



**INTERIM REPORT ON  
RECOMMENDATION  
ON SPECIALISATION  
FOR  
PHYSIOTHERAPISTS  
WITHIN THE  
EUROPEAN REGION  
OF THE WCPT**

**ADOPTED at the  
General Meeting 25-27 May 2006  
Šibenik, Croatia**

**Interim report on Recommendation on Specialisation for  
Physiotherapists within the European Region of the WCPT**

**CONTENTS**

Introduction	3
Report on the investigation areas	4
Conclusions	5
Recommendations	7

**ANNEXES**

Annex 1 -List of information gathered from the questionnaire from the Member Organisations	8
Annex 2 - A proposed model for the development of Specialisation within Physiotherapy in the European Region of the WCPT	9

## **Introduction**

Description of specialisation within physiotherapy has been an ongoing process in the ER-WCPT since 1996. To observe the changes that occur within the concept of what a specialist physiotherapist is and the process employed to obtain specialisation, a model of specialisation should be defined as a reference. A Proposed Model for the Development of Specialisation, developed by The Education Working Group, was adopted at the General Meeting, May 2004.

The model was to be used as a reference by Member Organisations to develop specialisation models and to enhance the understanding of specialisation and the role and practice of the specialist. The proposed Model was at the same time to be used as a data-gathering instrument to give a status of the development of specialisation models in the member countries.

A survey tool was developed in 2005 as a questionnaire by the Education Working Group. It was sent out to all the Member Organisations (MO) together with the Proposed Model, containing the framework, proposed competencies and agreed core attributes of a specialist. The aim was to provide an updated survey of the status of specialisation for the GM 2006, and to proceed with the development of the Proposed Model to include status for the whole region.

Eleven completed questionnaires were returned, representing in a response rate of 33%: Austria, Cyprus, Denmark, Finland, Germany, Italy, Liechtenstein, Netherlands, Norway, Poland, and Spain.

(See the complete list of gathered data below.)

### **The information sought concerned the following areas:**

- Establishment of a formal process for specialisation
- Description of the formal process for specialisation, incl. guidelines, assessment of competence, specific descriptions and registration
- Areas of specialisation
- Usefulness of the framework of the ER-WCPT proposed model

Given the rather low response rate, it is not possible to draw valid conclusions. The report will be a brief descriptive interim report based on the five information areas in the questionnaire and the answers from the eleven MOs. It presents a picture of the situation and trends found in the analysis of the answers.

### **Report on the investigation areas:**

#### **Establishment of a formal process for specialisation in Physiotherapy**

##### **Description of the formal process for specialisation in Physiotherapy**

Eight out of the eleven answers from MOs reported that they have established a formal process. These eight answered the following:

- A large majority of answers report that their process/model includes guidelines, and all MOs have participated in the development of a process/model
- A large majority of answers report the theoretical competence to be at Masters level
- A large majority of answers report that they are responsible for assessment/evaluation of competence/attributes, some together with boards and/or authorities
- A majority of answers report that Specialists are registered and re-registration is included with specific requirements
- A majority of answers report that the specialists are not employed in specialist jobs
- Three answers present an established formal process/model with guidelines for theoretical, clinical and practical competence, supervision, assessment and specialist titles.
- Five answers present a formal specialist process/model with guidelines/requirements for competence based on requirements in Masters Programmes developed within specialisation areas. Their process/model does not seem to include specific formal requirements for clinical or practical competence.

#### **Countries without a formal process, do they have expert/specialist physiotherapists**

- Five out of the eleven answers report on this question. Two report that they have no formal process, and three report to have experts/specialists.
- Two answers from countries with no physiotherapy education programme report that they recognize specialists with competence developed in other countries
- Two answers report to depend on physiotherapists with Master degrees related to a specific area of specialisation.
- One answer reports a formal as well as non-formal process/model.

#### **Areas of specialisation**

- The answers show a trend towards specialisation in large general physiotherapy areas.
- Examples are Pediatric Physiotherapy; Musculoskeletal Physiotherapy, Manual Therapy, Neurorehabilitation, Sports Physiotherapy, Health promotion, Rehabilitation, Cardio -pulmonal physiotherapy, Psychosomatic/psychiatric physiotherapy
- A majority of answers report to have developed specific descriptions for the specialisation areas

#### **Usefulness of the Framework of the ER-WCPT Proposed Model**

The report from the MO's on this point can be summarized as follows:

A majority of answers report that the framework has been useful, examples:

- to help start the development process
- for future development of specialisation.
- for a professional/clinical reference in the different areas of education
- to accredit clinical practice
- to obtain a common framework inside the European Region
- to describe core attributes and general competence to reach formally regulated specialisation

### **Conclusions:**

Given the rather low response rate, 33%, it is difficult to draw a general and full picture of the status of specialisation within physiotherapy. As such the present report is limited and may not represent the European Region in full. In order to produce a complete picture it would seem of importance to develop a better overview of the state of specialisation in the MOs of ER-WCPT.

