

**EUROPEAN REGION OF THE
WORLD CONFEDERATION
FOR PHYSICAL THERAPY**



EUROPEAN

PHYSIOTHERAPY

BENCHMARK

STATEMENT

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Presentation of the Document

The European Physiotherapy benchmark statement describes the nature and standards of programmes of study in physiotherapy that lead to awards made by higher education institutions in Europe and the European Union (EU) in the subject of Physiotherapy¹.

It was originally developed by the Quality Assurance Agency (QAA) in collaboration with a number of other health care professions in the United Kingdom² (UK) and was used by the European Region of WCPT and the Education Matters Working group to develop the European Physiotherapy Benchmark Statement. The Physiotherapy professional organisations contributed to this work at the Education Workshop in Cyprus 2001. The benchmark statement describes profession-specific statements for Physiotherapy and illustrates the shared context upon which the education and training of health care professionals rests.

It is important to emphasise that the statements in the document are not cast in tablets of stone and will need to be revisited in the light of experience and further developments in health care across Europe. The statements are presented in the document under the following sections.

Nature and extent of physiotherapy

In addition to describing the nature and extent of programmes leading to awards in physiotherapy, this section describes the profession-specific expectations and requirements under the following headings:

The physiotherapist as a registered health care practitioner;
Physiotherapy skills and their application to practice;
Physiotherapy subject knowledge, understanding and associated skills.

Teaching learning and assessment

The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional competence developed through practice is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

Academic and practitioner standards

The section on the academic and practitioner standards emphasises the articulation between theory and practice and defines the threshold level as the minimum standard for a student who graduates with the award in physiotherapy³. The standards set out the expectations of physiotherapists entering their first post immediately on qualification.

The benchmark statement acknowledges the need to put the prospective of client/patient at the centre of the student's learning experience and also to promote within that experience the importance of team-working and cross-professional collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries, particularly in the latter stages of training when inter-professional matters can be addressed most productively. It is essential that the opportunities that exist for shared learning in practice are optimised, as well as best use being made of similar opportunities that prevail more obviously in classroom based activities.

Framework common to physiotherapy and other health professions

The final section of the benchmark statement sets out a common framework for physiotherapy and other health professions under three main headings:

Expectations of the health professional in providing patient/client services;
The application of practice in securing, maintaining or improving health and well-being;
The knowledge, understanding and skills that underpin the education and training of health care professionals.

The benchmark statement will therefore allow higher education institutions, in partnership with service providers (where appropriate), to make informed curriculum choices about the construction of shared learning experiences. In this context, shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships.

The essential feature of the benchmark statement is the specification of threshold standards, incorporating academic and practitioner elements, against which higher education institutions are expected, as a minimum, to set their standards for the award.

The benchmark statement accords with the relevant level descriptor for awards in the qualifications frameworks published by the Quality Assurance Agency for Higher Education (UK) and where relevant an addendum can be added to make explicit how this is related to qualification frameworks in different countries.

Finally, the benchmark statement does not set a national or European curriculum for programmes leading to awards in physiotherapy. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It sees to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula.

¹ **Physiotherapy and Physical therapy** are synonymous terms to identify the profession.

The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in each country.

In Europe, the most generally used title and term are 'physiotherapist' and 'physiotherapy'. For that reason 'physiotherapist' and 'physiotherapy' are used in this document, but may be replaced by WCPT Member Organisations in favour of those terms officially used by them and their members, in the respective country, without any change in the meaning of the document.

For further details, please see Appendix 1: List of official terms to identify the Profession in each of the countries of the Member Organisations of the European Region of WCPT.

² *Dietetics, Health Visiting, Midwifery, Nursing, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry (Chiropody), Prosthetics and Orthotics, Radiography, and Speech & Language Therapy.*

³ *The threshold level was defined as the minimum standard for a student who graduates with an honours degree in physiotherapy by the Quality Assurance Agency (QAA) in collaboration with a number of other health care professions in the United Kingdom*

Introduction to the European Physiotherapy Benchmark Statement

Background

At a European level, general goals have been adopted by governments and other institutions, in order to attain a better harmonisation of the laws and regulation of member states to facilitate convergence of the European higher education system and to promote mobility and employability across the public health sector. The European Region of WCPT has assumed an active role in this process, producing policy statements related to the role of physiotherapy in health care (Health Policy Statement, May 2000), and to the quality of services delivered by the physiotherapists (European Core Standards of Physiotherapy Practice, May 2002). A policy document on migration was also adopted by the General Meeting of the European Region (Migration Policy for Physiotherapists in Europe, May 2002).

Physiotherapy is an established and regulated profession, with some specific professional aspects of clinical practice and education, indicative of diversity in social, economic and political contexts. But it is clearly a single profession, and the first professional qualification, obtained in any country, represents the completion of a curriculum that qualifies the physiotherapist to use his professional title and to practise as an independent professional.

The European Region has published several reports and promoted meetings and conferences to clarify the situation of physiotherapy education within Europe, and to discuss strategies for overcoming the obstacles to the effective exercise of free movement of physiotherapy professionals, teachers and students. The “Bologna Process” developed during the past 10 years, has stimulated the adoption of a common system of education based on two main cycles, undergraduate and graduate. The Diploma Supplement, and European Credit Transfers have provided a more transparent means of evaluation of qualifications and improved quality assurance. An active movement towards convergence, and the development of mutual trust, are essential in this process, and needs the commitment of all European partners.

The European Region of WCPT considers it relevant to view physiotherapy education in terms of common outcomes and the full range of skills necessary to practise, rather than a set of finite curriculum subjects. On this basis, it was decided to charge the Working Group on Education to conduct the process of development of such a reference tool that could be useful for the educators, employers, policy makers, consumers and the profession.

The European Region of WCPT, while looking at commonality across the profession in education, were made aware of the work being undertaken in the UK by the QAA in the subject of benchmarking academic and practitioner standards in Physiotherapy. Contact was made with the QAA and permission was given to the European Region to discuss the applicability of these statements to guide the design and development of education programmes for physiotherapy within Europe. The European Region recognises the importance of having comparable programmes of physiotherapy education that can easily be understood and compared.

How has the European physiotherapy benchmark statement been developed

The physiotherapy benchmark statement was developed in the UK by a group of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. The statements represent the first attempt to make explicit in published form the general academic characteristics and standards of Physiotherapy awards in the UK. The work was undertaken under the guidance of the QAA and published in July 2001.

In order to take the work forward into Europe, the European Region of WCPT through their Education Working Group organised a two-day workshop in Cyprus in November 2001, with representation from national physiotherapy organisations across Europe. The purpose of the workshop was to consider the desirability and feasibility of establishing a European physiotherapy benchmark statement based upon the QAA (2001) document. The outcome of the workshop was agreement that the benchmark statement for physiotherapy as produced by the QAA could facilitate the development of physiotherapy education programmes in Europe, particularly to encourage programmes to focus on outcomes rather than a curriculum of finite subjects. This is in keeping with the current thinking of the European Union on convergence and free migration. In order to be taken forward for adoption, it was recognised that several points of clarification should be included and circulated for agreement to all member organisations of the European Region of WCPT.

