### Physiotherapy on the road of experience – but what does the future hold?

### **Developments in physiotherapy in the UK**

Professor Ann P Moore Director, Clinical Research Centre for Health Professions, University of Brighton

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### Greetings from the UK and colleagues at the University of Brighton





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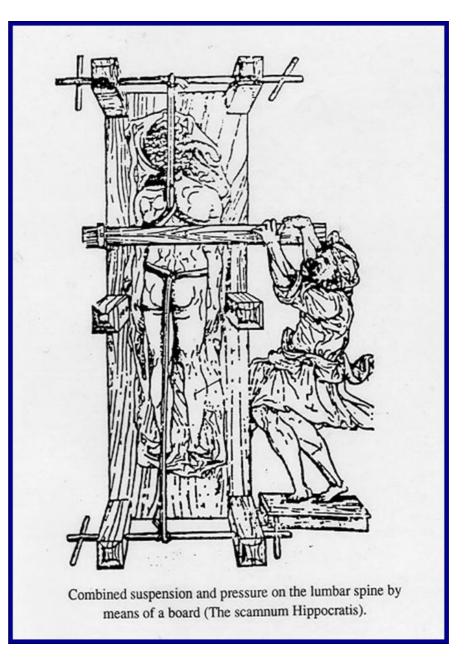


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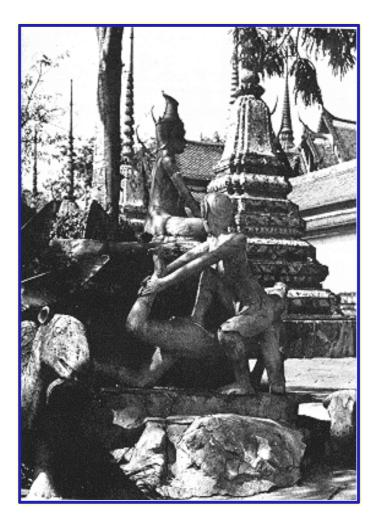
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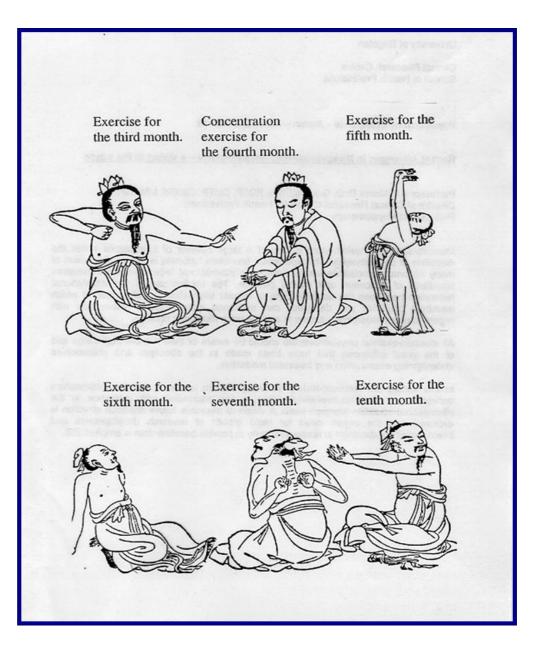
### Reduction of a lumbar disc lesion by manipulation displayed in a Buddhist temple in Thailand, regarded as being 2000 years old





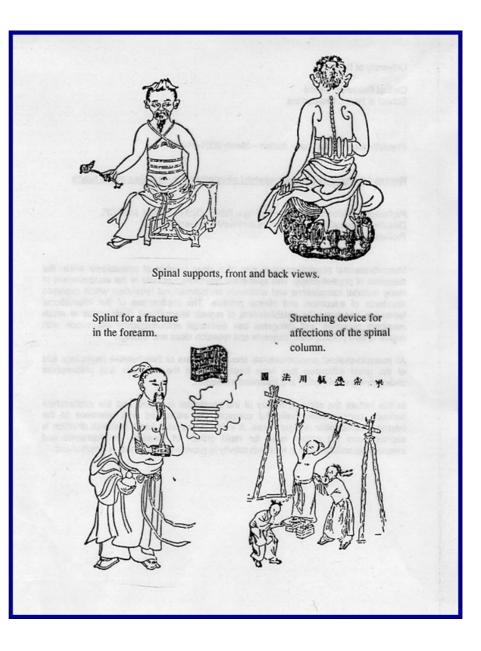
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FysioExpo 10/11 november RAI Amsterdam Manipulation during traction in medieval Turkey, shown in an illustration from Le Premier Manuscript Chirugical Turc de Charaf-Ed-Din (1645)