However some trends are found in the present material and may be seen as basis for a new investigation.

- From the answers received the majority of MOs report to have developed a process/model for specialisation or to be in a development process towards one. Many traits characterising the pathway to specialisation are common, i.e. the theoretical competence at master level, guidelines developed by the MOs, and a systematised registration. One trait is that in a majority of reports the specific formal requirements for competence within the clinical and practical areas are not part of the process/model. An answer sought in a future investigation could be whether these requirements will be developed to balance with the requirements for theoretical competence. (The ER-WCPT Policy Statement on Physiotherapy Education, 2004, says "Ensuring that specialisation pathways include both clinical and academic development and achievement").

The development of process/model presented seems to evolve along two types of pathways:

1. Process/models developed recently presented with a pathway based on formal competence programmes at Master level maybe to be followed later by requirements for documented clinical and practical competences to obtain a specialisation title.
  2. Process/models developed over years presented with a pathway based on documented clinical practise. The process/models have general requirements, specifically described core attributes and specialisation areas. Guidelines through the entire suggested framework are included, with described requirements for theoretical competence and for documented clinical and practical competence incl. supervision. Scientific boards for assessment and re-registration.
- The Education Working Group had expected that this survey could give enough data to be a basis for a Recommendation on Common Areas of Specialisation. Although there are many common choices in the areas and the low response rate is not found to give sufficient background. A survey done in the coming years would be of importance for this.
  - The MOs have found the Proposed Model useful for future development, with no amendments suggested to the Model/Framework. The Education Working Group finds it valuable to continue to use the Proposed Model as a tool to investigate the further development of specialisation models. More data needs to be collected from MOs with a new/developed process/model before a full Recommendation for Specialisation in Physiotherapy in the ER-WCPT can be presented.

**Recommendations:**

1. The Education Working Group should continue to develop and use the Proposed Model and Framework as an inspiration and a data-gathering instrument among the Member Organisations
2. The Education Working Group should undertake further data collection to give an updated survey of the status in the ER-WCPT with the aim of a more complete picture of models and areas in a future Recommendation for Specialisation within Physiotherapy

**Annex 1- List of information from the questionnaire gathered from the**

**Member Organisations**

**A / Have your MO established a formal process for specialisation for Physiotherapy in your country?**

	<b>A / Have your MO established a formal process for specialisation for Physiotherapy in your country?</b>	
	<b>Yes</b>	<b>No</b>
Austria	X	
Cyprus		X
Denmark	X	
Finland	X	
Germany	X	
Italy	X	
Liechtenstein		X
Netherlands	X	
Norway	X	
Poland	X	
Spain		X
<b>TOTAL</b>	<b>8</b>	<b>3</b>

**Yes(Please go to question B and D)**

**No (Please go to question C and D)**

**B / If yes, please describe your formal process for Physiotherapy specialisation using the general framework in the ER-WCPT**

<b>Process of the framework</b>	<b>Country</b>	<b>Please give explicit details of your system</b>
<b>What is the degree of the basic physiotherapy education in your country?</b>	Austria	Diploma (3 years)
	Denmark	Professional BSc (3½ years, BSc: 210 ECTS)
	Finland	BSC (3-4) years
	Germany	Diploma (3 years); BSc (3-4 years)
	Italy	3 years university basic "laurea" degree
	Netherlands	Professional BSc (4 years)
	Norway	BSc (3 years; 180 ECTS) +one compulsory year (clinical practice)
	Poland	BSc studies – 3 years
<b>How many years of general practice are required to start a specialist programme?</b>	Austria	No years of general practice required to enter in the master programme
	Denmark	2 years of general practice
	Finland	2 years of general practice
	Germany	It differs between 0 to 2 years.
	Italy	No years of general practice required to enter in the master programme
	Netherlands	No years of general practice required to enter in the master programme/ 2 – 3 years are expected.



