World Physiotherapy
Europe region

Report –
Survey on Professional Autonomy in the national health care systems in the Europe Region

Advocacy and EU Matters Working Group (A&EUMWG)

NOTED

14th & 15th May 2026

Pristina, Kosovo

World Physiotherapy Europe region

REPORT – SURVEY ON PROFESSIONAL AUTONOMY IN THE NATIONAL HEALTH CARE SYSTEMS IN THE EUROPE REGION

Europe Region

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INTRODUCTION

Based on the recommendation approved at the 2024 General Meeting and aligned with Strategic Objective 2 of the Europe Region of World Physiotherapy, the Advocacy and European Matters Working Group (A&EMWG) has continued to collect detailed information evaluating physiotherapy autonomy across member organisations' national healthcare systems (NHCS). The compiled data serves as a benchmark for all Member Organisations (MOs) and enables the Europe Region of World Physiotherapy to support MOs seeking to address specific issues identified through the survey. The idea that questions target the legal framework of autonomy for physiotherapists working in the public system of MOs continued to be emphasised. The definitions of the terminology employed in the survey are those of the World Physiotherapy glossary, which was communicated in the survey.

The survey results were updated during summer 2025. Prior to distribution, the survey was revised based on discussions held during the A&EMWG meetings in March and June 2025. The survey followed the basic structure and questions of the previous survey but was updated with additional qualitative questions to better understand the level of managerial autonomy of the profession.

1. AIM OF THE SURVEY

To update the information on physiotherapists' autonomy that is permitted by law in the National Health Care system of each Member Organisation.

1.1 Objectives of the survey

The objectives of this survey were to identify the:

- Specific markers indicating physiotherapists' professional autonomy;
- Content of the medical referral, in the countries' NHCS where it is required to access physiotherapy services
- Pathways how patients are referred to physiotherapy services
- Countries where it is legally permitted for physiotherapists to assess the patient within the NHCS;
- Countries where it is legally permitted for physiotherapists to diagnose the patient within the NHCS;
- Countries where it is legally permitted for physiotherapists to refer to other health care professionals within the NHCS;
- Countries where it is legally permitted for physiotherapists to refer to diagnostic tests and X-Ray within the NHCS; and
- Countries where it is legally permitted for physiotherapists to prescribe medications within the NHCS.
- Countries with physiotherapy units/clinics/centres in the public healthcare system and countries in which physiotherapists can lead those units/clinics/centres.
- To understand the subjective satisfaction of physiotherapists' professional autonomy as felt by the representative of a MO
- Most desired advocacy actions to increase the level of autonomy.

2. METHODOLOGY

A survey was created with the platform SurveyMonkey to collect data on multiple topics, aiming to reduce the number of requests to MOs, including physiotherapy in PHC. The survey was emailed to paying MOs of the Europe Region on 19 June 2025 followed by two email reminders on 27 June 2025 and 21 October 2025. By the end of December 2025, this resulted in a total of 34 MOs that completed the survey, out of 38 invitations, which indicates a response rate of 89,5%.

3. RESULTS

The detailed results of the survey will be provided in separate annex. In this section a general overview of the spectrum of answers to each question of the survey is provided.

3.1 Medical prescription

12 MOs (35.3%) reported that a medical prescription is always required before a physiotherapist can engage with a patient and 15 (44.1%) reported that a medical prescription is only needed in specific situations related to sector-specific, reimbursement and context-specific requirements. 7 MOs (20.6%) reported that medical referral is not necessary to initiate physiotherapy.

3.2 Contents of the medical prescription

The 27 MOs reporting the need of medical prescription (always or in specific situations) where then asked about the mandatory contents of the medical prescription. 23 MOs (85.2%) stated that the *medical diagnosis* is mandatory in the prescription. *The number of treatment sessions* and the *physiotherapy treatment type* were reported by 9 of the MOs (33.3%) as content of the prescription. The *area to be treated* was reported to be included on the prescription in 6 MOs (22.2%), and the inclusion of *frequency of treatment* in the prescription was reported by 3 MOs (11.1%). 7 (25.9%) MOs stated that other elements were included in the prescription (e.g. rehabilitation goals).

Regarding the number of specifications, a median of 2 required specifications was reported. Ten MOs (37.0%) reported that the prescription only contained 1 specification, the *medical diagnosis*. A total of 6 MOs (22.2%) stated that two of the possible prescription specifications are required. 6 MOs (22.2%) reported that three specifications are required on the prescription and 4 MOs (14.8%) indicated that four specifications are required on the prescription. All specifications are required on the prescription in 1 MOs (3.7%).

3.3 Possibility to adapt the specifics of the medical prescription

The specifics of the referral can be adapted in consultation with the prescriber in 15 MOs (55.6%), while another 7 MOs (25.9%) reported that the specifics can be adapted without consulting the prescriber. 12 MOs (44.4%) reported that the treatment is at the sole responsibility of the physiotherapist and none reported that the specifics in the prescription cannot be adapted by the physiotherapist. 3 MOs (11.1%) reported particularities in this system, such as being possible to refuse to carry out any phase of the physiotherapy process, for valid reasons, under the terms of the Code of Ethics.

3.4 Why is the medical prescription needed in the public system?

As reported by 13 MOs (48.1%), the medical prescription is required to have access to physiotherapy services and to have the physiotherapy services reimbursed. 8 MOs (29.6%) reported that medical prescription is required to have access to physiotherapy services only and 6 MOs (22.2%) stated that the referral is required for reimbursement purposes only.

3.5 Referral to physiotherapists

The 7 MOs that stated that medical prescription is not necessary to initiate physiotherapy reported that medical doctors and other health professionals can refer to physiotherapy (5; 71.4%), and/or that patients can always refer themselves to physiotherapy (6; 85.7%), and/or that patients can refer themselves in specific situations (1; 14.3%).

The other 27 MOs reported that medical doctors and other health professionals can refer to physiotherapy (11; 40.7%), and/or that patients can always refer themselves to physiotherapy (4; 14.8%), and/or that patients can refer themselves in specific situations (8; 29.6%). Other referral options were also reported by 7 MOs (25.9%), such as only medical doctors being able to refer to physiotherapists and insurance companies also being able to provide referral.

3.6 Differences in payment, reimbursement or treatment options

When asked about potential differences in payment, reimbursement or treatment options when a patient is referred by a medical doctor (with or without prescription), another health professional or by self-referral, 9 MOs (26.5%) reported no differences. However, other MOs reported differences in payment (9; 26.5%), and/or differences in reimbursement (6; 17.6%) and/or differenced in treatment options (5; 14.7%).

3.7 Legal authorisation to assess and diagnose

15 MOs (44.1%) reported that physiotherapists are legally authorised to assess and diagnose. The legal authorisation to assess a patient but not to diagnose was reported by 6 MOs (17.6%). 3 MOs (8.8%) have only answered affirmatively to the ability to assess the patient and other 3 MOs (8.8%) have only answered affirmatively to the ability to diagnose the patient. 3 MOs (8.8%) stated the physiotherapists are not legally authorised to assess or diagnose a patient.

3.8 Referral from a physiotherapist

15 MOs (44.1%) reported that physiotherapists are legally able to directly refer patients to a general practitioner, 13 MOs (38.2%) reported that physiotherapists have the legal possibility to directly refer patients to a medical specialist, and 11 MOs (32.4%) stated that direct referral to another health care professional is legally authorised. Regarding the ability to refer for imaging modalities, 8 MOs (23.5%) stated that physiotherapists may legally refer a patient to X-Ray, and 7 MOs (20.6%) stated physiotherapists have the legal authority to refer a patient for other diagnostic tests (e.g. MRI).

3.9 Prescription of medication by a physiotherapist

4 MOs (11.8%) stated that physiotherapists are legally authorised to prescribe medication as a part of their treatment.

3.10 Managerial autonomy

When asked about the existence of physiotherapy units/clinics/centres in the public healthcare system, 31 MOs (91.2%) answered affirmatively, and 2 MOs (5.9%) answered negatively. When asked if those units/clinics/centres were led by physiotherapists, only 16 MOs (51.6%) answered “yes”. 6 MOs (19.4%) reported that those units/clinics/centres could be led by physiotherapists but not always that is the case, and 7 MOs (22.6%) reported that the units/clinics/centres were not led by physiotherapists.

3.11 Satisfaction with the level of autonomy of physiotherapy in the public system

8 MOs (23.5%) have graded their level of satisfaction with the autonomy of physiotherapy in the public system with 8 points or more, and 8 MOs (23.5%) graded their level of satisfaction with 6 or 7 points. However, 5 MOs (14.7%) have graded their level of satisfaction with 4 or 5 points, and 12 MOs (35.3%) have graded their level of satisfaction with 3 points or less. Among the MOs grading their autonomy level with 3 or less points, the aspects of professional autonomy that those MOs like to see improved were mainly related to general professional autonomy improvements, such as being able to adapt prescriptions, being able to refer to other healthcare professionals, and direct access. Among those grading their autonomy level with 8 points or more, the aspects of professional autonomy that those MOs like to see improved were mainly related to reimbursement issues and to referral rights.

3.12 Changes in satisfaction with the level of autonomy of physiotherapy in the public system

6 MOs (17.6%) have assessed the level of satisfaction with the level of autonomy in the public system with scores that differ with the previous assessment in 3 or more points. 2 MOs increased their level of satisfaction and 4 decreased their level of satisfaction. Further discussion with the MOs to understand the reasons of these changes is needed and future actions of the working group will ensure this understanding.