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# Historical overview of UK based physiotherapy

- 1868
  1976
  1977
  1977
  1992
- 1868CSP founded
  - First degree course in physiotherapy (University of Ulster)
  - HC 1977 Bill Physiotherapists given first contact rights
  - 1992 Physiotherapy became an all graduate entry profession



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- 1980's & 90's
- 1980's & 90's
- By 1990
- 2004

MSc programmes flourish Doctoral level study opportunities develop 6 physiotherapists in UK with PhD's approximately 200 physiotherapists with PhD's





- 2000 + Professional Doctorate programmes in health begin to develop
  - 003 The first Professional Doctorate in Physiotherapy developed at University of Brighton





### Irish Society of Chartered Physiotherapists celebrated 100 years of operation

### November 2005





FysioExpo 10/11 november RAI Amsterdam The physiotherapy profession has come a long way on its road of experience in a short time, but the profession varies internationally in terms of academic development





Combined suspension and pressure on the lumbar spine by means of a board (The scamnum Hippocratis).



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# Levels of academic study

- Pre Qualifying
  - Diploma
  - Undergraduate study
  - Masters level study
  - Doctoral level study (USA)
- Post Qualifying
  - Top up degrees
    - Masters degrees (MA's. MSc's, MRes)
    - PhD's
  - Professional Doctorates

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### Professional doctorates v traditional PhD programmes

Dimensions of professional doctorates in English higher education

Dimension	Variation		
	PhD	Professional Doctorate	
1. Career focus	Academics (especially in higher education) & career researchers	Senior professional practitioners	
2. Research Domain	Any topic within the subject of study	Research restricted to issues in professional practice	
3. Research Type	<ul> <li>' original investigation</li> <li>undertaken to gain new knowledge</li> <li>understanding but not</li> <li>necessarily directed towards any</li> <li>practical aim or application</li> </ul>	'original investigation undertaken to gain new knowledge & with practical aims & objectives	
4. Research Focus	Gap in the literature	Identified problem in professional practice	
5. Starting point for research	Literature review	Problem in professional practice	

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### Professional doctorates v traditional PhD programmes

Dimensions of professional doctorates in English higher education

	PhD	Professional Doctorate	
6. Intended Learning Outcomes	The capacity to make a significant original contribution to knowledge in the field of study through research	The capacity to make a significant original contribution to knowledge of professional practice through research. Plus one or more of the following: •Personal development •Professional level knowledge of the broad field of study •Understanding of professionalism in the field •Appreciation of the contribution of research to the work of senior professional practitioners	
7. Minimum entry qualifications	'Good' (1 <sup>st</sup> or 2.1) Honours degree in relevant subject	Masters degree in relevant subject	
8. Experience as admission requirement	No experience of subject required beyond that of a good Honours degree in a relevant subject	Evidence of significant relevant experience of professional practice in the field	

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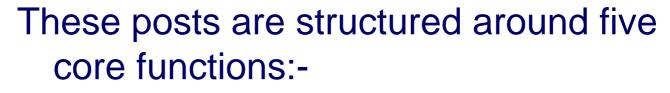
Educational developments need to keep pace with development of the profession

- Students
- Junior Physiotherapists
- Senior Physiotherapists
- Superintendent Physiotherapists
- Therapy Managers
- Extended Scope & Specialist Practitioners
- Consultant Physiotherapists

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# **The Consultant Physiotherapist**



- Expert practice
  - Professional leadership & consultancy
  - Education training & development
- Practice & Service Development
- **Research & Rehabilitation**