General Meeting of the European Region of the WCPT 2006

	Norway	1 year of general practice
	Poland	2 years of general practice
<b>What are the requirements regarding theoretical competences?</b>	Austria	Master programme/ similar education;
	Denmark	Master programme/ similar education plus documented advanced courses and congresses (60 ECTS)
	Finland	Requirements after MSc or PhD: -education within the specialisation area -continuing education and post-graduate education in other areas
	Germany	Master programme/ similar education
	Italy	Master programme/ similar education
	Netherlands	In general theoretical expertise. Movement towards masters competence
	Norway	Master programme/ similar education or documented advanced courses (2 ½ year post graduate education)
<b>What are the requirements regarding clinical competences?</b>	Austria	No formal requirement: only clinical practice within the specialist area during the master programme/similar education with documented clinical supervision
	Denmark	Formal requirement: 3 years of clinical practice within the specialist area with documented clinical supervision (150 hours) (performed during master programme/similar education and clinical practice at the workplace)
	Finland	-3 years of practice under supervision in the area of specialisation or other specialists in physiotherapy. 2005 was a pilot year where you had a possibility to apply for the specialist title without supervision
	Germany	No formal requirement: only clinical practice within the specialist area during the master programme/similar education with documented clinical supervision
	Italy	No formal requirement: only clinical practice within the specialist area during the master programme/similar education with documented clinical supervision
	Netherlands	No formal requirement: a procedure including supervision and experience.
	Norway	Formal requirement: 3 years of clinical practice within the specialisation area with documented clinical supervision (proposal: available supervisor at least 3 hours per month) (performed during master programme/similar education and clinical practice at the workplace)
	Poland	No formal requirement: only clinical practice within the specialist area during the master programme/similar education with documented clinical supervision (2-4 weeks)
<b>What are the requirements regarding practical competence</b>	Austria	The practical competence is included but not documented
	Denmark	Documented clinical CPD, Est.60 ECTS
	Finland	Other activities area: Requirements: -publications -scientific presentations (oral and written) -consultations

General Meeting of the European Region of the WCPT 2006

	Germany	The practical competence is included but not documented
	Italy	The practical competence is included but not documented
	Norway	Clinical Master or documented clinical courses within the field (up till 800 hours)
	Poland	Courses/ seminars
<b>What is the general title of specialist in physiotherapy?</b>	Austria	no formal board is developed to assess/evaluate the competence/attributes of the specialist; only the specific master programmes give a formal title (for example MSc in ...)
	Denmark	A specialist board in the MO assess/evaluate the competence/attributes of the specialist; the title is "Specialist I Fysioterapi"
	Finland	Specialist physiotherapist
	Germany	no formal board is developed to assess/evaluate the competence/attributes of the specialist; only the specific master programmes give a formal title (for example MSc in ...)
	Italy	no formal board is developed to assess/evaluate the competence/attributes of the specialist; only the specific master programmes give a formal title (for example MSc in ...)
	Netherlands	no formal board is developed to assess/evaluate the competence/attributes of the specialist; only the specific master programmes give a formal title (for example MSc in ...)
	Norway	A specialist board in the MO assess/evaluate the competence/attributes of the specialist; the title is "Specialist I Fysioterapi"
	Poland	"specialist physiotherapist" (Mcs)

General Meeting of the European Region of the WCPT 2006

	Does the formal process include guidelines?		Who developed the guidelines for specialists?			Who is responsible for the assessment/evaluation of competence/attributes?			Areas of specialisation for Physiotherapy in your country:
	Yes	No	MO	Board	Author	MO	Board	Author	LIST
Austria	X		X			X			Through the master programmes the specialist areas are for example: Pulmology, Neurorehabilitation; Musculoskeletal physiotherapy; Sports
Denmark	X		X			X			Musculoskeletal physiotherapy-including gynaecological/ obstetric Sports physiotherapy, , Neurophysiotherapy, Pediatric physiotherapy, Gerontogeriatric physiotherapy, Psychosomatic/psychiatric, Physiotherapy Physiotherapy in rehabilitation Prevention and health promotion
Finland	X		X	X		X			Paediatric physiotherapy, Musculoskeletal physiotherapy Neurological physiotherapy Primaryhealthcare phys.ther.
Germany	X		X		X	X			Manual therapy, Manual lymphdrainage, PNF, Bobath (adult and children), Vojta (adult and children), Medical training therapy
Italy		X	X	X	X	X		X	Manual Therapy – Cardio/pulmonary rehabilitation – Stroke Management – Pediatrics – Orthopedics
Netherlands	X		X			X			
Norway	X		X		X	X			General Physiotherapy Manipulative therapy Physiotherapy for children Preventive physiotherapy and ergonomics Psychiatric and psychosomatic, Sports physiotherapy Rehabilitation -within Gerontologic and Geriatric phys.ther. -within Cardio – and Pulmonal, within Neurologic phys.ther., within Obstetric phys.ther. within Orthopaedic phys.ther within Rheumatologic phys.ther.
Poland	X		X	X			X		General Specialisation
TOTAL	7	1	8	3	3	7	1	1	

