



EUROPEAN REGION

**World Confederation
for Physical Therapy**

Monitoring Report on Specialisation for Physiotherapists within the European Region of the WCPT

ADOPTED at the
General Meeting 22-24 May 2008
Athens, Greece

MONITORING REPORT ON SPECIALISATION FOR PHYSIOTHERAPISTS WITHIN THE EUROPEAN REGION OF THE WCPT

European Region of the World Confederation for Physical Therapy (WCPT) Education Matters WG

1. Introduction

Describing the status of **Specialisation within physiotherapy** has been an ongoing process in the ER-WCPT since 1996. The Definition of specialisation and changes occurring within the European countries have been described in a Proposed Model for the Development of Specialisation, adopted at the ER-WCPT General Meeting 2004 in Cyprus.

In 2005 a first Questionnaire was sent to all Member Organisations (Member Organisations) together with the Proposed Model. Eleven Member Organisations returned the Questionnaire, a response rate of only 33%. As a result of this an Interim Report on the status of Specialisation was adopted at the General meeting in Croatia, 2006.

The recommendations from the first report were:

To undertake further data collection and to give an updated survey of the status in the ER-WCPT with the aim to obtain a more complete picture of models and areas of specialisation and to give a future recommendation for the Specialisation within physiotherapy in Europe.

Based on these recommendations the Working Group on Education Matters have sent out a second questionnaire in 2007 to the 35 Member Organisations of ER-WCPT. 25 Member Organisations returned the questionnaire.

The second questionnaire is based on the questionnaire from 2005. A few new questions have been added.

2. Results from the Questionnaire

The Questionnaire was sent to 35 Member Organisations within the ER-WCPT. 25 Questionnaires were returned. That gives a response rate of 71.4%.

The Questionnaire has the following areas:

- A. Member Organisation and the formal process for Specialisation

- B.** Describing the formal process for Specialisation using the general framework developed by the ER-WCPT
- C.** Describing the situation if there is no formal process for Specialisation in the country
- D.** Usefulness of ER-WCPT recommendation

It has been recognised that limitation of the data gathering instrument was the way the questionnaire was designed. It excluded the possibility of answers from countries where the specialisations exists, based on ER-WCPT attributes, and independent formal evaluation of those attributes, as it is the case of Ireland.

A. Member Organisation and the formal process for Specialisation

11 of 25 Member Organisations have established a formal process for specialisation in physiotherapy in their countries.

14 of 25 Member Organisations have not established a formal process for specialisation in physiotherapy in their countries.

B. Describing the formal process for Specialisation using the general framework developed by the ER-WCPT

All questions in part B are concerned with the 11 Member Organisations who have established a formal process for specialisation. In some questions multiple answers were possible.

10 countries report to have the BSc (Bologna 1st cycle) as the basic physiotherapy education. 1 country has the MSc (Bologna 2nd cycle) and some countries report to have both BSc, MSc and Certificate/diploma.

6 countries have “no requirements” before starting a specialist programme. 2 countries have “less than 2 years” and 4 countries have “2 – 3 years” of general practice needed to obtain entrance to the specialist programme.

In 7 countries a MSc is the required level of theoretical competence. In 4 countries documented advanced education or courses is required.

Regarding clinical competence the requirements are reported as follows: 2 countries “no requirements”, 5 countries “documented clinical expertise” and 2 countries “documented clinical expertise developed through supervision”.

Regarding practical competence the requirements are reported: 2 countries “no requirements”, 3 countries “documented practical / clinical expertise” and 4 countries “documented clinical expertise developed through supervision”.

The formal / general title “Specialist in physiotherapy” or “Specialist in different areas of competence” is used in almost all countries (8 out of 11). In some countries (3 out of 11) the title “Master” is used.

The formal process for specialisation includes guidelines / frameworks in 7 countries, while in 2 countries the formal process does not include guidelines / frameworks.