## A model of autonomy

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Mercer 1978 PhD thesis

Low clinical autonomy	because of	inexperience
"	66	choice
٤٢	66	attitudes of therapist
"	66	attitudes of doctor
Medium clinical autonomy	because of	experience
"	66	speciality
"	66	seniority
"	66	attitudes of therapist
66	66	attitudes of doctor
High clinical autonomy	because of	experience
"	66	speciality
£ 6	66	seniority
"	66	attitudes of therapist
"	66	attitudes of doctor

# **Clinical autonomy**

### **Factors**

- Experience
- Attitudes
- Choice
- Role development
- Political change
- Service delivery reorganisation



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# **Continuing Professional Development**

CPD is the educational process by which individuals maintain, enhance & develop their competence both personally & professionally

(CSP 2001)

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# CPD keeping pace with academic & professional development





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# Influences & pressures on physiotherapists professional development

- Individual practitioners
- Professional body
- Political
  - NHS
  - Educational
- Regulatory body (eg HPC)
- Higher education agenda

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# **Individual practitioners**

- Want / need:-
  - more autonomy
  - more CPD
  - Linked with
    - promotion / regrading
    - role satisfaction

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- Professional body
  - Quality assurance
  - Quality enhancement

 Related to practice, education and CPD

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# Political / Government Pressures

 Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

(World Health Organisation 1948)



## **Department of Health 1991**



### • Primary objective:-

"To see that research and development becomes an integral part of health care so that practitioners, managers and other staff find it natural to rely on the results of research in their day to day decision making and longer term strategic planning"

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# Clinical governance – quality in the new NHS

"Clinical governance can be defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"

(Secretary of State for Health, 1998, A first class service: quality in the new NHS. Department of Health)



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## New emphasis on:

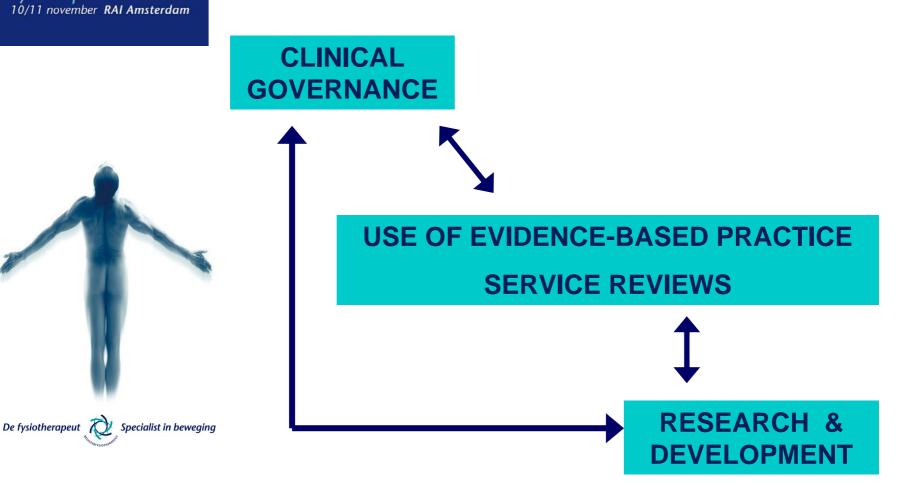
- Clinical effectiveness
- Evidence-based practice
- Application of national standards and clinical guidelines
- Clinical audit
- Multiprofessional working
- Staffing levels and skill mix
- CPD
- Working in teams



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- Clinical practice should be based on best available evidence of effectiveness
- Patients have a right to information as to effectiveness of treatments
- Healthcare professionals need to keep up to date with research evidence
- Implications for resources i.e. need access to literature databases
- Healthcare professionals need critical appraisal skills



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In the UK, patients have been affirmed as the most important people in the Health Service