3.13 Differences between the public and private systems regarding physiotherapy services

32 MOs (94.1%) have provided insights regarding this question. The most identified difference was regarding the level of autonomy and direct access, which are higher in the private system, often not gating the access to physiotherapy services with medical referral. Differences in payment and funding mechanisms were also identified (14; 43.8%), often barriers to access reimbursement when medical referrals are not issued were identified. Differences in waiting times and accessibility (9; 28.1%) and in service quality and scope (7; 21.9%) were also reported. 4 MOs (12.5%) reported no distinctions or no private system.

3.14 Expectations of improvement

MOs were asked to identify aspects of their physiotherapy systems they would like to improve. The data (n=32) reveals a clear hierarchy of concerns, with system access issues such as, direct access (18; 56.3%), referral rights (13; 40.6%), and other autonomy factors, such as managerial autonomy and independence in clinical decision making (13; 40.6%), dominating the improvement agenda. Over half of member organisations prioritise direct patient access, while approximately 40% emphasise both referral rights and other aspects of professional autonomy, suggesting these three elements are viewed as interconnected components of full professional practice. Other relevant themes were reimbursement and payment issues (8; 25%), prescribing rights (8; 25%), legal/regulatory changes (5; 15.6%), access to patient records (4; 12.5%), and support for continuing education and public awareness about physiotherapy (2; 6.3%).
Notably, 81% of responses addressed multiple themes, indicating that MOs recognise professional advancement requires coordinated improvements across several dimensions rather than isolated changes. The emphasis on direct access, autonomy, and referral rights suggests physiotherapists across Europe are seeking transformation from referred-care providers to first-contact practitioners with full integration into healthcare teams.

3.15 Additional comments or remarks about the national system

19 contextual responses were provided, and three major themes were identified. Professional autonomy related (14; 74%): Combining professional autonomy issues, referral restrictions, PRM dependency, and physician supervision requirements, nearly three-quarters of responses address limitations on professional independence.

Structural barriers (12; 63.2%): System inefficiencies, cultural/administrative barriers, political challenges, and hierarchical structures collectively are reported by nearly two-thirds of responses.

Reform and progress indicators (7; 36.8%): Over one-third mention active reforms, ongoing discussions, or concrete implementation timelines.

4. LIMITATIONS

The limitations of the survey acknowledged are:

- The Language barrier: the survey was conducted in English which is not the first language of most of the MOs;
- The differences of the terminology used in the National health care systems of the member organisations, although guidance regarding terminology was provided;
- The possible individual respondent bias which may not be reflective of the national picture;
- The public system may not be representative of the level of autonomy of physiotherapists working in the private sector and may not be the most representative for many MOs and;
- The respondents may have not been the same and changes may not indicate a true change in professional autonomy.

5. CONCLUSIONS

The result of the survey shows substantial heterogeneity across Europe in how physiotherapy autonomy is operationalised in the public system, with medical prescription remaining a major gatekeeper for access and reimbursement. In most member organisations, prescription is always required or required in specific contexts, and when required it is typically anchored to the medical diagnosis, with limited additional clinical specifications in many settings. At the same time, no member organisation reported that physiotherapists are unable to adapt prescription specifics. Adaptation is either possible through consultation with the prescriber or independently. This combination suggests a policy-practice divergence in several countries as administrative and funding rules still frame access through medical referral, while clinical responsibility frequently sits with physiotherapists in practice.

Beyond access, the data indicate partial but uneven recognition of physiotherapists as autonomous clinical decision makers. Legal authorisation to assess and diagnose is reported, but restrictions or ambiguity in this capacity are still reported. Referral rights exist but are limited and inconsistent, particularly for imaging and diagnostic tests. Medication prescribing is rare, reflecting that advanced scope remains an exceptional. Managerial autonomy also appears incomplete. Although physiotherapy units are present in the public system in most countries, only about half are led by physiotherapists, indicating constrained governance influence even where service structures exist.

Satisfaction levels align with these structural constraints. A substantial proportion of member organisations report low satisfaction with autonomy in the public system, and the priorities for improvement are consistent across the dataset. Direct access, referral rights, and broader autonomy factors including managerial autonomy and independence in clinical decision making are the most reported aspects to improve. Differences between public and private systems further reinforce this interpretation. Autonomy and direct access are commonly higher in private care, but reimbursement mechanisms often penalise non-medically referred pathways, creating inequities in access and undermining system integration. Taken together, the findings support a strategic advocacy focus on aligning reimbursement and access rules with physiotherapists' demonstrated clinical responsibility, expanding legally defined roles in assessment, diagnosis and referral, and strengthening physiotherapist leadership within public services. Follow-up engagement is warranted for the minority of member organisations reporting large changes in satisfaction to distinguish true policy shifts from respondent effects.

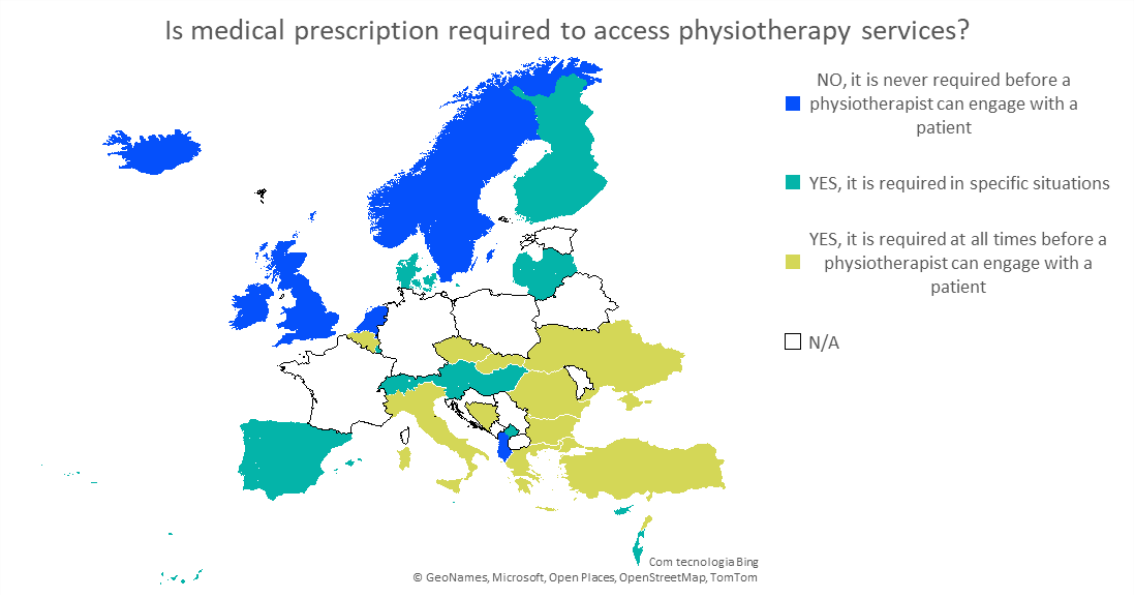
This survey on physiotherapy professional autonomy within national healthcare systems provides valuable data on key elements while offering the A&EMWG insights into survey components requiring refinement or clarification. Overall, the legal framework governing autonomy in public systems shows important changes from previous survey findings but the absence of responses from some MOs and new answers from MOs that cannot be compared with previous versions imply caution in the analysis. Moreover, active reforms and ongoing discussions in multiple MOs, suggest momentum for future advancement. The results enable each Member Organisation to continue addressing specific professional autonomy issues and to request the Europe Region of World Physiotherapy support as needed, while allowing the Europe Region of World Physiotherapy to track legal framework developments affecting physiotherapists in public healthcare systems. Additionally, the data from the survey can inform the Europe Region of World Physiotherapy advocacy actions for the physiotherapy profession in the European Region, highlighting both successful models that demonstrate advanced autonomy and persistent barriers requiring coordinated policy intervention.

