

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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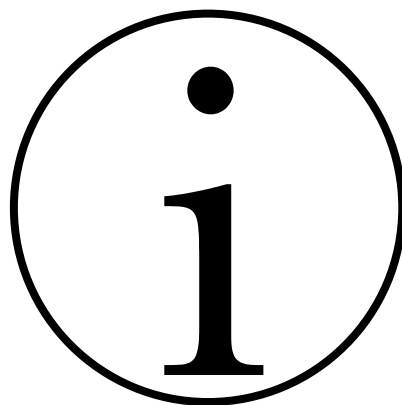
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The Scope of Practice of Physiotherapy

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Introduction

The development of the scope of practice of the profession of physiotherapy is a dynamic and organic process. This process has produced the active profession we have today and must be allowed to continue. However, that growth must be based on research and evidence and have the best interest of the patient/client at the heart.

It is, therefore, not appropriate for the profession to list the modalities available or practised as this will ossify the profession; prevent development of practice and maintain out of date and potentially dangerous practices.

Within the scope of practice of physiotherapy, each individual physiotherapist has their own scope of practice which, as with that of the profession, needs to be dynamic and constantly developing.

This paper has been developed to assist members in defining their individual scope of practice. This paper must be read in conjunction with the Chartered Society of Physiotherapy's Rules of Professional Conduct, Rule 1. It is designed to help members:

- articulate their individual competence and the limits of that competence
- define and articulate their learning needs, based on an individual assessment of their own scope of practice.

Further detailed reading is set out at the end of this paper, much of which is available on the CSP website www.csp.org.uk

The paper sets out to:

- broadly define the scope of the physiotherapy profession,
- define an individual's scope of practice within the broader terrain of the profession,
- define the steps an individual takes when defining their own scope,
- identify the professional liability indemnity implications of extending practice,
- identify how queries regarding scope of practice will be processed by the Society.

1 Scope of the profession

A profession's scope of practice encompasses the services its members are educated, competent and insured to provide. The overall scope (terrain) of the physiotherapy profession encompasses all individual physiotherapists' scopes (however for those physiotherapists practising as extended scope practitioners, the elements of practice which extend their scope fall outside the overall scope of the profession) and sets the outer limits of practice for all physiotherapy practitioners.

Physiotherapy can be regarded as an applied science which possesses its own knowledge base, its own educational methods and practical application based on that knowledge. However, there are difficulties in developing a more detailed understanding of the physiotherapy profession's scope, not least a lack of consensus on its definition. This in turn places an onus on physiotherapy research, linking theory and practice, to demonstrate its unique contribution to the healthcare field. While the debate about definition is sure to continue, the profession has at the same time always retained links to three core skills:

- massage and manipulation
- electrotherapy
- exercise and movement

In this way, an individual physiotherapist can ensure they are working within the scope of the profession of physiotherapy if they can:

- identify how their practice is related to one of the core skills of physiotherapy and/or

- identify a responsible body of opinion within the profession asserting that a modality they chose to practice safely and effectively is also used by other Chartered physiotherapists.

1.1 Development of physiotherapy

Several key factors have led to the development of the physiotherapy profession from its early origins:

- the choice, range and application of different treatment modalities - itself brought about by changing and improving technology, research and development
- practitioner innovation - leading to the development of new approaches, their rigorous testing and subsequent adoption by the profession at large
- the wider environment influenced not only by changes in government health and social policy, but also by the open market - enabling physiotherapists to make far greater choices about location and type of service delivery
- the evolution of services for new patient/client groups and more generally, the increasing expectations of patients/clients

1.2 Autonomy

While acknowledging these different influences however, the biggest single factor to develop and change the scope of the physiotherapy profession has been the recognition of physiotherapy practitioners' clinical independence - established in 1977 by Health Circular HC(77)33. Since this time, physiotherapists have enjoyed the status of being autonomous practitioners. However, professional autonomy entails greater responsibility. Autonomy indicates that a physiotherapist has the ability to validate personally their own practice and decision making process. Therefore, all physiotherapists have the responsibility to articulate their own scope of practice and the limits of that scope within the broad terrain of the profession of physiotherapy.

Implicitly this autonomy requires the physiotherapist to be able to demonstrate key professional attributes such as clinical reasoning and decision making - attributes which define the core competence of the profession. Initially developed in pre-qualifying education, such professional expertise is further refined through post qualifying practice and continuing professional development (CPD).

