

## Physiotherapists

This document details suggested changes to the profession-specific standards for physiotherapists.

The PLG has considered the following information with specific reference to physiotherapists:

- (i) Registration Assessors' questionnaires (pages 7 and 8)
- (ii) Visitors' questionnaires (page 6)
- (iii) Professional bodies' questionnaires (response of the Chartered Society of Physiotherapy, pages 31 to 36)
- (iv) Summary of feedback

This document incorporates the suggestions made in relation to the physiotherapy standards (where possible) and makes recommendations to the PLG for changes, where appropriate.

The PLG will note from the professional bodies' paper that there were a number of comments made about the physiotherapy standards, in addition to specific suggestions. This document takes account of those comments where possible.

The generic standards are shown (with the suggested amendments previously made shown in bold, underlined type). The profession-specific standards are shown in italics and any amendments or additions are shown in bold, underlined type.

Where the PLG is required to make a decision in relation to a standard this is shown in the grey shaded areas.

### **Expectations of a health professional**

#### **1a: Professional autonomy and accountability**

Registrant physiotherapists must:

1a.1

be able to practise within the legal and ethical boundaries of their profession

- understand what is required of them by the Health Professions Council

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- understand the need to respect, and so far as possible uphold, the rights, dignity and autonomy of every patient, client and user including their role in the **preventative** diagnostic and therapeutic process

1a.2 be able to practise in a non-discriminatory manner

1a.3 be able to maintain confidentiality and obtain informed consent

1a.4 be able to exercise a professional duty of care

**1a.5: be able to practise as an autonomous professional, exercising their own professional judgement**

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- **know the limits of their practice and when to seek advice or refer to another professional**
- **recognise that they are personally responsible for and must be able to justify their decisions**

1a.6 recognise the need for effective self-management of workload **and resources** and be able to practise accordingly

1a.7 understand the obligation to maintain fitness to practise

- understand the importance of caring for themselves, including maintaining their health

1a.8 understand the need for career-long self-directed learning

**1b: Professional relationships**

Registrant physiotherapists must:

1b.1 know the professional and personal scope of their practice and be able to make referrals

1b.2 be able to work, where appropriate, in partnership with other professionals, support staff, patients, clients and users, and their relatives and carers

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage patients, clients, users and carers in planning and

evaluating diagnostics, treatments and interventions to meet their needs and goals

**- be aware of the structure and function of health and social care services in the UK, and current developments**

**Suggestion/ comment:**

1b2 should include a sub-clause to indicate that registrants need to understand and respond appropriately in their professional practice to changes in health and social care policies and how health and social care is organised (CSP, professional bodies paper page 35).

The suggestion above is based upon that comment.

**Decision:**

The existing standards for speech and language therapists include a profession-specific standard to 'be aware of the structure and function of the education, social and healthcare services in the UK and current, developments'. The suggestion above is amended from that standard.

The PLG is invited to adopt the change to the standards as shown above.

1b.3 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

1b.4 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5
- understand how communication skills affect the assessment of patients, clients and users, and how the means of communication should be modified to address and take account of factors such as age, physical and learning disability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients, clients, users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide patients, clients and users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible [not included in the dietitian standards]

- recognise that relationships with patients, clients and users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

1b.5 understand the need for effective communication throughout the care of the patient, client or user

- recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users

### **The skills required for the application of practice**

#### **2a: Identification and assessment of health and social care needs**

Registrant physiotherapists must:

2a.1 be able to gather appropriate information

#### **Suggestion/ comment:**

gather and record information from a wide range of sources and by a variety of methods (CSP)

#### **Decision:**

The PLG is invited to conclude that the above change is not necessary. It is proposed that 2a.1 ably covers gathering information whilst 2a.2 addresses the application of appropriate assessment techniques (methods).

2a.2 be able to use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

**- be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process**

**Suggestion:**

recognise the physical, psychological, social and cultural needs of individuals and communities (CSP)

The above suggested change (shown in the text) is based upon this suggestion and is intended to recognise the importance of taking into account physical, psychological, social and cultural needs in the assessment process.

**Decision:**

The suggested change is based upon the response from the CSP and is also similar to an existing standard for occupational therapists which reads:

understand the need to make provision for the identification and assessment of occupational, physical, psychological, cultural and environmental needs/ problems (Occupational therapists, 2a.2)

The PLG is invited to agree the change to the standards.

