

EUROPEAN REGION



World Confederation
for Physical Therapy

AUDIT TOOLS
– for use with the
Quality Assurance
Standards of
Physiotherapy
Practice and
Delivery
Adopted at the GM 2018

**AUDIT TOOLS – FOR USE WITH THE
QUALITY ASSURANCE STANDARDS OF PHYSIOTHERAPY PRACTICE AND
DELIVERY**

**European Region of the WCPT
Professional Issues WG (PI WG)**

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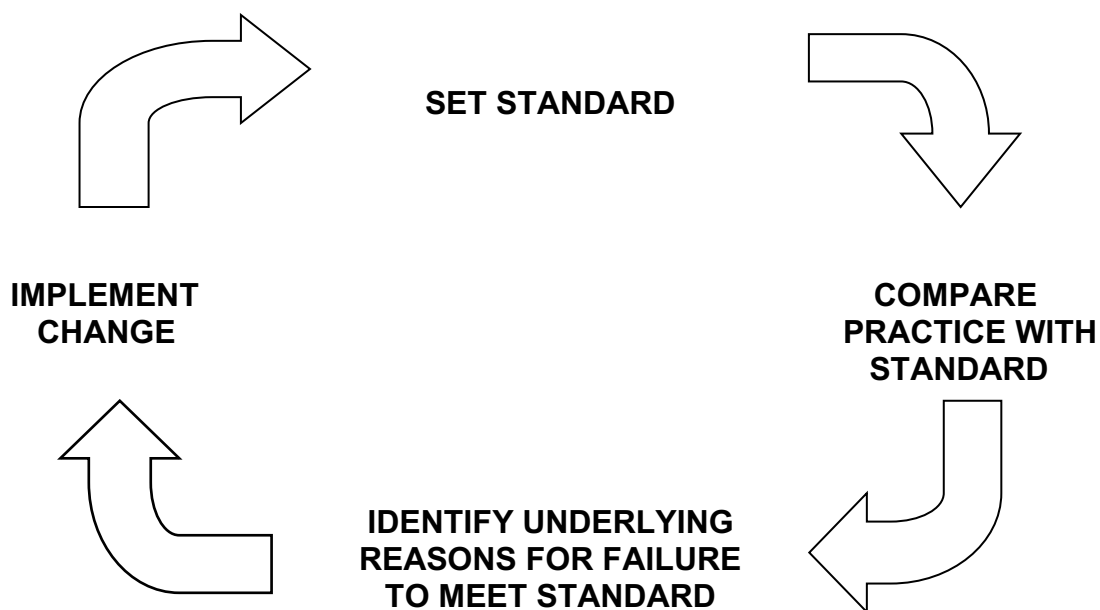
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Introduction

These audit tools are designed to evaluate compliance with the European Region of the WCPT Quality Assurance Standards of Physiotherapy Practice and Delivery 2018 www.erwcpt.eu/policystatements .

Audit is a cyclical process, involving setting standards, comparing practice with the standards, implementing changes and monitoring the effect of those changes. Its purpose is to improve the quality of physiotherapy practice and delivery.

The Audit Cycle



The first stage in the audit cycle has been prepared for you – the setting of Quality Assurance Standards of Physiotherapy Practice and Delivery (April 2018). This Audit Tools document will allow you to complete the second stage – comparing practice with the Quality Assurance Standards. It will then be possible to identify any underlying reasons for not achieving the standards, and to implement any changes required.

Audit Tools

Five audit tools are described in this document, and each tool is designed to measure performance in different ways, depending on the source of information, to assess whether the standards and criteria have been met. These Audit Tools can be completed together, or separately. Audit Tool 1 can be used on its own. Audit Tools 2 to 5 are additional resources that may be used as required. Together, the five audit tools will allow you to carry out a comprehensive audit of the Quality Assurance Standards. The five audit tools are:

- 1 Audit of Compliance with Quality Assurance Standards**
- 2 Audit of the Healthcare Record**
- 3 Audit of Continuing Professional Development / Life Long Learning**
- 4 Peer Review Audit**
- 5 Audit of Service User Feedback**

Interpretation

Interpretation of the audit results is very dependent upon local circumstances. It is essential that the reasons for not achieving the standards are understood and plans are agreed by those involved in the audit before any changes are implemented. The management of the change is most effective when the process is 'owned' by the participants, rather than being imposed.

Re-audit

Re-audit is an important part of the audit process. It is only through the regular, systematic approach to audit and re-audit that improvements can be measured. It is recommended that audits would be repeated at least annually.

AUDIT TOOL 1

Compliance with Quality Assurance Standards

The first audit tool is embedded within this Audit Tool document and enables you to record your compliance with 30 standards of physiotherapy practice and delivery (pages 4-36) using a checklist that indicates:

Compliance (C)
Non-Compliance (NC)
Not Applicable (NA).

1.1 Compare Current Practice with the Standards

Read the standard and indicate on the checklist whether you have compliance or non-compliance. If the standard does not apply to your practice you can tick the Not Applicable box.

You can carry out this audit yourself or have a colleague carry out the audit for you.

1.2 Analyse the Data

Results are most usefully expressed in terms of the proportion of the results that comply with the standards, quoted as a percentage. Care should be taken when processing the data items that include “not applicable” responses. In these cases the percentages should be calculated on the responses **excluding** the “not applicable”.