Alterations to the original document include an introduction that attempts to set the benchmarking statement in a European context. The WCPT logo is used throughout to indicate where commentary has been added by the European Region to facilitate the use of the document by the national physiotherapy organisations and those concerned with physiotherapy education in Europe. Apart from removing specific reference to the UK, it was not felt necessary to change any of the bullet points within the specific sections of the benchmark statement, thus preserving the authority of the original work.

What is the purpose of the European physiotherapy benchmark statement

The benchmark statements are used for a variety of purposes. They provide a means of describing the nature and characteristics of programmes of study and training and health care in physiotherapy. They represent general expectations about standards for the award of qualifications at a given level and articulate attributes and capabilities that those possessing such qualifications should be able to demonstrate. They are an important external source of reference for designing and developing new programmes of physiotherapy education. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework. The European physiotherapy benchmark statement also provides support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, the European physiotherapy benchmark statement is one of a number of external sources of information that can be drawn upon for the purposes of academic review and for making judgements about threshold standards being met. The benchmark statement should be used by reviewers in conjunction with the relevant programme specifications taking into account documentation of relevant professional and statutory regulatory bodies as well as the institution's own evaluation document. This will provide a broad range of evidence to enable rounded judgments from reviewers rather than a crude check list.

Who should use the European Physiotherapy Benchmark Statement

The European physiotherapy benchmark statement can be used by national organisations, governments, health and education authorities, physiotherapy educators and others, who have an interest in providing education, in curriculum planning and development and for internal and external assurance of quality and standards.

The benchmark statement can also inform physiotherapists, managers, service providers and others delivering health care as it informs the level of attributes and skills of physiotherapists on entry to the profession. In adopting the European physiotherapy benchmark statement it is recognised that some statements may need to be made more explicit by national physiotherapy organisations, attention is drawn to this within the documentation. In addition, the European Region has commented in places within the document to draw attention to specific European and National directives, policies and standards where appropriate.

What is the status of the European Physiotherapy Benchmark statement

The statement does not set a European or national curriculum for programmes leading to awards of physiotherapy. It acknowledges that the requirements of the professional and statutory regulatory authorities need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. The essential feature is the specification of threshold standards that combine academic and practitioner elements, and provide a minimum standard against which higher education institutions should set their standards for the award. It is important to emphasise that in due course, the benchmark statement will be revised to reflect developments in physiotherapy and the experiences of institutions, academic review, service providers and others working with it in Europe.

The European Region of WCPT would like to thank the Quality Assurance Agency for Higher Education for giving written agreement for the UK physiotherapy benchmark statement to be adopted as the European Physiotherapy Benchmark Statement by the European Region of WCPT. We should like to draw attention to the fact that much of the text incorporated within the introduction is adapted from the original QAA document. Gratitude must also be extended to the members of the Education Working Group of the European Region who have developed this work on behalf of the physiotherapy profession in Europe

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Nature and extent of physiotherapy

Physiotherapists operate as independent practitioners as well as members of health care teams, and are subject to ethical principles of the World Confederation for Physical Therapy. They are able to act as first contact practitioners, and patients may seek direct care without referral from another health care professional. Professional education prepares physiotherapists to be autonomous practitioners. Clinical diagnosis in physiotherapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, functional limitations, and abilities/disabilities that will direct physiotherapy interventions. Legislation in each European country will determine the finite rules of practice, and the authority/insurance financing the physiotherapy service may require specific procedures of referral.

Physiotherapists provide a substantial teaching and advisory role to the public and many patient and client groups. The qualified physiotherapist also provides mentorship for students and colleagues and therefore utilises a range of communication and teaching skills.

A challenging aspect of physiotherapy is the broad scope of practice in terms of patient and client groups, health care delivery settings, and intervention for problems concerning body functions and structures, activity and participation. The World Confederation for Physical Therapy recognises the diverse social, political and economic environments in which physiotherapy is practised throughout the world. The European Region of WCPT has adopted European Core Standards of Physiotherapy Practice, but specific national standards for physiotherapy practice will reflect the situation in each country.

Physiotherapy practice makes direct reference to published research evidence, as well as indicators of effective intervention in the form of professional and clinical standards and clinical guidelines. Practice is informed by physiotherapy-specific research as well as the general scientific literature, and in this way engages in evidence-based practice.

The breadth and scope of physiotherapy practice encompasses the following:

- The age span of human development from neonate to old age;
- Working with individuals who present with complex and challenging problems resulting from multi-pathology illness;
- Health promotion and injury prevention, and the assessment, management and evaluation of intervention;
- The therapeutic management and treatment of individuals with **recovering conditions** such as head injury, stroke and musculoskeletal injuries;
- Treating individuals with **deteriorating conditions** such as in the area of palliative care;
- The management of individuals with **stable conditions** such as lower-limb amputation following trauma and spinal cord injury;
- A broad range of settings including the patient's home, the acute and primary care settings, private sector, schools and industry;
- An understanding of the health care issues associated with diverse cultures within society.

Physiotherapy is a developing profession that operates within a changing and evolving environment. The profession of physiotherapy has undertaken pioneering work in constructing written practice standards and clinical guidelines for a wide range of specialist areas. These standards, which make direct reference to evidence at different levels, are embedded in practice and in the curricula of undergraduate programmes.

Recruitment policies and strategies for physiotherapy degree programmes should include the principles of wider participation and should also take account of the needs and ethnic diversities of individual communities.

The education of physiotherapists in Europe takes place within universities and higher education institutions and programmes are offered at undergraduate and graduate levels. Opportunities to study physiotherapy are offered in over 500 institutions throughout Europe.

A detailed description of the activities of a Physical Therapist have been published by the WCPT (1999) available at WWW.WCPT.ORG. Please see Appendix 2: Description of Physical Therapy.

A The physiotherapist as a registered health care practitioner; expectations held by the profession, employers and public

A 1 Professional autonomy and accountability of the physiotherapist

The award holder should be able to:

- Understand the legal responsibilities and ethical considerations of professional practice;
-  Conform to the Rules of Professional Conduct as published by the World Confederation for Physical Therapy and national physiotherapy organisations/regulatory authorities;
- Appreciate the significance of professional self-regulation;
- Acknowledge the boundaries of professional competence in a changing health care environment;
- Be committed to continuing professional development in order to enhance competence to practise and maintain registered professional status;
- Participate in the continuation and development of the profession;
- Recognise the significance of clinical effectiveness in the delivery of physiotherapy.

