World Physiotherapy
Europe region

Report –
Survey on Cancer Physiotherapy Activity in the Europe Region

Cancer Working Group

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REPORT – SURVEY ON CANCER PHYSIOTHERAPY ACTIVITY IN THE EUROPE REGION

Europe Region

Cancer Working Group

CONTENTS

1. AIM OF THE SURVEY

To collect information from physiotherapy Member Organisations (MOs) regarding cancer physiotherapy services and education in the Europe Region.

2. METHODOLOGY

Information was collected via an online survey instrument, developed by the Cancer Working Group for this purpose. The survey was sent via email to all 37 MOs in Europe.

3. RESULTS

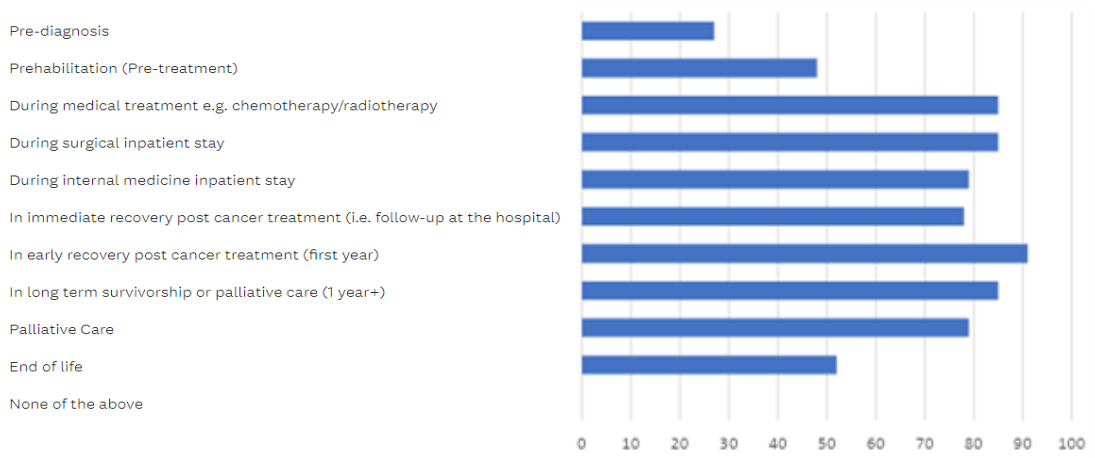
A total of 33 Europe Region Member Organisations responded to the survey, giving a response rate of 89%. Surveys were completed between January and March 2023. A descriptive analysis is reported for each question.

3.1 Service Availability

Respondents were asked 'Do your members provide physiotherapy services to people with cancer?' (including physiotherapists working in dedicated cancer posts both publicly and privately). All responding MO's (100%) reported that members provided service to people with cancer. Most respondents reported these physiotherapy services are provided through public and private services (82%, n=27) or through cancer support centres or charities (64%, n=21). In total 55% (n=18) of respondents reported cancer physiotherapy services are provided as standard care in the public health system and 36% (n=12) as private services. A further 42% of MO's (n=14) provide services as part of research programmes.

Figure 1 describes where in the patient pathway physiotherapy services are available for patients. Services are most commonly available to patients during and after treatment, most commonly in early recovery post cancer treatment (within the first year).

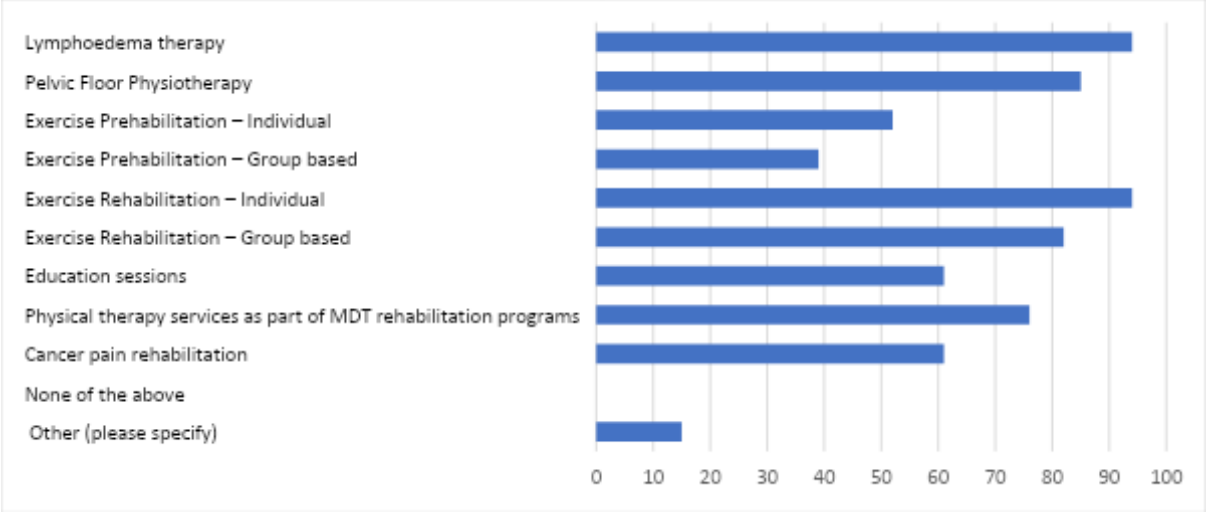
Figure 1:
Timing of Physiotherapy Services within the Cancer Continuum



