



EUROPE REGION

World Confederation  
for Physical Therapy

---

# **Monitoring Report on Specialisation for Physiotherapists within the Europe Region of the WCPT**

ADOPTED at the  
General Meeting 27-29 May 2010  
Berlin, Germany

## MONITORING REPORT ON SPECIALISATION FOR PHYSIOTHERAPISTS WITHIN THE EUROPE REGION OF THE WCPT

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

#### 1. Introduction

---

The description of 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 (MOs) together with the Proposed Model. 11 MOs returned the questionnaire with a response rate of 33%. An Interim Report on the status of Specialisation was adopted at the General Meeting in Croatia, 2006 with this Recommendation:

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 specialisation within physiotherapy in Europe.

In 2007 a second questionnaire was sent to all MOs. 25 MOs out of 35 returned the questionnaire. Response rate 71.4%. A Monitoring Report on the status of Specialisation was adopted at the General meeting in Athens, 2008 with the following comments and Recommendation:

Specialisation within physiotherapy in Europe is expanding along with the development of master programmes. The Education Working Group should continue to undertake data collection to give an updated survey for inspiration and to promote specialisation competence, expertise and job possibilities.

In 2009 a third questionnaire has been circulated to all MOs. 24 member organisations out of 35 returned the questionnaire. Response rate 68.5%.

This questionnaire on the status of Specialisation in Europe was designed to

- show the development of required specialisation competence levels seen in the light of the expansion of Master programmes in Europe
- show the development of job/career possibilities for specialists

- include answers also from the MOs with existing non-formal specialisation, in some cases based on ER-WCPT attributes and independent formal evaluation (i.e. Ireland) and in other cases non-formal processes with other career paths (i.e. UK) or where Master programmes/ documented advanced CPD are considered to be sufficient for specialisation

## 2. Results from the Questionnaire

---

### The Questionnaire included these areas:

- Member Organisation and establishment of a formal process for Specialisation  
Member Organisations/ countries with no formal process
- Required theoretical and clinical competence  
Theoretical competence: documented advanced courses / master level  
Clinical expertise/competence developed through clinical education
- Guidelines, validation and registration procedures
- Areas of specialisation
- Trends and possibilities of career paths

### MOs and Specialisation process

#### Member Organisation and establishment of a formal process for Specialisation

14 of 24 MOs report to have established a formal process for specialisation in physiotherapy in their countries in 2009. The report shows an increase of established specialisation processes with the total figure being 16 MOs (2007+2009: Two more countries reported this in 2007 but did not return the questionnaire 2009)

2007	2009	2007 and 2009
11	14	16

#### Member Organisations/countries with a non-formal process

10 of 24 MOs report not to have a formal process for specialisation in physiotherapy in their country.

However these MOs report that they have physiotherapists who are considered experts/specialists.

The non-formal frameworks they describe are:

- Experts/ specialists considered on a basis of post graduate clinical education within specific topics
- Master programmes in general or specific areas of physiotherapy
- Competences described and validated by Health Department through application
- Employment banding/ career development (UK): Consultant/ Specialist in narrower areas, not necessarily at advanced level, advanced expert level working at advanced level in generic areas

2007	2009
14	10

The report shows an increase in specific requirements at post graduate clinical education level, and an increase in attainable Master programmes for physiotherapists.

#### **Required theoretical and clinical competence**

The questions and reports are concerned mainly with the 14 MOs who have an established formal process for specialisation. However some MOs with non-formal processes have reported information and are included in our analysis.

#### **Theoretical competence: documented advanced courses/master level**

11 MOs (of 24) report that the theoretical requirements are documented advanced courses

2007	2009
4	11

15/24 MOs report that the theoretical requirements are Master level

2007	2009
7	15

10/24 of the MOs report a combination of documented advanced courses and master level requirements.

1/24 MO reports on CPD guidance and non-academic/academic programmes in the specialisation areas: “Master level and professional doctorate level articulate the attributes of advanced level practice” (UK)

The report shows an increase in requirements at Master level and information re widely used combined academic and advanced clinical requirements

### **Clinical expertise/competence developed through clinical education**

8/24 MOs report that the requirements are documented clinical expertise

2007	2009
4	8

2/24 MOs report no requirements

2007	2009
2	2

8/24 MOs report that requirements are clinical expertise developed through supervision

2007	2009
4	8

8/24 MOs report the amount of required clinical experience in the specialisation area to range from 1-3 years, and the specific requirements of supervised practice in this period is reported to be from 150 – 800 hours

2007	2009
(1-3 years) / (125 – 150 Hours)	8 (1-3 years) / (150 – 800 Hours)

The report shows that supervision is a commonly used requirement

### **Guidelines, validation and registration procedures**

#### **Formal validation of competence:**

7/24 MOs report that the validation is based on 50% Master level and 50% documented Evidence Based Practice

4/24 MOs report that the Master level is weighted more than 50%

3/24 MOs report that documented clinical practice is weighted more than 50%

14/24 MOs report that the clinical competence is documented through certificates.