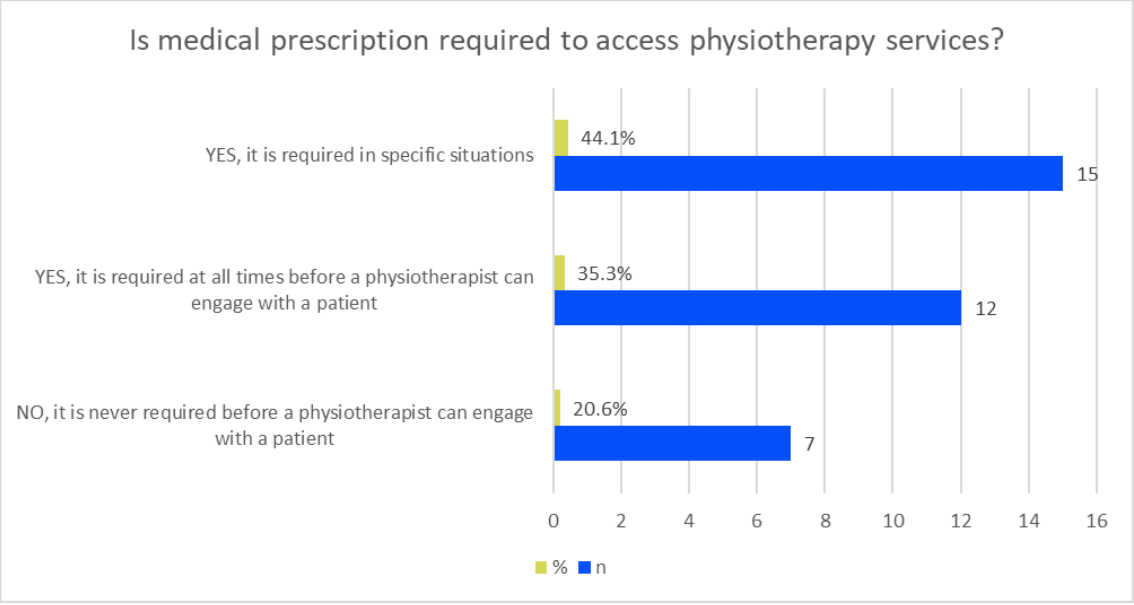
ACKNOWLEDGEMENTS

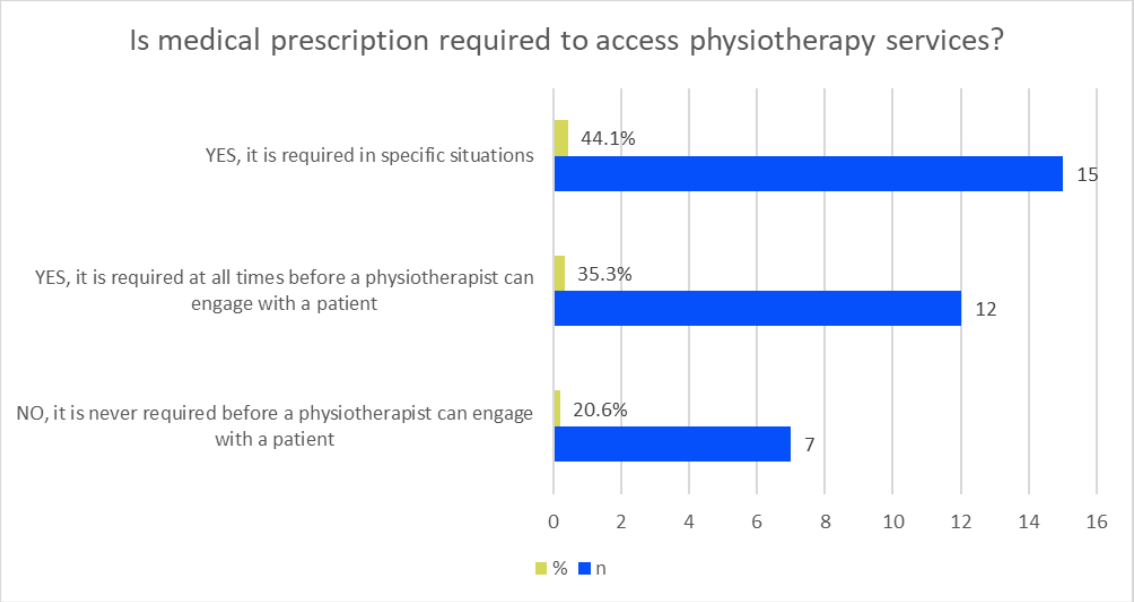
Members of the Advocacy & EU Matters Working Group of the Europe Region of World Physiotherapy for the 2024 – 2026 term:

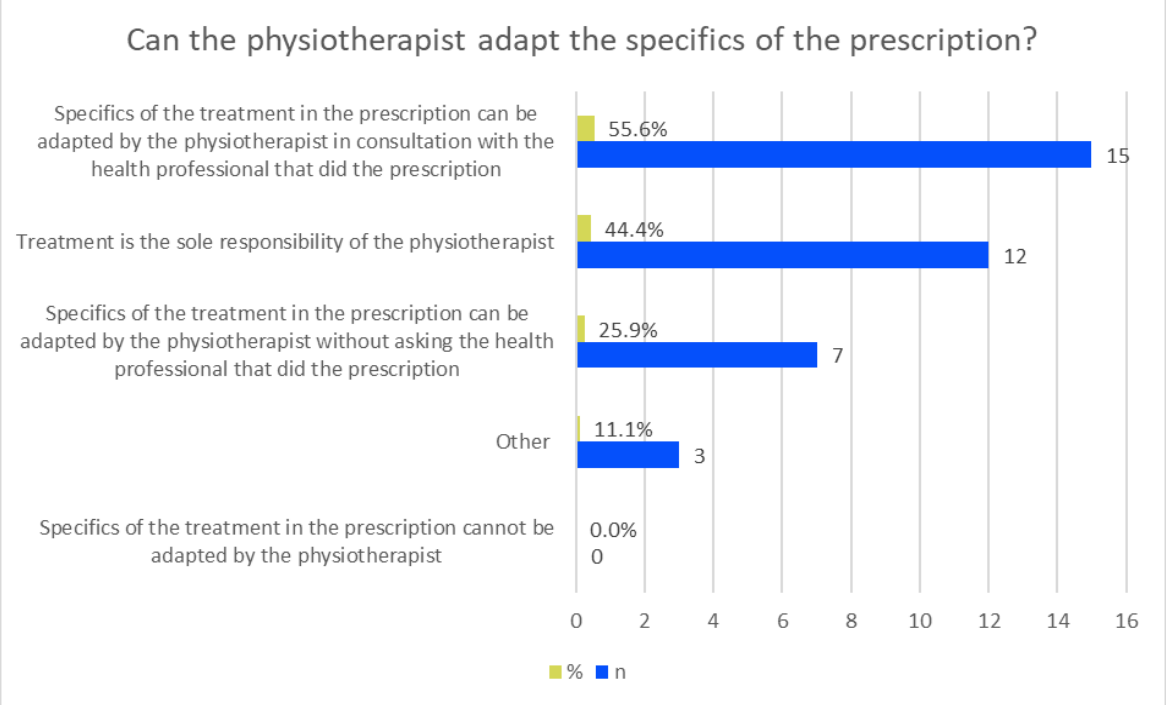
Līva Tiesnese (Latvia), Adérito Seixas (Portugal) (Lead), Ramona Pavel-Szekers (Romania), Charlotte Urell (Sweden), Tim Németh (Chair)

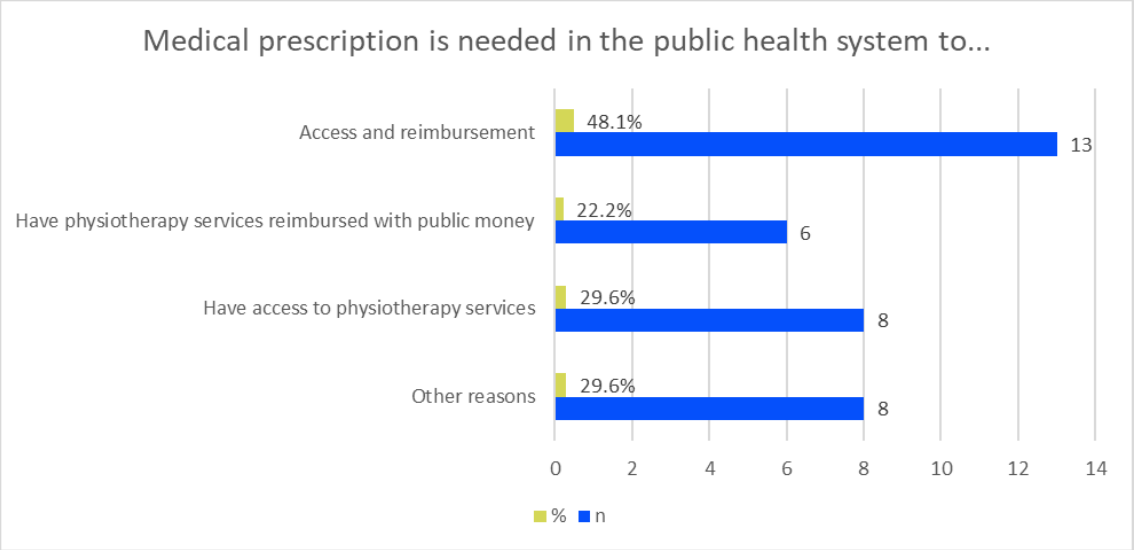
APPENDIX 1 – SURVEY ON THE PROFESSIONAL AUTONOMY OF PHYSIOTHERAPISTS EDITION 2026 - CHARTS AND INFOGRAPHICS