General Meeting of the European Region of the WCPT 2006

	Have you developed specific descriptions for the specialisation areas?		Are the specialists registered as specialists?		Does your system include re-registration as a specialist?			Are the physiotherapists employed in specialist positions/jobs?	
	Yes	No	Yes	No	Yes	How	No	Yes	No
Austria		X		X			X		X
Denmark	X		X		X	Every 7 <sup>th</sup> year you must specify that you have worked corresponding to 2 days weekly in the spec. area			X
Finland	X		X		X	Specialist title lasts for 5 years and after that a new application must be sent			X
Germany	X		X		X			X	
Italy		X		X			X		X
Netherlands	X		X		X	By 5-years cycle of re-registration based on continuous professional development.			X
Norway	X		X		X	180 hours courses and supervision and 2 years fulltime practice within the specialisation field within a period of 7 years.		X	
Poland	X		X				X	X	
TOTAL	6	2	6	2	5		3	3	5

**C / If no, does your country have physiotherapists who are experts/specialists?**

	<b>C/ If no, does your country have physiotherapists who are experts/specialists?</b>		
	No	Yes	Describe the informal process to become an expert/specialist: (competence level; recognition; describe your definition of a specialist?)
Cyprus	X		We recognise specialists only if they are accepted in the country they received their qualifications.
Finland		X	<p>-Basic physiotherapy education and member of our association                      -The applicant needs to gather 200 points from areas of education, clinical work and other activities.                      Education from the area of specialisation or continuing education and post-graduate education in other areas                      Clinical work: two years general practice as a physiotherapist and three years under supervision in the area of specialisation.                      Other activities: documented knowledge within publications, scientific presentations and consultations.                      The title, Specialist in physiotherapy is granted for five years. We haven't yet decided how they are going to update their title.                      Definition of a specialist:                      A specialist is someone who                      -is a forerunner of physiotherapy in the area of specialisation                      -demonstrates advanced knowledge and skills within specified areas of practice                      -demonstrates evidence-based practice through the process of clinical reasoning and decision-making                      -generates new knowledge and skills                      -disseminates knowledge and skills                      -demonstrates advanced ethical awareness and responsibilities in special areas</p>
Italy	X		We have a formal process (basic degree + master) who "expertise" subjects in specialization areas, but don't have a public job system who recognize it.
Liechtenstein		X	The post graduate development is the responsibility of the individual physiotherapist. The level and degree is decided by the member and there is no formal recognition of the post graduate education except for osteopathy.
Spain		X	<p>In Spain, the specialisation model for physiotherapist depends on the Universities. Each University offers advanced courses or master related to a specific area of specialisation (Respiratory Physiotherapy, Neurophysiotherapy, Musculoskeletal Physiotherapy, Geriatric Physiotherapy, etc), but there aren't common criteria for all Universities in relation with the number of hours, contents even the areas of specialisation. They had autonomous to design and offer their own official postgraduate titles of specialisation.</p> <p>Nowadays, the government of Spain is working in order to develop a new model adapted to the Process of European Convergence, with official postgraduate o master degrees common for the whole country as the way for the specialisation.</p>
TOTAL	2	3	

**D / Please comment on the usefulness of the framework of the ER-WCPT on specialisation Recommendation**

	<b>C/ Please comment on the usefulness of the framework of the ER-WCPT on specialisation Recommendation</b>
Cyprus	It can be used for future development since specialisation is one of the long term goals of our association.
Denmark	The framework has been a good model for DF to develop the existing model. The development has taken place parallel to the work of ER-WCPT. The description of general competence is very important, because it shows the general importance of specialisation as a tool to evaluate and accredit physiotherapists at a highly documented level of clinical practice and as a tool to develop the clinical professional expertise and profile. The model of development of competence gives an easy way to describe the development process to the specialist title.
Finland	It was very useful and helps to start the work. Only problem was the competence level because we have now so many 'potential specialists' who doesn't have master degree. So we have to make compromise.
Liechtenstein	We find the Statement very useful as a reference, but as our country has no educational programmes we cannot fully implement the Statements.
Norway	NFF is in a process with authorities to convert the specialisation within the Member Organisation into a formal/state regulated specialisation. We will use the framework to describe the core attributes of a Specialist.
Poland	Generally Useful
Spain	We think that is very useful the Working Group in the different areas of the education, basic and postgraduate, in order to obtain a common framework inside the European Region, particularly now with the development of the European Convergence Process.