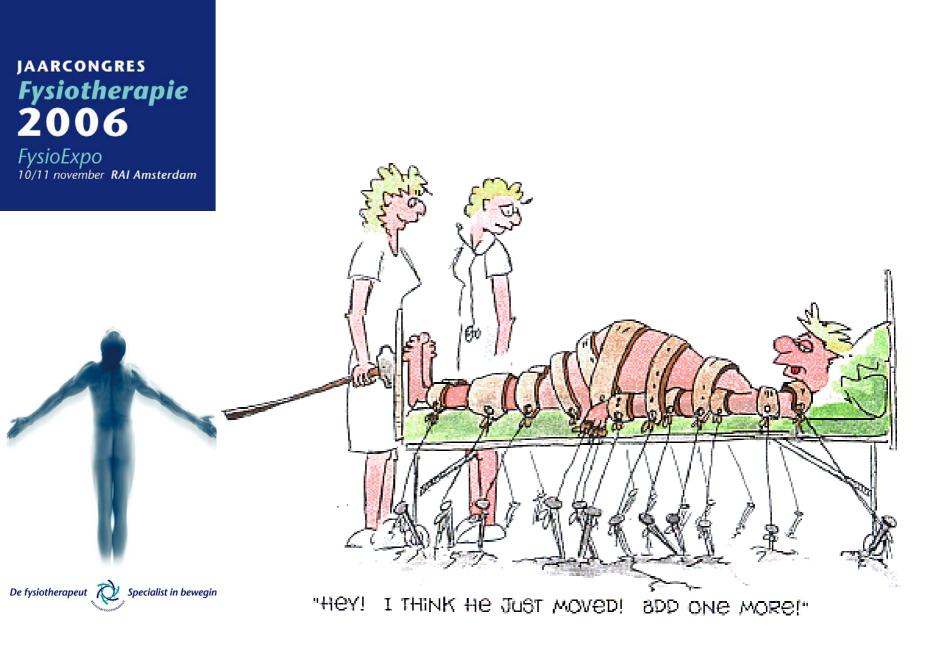
### It was acknowledged:



"This importance may not always be appreciated by patients who often feel talked at rather than listened to"

(Department of Health, 2000)





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# UK Government Recommendations

- More information for patients
- Greater patient choice
- Health services to become more patient centred

(Department of Health 2000)

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The need for patients to be the central focus of care is underpinned in the UK by:

- Government legislation
   (NHS Exec. 1999)
- Regulatory body standards
  - (HPC 2003)
- Professional standards
   (CSP 2002)



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NHS – More for less !

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## Summary of patient focused care

## **Patient focused care means:**

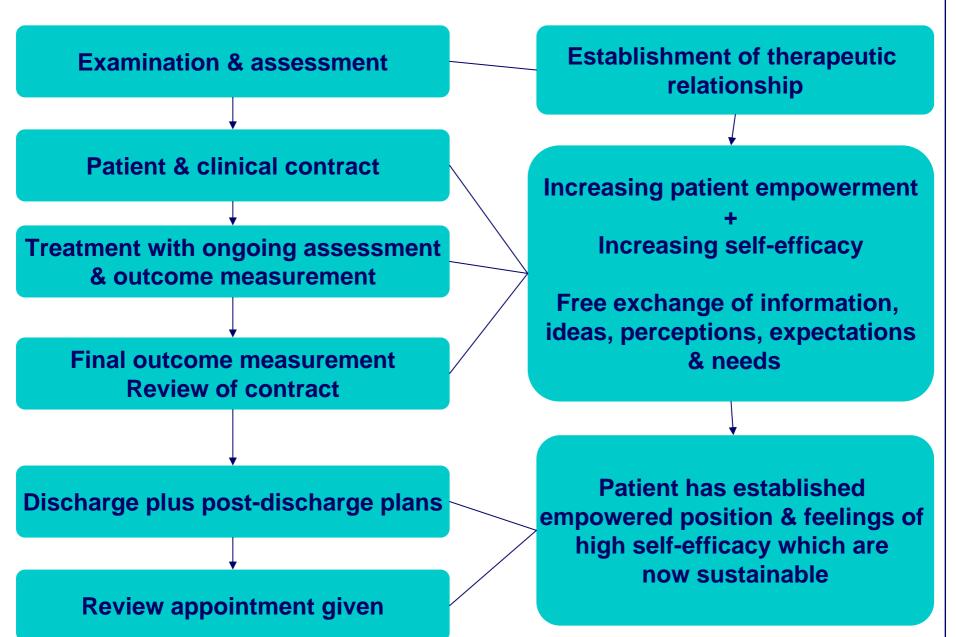
- Building a balanced therapeutic partnership/relationship which consists of trust, respect and understanding for patients ideas, beliefs, knowledge and values
- Increasing patient autonomy
- Involving patients in decision making
- Working within the biopsychosocial model of care

