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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**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**

- **Set Standard**
- **Implement Change**
- **Compare Practice with Standard**
- **Identify Underlying Reasons for Failure to Meet Standard**

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:
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:

- **Act** in the best interest of service users at all times
- **Respect** and uphold the rights, dignity, privacy and autonomy of service users
- **Base** relationships with service users on mutual respect and trust exercising courtesy, honesty and integrity
- **Consider** the service user’s or carer’s needs within their social context
- **Maintain** high standards of safe and compassionate care
- **Exercise** a professional duty of care
- **Cease** professional activity in cases of conflict or significant risk of conflict or breach of confidence
- **Ensure** the safety and wellbeing of service users before professional or other loyalties
- **Work** within individual scope of practice with the appropriate knowledge, skills and experience
- **Respond** appropriately to individuals’ moral, religious and cultural beliefs and practices and provide referral to another professional in cases of conflicts
- **Set** aside personal, religious, political, philosophical and other convictions
- **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
- **Facilitate** chaperoning as required
Standard 2 Informed Consent

Physiotherapists obtain valid informed consent before starting any assessment or treatment

Physiotherapists:

Follow local policies for obtaining informed consent where these exist
Give relevant information concerning the proposed physiotherapy procedure, taking into account presenting condition, age, emotional state and cognitive ability
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
Give the service user an opportunity to ask questions for Information or clarification
Inform the service user of their right to decline or discontinue physiotherapy at any stage without it affecting their future care
Document in the service user’s health record where they give or decline consent
Use their judgment in deciding where written consent is needed in cases of high risk procedures
Maintain a copy of the service user’s consent in their health record
Give relevant written information to assist in the consent process and document this in the service user’s health record
Obtain consent for assessment as well as for treatment
Inform the service user that they may be treated by a physiotherapy student or assistant and they have the right to decline
Obtain consent from parents, guardians, carers or other designated persons where the service user does not have the capacity to consent
Treat in the best interests of the service user in emergency situations
Obtain written consent for participation in research
Standard 3 Confidentiality

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

Physiotherapists:

Ensure privacy when service users are discussing personal details □ □ □
Allow other healthcare professionals and personnel to access physiotherapy records when of relevance to the service user □ □ □
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 □ □ □
Disclose information when it is in the service user’s best interest □ □ □
Disclose information when it is in the public interest – protecting public safety or preventing harm to others □ □ □
Ensure that service user data in all formats is held confidentially and transmitted securely □ □ □
Inform the service user where confidentiality cannot be guaranteed □ □ □
Ensure management and processing of sensitive data is in accordance with national and European legislation □ □ □
<table>
<thead>
<tr>
<th>SECTION: Access to Physiotherapy Services</th>
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</table>

**Standard 4 Access to physiotherapy services**

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

**Physiotherapists:**

- **Have** a written process for assessing clinical need and priority of individuals referred for physiotherapy
  - [ ] C
  - [ ] NC
  - [ ] N/A

- **Re-evaluate** clinical need and priority of individuals on the waiting list who have not been seen within an agreed timescale
  - [ ] C
  - [ ] NC
  - [ ] N/A

- **Provide** a choice of appointment times
  - [ ] C
  - [ ] NC
  - [ ] N/A
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:

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

Within the objective assessment physiotherapists:

- Undertake and record a thorough, sensitive and detailed assessment
- Select and use appropriate assessment techniques including observation, palpation and standardised outcome measures
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:

- **Analyse** and critically evaluate the information collected during the assessment
- **Demonstrate** a logical and systematic approach to problem solving
- **Undertake** or arrange investigations as appropriate
- **Form** a diagnosis on the basis of physiotherapy assessment
- **Use** research, clinical reasoning and problem solving skills to determine appropriate actions
- **Formulate** specific and appropriate management plans including the setting of timescales
- **Recognise** the need to discuss and be able to explain the rationale for the choice of physiotherapy interventions
- **Set** goals and construct specific individual and group physiotherapy programmes
- **Conduct** appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively
- **Select** plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function
- **Know** how to position service users for safe and effective interventions
- **Select** and apply safe and effective physiotherapy interventions
- **Change** their practice as needed to take account of new developments or changing concepts
- **Recognise** the value of research to the critical evaluation of practice
- **Be aware** of a range of research methodologies
- **Evaluate** research and other evidence to inform their own practice
- **Use** information and communication technologies appropriate to their practice
Physiotherapists consider and correctly evaluate information about effective interventions relating to the service user’s condition and unique presentation, taking into account the following:

- Local protocols
- National guidance
- Special interest group advice
- Expert opinion
- The evidence base
- Reflection of own and other’s practice

### 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:**

- Explain the clinical findings of the assessment and examination to the service user
- Formulate the treatment plan in partnership with the service user

The treatment plan includes:

- The chosen interventions
- Goals of treatment and expected outcomes
- Outcome measures where appropriate
- Timescales for implementation and/or review
- Identification of those who will deliver the intervention including collaborative and multi-professional team working
- A record of activities/tasks delegated to assistants and carers where applicable
- If clinical guidelines or local protocols are used – a record of the date, version, and source of the document
- Documentation that is dated and appropriately authenticated by the physiotherapist who established the plan
- Relevant risk assessments
- Documented reasons for any missing or unavailable Information
**Standard 8 Implementing the Treatment Plan**

Physiotherapists implement all interventions according to the treatment plan

**Physiotherapists:**

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>NC</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the best evidence based practice to ensure effective treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Record, date and sign all interventions/advice and outcomes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Assess before and after each intervention and record findings</td>
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</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>NC</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the treatment plan at each treatment session with regard to subjective and objective measures and results of relevant investigations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Update the treatment plan in accordance with the findings from the review and in discussion with the service user</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use outcome measures to assess the effectiveness of the treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Record and report any adverse and unexpected effects that occur during or after treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Deal with disputes or complaints in a prompt and transparent manner</td>
<td>☐</td>
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</tr>
</tbody>
</table>
**Standard 10 Transfer of Care/Discharge**

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

**Physiotherapists:**

<table>
<thead>
<tr>
<th>Make arrangements for discharge or transfer of care</th>
<th>NC</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve the service user and carers in the arrangements</td>
<td>NC</td>
<td>N/A</td>
</tr>
<tr>
<td>Give appropriate information to those involved in the on-going care of the service user</td>
<td>NC</td>
<td>N/A</td>
</tr>
<tr>
<td>Write a Discharge Summary and send to the referring agent, appropriate agency, and service user’s doctor in keeping with the locally agreed policy</td>
<td>NC</td>
<td>N/A</td>
</tr>
<tr>
<td>Ensure service user consent and confidentiality in the transfer of Information</td>
<td>NC</td>
<td>N/A</td>
</tr>
<tr>
<td>Keep a copy of the Discharge Summary in the service user’s health record</td>
<td>NC</td>
<td>N/A</td>
</tr>
</tbody>
</table>
SECTION: Communication

Standard 11 Communication with Service Users and Carers

Physiotherapists communicate professionally and effectively with service users and carers

Physiotherapists

**Communicate** openly, honestly and promptly

**Ensure** that verbal, non-verbal and written communication is clear and easily understood, and available in a variety of formats

**Modify** method of communication to meet the needs of the service user and carer

**Assess** the recipient's understanding of the information given

**Ensure** that interpreters are available when required

**Provide** information which is accurate and not misleading and complies with the core values of the Profession

**Communicate** information of a sensitive nature in a private environment

**Make** available the appropriate condition-specific information

**Seek** permission from the service user before discussing confidential details

**Offer** the service user a copy of any discharge or transfer letters

**Report** on action taken as a result of feedback from services users and carers

**Use** all forms of communication appropriately and responsibly, including social media and networking websites

Service users have access to information about:

- How to access services
- The range of services available
- Information regarding their first contact
- Car Parking
- Hazards relating to care
- Consent to treatment
- Non-attendance policies
- Transport options
- Transferring to other services
- Discharge planning
<table>
<thead>
<tr>
<th>Condition-specific support groups</th>
<th>✔️  ✔️  ✔️</th>
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</thead>
<tbody>
<tr>
<td>How to provide feedback</td>
<td>✔️  ✔️  ✔️</td>
</tr>
<tr>
<td>How to make a complaint</td>
<td>✔️  ✔️  ✔️</td>
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</tbody>
</table>
**Standard 12 Communication with other Professionals**

Physiotherapists communicate professionally and effectively with other professionals

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

- Started from the time of the initial contact
- Accurate
- Factual
- Contemporaneous and written immediately after the intervention or before the end of the working day of the intervention
- Clear and understandable
- Dated and timed for each intervention
- Comprehensive but concise
- Legible
- Chronological
- Written in permanent ink that will remain legible with photocopying
- Completed with a signature
- Protected against loss, damage or access by anyone not entitled to access them

A record provides valuable information that can be used to:

- Show evidence of informed consent
- Facilitate clinical decision-making
- Demonstrate duty of care
- Improve services including safety and quality of care through clear communication of intervention / treatment rationale
- Formally report escalating concerns about the safety and well being of clients
- Facilitate a consistent approach to teamwork, particularly in the context of multidisciplinary records
AUDIT TOOLS – for use with the
Quality Assurance Standards of Physiotherapy Practice and Delivery
Adopted at the General Meeting of the European Region of the WCPT 2018

- Ensure continuity of service provision and management between different service providers
  - C
  - NC
  - N/A

- Support other activities such as teaching, research, audit, quality assurance programmes and outcomes monitoring
  - C
  - NC
  - N/A

- Demonstrate that physiotherapists have selected and provided the highest quality services appropriate for their clients
  - C
  - NC
  - N/A

- Provide evidence in the event of litigation
  - C
  - NC
  - N/A

- Provide statistical and managerial information for the day to day running and future planning of physiotherapy and health service provision
  - C
  - NC
  - N/A

Physiotherapists ensure that records include:

- 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
  - C
  - NC
  - N/A

- The page number on each side of each page of the record
  - C
  - NC
  - N/A

- The printed name and signature of the treating physiotherapist at initial entry
  - C
  - NC
  - N/A

- The printed name and signature of the treating physiotherapist after each subsequent entry
  - C
  - NC
  - N/A

- Time and date of the intervention
  - C
  - NC
  - N/A

- All information associated with each intervention/episode of care, including details of the assessment, treatment plan, intervention, evaluation, re-evaluation and discharge
  - C
  - NC
  - N/A

- Language that is appropriate, respectful and non-judgmental
  - C
  - NC
  - N/A

- Organizational and nationally agreed abbreviations only
  - C
  - NC
  - N/A

- Any errors crossed through with a single line and initialled, ensuring that the writing remains legible
  - C
  - NC
  - N/A

- Time and date of any update to the record
  - C
  - NC
  - N/A

- The same details when these are transcribed from dictated Information
  - C
  - NC
  - N/A

Physiotherapy Service Managers ensure that

- A signature identification system for both written and Electronic signatures is in place and maintained
  - C
  - NC
  - N/A
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:

<table>
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<tr>
<th></th>
<th>C</th>
<th>NC</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>When the activity undertaken by the assistant is supervised, both the physiotherapist and the assistant sign the record</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When the activity undertaken by the assistant is delegated, only the assistant signs the record</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assistant is eligible and has the knowledge and skills necessary to undertake the task delegated</td>
<td>☐</td>
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**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:

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<tr>
<th></th>
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<tbody>
<tr>
<td>Storage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Access</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Retrieval</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Manual transfer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Electronic transmission/transfer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disposal</td>
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</table>
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:**