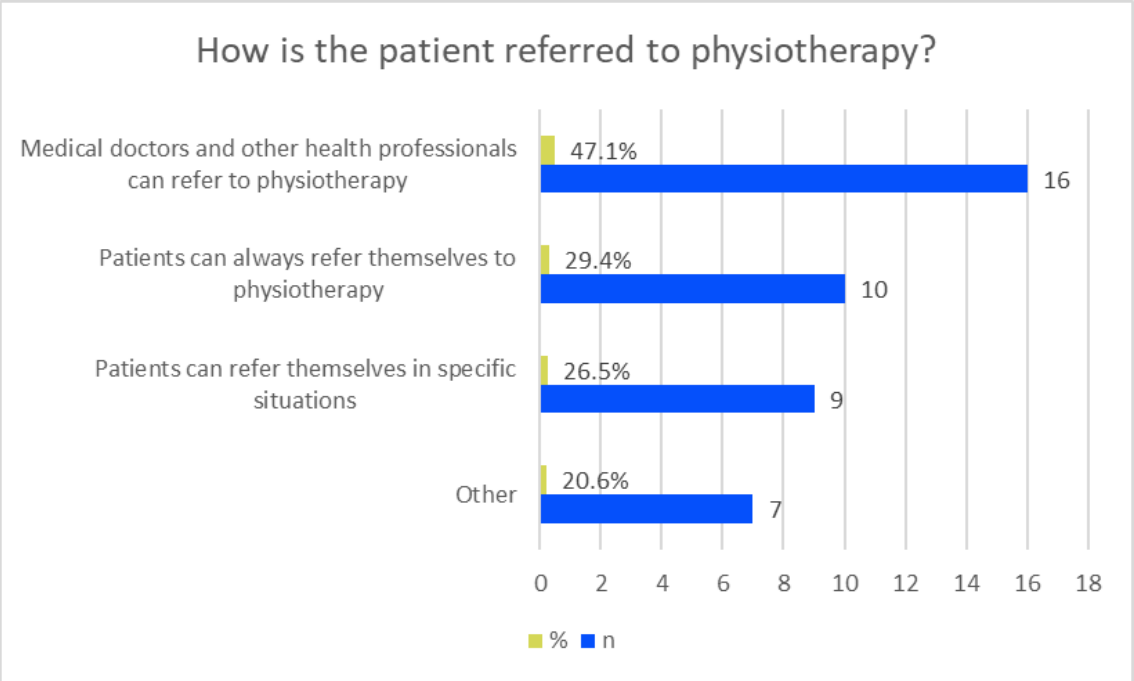


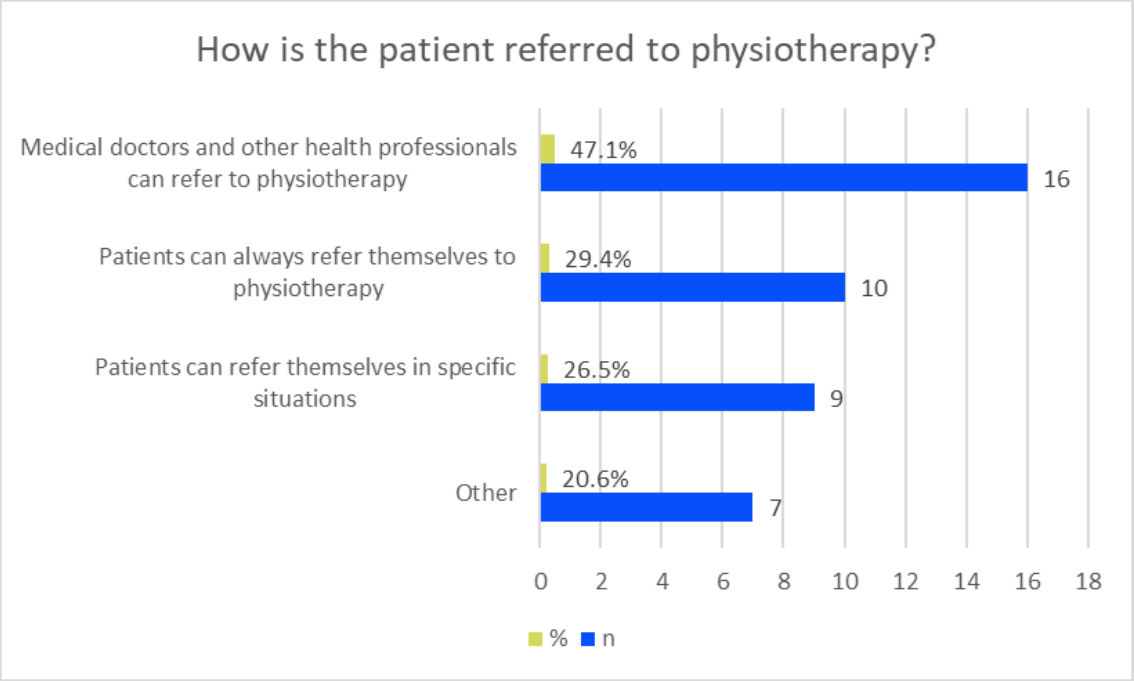


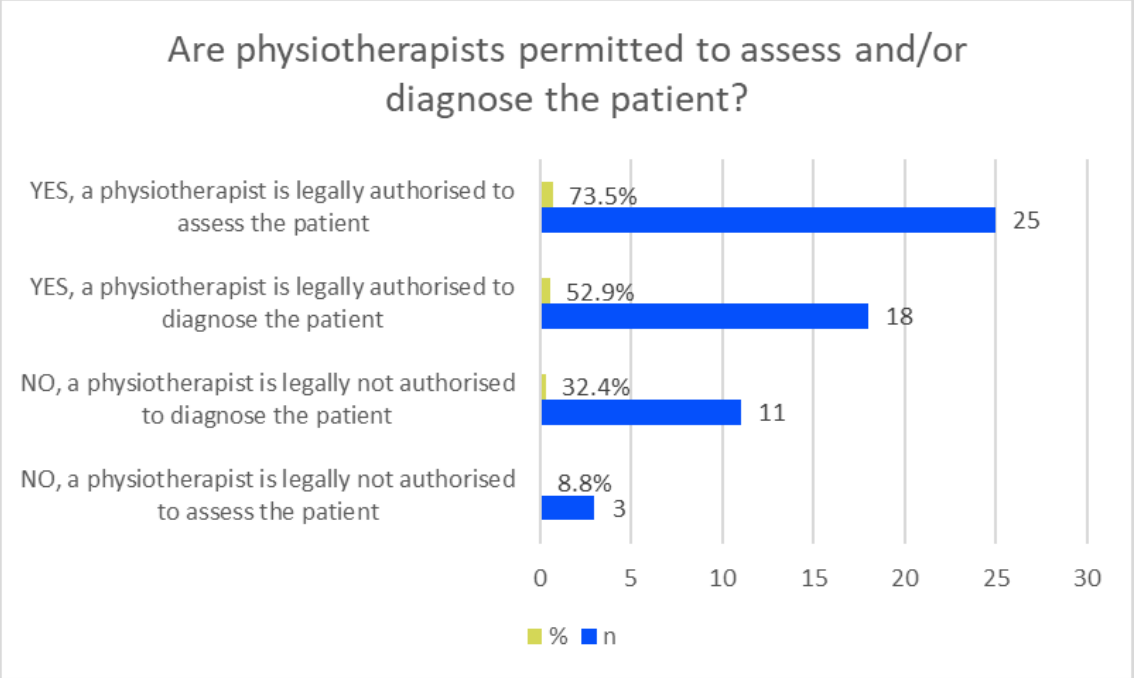

Is medical prescription required to access physiotherapy services?
YES, it is required in specific situations
44.1%
15
YES, it is required at all times before a physiotherapist can engage with a patient
35.3%
12
NO, it is never required before a physiotherapist can engage with a patient
20.6%
7
0 2 4 6 8 10 12 14 16
% n

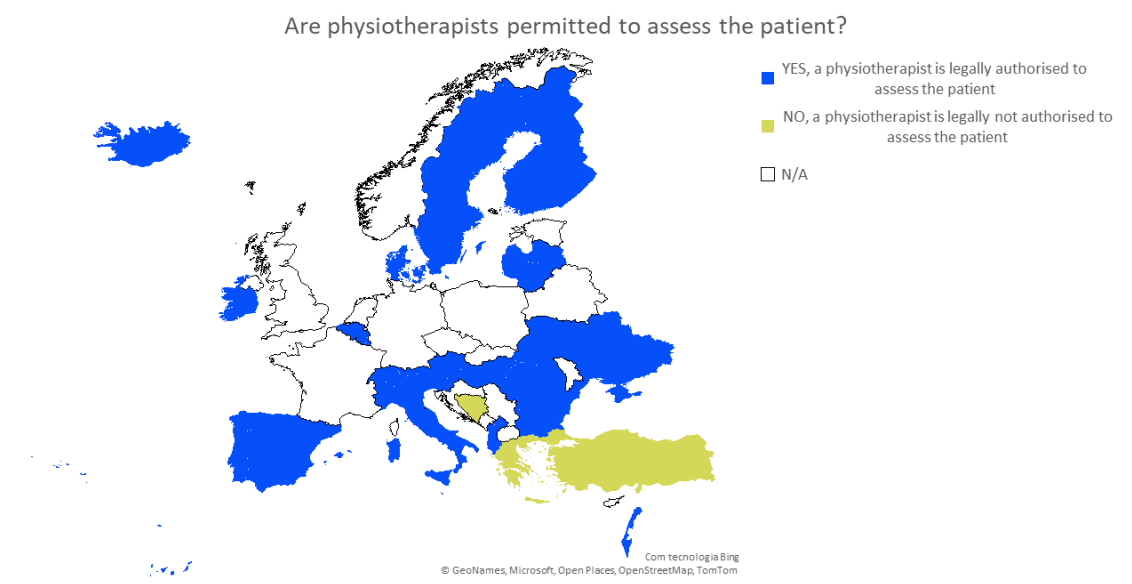

Can the physiotherapist adapt the specifics of the prescription?
Specifics of the treatment in the prescription can be adapted by the physiotherapist in consultation with the health professional that did the prescription
55.6%
15
Treatment is the sole responsibility of the physiotherapist
44.4%
12
Specifics of the treatment in the prescription can be adapted by the physiotherapist without asking the health professional that did the prescription
25.9%
7
Other
11.1%
3
Specifics of the treatment in the prescription cannot be adapted by the physiotherapist
0.0%
0
0 2 4 6 8 10 12 14 16
% n


