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Master's Level Programmes within Post- Qualifying Physiotherapy Education:

CSP criteria and expectations

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Master's Level Programmes within Post- Qualifying Physiotherapy Education: CSP Criteria and Expectations

Introduction

1. The CSP first developed its thinking on post-qualifying M level programmes in the early 1990s and has since undertaken periodic reviews and refinements of its expectations relating to these (Walker & Humphreys, 1994; CSP, 1998). A more major review was undertaken by the CSP's Post-qualifying Programme Endorsement Group in 2002, in parallel with an exercise to develop appropriate expectations of *qualifying* programmes at M level, the outcome of which has been to produce a companion document to this (CSP, 2003).

Explanation of terminology

'Post-qualifying programmes/education' is used to refer to learning opportunities undertaken by chartered physiotherapists after qualification as part of their continuing professional development [CPD]/lifelong learning that can be at undergraduate or postgraduate level in academic terms or that may not carry any academic credit at all (either because it has not been presented for academic recognition or because its style does not lend itself to such recognition).

'M level' is often used as a shorthand term for Master's level learning and can include learning opportunities that form modules that can contribute to a Master's degree or short, free-standing courses, as well as complete Master's degree programmes.

2. A common set of expectations and attributes has emerged from the exercise, although it is recognised that the way in which these are fulfilled within qualifying and post-qualifying programmes is different (see **Appendix 1**). Credit frameworks that have informed the development of thinking expressed in this paper are outlined in **Appendix 2**, while a glossary of terms is provided in **Appendix 3**. The bibliography lists materials that have informed the development of the CSP's thinking on M level learning at post-qualifying level over recent years, while references throughout the document cite specific sources used.

Developing new expectations

3. The recent review of the CSP's expectations of post-qualifying programmes at M level has taken strong account of recent external publications relating to academic credit and qualifications, current and on-going changes in physiotherapists' professional activity and practice contexts, career opportunities and service demands (Gosling, 2002). In particular, the following developments were considered:
 - The increasing need for physiotherapists to work collaboratively within multi-professional teams in genuine partnership with patients and across health and social care sectors;
 - The need for physiotherapists to engage genuinely in evidence-based practice, appreciate the full implications of this and contribute to the collective development of a critical understanding of the profession's epistemology;
 - The extension of career opportunities for physiotherapists through the growing number of clinical specialist and extended scope practitioner posts, the creation of the consultant



therapist role, clinical leadership initiatives, and the increasing trend towards physiotherapists acting as the first point of contact for patients;

- The development (related to the above) of greater demand for physiotherapists able to act in senior generalist roles within collaborative, multi-professional teams;
 - The increasing need for physiotherapists to seize the initiative to lead change within health care provision in a context of extensive modernisation of service delivery and patient care and therefore to have the aptitude and confidence for lateral and outward-thinking and the management of significant resources;
 - The increasing expectation that health care professionals are able to work in flexible ways, sensitive to the needs of patients and able to lead and engage in initiatives to ensure that service delivery is effective, efficient and consistent in its quality (BR11, 2001; DoH, 2000a; DoH, 2000b; DoH, 2001a; DoH, 2001b; DoH, 2002a; DoH, 2002b; DHSSPS, 2001; Nat.Ass.Wales, 2001; Sc.Exec.,2000; Sc.Exec.2002; Wanless, 2002).
4. In light of the above, the CSP has identified the importance of M level programmes developing the following key qualities:
- Ability to construct personal theoretical frameworks for practice, drawing on the evolving evidence base
 - Capacity for leadership
 - Ability to be innovative and to initiate change
 - Ability to facilitate the learning of others
 - Capacity for effective collaboration (within multi-professional and cross-sector teams and through a genuine engagement in patient partnership/user involvement).
5. These qualities should have relevance whether they are applied directly within clinical practice, the management of physiotherapy services, or taking forward physiotherapy education or research. They are elaborated on in the following section and the **Appendix** to this document.