2 Scope of the individual

Contrasting clinical profiles for generalist and specialist practitioners helps further develop an understanding of scope of practice:

- a generalist develops a broad base of skills, knowledge and experience in a range of areas, enabling them to deal with most patients (presenting with straightforward to moderately complex needs). *Professional strength lies in the breadth of their understanding and approach underpinned by clinical reasoning and decision making.*
- a specialist by contrast has developed finely honed skills and experience in a very specific area of practice, arising from a detailed and particular knowledge base. *Professional strength lies in the depth of their understanding and approach underpinned by clinical reasoning and decision making.*

However, while this basic division helps clarify what is meant by scope of practice, it is not readily applicable to most physiotherapists: many practitioners move between the two categories while developing their practice, with much depending on client group, team roles and environment. Such a changing role is certainly supported through general literature on the development of professional practice:

'... throughout a professional career, professionals will be changing the scope of their own competence, through becoming more specialist, through moving into newly developing areas of professional work or through taking on managerial/educational roles, and they will also be

continuously developing the quality of their work in a number of areas beyond the level of competency to one of proficiency/expertise' (Eraut 1994).

Scope of practice in practical terms encompasses all elements that form a clinical intervention, including assessment, evaluation of the patient and their goals, treatment given, together with advice and training. As such, all elements within the scope of practice are covered by Professional Liability Indemnity.

3 Defining individual scope

When an individual defines and articulates their own scope, it is a broad picture of their practice and may describe some or all of the following:

- occupational role (eg as a clinician, researcher or educator)
- sector (eg NHS, private practice, industry, higher education)
- environment (eg acute, community, GP practice)
- client group (eg children, the elderly, people with learning disabilities)
- specialty (eg neurology, womens' health, musculoskeletal disorders)
- treatment approaches and techniques (eg hydrotherapy, acupuncture, Bobath, aromatherapy)
- types of cases that the individual refers elsewhere (eg to other physiotherapists)

A much more specific scope of practice is described in relation to individual patients or circumstances. When presented with a patient, the physiotherapist undertakes a personal risk assessment - as part of the overall assessment - asking themselves key questions before proceeding:

- is the patient safe?
- am I safe?
- can I justify the decisions I have made during the assessment (for example has the research evidence been considered)?
- can I identify the most appropriate approach for the patient?
- do I have the correct balance of skills, knowledge and experience to be competent in my chosen approach?

In answering the above questions, the physiotherapist:

- articulates the limits of their own competence *
- demonstrates an awareness of other professionals expertise/other approaches, which may be of more benefit to the patient
- ensures every interaction is a learning experience, which will not only inform, but may change and develop that individual's own scope of practice.

* Competence is a complex issue and much work is currently being undertaken within the CSP to provide members with information on this subject. An information paper 'Interim Guidance on Competence' has been produced by the Learning and Development Function and can be accessed either via the CSP website or in hard copy from the CSP's Enquiry Handling Unit 020 7306 6666 or enquiryhandlingunit@csp.org.uk

3.1 Seeking advice re scope of practice

Most physiotherapists notwithstanding the points set out above, practice within the known and understood scope of the profession. However, on occasions the practitioner may have doubts as to whether their practice lies within or outside the scope. To check this, members are advised first to look to the Rules of Professional Conduct, Rule 1 and other relevant advice.

Members may then seek advice from the relevant Clinical Interest Group or Occupational Group (CIG/OG) if they are a member or contact the CSP.

It is important that the member considers the following:

3.1.1 is this practice related to the core skills of physiotherapy?

- massage (including mobilisation and manipulation)
- electrotherapy (electrophysical agencies)
- exercise and movement

and

3.1.2 whether there is a responsible body of opinion within the profession which asserts the modality in question is used safely and effectively by Chartered physiotherapists. Evidence of a responsible body of opinion could include:

- the formation of an interest group
- the development of courses nation-wide
- a response to a letter in Physiotherapy/Frontline for those interested and practising in a modality to contact a CSP member.

Physiotherapy does not include:

- surgery
- invasive techniques (except for example acupuncture and certain injections)
- manipulation under anaesthetic
- suturing
- the taking of x-rays

The member may contact the CSP where a professional adviser within the Member Networks and Relations or Learning and Development Functions will be able to discuss with them the details of their proposed practice. If the professional adviser is unclear, they will take advice from colleagues or refer to the Professional Practice Committee (PPC). In these circumstances, the member will be asked to set out the proposed extension of practice in writing, setting out the links to the core skills; the evidence/research as to efficiency and safety and any other information as set out above. If the member has sought information from other groups, this should be added. While this process is being followed, a member will not have Professional Liability Indemnity (PLI) cover and are advised not to practice the modality until a final decision is reached.

