ENPHE

THE LEADING KNOWLEDGE FORUM IN PHYSIOTHERAPY HIGHER EDUCATION IN EUROPE. A HOME FOR EDUCATORS, STUDENTS AND PROFESSIONALS.

PHYSIOTHERAPY COMPETENCIES FOR AUTONOMOUS PRACTICE

RECOMMENDATIONS FOR EDUCATIONAL FRAMEWORKS

WORKING GROUP PROFESSIONAL ISSUES

SEPTEMBER, 2022

Authors:

Marja-Leena Lähteenmäki, facilitator of the group, Tampere University of Applied Sciences, Finland

Alesander Badiola Zabal, Ramon Llull University, Spain

Ursula Eckler, FH Campus Wien, University of Applied Sciences, Austria

Eija Mämmelä, Oulu University of Applied Sciences, Finland

Tarja Svahn, Seinäjoki University of Applied Sciences, Finland

Carmen Suárez-Serrano, World Physiotherapy Europe region and University of Seville, SpainV

OUTLINE

PHYSIOTHERAPY COMPETENCIES FOR AUTONOMOUS PRACTICE

RECOMMENDATIONS FOR EDUCATIONAL FRAMEWORKS

OUTLINE

This document, contains the final report of the ENPHE Working Group Professional Issues, regarding the recommendations for educational frameworks for physiotherapy competencies for autonomous practice.

The document, reports the work developed between 2019 and 2021 within the context of ENPHE activities and is composed of four parts: 1) Introduction and aims; 2) Contextualization of the topic and needs; 3) Recommendations for education levels and 4) Next steps in development for education.

The final report was revised by:

Patrícia Almeida, President of European Network of Physiotherapy in Higher Education (ENPHE)

Maija Kangasperko, Board member of European Network of Physiotherapy in Higher Education (ENPHE)

Jasmin Pekaric, Board member of European Network of Physiotherapy in Higher Education (ENPHE)

Bjorg Guðjónsdóttir, Board member of European Network of Physiotherapy in Higher Education (ENPHE)

Esther-Mary D'Arcy, Chair, European Region World Physiotherapy.

INTRODUCTION AND AIMS

A defining aspect of a profession is that it evolves, and physiotherapy is no exception. Physiotherapy has been an autonomous profession in many countries for several decades. Since the 1970's, the number of countries whose entry level education programmes enable the graduate to practice autonomously has increased substantially. However, not all countries and physiotherapy practices have this autonomy acquired and implemented as reported by the World Physiotherapy Confederation.

This was also identified by the Working Group on Professional Issues from the European Network of Physiotherapy in Higher Education (ENPHE) in collaboration with the Europe region of World Physiotherapy, in the different countries across Europe. In 2016, ENPHE members expressed concerns about physiotherapists not having access as an autonomous profession to provide Direct Access services. Secondly, it was observed that those physiotherapists who graduated at a time when autonomous practice and its relevant competencies were not an integral part of the entry level programme, needed post graduate education programmes in order to practice autonomously.

In order that all physiotherapists are educated as autonomous professionals to provide all kind of access services, direct and no direct access, the Working Group on Professional Issues subsequently explored the issues and came up with recommendations.

As result of this work, this document aims to clarify the various concepts and definitions related to providing physiotherapy services and its benefits and to present the following recommendations:

(i) provide a suggested educational framework for entry-level programmes,

(ii) provide a suggested educational framework of broader and more in-depth competencies for physiotherapists experienced in practising autonomously and providing Direct Access services for those physiotherapists who want to work in Advanced Practice and,

(iii) provide a suggested educational framework for post graduate education programmes for physiotherapists who graduated at a time when autonomous practice and its relevant competencies were not an integral part of the entry level

programme. Such a programme would enable the physiotherapists to practise autonomously and to competently provide all type of access services.

The recommendations given in this paper aim to enable physiotherapists to work autonomously in practice, independently of the type of access to Physiotherapy services. This is why physiotherapists need to gain competences needed for being autonomous professionals during their education at entry level, to gain autonomy that let them to practice in direct and no direct access.

The main purpose of this paper is to offer a clear, transparent and future oriented education framework that would enable physiotherapists to provide their services, also in direct access, through autonomous clinical practice at ungraduated and graduate level. This framework gives guidelines to educate physiotherapists who are not working as autonomous practitioners.