A 2 Professional relationships

The award holder should be able to:

- Participate effectively in inter-professional approaches to health care delivery;
- Assist other health care professionals in professional practice;
- Acknowledge cross-professional boundaries and employ appropriate referral procedures;
- Initiate and maintain effective interactions with relevant external agencies including other health care professionals;
- Deploy and manage support staff effectively and efficiently.

A 3 Personal and professional skills

The award holder should be able to:

- Make professional judgements confidently;
- Reflect on professional practice and engage in appropriate self-directed learning;
- Demonstrate a high level of communication skills;
- Preserve patient dignity
- Initiate and respond to change in a flexible manner;
- Operate with a suitable degree of self-protection.



The national physiotherapy organisations/ regulatory authorities may wish to include a statement regarding the recording of learning and education activities.

A 4 Profession and employer context

The award holder should be able to:

- Deliver physiotherapy practice in the context of patient-centre care;
- Demonstrate an understanding of the origins of health care in their own country and of the current developments in the health and social care sectors;
- Understand the scope of physiotherapy in a range of health care settings;
- Recognise the importance of non-discriminatory practice;
- Be aware of contemporary health and safety legislation and integrate into physiotherapy practice;
- Play an active role in health education and health promotion programmes;
- Recognise the wide reaching value of research and scholarly activity within the health care and professional context.

B Physiotherapy skills and their application to practice

Physiotherapy practice and the application of professional skills is underpinned by knowledge and understanding. The graduate physiotherapist possesses a broad range of core skills encompassing profession-specific and generic enabling skills. Although the following sections do not correspond exactly with the health professions framework, nevertheless they articulate and contextualise section B.

B 1 Profession-specific skills

The award holder will be able to demonstrate skill in:

Therapeutic exercise

- Making decisions, setting goals and constructing specific exercise programmes that will have a positive therapeutic or health enhancing effect;
- Planning, delivering and evaluating exercise programmes for individuals and groups.

Manual therapy

- The application of mobilisation, respiratory physiotherapy, neuro-therapeutic handling and massage techniques. Different concepts and approaches inform the development of these physiotherapy interventions;
- Facilitation and restoration of movement and function.

Electrotherapeutic modalities

- The application of a range of modalities based on the utilisation of electrical, thermal, light, sonic and magnetic energy are used to bring about physiological and therapeutic effects in order to alleviate patient symptoms and restore optimum function.



This description and scope of specific physiotherapy skills may have different emphasis in Europe. The national physiotherapy organisations may find it useful to give more detailed direction related to national physiotherapy education and practice.

These identified skills should be viewed in conjunction with further skills described in Section C.

B 2 Generic and enabling skills

The award holder will be able to demonstrate skill in:

Communication and information technology (IT)

- Interpersonal communication using written, verbal and non-verbal modes;
- Teaching and presentation for individuals and groups;
- Using information technology to identify and access information, to record and manage patient data and to process and analyse research findings;
- Handling information with due regard for legal and ethical requirements.

Assessment

- Identifying and recognising the physical, psychological and cultural needs of individuals and communities;
- Gathering and recording information from a wide range of sources and by a variety of methods;
- Forming a diagnosis on the basis of physiotherapy assessment;
- Analysing and synthesising information gathered from assessment data and the clinical problem solving processes.

Treatment planning

- Making the patient central to the delivery of care;
- Making decisions, setting goals and constructing specific plans to achieve these, taking into account relevant contextual factors;
- Applying problem solving and clinical reasoning to the assessment findings in order to plan, prioritise and implement appropriate physiotherapy.

Evaluation and research

- Using clinical reasoning approaches in the selection, justification and review of appropriate treatments;
- The development and use of outcome measures for evaluating physiotherapy;
- Making judicious use of the best available information and evidence;
- Formulating a research question, the development of a research design and the implementation of the research process.

Personal and professional development

- Managing uncertainty, change and stress;
- Time-management and workload planning;
- Identifying individual learning needs;
- Constructing and implementing a personal development plan;
- Reflecting and modifying behaviour in the light of experience and advice;
- Working with others, negotiation, conciliation, and development of partnerships;
- Setting realistic goals related to personal development;
- Recognising the significance of continuing professional development;
- Team working and leadership skills;
- Making clinical judgements based on the quality of available evidence.

C Physiotherapy: subject knowledge, understanding and associated skills

A physiotherapy programme draws upon a wide range of academic disciplines and these are detailed in the sections below. Although the following sections do not correspond exactly with the health professions framework, nevertheless they articulate and contextualise section C.

C 1 Scientific basis of physiotherapy

Biological sciences

The award holder will be able to demonstrate knowledge and understanding of:

- Human anatomy and physiology, emphasising the dynamic relationships of human structure and function and focusing on the musculoskeletal, cardio-respiratory and nervous systems;
- How the application of physiotherapy may cause physiological and structural change;
- Human growth and development across the lifespan;
- The factors influencing individual variations in human ability.

Physical sciences

The award holder will be able to demonstrate knowledge and understanding of::

- Specific principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy;
- The means by which the physical sciences can inform the understanding and analysis of movement and function;
- The principles and application of measurement techniques based on biomechanics or electrophysiology;
- The application of anthropometric and ergonomic principles.

Behavioural sciences

The award holder will be able to demonstrate knowledge and understanding of:

- Psychological and social factors that influence an individual in health and illness;
- How psychology and sociology can inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapeutic practices;
- Theories of communication. In physiotherapy communication and interpersonal skills are vital to competent and effective practice informing effective interaction with patients, peers, managers, carers and other health care professionals;
- Learning theories. The process of learning is important for both the patient and the practitioner. These theories underpin continuing professional development, enabling physiotherapists to be effective lifelong learners. This knowledge also equips the physiotherapist to become an effective teacher in a wide range of contexts, e.g. health education and the education of students;
- Team working and leadership.

Clinical sciences

The award holder will be able to demonstrate knowledge and understanding of::

- Pathological changes and related clinical features of conditions commonly encountered by physiotherapists;
- The changes that result from physiotherapy, including physiological, structural, behavioural and function;
- The theoretical basis of assessment and treatment and the scientific evaluation of effectiveness;
- Principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective physiotherapy;
- The theories supporting problem solving and clinical reasoning.

C 2 Context of service delivery and professional practice

Service/organisational issues

The award holder will be able to demonstrate knowledge and understanding of::

- The changing and diverse context within which physiotherapy is delivered;
- An appreciation of the implications of different organisational settings and patterns of working;
- Quality assurance frameworks encompassing, for example, clinical governance, clinical guidelines, and professional standards;
- Issues of resource management, cost effectiveness, marketing, and promotion of the profession;
- Performance indicators and outcome measures derived from a range of scientific and measurement approaches;
- The factors influencing the management of themselves and others;
- Safety at work practices including risk assessment;
- The planning of service delivery and its associated workforce.