Medical prescription is needed in the public health system to...
Access and reimbursement
48.1%
13
Have physiotherapy services reimbursed with public money
22.2%
6
Have access to physiotherapy services
29.6%
8
Other reasons
29.6%
8
0
2
4
6
8
10
12
14
% n


How is the patient referred to physiotherapy?
Medical doctors and other health professionals can refer to physiotherapy
47.1%
16
Patients can always refer themselves to physiotherapy
29.4%
10
Patients can refer themselves in specific situations
26.5%
9
Other
20.6%
7
0
2
4
6
8
10
12
14
16
18
% n


How is the patient referred to physiotherapy?
Medical doctors and other health professionals can refer to physiotherapy
47.1%
16
Patients can always refer themselves to physiotherapy
29.4%
10
Patients can refer themselves in specific situations
26.5%
9
Other
20.6%
7
0 2 4 6 8 10 12 14 16 18
% n


Are physiotherapists permitted to assess and/or diagnose the patient?
YES, a physiotherapist is legally authorised to assess the patient
73.5%
25
YES, a physiotherapist is legally authorised to diagnose the patient
52.9%
18
NO, a physiotherapist is legally not authorised to diagnose the patient
32.4%
11
NO, a physiotherapist is legally not authorised to assess the patient
8.8%
3
0 5 10 15 20 25 30
% n


Are physiotherapists permitted to assess the patient?
YES, a physiotherapist is legally authorised to assess the patient
NO, a physiotherapist is legally not authorised to assess the patient
N/A
Com tecnologia Bing
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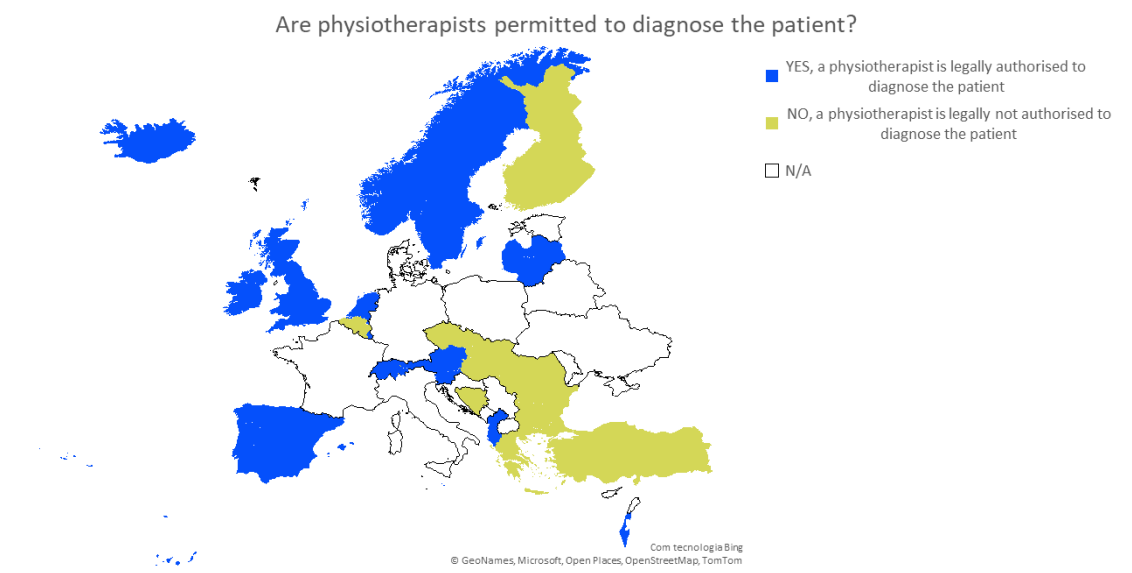
Are physiotherapists permitted to diagnose the patient?
YES, a physiotherapist is legally authorised to diagnose the patient
NO, a physiotherapist is legally not authorised to diagnose the patient
N/A
Com tecnologia Bing
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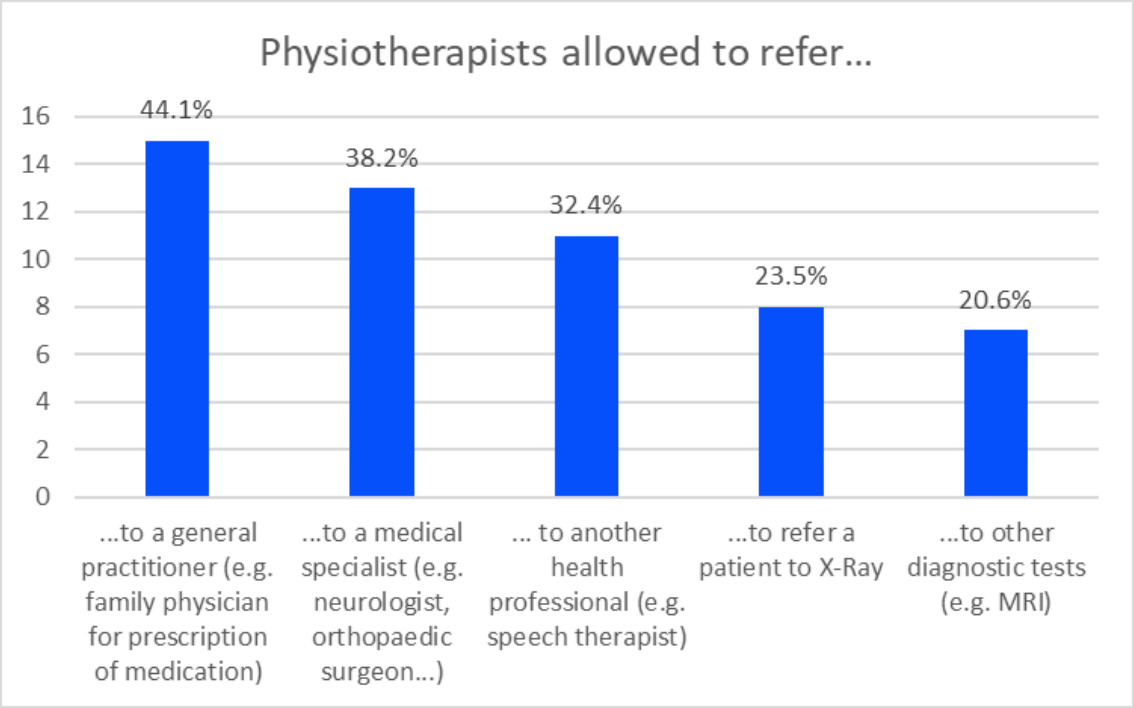
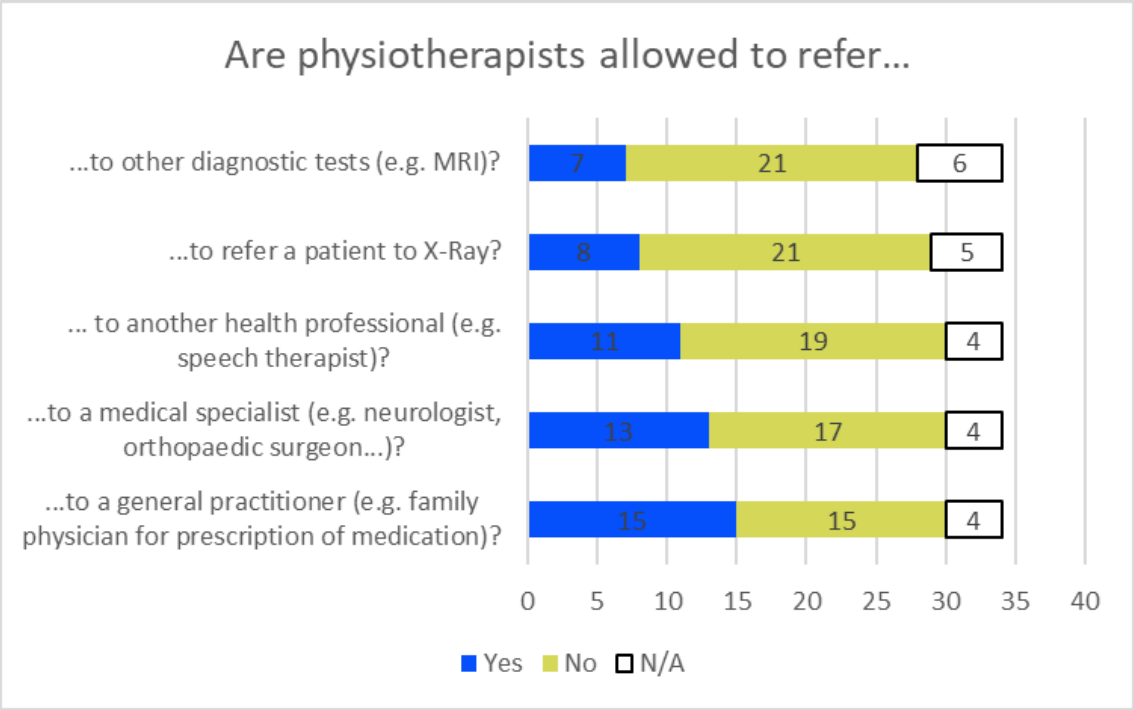
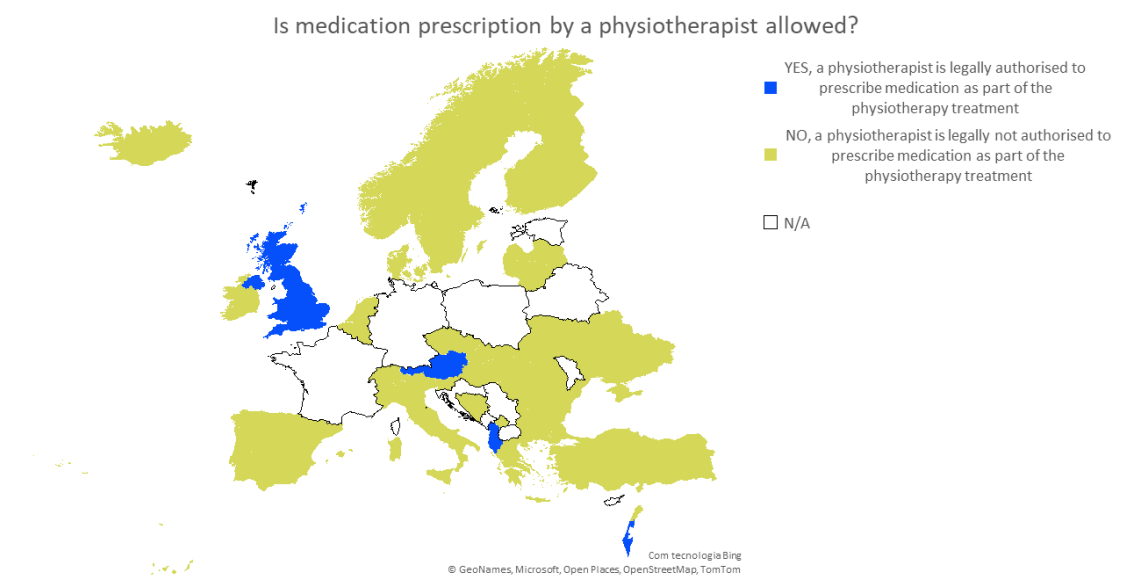

