World Physiotherapy
Europe region

Guidelines –
Core Competencies for Entry-Level Cancer Physiotherapy in the Europe Region

Cancer Working Group

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GUIDELINES – CORE COMPETENCIES FOR ENTRY-LEVEL CANCER PHYSIOTHERAPY IN THE EUROPE REGION

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CONTENT

1. INTRODUCTION

In 2024, the thematic Cancer Working Group ran a survey on Cancer Physiotherapy Activity in the Europe Region that found a lack of established entry-level oncology competencies in many European physiotherapy educational programs. This issue has led to inconsistent oncology-related education among European physiotherapists, also demonstrated in the WG's work in previous terms. As demographic predictions estimate 35 million new cancer cases by 2050 alongside rising survival rates, there is an increasing demand to improve survivorship experiences and health outcomes. Physiotherapists are major contributors to collaborative cancer care through prehabilitative, rehabilitative, palliative interventions and exercise programs, but the effectiveness of physiotherapy led interventions relies on having strong core competencies.

2. STUDY AIM

The aim of the study was to establish entry level competencies for physiotherapy courses in European universities. While consensus-based competencies exist in the United States, differences in degree levels, programme structures and licensing do not allow for their direct adoption in Europe. This study addresses the need for a harmonised approach to physiotherapy cancer education in Europe to better support autonomous practice, role clarity, and the growing need for cancer survivorship care. The study aims to be a baseline for the Member Organisations (MOs) to establish a common education program in Europe.

3. METHODOLOGY

This Delphi study was designed as an exploratory, iterative consensus process reported in accordance with ACCORD guidelines. A Delphi study was chosen because the proposed competencies must be implemented across diverse national contexts and educational structures throughout Europe. The Delphi method's iterative consensus process allowed the competencies to be tailored to varying national interests and educational frameworks while still achieving a shared agreement. By using a modified, two-round Delphi approach, researchers gathered both quantitative ratings and qualitative free-text feedback from a Europe-wide panel of expert oncology physiotherapists. This collaborative feedback loop allowed the competency list to evolve and ensured that the final framework was clinically meaningful, educationally feasible, and applicable across diverse European healthcare systems. The study process involved:

- **Preparation**: A review of databases (Ovid, MEDLINE, PubMed) and AI tools identified 44 distinct competencies, which were clustered into 16 statements for the first round.
- **Procedure:** A two-round online survey was conducted. Experts were recruited among MOs by a minimum specific experience of 5 years in oncology physiotherapy. Experts rated competencies on a five-point Likert scale and provided free-text comments.
- **Consensus Threshold:** Consensus was defined as at least 75% of panellist's selecting "agree" or "strongly agree." Stability was considered achieved if >75% selected "strongly agree" in the first round.
- **A steering committee,** including advisory members from educational systems, program leaders, and physiotherapy association representatives, reviewed and approved the study concept and reports.

4. RESULTS

The first Delphi round was disseminated in October 2025, and the second round in January 2026.

4.1 Panellist Demographics

In total, 89 panellists completed the first Delphi round, and 61 panellists, among the round 1 group, completed the second Delphi round.

- **Geographic Reach:** Panellists represented 23 European countries in Round 1 and 21 European countries in Round 2.
- **Experience:** 57% of Round 1 panellist's and 64% of Round 2 panellists reported over 11 years of experience in oncology physiotherapy.
- **Work Setting:** Most panellists worked in public settings, acute hospitals, or academia/research.

4.2 Consensus Process

- **Round 1:** Consensus was reached for all proposed competencies, but only 7 of the 16 competencies were judged to have sufficient stability (judged by the content and consistency of comments) to be accepted without modification.
- **Round 2:** The remaining 9 competencies were refined based on qualitative feedback and re-evaluated. Consensus was achieved for all revised competencies following this round.

4.3 Final Competencies Overview

The study established a set of 16 entry-level physiotherapy cancer competencies.

