



**World
Physiotherapy**
Europe region

Report -

**Survey on Professional Autonomy in
the National Healthcare Systems in
the Europe Region**

Advocacy & EU Matters Working Group (A&EUMWG)

NOTED

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**REPORT - SURVEY ON PROFESSIONAL AUTONOMY IN THE NATIONAL HEALTHCARE SYSTEMS IN THE
EUROPE REGION
Europe Region
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BACKGROUND

Based on the recommendation approved by the General Meeting of 2022 and in line with the Strategic Objective 2 of the Europe Region, the Advocacy and EU Matters Working Group (A&EUMWG) continued gathering specific information to assess physiotherapy autonomy in the Member Organisations' national healthcare system (NHCS). The data collected could be used as a benchmark for all Member Organisations (MOs) and as a guide for the Europe Region in assisting MOs who want to take actions targeting specific aspects 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 results of the survey were updated during the summer 2023. Before sending out, the survey was updated based on discussions in the A&EUMWG meeting in March 2023. The updated survey followed the basic structure and questions of the previous survey; however, this current version includes necessary updates and changes that do not allow an exact direct comparison with the previous version of the survey.

1. AIMS OF THE SURVEY

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

2. 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 healthcare 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.
- 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.

3. 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 professional autonomy. A first invitation to fill out the survey was emailed to MOs on 13 June 2023. Technical difficulties forced sending an early reminder on 4 July 2023, with an updated version of the survey.

On 14 July 2023, the newest member organisation was included in the survey for this term. A follow-up email was sent on 2 August 2023, with specific questions to eliminate any discrepancies in answers. In November 2023, the survey was also sent to the seven countries not involved in the Europe Region, one of which responded. In December 2023 the countries that did not answer the survey were contacted a last time to fill out the survey. In addition, some member organisations were contacted for clarification on responses. As a result, a total of 36 organisations (35 MOs) completed the survey, out of 45 invitations, which indicates a response rate of 80.0% (92.1% within the MOs) by the end of December 2023.

4. RESULTS

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

4.1 Medical referral

Thirty-two countries (88.9%) reported that medical referral is necessary to access physiotherapy services. However, 16 countries (43.2%) highlighted that medical referral was only needed in specific situations, such as first appointments, longer rehabilitation pathways, or reimbursement purposes. Four countries (11.1%) reported that medical referral is not necessary to initiate physiotherapy.

4.2 Contents of the medical referral

When asked about the contents of the medical referral 30 respondents (83.3%) stated that the medical diagnosis is mandatory in the prescription. The number of treatment sessions is reported by 19 of the countries (52.8%) as content of the referral. The physiotherapy treatment type is included on the referral in 17 countries (47.2%). The area to be treated is included on the referral in 16 countries (44.4%), and the inclusion of frequency of treatment in the prescription is reported by 10 countries (27.8%). Ten (27.8%) respondents stated that other elements were included in the referral (e.g. rehabilitation goals).

Regarding the number of specifications, 10 countries (27.8%) reported that referral only contained one specification, the medical diagnosis. A total of 3 countries (8.3%) stated that two of the possible referral specifications are included. Seven countries (19.4%) reported that three specifications are included on the referral and 4 countries (11.1%) indicated that four specifications are included on the referral. All specifications are included on the referral in 8 countries (22.2%).

4.3 Possibly to adapt the specifics of the medical referral

The specifics of the referral can be adapted in consultation with the referrer in 19 countries (55.9%), while another 7 countries (20.6%) reported that the specifics can be adapted without consulting the referrer. A total of 12 countries (35.3%) replied that the treatment is at the sole responsibility of the physiotherapist and 4 (11.8%) countries stated that the specifics in the referral cannot be adapted by the physiotherapist. Six (17.6%) countries reported particularities in the system of adaptations to the medical referral, such as being possible to adapt some specifics only, or when referral is not done by rehabilitation specialists.

4.4 Why is the medical referral needed in the public system?

According to the respondents, the medical referral is required to have access to physiotherapy services and to have the physiotherapy services reimbursed (17; 47.2%). Eight countries (22.2%) reported that medical referral is required to have access to physiotherapy services only and 7 countries (19.4%) stated that the referral is required for reimbursement purposes only.

4.5 Referral to physiotherapists

The respondents that stated that medical referral is not necessary to initiate physiotherapy reported that medical doctors and other health professionals can refer to physiotherapy (3; 8.3%) and/or that patients can always refer themselves to physiotherapy (3; 8.3%).