For example:

- 100 standards audited
- 20 were ‘not applicable’
- 60 complied
- 20 did not comply

Only the 80 applicable standards should be included in the analysis, therefore the percentage is:

$$\frac{60}{80} \times 100 = 75 \text{ per cent}$$

1.3 Interpret the Results

1.4 Identify any underlying reasons for failure to meet a standard

1.5 Implement change

1.6 Re-Audit at least Annually

SECTION: Recognition of the Service User as an Individual

Standard 1 Ethical Behaviour

Physiotherapists practice within their legal and ethical professional boundaries and comply with provisions of codes of conduct, practice and standards including requirements of their professional associations.

Physiotherapists:

	C	NC	N/A
Act in the best interest of service users at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect and uphold the rights, dignity, privacy and autonomy of service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Base relationships with service users on mutual respect and trust exercising courtesy, honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider the service user's or carer's needs within their social Context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain high standards of safe and compassionate care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise a professional duty of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cease professional activity in cases of conflict or significant risk of conflict or breach of confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the safety and wellbeing of service users before professional or other loyalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within individual scope of practice with the appropriate knowledge, skills and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond appropriately to individuals' moral, religious and cultural beliefs and practices and provide referral to another professional in cases of conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set aside personal, religious, political, philosophical and other convictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and take account of the physical, psychological, social and cultural needs of individuals and communities independently and impartially in the frame of their responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate chaperoning as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 2 Informed Consent

Physiotherapists obtain valid informed consent before starting any assessment or treatment

Physiotherapists:

	C	NC	N/A
Follow local policies for obtaining informed consent where these exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give relevant information concerning the proposed physiotherapy procedure, taking into account presenting condition, age, emotional state and cognitive ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss treatment options, including any significant benefits, risks and side effects, expected duration, approximate cost if applicable and assurances as to the absence of any potential conflicts of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give the service user an opportunity to ask questions for Information or clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform the service user of their right to decline or discontinue physiotherapy at any stage without it affecting their future care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document in the service user's health record where they give or decline consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use their judgment in deciding where written consent is needed in cases of high risk procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a copy of the service user's consent in their health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give relevant written information to assist in the consent process and document this in the service user's health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain consent for assessment as well as for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform the service user that they may be treated by a physiotherapy student or assistant and they have the right to decline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain consent from parents, guardians, carers or other designated persons where the service user does not have the capacity to consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treat in the best interests of the service user in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain written consent for participation in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 3 Confidentiality

Physiotherapists treat information given by the service user in the strictest confidence.

Physiotherapists:

	C	NC	N/A
Ensure privacy when service users are discussing personal details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allow other healthcare professionals and personnel to access physiotherapy records when of relevance to the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only release information to sources other than those involved in the service user’s direct care where there is permission or the law allows it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclose information when it is in the service user’s best interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclose information when it is in the public interest – protecting public safety or preventing harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that service user data in all formats is held confidentially and transmitted securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform the service user where confidentiality cannot be guaranteed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure management and processing of sensitive data is in accordance with national and European legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION: Access to Physiotherapy Services

Standard 4 Access to physiotherapy services

Access to physiotherapy services is fair and equitable, and based on need and priority

Physiotherapists:

	C	NC	N/A
Have a written process for assessing clinical need and priority of individuals referred for physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-evaluate clinical need and priority of individuals on the waiting list who have not been seen within an agreed timescale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a choice of appointment times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION: The Assessment and Treatment Cycle (EBP)

The Cycle encompasses service user assessment, clinical reasoning and outcomes, treatment planning, implementation and evaluation, transfer of care/discharge.

This section should be read in conjunction with the standards on Confidentiality, Consent and Documentation.

Standard 5 Assessment

Physiotherapists carry out an assessment of the service user before each intervention

Within the initial subjective assessment, physiotherapists consider:

	C	NC	N/A
Presenting condition/problems – clinical findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and family history/lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current medication/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contra-indications/precautions/allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient’s perceptions of his/her needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient’s expectations of physiotherapy intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient’s demographic details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Within the objective assessment physiotherapists:

Undertake and record a thorough, sensitive and detailed assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select and use appropriate assessment techniques including observation, palpation and standardised outcome measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 6 Clinical Reasoning and Outcomes

Clinical reasoning is based on using the information gathered from the assessment with knowledge of the presenting condition and the skills and competencies needed to formulate a physiotherapy diagnosis to deliver effective treatment and/or advice

Physiotherapists apply clinical reasoning to develop a diagnosis and treatment plan

Physiotherapists:

	C	NC	N/A
Analyse and critically evaluate the information collected during the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate a logical and systematic approach to problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake or arrange investigations as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form a diagnosis on the basis of physiotherapy assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use research, clinical reasoning and problem solving skills to determine appropriate actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate specific and appropriate management plans including the setting of timescales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognise the need to discuss and be able to explain the rationale for the choice of physiotherapy interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set goals and construct specific individual and group physiotherapy programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select , plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know how to position service users for safe and effective interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select and apply safe and effective physiotherapy interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change their practice as needed to take account of new developments or changing concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognise the value of research to the critical evaluation of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be aware of a range of research methodologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate research and other evidence to inform their own practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use information and communication technologies appropriate to their practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapists consider and correctly evaluate information about effective interventions relating to the service user’s condition and unique presentation, taking into account the following:

	C	NC	N/A
• Local protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• National guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Special interest group advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Expert opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The evidence base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reflection of own and other’s practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 7 Formulating the Treatment Plan

Physiotherapists use the findings from the assessment, combined with clinical reasoning, to formulate a treatment plan in partnership with the service user.