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"My physical therapist says this is the worst possible position you can lie in."

### **Patient Focused Examination & Treatment Continuum**



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## Regulatory body influences & pressures

- Standards of proficiency
- Code of conduct
- Statutory re-registration



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## What is CPD?

"We define CPD as 'a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice'.

(This definition is taken from the Allied Health Professions project, 'Demonstrating competence through CPD', 2002.)"

Health Professions Council, 2006



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# Higher education influences & pressures on professional development

- Academic staff
  - Expected to be research active
- More academic staff have PhD's
- Research culture growing in physiotherapy teaching departments
  - More research active staff
  - Research positive culture
  - More Professorial appointments
  - More collaboration with other professions
  - Research positive impact on student

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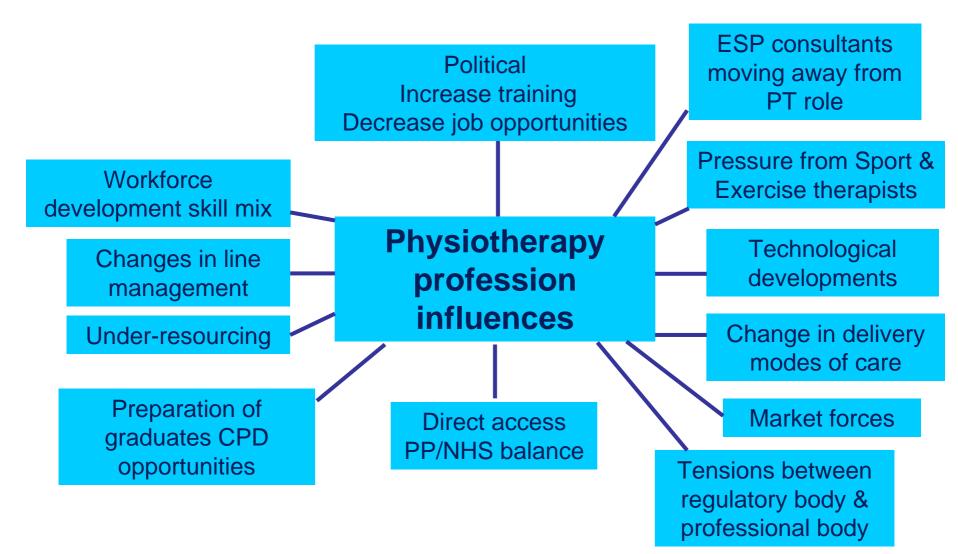
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## Higher Education Institutes increasingly engaging in inter professional learning

- Impact on:
  - Student experience in Higher Education
  - Client care
  - Professional relationships (Miller et al. 2006)