Social and political

The award holder will be able to demonstrate knowledge and understanding of::

- The impact of health and social care policies on professional practice;
- Factors contributing to social differences, the problems of inequalities and the needs of different social groups.

Ethical and moral dimensions

The award holder will be able to demonstrate knowledge and understanding of::

- The ethical, legal and professional issues that inform and shape physiotherapy practice;
- Professional, statutory and regulatory codes of practice;
- Professional code of conduct, values and beliefs.

Teaching, learning and assessment

Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for a benchmark statement to promulgate any one, or combination of, approaches over others. However, this benchmark statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Teaching and learning in physiotherapy

Physiotherapy learning and teaching strategies should be distinctive, and designed to integrate university and clinical work-based learning. The learning and teaching process should be developmental and demonstrate progression, linking theoretical understanding and clinical application throughout the programme. Students should experience a range of placements which cover key areas reflecting contemporary practice.

The diverse nature of physiotherapy calls for a range of complex skills, which should be developed longitudinally throughout the programme. Characteristically these skills should be introduced and then developed through practice on peers prior to application in a clinical context. Central to the acquisition of physiotherapy skills is the provision for students to practise observation, palpation and analysis of human performance in specialist laboratories in the university/higher education institution.

Teaching and learning should be informed by contemporary evidence-based practice, as well as developments in educational theory, in order to develop the skills of problem solving, diagnosis, intervention and reflection. Student-centred learning should encourage students to take on increasing responsibility for identifying their own learning needs. Graduates should be autonomous learners with developed lifelong learning skills and an ability to engage in continuing professional development.

The learning processes in physiotherapy at graduate level can be expressed in terms of four interrelated themes.

Cognitive and conceptual

Programmes should develop cognitive skills in students, e.g. the ability to reconstruct knowledge and apply it to individual situations. Such skills should be developed through a variety of teaching and learning methods in which students are encouraged to become actively and practically engaged with the process.

Clinical and technical

Physiotherapy skills should be developed in both the university/higher education institution and the clinical setting. These should be supervised, facilitated and developmental learning experiences in which students receive formative and summative judgements and feedback on their performance.

Social and personal context

The programme should enable students to develop an awareness of the cultural diversity values, beliefs and social factors that affect the context of physiotherapy. This should be achieved from both theoretical and practice perspectives and by exposing students to clinical practice in a wide variety of settings.

Generic and enabling skills

Programmes should be designed to facilitate students' acquisition of effective communication skills, team working, problem solving, the use of IT, research methodology and critical reasoning. The generic nature of these skills should enable them to be achieved through inter-professional education where their acquisition should be through activity-based experiences.

Assessment

Methods should match the teaching and learning strategy, meet learning outcomes and encompass a wide variety of tools. Academic assessment should be designed to develop and test cognitive skills drawing on the context of practice and reflecting the learning and teaching methods employed. Methods should normally include case study presentations and analyses, practice-focused assignments, essays, project reports, clinical assessments and examinations of a written or practical nature. The requirements of graduate programmes in physiotherapy should usually include an extended piece of written work that is typically completed in the final year. This should be related to physiotherapy practice and include systematic enquiry investigation, analysis and evaluation.

The assessment of competence to practise should be determined in partnership between physiotherapy lecturers and clinical educators/supervisors. Professional registration is dependent upon meeting university/higher education institution requirements that include satisfactory completion of a period of clinical practice, as specified by the professional and statutory bodies.

Academic and practitioner standards

Standards associated with threshold level are identified below. Although only threshold level has been articulated, it is acknowledged that the majority of physiotherapy students would attain a level well above this minimum standard. Physiotherapy practice is essentially applied and consequently the articulated standards are related to both academic and practice capabilities. At threshold level, the required standards relate to practice-specific knowledge, understanding and skills, but also to recognition of the key skills inherent in the concept of the attributes associated with being a graduate. Students will be expected to meet each of these standards. The integration of theory and practice within a graduate programme ensures that students meet the statutory requirements.

Definition of level

Threshold level: the minimum standard for a student who graduates with an award in physiotherapy.

Profession-specific skills

1. An ability to apply appropriate physiotherapy assessment techniques.
2. Safe and effective use of therapeutic exercise incorporating decision-making, goal-setting and design of exercise programmes.
3. Safe and effective use of manual therapy in the application of mobilisation, manipulation, massage and respiratory therapy techniques.
4. Safe and effective use of electrotherapeutic modalities in the selection and application of a range of modalities based on the therapeutic use of electrical, thermal, light, sonic and magnetic energy.
5. A basis understanding of the scientific process and how it may impact on physiotherapy practice.
6. An understanding of the role of physiotherapy in the prevention of illness and injury and in health promotion.



Some of these skills are not legally recognised in all European countries. The national organisations need to highlight these so that they may be included in an annex.

The benchmark statement has been formulated in general terms to give assistance in creating a curriculum framework for physiotherapy programmes. This will allow institutions and national authorities the flexibility in specific application.

Generic and enabling skills

1. Communication skills sufficient to communicate safely and effectively as a professional with patients, carers and colleagues.
2. The assessment process sufficient to assess a patient safely and effectively taking into account physical, psychological and cultural needs.
3. The information gained from the assessment process sufficient to construct a specific safe and effective treatment plan, with the patient, using problem-solving and clinical reasoning skills.
4. Evaluation and research processes sufficient to find and use available evidence in order to choose and evaluate treatment intervention safely and effectively.
5. Reflection and the learning process, in order to identify personal and professional goals for continuing professional development and lifelong learning.
6. Capacity to sufficiently use numerical and IT skills to present, manage and analyse data appropriately.
7. The use of IT and information management systems sufficient to maintain patient records.
8. A sufficient understanding of individual and team working practices, to be able to work in both contexts where appropriate.

Scientific basis of physiotherapy

1. An understanding of the biological, physical and behavioural sciences which underpin physiotherapy.
2. An ability to use this knowledge and understanding appropriately in a variety of practice contexts.
3. An ability to implement clinical practice based on research evidence.

Contexts of service delivery

1. An appreciation of the complexities of health care systems within which physiotherapy is delivered.
2. An integrated understanding of ethical, moral and legal issues in relation to physiotherapy practice.
3. An understanding of the performance framework and quality assurance mechanisms within physiotherapy practice.
4. An understanding of the roles of other professions.
5. An ability to work as a member of a health care team.
6. An understanding of the social and economic factors that impact on health and the delivery of care.

Framework common to physiotherapy and other health professions

The subject specific statements for physiotherapy have been set within the emerging health professions framework outlined below. As indicated in the foreword, this framework developed as a result of the benchmarking work undertaken collaboratively by 11 different health professional groups. Further evolution of the framework is anticipated through a second phase of the project which will address its goodness of fit with a range of other health and social care professions' benchmark statements.