- **Enhancement** of their current scope of practice including better understanding of ethical issues
  - C  NC  N/A
- **Moving** into a new clinical area or an area not practiced for a period of time
  - C  NC  N/A
- **Career** aspirations
  - C  NC  N/A
- **Feedback** from performance data such as routinely collected statistics, results of audit or an analysis of outcome measures
  - C  NC  N/A
- **Feedback** from their peers
  - C  NC  N/A
- **Mandatory** training requirements such as fire safety, basic life support and manual handling
  - C  NC  N/A
- **Innovations** in practice and technological advances
  - C  NC  N/A
- **The needs** of the national regulatory/registration authority
  - C  NC  N/A
- **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)
  - C  NC  N/A

**Physiotherapy Service Managers ensure that:**

- **Staff** have the knowledge, skills, competence and capability to deliver a safe and effective service
  - C  NC  N/A
- **A performance** appraisal system and/or peer review system is in place
  - C  NC  N/A
- **Learning** opportunities are available
  - C  NC  N/A
- **Time** is allowed for attendance at mandatory in service training
  - C  NC  N/A
**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:

<table>
<thead>
<tr>
<th>The outcome of an appraisal (individual, with peer(s) or with their manager)</th>
<th>C</th>
<th>NC</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed learning objectives that are specific, measurable, achievable, relevant and timed</td>
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<tr>
<td>In conjunction with the needs of the service</td>
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</table>

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

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

**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
Standard 17 Implementing CPD

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

Physiotherapists:

- Implement the CPD activity within a planned timescale
- Introduce their new learning into their practice
- Record the CPD activity in their individual CPD portfolio

Physiotherapy Service Managers:

- Ensure that staff are given the opportunity to develop and utilize their knowledge, skills and competency
- Agree protected working time for personal learning activities
- Ensure that staff fulfil their mandatory training obligations

Standard 18 Evaluating CPD

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

Physiotherapists:

- Record the evidence of their learning in their portfolio
- Reflect on the development and enhancement of their clinical Practice
- Work on new learning objectives
- Maintain their competence to practice to ensure reregistration to practice where this is in place
- Record the reason why a learning objective is not met
- Evaluate the effect on their individual practice

Physiotherapy Service Managers:

- Keep a record of mandatory training attended by staff
- Keep a record of the CPD opportunities undertaken by staff
- Ensure that the CPD undertaken by staff meets the needs of the service
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:

- Provide evidence-based information for service users to help them make informed choices about their care
- Provide information on condition-specific support groups and Networks
- Contribute to inter-professional learning within teams of health professionals
**Standard 20 Clinical Education of Students**

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

**Physiotherapists:**

| Work in partnership with Higher Education providers and clinical educators | □ | □ | □ |
| Ensure that documentation is available detailing arrangements for placements | □ | □ | □ |
| Provide information and preparation material for the students prior to the start of the placement | □ | □ | □ |
| Create an atmosphere that is conducive to a positive learning experience | □ | □ | □ |
| Agree learning goals at the start of the placement | □ | □ | □ |
| Provide feedback at agreed points throughout and at the end of the placement | □ | □ | □ |
| Evaluate the student’s learning experience at the end of the placement | □ | □ | □ |
| Seek feedback from the student regarding their learning experience | □ | □ | □ |
| Respond to the student’s evaluation of their learning experience | □ | □ | □ |

**Physiotherapy Service Managers:**

| Make provision for student placements in workforce planning | □ | □ | □ |
| Ensure that Physiotherapy students are supernumerary to the workforce | □ | □ | □ |
| Monitor the workload balance of any clinical educators to ensure that patient care is maintained | □ | □ | □ |
| Work with Higher Education providers to ensure that clinical educators are supported | □ | □ | □ |
| Respond to the student’s evaluation of their learning experience where applicable | □ | □ | □ |
**Standard 21 Research**

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

**Physiotherapists ensure that any research undertaken:**

- Meets local and/or national ethical standards
- Meets local and/or national quality standards
- Acknowledges any funding sources
- Demonstrates appropriate management and monitoring
- Demonstrates accountability (including financial and reporting)
- Maintains confidentiality of data and intellectual property
- Ensures the integrity of the results
- Includes reporting of adverse incidents
- Includes reporting of the results, both positive and negative

