



THE CHARTERED SOCIETY OF PHYSIOTHERAPY



Charting the future of physiotherapy



Introduction

This statement launches a significant programme of work by the Chartered Society of Physiotherapy.

With this statement we aim to:

- initiate debate within the physiotherapy profession about the opportunities and challenges ahead
- encourage all our members to get involved in the work we will be doing
- raise awareness of our thinking and plans amongst all our stakeholders.

We are embarking on the work described in this statement because **health and wellbeing**¹ services in the UK² are going through a period of profound change (Panels 1 and 2) and as a result, physiotherapy is also developing significantly. Roles, settings, scope of practice and patterns of service delivery have been changing in order to meet the evolving needs of society. Further detail about these changes is outlined later in 'The Future of Physiotherapy'.

Through both the process and the outcome of the work, which we are calling 'Charting the Future', we aim to support and lead the physiotherapy workforce into its future. Our intention is that the project will generate:

- developed thinking within and outside the profession about the future contribution of physiotherapy to the health and wellbeing of the nation
- new resources and tools to underpin the physiotherapy profession of the future.

Members of the **physiotherapy workforce** currently provide excellent and responsive **interventions**, services and advice for their **clients**. We foresee them continuing to do this whilst also responding to new challenges, needs and opportunities in pro-active and innovative ways.

Panel 1

Some of the key contextual factors affecting health and social care in the UK

- an increasingly elderly population, with the proportion of the UK population aged 65 and over set to rise to nearly 24 per cent by mid-2025³
- increasingly informed, **expert** and discerning clients and patients
- more people living with long-term conditions as the population ages and as medical advances enable people to survive longer with serious conditions
- inequalities in health because of geography, income, education or other social factors
- significantly rising levels of obesity – it has quadrupled in the UK over the last 25 years and is set to continue rising⁴ – with resultant conditions such as heart disease, cancer and diabetes
- other diseases of modern lifestyles e.g. alcoholic liver disease
- rapid developments in technology
- devolution of the UK countries resulting in national differences in the way health and social care are structured and delivered

¹ Words and phrases in bold are defined in the Glossary at the end of this paper. We have used terms that are as broad and all-encompassing as possible, recognising that physiotherapy occurs in a very wide range of roles, sectors, settings and locations; and that physiotherapy's clients are extremely diverse.

² Whilst this paper has been written to cover the whole of the UK, the CSP recognises that there are differences amongst the four UK countries in the way health and wellbeing services are structured and delivered. We know also that some countries are further developed in some respects than others. Within the detailed programme of work, the different perspectives, needs and realities of the four countries will be explored and accommodated.

³ www.statistics.gov.uk accessed 12 June 2008

⁴ www.esrcsocietytoday.ac.uk/ESRCInfoCentre accessed 12 June 2008

Examples of the ways in which UK health and wellbeing services are developing in response to the changing context

- an increasing focus on services geared towards promoting healthy lifestyles, preventing poor health and maintaining good health
- alongside this, a drive to encourage people to take personal responsibility for their own health and wellbeing
- diversification of settings for the delivery of health and wellbeing services, including more use of the **third sector** and provision of care closer to the client's home
- changing systems of regulation of **health workers**
- greater integration of public sectors – specifically health, social care and education – and the likelihood of joint commissioning
- a drive to increase the knowledge, **skills** and contribution of **non-regulated workers**
- an increasing recognition that different health professions share some skills, knowledge and attributes and that more flexible working in multi-disciplinary teams and across professional boundaries will benefit the client

What is physiotherapy now?

The term physiotherapy encompasses a range of interventions, services and advice aimed at restoring, maintaining and improving people's function and movement and thereby maximising the quality of their lives. Physiotherapy **practitioners** use a flexible and holistic approach towards meeting the needs of their clients. They work in partnership with clients, respecting their autonomy.

Members of the physiotherapy workforce – physiotherapists and support workers – undertake many different **roles**, in a range of **sectors** and **settings** across the UK, and often in **multi-disciplinary** and **integrated teams**.

They do this throughout all stages of the patient care pathway – undertaking assessment, diagnosis, treatment, discharge, referral, rehabilitation and management of long-term conditions. For other clients they play a key role in promoting and maintaining health, preventing disease and enabling people to stay in and return to work.