Physiotherapists:

	C	NC	N/A
Explain the clinical findings of the assessment and examination to the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate the treatment plan in partnership with the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The treatment plan includes:

• The chosen interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Goals of treatment and expected outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outcome measures where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timescales for implementation and/or review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of those who will deliver the intervention including collaborative and multi-professional team working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A record of activities/tasks delegated to assistants and carers where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If clinical guidelines or local protocols are used – a record of the date, version, and source of the document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documentation that is dated and appropriately authenticated by the physiotherapist who established the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Relevant risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documented reasons for any missing or unavailable Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 8 Implementing the Treatment Plan

Physiotherapists implement all interventions according to the treatment plan

Physiotherapists:

	C	NC	N/A
Use the best evidence based practice to ensure effective treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record, date and sign all interventions/advice and outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess before and after each intervention and record findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 9 Evaluating the Treatment Plan

Physiotherapists evaluate the service user’s progress related to the treatment plan to ensure that it is effective and relevant to the changing circumstances and health status.

Physiotherapists:

	C	NC	N/A
Review the treatment plan at each treatment session with regard to subjective and objective measures and results of relevant investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update the treatment plan in accordance with the findings from the review and in discussion with the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use outcome measures to assess the effectiveness of the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record and report any adverse and unexpected effects that occur during or after treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are open and honest when something has gone wrong with the care, treatment or other services provided by assuming responsibility, informing, taking remedial action; providing a prompt and full explanation of what happened and the likely effects and cooperating to reach a mutually acceptable resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with disputes or complaints in a prompt and transparent manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 10 Transfer of Care/Discharge

Physiotherapists ensure safe and effective transfer of care/discharge at the end of the intervention

Physiotherapists:

	C	NC	N/A
Make arrangements for discharge or transfer of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve the service user and carers in the arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give appropriate information to those involved in the on-going care of the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write a Discharge Summary and send to the referring agent, appropriate agency, and service user's doctor in keeping with the locally agreed policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure service user consent and confidentiality in the transfer of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep a copy of the Discharge Summary in the service user's health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION: Communication

Standard 11 Communication with Service Users and Carers

Physiotherapists communicate professionally and effectively with service users and carers

Physiotherapists

	C	NC	N/A
Communicate openly, honestly and promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that verbal, non-verbal and written communication is clear and easily understood, and available in a variety of formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modify method of communication to meet the needs of the service user and carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the recipient's understanding of the information given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that interpreters are available when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information which is accurate and not misleading and complies with the core values of the Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate information of a sensitive nature in a private environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make available the appropriate condition-specific information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek permission from the service user before discussing confidential details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer the service user a copy of any discharge or transfer letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report on action taken as a result of feedback from services users and carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use all forms of communication appropriately and responsibly, including social media and networking websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service users have access to information about:			
• How to access services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The range of services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information regarding their first contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Car Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hazards relating to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consent to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Non-attendance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Transport options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Transferring to other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

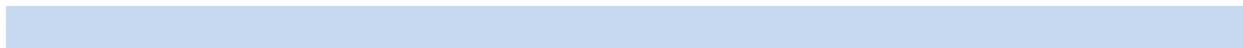
- Condition-specific support groups
- How to provide feed back
- How to make a complaint

Standard 12 Communication with other Professionals

Physiotherapists communicate professionally and effectively with other professionals

Physiotherapists

	C	NC	N/A
Communicate with other physiotherapists to ensure effective hand over of service user's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate relevant information to other relevant professionals involved in the service user's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are aware of and maintain lines of communication within their services structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an organisational chart of the service accessible to staff and patients if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange or attend regular staff meetings/briefings if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the physiotherapy service is represented at organisation-wide meetings when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are involved in policy development and decisions at local, regional and national levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION: Documentation

Standard 13 Recording the Physiotherapy Intervention

Physiotherapists keep a comprehensive written record of every service user intervention

Records may be uni-professional, multi-professional, electronic and/or paper based.

Records are:

	C	NC	N/A
• Started from the time of the initial contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Factual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contemporaneous and written immediately after the intervention or before the end of the working day of the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dated and timed for each intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Comprehensive but concise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chronological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written in permanent ink that will remain legible with Photocopying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Completed with a signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Protected against loss, damage or access by anyone not entitled to access them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A record provides valuable information that can be used to:

	C	NC	N/A
• Show evidence of informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Facilitate clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrate duty of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Improve services including safety and quality of care through clear communication of intervention / treatment rationale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Formally report escalating concerns about the safety and well being of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Facilitate a consistent approach to teamwork, particularly in the context of multidisciplinary records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • Ensure continuity of service provision and management between different service providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | C | NC | N/A |
| <ul style="list-style-type: none"> • Support other activities such as teaching, research, audit, quality assurance programmes and outcomes monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Demonstrate that physiotherapists have selected and provided the highest quality services appropriate for their clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Provide evidence in the event of litigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Provide statistical and managerial information for the day to day running and future planning of physiotherapy and health service provision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physiotherapists ensure that records include:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • The name of the service user and either the date of birth, record/ archive number, or personal number on each page of the record, based on local/national policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • The page number on each side of each page of the record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • The printed name and signature of the treating physiotherapist at initial entry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • The printed name and signature of the treating physiotherapist after each subsequent entry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Time and date of the intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • All information associated with each intervention/episode of care, including details of the assessment, treatment plan, intervention, evaluation, re-evaluation and discharge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Language that is appropriate, respectful and non-judgmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Organizational and nationally agreed abbreviations only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Any errors crossed through with a single line and initialled, ensuring that the writing remains legible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Time and date of any update to the record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • The same details when these are transcribed from dictated Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physiotherapy Service Managers ensure that

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • A signature identification system for both written and Electronic signatures is in place and maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Physiotherapists supervising students ensure that:

- When students are carrying out assessment and/or treatment, both the student and the supervising physiotherapist sign the record

Physiotherapists delegating tasks to an assistant ensure that:

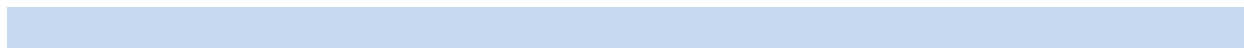
- | | C | NC | N/A |
|---|--------------------------|--------------------------|--------------------------|
| • When the activity undertaken by the assistant is supervised, both the physiotherapist and the assistant sign the record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • When the activity undertaken by the assistant is delegated, only the assistant signs the record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The assistant is eligible and has the knowledge and skills necessary to undertake the task delegated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Standard 14 Record Management

Physiotherapists manage their service user records according to national or European legislation or policies and workplace policies, where these exist.

Management of the service user record includes:

- | | C | NC | N/A |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| • Storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Retrieval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Manual transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electronic transmission/transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



SECTION: Continuing Professional Development (CPD)

Physiotherapists are responsible for their individual professional development in order to achieve and maintain a high level of professional competence throughout their career. A professionally competent physiotherapist updates, advances and extends their individual knowledge and skills to include evidence based practice and developments in research

Standard 15 Assessing Development Needs

Physiotherapists continuously assess their development needs throughout their career

Physiotherapists assess their development needs related to:

	C	NC	N/A
Enhancement of their current scope of practice including better understanding of ethical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving into a new clinical area or an area not practiced for a period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from performance data such as routinely collected statistics, results of audit or an analysis of outcome measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from their peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory training requirements such as fire safety, basic life support and manual handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovations in practice and technological advances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The needs of the national regulatory/registration authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The needs of the organization (this refers to the whole range of services, from a single-handed practice to a large hospital or rehabilitation centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers ensure that:

Staff have the knowledge, skills, competence and capability to deliver a safe and effective service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A performance appraisal system and/or peer review system is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning opportunities are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time is allowed for attendance at mandatory in service training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 16 Planning CPD

Physiotherapists plan CPD activities in order to achieve and maintain a high level of professional competence

Physiotherapists plan CPD activities based on:

	C	NC	N/A
The outcome of an appraisal (individual, with peer(s) or with their manager)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreed learning objectives that are specific, measurable, achievable, relevant and timed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conjunction with the needs of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A range of planned activities that lead to the achievement of the learning objectives include:

	C	NC	N/A
• Reflective practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sharing knowledge and skills with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reading and reviewing relevant professional journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attending educational meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attending in-service training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Secondment and shadowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Peer review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mentorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Membership of a clinical interest group – uni-professional or multi-professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Implementing clinical guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Further formal education – e.g. Masters, PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers ensure that:

• There is a written plan based on the outcome of the appraisal and the identified development needs for each staff member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Standard 17 Implementing CPD

Physiotherapists implement CPD activities in order to achieve and maintain a high level of professional competence

Physiotherapists:

	C	NC	N/A
• Implement the CPD activity within a planned timescale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Introduce their new learning into their practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Record the CPD activity in their individual CPD portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers:

	C	NC	N/A
• Ensure that staff are given the opportunity to develop and utilize their knowledge, skills and competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Agree protected working time for personal learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure that staff fulfil their mandatory training obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 18 Evaluating CPD

There is written evidence that the learning objectives set individually or at appraisal have been met.

Physiotherapists:

	C	NC	N/A
• Record the evidence of their learning in their portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reflect on the development and enhancement of their clinical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Work on new learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain their competence to practice to ensure reregistration to practice where this is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Record the reason why a learning objective is not met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Evaluate the effect on their individual practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers:

	C	NC	N/A
• Keep a record of mandatory training attended by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Keep a record of the CPD opportunities undertaken by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure that the CPD undertaken by staff meets the needs of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION - Education and Research

Standard 19 Educating Service Users, the Public and other Health Professionals

Physiotherapists educate service users, the public and other health professionals about the effects of physiotherapy intervention.

Physiotherapists:

	C	NC	N/A
• Provide evidence-based information for service users to help them make informed choices about their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provide information on condition-specific support groups and Networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contribute to inter-professional learning within teams of health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 20 Clinical Education of Students

Physiotherapists who offer clinical education opportunities for students provide an appropriate learning environment

Physiotherapists:

	C	NC	N/A
Work in partnership with Higher Education providers and clinical educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that documentation is available detailing arrangements for placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information and preparation material for the students prior to the start of the placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create an atmosphere that is conducive to a positive learning experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree learning goals at the start of the placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide feedback at agreed points throughout and at the end of the placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate the student's learning experience at the end of the placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek feedback from the student regarding their learning experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to the student's evaluation of their learning experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers:

	C	NC	N/A
Make provision for student placements in workforce planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that Physiotherapy students are supernumerary to the workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor the workload balance of any clinical educators to ensure that patient care is maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with Higher Education providers to ensure that clinical educators are supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to the student's evaluation of their learning experience where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 21 Research

Physiotherapists who undertake research ensure that the process meets ethical requirements and quality standards.