**Physiotherapists use research findings to inform their practice**

**Physiotherapy Service Managers:**

- **Promote** and support staff undertaking research and ensure that there is appropriate collaboration and dissemination
- **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
- **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
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:

Meet legal requirements regarding license to practice, registration and certification including professional indemnity insurance where required

Have the knowledge, skills, competence and capability to deliver a safe and effective service

Work within their individual scope of practice

Ensure that their level of expertise is appropriate to the needs of the service user

Complete mandatory training

Support staff:

• Have a defined role within the physiotherapy service
• Work within agreed protocols
• Complete mandatory training

Physiotherapy Service Managers ensure that:

There is an appropriate number and skill mix of physiotherapy staff and support staff for the service being provided

Each staff member has a copy of their CV and references in their personnel folder file

There is a regular review of staffing levels to ensure a safe and effective physiotherapy service

The recruitment process is fair, open, transparent and accountable

Staff work within their scope of practice

Temporary and agency staff are appropriately qualified, clinically competent to work in the required clinical area and legally registered as required

The signature of temporary and agency staff is recorded in the signature book
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:

- Abide by the employment requirements of their employer C NC N/A
- Do not have employment rights but are entitled to Dignity at Work C NC N/A

Physiotherapists as volunteers

- Abide by the Rules of Professional Conduct and the policies, procedures and guidelines of their professional organisation C NC N/A
- Are responsible for their own learning C NC N/A

Physiotherapy Service Managers:

- Provide a general induction and access to in service training C NC N/A
- Outline what is expected in terms of duration, days, hours, breaks C NC N/A
- Provide a learning contract which is agreed at the beginning of the volunteering period C NC N/A
- 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 C NC N/A
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:

- Clinical audit
- Clinical outcome measures
- Complaints
- Adverse clinical incidents
- Accident reports
- Waiting times for appointment
- Waiting times within the Department
- Non-attendance
- Reports to referrers
- Clinical education provision
- Feedback from staff, service users and the public

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<th>Source</th>
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<td>Feedback from staff, service users and the public</td>
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**Standard 24 Quality Improvement**

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

**Physiotherapists:**

- Implement effective quality improvement processes and Programmes
- Participate in the development and implementation of agreed standards of practice
- Collect and analyse information about their practice and rectify any deficiencies resulting from the analysis
- Deal with complaints in a timely manner
- Monitor complaints to inform service improvement

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<td>Monitor complaints to inform service improvement</td>
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**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:**

- Participate in a regular and systematic programme of clinical audit
- Participate in a multi-disciplinary audit where such teams operate
- Make available the documented results through an agreed Process
- Implement changes in practice as a result of the clinical audit
SECTION: Health and Safety

Standard 26 Risk Management

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

Physiotherapists:

• Identify any risks to service users, staff and organizations
• Assess the impact of the risk
• Implement measures to eliminate or control any identified risks
• Document the process
• Inform their employer of the risk and its management
• Review the risk at least annually and after any adverse event
• Comply with National and/or local risk management policies and procedures
**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:

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<td>Safe handling of loads</td>
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<td>Working alone / out of hours</td>
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<td>Control of substances hazardous to health</td>
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<td>Report of industrial diseases and dangerous occurrences</td>
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<td>First aid</td>
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<tr>
<td>Disposal of sharps</td>
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<td>Display of hazard notices in areas of known risk</td>
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<tr>
<td>A system for calling for help in an emergency</td>
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<tr>
<td>Health and Safety Audit</td>
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<tr>
<td>Regulation of environment – temperature, humidity, ventilation and lighting</td>
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<tr>
<td>Sustainable consumption and recycling (climate change)</td>
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Physiotherapists comply with National and local guidance regarding mandatory training in:

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<tr>
<td>Emergency Procedures</td>
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Standard 28 Equipment