“Charting the Future is a timely and proactive project that will enable the physiotherapy profession to address both the challenges and the opportunities presented by the many changes and developments in health and social care in the UK. The project will ensure that there is debate among all the many stakeholders who have an interest in the future of physiotherapy. As both a physiotherapist and a current user of physiotherapy services, I feel privileged to be the Vice Chair of the project's Steering Group and look forward to being able to contribute to the future of the profession that means so much to me.”

Gillian Jordan, Vice President of the CSP

In addition to these clinically-focused roles, members of the physiotherapy workforce are also educators, researchers, managers and leaders. Some physiotherapists have extended their individual **scope of practice** to undertake specialist and advanced roles.

The future of physiotherapy

In recent years, physiotherapy roles, settings and scope of practice have been evolving and diversifying to meet the changing needs of society and to reflect developments in health and wellbeing services.

We envisage that these trends will continue, with the profession adapting further in ways that will benefit both its existing and its potential clients. Current excellence in practice will be maintained and built on so that physiotherapy continues to provide a high-quality service adding 'life to years and years to life', by:

- applying its core **skills** to enhance the quality of life in individuals and groups
 - restoring the integrity of body systems essential to movement
 - maximising function and recovery
 - minimising incapacity and disability
 - preventing poor health
- making a major contribution to health and fitness for work – whether paid employment or other productive activity – by encouraging healthy living and by enabling and educating clients to self-manage their health conditions
- maximising its contribution to public health – specifically through effective, tailored physical activity prescription that enhances the health and wellbeing of individuals and populations (a core aim of the CSP's **Move for Health project**)
- becoming more available through new patterns of service delivery and access,

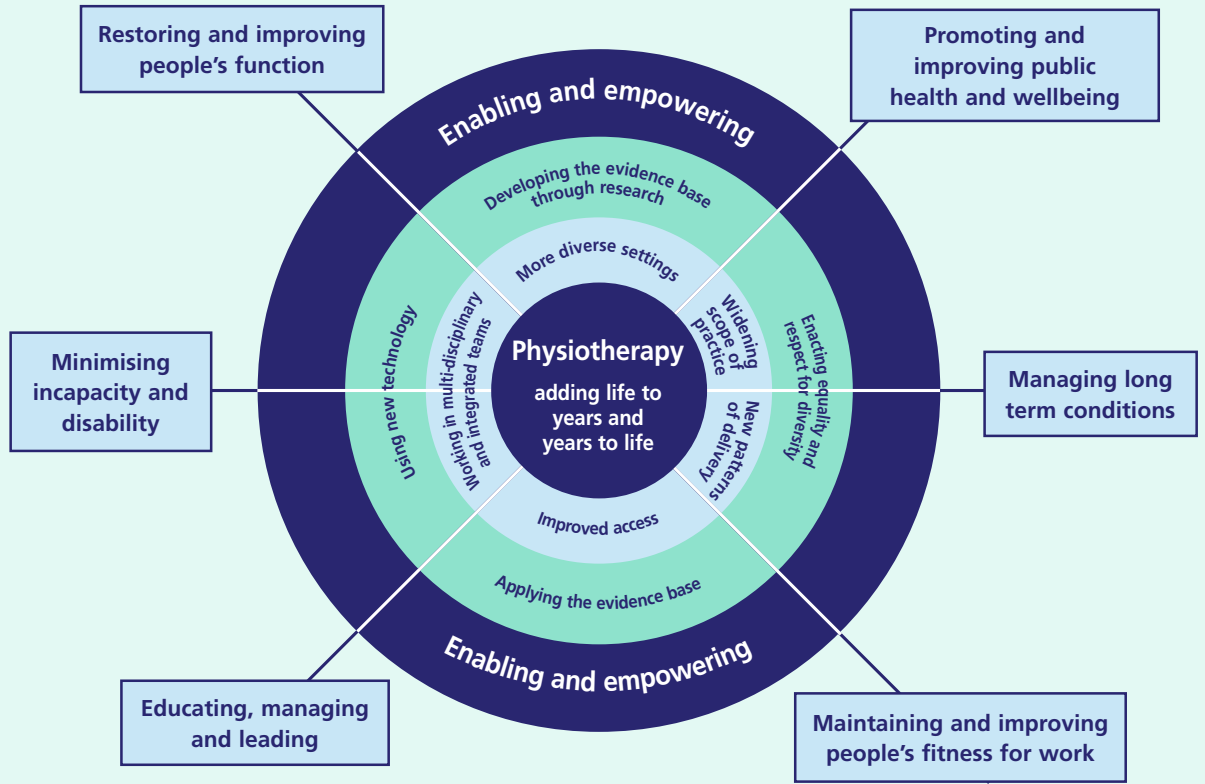
with a wider scope of practice in more diverse settings

- further developing the **evidence base** to underpin high quality practice and service delivery. (Figure 1)

Simon Fraser/RVI, Newcastle-upon-Tyne/Science Photo Library



Figure 1: Physiotherapy



The physiotherapy workforce of the future – physiotherapists and physiotherapy support workers – will continue to apply their knowledge, skills, attributes and values in ways that are both established and innovative, and always with their clients as the primary focus.