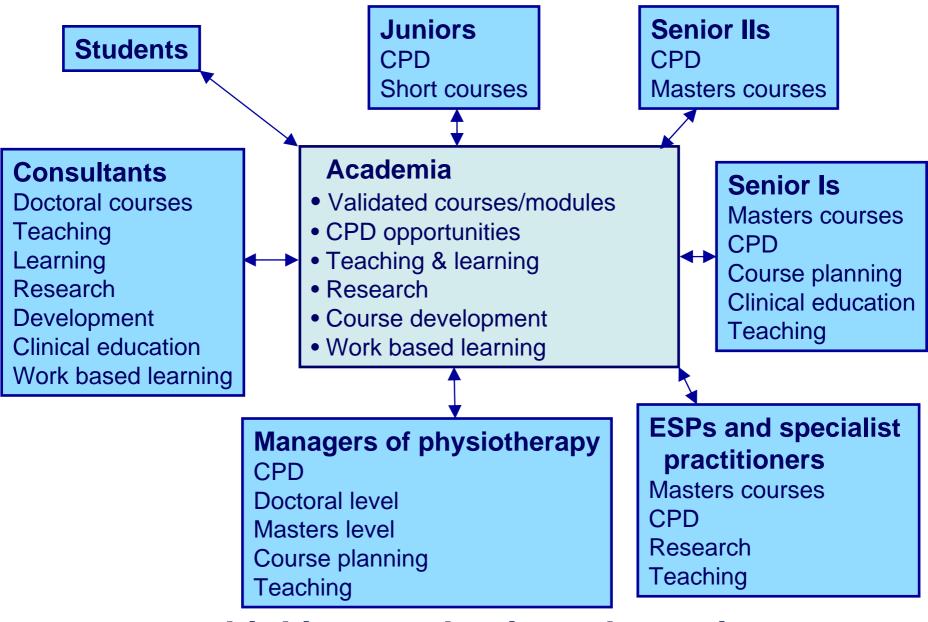
But – could have impact on professional identities





## So what about the future?

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- Physiotherapy Education
  - Increase in inter professional learning
  - Increased development of Clinical Educators
  - Increase in number of doctoral programmes
  - More emphasis on multi modal care
  - More emphasis on patient focused care in curriculum



## Linking academia and practice

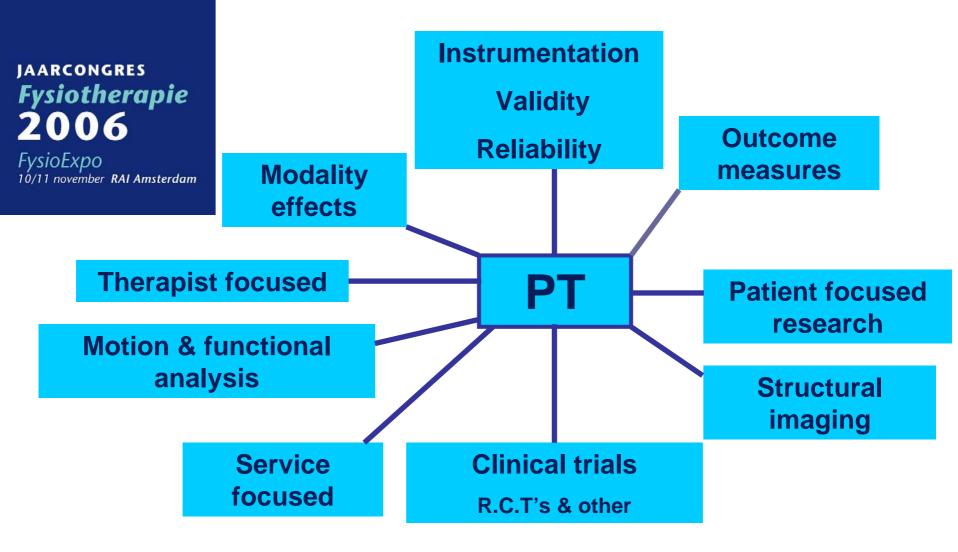
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## The future: research

- Increased usage of validated instruments eg. imaging
- Development of new outcome measures
- Increase in patient focused research
- Development of new research methodologies for evaluation of therapy
- Standardised data collection
- More collaborative research
- Increase in qualitative research
- Greater use of patient profiling in research & audit
- Greater involvement of patients in project design