2a.3 be able to undertake or arrange clinical or scientific investigations as appropriate

2a.4 be able to analyse and evaluate the information collected

**Suggestion/ comment:**

analyse and synthesise information gathered from the clinical problem-solving process (CSP)

**Decision:**

It is proposed that it is unclear how the addition of this standard would help a registrant better understand what is required for them, or improve the standards in a constructive way. Standard 2a covers gathering information using appropriate techniques and the analysis and evaluation of the outcomes of that process.

The PLG is invited to conclude that no changes are necessary to this standard.

## **2b: Formulation and delivery of plans and strategies for meeting health and social care needs**

Registrant physiotherapists must:

2b.1 be able to use research, **clinical** reasoning and problem solving skills (and, in the case of clinical scientists, conduct fundamental research)

- recognise the value of research to the systematic evaluation of practice
  - be able to conduct evidence-based practice, evaluate practice systematically, and participate in audit procedures
  - be aware of methods commonly used in health and social care research
  - be able to demonstrate a logical and systematic approach to problem solving
  - be able to evaluate research and other evidence to inform their own practice
- recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions*
- be able to form a diagnosis on the basis of physiotherapy assessment*

### **Suggestion:**

A profession-specific standard to 'reflect the ability to synthesise available information to make an appropriate analysis of patient needs' – it was suggested that this would take into account that the ability to make a diagnosis does not apply to all specialities (Education providers, page 5).

be able to critically apprise the evidence in order to determine the most appropriate management for a patient/ client (Education providers, page 6).

### **Decision:**

The existing standards refer to the ability to form a diagnosis. This is a threshold standard for entry to the register and it is acknowledged that as registrants specialise it may mean that they will not meet all of the standards.

The PLG is invited to consider whether any additional standards in the terms suggested above are necessary.

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements

- be able to change their practice as needed to take account of new developments***
- be able to demonstrate a level of skill in the use of information technology appropriate to their profession*

**Suggestion/ comment:**

(i) The change shown on the previous page is a generic standard in the standards for the other 12 professions but has been omitted from the standards for physiotherapists.

(ii) apply clinical reasoning, taking account of available information and scientific evidence, in selecting, justifying and refining appropriate treatments, together with the ability to:

- reflect on past and present clinical decisions and outcomes from practice'
- bring together knowledge from the literature and clinical experience to inform the interpretation of patient data
- think critically about personal knowledge and expertise in order to make sound and defensible clinical decisions
- engage in decision analysis where mutually exclusive alternative options are considered in light of patient context and preference

(CSP, professional bodies paper, page 37).

**Decision:**

(i) The PLG is invited to agree to amend the standards to correct the error.

(ii) The PLG is invited to agree that concepts covered in this suggested standard (such as clinical reasoning, evidence based practice, reflection upon and audit of practice) are covered in the existing standards in 2b.1, 2b.2 and 2c.2 and therefore no changes are necessary.

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales

- understand the requirement to adapt practice to meet the needs of different client groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors

- *be able to set goals and construct specific individual and group physiotherapy programmes*

**- understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the patient or client**

**- be able to apply problem-solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy**

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*- be able to select, plan, implement and manage physiotherapy treatment aimed at the facilitation and restoration of movement and function*

**Suggestion:**

make the patient central to the delivery of care. Making decisions, setting goals and constructing specific plans to achieve goals taking account of relevant contextual factors; apply problem-solving and clinical-reasoning to assessment findings to plan, prioritise and implement appropriate physiotherapy (CSP, professional bodies paper, pages 35/36)

Please also see comment made by an assessor about a 'client centred negotiating rehabilitation approach' (Visitors paper, page 6).

**Decision:**

(i) *making the patient central to the delivery of care*

The suggestion made on the previous page is based on a similar standard given in the profession-specific standards for occupational therapy. It addresses the importance of developing management plans for treatment in partnership with patients and clients, building upon 1b.2 (professional relationships)

(ii) Ideas around making decisions and setting goals would seem to be included in the existing standards.

(iii) A further standard is suggested on the previous page which details the ability to apply problem solving and clinical reasoning to plan and prioritise appropriate physiotherapy.

