Principles for assuring the provision of safe, high quality physiotherapy interventions in the context of delegation to support workers
Greater delegation of tasks and responsibilities to support workers will play an increasing part in supporting the physiotherapy profession to meet rising population demand and contribute to new and transformed ways of working. Delegation practices should be underpinned by robust governance arrangements; these ensure that delegated tasks and responsibilities remain safe and effective. We have developed 5 principles to guide local development and implementation of governance arrangements. These principles apply in every setting and context.
**Principle 1**
Assessment and management of risk (when considering delegation of physiotherapy interventions) should occur in the local context and be undertaken in consultation with registered physiotherapists.

**Principle 2**
Induction of support workers new to a role or area of practice should include spending time with registered physiotherapists or higher level physiotherapy support workers.

**Principle 3**
Support workers should have access to the support of registered physiotherapists or higher level physiotherapy support workers to identify learning and development needs related to physiotherapy practice.

**Principle 4**
Support workers should have access to the support of registered physiotherapists or higher level physiotherapy support workers to develop and sustain their competence to undertake physiotherapy interventions safely and effectively.

**Principle 5**
Support workers should have timely access to registered physiotherapists or higher level physiotherapy support workers for professional support and advice. This must include arrangements to access a registered physiotherapist when the level of support required is beyond the defined expectations of higher level support workers’ knowledge, skills and experience.

*How we expect to see these principles in action is detailed in section 6.*
1 Why have we developed these principles?

Demand for physiotherapy is rising. This is due to a growing and ageing population and the increasing relevance of the vital skills that the physiotherapy workforce bring to health and care at a population, system, local, and person level.

There are significant ambitions for physiotherapy across the UK including expanding and enhancing the profession’s role in prevention and health promotion, primary care, community rehabilitation, supporting avoidance of admission to hospital and reducing the length of stay for those that are admitted.

For the profession to realise these ambitions and play its part in the transformation of our health and care systems, our physiotherapy workforce is required to work smarter. This includes greater delegation to skilled and capable support workers, thereby freeing capacity in the registered workforce to undertake activities and responsibilities that require a higher level of knowledge and skill and that can only be delivered by a registered healthcare professional. Respondents to the 2019 CSP membership survey indicated significant support of this notion.

Additionally, as part of wider, smarter working, care is increasingly provided by interdisciplinary teams with approaches to minimise duplication of work. Where it is deemed safe, appropriate and in the best interests of people to do so, these approaches commonly involve the development of shared competencies and working practices which span traditional professional boundaries. The CSP acknowledges the value of integrated working practices and shared competencies for support workers particularly in pursuit of improved patient experience and elimination of duplication to enhance service efficiency.
However, the pursuit of smarter working and the expansion in support workers’ scope of practice must not be at the expense of safe, high quality, effective physiotherapy. Neither should it be at the expense of support workers’ experience and their ability to work confidently and successfully in their roles.

Delegation is a complex activity and occurs most safely and appropriately when systems and processes are in place to support confident decision making. These local governance arrangements enable mitigation of clinical risk through (but not limited to) legislative frameworks, local policies, case allocation protocols, standard operating procedures and programmes of ongoing training, supervision and support.

Our 5 principles should be used to guide local governance arrangements and should be considered alongside the following documents:

**Quality Assurance Standards for Physiotherapy Service Delivery**

**Supervision, Accountability and Delegation**

**Principles for Continuing Professional Development and Lifelong Learning in Health and Social Care**
What is the purpose of the principles?

- To support service managers, clinical leads, team leads, physiotherapists and support workers to consider existing governance arrangements, skill mix and capacity in their services and to appraise whether these are sufficient to assure the safety and effectiveness of delegated physiotherapy interventions.

- To enable staff side representatives and registered physiotherapists to advocate for the necessary systems and procedures in services to ensure that the process of delegation of physiotherapy interventions to support workers is appropriate and is duly considerate of clinical and professional risk.

- To guide staff side representatives and registered physiotherapists when advocating for the capacity required in registered staff roles to develop, support and monitor physiotherapy competencies for support staff. This should be addressed through the job planning process. [https://www.csp.org.uk/documents/job-planning-tool-support-safe-and-effective-care](https://www.csp.org.uk/documents/job-planning-tool-support-safe-and-effective-care)

- To support commissioners of services to be considerate in the design of services of the required governance arrangements (reflected in skill mix and capacity) to support safe delegation practices.