3/24 MOs report that the clinical competence is documented through a portfolio system

The report shows an increase in theoretical competence formalised through Higher Education Institution programmes.

The report shows an increase in the level of documentation of clinical practice.

(The 2007 questionnaire was not designed to give an accurate comparison with 2009)

### Guidelines for specialisation process

12/24 MOs report that the formal process has guidelines

2007	2009
6	12

6/24 MOs report no guidelines (4 of these have no formal system)

2007	2009
2	6

7/24 MOs report that the MO has developed guidelines, in 4 cases together with clinical interest groups

2007	2009
5	7

8/24 MOs report that the health authority has developed guidelines, in 2 cases together with MOs

2007	2009
7	8

The report shows an increase in guidelines, developed by MOs and by health authorities or in collaboration

### Validation to obtain specialisation titles

12/24 MOs report that the validating authority is the MO

2007	2009
8	12

7/24 MOs report that the validating authority is health authority/ education authority and 3 report that the validation takes place in collaboration with clinical interest groups

2007	2009
4	7

2/24 MO report that the authorities are the employers (UK and Ireland)

The report shows a general increase of validation processes

### Registration procedures

8/24 MOs report that the specialists are registered by the MO

2007	2009
7	8

6/24 MOs report that the specialists are registered by the health authority

2007	2009
4	6

3/24 MOs report the HEI/ education ministry, 2 MOs a central Quality Assurance register

2007	2009
3	3

The report shows a slight increase in the amount of registration procedures

### Re-registration procedures

14/24 MOs report that their formal process includes re-registration

2007	2009
6	14

5/24 MOs report that they do not require re-registration

2007	2009
3	5

The rules described are:

Re-registration every 5th – 10 years

Documentation of workload in the area (example 2 years full time), CPD (examples: 100 hours incl. supervision / 7,5 ECTS theory, 10 ECTS development work)

Rules available from HPC, based on being a reg. practitioner (UK)