The PPC will consider the practice in question; take advice as necessary and when a decision is made, this will be publicised as appropriate at the direction of the committee. At that time, PLI cover will be available if the decision is that the practice is within the scope of physiotherapy.

A full written record of all the contacts between the member and the Society will be maintained and be available within the Society, subject to the restrictions of the Data Protection Act 1998.

3.2 Working outside the scope of physiotherapy

Many Chartered physiotherapists are choosing or being asked to carry out tasks which are beyond the normal scope of physiotherapy practice. These include phlebotomy, electrocardiography and acting as a "clinical assistant" in filtering patients for orthopaedic, rheumatology and neurological clinics. These members are usually practising as Extended Scope Practitioners.

You can carry out non-physiotherapy treatments provided that you:

- (a) are deemed competent to carry out the new procedures and there is documented evidence of that competence; and
- (b) have appropriate professional liability indemnity (see below)

Further information for physiotherapists working as Extended Scope Practitioners is available from the CSP.

3.3 Physiotherapy and complementary medicine

It could be argued that physiotherapy was one of the first complementary medicine approaches 'having been started by a group of nurses carrying out non-standard treatments and wishing to be seen as respectable practitioners' (Langley 1995).

The public is expressing a growing interest in complementary medicine approaches: evident from the growing numbers of complementary medicine consultations for example. A report from the House of Lords Select Committee (2000) raises a number of issues for consideration including:

- regulation of complementary and alternative medicine (CAM) approaches and public protection
- the need for conventional healthcare practitioners to be aware of CAM approaches, their potential uses, main weaknesses, dangers and contra-indications
- the lack of effective guidance for the public in terms of effectiveness and safety of CAM approaches.

Many new opportunities exist for the integration of complementary medicine into conventional healthcare. The evidence base to support some of the complementary medicine approaches is growing, and changes to the delivery of healthcare as outlined in the NHS Plan (2000) will mean that services will become more client-centred, giving users a greater say in what services are provided.

The 2002 Curriculum Framework defines physiotherapy as '*.... a health care profession which emphasises the use of physical approaches in the promotion, maintenance and restoration of an individual's physical, psychological and social well-being, encompassing variations in health status*'. CSP, CPSM (2002)

Clearly, the definition of physiotherapy from the curriculum framework enables the adoption of a holistic approach to the management of clients. Furthermore, a briefing paper published by the Society in 1994 stated that physiotherapists take a holistic approach which utilises and enhances the body's natural healing mechanisms.

The debate within the profession about the integration of complementary medicine approaches is ongoing. Arguments for integrating complementary medicine approaches into physiotherapy practice include:

- that rehabilitation recognises the holistic needs of a patient, which includes the treating of the whole person, including mental and social factors rather than just the symptoms of the disease
- the need for the profession to reflect the evolving evidence base and to respond to client demand
- protection of the public: Whilst Chartered physiotherapists are subject to registration with the Health Professions Council (HPC) and codes of professional conduct, this is not the case for all complementary therapy practitioners.

The main counter-argument is that insufficient evidence is available about the effects of certain complementary therapy approaches. Their integration runs the risk of reducing the credibility of the physiotherapy profession (Claire Rayner [1999] adopts a similar stance with regard complementary therapies and the nursing profession).

The CSP offered the following guidance in 1988 for its members wishing to explore new developments in their practice:

- the new modality, technique or philosophy is clearly based upon the core of physiotherapy
- evaluative research is being or has been undertaken into the innovative practice and it has been shown to be beneficial
- education and training relevant to the practice should be undertaken by the physiotherapist(s) using it (in accordance with Rule 1)
- members exploring new ideas should seek out other members and other professionals who are involved in exploring the same or similar ideas. They should discuss with them the effects of the new approach, the theoretical underpinning, the uses and contraindications, the educational

training and professional issues relating to the areas being investigated and published research that has been carried out

- members should at all times recognise the responsibilities of their professional practice, ie they should always aim to benefit the patient through the exercise of their professional knowledge and skills acquired through training and experience.

Increasingly, individual physiotherapists are integrating a range of complementary therapy approaches into their own scope of practice. This is apparent with the growing number of clinical interest groups recognised by the CSP.