We foresee changing population and healthcare needs bringing about shifts in the profile and skill mix of the physiotherapy workforce. This will mean, for example, more physiotherapists with higher levels of managerial and/or clinical responsibility, more **generic support workers** and higher level support workers.

In addition, we envisage:

- increasingly varied roles, built on transferable knowledge and skills; and mixing clinical, managerial, research, leadership and academic functions
- roles that increasingly span NHS, **independent, private** and **'third sector'** practice settings
- augmented development of professional leadership to bring about change
- more structured and personalised career paths; albeit with increased flexibility and more opportunity for **practitioners** to diversify via lateral career moves (when this will benefit clients and the service)
- further development of multi-disciplinary and integrated learning and working.

John Cole/Science Photo Library



Our plans

We aim to lead and support the whole physiotherapy workforce into this future by undertaking a programme of detailed work, the ultimate outcome of which will be an integrated package of new resources (Figures 2 & 3). These will be completed in late 2009. We will also produce tools to help people use the resources effectively, for example in support of their professional development and in highlighting the contribution of physiotherapy to planners and commissioners.

"The fact that the Charting the Future project is inclusive of all levels of staff who contribute to providing physiotherapy is a really encouraging step forward in ensuring that support workers are truly recognised as being 'part and parcel' of any therapy team and have as much right to learning and development as any other members of that team. In a rapidly changing health economy it will be vital for all staff to be equipped with up to date knowledge and skills to enable them to be effective and employable."

Member of the CSP's Physiotherapy Assistants Board

Physiotherapy stakeholders we will consult with [in addition to our members across all roles, sectors and settings]

- **Service users** including patient groups
- Other health professional bodies
- The Health Professions Council
- Education providers
- The research community
- The NHS, independent, private and third sector providers
- Health departments in the four UK countries

The work to develop these resources and tools will involve extensive consultation with members of the physiotherapy workforce in all sectors of practice, settings, UK countries and roles; and with physiotherapy's many stakeholders (Panel 3). In this way the process will generate considerable debate about the profession's future.

The work will be overseen by an expert Steering Group representing our stakeholders within and outside the profession, including service users, and facilitated by an independent Chair.

Guy Call/Corbis



The new resources and tools

We intend to develop:

A framework for physiotherapy

This framework will identify – for commissioners, planners, service designers, educators, members of the physiotherapy workforce and others – the knowledge, skills, attributes and values associated with all levels of physiotherapy practice. It will show how physiotherapy can and does address the needs of the populations it serves. It will:

- capture the full range of roles within the physiotherapy workforce including support workers, clinicians, managers, educators and researchers
- contain illustrative examples of physiotherapy roles within various settings to promote the wide application and transferability of physiotherapy skills
- provide descriptors that capture the essence of all levels of practice
- help to align learning and development opportunities with stakeholder needs, health and wellbeing priorities and professional development goals
- strengthen the reciprocal relationship between the practice and learning environments.

Links will be made to service frameworks to demonstrate the contribution physiotherapy makes to these.

New learning and development expectations

In tandem with the framework, we will define new learning and development expectations to prepare the future physiotherapy workforce for roles of all types and levels. We will develop these expectations in collaboration with service and education providers, seeking significant input from service users and with

strong reference to the evidence base for both practice and education. Via our new expectations, we will ensure that learning and development programmes approved or endorsed by the CSP prepare members of the physiotherapy workforce – whether physiotherapists or support workers – for practice as it is developing.

“The decision of the CSP to involve the whole physiotherapy workforce and other stakeholders in ‘Charting the Future of Physiotherapy’ is especially welcomed in education. Despite excellent links with clinical colleagues, the development of undergraduate physiotherapy education is continuously challenged by accelerating changes in practice. It is therefore highly appropriate to develop a dialogue with all physiotherapy stakeholders as well as the workforce in order to design a new client-centred framework for the future of physiotherapy.”