Key attributes

6. The following form the key attributes that any M level provision for which CSP is sought should develop:
- **Appropriate use of evidence and the ability to synthesise and integrate this into practice;**
 - **Refinement of critical reasoning and problem-solving skills;**
 - **Capacity for innovation within autonomous practice.**
7. The chart appended to this document elaborates on these attributes. It will be evident from the more detailed material that the attributes overlap and inter-relate with one another. It is **not** expected that all M level programmes will result in the fulfilment of the attributes, and their sub-clauses, to the same degree or in the same way. Rather, the nature of fulfilment will depend on the size and particular focus of a programme, as explained below.ⁱ
8. In formulating its thinking on the attributes that M level learning should develop, the Endorsement Group has considered a number of documents relating to the development, delivery and conferment of postgraduate level qualifications and credit, in addition to attending to the service and professional development needs identified above (CQFW, 2001; QAA, 2001a; QAA, 2001b; Sc.Exec., 2001).

ⁱ These expectations relate to learning leading to the award of M level credit or an M level award.



Interpreting the attributes

9. In considering the attributes and how provision can be shown to develop them, the following should be borne in mind:
 - How fulfilment of the attributes is demonstrated will vary quite significantly depending on the nature, focus and aims of a particular programme. For example, provision concerned with developing students' knowledge, skills and understanding within a specialised area of clinical practice will have a different complexion from that delivered on a multi-professional basis and concerned with developing students' critical understanding of the principles and implications of health care policy.
 - While the expectations are designed to apply to all types of M level provision (ranging from short units of learning attracting a small amount of credit to full Master's degree programmes), elements of smaller provision will inevitably show fulfilment of the expectations to a lesser degree and with the likelihood of displaying particular points of focus. For example, they may be centred on developing professional knowledge and understanding within a specialised area of practice, but still attend to developing critical skills. However, the core attributes identified above should be evident in all types and scale of M level provision even if the breadth of coverage varies.
 - The CPD needs of chartered physiotherapists are varied. They relate to individuals' career stage, employment sector, practice environment and occupational role. The expectations are designed to reflect this, thereby acknowledging that CSP members have an interest in undertaking a wide range of M level programmes (according broadly with clinical practice, management, leadership, education and research).
 - The CSP's remit is to consider M level provision in terms of how it relates to chartered physiotherapists' CPD needs. However, it actively encourages the development of multi-professional programmes and learning opportunities that address issues around inter-professional practice and developing the skills required for effective collaboration (Hornby & Atkins, 2000). The CSP therefore welcomes invitations to be involved in the validation/accreditation of provision involving a number of professions.

Programme delivery

10. The CSP's expectations of M level learning, expressed through the attributes and the Appendix, have implications for how programmes are delivered and how students' learning is supported and assessed. These implications are outlined below.

- A student-centred approach

11. In keeping with the CSP's expectations around attributes, it expects M level programmes to make strong use of student-centred styles of learning. Tutors should create both challenging and supportive environments that enable students to
 - Take a large degree of responsibility for their own learning;
 - Identify their own learning needs;
 - Exercise some influence over how and what they learn within the framework of the curriculum.
12. Such an approach should be supported by recognition of the substantial professional knowledge, skills, awareness and understanding that chartered physiotherapists bring to their learning at M level. Approaches to programme delivery should therefore draw on, and respect, students' contribution to their own learning and optimise opportunities for students to learn from another (CSP, 2001).



- An evidence-based approach

13. A further expectation is that programmes require students to adopt an evidence-based approach to their learning through
- Questioning and rethinking their perceptions and practice in light of relevant research findings;
 - Developing their capacity for critical enquiry;
 - Adopting an analytical approach to research literature;
 - Developing their capacity genuinely to engage in clinical effectiveness and evidence-based health care;
 - Increasing their levels of confidence and comfort in dealing with issues and areas in which uncertainty, unpredictability, gaps and inconsistencies are inherent.