Physiotherapists allowed to refer...
16
14
12
10
8
6
4
2
0
44.1%
38.2%
32.4%
23.5%
20.6%
...to a general practitioner (e.g. family physician for prescription of medication)
...to a medical specialist (e.g. neurologist, orthopaedic surgeon...)
... to another health professional (e.g. speech therapist)
...to refer a patient to X-Ray
...to other diagnostic tests (e.g. MRI)


Are physiotherapists allowed to refer...
...to other diagnostic tests (e.g. MRI)?
7
21
6
...to refer a patient to X-Ray?
8
21
5
... to another health professional (e.g. speech therapist)?
11
19
4
...to a medical specialist (e.g. neurologist, orthopaedic surgeon...)?
13
17
4
...to a general practitioner (e.g. family physician for prescription of medication)?
15
15
4
0
5
10
15
20
25
30
35
40
Yes
No
N/A


Is medication prescription by a physiotherapist allowed?
YES, a physiotherapist is legally authorised to prescribe medication as part of the physiotherapy treatment
NO, a physiotherapist is legally not authorised to prescribe medication as part of the physiotherapy treatment
N/A
Com tecnologia Bing
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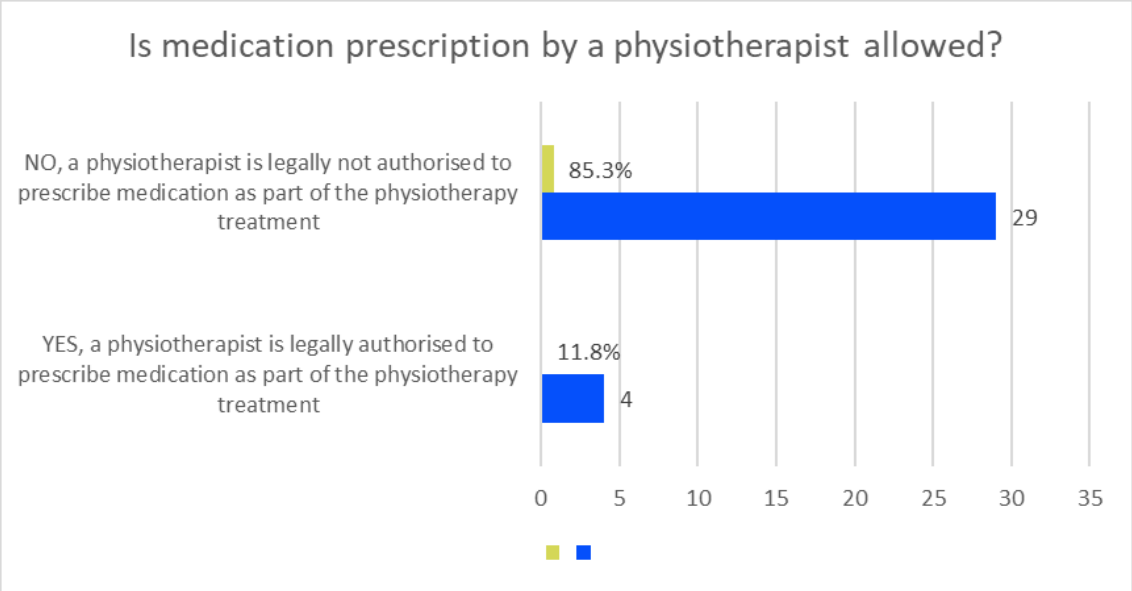
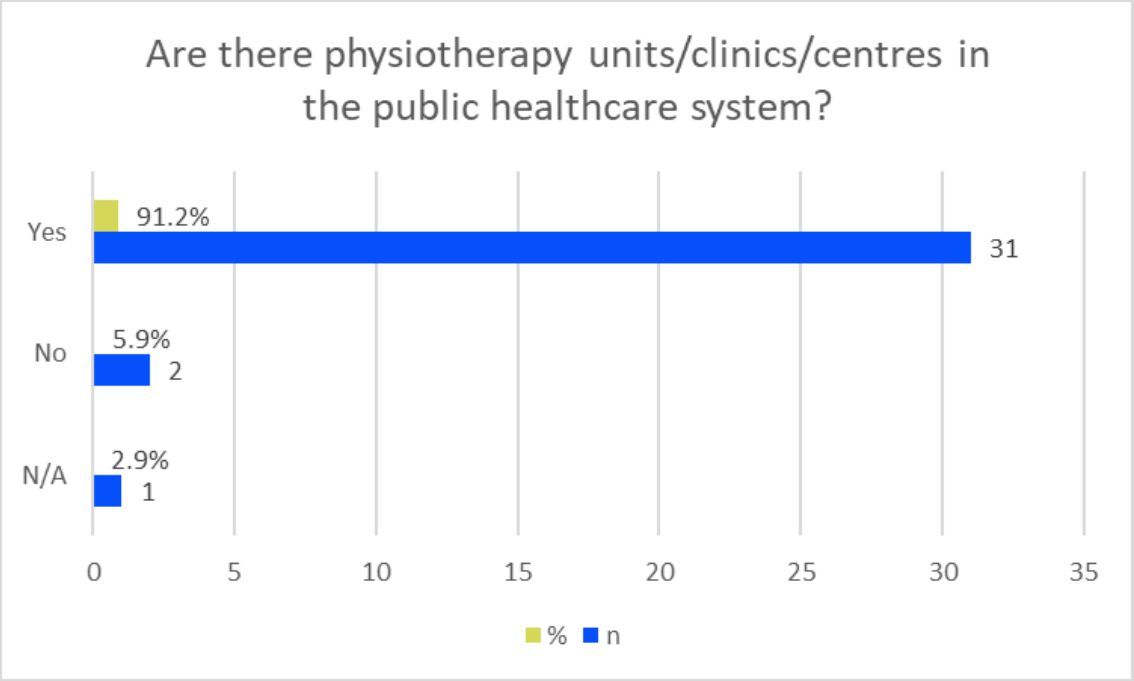
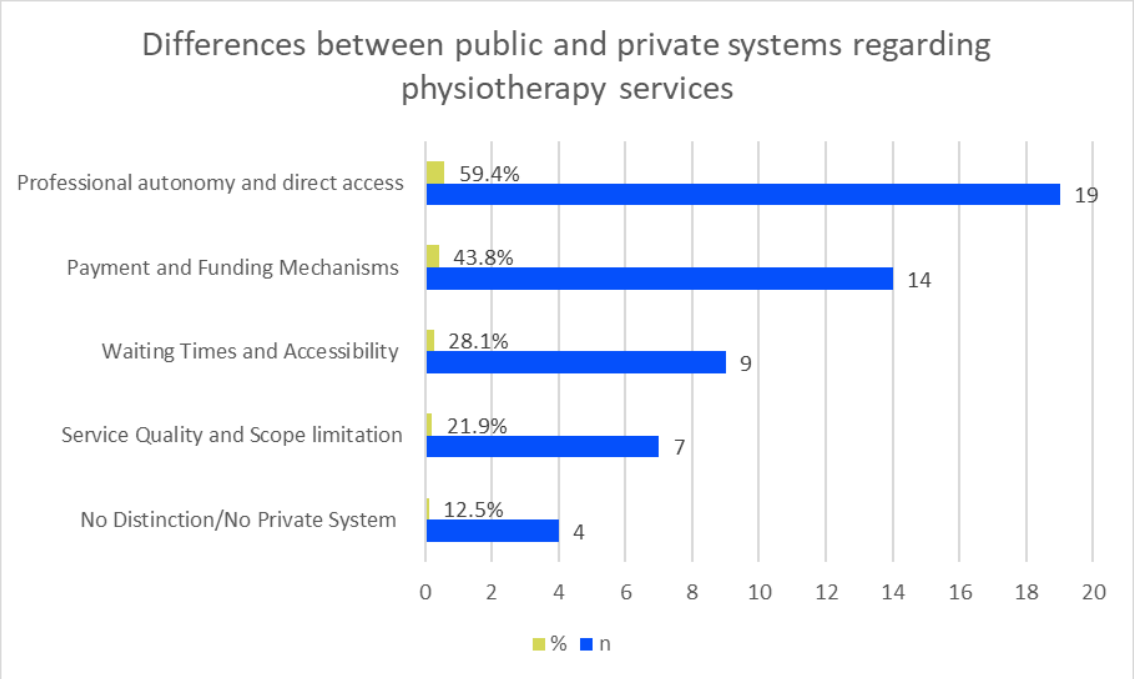
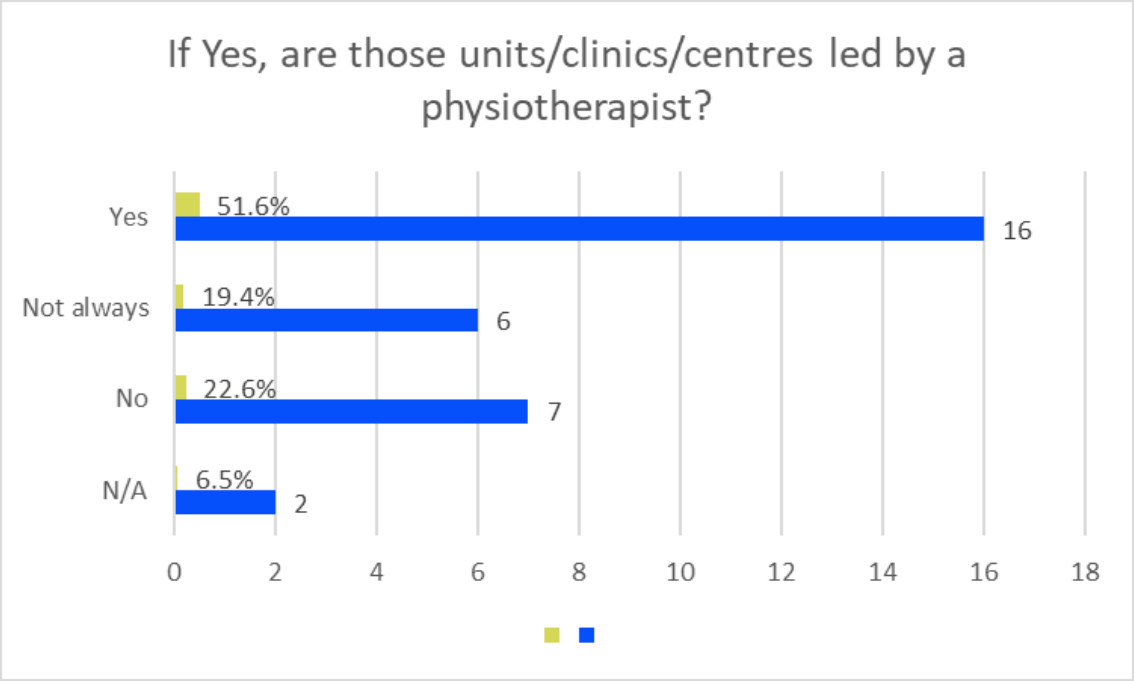
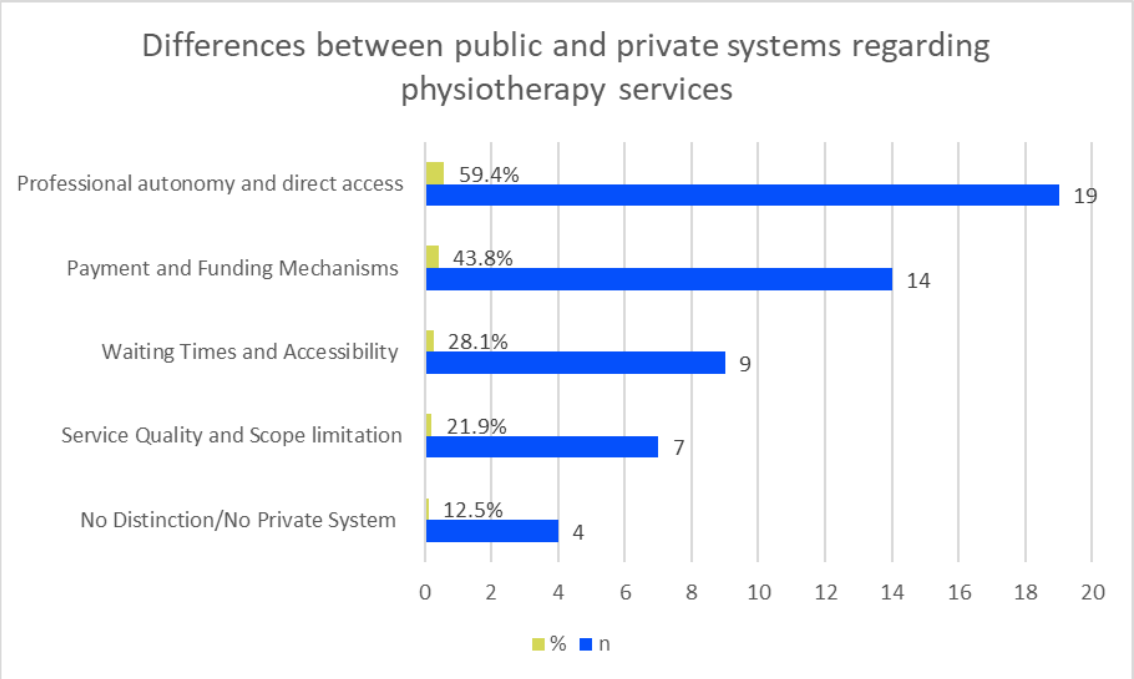
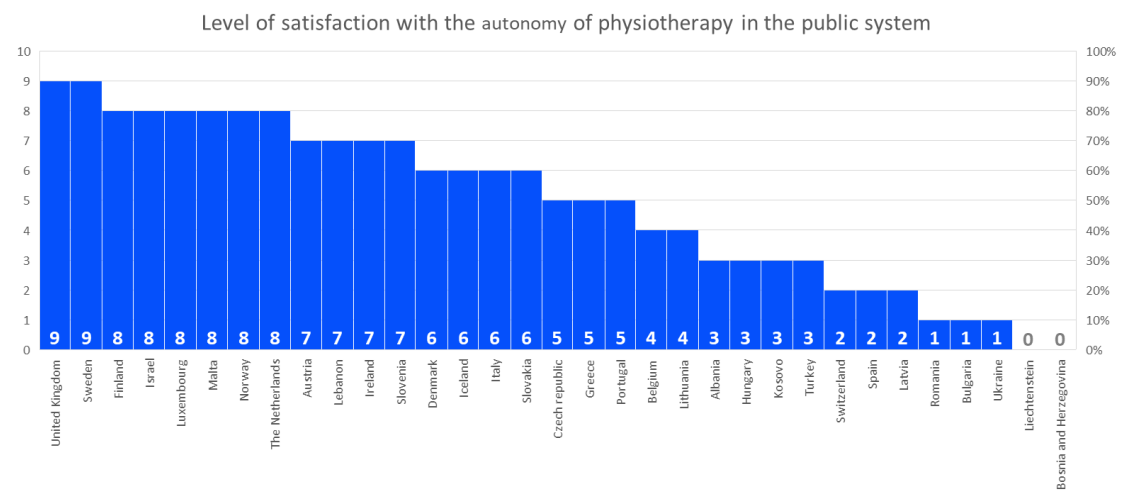

Is medication prescription by a physiotherapist allowed?
NO, a physiotherapist is legally not authorised to prescribe medication as part of the physiotherapy treatment
85.3%
29
YES, a physiotherapist is legally authorised to prescribe medication as part of the physiotherapy treatment
11.8%
4
0
5
10
15
20
25
30
35