A Expectations of the health professional in providing patient/client services

This section articulates the expectations of a registered professional within health and social care services. It describes what is regarded as a minimum range of expectations of a professional that will provide safe and competent practice for patients/clients in a variety of health and social care contexts.

A 1 Professional autonomy and accountability

The award holder should be able to:

- Maintain the standards and requirements of professional and statutory regulatory bodies;
- Adhere to relevant codes of conduct;
- Understand the legal and ethical responsibilities of professional practice;
- Maintain the principles and practice of patient/client confidentiality;
- Practise in accordance with current legislation applicable to health care professionals;
- Exercise a professional duty of care to patients/clients/carers;
- Recognise the obligation to maintain fitness for practice and the need for continuing professional development;
- Contribute to the development and dissemination of evidence-based practice within professional contexts;
- Uphold the principles and practice of clinical governance.

A 2 Professional relationships

The award holder should be able to:

- Participate effectively in inter-professional and multi-agency approaches to health and social care where appropriate;
- Recognise professional scope of practice and make referrals where appropriate;
- Work, where appropriate, with other health and social care professionals and support staff and patients/clients/carers to maximise health outcomes;
- Maintain relationships with patients/clients/carers that are culturally sensitive and respect their rights and special needs.

A 3 Personal and professional skills

The award holder should be able to:

- Demonstrate the ability to deliver quality patient/client-centred care;
- Practise in an anti-discriminatory, anti-oppressive manner;
- Drawn upon appropriate knowledge and skills in order to make professional judgements recognising the limits of his/her practice;
- Communicate effectively with patients/clients/carers and other relevant parties when providing care;
- Assist other health care professionals, support staff and patients/clients/carers in maximising health outcomes;
- Prioritise workload and manage time effectively;
- Engage in self-directed learning that promotes professional development;
- Practise with an appropriate degree of self-protection;
- Contribute to the well-being and safety of all people in the workplace.

A4 Profession and employer context

The award holder should be able to:

- Show an understanding of his/her role within health and social care services;
- Demonstrate an understanding of government policies for the provision of health and social care;
- Take responsibility for his/her own professional development
- Recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.



The European Region of WCPT is aware of the importance of good distribution of professionals corresponding to the real needs of each member country to ensure adequate provision of physiotherapists at national level. Manpower planning strategies should be established for physiotherapists in each Member State.

B The application of practice in securing, maintaining or improving health and well-being

All health professionals draw from the knowledge and understanding associated with their particular profession. This knowledge and understanding is acquired from theory and practice. It forms the basis for making professional decisions and judgements about the deployment in practice of a range of appropriate skills and behaviours, with the aim of meeting the health and social care needs both of individual clients/patients and of groups, communities and populations. These decisions and judgements are made in the context of considerable variation in the presentation, the setting and in the characteristics of the client/patient health and social care needs. They often take place against a backdrop of uncertainty and change in the structures and mechanisms of health and social care delivery.

Sound professional practice is essentially a process of problem solving. It is characterised by four major phases:

- The identification and analytical assessment of health and social care needs;
- The formulation of plans and strategies for meeting health and social care needs;
- The performance of appropriate, prioritised health promoting/health educating/caring/diagnostic/therapeutic activities'
- The critical evaluation of the impact of, or response to, these activities.

B 1 Identification and assessment of health and social care needs

The award holder should be able to:

- Gather relevant information from a wide range of sources including electronic data;
- Adopt systematic approaches to analysing and evaluating the information collected;
- Communicate effectively with the client/patient (and his/her relatives/carers), group/community/population, about their health and social care needs;
- Use a range of assessment techniques appropriate to the situation and make provisional identification of relevant determinants of health and physical, psychological, social and cultural needs/problems;
- Recognise the place and contribution of his/her assessment within the total health care profile/package through effective communication with other members of the health and social care team.

B 2 Formulation of plans and strategies for meeting health and social care needs

The award holder should be able to:

- Work with the client/patient (and his/her relatives/carers), group/community/population, to consider the range of activities that are appropriate/feasible/acceptable, including the possibility of referral to other members of the health and social care team and agencies;
- Plan care within the context of holistic health management and the contribution of others;
- Use reasoning and problem-solving skills to make judgements/decisions in prioritising actions;
- Formulate specific management plans for meeting needs/problems, setting these within a timescale and taking account of finite resources;
- Record professional judgements and decisions taken;
- Synthesise theory and practice.

B 3 Practice

The award holder should be able to:

- Conduct appropriate activities skilfully and in accordance with best/evidence-based practice;
- Contribute to the promotion of social inclusion;
- Monitor and review the ongoing effectiveness of the planned activity;
- Involve client/patient/members of group/community/population appropriately in ongoing effectiveness of plan;
- Maintain records appropriately;
- Educate others to enable them to influence the health behaviour of individuals and groups;
- Motivate individuals or groups in order to improve awareness, learning and behaviour that contribute to healthy living;
- Recognise opportunities to influence health and social policy and practices.

B 4 Evaluation

The award holder should be able to:

- Measure and evaluate critically the outcomes of professional activities;
- Reflect on and review practice;
- Participate in audit and other quality assurance procedures;
- Contribute to risk management activities.

C Knowledge, understanding and skills that underpin the education and training of health care professionals

The education and training of health care professionals draws from a range of well-established scientific disciplines that provide the underpinning knowledge and understanding for sound practice. Each health care profession will draw from these disciplines differently and to varying extents to meet the requirements of their specialty. It is this contextualisation of knowledge, understanding and skills that is characteristic of the learning in specific health care programmes. Consequently, in this introductory section, the attributes and capabilities expected of the student are expressed at a generalised level.

C 1 Knowledge and understanding

The award holder should be able to demonstrate:

- Understanding of the key concepts of the disciplines that underpin the education and training of all health care professionals, and detailed knowledge of some of these. The latter would include a broad understanding of:
 - The structure and function of the human body, together with a knowledge of dysfunction and pathology;
 - Health and social care philosophy and policy, and its translation into ethical and evidence-based practice;
 - The relevance of the social and psychological sciences to health and healthcare;
 - The role of health care practitioners in the promotion of health and health education;
 - The legislation and professional and statutory codes of conduct that affect health and social care practice.

C 2 Skills

Information gathering

The award holder should be able to demonstrate:

- An ability to gather and evaluate evidence and information from a wide range of sources;
- An ability to use methods of enquiry to collect and interpret data in order to provide information that would inform or benefit practice.

Problem solving

The award holder should be able to demonstrate:

- Logical and systematic thinking;
- An ability to draw reasoned conclusions and sustainable judgements.

Communication

The award holder should be able to demonstrate:

- Effective skills in communicating information, advice instruction and professional opinion to colleagues, patients, clients, their relatives and carers, and, when necessary to groups of colleagues or clients.