In conclusion, the Professional Issues Working Group suggests working around education to allow professional autonomy and the provision of services with direct access to the public.

CONTEXTUALIZATION

CONTEXTUALIZATION OF THE TOPIC AUTONOMOUS PROFESSIONAL AND NEEDS

As autonomous practitioners, physiotherapists can provide direct access services where direct access is allowed in their country. While this competence and services demonstrates evidence-based benefits and is a mandatory competence in physiotherapy as determined by the World Physio, a global survey by WCPT in 2013[1] found that only 58% of Member Organisations reported that their countries had direct access. In some countries direct access may be available in the private health sector but not in the public health sector.

Glossary and definitions used in this document

In this document, many concepts and terminology are used in reference to autonomous physiotherapy education and types of access to physiotherapy services. The glossary below, includes definitions that are used throughout the document and is retrieved from World Physiotherapy (2021)[2].

> **Autonomy** — is the ability of a reflective practitioner to make independent judgments; open to initiate, terminate, or alter physical therapy intervention. It means the responsibility of the professional to manage his/her practice independently and to act according to the rules of ethics and the code of professional conduct within a framework of health legislation. Professional autonomy is usually stated in the law, regulation, directives or rules governing the scope of practice.
>
> > **Clinical autonomy**: Responsibility of the practitioner to decide the programme of intervention and its modalities based on the diagnosis that he/she makes.
> >
> > **Management autonomy**: Responsibility of the professional to manage his/her practice independently.

Professional autonomy: is usually stated in the law, regulation, directives or rules. It means the responsibility of the professional to make decisions regarding the management of a patient/client based on one's own professional knowledge and expertise to manage his/her practice independently and to act according to the rules of ethics and the code of professional conduct within the framework of health legislation.

Autonomous practitioner: A physiotherapist can and should have the legal permission to operate as independent practitioners.

Scope of practice means the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within the profession are educated, competent and authorised to perform.

Advanced Practice Physiotherapy is the perspective of the physiotherapist. It refers to a level of clinical practice where physiotherapists make complex decisions and manage risk in unpredictable contexts using advanced clinical reasoning. [3]

In addition, the ESCO-occupational profile states that advanced practice physiotherapists may focus on a specific, defined area of clinical practice.[4] Physiotherapists´ *Advanced scope of practice* includes [2]:

- a higher level of practice, functions, responsibilities, activities and capabilities
- maybe, but is not necessarily, associated with a particular occupational title e.g. 'consultant physiotherapist', 'advanced physiotherapy practitioner', 'advanced practice physiotherapist' 'extended scope practitioner'
- requires a combination of advanced and distinctly increased clinical and analytical skills, knowledge, clinical reasoning, attitudes and experience
- results in the responsibility for the delivery of care to patients/clients more commonly with complex needs or problems safely and competently and to manage risk.

Direct access is a health service construct, i.e. is from the perspective of health system based on national laws and regulations in each country. In countries where the legislation and/or health system permits, patients can access (and where it applies, be reimbursed) for physiotherapy services without a referral from a doctor or other healthcare professional.

Under the EU Services Directive, (2006) all EU citizens are entitled to access services directly, this includes physiotherapy services.[5]

Self-referral is from the perspective of the patient/client. This is evident when people are aware and trust the physiotherapist's professional skills and competencies.

Access by referral: The patient/client can access the physiotherapist by referral from another health professional (medical practitioner or other).

First Contact Practitioner is from the perspective of the physiotherapist. A physiotherapist who has completed a physiotherapy professional entry level programme that equips them to see patients/clients without referral from a third party e.g. medical practitioner.

However, the term first contact practitioner is used differently in certain countries in Europe; it can also refer specifically to a service in which the physiotherapists working at an advanced level is responsible for the whole episode of patient care. These competencies are gained through education and experience of working at advanced practice level.

In this document autonomous practice will be used throughout in reference to the competences required to provide direct access physiotherapy services.

Benefits of direct access in physiotherapy

During the recent years, the research has shown growing evidence of the benefits of direct access in physiotherapy. It has been found to be safe, well-timed, cost effective and patients report high levels of satisfaction. [6,7,8,9,10,11]. The research results can be seen from different aspects. Here they are classified from the society's, client´s and physiotherapist's point of view.