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



**RECOMMENDATION  
FOR A PROPOSED  
MODEL FOR THE  
DEVELOPMENT OF  
SPECIALISATION  
WITHIN  
PHYSIOTHERAPY IN  
THE EUROPEAN  
REGION OF THE  
WCPT**

**ADOPTED at the  
General Meeting 25-27 May 2006  
Šibenik, Croatia**

**Recommendation for a proposed model for the development of  
Specialisation within Physiotherapy in the European Region of the  
WCPT**

**CONTENTS**

Summary	3
Introduction	4
The concept of specialisation, proposed competencies	5
Core attributes for a specialist in physiotherapy	6
The process of specialisation	6
An illustration of a formal process for specialisation	7/8
Annex 1: ER-WCPT work on development of specialisation 1996-2003	9
Annex 2: WCPT Position Statement on specialisation, Washington 1995	11
Conclusions	13
Acknowledgements	14
References	15



## **Summary**

### **The proposed model contains the following sections**

- The concept of specialisation
- The process of specialisation
- The core attributes for a specialist in physiotherapy
- Suggested framework for a formal process to specialisation

The Proposed Model for the Development of Specialisation within Physiotherapy in the European Region of WCPT is a tool to describe the situation of physiotherapy specialisation in physiotherapy developed by the physiotherapy Member Organisations in Europe.

The model is also meant to be used as a reference by Member Organisations who want to start a process to develop a model for specialisation.

The Proposed Model is meant to enhance the understanding of specialisation and the role and practice of the specialist, and may enhance the movement of such individuals across Europe and beyond.

The model is based on the work and results from a series of meetings and conferences on post basic education and specialisation held in the SLCP (Standing Liaison Committee of Physiotherapists within the European Community) and the ER-WCPT (European Region of the WCPT) in the 1990es (Annex 1). The model is also based on the vision of free migration for physiotherapists in Europe and world wide. The European Region model incorporates the WCPT Position Statement on specialisation from 1995 (Annex 2).

The model *has been* a reference for a coming questionnaire to the MOs *in 2005*- a questionnaire that *should* (will) enable the ER-WCPT Working Group on education matters to collect data material - for the development of a coming systematic description of specialisation processes in the European Member Organisations.

## **Introduction**

In the past years, consideration of the description of a specialist within physiotherapy has received a great deal of attention within the ER-WCPT. The work to date is outlined in Annex 1.

To observe the changes that occur within the concept of what a specialist physiotherapist is and the processes employed to obtain specialisation, a model of specialisation should be defined. This will enhance the understanding of specialisation and the role and practice of the specialist, and may ultimately enhance the movement of such individuals across Europe and beyond.

## **The use of a model**

This model, described below, will simply provide the basis for the design of an appropriate data-gathering instrument. This *has been* (will be) circulated to each Member Organisation in 2005 and the output of this survey will be presented to the MO's *to be adopted at the GM 2006*.

## **Definition of a model of specialisation for physiotherapists**

This model, or paradigm, contains a suggested framework and incorporates the agreed core attributes of a specialist. These attributes are the output of any process chosen by an individual physiotherapist. This is the endpoint of many potential pathways; one such pathway is illustrated in this document. It results from informal discussions within and between the professional associations of physiotherapists within the European Region of the WCPT.

**The concept of specialisation / Proposed description of competencies in specialisation**

A physiotherapist who is a specialist has advanced theoretical knowledge and skills within a specified field of competence.

**A physiotherapist who is a specialist:**

Applies knowledge  
Mediates knowledge  
Develops knowledge

**Applies knowledge**

The advanced knowledge and clinical competence of the specialist is based upon critical reasoning and judgement. The term clinical competence refers to the combination of theoretical knowledge and practical actions, skills, experience and set of values represented in the dimensions of intervention particular to each area of speciality.

Competence includes the capacity for clinical reasoning, reflection and decision-making. This implies knowledge about professional development and research, organisation and administrative planning.

**Mediates knowledge**

The specialist demonstrates advanced knowledge and educational competence in relation to mentoring, teaching, and supervision. The specialist disseminates acquired knowledge and skills internally within the work-place as well as externally towards society.

**Develops knowledge**

The specialist adopts a constructively critical attitude and demonstrates responsibility and flexibility towards new knowledge, clinical methods, and models of organisation, treatment programmes, and inter-professional collaboration in order to optimise intervention in an area of speciality.

The specialist actively seeks out new information and stays in touch with the development of new knowledge in order to implement best known evidence. The specialist participates in research in an area of practice, publishes and presents research findings, bringing new knowledge to the field.

## **Core attributes for a specialist in physiotherapy**

### **“The Vienna description”**

Profile of core attributes of a physiotherapy specialist was adopted at the Meeting on Post Basic Education, Vienna, 29.-31. October, 1999, and revised and approved at GM 2002, Budapest

The description represents a profile of core attributes of a specialist.

The description develops the expected attributes of the entry access practitioner.

According to the Vienna meeting a specialist is someone who:

Demonstrates advanced knowledge and skills within specified areas of practice.

Demonstrates evidence-based practice through the process of clinical reasoning and decision-making, allowing knowledge to be applied to complex and different situations

Demonstrates an educational role, for example as a mentor  
Participates in research

Generates new knowledge and skills

Disseminates knowledge and skills

Demonstrates leadership

Demonstrates a critical understanding of the context in which practice occurs, for example: social, cultural, political, inter-professional collaboration.