- To empower support workers to advocate for their development, training, supervision and support needs to be met through robust governance arrangements.
3 What do we mean by a support worker?

A non-registered practitioner who, under the supervision of a registered healthcare professional, undertakes delegated activities, tasks and responsibilities within the scope of the role they are employed /engaged to perform. These may be in relation to part or all of a care plan or to support the wider service (e.g. administration, staff supervision, quality improvement and research activity).

4 What do we mean by a physiotherapy support worker?

A non-registered practitioner who undertakes delegated work in pursuit of physiotherapy interventions, providing this as part or all of their role. Depending on the configuration of local services and working practices, physiotherapy interventions may be delegated by a registered healthcare professional who is not a physiotherapist.
5 What do we mean by delegation?

Delegation is the process of establishing at a particular point in time, in a particular context, the tasks, activities and responsibilities which may be safely allocated to another individual to undertake while remaining cognisant of all relevant information.

In the context of healthcare a registered healthcare professional makes a decision to delegate aspects of care to a non-registered individual. The registered healthcare professional retains overall responsibility for care and is accountable for the decision to delegate. The non-registered individual is accountable for accepting the delegated task, activity or responsibility and is responsible and accountable for their actions and decisions thereafter.

6 How do we expect to see the principles in action?

Principle 1
Assessment and management of risk (when considering delegation of physiotherapy interventions) should occur in the local context and be undertaken in consultation with registered physiotherapists.

Potential professional and clinical risks should be identified and assessed using a standardised approach, with the involvement of a registered physiotherapist.

Risk assessments should be accessible for all staff and reviewed regularly or after incidents, accidents and feedback, with the involvement of a registered physiotherapist.

Potential risks should be managed in accordance with other local policies, procedures and approaches and with the guidance of a registered
physiotherapist. This may include the development of protocols for the following, but not limited to:

- Screening and triage for certain presentations or patient groups
- Care pathways or care bundles for certain presentations or patient groups
- Identification and management of signs, symptoms and issues that denote a need for escalation to a physiotherapist for advice or review.

**Principle 2**
Induction of support workers new to a role or area of practice should include spending time with registered physiotherapists or higher level physiotherapy support workers.

A full induction to the legislation, national and local policies and procedures that guide physiotherapy practice should be undertaken with the support of a registered physiotherapist or higher level support worker.

Time should be spent shadowing physiotherapy staff in local practice.

**Principle 3**
Support workers should have access to the support of registered physiotherapists or higher level physiotherapy support workers to identify learning and development needs related to physiotherapy practice.

Current levels of physiotherapy knowledge, skills, values and behaviour should be established using the CSP guidance on support worker capability with the support of a registered physiotherapist or a higher level physiotherapy support worker.

Any gaps in an individual’s capability and competence to undertake safe and effective physiotherapy interventions should be identified. Measures to meet learning and development needs should be incorporated into a personal development plan (PDP).
Principle 4
Support workers should have access to the support of registered physiotherapists or higher level physiotherapy support workers to develop and sustain their competence to undertake physiotherapy interventions safely and effectively.

Regular review of competence to undertake safe and effective physiotherapy interventions should be carried out with a registered physiotherapist or higher level physiotherapy support worker. This should occur as scheduled activity over the course of an annual review period and be at a frequency deemed necessary by an individual and the supervising registered physiotherapist or higher level support worker.

Where professional capability and competence development needs have been identified in a PDP, dedicated time with physiotherapy staff should be allocated to support learning and evaluate learning outcomes.

Where new and emerging physiotherapy practice is introduced to services, support workers should have the opportunity to engage in learning and development activities with physiotherapy staff. This is in order that they understand the implications of new practice to their roles, understand capability and competence requirements in the context of new practice and are involved in considerations regarding delegation.

Local training logs should be kept and updated and reviewed regularly.

Principle 5
Support workers should have timely access to registered physiotherapists or higher level physiotherapy support workers for professional support and advice.

While support workers might be supervised and managed by a range of registered healthcare professionals, where part or all of their role includes delegated physiotherapy activities a physiotherapist or higher level physiotherapy support workers should be easily contactable for professional advice and support if required.