The European Region of WCPT has always recognised that it is essential to have language skills to practise physiotherapy effectively, and to be able to communicate with the patient / client. This view has been endorsed in the proposals for a Directive on Recognition of Professional Qualifications COM (2002) 119 final, persons benefiting from recognition of professional qualifications are expected to have knowledge of languages for practising the profession in the host Member State.

Numeracy

The award holder should be able to demonstrate:

- Ability in understanding, manipulating, interpreting and presenting numerical data.

Information technology

The award holder should be able to demonstrate:

- An ability to engage with technology, particularly the effective and efficient use of information and communication technology.

List of official terms to identify the Profession in each of the countries of the Member Organisations of the European Region of WCPT

The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in each country.

In Europe, the most generally used title and term are 'physiotherapist' and 'physiotherapy'. For that reason 'physiotherapist' and 'physiotherapy' are used in this document, but may be replaced by WCPT Member Organisations in favour of those terms officially used by them and their members, in the respective country, without any change in the meaning of the document.

COUNTRY	PROFESSION	PROFESSIONAL
AUSTRIA	<i>Physiotherapie</i>	<i>Diplomierter Physiotherapeut / Diplomierte</i>
BELGIUM	Kinesithérapeute	Kinesithérapeute
BULGARIA	<i>Кинезитерапия</i> (Physiotherapy)	<i>Кинезитерапевт и Рехабилитатор</i> (Physiotherapist– with 4-year University Degree, or Rehabilitator – with 3-year University Degree)
CROATIA	<i>Fizikalna terapija</i> or <i>Fizioterapija</i> (Physical Therapy or Physiotherapy)	<i>Fizioterapeutski tehničar</i> (with secondary school) and <i>Viši fizioterapeut</i> (with Higher Education)
CYPRUS	<i>Physiotherapy</i>	<i>Physiotherapist</i>
CZECH REPUBLIC	<i>Fyzioterapie</i>	<i>Fyzioterapeut</i>
DENMARK	<i>Fysioterapi</i>	<i>Fysioterapeut</i>
ESTONIA	<i>FÜSIOTERAAPIA</i>	<i>FÜSIOTERAPEUT</i>
FINLAND	<i>Fysioterapia</i>	<i>Fysioterapeutti</i>
FRANCE	<i>Masseur-kinésithérapeute</i>	<i>Masseur-kinésithérapeute diplome</i>

GERMANY	<i>Physiotherapeutin or Physiotherapeut</i>	A. No academic title B. Bachelor of Sciences in physiotherapy Bachelor of Arts in physiotherapy Master of Sciences in physiotherapy Diplom-Physiotherapeut
GREECE	<i>Physiotherapy</i>	<i>Physiotherapist</i>
HUNGARY	<i>Physiotherapy</i>	<i>Physiotherapist</i>
ICELAND	<i>Sjúkrapjálvari (Physiotherapy)</i>	<i>Sjúkrapjálvari (Physiotherapists)</i>
IRELAND	<i>Physiotherapy</i>	<i>Physiotherapist</i>
ITALY	<i>Fisioterapista</i>	<i>Laureato in Fisioterapia</i>
LATVIA	<i>Fysiotherapeits</i>	NA
LEBANON	<i>Physiotherapy</i>	<i>Physiotherapist</i>
LIECHTENSTEIN	<i>Physiotherapeut/Physiotherape utin</i>	<i>Physiotherapie</i>
LUXEMBOURG	<i>Kinésithérapeute</i>	<i>Masseur-kinésithérapeute dipl.</i>
NETHERLANDS	<i>Fysiotherapeut</i>	Bachelor of Physiotherapy
NORWAY	<i>Fysiotherapeut</i>	<i>Fysiotherapeut</i>
POLAND	<i>Fizjoterapia</i>	<i>Fizjoterapeuta</i>
PORTUGAL	<i>Fisioterapia</i>	<i>Fisioterapeuta</i>
ROMANIA	<i>Kinetoterapie</i>	<i>Kinetoterapeut</i>
SERBIA MONTENEGRO	<i>Fizikalna Terapija</i>	<i>Fizioterapeut</i>
SPAIN	<i>Fisioterapia</i>	<i>Diplomado Universitario en Fisioterapia- Fisioterapeuta</i>
SWEDEN	<i>Sjukgymnastik</i>	<i>Sjukgymnast</i>
SWITZERLAND	<i>Diplomierte/r Physiotherapeut/in</i>	<i>Diplomierte/r Physiotherapeut/in</i>
TURKEY	<i>Fizyoterapi</i>	<i>Fizyoterapist</i>
UNITED KINGDOM	<i>Physiotherapy</i>	<i>Physiotherapist</i>

Abbreviation used:

NA = Not available

Description of Physical therapy 1999



Why a Description?

The existence of WCPT demonstrates the international dimension of Physical Therapy practice. The variety of its Member Organisations illustrates the diversity of needs and contexts of health care delivery throughout the Confederation.

In response to a motion at the 13th General Meeting to develop a description of physical therapy, WCPT initiated a consultative exercise with the intention of providing a foundation on which Member Organisations in different parts of the world could build a description of physical therapy relevant to their needs.

WCPT is committed to supporting Member Organisations - not stereotyping them. It is in this spirit that this description of physical therapy has been drawn up in response to the expressed need of members. It is intended as a Position Statement rather than a Declaration of Principle and is therefore open to be adopted fully, in part or developed to meet the evolving needs of the profession. New research is proving further evidence upon which future practice will build. Nowhere is this more apparent than in our understanding of human movement which is central to the skills and knowledge of the physical therapist. Clearly the uniqueness of the contribution which physical therapy can make to health care in the next millennium remains to be fully defined. This statement is presented as the basis upon which subsequent reviews of the description will continue to be conducted in response to the development of knowledge in physical therapy and the profession's response to changing health needs of society.

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3 What Characterises Physical Therapy?

3.1 Assumptions underlying the knowledge and practice of physical therapy

4 Where are we now?

4.1 Principles supporting the description of physical therapy

Note:

The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in the country of the WCPT Member Organisation.

The most generally used titles and terms are 'physical therapist' or 'physiotherapist' and 'physical therapy' or 'physiotherapy'. Physical therapist and physical therapy are used in this document but may be replaced by WCPT Member Organisations in favour of those terms officially used by them and their members without any change in the meaning of the document.

1 What is Physical Therapy?

1.1 The nature of Physical Therapy

Physical Therapy is providing services to people and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. Physical therapy includes the provision of services in circumstances where movement and function are threatened by the process of ageing or that of injury or disease. Full and functional movement are at the heart of what it means to be healthy.

Physical therapy is concerned with identifying and maximising movement potential, within the spheres of promotion, prevention, treatment and rehabilitation. Physical therapy involves the interaction between physical therapist, patients or clients, families and care givers, in a process of assessing movement potential and in establishing agreed upon goals and objectives using knowledge and skills unique to physical therapists.