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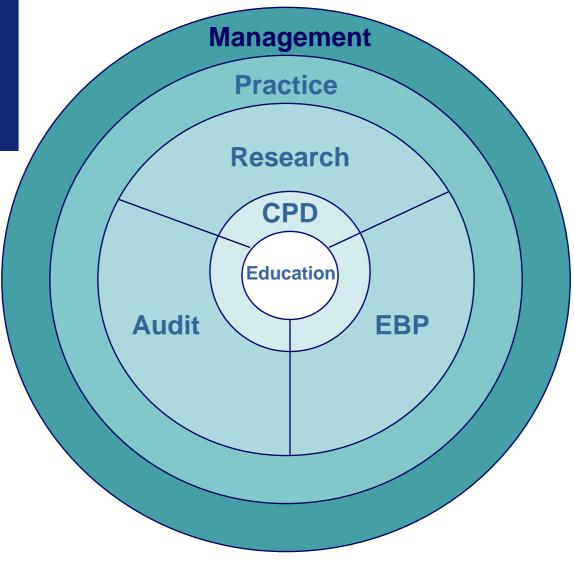
## **Practice: the future**

- Greater use of evidence
- Greater use of clinical guidelines
- More emphasis on understanding patient focus care
- Growth in numbers of Extended Scope Practitioners & Consultant Physiotherapists
- Increase in numbers of Clinical Researchers
- Growth in evidence globally in all disciplines
- Technological & pharmaceutical advances +++ in all areas of clinical speciality could lead to a reduced need for physiotherapy as we know it in many areas

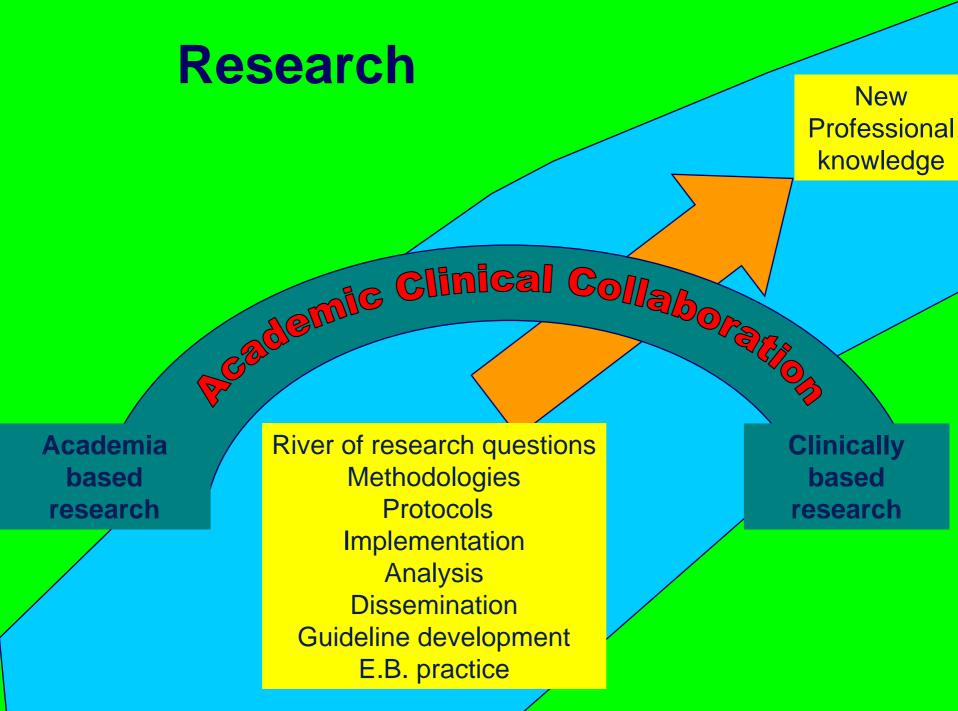
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## Physiotherapy <u>has</u> come a long way on its road of experience

We must now:

- Increase our evidence base ++
- Utilise good evidence appropriately
- Implement change as appropriate
- Capitalise on our strengths
- Be a supportive community



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' "Would you tell me please, which way I ought to go from here?" asked Alice.

"That depends a good deal on where you want to get to" said the cat. '

Lewis Carroll (1865)

Alice's Adventures in Wonderland

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## On the road to the future!



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# Physiotherapy on the road of experience – but what does the future hold?

## **Developments in physiotherapy in the UK**

## Thank you for listening.