The report shows an increase in re-registration procedures

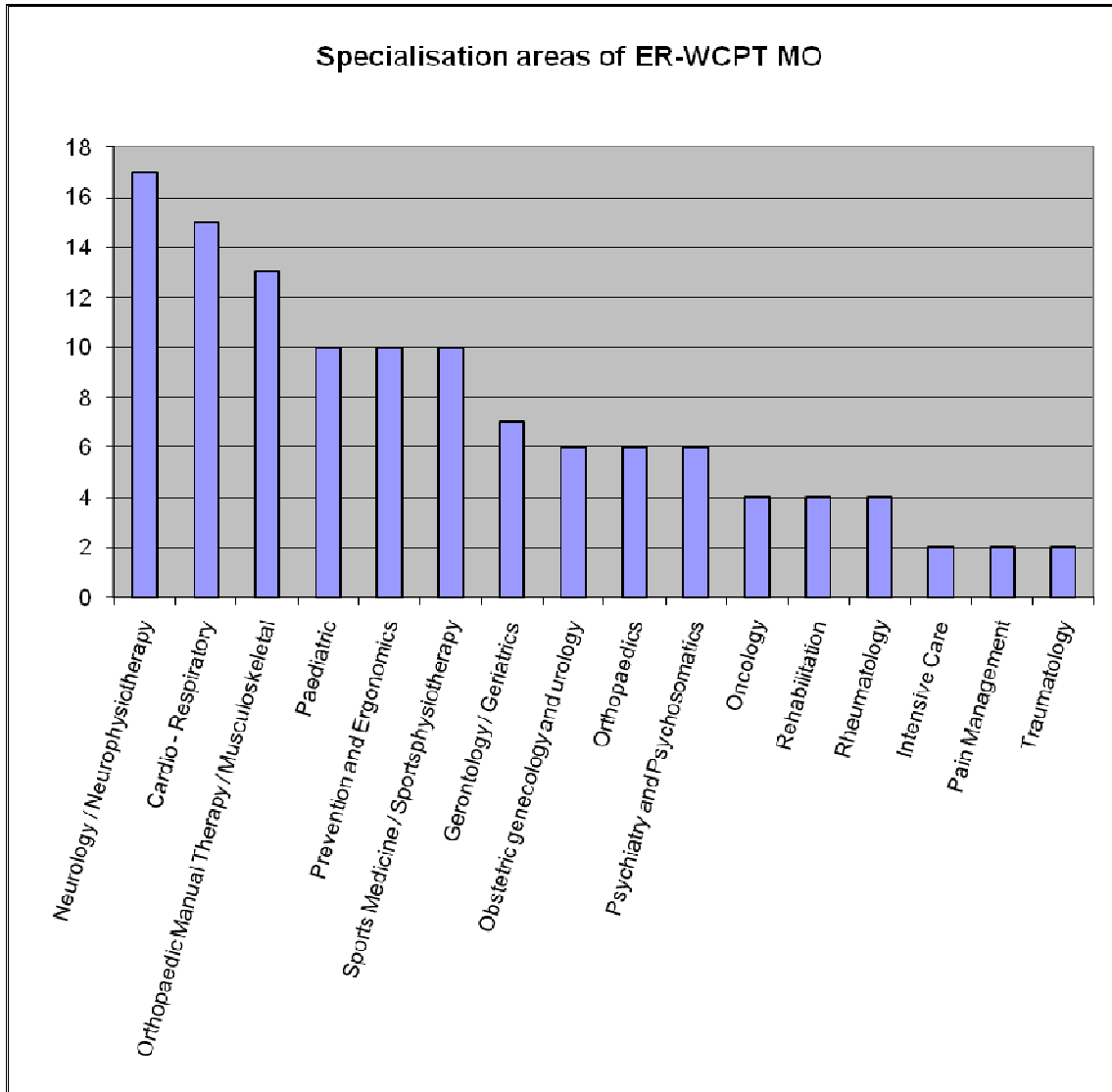
### Areas of specialisation

#### Areas

1/24 MOs have reported their areas. 14 MOs with formal and 5 with non-formal process

The number of areas in the countries range from 4 – 17

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





### Specific competence descriptions

15/24 MOs report to have developed specific descriptions of competence for the specialisation areas.

2007	2009
8	15

The report shows an increase in the amount of specific descriptions

### Trends and possibilities under development in career paths

17/24 MOs report re job possibilities:

Specialists in clinics within specific areas (16x)

Supervisor/teacher (15x)

Senior advisor in a team(13x)

Professional consultant in PT department (12x)

Heads of departments (10x)

Research labs, research programmes (1x)

Clinical experts (1x)

### 3. Conclusion

---

The report shows that a majority of countries (16 of 25) have developed a formal process for specialisation in Physiotherapy. (*The 16 includes 2 MOs reported in 2007*)

Among the MOs who have answered the questionnaire some trends have been identified:

1. Competence level: The required general theoretical competence level for specialisation is found to be a master degree – running parallel with clinical competence obtained through documented advanced courses and supervised clinical practise.
2. Development of guidelines for specialisation: The Member Organisations as well as the Health Authorities are the responsible and in some cases collaborating authorities.
3. Registration of specialists: The Member Organisations as well as the Health- and Education authorities are the responsible authorities. Re-registration is often included in the process.
4. Physiotherapy specialisation competence: Specialisation is considered a competence aimed at employment, and is not developed as a career possibility in itself. The most common employment is as specialized physiotherapist within physiotherapy clinics; next most common as supervisors, senior advisors and professional consultants.
5. The main specialisation areas are developed within 10 knowledge areas

#### **4. Recommendation for future activity for the ER-WCPT**

---

Considering that:

- physiotherapy specialisation is a competence in a process of constant development in the European countries and physiotherapy member organisations:
- assessment procedures for formal and non formal education and systems for qualification measurement tools are under continued influence and requirements from the Bologna agreements:
- levels of education and recognition of specialists in physiotherapy is a result of national education policies, national academic level of health education in the university systems and access to CPD programmes:
- specialisation in physiotherapy is regarded a competence level for employment in specific areas and therefore dependent on strong efforts from the MOs to promote public recognition and employment possibilities:

The European Region recommends to the Member Organisations that the validation and acknowledgement procedure towards a specialisation title within physiotherapy should be based on a competence profile that includes documentation of extensive experience, clinical supervision and continued professional development (CPD), parallel with theoretical education at masters' level.

#### **Further work in the region**

The ER-WCPT will continue to undertake further data collection

- to present an updated survey for inspiration and support to the Member Organisations towards development of formal national specialisation processes developed in collaboration between the MOs, their clinical interest groups and education and health authorities
- to promote the development of a formal physiotherapy specialist competence throughout the European Region