- Assessing learning

14. The CSP advocates the use of a wide variety of assessment methods for testing M level learning. This includes
- Critical case studies and literature reviews
 - Small-scale, practice-based research assignments
 - Portfolio-based assignments that place a heavy emphasis on reflecting on, and evaluating, professional practice and learning
 - Oral presentations
 - Viva voce
 - Peer assessment
 - Self-assessment.
15. Approaches to advanced clinical learning should test students'
- Underpinning knowledge
 - Clinical-reasoning
 - Professional judgement and decision-making
 - Awareness of, and ability to use, the evidence base critically (including an understanding of its limitations and evolving nature)
 - Evaluation of, and ability to articulate, the process and outcomes of their clinical practice.
16. The approach and mix of assessment adopted within M level programmes should allow students to demonstrate the attributes described above and in **Appendix 1**.

Comparing M level post-qualifying and qualifying programmes

17. While it is not helpful to try to draw firm distinctions between expectations of post-qualifying and qualifying Master's level programmes, it does seem useful to clarify basic differences in terms of 'in-puts' and 'out-puts' of the programmes. At the same time, these need to be framed within a shared understanding of the key characteristics of postgraduate study, informed by documents published by a range of agencies. Comparisons are made in **Table A** below.

Table A: Comparisons

Differences / similarities	Explanation
The expectations of students entering Master's level study as qualifying and post-qualifying programmes are different	<ul style="list-style-type: none"> • Those entering qualifying programmes are doing so to gain entry to the physiotherapy profession • Those entering post-qualifying programmes are doing so as a significant component of their CPD/lifelong learning and perhaps with a particular career goal in mind
The knowledge, skills and experience of students entering the two types of programmes are different	<ul style="list-style-type: none"> • Those entering qualifying education come with the broad attributes of a graduate and the more particular knowledge and skills base of a graduate in a cognate discipline • Those entering post-qualifying M level learning have consolidated and refined their professional knowledge and skills through (often a substantial period of) professional practice, although some will not have necessarily had the opportunity to develop the knowledge and skills demanded of enquiry-based, scholarly activity and independent learning if they qualified through the diploma route
The broad attributes and aptitudes of students entering the two types of programmes should be similar	<ul style="list-style-type: none"> • Both types of students should have a keenness to learn independently, to develop their capacity for evidence-based practice and to apply these broad-based skills within the professional practice of physiotherapy • How they apply these attributes and aptitudes in their learning and in relation to physiotherapy practice will differ: <ul style="list-style-type: none"> - Those completing a qualifying route will do so, at least initially, in junior clinical roles - Those completing M level learning as part of their CPD are likely to apply their learning in more senior, specialised roles
The broad attributes and aptitudes of students graduating from the two types of programmes should be similar	<ul style="list-style-type: none"> • The broad attributes of students graduating from both types of programme should be similar (i.e. in terms of their capacity for evidence-based practice, critical enquiry and autonomy) • How these attributes are manifested will vary: <ul style="list-style-type: none"> - Those from qualifying programmes will have developed knowledge and skills across the broad range of physiotherapy practice - Those from post-qualifying programmes tending to engaged in more in-depth, specialist study - whether this is in terms of clinical area or occupational role

Summary

18. The CSP is keen to be involved in advising on the development of M level programmes and to participate in the validation and accreditation of these. In this way, it is able to consider programmes for endorsement. It sees such activity as an integral part of its broader work around CPD/lifelong learning and an important way of asserting its role in assuring the quality of physiotherapy education provision at qualifying and post-qualifying levels.

19. Advice on seeking CSP endorsement for M level programmes is available in the first instance from the Education Adviser, email learninganddevelopment@csp.org.uk.



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- Wanless D. (2002) *Securing our Future Health: Taking a Long-term View*. The Public Enquiry Unit, London.