3.2 Description of Cancer Physiotherapy Services

MOs were asked about the types of physiotherapy services provided to patients with cancer (Figure 2). Services provided include lymphoedema therapy, pelvic floor physiotherapy, prehabilitation and group and individual exercise cancer rehabilitation programmes.

Figure 2:
Description of Physiotherapy led Cancer Services Provided to Patients

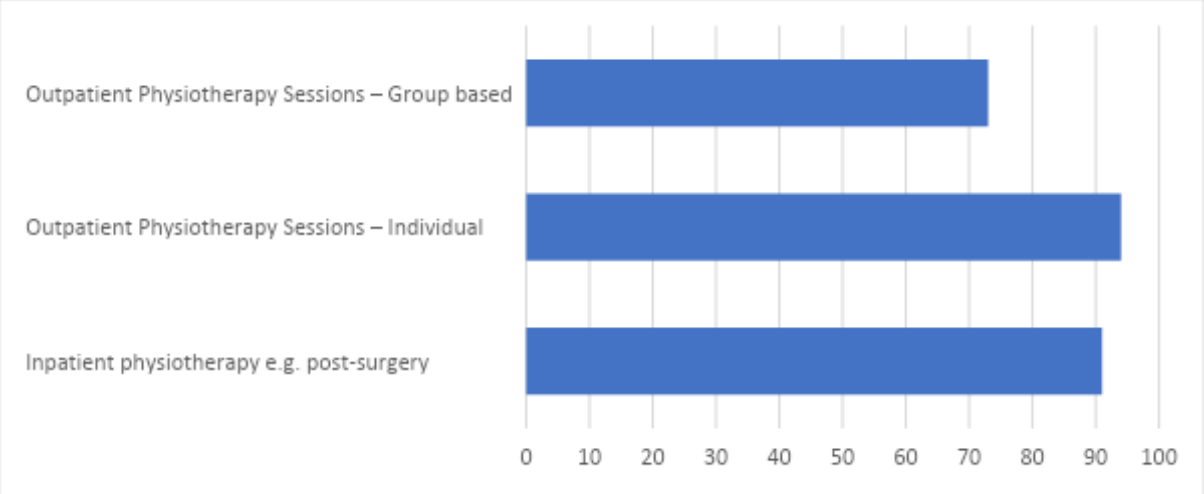


MOs also provided additional comments regarding other physiotherapy services provided. They noted that even within countries, physiotherapy cancer services are available in some regions and not in others and there can be significant differences across countries in the availability of services. They highlighted that education, multidisciplinary programs and cancer pain rehabilitation are sparse and mentioned there is a reliance on research projects to provide services to patients. Despite this, online exercise programmes, printed exercise booklets, and home programmes were described.

When asked if patients could self-refer to physiotherapy for cancer care 36% (n=12) reported patients could self-refer, 51% (n=17) reported patients are unable to self-refer while 12% (n=4) responded not applicable to this question.

Most cancer physiotherapy services are delivered as inpatient physiotherapy e.g. post-surgery (91%, n=30), outpatients' physiotherapy services provided 1:1 or on an individual basis (94%, n=31) or group-based outpatients physiotherapy services (73%, n=24) (Figure 3).

Figure 3:
How Cancer Physiotherapy Treatment is Delivered



In total 36% of respondents (n=12) reported that patients can claim for reimbursement of costs spent on physiotherapy cancer care while a further 36% (n=12) respondents reported patients can claim only for some physiotherapy services. When asked for further information on making claims, respondents described a need for health insurance or social security in order to make a partial or full reimbursement claim. Others described how patients could claim for charity funding to access services. Other requirements for reimbursement included a doctor's recommendation/referral to physiotherapy.

Three common barriers to establishing cancer physiotherapy services were identified by MOs. These included:

- a lack of knowledge/understanding of the role of physiotherapy in the area of cancer care (73%, n=24),
- a lack of funding for services (70%, n=23).
- a lack of resources for services (70%, n=23).