- **Benefits for the society**

High positive correlation of decision making between physiotherapy extended scope practitioners (ESP) and medical colleagues was found out particularly with musculoskeletal disorder cases (MSD) in an orthopedic setting.[12] Also patient safety through direct access could be seen as safe as in medical referred model. [6,7,13,14] Interesting was that expert physical therapists specialized in musculoskeletal disorders possessed better skills and knowledge for MSD assessment compared to most medical

specialists except for orthopedic surgeons. Also, physiotherapy students tended to have better knowledge in assessing MSD than trainee doctors. [7]

It seemed to be cost-effective to triage to physiotherapists: Patients who were triaged directly to physiotherapists utilizes significantly fewer medical services during the following year compared to contact with GPs. [15] They had also less days off from work.[5] Self-referrers were less often referred for a radiograph and for secondary care and had less need for invasive treatments compared with patients with GP referrals. [9,16] The mean number of visits was lower [6,9,14,16] and the need for pain killers less. [6] They also participated more often in follow ups and there were less no-shows in the group of self-referrers.[17] As conclusion the cost-efficiency seemed to favored triaging to physiotherapists over traditional management for musculoskeletal disorders management. [1,6,13,14,15,17]

Stakeholders in Australia had consensus of the value of extended scope physiotherapy practitioners. Among them the efficacy and efficiency of health service delivery improved, and it offered opportunities for interdisciplinary learning among colleagues.[18]

- **Benefits for the patients**

Physiotherapists as first contact practitioners were well received by patients in many reports [7,9], even though direct access services were not widely known by all people especially at the first times of services before marketing. [9,17,19] The patients were highly satisfied with the information they had received about the problem, information about self-care, communication with the therapist and they were confident in the pt's competency to assess the problem. [7,8,17]

The increase in the proportion of patients with acute complaints indicates faster access to physical therapy.[16] In many studies was found out high patient satisfaction with the physiotherapy extended scope practitioners. [6,9,12,13,15,17,20,21] In one study the patients appreciated fast access to care, guidance of their back pain and quick return to work.[22] ESPs were discovered effective at managing minor injuries in the ED (Emergency Departments) again based on patient satisfaction.[23]

Patients who were advised directly to physiotherapists were in better condition after three months than patients who went to GPs.[21] The results of the therapy were the same or better and were reached by less visits. [9,17] That was supposed to be due to shorter waiting time for the therapists. [17]

As main conclusion we can refer to Samsson et al. (2016) who stated that physiotherapist-led orthopedic triage seems to meet patients´ expectations and result in a greater intention to follow advice and instructions for self-management.[20]

- **Benefits for the physiotherapists**

Physiotherapists felt that their work was much more appreciated when they acted as first contact practitioners. They felt that they worked more systematically. The new way of working had also boosted their self-confidence and professional pride. As a hole they felt that the meaningfulness of their work had increased. [22]

Factors of influence for autonomous practice

The ability to practise as an autonomous physiotherapist can be affected by different factors, some of which are listed below.

(i) **curriculum**: whether or not the entry level curriculum enables graduates to practise autonomously; whether or not CPD are available to enable acquisition of competences, for professionals graduated before professional autonomy implementation and • whether physiotherapists practising autonomously have the broader and more in-depth competencies required for working in advanced practice.

(ii) **national legislation and national health system**: whether or not physiotherapists can legally work autonomously and whether or not direct access is legally available to the public; and

(iii) **national health insurance/reimbursement arrangements**: whether or not physiotherapists are reimbursed for providing direct access services.

Considering the World Physio professional recommendations and the benefits of direct access, it is urgent to overcome possible barriers for its implementation. Given ENPHE´s mission, this document focuses on overcoming the education related factors.

With the recommendations provided, we clearly stand for the need to learn professional autonomy competencies as part of physiotherapy education for every professional independently of the country and respetive national regulations. At the end we aim to contribute to:

(i) Curricula of all entry level physiotherapy programmes across Europe to enable graduates to practise autonomously and thereby provide direct access services.

(ii) Physiotherapists who were not educated as autonomous practitioners to be able to complete post graduate training that would enable them to practise autonomously and competently provide direct access services.

(iii) Physiotherapists who are experienced autonomous practitioners to have access to specific training that would enable them to work in advanced practice.