The PLG is invited to agree the changes to the standards shown overleaf.

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely, skilfully and **effectively**

- understand the need to maintain the safety of both patients, clients and users, and those involved in their care
- ensure patients, clients and users are positioned (and if necessary immobilised) for safe and effective interventions

*- be able to deliver and evaluate physiotherapy programmes*

*- be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate patient symptoms and restore optimum function*

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- *be able to use mobilisation, respiratory physiotherapy, neuro-therapeutic handling and massage techniques*
- *know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber. This only applies to registrants who wish to have their name annotated on the register.*

2b.5 be able to maintain records appropriately

- be able to keep accurate, legible records and recognise the need to handle these records and all other [ ] information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology (which includes abbreviations) in making [ ] records

## **2c: Critical evaluation of the impact of, or response to, the registrant's actions**

Registrant physiotherapists must:

2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly

- *be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients, clients and users to their care*
- *be able to evaluate management plans against treatment milestones using recognised health outcome measures and revise the plans as necessary in conjunction with the patient, client or user*
- *recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes*
- *be able to make reasoned decisions to initiate, continue, modify, **inform** or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately*
- *understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users*
- **be able to evaluate treatment plans to ensure that they meet the physiotherapy needs of patients and clients, including taking account of changes in circumstances and health status**

**Suggestion:**

The suggested addition overleaf is based upon the suggestion of the CSP (professional bodies paper, page 36; suggested in relation to 2c.2)

**Decision:**

The PLG is invited to agree the suggestion overleaf (minor changes have been made to the suggestion to fit in with the style/format of the existing standards.).

The standard is very similar to that in the existing standards for Occupational therapists.

**Suggestion/ comment:**

use clinical reasoning approaches to select, justify and review appropriate treatments; develop and use outcome measures for evaluating physiotherapy; make judicious use of the best available information and evidence (CSP)

**Decision:**

(i) *clinical reasoning approaches to select, justify and review appropriate treatments*  
Standard 2c.1 is about monitoring and reviewing planned activity. Clinical reasoning is addressed by other standards such as 2a, 2b.1, e.t.c.

(ii) *develop and use outcome measures for evaluating physiotherapy*  
The existing standards in 2c.1 say:

be able to evaluate management plans against treatment milestones using recognised health *outcome measures* and revise the plans as necessary in conjunction with the patient, client or user [emphasis added]

(iii) *make judicious use of the best available information and evidence*  
It is proposed that ideas around gathering and using information and evidence-based practice are covered by the existing standards in 2a. and 2b.

The PLG is invited to agree that no further changes are necessary to this standard.

## 2c.2 be able to audit, reflect on and review practice

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on clinical practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

### **Knowledge, understanding and skills**

3a:

Registrant physiotherapists must:

#### 3a.1 know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention

- *understand the following aspects of biological science:*

- *normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems*
- *patterns of human growth and development across the lifespan*
- *factors influencing individual variations in human ability and health status*
- *how the application of physiotherapy can cause physiological and structural change*

- *understand the following aspects of physical science:*

- *the 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*

- *understand the following aspects of clinical science:*

- *pathological changes and related clinical features commonly encountered in physiotherapy practice*
- *physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression*
- *the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this*
- *understand the different concepts and approaches that inform the development of physiotherapy interventions*

- **understand the following aspects of behavioural science:**

**. psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related treatment**

**. how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice**

**. theories of communication relevant to effective interaction with patients, carers, colleagues, managers and other health and social care professionals**

**. theories of team working and leadership**

#### **Suggestion:**

The suggested shown above are based on those made by the CSP (professional bodies paper, page 36).

#### **Decision:**

The existing standards for physiotherapy include 'sub-sections' under standard 3a.1 for biological, physical and clinical science but not behavioural science. The suggestions made by the CSP seem to be modelled on or similar to those in the existing standards for paramedics.

Some minor changes have been made to the suggestion of the CSP to fit into the style and layout of the existing standards.

The PLG is invited to agree the changes shown above.

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups **or communities**

3a.3 understand the need to establish and maintain a safe practice environment

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation

- be able to select appropriate personal protective equipment and use it correctly

- be able to establish safe environments for clinical practice, which minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control

- *know and be able to apply appropriate moving and handling techniques*

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