment may also be aimed at prevention of impairments, activity limitations, participatory restrictions, disability and injury including the promotion and maintenance of health, quality of life, workability, and fitness in all ages and populations”* (WCPT Description of Physical Therapy 2007)
- 5.3** The professional knowledge and skills of physiotherapists may be used at all stages of prevention (Primary, secondary and tertiary), and in many different environments, e.g. the workplace, schools, and at home. That the professional skills of physiotherapists enable them to assess the respective needs of individuals in regards to exercise and physical activity.
- 5.4** Health promotion, encompassing health education and public health is an integral part of the practice of physiotherapy.
- 5.5** Physiotherapists utilize their professional knowledge and clinical skills to stimulate healthy lifestyles through physical activity and health education.
- 5.6** Physiotherapists participate in the development of health promotion strategies and encourage a healthy lifestyle and encourage people to take responsibility for their own health.
- 5.7** Member Organisations should co-operate and consult each other on various aspects of health promotion strategies.
- 5.8** Physiotherapists participate in the development of public health care services particularly of long-term conditions to meet population and patient needs.

6. ACCESSIBILITY

- 6.1** Physiotherapists in the European Region of WCPT support the ethical principle of equity and universal access to healthcare services including physiotherapy.
- 6.2** Physiotherapy services should be provided within national systems so that they are accessible to all who are in need of these services without bias to age, gender, sexual orientation, race, religion, political belief, and disability, social or economic situation.
- 6.3** Attention should be given to the accessibility to physiotherapy services for those vulnerable groups who have special health care needs. Physiotherapy services need to be designed to meet these.
- 6.4** Physiotherapy services need to be provided in an appropriate setting by and in a timely manner.
- 6.5** Physiotherapy services need to reflect national health care policies but they also need to be responsive to stakeholders and act as an advocate for patient groups, their priorities and concerns.

7. QUALITY AND OUTCOMES

- 7.1** Physiotherapists should evaluate the quality of their services and the outcome of interventions used.
- 7.2** Physiotherapists are encouraged to develop and use evidence-based physiotherapy practice. The practice of evidence-based physiotherapy is informed by relevant, high quality, clinical research.
Intervention choice is informed by patient preferences, physiotherapists' knowledge, and by using clinical guidelines.
- 7.3** Physiotherapists are encouraged to use the European Core Standards for Physiotherapy Practice and the European Service Standards for Physiotherapists.
- 7.4** Physiotherapists are encouraged to acknowledge the WHO International Classification of Functioning, Disability and Health (ICF) and its application in relation to physiotherapy services.
- 7.5** Physiotherapists consider environmental factors in their provision of services both in treatment of patients and in prevention and health promotion. Environmental factors interact with all aspects of health conditions and quality of life of individuals.
- 7.6** Physiotherapists undertake Continuous Professional Development to ensure best practice. They may choose to specialise and confine their practice to a specific area or a specific population.
- 7.7** The European Region of WCPT emphasises that co-operation and exchange of information between Member Organisations will enhance good physiotherapy practice in the European Region.
- 7.8** The European Region of WCPT emphasises that the quality of physiotherapy services is the prime objective of physiotherapists for the benefit of their patients/clients.

Acknowledgements

The European Region of the World Confederation for Physical Therapy (ER-WCPT) acknowledges the work of Elisabeth Haase, as first author of the original draft of this document approved at the General Meeting in 2000 in co-operation with Julia Botteley, the former General Secretary of the ER-WCPT and with the contribution of the EU Working Group.

For the revision of the document approved at the General Meeting in 2004, the work of Sigrún Knútsdóttir, Chairman of the EU Working Group and the contribution of the EU Working Group and Professional Issues Working Group is acknowledged.

For the revision of the document approved at the General Meeting in 2006 and 2008, the contribution of the EU Working Group and the Member Organisations that answered a questionnaire circulated in 2005 is acknowledged.

For the revision of the document approved at the General Meeting in 2012, the contribution of the EU Working Group members is acknowledged.

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ANNEX 1

WORLD HEALTH DECLARATION

I

We, the Member States of the World Health Organisation (WHO), reaffirm our commitment to the principle enunciated in its Constitution that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being; in doing so, we affirm the dignity and worth of every person, and the equal rights and shared responsibilities of all for health.

II

We recognise that the improvement of the health and well-being of people is the ultimate aim of social and economic development. We are committed to the ethical concepts of equity, solidarity and social justice and to the incorporation of a gender perspective into our strategies. We emphasise the importance of reducing social and economic inequities in improving the health of the whole population. Therefore, it is imperative to pay the greatest attention to those most in need, burdened by ill health, receiving inadequate services for health or affected by poverty.

We reaffirm our will to promote health by addressing the basic determinants and prerequisites for health.

We acknowledge that changes in the world health situation require that we give effect to the “Health-for-all Policy for the twenty-first century” through relevant and national policies and strategies.

III

We recommit ourselves to strengthening, adapting and reforming, as appropriate, our health systems, including essential public health functions and services, in order to ensure universal access to health services that are based on scientific evidence, of good quality and within affordable limits, and that are sustainable for the future. We intend to ensure the availability of the essentials of primary health care as defined in the Declaration of Alma-Ata and developed in the new policy. We will continue to develop health systems to respond to the current and anticipated health conditions, socio-economic circumstances and needs of the people, communities and countries concerned, through appropriately managed public and private actions and investments in health.

IV

We recognize that in working towards health for all, all nations, communities, families and individuals are interdependent. As a community of nations, we will act together to meet common threats to health and to promote universal well-being.

V

We, the Member States of the World Health Organisation, hereby resolve to promote and support the rights and principles, action and responsibilities enunciated in this Declaration through concerted action, full participation and partnership, calling on all peoples and institutions to share the vision of health for all in the twenty-first century, and to endeavour in common to realize it.

Tenth plenary meeting, 16 May 1998

ANNEX 2

ARTICLE 152 OF THE AMSTERDAM TREATY

1. A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.
2. The Community shall encourage co-operation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action.
3. The Community and Member States shall foster co-operation with third countries and the competent international organisations in the sphere of public health.
4. The Council, acting in accordance with the procedure referred to in Article 251 and after consulting the Economic and Social Committee and the Committee of the Regions, shall contribute to the achievement of the objectives referred to in this Article.
5. Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care. In particular, measures shall not affect national provisions on the donation or medical use of organs and blood.