RECOMENDATIONS

Entry-level programmes (EQF Level 6)

To be able to work in-direct access services, physiotherapists need to be able to practise autonomously and to have reached the key competences during the *entry-level education* (EQF 6 or 7 depending on the European Country). ENPHE and Europe region of World Physiotherapy have published the definitions and competencies for autonomous physiotherapists (Entry level competences:ENPHE_2018; ERWCPT 2018), summarized in Figure 1.

The entry-level curriculum should prepare physiotherapy students to work as autonomous practitioners after conclusion of the studies, but it is the national health system in each country which determines whether physiotherapists can or cannot provide direct access services.

Recommendation

Competencies for autonomous practice (Figure 1) would be adopted by all European physiotherapy education institutions to enable the graduate to practise autonomously in order to provide any type of access to physiotherapy. Where direct access is not permissible in a country, the entry-level curriculum should be designed for autonomous practice so that if direct access were to be introduced at a future date, the graduates would be prepared.

Entry level competences including knowledge base and skills for autonomy direct access

ENPHE

1. Follow the principles of International Classification of Function (ICF),
2. Have appropriate decision-making skills to recognize when they have the capability to treat the patient and when they need to refer the patient to a medical doctor or other healthcare professional,
3. Be aware of potentially dangerous pathologies and/or alarming signs,
4. Base their practice on evidence, best practices and guidelines,
5. Establish a physiotherapy diagnosis (http://www.wcpt.org/node/47867),
6. Demonstrate clinical reasoning skills and reflective practice,
7. Inform the patient and reason the interventions
8. Actively maintain his/her continuous professional development.

Figure 1 – Entry level competences including knowledge base and skills for autonomy direct access

Advanced level programmes (EQF level 7)

For advanced level education (EQF level 7), the ENPHE - World Physiotherapy Europe region- competences (Figure 1) are the basis, according to European Skills/Competences, qualifications and Occupations (ESCO).[4]

In some countries, physiotherapists working in advanced practice can undertake areas of practice that were previously the domain of medical doctors. Physiotherapists refer patients for imaging such as X-ray and MRI, they can perform diagnostic ultrasound, blood tests, therapeutic injections and prescribe medication.

For more complex decision-making processes physiotherapists need experience in advanced autonomous practice for several years. After work experience these physiotherapists should complete a post graduate education programme of *advanced level studies.* At the moment this education has been organised differently in different countries.

Recommendation

A standardised education programme at European level would be agreed to ensure the same level of advanced practice education (EQF level 7) across the region. The Europe region and ENPHE would be involved in the development of such a programme (see figure 2).

The needs and possibilities to organise postgraduate educations differs between countries. It is possible to use simulations, co-operation with medical doctors and different possibilities in Practice Education for assessing and treating the patients in line with local legislation.

Figure 2 describes the education level for physiotherapists working in advanced practice with patients with more complex needs. The process starts from the entry level competences stated in figure 1 above and continues with further formal education. The level of complexity should be higher at the following levels: type of conditions, interprofessional work, ecosystems like national legislations and regulations. The engagement with practice could be at simulation level and compulsory with real cases. The advanced competences are formally assessed at the end of the education and the advanced level awarded. After that physiotherapists are able to deal with more complex decision-making processes in the management of patients who are triaged directly to physiotherapists.