\*(Demonstrates advanced ethical awareness and responsibilities in specific areas)

\* A deletion of this core attribute was proposed and deleted at GM 2002, Budapest

## **The process of specialisation**

The process to achieve the desired specialist attributes may be formal or informal. The output remains paramount. The process described within this document forms the basis of a data gathering exercise; it is not a mandatory formal process and should not be adopted as such.

There will always be a formal evaluation of an individual who wishes to consider eligible for the title of specialist physiotherapist.

The informal process will be self-directed and not prescriptive.

The formal process undertaken by an individual physiotherapy specialist may include testing and acknowledging the appropriate advanced theoretical and clinical knowledge and skills of the speciality.

It is expected that both the formal and informal processes will be fully documented by the applicant, through a systematic record and supporting evidence.

### **Framework for a formal process**

The suggested framework **illustrated in Fig.1** forms the basis of questionnaire design and will be used to enable the ER-WCPT to obtain information about the processes employed by individual members of MOs to become specialist physiotherapists.

The following is a **glossary** to explain the process outlined in this document,  
See Figure 1.

#### **Basic education level in physiotherapy (Certificate/Diploma; BSc; MSc)**

Entrance to the process towards specialisation. Education systems in the European countries still provide different degrees for entrance to the profession (3-4 years).

#### **General practice**

The number of years in general practice required by each country to obtain entrance to the specialist programme and validation  
Experience in general practice is obligatory in order to become a specialist with most countries recommending a minimum of 2-3 years. The general practice may run parallel with the development of theoretical, clinical and practical competence.

#### **Theoretical, clinical and practical competence**

The vision of a specialist

The competence consists of three areas within the field of specialisation, all areas to be documented. Attributes and sub-outcomes of a specialist are linked to these three areas.

Practical/clinical expertise, sustained by courses, seminars, work shops and learning from practise

Clinical (or field) expertise developed through supervision from other specialists in physiotherapy.

Theoretical expertise developed through academic education within the specialisation area (Master level/second cycle) and through documented participation in advanced courses, congresses, work shops etc.