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

Physiotherapists have written evidence of:

- A service contract for all equipment according to manufacturer’s instructions/national law □ □ □
- Calibration of electrotherapy equipment □ □ □
- Reporting of faulty or broken equipment □ □ □
- Repairs to faulty or broken equipment □ □ □
- Risks associated with each piece of equipment, to include hazards and contra-indications □ □ □

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:

- Use the assessment and treatment cycle (standards 5-10) □ □ □
- Document the reasons for choosing aids or appliances □ □ □
- Ensure that service users are instructed in the use of the aid/appliance in line with manufacturer’s recommendations □ □ □
- Ensure the ongoing safety of service users in the use of the aid/appliance after initial instructions have been given □ □ □
- Ensure that the recipient of the agreed aid/appliance understands their duty to use and maintain it according to the manufacturer’s instructions □ □ □
Standard 30 Lone Working

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

Physiotherapists:

**Take** reasonable care of themselves and other people affected by their work activities

Co-operate with their employers if applicable, in meeting their legal obligations

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

Physiotherapy Service Managers:

**Assess** risks to lone workers and take steps to avoid or control Risks

Review risks periodically or when there has been a significant change in working practice

Involve workers when considering potential risks and measures to control them

Provide training to enable staff to cope in unexpected circumstances and with potential exposure to violence and aggression

Have suitable arrangements in place to ensure clear communications, especially in an emergency

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
**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

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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

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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

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Your treatment sessions

Which statement most accurately reflects your views?

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<th>Strongly disagree</th>
<th>uncertain</th>
<th>agree</th>
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<td>12.</td>
<td>We aim to be sensitive to your particular expectations</td>
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Did we succeed?

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If no, please explain:

```
13. **We aim to be sensitive to your fears and anxieties.**
   Did we succeed?

   - Yes
   - No

   If no, please explain:

14. Were you informed of the name of the physiotherapist responsible for your care?

15. Were you given a choice of options for your treatment?

16. Were you encouraged to say what you wanted?

17. By the end of your first visit, were the results of the assessment explained?

18. I was asked to do things I didn't agree to

19. I was given all the privacy I needed

20. The physiotherapist used words I didn't understand

21. The physiotherapist was quite rough when giving my treatment
22. The physiotherapist explained the benefits and risks to me
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

23. I was given the chance to ask questions
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

24. I was told of my right to decline treatment
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

25. If you were offered treatment by a student, were you also given the option of being treated by a qualified physiotherapist?
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

26. I was told how well I was doing
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

27. They asked for my permission before talking to my friends/family
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

28. If other health professionals were involved in your care, did the physiotherapist discuss with you allowing them access to information about your physiotherapy?
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

29. If you had to do exercises at home, were you given a clear explanation of what to do?
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

30. If you had photographs or video taken, did you sign a consent form?
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

31. If you were left alone during your treatment session were you told how to call for help?
   - [ ] Yes  - [ ] No  - [ ] don't know  - [ ] N/A

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.

32. I felt involved in the plans for my discharge
   - [ ] Strongly disagree  - [ ] uncertain  - [ ] agree  - [ ] Strongly agree

33. I was given enough advance warning of my discharge
   - [ ] Strongly disagree  - [ ] uncertain  - [ ] agree  - [ ] Strongly agree

34. I understood the physiotherapist easily
   - [ ] Strongly disagree  - [ ] uncertain  - [ ] agree  - [ ] Strongly agree

35. All the plans for my discharge went smoothly
   - [ ] Strongly disagree  - [ ] uncertain  - [ ] agree  - [ ] Strongly agree
36. If you were given equipment to use at home, were you given instructions?

Yes  No  N/A

General impressions

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

37. Overall, I was very satisfied with my care

38. I didn’t recover as well as I had hoped

39. The physiotherapy was a complete waste of time

40. I enjoyed coming for physiotherapy

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 1

Locally defined audit questions
This page has been provided to allow for optional locally defined audit questions to be added if necessary.

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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.