Physiotherapists ensure that any research undertaken:

	C	NC	N/A
• Meets local and/or national ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meets local and/or national quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Acknowledges any funding sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates appropriate management and monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates accountability (including financial and reporting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintains confidentiality of data and intellectual property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ensures the integrity of the results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Includes reporting of adverse incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Includes reporting of the results, both positive and negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapists use research findings to inform their practice

Physiotherapy Service Managers:

	C	NC	N/A
Promote and support staff undertaking research and ensure that there is appropriate collaboration and dissemination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ensure staff engaged in research undertake it with the approval of a local/national research ethics committee. If no such review body exists, then research activities should be conducted in accordance with internationally recognised ethical principles and guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Make staff aware of their responsibility to share the results of research through a range of dissemination routes including databases, publication in an appropriate professional journal, conference presentation, via electronic media and the national press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION: Staff

Standard 22 Physiotherapy Staff

Staff, including support staff, have the knowledge, skills, competency and capability to deliver safe and effective physiotherapy services

(Physically and mentally fit)

Physiotherapists:

	C	NC	N/A
Meet legal requirements regarding license to practice, registration and certification including professional indemnity insurance where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the knowledge, skills, competence and capability to deliver a safe and effective service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within their individual scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that their level of expertise is appropriate to the needs of the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete mandatory training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support staff:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Have a defined role within the physiotherapy service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work within agreed protocols | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Complete mandatory training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physiotherapy Service Managers ensure that:

	C	NC	N/A
There is an appropriate number and skill mix of physiotherapy staff and support staff for the service being provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each staff member has a copy of their CV and references in their personnel folder file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a regular review of staffing levels to ensure a safe and effective physiotherapy service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The recruitment process is fair, open, transparent and accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff work within their scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary and agency staff are appropriately qualified, clinically competent to work in the required clinical area and legally registered as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The signature of temporary and agency staff is recorded in the signature book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 23 Volunteer Staff

Volunteering in this instance refers only to Short Term Structured Voluntary Employment of qualified physiotherapists that is additional to the existing physiotherapy complement (including vacant positions) and is not a substitute for paid physiotherapists.

The purpose of short-term volunteering is to support unemployed physiotherapists to maintain their skills while they are looking for paid employment and to retain their interest in the profession, rather than leaving it permanently.

Volunteer staff in a physiotherapy service have a clearly defined role and purpose

Volunteers:

	C	NC	N/A
• Abide by the employment requirements of their employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do not have employment rights but are entitled to Dignity at Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapists as volunteers

	C	NC	N/A
• Abide by the Rules of Professional Conduct and the policies, procedures and guidelines of their professional organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are responsible for their own learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers:

	C	NC	N/A
• Provide a general induction and access to in service training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outline what is expected in terms of duration, days, hours, breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provide a learning contract which is agreed at the beginning of the volunteering period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If possible, provide an informal mentor with whom the volunteer could discuss the assessment, treatment plan, and outcomes of some of the patients with whom they have contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION: Quality Improvement

Quality Improvement is a formal approach to analysis of performance and systematic efforts to improve it. Its purpose in health systems is to improve health care by identifying problems, implementing and monitoring corrective action and evaluating the effect.

Problems may be identified from sources such as:

	C	NC	N/A
• Clinical audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical outcome measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adverse clinical incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accident reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Waiting times for appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Waiting times within the Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Non-attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reports to referrers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical education provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Feedback from staff, service users and the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 24 Quality Improvement

Physiotherapists use a quality improvement approach to identify problems within their practice, implement corrective actions and evaluate the effect

Physiotherapists:

	C	NC	N/A
• Implement effective quality improvement processes and Programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participate in the development and implementation of agreed standards of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Collect and analyse information about their practice and rectify any deficiencies resulting from the analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Deal with complaints in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor complaints to inform service improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 25 Clinical Audit

Clinical audit is the systematic review and evaluation of current practice against research based standards with a view to improving clinical care for service users.

Physiotherapists engage in clinical audit to review and improve their practice

Physiotherapists:

	C	NC	N/A
• Participate in a regular and systematic programme of clinical audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participate in a multi-disciplinary audit where such teams operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Make available the documented results through an agreed Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Implement changes in practice as a result of the clinical audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION: Health and Safety

Standard 26 Risk Management

Physiotherapists identify, assess and eliminate or control risks to service users, staff, and to organizations

Physiotherapists:

	C	NC	N/A
• Identify any risks to service users, staff and organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assess the impact of the risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Implement measures to eliminate or control any identified risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Document the process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inform their employer of the risk and its management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review the risk at least annually and after any adverse event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Comply with National and/or local risk management policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 27 Environment

Physiotherapists comply with relevant Health and Safety legislation and regulations to provide a safe environment for service users, staff and themselves

Physiotherapists comply with National and local guidance regarding:

	C	NC	N/A
• Safe handling of loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Working alone / out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Control of substances hazardous to health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Report of industrial diseases and dangerous occurrences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Planned maintenance of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infection control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Disposal of sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Display of hazard notices in areas of known risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A system for calling for help in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Health and Safety Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Regulation of environment – temperature, humidity, ventilation and lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sustainable consumption and recycling (climate change)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapists comply with National and local guidance regarding mandatory training in:

	C	NC	N/A
• Fire safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infection control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dealing with violence and aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 28 Equipment

Physiotherapists ensure that equipment is serviced, maintained and safe to use

Physiotherapists have written evidence of:

	C	NC	N/A
• A service contract for all equipment according to manufacturer's instructions/national law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Calibration of electrotherapy equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reporting of faulty or broken equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Repairs to faulty or broken equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Risks associated with each piece of equipment, to include hazards and contra-indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 29 Provision of Aids and Appliances

Physiotherapists provide aids or appliances in relation to the service user's needs and best available clinical evidence

Physiotherapists:

	C	NC	N/A
• Use the assessment and treatment cycle (standards 5-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Document the reasons for choosing aids or appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure that service users are instructed in the use of the aid/appliance in line with manufacturer's recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure the ongoing safety of service users in the use of the aid/appliance after initial instructions have been given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure that the recipient of the agreed aid/appliance understands their duty to use and maintain it according to the manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 30 Lone Working

Physiotherapists who work alone ensure their safety and the safety of the service user

Physiotherapists:

	C	NC	N/A
Take reasonable care of themselves and other people affected by their work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operate with their employers if applicable, in meeting their legal obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When self-employed should take steps to avoid or control risks encountered and should undergo appropriate training to cope with unexpected situations of potential violence, aggression and danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physiotherapy Service Managers:

	C	NC	N/A
Assess risks to lone workers and take steps to avoid or control Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review risks periodically or when there has been a significant change in working practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve workers when considering potential risks and measures to control them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training to enable staff to cope in unexpected circumstances and with potential exposure to violence and aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have suitable arrangements in place to ensure clear communications, especially in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a robust system in place to ensure lone workers has returned to their base or home once their work is completed and a procedure to follow in the event that they do not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUDIT TOOL 2

Audit of the Healthcare Record

This section provides guidance on carrying out a healthcare record audit. Some organisations may have staff that can help you with the audit process, providing support and expertise in this task.

The process relates most closely to standards **13** and **14**.

2.1 Select a sample and obtain healthcare records

A random selection of service users' records should be used. Randomisation can be undertaken in many different ways (see Appendix 1).

2.2 Complete a Healthcare Record Audit Data Collection Form for each service user

A Healthcare Record Data Collection Form can be created for this purpose by photocopying **pages 17-20** of this document. The forms may be freely photocopied and further locally defined audit questions added (see Appendix 2).

2.3 Analyse the data

To protect service user confidentiality, data that is entered on to a computer should not include identifiers. If it is necessary to use an identifier to cross reference service users, a code or index number should be used.

Results are most usefully expressed in terms of the proportion of records that conform to the criteria, quoted as a percentage. Care should be taken when processing the data items that include 'not applicable' responses. In these cases the percentages should be calculated on the responses **excluding** the not applicable'.

For example:

100 patient records analysed
20 were 'not applicable'
60 records conform to the criteria

Only the 80 applicable records should be included in the analysis, therefore the percentage is:

$$\frac{60}{80} \times 100 = 75 \text{ per cent}$$

Results are normally analysed in an aggregated form so that the extent to which the standards are met can be assessed. It is sometimes useful for physiotherapists to audit their individual client's records, which may be of benefit to small services, or for the purposes of demonstrating CPD. If it is considered necessary to identify individual physiotherapist's results in a larger sample, it is good practice to use codes to identify

the physiotherapists. Each physiotherapist is given their own code, but not that of their colleagues. This coding should be revealed only with the consent of all participants.

2.4. Interpret the results

2.5 Identify any underlying reasons for failure to meet a standard

2.6 Implement change

2.7 Re-audit at least annually

AUDIT TOOL 3

Continuing Professional Development / Life-Long Learning

This section provides guidance on carrying out an audit of a physiotherapist's CPD/LLL. Some organisations may have staff that can help you with the audit process, providing support and expertise in this task.

The process relates most closely to Standards **15** to **18**.

3.1 Select a sample and obtain participants' CPD/LLL records

A random selection of physiotherapists' CPD/LLL should be audited. Randomization can be undertaken in many different ways (see Appendix 1). CPD/LLL can be recorded in portfolios, reflective practice diaries, training records for example.

3.2 Complete a CPD/LLL Audit Data Collection Form for each Physiotherapist

A CPD/LLL Data Collection Form can be created for this purpose by photocopying **pages 21-24** of this document. The forms may be freely photocopied and further locally defined audit questions added (see Appendix 2).

3.3 Analyse the data

3.4 Interpret the results

3.5 Identify any underlying reasons for failure to meet a standard

3.6 Implement change

3.7 Re-audit at least annually

AUDIT TOOL 4

Peer Review

Peer review provides an opportunity to determine the appropriateness of the clinical decisions made at each stage of the patient episode. Some of the standards cannot be measured through documentation or patient feedback, and it is recommended that these would be subject to peer review. Peer review relates mainly to areas requiring a clinical reasoning process, for example how the clinical diagnosis was derived or why particular interventions were chosen. Guidance is provided for carrying out a suggested model of peer review and a **peer review form (see page 42)** has been devised. This form can be photocopied for each Peer Review

The process relates most closely to Standards **5** to **10**.

4.1 Peer review methodology

Peer review provides an opportunity to evaluate the clinical reasoning behind the content of the documentation about the patient episode, in order to consider the appropriateness of the clinical decisions made at each stage of the patient episode

This method enables the clinical reasoning skills of the physiotherapist to be evaluated by a peer. This must not be confused with other forms of professional assessment; it is not a means of judging an individual's competence to do his/her job, neither is it a method of clinical supervision or appraisal.

There are a number of different methods of peer review that could be used. One model, which included observation of practice, was considered too difficult to implement. It was agreed to follow the model outlined in this guide.

Peer review should be approached with commitment, integrity and trust. It can then be an excellent learning opportunity for both parties involved, enhancing clinical reasoning, professional judgement and reflective skills. Whilst this will be the case for the vast majority of physiotherapists, conflict may arise when an individual's poor clinical reasoning results in the safety of the patient being put at risk. In these exceptional circumstances, physiotherapists should seek advice from their professional association. On a more positive note, for the majority of physiotherapists, evidence of participation in a peer review process (as peer or physiotherapist) should be used as a part of an individual's demonstration of their continuing professional development and recorded in their CPD portfolio.