Senior Lecturer in Physiotherapy

Our expectations will build on existing good and innovative practice in physiotherapy education and development at all levels. We will encourage creativity and innovation so that providers of learning opportunities are able to develop their own distinctive programmes and models of provision.

For learning provision adequately to address future health and wellbeing priorities and client needs, an effective system of workforce planning must be in place, producing robust information on which to base the development of learning programmes. We support a planning model that encompasses the whole **health economy** and is evidently and consistently linked with the forces impacting upon health and wellbeing services and new models of delivery.

The CSP is undertaking a separate piece of work around economic modelling of physiotherapy and exploring the cost benefit of physiotherapy, the capacity for patients to benefit from the interventions and how this links with planning and commissioning services and education.

A professional code of practice and conduct

To underpin future physiotherapy practice and conduct in line with all other developments, we will work with our stakeholders to develop a contemporary professional and ethical code for all our members⁵. A key aspect of this work will be an up-to-date defining of physiotherapy professionalism founded on client-centred behaviours, values and attributes,

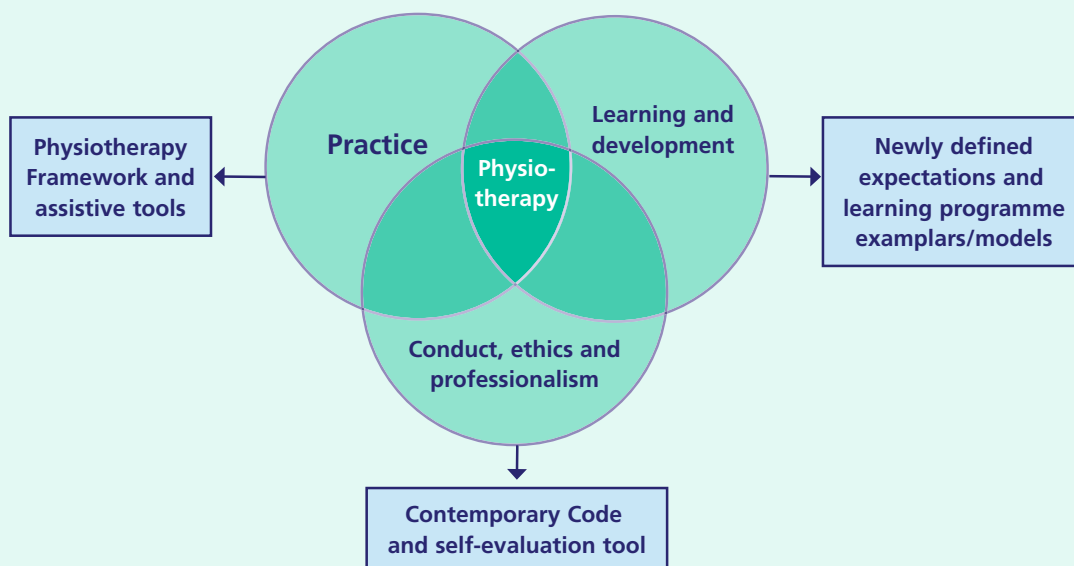
including respect for client autonomy.

Closely linked with this we will explore and define the nature of professional autonomy, responsibility and accountability according to this contemporary model of professionalism.

We will also review the added value of chartered status as a mark of professional excellence.

⁵ This will supersede the CSP's existing resources – the Rules of Professional Conduct, Standards of Physiotherapy Practice and Assistants' Code of Conduct

Figure 2: New resources for the future



Tools

We will develop a toolkit to help people use and apply the new resources in their education, practice and development:

- tools to help physiotherapy practitioners use the physiotherapy framework to:
 - make clear to service planners and commissioners what physiotherapy can offer
 - identify their individual learning needs associated with an existing or desired role or career stage e.g. when returning to practice after a career break
 - identify suitable activities to meet these learning needs
 - identify potential ways forward in their careers across a range of practice contexts
- exemplars/models to help providers of learning opportunities develop learning programmes that meet our new expectations
- a tool which practitioners can use with the code to self-evaluate their standards of practice and conduct and to identify their related development needs.

A new online continuing professional development **portfolio** that we have launched this summer (2008) will play a major role in helping our members to access and engage with the new resources and tools outlined above.