CSP expectations of M level learning: Further explanation of the key attributes

Synthesis and integration of the evidence base	Critical reasoning and problem-solving skills	Innovation within autonomous practice
<ul style="list-style-type: none"> • Critical understanding of the knowledge base of physiotherapy, including its gaps, uncertainties, defining features, context & evolving nature; • Critical understanding of the theories, principles and concepts underpinning current professional activity; • Extensive, detailed knowledge & understanding of one or more specialisms, informed by current research & scholarly & other innovative activity • Apply a range of standard & specialised research methods & equivalent approaches to enquiry, with an aptitude to identify appropriate methodologies to different research questions & scale of activity & an appreciation of related ethical considerations; • Plan & complete a piece of independent research or equivalent investigative or developmental assignment, with the ability to identify & promote the practical & professional applications of completed work & an appreciation of the importance of sharing & disseminating findings to a wide audience; • Critically review, consolidate & extend knowledge, skills, practice & thinking in physiotherapy practice/ education/ management. 	<ul style="list-style-type: none"> • Practise in ways that draw heavily on critical reflection of practice & responsibilities & that demonstrate strong self-awareness; • Demonstrate original & creative responses to problem-solving, recognising that safety & effectiveness are paramount • Use critically a range of skills, techniques, approaches & materials relevant to physiotherapy practice/education/management, informed by current thinking & policy, the profession's evolving evidence base & other innovative developments; • Critically analyse, evaluate & synthesise professional practice/education/health care issues, informed by current & innovative developments; • Develop original & creative responses to problems & issues; • Deal with complex ethical & professional issues, making informed judgements on matters that may not explicitly be addressed within existing codes, standards & protocols, seeking guidance from peers where appropriate • Use a range of advanced & specialised communication skills that are appropriate to physiotherapy practice/ education/management, taking account of the needs of different audiences & demonstrating a commitment to user involvement & collaboration. 	<ul style="list-style-type: none"> • Exercise substantial autonomy & initiative in professional activity; • Act autonomously in planning, implementing & evaluating the outcome of professional activity, inviting feedback from others to inform this process • Identify, conceptualise & define new & abstract ideas within professional practice/education/management; • Demonstrate originality &/or creativity in applying knowledge, understanding & approaches in physiotherapy practice/ education/management; • Take responsibility for own work & significant responsibility for the work of others; • Take responsibility for a significant range of resources; • Demonstrate leadership &/or initiative & make an identifiable contribution to change & development; • Practise in a range of contexts, including those within which there is uncertainty or unpredictability; • Demonstrate an aptitude for continuing to advance knowledge, understanding & skills in line with identified learning needs, taking due account of service & personal development priorities & showing the capacity to learn independently while making appropriate use of resources.



External reference points

The CSP's thinking on expectations of Master's level learning within qualifying and post-qualifying education takes account of external reference points. Key documents are outlined below.

QAA qualifications frameworks and benchmark statements

The Quality Assurance Agency's two qualifications frameworks for academic awards (respectively published for England, Wales and Northern Ireland and for Scotland) provide an important reference point for developing qualifying programmes in physiotherapy (QAA 2001a; QAA 2001b). Relevant elements of these are summarised in the *Curriculum Framework for Qualifying Programmes in Physiotherapy* (CSP, 2002a).

The *Academic and Practitioner Standards for Physiotherapy* explicitly describe the threshold benchmarks for qualifying programmes that lead to an honours degree (QAA, 2001c). A chart is included in the CSP's *Curriculum Framework for Qualifying Programmes in Physiotherapy* that compares the benchmark standards with the outcomes of the framework (CSP, 2002).

It is understood that the QAA plans to commission the development of postgraduate-level benchmark statements across academic disciplines, while the Department of Health intends to undertake a common framework for post-qualifying learning (DoH, 2002).

Credit frameworks

A document has been prepared jointly by several agencies explicitly to complement the QAA's *Qualifications Framework* for England, Wales and Northern Ireland and to take account of the Bologna Declaration (designed to achieve greater consistency and comparability of qualifications systems across Europe) and the work of the European Credit Transfer System (CQFW, et al., 2001). The specific descriptor contained within this document that relates to taught postgraduate level learning is quoted below.