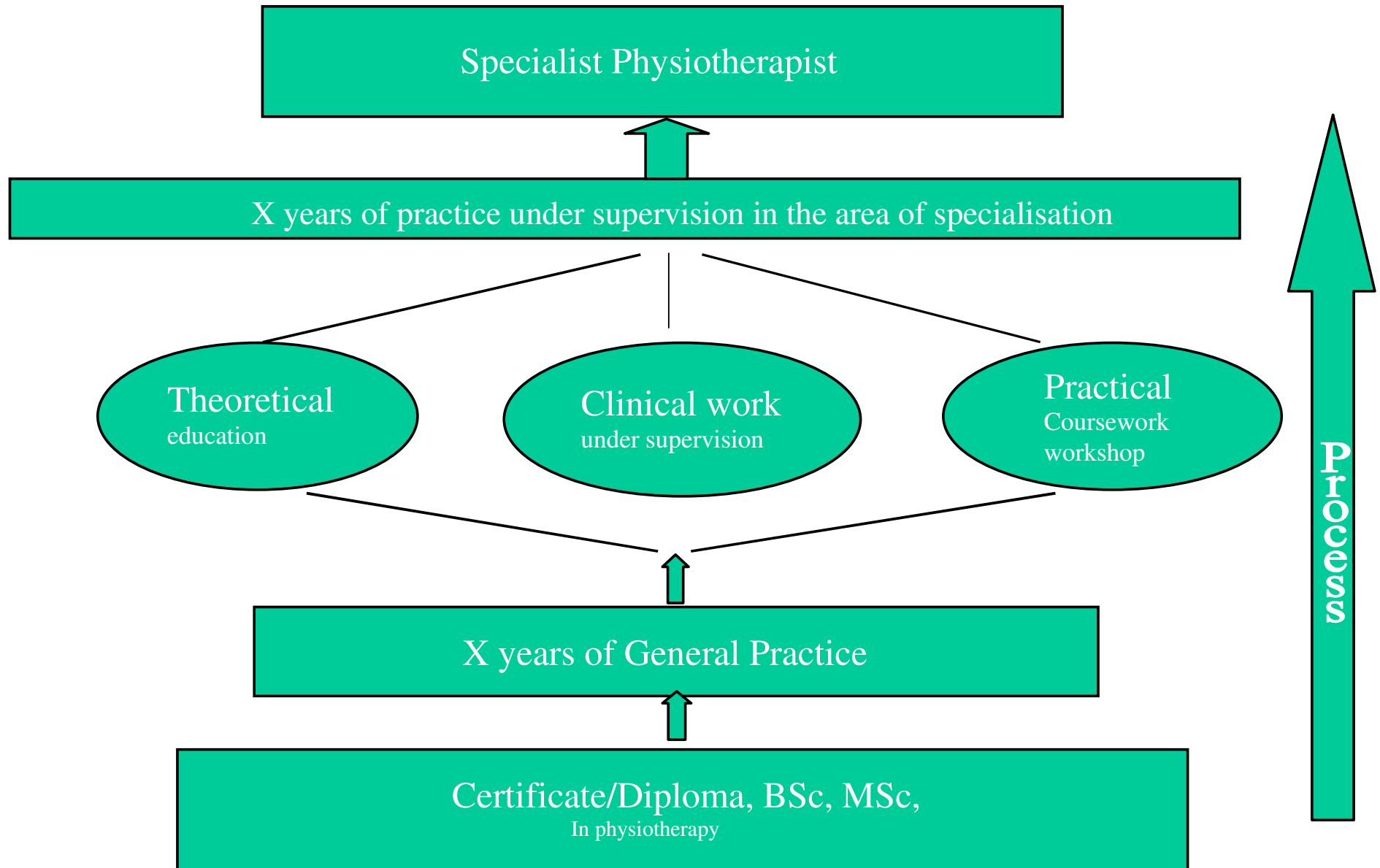
#### **Practise under supervision**

The years of practise under supervision describes the number of years required by each country to obtain the specialist competence level

#### **Specialist Physiotherapist**

Title of the specialist physiotherapist within the specialist area

Figure 1. An illustration of a formal process for specialisation



## **Annex 1- ER-WCPT work on development of specialisation 1996-2003**

### **Previous work on specialisation**

The work on specialisation started with the work on education within the scope of SLCP, especially the work done on Post Basic Education. This work started in November 1996 when an SLCP-conference on Post Basic Education in physiotherapy within the EU was held in Stockholm. One of the major outcomes of the conference was the unanimous wish to further the work on specialisation.

### **The Estoril meeting**

Specialisation in Physiotherapy was a major issue at the Conference on Post Basic Education in April 1998 in Estoril, Portugal. At this conference an outcome based model for specialisation was advocated. According to the meeting a specialist can be described in terms of process, structure and outcome.

The definition was afterwards sent to the Member Organisations asking for their opinion on the definition. Viewpoints came from some countries. These were considered in the further work. Most countries chose to wait and see. This was understood as a support for further development.

### **The Vienna meeting**

At a Meeting on Post Basic Education in Vienna, October 1999, it was agreed on a profile of core attributes of a physiotherapy specialist. This further develops the expected attributes of the entry access practitioner. There was general agreement, by all discussion groups, that sub-outcomes should be developed. It was, however, considered that national Member Organisations together with others that are involved in provision of education should contribute to this exercise.

### **Education Matters Working Group**

In 1999 the Executive Committee of the ER-WCPT established an Education Working Group. In London February 2000 terms of reference and a work plan were formulated. To further the project work on Specialisation the following action plan was prioritised:

- Review of previous work on Specialisation;
- Clarification of principles of producing evidence of knowledge;
- Extension of existing profile based on criteria;
- Consider method of consultation with Member Organisations;
- Draft paper to the executive committee meeting 2001-03-01.

The recognition of a specialist should start with criteria of basic education. It was pointed out that the links between specialisation and employment and also the relevance to migration were important.

In Edinburgh October 2000, the action plan for the work on specialisation was set forth. The Working Group discussed the necessity to emphasise the difference between specific clinical expertise, high academic achievement, and specialisation in physiotherapy.

At the meetings in Edinburgh, October 2000, Stratford-on-Avon, March 2001, in Limassol, Cyprus November 2001, in Estoril February 2002 and in Edinburgh September 2002 the work on specialisation was further developed.

## Annex 2 - WCPT Position Statement on specialisation, Washington 1995

- I. Physical therapy specialisation is the application of advanced clinical competence by a physical therapist qualified in a defined area of practice within the field of activity recognised as physical therapy.
- II. Advanced clinical competence is the demonstration of knowledge and skills beyond those required for entry basic professional practice.
- III. A physical therapy speciality is a prescribed area of physical therapy practice formally recognised by a Member Organisation within which it is possible for a physical therapist to develop and demonstrate higher levels of knowledge and skills. Specialisation is not to be considered or implied to mean a limitation or restriction of practice. The fields of activity recognised as physical therapy will remain open to all appropriately qualified physical therapists both specialists and non-specialist practitioners working within their respective levels of competence.
- IV. A physical therapy specialist is a physical therapist that can demonstrate advanced clinical competence in a physical therapy speciality by satisfying the requirements of suitable procedure for the formal recognition of his/her knowledge and skills by a Member Organisation or its accredited agent.
- V. The qualification of a physical therapy specialist will include a formal process for testing and acknowledging the appropriate advanced clinical knowledge and skills of the speciality. It is expected that the formal process will be fully documented.