How to get involved

We are very keen for our members and stakeholders to get involved in the 'Charting the future' project. There are several ways to do this:

- by joining the 'Charting the Future' network on InteractiveCSP through which you can take part in online discussions, put forward your views and hear about relevant news and events www.interactivecsp.org.uk (available to CSP members only)



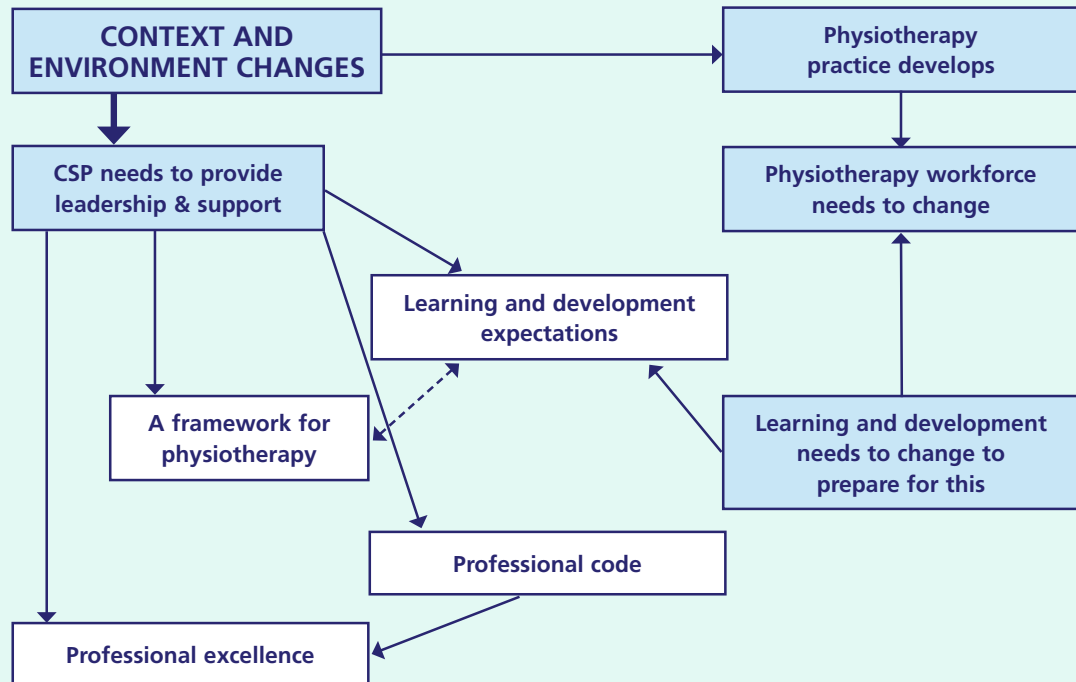
- by joining the 'virtual' (email) reference group – open to CSP members and others – who are particularly interested in being involved e.g. by reviewing draft materials. If you would be interested in joining this group, please email chartingthefuture@csp.org.uk You will be in control of your level of involvement in this group, depending for example on your capacity at any given time
- by emailing chartingthefuture@csp.org.uk about anything you feel is relevant to the work programme
- by attending reference groups, focus groups and consensus building events related to particular topics. Members of the virtual reference group will be invited to these and events will be publicised on the iCSP network

We will also publish updates in the CSP's magazine 'Frontline' and on the CSP website (www.csp.org.uk) at key points during the work programme.

Key principles for the programme of work

- The new resources and tools will be client driven rather than profession focused
- The work will address the whole physiotherapy workforce across all settings, sectors and roles
- The work will address all levels of practice, from support workers to senior and consultant levels
- We will take account of developments in all four UK countries
- We will take account of all important agendas and drivers likely to impact upon physiotherapy in the future including: research; information management and technology (IMT); European and international developments; equality and diversity; the quality agenda
- We will identify factors that might present barriers to the future development of physiotherapy as envisaged and take appropriate steps to address these
- The work will be undertaken with close reference to other work the CSP is undertaking: for example, its research and development strategy and the 'Move for Health' project
- The new resources and tools will be produced concurrently so that they are closely related and integrated

Figure 3: Overview of 'Charting the Future'



Glossary

Client: Any person or organisation who uses physiotherapy services. This includes

- (i) patients and other service users seeking to maintain or improve the quality of their lives through physiotherapy and
- (ii) bodies/organisations seeking to commission/contract physiotherapy services.

Evidence base: Valid and relevant information, often but not exclusively the outcome of research, that is used to underpin decision-making and action. The evidence base is different for the various physiotherapy roles and services, and is continually developing.