The physical therapists' distinctive view of the body and its movement needs and potential is central to determining a diagnosis and an intervention strategy and is consistent whatever the setting in which practice is undertaken. These settings will vary in relation to whether physical therapy is concerned with health promotion, prevention, treatment or rehabilitation.

1.2 The nature of the physical therapy process

Physical therapy is the service only provided by, or under the direction and supervision of a physical therapist and includes assessment, diagnosis, planning, intervention and evaluation.

Assessment includes both the examination of individuals or groups with actual or potential impairments, functional limitations, disabilities, or other conditions of health by history taking, screening and the use of specific tests and measures and evaluation of the results of the examination through analysis and synthesis within a process of clinical reasoning.

Diagnosis arises from the examination and evaluation and represents the outcome of the process of clinical reasoning. This may be expressed in terms of movement dysfunction or may encompass categories of impairments, functional limitations, abilities/ disabilities or syndromes.

Planning begins with determination of the need for intervention and normally leads to the development of a plan of intervention, including measurable outcome goals negotiated in collaboration with the patient/ client, family or care giver. Alternatively it may lead to referral to another agency in cases which are inappropriate for physical therapy.

Intervention is implemented and modified in order to reach agreed goals and may include manual handling; movement enhancement; physical, electro-therapeutic and mechanical agents; functional training; provision of aids and appliances; patient related instruction and counselling; documentation and co-ordination, and communication. Intervention may also be aimed at prevention of impairments, functional limitations, disability and injury including the promotion and maintenance of health, quality of life, and fitness in all ages and populations.

Evaluation necessitates re-examination for the purpose of evaluating outcomes.

2. Where is physical therapy practised?

2.1 The scope of physical therapy services

Physical therapy is an essential part of the health services delivery system. Physical therapists practice independently of other health care providers and also within interdisciplinary rehabilitation/habilitation programs for the restoration of optimal function and quality of life in individuals with loss and disorders of movement. Physical therapists are guided by their own code of ethical principles. Thus, they may be concerned with one of the following purposes:

Promoting the health and well being of the individual and the general public/society.
Preventing impairments, functional limitations, and disabilities in individuals at risk of altered movement behaviours due to health or medically related factors, socio-economic stressors, and lifestyle factors.

Providing interventions to restore integrity of body systems essential to movement, maximise function and recuperation, minimise incapacity, and enhance the quality of life in individuals and groups of individuals with altered movement behaviours resulting from impairments, functional limitations, disabilities.

2.2 Settings in which physical therapy is practised

Physical therapy is delivered in a variety of settings which allow for it to achieve its purpose.

Treatment and Rehabilitation usually occur in community and acute care settings which may include but are not confined to the following:

Hospices

Hospitals

Nursing Homes

Rehabilitation Centres/Residential Homes

Physical Therapist Private Office/Practice/Clinic

Out-Patient Clinics

Community Settings: Primary Health Care Centres: Individual Homes: Field Settings

Education and Research Centres

Prevention and Health Promotion are more likely to occur in the following settings although they often form an integral part of treatment and rehabilitation offered within other care settings.

Fitness Centres/Health Clubs/Spas

Occupational Health Centres

Schools

Senior Citizen Centres

Sports Centres

Workplace/Companies

Public settings (i.e. Shopping Malls) for health promotion

3 What Characterises Physical Therapy?

3.1 Assumptions underlying the knowledge and practice of physical therapy

The following assumptions are embedded in this description and reflect the central issues of physical therapy.

Movement

The capacity to move is an essential element of health and well-being. Movement is dependent upon the integrated, co-ordinated function of the human body at a number of different levels.

Movement is purposeful and is affected by internal and external factors.

Physical therapy is directed towards the movement needs and potential of the individual.

Individuals

Individuals have the capacity to change as a result of their responses to physical, psychological, social and environmental factors.

Body, mind and spirit contribute to individuals' views of themselves and enable them to develop an awareness of their own movement needs and goals.

Ethical principles require the physical therapist to recognise the autonomy of the patient or legal guardian in seeking his or her services.

Interaction

Interaction aims to achieve a mutual understanding between the physical therapist and the patient/client/family or care giver and forms an integral part of physical therapy.

Interaction is a pre-requisite for a positive change in body awareness and movement behaviours that may promote health and well-being.

Interaction often involves partnership within inter-disciplinary teams, in determining the needs and formulating goals for physical therapy intervention and recognises the patient/client/family and care givers as being active participants in this process.

Professional Autonomy

Professional education prepares physical therapists to be autonomous practitioners.

Professional autonomy is possible for individual physical therapists as they practice with patients/clients/family and care givers to reach a diagnosis which will direct their physical therapy interventions.

Diagnosis

Diagnosis within physical therapy is the result of a process of clinical reasoning which results in the identification of existing or potential impairments, functional limitations and abilities/disabilities.

The purpose of the diagnosis is to guide physical therapists in determining the prognosis and identifying the most appropriate intervention strategies for patients/clients and in sharing information with them.

In carrying out the diagnostic process, physical therapists may need to obtain additional information from other professionals.

If the diagnostic process reveals findings that are not within the scope of the physical therapist's knowledge, experience or expertise, the physical therapist will refer the patient/client to another appropriate practitioner.

4 Where are we now?

4.1 Principles supporting the description of physical therapy

In order to make explicit the underlying values upon which this international description of physical therapy is based there follows a list of **principles** which are recognised as important by WCPT.

WCPT believes a description must:

- respect and recognise the history and roots of the profession;
- build on the reality of contemporary practice and the growing body of research;
- allow for variation in: cultures, values and beliefs; health needs of people and societies; and structure of health systems around the world;
- use terminology that is widely understood and adequately defined;
- recognise internationally accepted models and definitions (e.g. World Health Organisation definition of health);
- provide for the ongoing growth and development of the profession and for the identification of the unique contribution of physical therapy;
- acknowledge the importance of the movement sciences within physical therapy curricula at all levels;
- emphasise the need for practice to be evidence based whenever possible;
- appreciate the inter-dependence of practice, research and education within the profession:
- recognise the need to continuously review the description as the profession changes in response to the health needs of society and the development of knowledge in physical therapy;
- anticipate that work will flow from this description through utilisation of the document to assist in the development of curricula and identification of areas for research.

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Glossary of Terms

Assessment

The collection of information relating to a patient's condition, taking account of the full range of relevant contextual factors, that is needed to make a clinical diagnosis and a plan of management (*Strokes*, 1998).

Benchmark statement

An initiative undertaken under the aegis of the QAA to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate. A benchmark statement has been developed in physiotherapy that cross-refers to a common health professions framework (QAA, 2001a).

Clinical educator

A qualified practitioner who directly supports a student's learning during practice-based learning.

Clinical Sciences

Includes physiotherapeutic sciences, medical sciences, and other sciences applied to physiotherapy practice.