### Key elements

Specialisation should occur within a recognised branch of physiotherapy practice; Specialisation should demand “advanced clinical competence”, defined as “the demonstration of knowledge and skills beyond those required for entry to basic professional practice”:

Specialisation **does not** imply restriction of practice to those not recognised as a “specialist”;

Recognition as a specialist should be secured through demonstrating advanced clinical competence through “suitable procedures” that are “fully documented”.

### Appendix to position statement

The formal process of specialist qualification should provide

A board, council or committee of or accredited by the Member Organisation specifically established and mandated to act in all matters concerned with the qualification of specialist physical therapists.

A board, council or committee of or accredited by the Member Organisation to establish and monitor the requirements of each recognised speciality.

The participation by representatives of recognised medical and other health professions as and when appropriate.

The formal process of specialist qualification should be open to all appropriately qualified physical therapists that meet the defined and published criteria of the responsible boards, councils or committee of or accredited by the Member Organisation.

In so far as the Member Organisation bears final responsibility for all matters concerned with specialisation it has a duty to institute and publish appeals procedures which it or its accredited agent(s) will independently administer in the interest of individual or groups of physical therapists with a grievance in matters concerned with specialisation.



### **Conclusion 2004**

This draft recommendation is part of an ongoing process in ER-WCPT.

The recommendation is expected to give a conclusion at the GM 2006.

Conclusion from the GM 2004 is that this draft recommendation should mainly be used as

- a reference to start a process for the development of specialisation in the European Physiotherapist Member Organisations
- a reference for a coming questionnaire to the MOs - a questionnaire that will enable the ER-WCPT Working Group on education matters to collect data material - for the development of a coming systematic description of specialisation processes in the European Member Organisations.

### **Conclusion 2006**

This draft recommendation is still a part of an ongoing process in ER-WCPT.

The model - containing framework, proposed competencies and agreed core attributes of a specialist - was sent out with a questionnaire to the Member Organisations 2005. Answers were to give a status of the development of specialisation models in the member countries.

The answers were collected by the Education Working Group and presented systematically country by country.

An analysis of the answers trends of specialisation in physiotherapy in the ER-WCPT were found and described.

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## **Reference Documents**

Proceeding of Cyprus workshop, ER-WCPT, 2001  
Contact: [physio.europe@tiscali.be](mailto:physio.europe@tiscali.be)

Post Basic Physiotherapy Education, ER-WCPT, Feb 2001  
Contact: [physio.europe@tiscali.be](mailto:physio.europe@tiscali.be)

European Benchmark Statement, ER-WCPT 2003  
<http://www.physio-europe.org/index.php?action=28>  
Benchmark statement: Health care programmes. The QAA for higher education ISBN 1 85824 570 2  
[www.qaa.ac.uk](http://www.qaa.ac.uk)

Education policy statement, ER – WCPT 2004  
<http://www.physio-europe.org/index.php?action=29>

Core standards of Physiotherapy Practice 2002  
<http://www.physio-europe.org/index.php?action=19>

Health policy of the ER-WCPT  
<http://www.physio-europe.org/index.php?action=downloads&downloadarea=17>

The Bologna declaration on the European higher education area (Bologna 1999)  
[http://europa.eu.int/comm/education/policies/educ/bologna/bologna\\_en.html](http://europa.eu.int/comm/education/policies/educ/bologna/bologna_en.html)

Diploma supplement, latest update  
[http://europa.eu.int/comm/education/policies/rec\\_qual/recognition/diploma\\_en.html](http://europa.eu.int/comm/education/policies/rec_qual/recognition/diploma_en.html)

Evaluation of European higher education  
<http://www.enqa.net/files/procedures.pdf>

Two decades of reform in higher education in Europe: 1980 onwards –Eurydice 2000  
<http://www.eurydice.org/Documents/ref20/en/FrameSet.htm>

Proceedings UNESCO – World conference on higher education (Oct 1998)  
[http://portal.unesco.org/education/en/ev.php-URL\\_ID=1935&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/education/en/ev.php-URL_ID=1935&URL_DO=DO_TOPIC&URL_SECTION=201.html)

The European dimension of education: its nature, content and prospects (EC Soc Committee July 2001)  
[http://europa.eu.int/eur-lex/pri/en/oj/dat/2001/c\\_139/c\\_13920010511en00850092.pdf](http://europa.eu.int/eur-lex/pri/en/oj/dat/2001/c_139/c_13920010511en00850092.pdf)