Expert patient: The term 'expert patient' is used to denote those with long-term conditions who are best placed to manage their own conditions and be in control of their own lives, taking more responsibility for their conditions and working collaboratively with health and social care professionals. www.expertpatients.co.uk

Generic support workers: Health workers who are currently not regulated and undertake activities that span two or more professional roles e.g. workers undertaking some physiotherapy and some occupational therapy.

Health and wellbeing: Physical, mental and emotional good health. Health and wellbeing services extend beyond care – with its emphasis on treatment of poor health and social needs – to prevention; keeping people healthy and independent. People's health and wellbeing is affected by many things, including their work, education, income, housing and leisure so all the services related to these aspects of life have an impact.

Health economy: The sum of all parts of the UK economy concerned with health and wellbeing – whether inside or outside the health sector (see **Sector** below).

Health workers: All those involved in the provision of health and wellbeing services, from any professional group and at any level, whether regulated or not. (see also **Practitioners** below)

Independent settings: These include non-NHS hospitals, schools, charities, care homes, treatment centres and the Ministry of Defence.

Integrated team/learning: Health and wellbeing workers in a team or learning group that span sectors e.g. from education, health and social care.

Intervention: The total sum of techniques, advice and treatment used to maintain or improve an aspect of a person's movement or function.

Move for Health project: A 5-year CSP project which aims to highlight the significant contribution of physiotherapy to the public health agenda: specifically through the profession's expertise in prescribing and tailoring physical activity that is functionally appropriate for an individual client or a population.

Multi-disciplinary learning: Members of the health and wellbeing workforce from a range of professional groups learning together in an education or practice setting.

Multi-disciplinary team/working: Members of the health and wellbeing workforce from a range of professional groups working together in a team, usually with a particular focus e.g. stroke team.

Non-regulated workers: Members of the workforce (in this context, the physiotherapy workforce) who are not currently regulated, for example by the Health Professions Council, and do not have a protected title.

Patient: A client who has an acute or long-term health condition.

Physiotherapy workforce: All physiotherapists and physiotherapy support workers* across all roles, sectors and settings.

** physiotherapy support worker roles that include a significant element of physiotherapy, even if part of a more generic role overall.*

Portfolio: An individual's personal record of their continuing professional development.

Practitioners: Health workers who are primarily involved in clinical work (rather than management, education, etc).

Private practice settings: This term is used to denote physiotherapy practices that are not funded by the NHS and are usually small commercial businesses.

Roles: The following roles are often not distinct but overlap or are combined to some extent.

Academic roles: Roles that are normally sited in a university (Higher Education Institution) or college with the primary focus (part-time or full-time) of teaching physiotherapy to physiotherapy colleagues and potential members of the workforce and/or undertaking elements of research.

Practice roles: Roles that occur in a variety of health and wellbeing sectors and settings with the primary focus of providing physiotherapy services. These roles may be primarily clinical – providing physiotherapy techniques and advice to clients – and/or managerial/

leadership – heading physiotherapy teams or multidisciplinary teams.

Practice educator/clinical educator roles: Roles that are practice-based with an additional and specific focus on facilitating others' learning in the workplace. The learners are primarily, but not exclusively, members of the physiotherapy workforce e.g. physiotherapy students on placement during their degree and physiotherapy support workers in training.

Research roles: Roles in any sector or setting with a significant element of research activity.

Scope of practice: The range of practice activities that the professional group – or the individual – is competent and trained (and in some cases regulated) to perform.

Sectors: Distinct parts or branches of society e.g. health, education, social care, leisure.

Settings: Particular sites/places where practice occurs within a sector. For example, health sector settings include NHS hospitals and health centres, independent hospitals and private practices.

Service user: A generic term to encompass potential clients, carers and relatives (primarily individuals).

Skill: Any ability, underpinned by appropriate knowledge, that is needed to perform a function; whether that function is task-based, behavioural or cognitive.

Third sector: This term is used to represent settings additional to the more established ones in the health sector, which are increasingly providing health and wellbeing services. They include voluntary and community groups, social enterprises, charities, cooperatives and mutuals. www.cabinetoffice.gov.uk/third_sector

This document is available in a format for people with visual impairment. Tel: 020 7306 6666



The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body representing the UK's chartered physiotherapists, physiotherapy students and physiotherapy support workers. More than 98% of all physiotherapists are members of the CSP and of the Society's 49,000 members, currently approximately 2,500 are support workers.



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