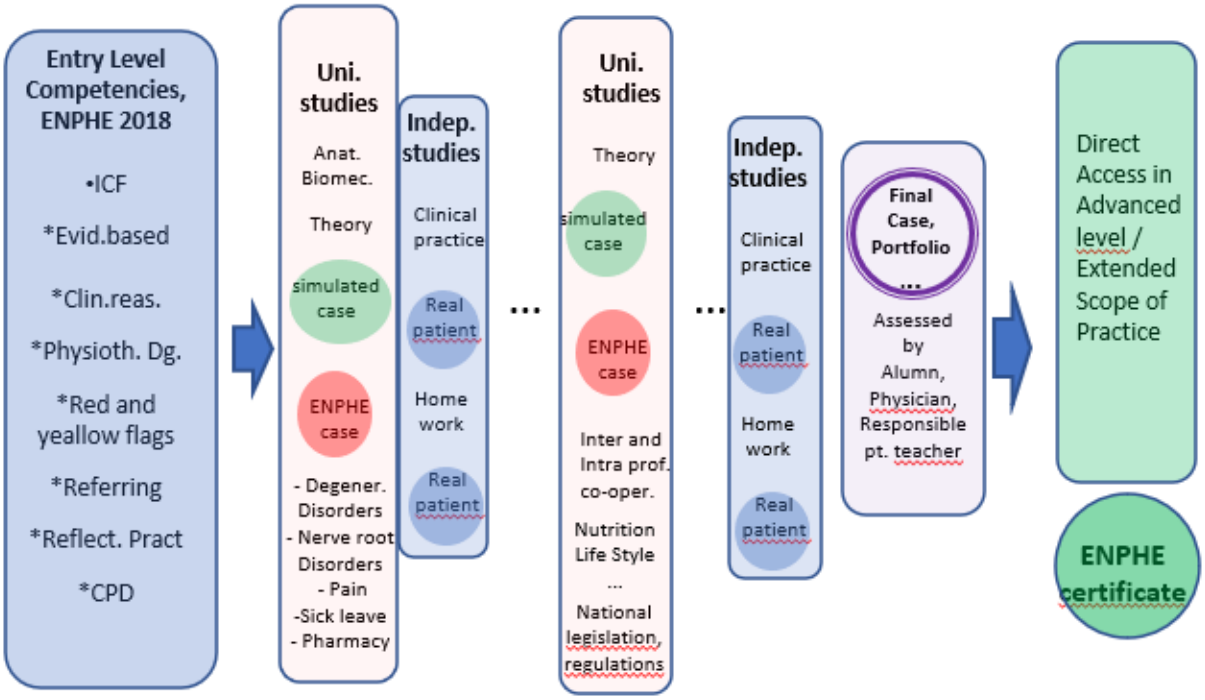

Figure 2. Suggested frameworks for educating physiotherapists for advanced level to work in extended scope of practice (EQF 7)

The organisation of this type of education should be a synergic approach among educational organisations like ENPHE and Higher Education Institutes and Professional organisations like World Physio (European region).

Continuous Professional Development - CPD

Many physiotherapists would have trained at a time when the curriculum was not designed to enable graduates to practise autonomously. This would have changed at different times in different countries across Europe. As a result, in countries where direct access is now available, many of the physiotherapists are not able to provide these services. As a result, these physiotherapists are at a disadvantage in comparison to their colleagues who were educated in an autonomous practice orientated curriculum.

Recommendation

Where physiotherapists were not educated as autonomous practitioners in their entry-level programmes, they should complete specific post graduate education designed for the purpose. A post graduate training framework would be designed to enable these physiotherapists to become autonomous practitioners and provide direct access services.

Figure 3 describes the framework for entry level physiotherapists represented as university studies and represented in blue the alternative path professionals whose entry level course did not cover required competencies for autonomous practice (EQF-level 6) could take to acquire the competences. For both, during university studies and clinical studies, the students need to reach the ENPHE - World Physiotherapy Europe region-competencies. Using patient cases in practice education helps and guides student to work later independently. It might be also possible in future to write some so called “ENPHE cases” to be used in a similar way with physiotherapists in several European countries.