Clearly other complementary medicine approaches have associations with the core skills of physiotherapy practice. These, for example, include Alexander technique, Pilates, Feldenkrais and Tai Chi (related to the exercise and movement element), Shiatsu and visceral manipulation (associated with manual therapy) for example.

Furthermore, physiotherapists are also training in complementary medicine approaches which bear no relation to the core skills of physiotherapy such as Bach Flower Remedies and iridology. In these cases, physiotherapists are working outside the scope of practice, ie they would be working as a complementary therapist not as a physiotherapist.

An example of integration of a complementary medicine approach with physiotherapy is massage with aromatherapy oils.

Massage with essential oils should be considered in the same manner as any other modality selected and used by Chartered physiotherapists After assessment of the patient, the physiotherapist may choose to use a limited number of essential oils as a medium for massage. This should not be called aromatherapy. As this clearly is massage, a core skill of physiotherapy, insurance cover is provided through Professional Liability Indemnity (PLI) if the physiotherapist is treating a condition normally encountered in a standard physiotherapy practice and has sufficient training and knowledge to be deemed competent The physiotherapist should be clear in his/her explanation to the patient whether he/she is giving massage with essential oils, or practising aromatherapy.

The Association of Chartered Physiotherapists in Massage (1998).

This requires that the practitioner also has the required knowledge and skills to identify and use the appropriate oils.

In determining whether their individual scope of practice falls within the recognised scope of physiotherapy practice, members are asked to consider the following issues:

- is the modality/approach concerned related to the core skills of physiotherapy?
- what is the clinical reasoning used to determine which approach to use with a particular client: physiotherapy or complementary medicine-specific?
- is there a sound evidence-base to support the modality/approach?
- competence to practice in accordance with Rule 1 of The Rules of Professional Conduct "*Chartered physiotherapists shall only practice to the extent that they have established, maintained and developed their ability to work safely and competently, and shall ensure that they have appropriate professional liability cover for that practice*". CSP (2002)

It is appropriate that complementary medicine approaches, which bear a clear relationship to the core skills of physiotherapy practice, become integrated into the profession's scope of practice. Physiotherapists are required (as is the case with any physiotherapeutic modality), to ensure that the complementary therapy approach adopted has an evidence-base and that the profession has a framework so that its scope of practice evolves appropriately.

3.4 Physiotherapy and Psychological Therapists

Communication and interpersonal skills are now, and have been for some time, part of the physiotherapy qualifying curriculum. Many physiotherapists go on to extend these skills through post-graduate counselling and/or cognitive behavioural therapy (CBT) courses, both for their own personal development and for improvement of patient care. There is an increasing evidence base, particularly for CBT in behaviour change, and physiotherapists with suitable training are able to incorporate cognitive behavioural techniques into their exercise programmes. CBT has been shown to be particularly beneficial for people with chronic pain, chronic fatigue syndrome, depression or anxiety. CBT therefore sits within the scope of practice of the profession of physiotherapy. The skills gained from even the most basic training in these approaches also enable the experienced physiotherapist to recognise, and be open about, their own limitations and to be able to refer to the experts when necessary.

4 Professional Liability Indemnity (PLI)

Practising the profession of physiotherapy has its risks. It is, therefore, important that any risks are covered by adequate insurance. In the employed situation, physiotherapists are vicariously 'covered' by their employer.

Physiotherapists should ascertain from their employer the level and extent of that vicarious liability at the start of their employment or when they extend their practice in a way that could be interpreted as outside the scope of conventional practice. It is important that members do not extend their practice in such a way that is unknown or unacceptable to the employer. Doing this could mean that if an incident occurs in respect of that modality and litigation follows, the employer may not accept liability.

For physiotherapists practising independently (ie outside of an employed situation), whether paid or not, the Society through its full annual subscription covers members for PLI when practising in the UK or travelling and temporarily working abroad, with the exception of the North American continent and Australia. Full details of this cover and exemptions are available in the information paper PA32A "Physiotherapists and Insurance".

Cover by the CSP only applies to the practice of the profession of physiotherapy and to members practising within their own scope of practice.