Additional barriers identified included a lack of demand for services from people with cancer (24%, n=8). In further comments, MOs reported a lack of referrals, a lack of communication and referrals from medical teams, political barriers, a lack of clinical pathways including physiotherapy cancer care and difficulty changing clinical practice. Comments also stated greater support is needed from doctors to support the importance of physiotherapy as a part of cancer care.

3.3 Cancer Physiotherapy Education

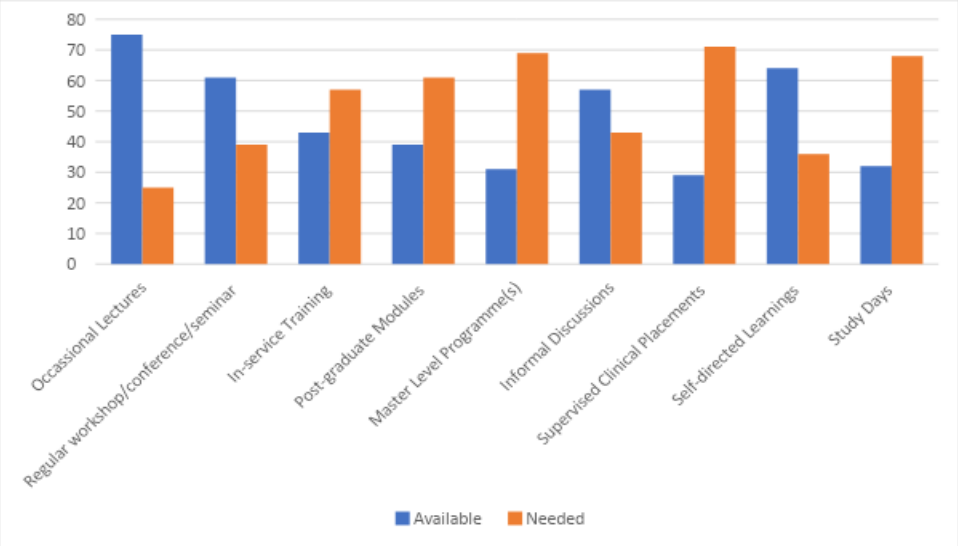
MOs were asked if specific oncology training/courses are included as part of physiotherapy education. In total 45% (n=15) reported training is included in undergraduate training, a further 15% (n=5) reported this training is included in post-graduate training while 15% (n=5) reported specific oncology training/courses are not included as part of physiotherapy education. 24% (n=8) selected other for this question.

Respondents reported some education programmes require students to choose speciality modules that include oncology rehabilitation in order to include this topic in their physiotherapy training. MOs also reported specific education programmes offered to allow members to specialise in the area of oncology. These ranged from 3-5 day courses in oncology and palliative physiotherapy and seminars run by physiotherapy special interest groups in oncology and palliative care.

Respondents were asked to rate their agreement with the statement 'Physiotherapists have the required skills to treat patients across the cancer care continuum in my country'. The average response was 6.3/10, with answers ranging from 0-10. Respondents reported their chosen score applied to some physiotherapists in their country in 55% (n=18) of cases or most physiotherapists in their country in 45% (n=15) of cases.

Respondents were also asked what Continuous Professional Development is currently available in the area of Cancer Care in their country. The results are shown in Figure 4.

Figure 4:
Continuous Professional Development Available in Member Organisations



62% (n=20) of respondents reported there was a special interest group in the area of oncology for physiotherapists within the member organisation. 37% (n=12) of member organisations do not have an oncology special interest group.

Additionally, 27% (n=9) of respondents have a register of physiotherapists who have recognised oncology as their speciality. The requirements for recognition varied between member organisations. Requirements included a 3-year master's degree education

specialised in oncology and more general post-graduate continuous professional development in the area of oncology. One MO reported two levels in their register: 1) a require a master's level (60 ECTS) in oncology, and maintenance of competency through regular courses which do not require summative testing or 2) a smaller programme (about 3 ECTS) focused specifically at supporting physical fitness throughout the cancer continuum and follow mandatory refresher courses with summative tests.
One MO reported a register only for those practising lymphoedema management. Another described an application which must be made to the MO board documenting acquired skills, education (ECTS) and supervision.

4. LIMITATIONS

The familiarity of the person responding to the survey with the subject matter is not known. Although definitions were provided for key terms used in the survey, terminology may differ in different settings and this may have affected responses.

5. RECOMMENDATIONS AND FUTURE DIRECTIONS

1) Establish fluid relationships with cancer groups in different countries to try to advocate the role of physiotherapy in cancer at different levels (education, policy makers, guidelines…).

2) Develop European MOOCs (massive open online courses) for physiotherapists and interprofessional teams.

3) Collect, disseminate and promote guidelines in cancer care.

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