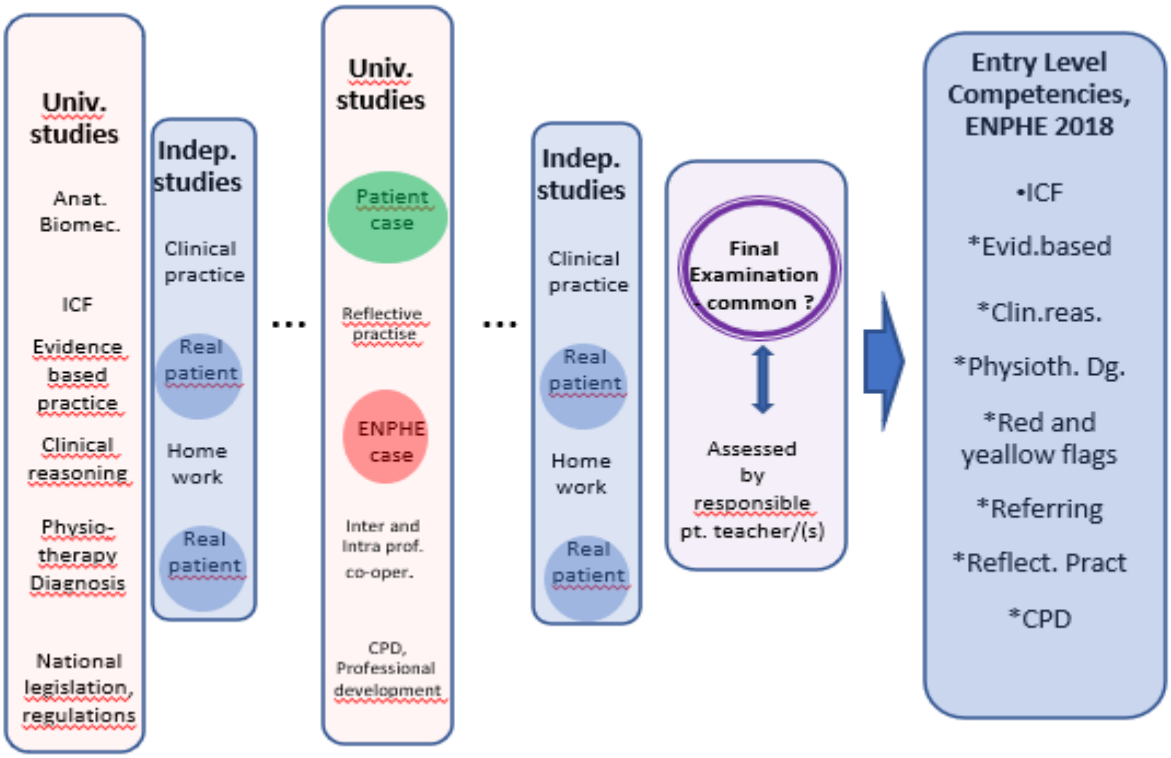

Figure 3. Suggested framework for educating physiotherapists whose entry level course did not cover required competencies for autonomous practice (EQF-level 6)

NEXT STEPS IN DEVELOPMENT FOR EDUCATION

The main purpose of this paper is to offer a clear, transparent and future oriented education framework that would enable physiotherapists to provide direct access services through autonomous clinical practice at entry-level, graduate level and through advanced clinical practice at more experienced level. This framework gives guidelines to educate physiotherapists who are not working as autonomous practitioners and those already practising as autonomous practitioners (and providing direct access services) to work in advanced practice with patients with more complex needs.

In conclusion, ENPHE suggests that the work around education to enable professional autonomy and provision of direct access service to the public and working in advanced practice needs to be continued. The next step could be to take part in the development of the standardised programmes at entry and advanced level. These programmes could be offered to physiotherapy educational institutions throughout the European countries in order to harmonise competencies and skills.

References

1. Direct access and self-referral to physical therapy: findings from a global survey of WCPT member organisations. 2013. World Confederation for Physical Therapy.

2. Glossary. 2021. World Physiotherapy. https://world.physio/resources/glossary, Red 4.3.2021.

3. Advanced Physiotherapy practice. 2020. World Physiotherapy. Europe Region. https://www.erwcpt.eu/education/advanced_physiotherapy_practice, Red 4.3.2021.

4. Professional Competencies. Physiotherapists, advances physiotherapists and physiotherapist assistants. ESCO Professional definitions + ENPHE recommendations. European Network of Physiotherapy in Higher Education. https://www.enphe.org/resources-for-educators/ Red 9.6.2020.

5. DIRECTIVE 2006/123/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL On Services in The Internal Market accessed at Services directive | Internal Market, Industry, Entrepreneurship and SMEs (europa.eu)

6. Piano, L., Maselli, F., Viceconti, A., Gianola, S. & Ciuro, A. 2017. Direct access to physical therapy for the patient with musculoskeltal disorders, a literature review. The Journal of Physical Therapy Science. 29. 1463-1471.

7. Goodwin, R.W. & Hendrick, P.A. 2016. Physiotherapy as a first point of contact in general practice: a solution to a growing problem? Primary Health Care Research & Development. (1-14) 00.

8. Marks, D., Comans, T., Bisset., L & Scuffham, P.A. 2017. Substitution of doctors with physiotherapists in the management of common musculoskeletal disorders: a systematic review. Physiotherapy. (341-351) 103.