The paragraphs listed on the following pages provide guidance on the process of carrying out a peer review:

4.2 Select a peer

In order to gain maximum benefit from peer review, it is important that the individual is able to select his/her own peer. This is one factor, which distinguishes peer review from clinical supervision and appraisal. The following criteria serve as a guide to identify a suitable peer:

- The peer should be similar in terms of grade, or experience or qualification or knowledge or skill or any combination of these. (For some physiotherapist there may be a preference for a peer who is of a higher grade, but that is an individual choice.)
- The selected peer should carry a similar complexity of caseload or case mix. This may not necessarily be from the same specialty.
- The peer should work in a similar type of practice or situation. There is mutual respect and a comfortable professional relationship.
- The peer is happy willing to participate.

4.3 Arrange a suitable date and time

The review process should take approximately two hours.

4.4 Select patient notes

The reviewer randomly selects a set of patient notes. This should be from a batch of the last twenty patients the physiotherapist has managed. This process of selection is dependent on local circumstances, and it is therefore the responsibility of the physiotherapist and the peer to make appropriate arrangements.

4.5 Review the notes

The notes are reviewed by the peer to familiarise him/herself with the patient episode. At this stage the physiotherapist being reviewed may also wish to re-familiarise him/herself with the detailed content of the notes.

4.6 Discussion of the episode of care

This should focus on the evaluation of the individual's clinical reasoning skills throughout the patient episode. The following seven questions, which relate directly to the standards, have been formulated to structure the discussion. This should take approximately one hour:

- What sources of information did you consider to assist you with the assessment process? (standard **6**)
- How did you reach a clinical diagnosis, or identify the patient's main problems? (standards **5 and 6**)
- How did you decide which outcome measure to use? (standard **5**)
- How did you select the treatment techniques to meet the specific needs of the patient? (standards **6 and 7**)
- To what extent did you meet the expectations of the patient? (standard **10**)
- How was each stage of the episode of care evaluated? (standard **10**)

- Was it necessary to communicate with other professionals? If so, did this raise any particular issues? (standard **12**)

4.7 Issues arising from the discussion

Any issues raised during discussion, which both peer and physiotherapist think are important, should be documented on the peer review form. The peer has a responsibility for reflecting only what has been agreed between the two individuals, in the review session. The peer review form should be kept in the physiotherapist's portfolio, as evidence of learning.

4.8 Identify areas for education and development

The peer has a responsibility for identifying potential areas for further education and development, in agreement with the physiotherapist. Both parties can then formulate a timed action plan.

4.9 Re-review date

A date for re-review is set. It is important that the process is regular and undertaken at least annually.

Peer Review Form

A peer review was carried out on (date)

Name of physiotherapist _____

Place of work _____ Telephone _____

Name of peer reviewer _____

Place of work _____ Telephone _____

Summary of issues raised during discussion

Agreed suggestions for further education and development

Re-review date _____

Signature of physiotherapist _____

Signature of reviewer

AUDIT TOOL 5

Service User Feedback

The service user feedback audit measures those standards and criteria where the service user is best placed to judge conformance, for example in Standard 2 “Give the service user an opportunity to ask questions”. Similarly, standards and criteria that have been designed to measure elements of practice such as effective communication, being courteous and respecting patients' dignity, cannot be easily measured using documentary evidence. To assess these standards, a **Service User Feedback Questionnaire (see pages 42-48)** has been devised. This can be photocopied and a separate questionnaire used for each participant

5.1 Service User Feedback Methodology

The involvement of service users in sharing decision-making about their care with health professionals, and monitoring the quality of that care is increasing. In developing the service user feedback component of these audit tools it is recognised that only service users can judge what is quality care. Physiotherapy cannot be considered high quality unless it is effective, efficient and acceptable to service users. The Service User Feedback Questionnaire provides the means to measure the standards and criteria that the other audit tools in this document cannot and/or those where service users are best placed to make this assessment.

5.2 Identify a Sample

A sample that generates 80-100 questionnaire returns from patients should provide robust information. Response rates vary from about 30 per cent to 90 per cent depending on the characteristics of the service user group and the way in which the questionnaire is administered, so be prepared to increase the sample size appropriately.

5.3 Collect the Data

Some suggestions of good practice are outlined below:

- Inform the appropriate personnel that this audit is being carried out.
- In some areas approval from the local Research Ethics Committee is required to send out questionnaires of this type. Whilst this is rare, local arrangements should be followed.
- When a physiotherapist decides to give out the questionnaires, the physiotherapist must first ensure the service user is willing to participate. A careful explanation given personally ensures a greater response rate. If an individual is not willing to participate, they always have the right to decline without fear of this affecting any subsequent care.
- If the questionnaire is sent out by post unannounced, take great care to ensure beforehand that the service user is still living at the same address and able to complete the questionnaire. (Sending a questionnaire to a deceased patient is

very distressing for relatives and carers). Always provide a contact name and number in case of any queries.

- A personalised covering letter and a postage paid return envelope should be used to increase the response rate.
- To encourage honest feedback service users should be assured the comments they give will remain confidential.
- If a questionnaire reply is not forthcoming, a polite reminder may be helpful. However, service users should not be coerced into participating.
- An independent person/agency should, if possible receive the returned questionnaires so the service user does not feel uncomfortable about physiotherapists reading anything they may write. Advice and practical help may be available from your local department responsible for consumer affairs.

5.4 Analyse the data

To protect service user confidentiality, data that is entered on to a computer should not include identifiers. If it is necessary to use an identifier to cross reference service users, a code or index number should be used.