Clinical governance

A government initiative (introduced in 1998) to provide a framework through which NHS organisations are accountable for continuously improving the quality of services they deliver.

Clinical guidelines

Statements developed through systemic processes to assist practitioners and individuals in making decisions about appropriate forms of health care in particular clinical areas, taking account of individual circumstances and need.

Clinical reasoning

The critical and analytical thinking associated with the process of making clinical decisions.

Clinical supervisor

The physiotherapist appointed to supervise and evaluate the clinical skills of the student physiotherapist while on placement and report to the higher education institution.

Codes of practice

These may be established by the physiotherapy profession or incorporated into national rules and laws. They include ethical rules and principles that form an obligatory part of professional practice.

Cognitive skills

The process of solving problems with thinking and reasoning.

Core skills

Basic essential skills required by a physiotherapist.

C.P.D.

Continuing professional development.

Cross-professional boundaries

Sharing of roles across two or more health care professions.

Evaluation

Review and assessment of the quality of care in order to identify areas for improvement.

Evidence-based practice

A commitment to using the best available evidence to inform decision-making about the care of individuals that involves integrating practitioners' individual professional judgement with evidence gained through systematic research.

First contact practitioner

Professional person to whom the patient/client can directly access as first contact..

Generic enabling skills

Skills commonly shared across professions to improve health.

Health professions framework

This section describes the minimum range of expectations, necessary to provide safe and competent practice for patients /clients, common to all registered professionals within a variety of health and social care settings.

Holistic health management

The management of the patient / client taking into account the biological, social and psychological needs of that person within the context of the delivery of health care eg; in the home, hospital, outpatient clinic..

Independent practitioners

Those providing a professional service to patients / clients directly outside that established by the state.

Inter-professional

Two or more professionals working together in an integrated way resulting in new ways of working.

IT

Information technology.

Learning theories

Established ideas of how learning can be promoted.

Lifelong learning

The process of constant learning and development, that incorporates continuous professional development, in which all individuals need to engage in a time of rapid change.

Mentorship for students and colleagues

System of persons with wisdom from whom advice and guidance can be sought.

Multidisciplinary

One or more disciplines working collaboratively.

Non-discriminatory practice

Professional practice within which individuals, teams and organisations actively seek to ensure that no-one (including patients, carers, colleagues or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class.

Physical therapy / Physiotherapy

Synonymous terms to identify the profession.

The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in each country.

In Europe, the most generally used title and term are 'physiotherapist' and 'physiotherapy'. For that reason 'physiotherapist' and 'physiotherapy' are used in this document, but may be replaced by WCPT Member Organisations in favour of those terms officially used by them and their members, in the respective country, without any change in the meaning of the document.

Problem solving

Exercises and processes that enable students to interrogate their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students' learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.

Professional autonomy

The power to make decisions regarding the management of the patient / client based on own professional knowledge and expertise.

Quality assurance

System of recognised procedures for establishing standards and includes procedures for reaching standards.

Referral procedures

These would differ from country to country and are determined by national legislation, national authorities and the professional organisation.

Self-directed learning

Independent learning that is initiated by the student.

Statutory requirements

Legally established core knowledge that forms the basis of further knowledge and building blocks.

Threshold Level

The minimum standard for a student who graduates with an award in physiotherapy

WCPT

World Confederation for Physical Therapy.

**Members of the Education Working Group of The European
Region of WCPT 2000-2003**

- Antonio Lopes (Portugal) – Chairman
- Marie Donaghy (UK)
- Nina Holten (Denmark)
- Regina Jetzinger (Austria)
- Virgilia Anton (Spain)
- Ildiko Balogh (Hungary)
- Birgitta Bergman (Sweden)

The Education Working Group members were responsible for the development of a European Physiotherapy Benchmark Statement.



Member Organisations of the European Region of the World Confederation of Physical Therapy

AUSTRIA

Bundesverband der Diplomierten PhysiotherapeutInnen Österreichs

BELGIUM

Association des Kinésithérapeutes de Belgique (A.K.B.)

BULGARIA

Bulgarian Association of Kinesitherapists & Rehabilitators (B.A.K.R.)

CROATIA

Croatian Association of Physiotherapists

CYPRUS

Cyprus Association of Physiotherapists

CZECH REPUBLIC

Union of Physiotherapists of the Czech Republic

DENMARK

Danske Fysioterapeuter (D.K.)

ESTONIA

Estonia Physiotherapists Association (E.K.A.)

FINLAND

Finnish Association of Physiotherapists (F.A.P.)

FRANCE

Fédération Française des Masseurs Kinésithérapeutes Rééducateurs (F.F.M.K.R.)

GERMANY

Deutscher Verband für Physiotherapie-Zentralverband der Physiotherapeuten/
Krankengymnasten (Z.V.K.) e.v.

GREECE

Panhellenic Physiotherapists Association (T.A.)

HUNGARY

Association of Hungarian Physiotherapists (A.H.P.)

ICELAND

Félag Islenskra Sjúkrathjálfara (F.I.S.)

IRELAND

Irish Society of Chartered Physiotherapists (I.S.C.P.)

ISRAEL

Israeli Organization of Physiotherapists (I.O.P.)

ITALY

Associazione Italiana Fisioterapisti (A.I.F.I.)

LATVIA

Latvian Physiotherapists Association

LEBANON

The Order of Physiotherapists in Lebanon (O.P.T.L.)

LIECHTENSTEIN

Physiotherapeuten Verband Fuerstentum Liechtenstein (P.V.F.L.)

LITHUANIA

Lithuanian Physiotherapists Association

LUXEMBOURG

Association Luxembourgeoise des Kinésithérapeutes (A.L.K.)

MALTA

Malta Association of Physiotherapists (M.A.P.)

NETHERLANDS

Koninklijk Nederlands Genootschap voor Fysiotherapie (K.N.G.F.)

NORWAY

Norske Fysioterapeuters Forbund (N.F.F.)

POLAND

Polish Society of Physiotherapy – SP Zoz Zakkad Rehabilitacji

PORTUGAL

Associação Portuguesa de Fisioterapeutas (A.P.F.)

ROMANIA

Romanian Federation for Physical Therapy (RFPT)

SERBIA AND MONTENEGRO

Association of Physiotherapists of Serbia and Montenegro (APTS&Mn)

SPAIN

Asociación Española de Fisioterapeutas (A.E.F.)

SLOVENIA

Slovenian Association of Physiotherapists (S.A.P.)

SWEDEN

Legitimerade Sjukgymnasters Riksforbund (L.S.R.)

SWITZERLAND

Fédération Suisse des Physiotherapeutes (F.S.P.)

TURKEY

Turkey Physical Therapy Organisation (T.P.T.O.)

UK

Chartered Society of Physiotherapy (C.S.P.)

For further information, please consult the website www.physio-europe.org