A physiotherapist working in oncology…

1. demonstrates basic knowledge of tumour pathology as well as staging and grading systems.
2. demonstrates knowledge of mechanisms of common cancer treatments (e.g. chemotherapy, radiation, surgery, immunotherapy) including their systemic and local effects.
3. is aware of relevant guidelines (e.g. KNGF Guideline on Oncology) and applies evidence-based management strategies when treating cancer patients at any stage of the disease, including exercise adaptations, symptom mitigation, and return-to-work considerations.
4. demonstrates knowledge of cancer rehabilitation frameworks (Definition: Rehabilitation Frameworks provide guidance to support clinicians, managers and planners to improve access to quality, sustainable rehabilitation services).

5. demonstrates maintenance of up-to-date knowledge of evolving research through the cancer care continuum.
6. can obtain a comprehensive cancer history, including treatments and adverse effects, for every cancer patient or survivor and identify red and yellow flags.
7. can screen for oncologic emergencies and recognise when urgent intervention or referral is necessary.
8. should be able to assess the impact of cancer/treatment related side effects (such as chemotherapy-induced polyneuropathy, lymphedema, cancer-related fatigue and pain) on overall physical function, quality of life and rehabilitation needs during and after cancer treatment.
9. should be able to apply valid, evidence-based performance and assessment tools to evaluate physical capacity and function, and know how to select the most appropriate tool for each patient, considering their clinical condition and any precautions or limitations.
10. can form treatment goals based on the phase of care— preventive, before and during treatment, survivorship, or palliative- and modify them as needed according to the changes in the patient's condition, prioritising patient-centred goals, comfort and quality of life.
11. can prescribe safe and effective exercise interventions and supervise exercise interventions to ensure safety and adherence to the prescribed intervention.
12. can empower patients to take an active role in their care by helping them make informed choices and set realistic, individualised rehabilitation goals based on their needs and priorities.
13. demonstrates knowledge and skills in working effectively within a multiprofessional team, to ensure integrated, holistic care for the cancer patient and to facilitate smooth transitions between services.
14. recognises the roles of oncology-related healthcare organisations and stakeholders across different sectors and settings and understands appropriate referral pathways.
15. applies compassionate, empathetic, and clear communication skills when discussing sensitive topics such as prognosis, treatment options, and rehabilitation goals.
16. can recognise the psychological effects of a cancer diagnosis and prognosis—such as anxiety, depression, and body image concerns—and provide appropriate support and/or onward referral to mental health professionals.

5. CONCLUSION

This modified Delphi study generated a consensus-based set of entry-level oncology competencies for higher education institutions across Europe, addressing a previously underdefined area of professional development. By establishing a clear, consensus-based set of oncology competencies for physiotherapists, European HEI can more systematically prepare a workforce that is equipped to deliver safe, effective, and coordinated care to people living with and beyond cancer.

6. STRENGHTS AND LIMITATIONS

A key strength of this study is the inclusion of a Europe-wide panel of participants, ensuring that the proposed entry-level competencies reflect perspectives from diverse healthcare systems, educational structures, and cultural contexts across the region. A potential limitation of this study is acquiescence bias. Panellists may have been inclined to agree with the proposed competencies due to trust in World Physiotherapy, which convened the project. To mitigate this, free-text comments were systematically invited and incorporated into revisions, and strict stability criteria were applied to the consensus thresholds.

7. RECOMMENDATIONS AND FUTURE DIRECTIONS

1. **Curriculum Design:** Tertiary physiotherapy programs should use these competencies as a clearly articulated target for curriculum design to facilitate standardised implementation across European institutions.
2. **Workforce Planning:** Universities and professional bodies should utilise this framework as a foundation for accreditation standards and workforce planning to prepare a workforce equipped to deliver safe, effective oncology physiotherapy.
3. **Outcomes Alignment:** Health systems should use these competencies to align training with population health needs, aimed at improving functional outcomes and patient safety for those living with and beyond cancer.

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