Results are most usefully expressed in terms of the proportion of responses that conform to the criteria, quoted as a percentage. Care should be taken when processing the data items that include 'not applicable' responses. In these cases the percentages should be calculated on the responses **excluding** the "not applicables" responses.

For example:

- 100 responses analysed
- 20 were 'not applicable'
- 60 responses complied

Only the 80 applicable records should be included in the analysis, therefore the percentage is

$$\frac{60}{80} \times 100 = 75 \text{ per cent}$$

Results are normally analysed in an aggregated form so that the extent to which the standards are met can be assessed. It is sometimes useful for physiotherapists in smaller services to audit their individual clients' responses, or for the purposes of demonstrating CPD. If it is considered necessary to identify individual physiotherapist's results in a larger sample, it is good practice to use codes to identify the physiotherapists. Each physiotherapist is given their own code, but not that of their colleagues. This coding should be revealed only with the consent of all participants.

5.5 Interpret the results

5.6 Identify any underlying reasons for failure to meet a standard

5.7 Implement change

5.8 Re-Audit at least annually

Service User Feedback Questionnaire

This questionnaire has been developed in order to improve physiotherapy services. You have been selected to take part in this important survey about the physiotherapy care you have received. If you are willing to participate we would be grateful for a few minutes of your time to complete this questionnaire. If you would like to talk to someone about the questionnaire or answer any questions, please contact:

There are no right or wrong answers. It is for you to decide on the quality of your experience. This will help the service to improve the care it provides. The information will be confidential, and you will not be identified to any of the physiotherapy staff. Please tick the appropriate box(es) and write in the spaces provided.

1. If a person other than the patient completes this questionnaire, please indicate your relationship:

- husband/wife/son/daughter
- parent/guardian
- other family
- carer

2. Were you treated by:

- a student
- a physiotherapist
- a physiotherapy assistant
- other
- don't know

Before your first visit

3. How long did you have to wait for your first physiotherapy appointment?

- under 24 hours
- 1-7 days
- between 1 and 4 weeks
- between 1 and 2 months
- more than 2 months

4. I was offered a choice of appointment times Yes No N/A

Your treatment sessions

Which statement most accurately reflects your views? Strongly disagree disagree uncertain agree strongly agree

	Strongly disagree	disagree	uncertain	agree	strongly agree
5. I was addressed by the name of my choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The staff were courteous and considerate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was not given a chance to say what was on my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt involved in deciding about my treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The physiotherapists listened to what I said	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The physiotherapist told me what I could achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The physiotherapist had a manner which made me feel uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. We aim to be sensitive to your particular expectations

Did we succeed? Yes No

If no, please explain:

13. We aim to be sensitive to your fears and anxieties.

Did we succeed?

Yes No

If no, please explain:

- | | Yes | No | don't
know |
|---|--------------------------|--------------------------|--------------------------|
| 14. Were you informed of the name of the physiotherapist responsible for your care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were you given a choice of options for your treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Were you encouraged to say what you wanted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. By the end of your first visit, were the results of the assessment explained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Strongly
disagree | disagree | uncertain | agree | strongly
agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. I was asked to do things I didn't agree to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I was given all the privacy I needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The physiotherapist used words I didn't understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. The physiotherapist was quite rough when giving my treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No	don't know	N/A
22. The physiotherapist explained the benefits and risks to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. I was given the chance to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. I was told of my right to decline treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. If you were offered treatment by a student, were you also given the option of being treated by a qualified physiotherapist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. I was told how well I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. They asked for my permission before talking to my friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. If other health professionals were involved in your care, did the physiotherapist discuss with you allowing them access to information about your physiotherapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. If you had to do exercises at home, were you given a clear explanation of what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. If you had photographs or video taken, did you sign a consent form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. If you were left alone during your treatment session were you told how to call for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your discharge (if this is not applicable, please go on to question 9)

Once you have completed your treatment plan, discharge arrangements should be made so things go smoothly.

	Strongly disagree	disagree	uncertain	agree	strongly agree
32. I felt involved in the plans for my discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I was given enough advance warning of my discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I understood the physiotherapist easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. All the plans for my discharge went smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 36. If you were given equipment to use at home,
were you given instructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General impressions

Please indicate your overall impression of the physiotherapy care you have received.

- | | Strongly disagree | disagree | uncertain | agree | strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 37. Overall, I was very satisfied with my care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. I didn't recover as well as I had hoped | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. The physiotherapy was a complete waste of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. I enjoyed coming for physiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

41. Please add any further comments that will help us improve the care we provide:

Thank you for your help in completing this questionnaire.
Please return the completed questionnaire to:

Appendix 2

Randomising the sample.

The most important aspect is that sources of potential bias are excluded. If you require a sample of 20 per cent of one month's records, an easy option is to take all that month's records and randomly start at any place in the collection, then select every fifth set of records. An alternative is to use a computer, calculator or random number table to select numbers, which would correspond to each set of records. When consecutive patient's records are used, it is important to ensure that the records for **all** the consecutive patients are used. Using a systematic method ensures that the sample represents the 'normal' patient record accurately. Sample size depends a great deal on the service/practice configuration so definitive advice is inappropriate. Examples for deciding the sample size are:

- 20 per cent of the patients seen in the last month
(for large services this could result in a very large sample).
- 10 patient records from each physiotherapist
(for small practices this could result in a very small sample).
- 100 records from the last patients discharged
- If there are a number of specialties in the department, it may be appropriate to select a proportion of records from each specialty. It is important that the sample is large enough to represent the range of practice included in the audit, but still remain manageable.