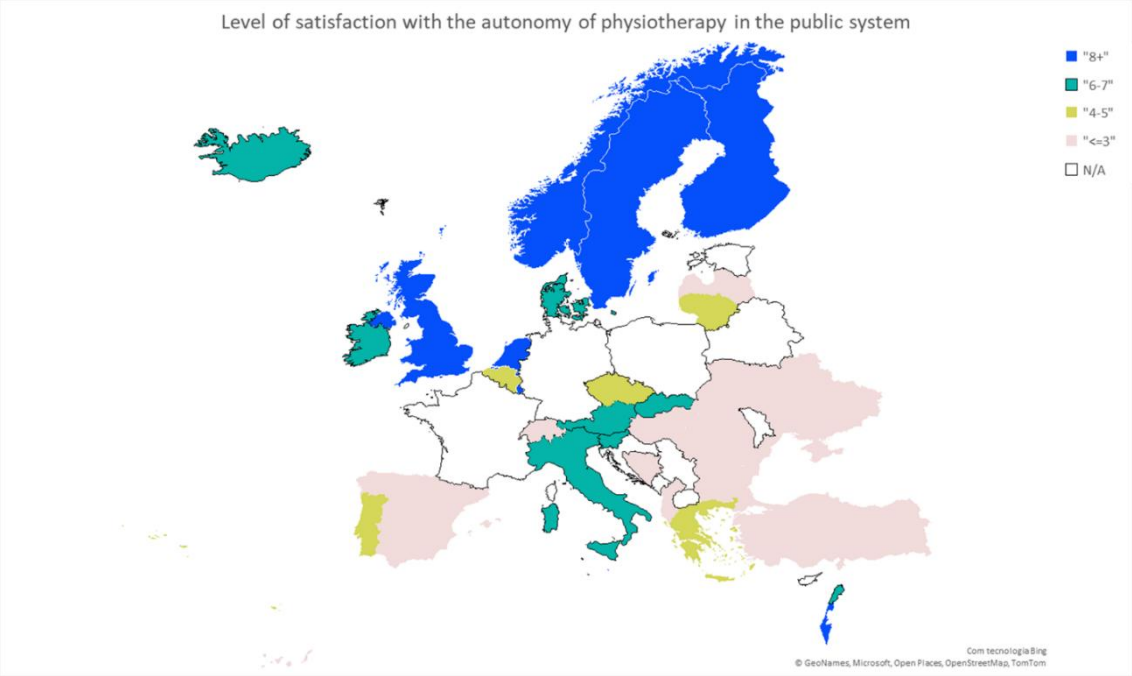

Are there physiotherapy units/clinics/centres in the public healthcare system?
Yes
91.2%
31
No
5.9%
2
N/A
2.9%
1
0
5
10
15
20
25
30
35
% n


Differences between public and private systems regarding physiotherapy services
Professional autonomy and direct access
59.4%
19
Payment and Funding Mechanisms
43.8%
14
Waiting Times and Accessibility
28.1%
9
Service Quality and Scope limitation
21.9%
7
No Distinction/No Private System
12.5%
4
0
2
4
6
8
10
12
14
16
18
20
% n


If Yes, are those units/clinics/centres led by a physiotherapist?
Yes
51.6%
16
Not always
19.4%
6
No
22.6%
7
N/A
6.5%
2
0
2
4
6
8
10
12
14
16
18


Differences between public and private systems regarding physiotherapy services
Professional autonomy and direct access
59.4%
19
Payment and Funding Mechanisms
43.8%
14
Waiting Times and Accessibility
28.1%
9
Service Quality and Scope limitation
21.9%
7
No Distinction/No Private System
12.5%
4
0
2
4
6
8
10
12
14
16
18
20
% n


Level of satisfaction with the autonomy of physiotherapy in the public system
United Kingdom 9
Sweden 9
Finland 8
Israel 8
Luxembourg 8
Malta 8
Norway 8
The Netherlands 8
Austria 7
Lebanon 7
Ireland 7
Slovenia 7
Denmark 6
Iceland 6
Italy 6
Slovakia 6
Czech republic 5
Greece 5
Portugal 5
Belgium 4
Lithuania 4
Albania 3
Hungary 3
Kosovo 3
Turkey 3
Switzerland 2
Spain 2
Latvia 2
Romania 1
Bulgaria 1
Ukraine 1
Liechtenstein 0
Bosnia and Herzegovina 0


Level of satisfaction with the autonomy of physiotherapy in the public system
"8+"
"6-7"
"4-5"
"<=3"
N/A
Com tecnologia Bing
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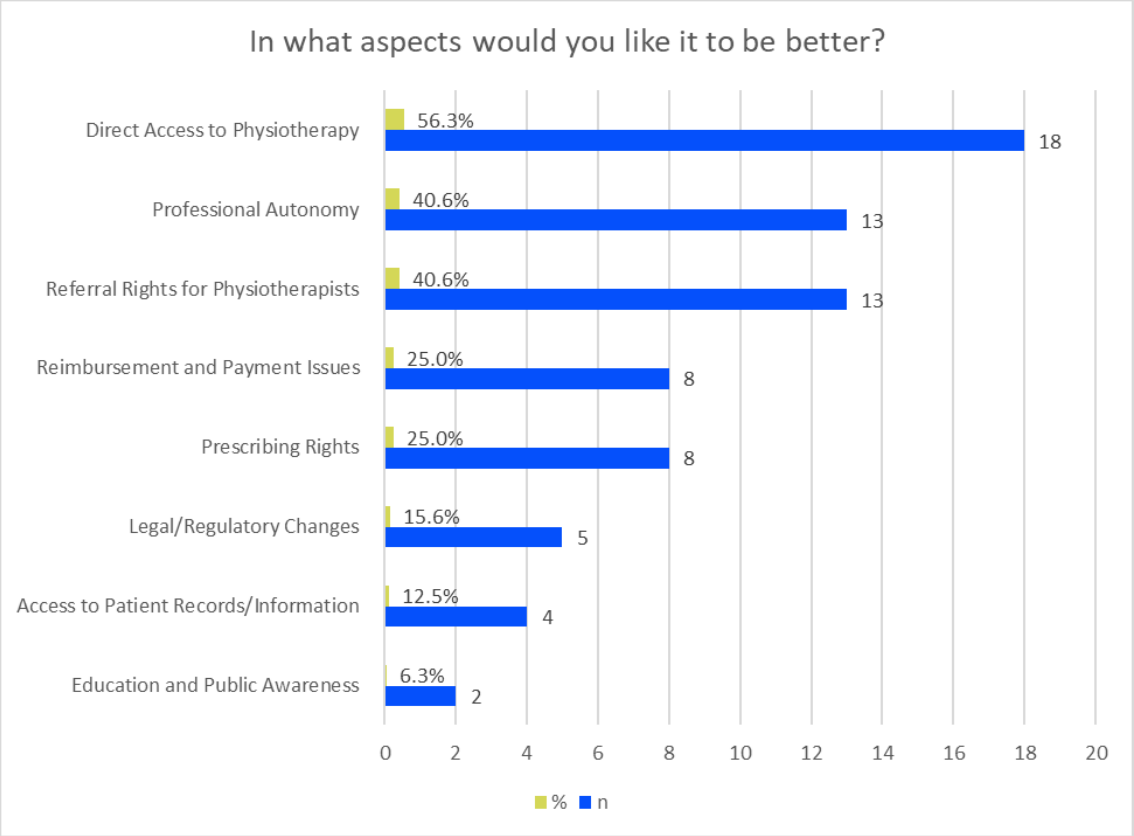
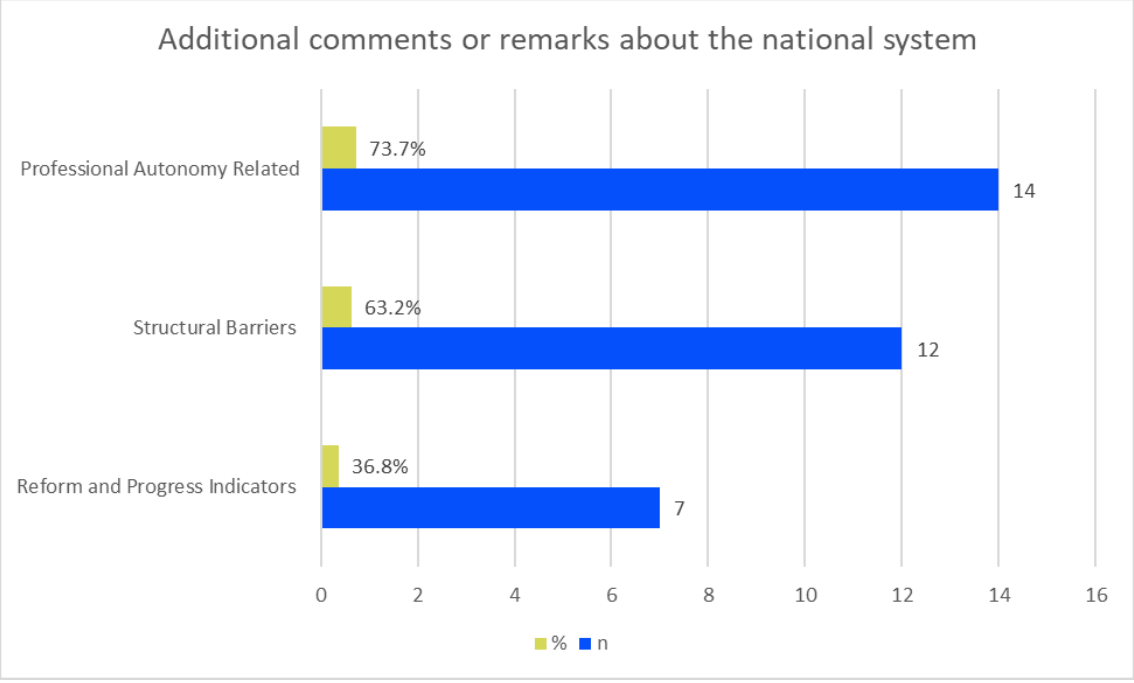

In what aspects would you like it to be better?
Direct Access to Physiotherapy
56.3%
18
Professional Autonomy
40.6%
13
Referral Rights for Physiotherapists
40.6%
13
Reimbursement and Payment Issues
25.0%
8
Prescribing Rights
25.0%
8
Legal/Regulatory Changes
15.6%
5
Access to Patient Records/Information
12.5%
4
Education and Public Awareness
6.3%
2
0 2 4 6 8 10 12 14 16 18 20
% n


Additional comments or remarks about the national system
Professional Autonomy Related
73.7%
14
Structural Barriers
63.2%
12
Reform and Progress Indicators
36.8%
7
0 2 4 6 8 10 12 14 16
% n