4.6 Legal authorisation to assess and diagnose

Fifteen countries (41.7%) reported that physiotherapists are legally authorised to assess and diagnose. The legal authorisation to assess a patient but not to diagnose was reported by 17 countries (47.2%) and only 1 country (2.8%) answered that physiotherapists have legal ability to diagnose the patient. Three countries (8.3%) stated the physiotherapists are not legally authorised to assess or diagnose a patient.

4.7 Referral from a physiotherapist

Twelve countries (33.3%) reported that physiotherapists are legally able to directly refer patients to a general practitioner, 10 countries (27.8%) reported that physiotherapists have the legal possibility to directly refer patients to a medical specialist, and 8 countries (22.2%) stated that direct referral to another healthcare professional is legally authorised. Regarding the ability to refer for imaging modalities, 3 countries (8.3%) stated that physiotherapists may legally refer a patient to X-Ray, and 3 countries (8.3%) stated physiotherapists have the legal authority to refer a patient for other diagnostic tests (e.g. MRI).

4.8 Prescription of medication by a physiotherapist

One responding country (2.8%) stated that physiotherapists are legally authorised to prescribe medication as a part of their treatment.

4.9 Satisfaction with the legal level of autonomy for physiotherapists

Twenty-three countries (63.9%) have graded their satisfaction with the legal level of autonomy in the public system with 5 points or more (on a 10 point scale), and 7 (19.4%) have graded their satisfaction with 8 points or more (mean: 5.1). Among the countries grading their autonomy level with 4 or less points, the aspects of professional autonomy that those countries like to see improved were mainly related to direct access (69.2%), the ability to refer to other health professionals (30.8%), and interprofessional collaboration. Among those grading their autonomy level with 8 points or more, the aspects of professional autonomy that those countries like to see improved were related to direct access (42.9%) and the ability to prescribe (e.g. drugs and assistive devices; 42.9%).

4.10 Changes in satisfaction with the legal level of autonomy for physiotherapists

Ten countries (27.8%) have assessed the level of satisfaction with the legal level of autonomy in the public system with scores that differ with the previous assessment in 3 or more points. Seven countries (out of 10, 70%) increased their level of satisfaction and 3 (out of 10, 30%) decreased their level of satisfaction. A careful comparison with the answers of the countries to the previous survey was done and, although in some cases no substantial difference was identified, in others, differences in the answers to the survey may provide some insights for the reasons of the increase (e.g. progresses in the ability of physiotherapists to refer to ionising imaging modalities, ability to refer to other health professionals) or decrease (e.g. more specifics in the medical referral, losing the ability to refer to other health professionals).

4.11 Differences between the level of autonomy in the public and private systems

Several countries clearly state that the level of autonomy in the private system is higher, often not gaining the access to physiotherapy services with medical referral. However, barriers to access reimbursement when medical referrals are not issued were identified.

5. LIMITATION

The following limitations of the survey are acknowledged:

- The language barrier: the survey was conducted in English which is not the first language of most of the countries;
- The differences of the terminology used in the National healthcare 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 countries and;
- The respondents may have not been the same and changes may not indicate a true change in professional autonomy, and issues with the survey's questions limit the ability to compare the results with previous surveys.

6. CONCLUSIONS

This survey on physiotherapy professional autonomy within the national healthcare systems provides data on the addressed elements and provided the A&EUMWG additional insight into elements of the survey that need to be finetuned or rephrased. In general, the legal framework of autonomy in the public system remains unchanged compared to the previous survey results. The results of the survey will allow each Member Organisation to continue addressing specific elements relating to professional autonomy and possibility to request the assistance of the Europe Region if so desired and will allow the Region to monitor changes in the legal framework pertaining to the autonomy for physiotherapists working in the public healthcare system. However, due to the incorporated changes in the survey, a linear comparison is not possible when interpreting the changes in answers compared to the data collection from the previous survey. Additionally, the data from the survey can inform the Europe Region advocacy actions for the profession in the Europe Region.

7. RECOMMENDATIONS

- 1) The data gathered through the survey should be updated on a regular basis to keep track of the evolution of professional autonomy within the Member Organisations of the Europe Region.
- 2) Keep emphasising that the answers should reflect the legal situation of professional autonomy for physiotherapists working in the public healthcare system.
- 3) The A&EUMWG should continue to implement strategies to improve the reliability of the data collected in the survey.

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Members of the Advocacy & EU Matters Working Group of the Europe Region of World Physiotherapy - 2022-2024:

Michele Cannone	(Italy)	(Lead)
Adérito Seixas	(Portugal)	(Lead)
Petra Dubajová	(Slovakia)	
Tim Németh	(Chair)	

ANNEX 1: CHARTS AND INFOGRAPHICS

