5 References

1. Chartered Society of Physiotherapy (2002) Rules of Professional Conduct. CSP, London
2. Eraut M. (1994) Developing professional knowledge and competence. The Falmer Press
3. Cott. CA, Finch. E, Gasner. D, Yoshinda. K, Thomas. SG, Verrier. MC (1995) The movement continuum theory of physical therapy. Physiotherapy Canada Sprint Vol 47 no 2
4. Gosling S (1999) Defining the scope of practice for the profession and individual members
5. Noronen L, Wikstrom - Grotell C, (1999) Towards a paradigm-oriented approach in physiotherapy. Physiotherapy Theory and Practice vol 15 p175 - 184
6. Rayner C, (1999) Stuff and Nonsense. Nursing Standard 13(39)22-23.

6 Useful addresses

Aromatherapy Organisations Council

3 Latymer Close, Braybrooke, Market Harborough, Leicestershire LE16 1AE.
01858 434242

Association of Reflexologies

27 Old Gloucester Street, London WX1N 3XX
0870 567 3320

British Acupuncture Council

Park House, 206 - 208 Latimer Road, London W10 6RE
0208 964 0222

British Complementary Medicine Association

249 Fosse Road South, Leicester LE3 1AE
0116 282 5511

British Reflexology Association

Monks Orchard, Whitbourne, Worcestershire WR6 5RB
01886 821207

Federation of Holistic Therapists

38a Portsmouth Road, Southampton SO19 9AD
023 8042 2695

The Foundation for Integrated Medicine

International House, 59 Compton Road, London N1 2YT
020 7688 1881

<http://www.fimed.org>

Institute for Complementary Medicine

PO Box 194, London SE16 1QZ
020 7237 5165

Research Council for Complementary Medicine

60 Great Ormond Street, London WC1N 3JF
020 7833 8897

<http://www.gn.apc.org.rccm>

Shiatsu Society of the UK

Interchange Studios, Dalby Street, London NW5 3NQ
020 7813 7772

7 CSP recognised Clinical Interest and Occupational Groups

Access to groups can be made via the CSP website at www.csp.org.uk

- Acupuncture Association of Chartered Physiotherapists (AACP)
- Association of Chartered Physiotherapists in Animal Therapy (ACPAT)
- Association of Chartered Physiotherapists in the Community (ACPC)
- Association of Chartered Physiotherapists in Cystic Fibrosis (ACPCF)
- Association of Chartered Physiotherapists in Energy Medicine (ACPEM)
- Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR)
- Association of Chartered Physiotherapists Interested in Electrotherapy (ACPIE)
- Association of Chartered Physiotherapists in Independent Hospitals and Charities (ACPIHC)
- Chartered Physiotherapists in Massage and Soft Tissue Therapies (CPMaSTT)
- [aromatherapy subgroup]
- Association of Chartered Physiotherapists in Neurology (ACPIN)
- Association of Chartered Physiotherapists in Reflex Therapy (ACPIRT)
- Association of Chartered Physiotherapists in Management (ACPM)
- Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE)
- Association of Chartered Physiotherapists in Orthopaedic Medicine (ACPOM)
- Association of Chartered Physiotherapists in Oncology & Palliative Care (ACPOPC)
- Association of Chartered Physiotherapists for People with Learning Disabilities (ACPLD)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)

- Association of Chartered Physiotherapists in Sports Medicine (ACPSM)
- Association of Chartered Physiotherapists in Therapeutic Riding (ACPTR)
- Association of Chartered Physiotherapists in Womens Health (ACPWH)
- Chartered Physiotherapists Working with Older People (AGILE)
- Association of Orthopaedic Chartered Physiotherapists (AOCP)
- Association of Paediatric Chartered Physiotherapists (APCP)
- British Association of Bobath Trained Therapists (BABTT)
- British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR)
- British Association of Hand Therapists Ltd (BAHT)
- Chartered Physiotherapists in Mental Healthcare (CPMH)
- Craniosacral Therapy Association of Chartered Physiotherapists (CTACP)
- Chartered Physiotherapists Working as Extended Scope Practitioners (ESP)
- Hydrotherapy Association of Chartered Physiotherapists (HACP)
- Haemophilia Chartered Physiotherapists Association (HCPA)
- International Support Group for Chartered Physiotherapists (ISG4CP)
- Manipulation Association of Chartered Physiotherapists (MACP)
- McKenzie Institute Mechanical Diagnosis & Therapy Practitioners (MIMDTP)
- Organisation of Chartered Physiotherapists in Private Practice (OCPPP)
- The Physiotherapy Pain Association (for Chartered Physiotherapists) (PPA)
- Physiotherapy Research Society (PRS)

Enquiries re scope of practice: decision tree