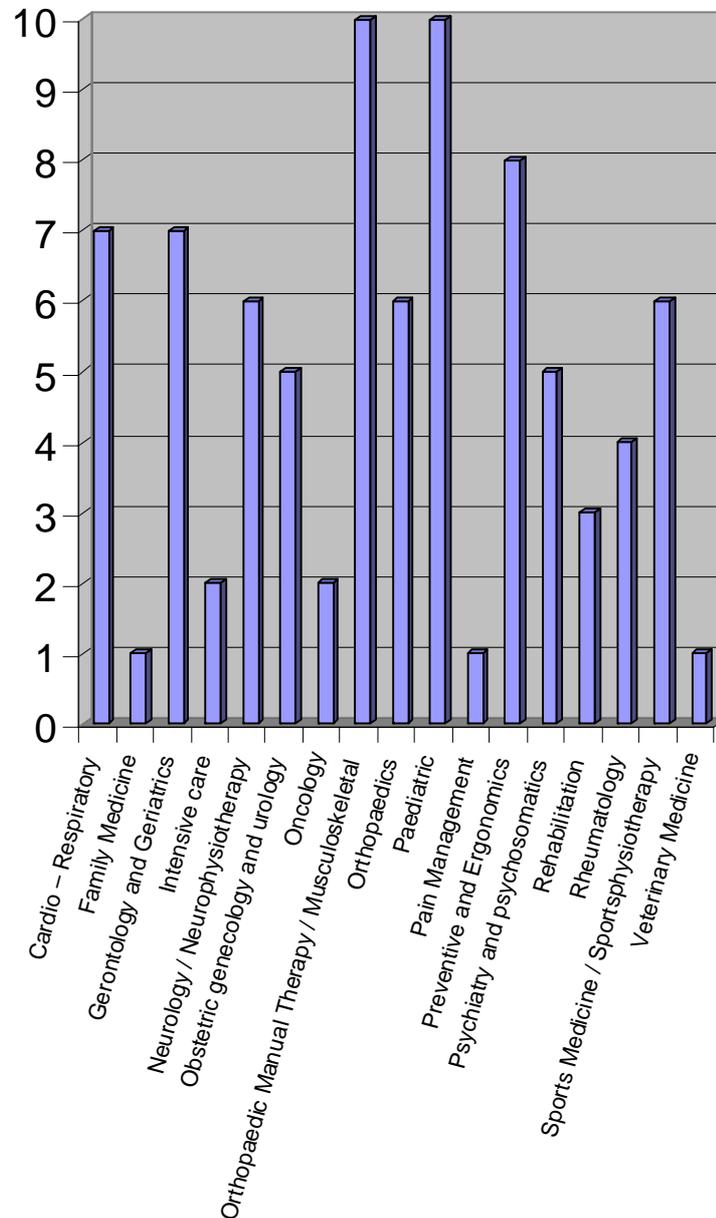
The guidelines / frameworks for specialists are in 3 countries developed by the Member Organisations. In other countries the guidelines / frameworks are developed by a “board of specialists”/“authorities” or in most cases by a combination of these groups.

In the majority of cases (8 out of 11) the Member Organisation is responsible for the assessment / evaluation of competence / attributes. In some countries (4 out of 11) “Authorities” or “Education Institutes” are responsible for the assessment.

The numbers of areas of specialisation in physiotherapy are listed to be from 4 in Czech Republic up to 17 in Sweden.

The most common areas are listed below with the incidents of occurrence:

Specialisation areas of ER-WCPT MO



Specific descriptions of competence for the specialisation areas have been developed in 8 countries. 2 countries did not develop specific descriptions of competence for the specialisation areas.

Specialists are registered as specialists in 9 countries; in 2 countries they are not registered.

Most often (7 out of 9) the Member Organisations are responsible for the registration of the specialists.

Re-registration as a specialist was reported as follows: 6 countries have a re-registration, 3 countries do not have a re-registration and in 2 countries re-registration is in development.

In 5 countries the specialists are reported as employed in special jobs or positions; in 4 countries they are not specially employed. Jobs mentioned are higher levels in their fields, leading positions, and special license in private practice.

C. Describing the situation if there is no formal process for Specialisation in the country

All questions in part C are concerned with the 14 Member Organisations who have not established a formal process for specialisation.

In 9 of these 14 countries there are physiotherapists who are considered to be an expert or a specialist. In 5 countries there are no experts or specialists.

Almost all of the 9 countries (7 out of 9) do have different areas of specialists in physiotherapy, but these countries do not have a formal process to become a specialist.

The informal process described shows growing levels of competence, compared to the questionnaire in 2005. An increase in MSc and higher levels of post basic education are being described. Regarding the job situation some countries report that these specialised Physiotherapists act as specialists and supervisors.

D. Usefulness of ER-WCPT recommendation

21 of the responding 25 Member Organisations indicate that the ER-WCPT recommendation for the Proposed Model for the development of specialisation is “very useful” or “useful”.

3. Conclusion

From the responses obtained there is a minority of countries (11 from 25), which do have a formal process for specialisation in Physiotherapy.

From those who have established a formal process a number of trends have been identified:

1. There is a requirement of academic education at masters level
2. The Member Organisation is responsible for the development of guidelines
3. The Member Organisation is responsible for the registration of specialists

For those countries (14) which do **not have a formal process** for specialisation there is a trend for having specialists there (9 from 14). Nearly all these countries report being in discussion of developing processes.

4. Recommendation for future activity for the ER-WCPT

Further work in the region

The ER-WCPT will continue to undertake further data collection in order to give an updated survey for inspiration and support to the Member Organisations to establish a formal process for specialisation, develop standards and transferability of competence, and promote specialist competence, expertise and job possibilities.

Job situation

Unfortunately there is not much to say about the job situation for specialists. What the Member Organisations report is that the specialists must go out in person to negotiate new jobs and salaries, while at the same time the Member Organisations report to be working towards acknowledgement from the health authorities and workplaces. The jobs mentioned are leadership, private practice and in highly specialised hospitals.

The education WG finds that assessment procedures, recognition and development of jobs and posts for the clinical specialists in the European countries will be a result of several factors of national education policies regarding LLL and their handling of the Bologna agreements regarding health education:

- the role of the HEIs, their policy regarding master programmes and their CPD programmes, (seem to develop at different speeds)
- the systems for qualification measurement tools for formal and non formal education, EQF and ECTS,
- health policies

- and last but not least the promotion of the specialists

The European Region recommends to the Member Organisations in their development of Specialisation Models – that in order to become an acknowledged specialist in physiotherapy – there should be a mixture between academic and clinical competence. With documentation of experience, clinical supervision and CPD along with the academic masters level. The policy is: A master degree is not in itself a specialist documentation.