9. Ojha. H.A., Snyder, R.S. & Davenport. T.E. 2014. Direct Access Compared With Referred Physical Therapy Episodes of Care: A systematic Review. Physical Therapy. 1 (14-30) 94.

10. Ferguson FC, Morison S, Ryan CG. 2015. Physiotherapists' Understanding of Red Flags for Back Pain. Musculoskelet. Care 13 (2015) 42–50 © 2014 John Wiley & Sons, Ltd

11. Leemrijse, C., Swinkels, I.C.S. & Veenhof, C. 2008. Direct Access to Physical therapy in the Neatherlands: Results From the First Year in Community-Based Physical Therapy. Physical Therapy. 8 (936-946) 88.

12. Thompson, J., Yoward, S. & Dawson, P. 2016. The Role of Physiotherapy Extended Scope Practitioners in Musculoskeletal care with Focus on Decision Making and Clinical Outcomes: A Systematic Review of Quantitative and Qualitative Research. Musculoskelet. Care 2017 91-103.

13. Piscitelli D, Furmanek MP, Meroni R, De Caro W, Pellicciari L. 2018. Direct access in physical therapy: a systematic review. Clin Ter 2018; 169 (5):e249-260. doi: 10.7417/CT.2018.2087.

14. Pendergast J, Kliethermes SA, Freburger JK &Duffy PA. 2012. A Comparison of Health Care Use for Physician-Referred and Self-Referred Episodes of Outpatient Physical Therapy. Health Services Research 47:2 (April 2012).

15. Childs, J.D., Whitman, J.M., Sizer, P.S., Pugia, M.L., Flynn, T.W. & Delitto, A. 2005. A description of physical therapists´knowledge in managing musculoskeletal conditions. BMC Musculoskeletal Disorders. 6 (32).

16. Swinkels, I.C.S., Kooijman, M.K., Spreeuwenberg, P.M., Bossen, D., Leemrijse, C.J., van Dijk, C.E., Verheij, R., de Bakker D.H. & Veenhof, D. 2014. An Overview of 5 Years of Patient Delf-Referral for Physical Therapy in the Neatherlands. Physical Therapy 12 (94) 1785-1795.

17. Mallet R, Bakker E & Burton M. 2014. Is Physiotherapy Self-Referral with Telephone Triage Viable, Cost-effective and Beneficial to Musculoskeletal Outpatients in a Primary Care Setting? Musculoskelet. Care 12 (2014) 251–260 © 2014 John Wiley & Sons, Ltd.

18. Willes, L. & Milanese, S. 2016. Stakeholders perspectives of the Extended Scope Physiotherapy Practitioners (ESPP) role in Australia – a qualitative study. Physical therapy. 21 (3-6) 228-235.

19. Bishop A, Ogollah RO, Jowett S, et al. 2017. STEMS pilot trial: a pilot cluster randomised controlled trial to investigate the addition of patient direct access to physiotherapy to usual GP-led primary care for adults with musculoskeletal pain. BMJ Open 2017;7: e012987. doi:10.1136/ bmjopen-2016-012987.

20. Samsson, K.S., Bernhardsson, S. & Larsson, M.E.H. 2016. Perceived quality of physiotherapist-led orthopaedic triage compared with standard practice in primary care: a randommised controlled trial. BMC Musculoskeletal Disorders. 17: 257.

21. Samsson, K. 2018. Fysioterapeut-ledd ortopedisk triage –en effektiv vårdmodell. Fysioterapeuten. Fysioterapeuten (1) 36.

22. Karvonen, E. 2020. Physiotherapy for Low Back Pain Clients in Direct access Practice. Competences and Implementations. Academic dissertation. Jyväskylä. Faculty of Sports and Health Sciences of the University of Jyväskylä.

23. McCellan, CM., Cramp, F., Powell, J. & Benger JR. 2010. Extended scope physiotherapists in the emergency department: A literature review. Physical Therapy Reviews 15: 106-111.

IMPRINT

ENPHE office AEESF – Associação Europeia de Ensino Superior em Fisioterapia

European Network of Physiotherapy in Higher Education-ENPHE

Rua da Criatividade

Parque Tecnológico de Óbidos

2510-330 Óbidos

Portugal

T: +31 638763541

E: info@enphe.org

W: www.enphe.org