Level 7 – Display a mastery of a complex and specialised area of knowledge and skills, employing advanced skills to conduct research, or advanced technical or professional activity, accepting accountability for related decision making including use of supervision (CQFW, et al., 2001).

The document further makes the following recommendations relating to credit-point tariffs for Master's degree qualifications:

Min. overall credits	No. of credits at highest level	Max. No. of credits at lowest level
180 credits	150 credits at level 7	Max. 30 credits at level 6 [honours degree level]

(CQFW et al., 2001)

The Scottish Credit and Qualifications Framework also provides more detailed guidance on appropriate credit-point tariffs for academic awards. It also sets out descriptors that define expectations at different academic levels, with SCQF 11 corresponding to taught postgraduate-level learning (Sc.Exec.,2001). This framework has particularly helped to shape the CSP's expectations of M level attributes.



Glossary of terms

Benchmark statements

An initiative undertaken under the aegis of the **Quality Assurance Agency for Higher Education [QAA]** to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate. Benchmark statements have been developed in physiotherapy that describe honours degree level learning, which cross-refer to a common health professions framework.

Clinical reasoning

The thinking process that informs and underpins clinical practice, involving the interrogation and application of theoretical knowledge, practice skills, reflection and evaluation.

Critical thinking

An approach that should be integral to individuals' practice in which they consciously consider their decision-making and problem-solving and evaluate aspects of their professional behaviour and practice that might otherwise be tacit, assumed or unquestioned. Such a process should deepen individuals' understanding of their practice and role and bring about new learning through encouraging a questioning approach and the synthesis of new and past perceptions and experience, drawing on the best available evidence.

Evidence-based health care

A commitment to using the best available evidence to inform decision-making about the care of individuals, and the organisation of that care, that involves integrating practitioners' professional judgement and experience with evidence gained through systematic research and that respects patients' preferences and beliefs.

Independent learning

Learning processes that enable students to take responsibility for their own learning while having access to advice and support from tutors and that provides students with opportunities to identify their learning needs, study a topic in some depth and develop and demonstrate their aptitude and enthusiasm for CPD.

M level

The term often used as a shorthand term for Master's level learning that can form modules that contribute to a Master's degree, or short, free-standing courses, as well as complete Master's degree programmes. Its use has particular connotations about the intellectual demands placed on students.

Post-qualifying programmes/education

Learning opportunities undertaken by physiotherapists after qualification as part of their continuing professional development [CPD] that can be at undergraduate or postgraduate level in academic terms or that may not carry any academic recognition at all (either because it has not been presented for academic recognition or because its style does not lend itself to such recognition)



Qualifications framework

Statements published by the **Quality Assurance Agency for Higher Education** (one for England, Wales and Northern Ireland and one for Scotland) that set out comparative expectations, in terms of the nature and volume of students' learning, for awards conferred by higher education institutions at different academic levels.

Qualifying programmes/education

Study routes (that can be at undergraduate or postgraduate level) that lead to eligibility for registration as a physiotherapist with the Health Professions Council [HPC] and membership of the CSP.

Quality Assurance Agency for Higher Education

An independent body set up in 1997 to safeguard and enhance the quality and provision of awards in the UK university structure, that is funded by subscriptions from higher education institutions and through contracts with the higher education funding bodies, and that reviews the quality of UK higher education at an institutional level, as well as academic standards and the quality of teaching and learning in each subject area.

Reflective practice

The structured process of reviewing an episode or dimension of practice to describe, analyse, evaluate and inform professional learning in such a way that new learning is identified, previous perceptions, assumptions and understanding are modified, and subsequent practice is developed and refined as a consequence.

Student-centred learning

Modes of programme delivery (e.g. discussion sessions, problem-solving workshops and assignments) that place a strong emphasis on students taking responsibility for their own learning and playing an active part in the learning process. Such an approach should help students to make connections between existing knowledge and new concepts, as well as developing their communication and problem-solving skills, powers of critical analysis and ability to formulate cogent arguments and hypotheses, and their curiosity and (on-going) interest to pursue CPD.