



**Address to the Portuguese parliament – Labour and Social Security Committee of the  
parliament  
Wednesday 11<sup>th</sup> July 2018 @14.00hrs  
Esther-Mary D’Arcy, Chairman of European Region of World Confederation for  
Physical Therapy**

Thank you for the opportunity to speak to you.

At the outset I would like to confirm the unreserved support of the European Region (WCPT) to establish an Order of Physiotherapists in Portugal. Protection of the public is paramount in health care – the establishment of an Order is crucial to this.

While the profession is regulated in Portugal, regulation currently is a list of registered physiotherapists who have met the requirements for the issue of a professional certificate to practice from the Ministry of Health. There are about 11,000 physiotherapists in Portugal. Only 1,100 are in the professional body which means that 10,000 physiotherapists (outside the professional body) have no Continuous Professional Development (CPD), professional conduct or ethical obligations to meet. This leaves the public exposed and unprotected. An Order that will ensure CPD and ethical obligations are met by every member provides the statutory protection that a government is duty bound to provide in order to protect its people.

As you have heard from other groups in relation to this I would like to move directly to clarify some facts and correct some factual inaccuracies that have been made in previous statements. In so doing I hope to allay fears and concerns that people or groups might have.

I will cover the following – with particular relevance to Portugal and reference to other countries for comparison or examples as appropriate.

1. World Confederation of Physical Therapy (WCPT) and European Region of WCPT
2. Legal and educational status of physiotherapy in Portugal
3. Physiotherapy as a profession and status of titles
4. Specialisation within Physiotherapy
5. Orders of Physiotherapy
6. Memorandum of Understanding ER-WCPT and Standing Committee of European Doctors (CPME)
7. Autonomous practice

## 1. WCPT, ER-WCPT and Portugal

The WCPT is the global organisation for the profession of physiotherapy – it was founded in 1951 and Portugal (the Portuguese Association - Associação Portuguesa de Fisioterapeutas - APfísio) was admitted as a member in 1963 (55 years ago).

### WCPT and WHO

The WCPT has official relations with the WHO since 1952 and works with such WHO teams as the Disability and Rehabilitation Team and is involved in the WHO Functioning and Disability Reference Group advising on functioning, disability and health classification issues such as the ICF disability and Health.

### World Health Professions Alliance (WHPA)

WCPT is a member of the World Health Professions Alliance (WHPA) since 2010 – an alliance of the International Council of Nurses, the International Pharmaceutical Federation, the World Dental Federation and the World Medical Association, representing more than 26 million health professionals worldwide. (As part of WHPA, WCPT has urged action on counterfeit medical products and non-communicable diseases, and has led work on collaborative practice).

### Global Health Workforce Alliance (GHWA)

WCPT is a member of the Global Health Workforce Alliance; a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations.

Working with the International Council of Nurses, the International Hospital Federation, the International Pharmaceutical Federation, the World Dental Federation and the World Medical Association, **WCPT** has collaborated with the Global Health Workforce Alliance in a campaign to support the development of positive practice environments.

### Global Rehabilitation Alliance

**WCPT is a member of the recently launched Global Rehabilitation Alliance (GRA). WCPT President Emma Stokes has been elected as Vice President of the Alliance's inaugural board.** This alliance is in partnership with the WHO's Rehabilitation 2030: A Call for Action

The Global Rehabilitation Alliance envisions a world where **every person has access to timely, quality and user-centred rehabilitation services.**

Clarification: There is no WHO recommendation that physiotherapists only work in physical medicine rehabilitation (PMR) teams under the supervision of a psychiatrist's prescription

### The European Region of WCPT



The WCPT is divided into 5 geographical regions. There had been in the past two European organisations and they merged for the benefit of the profession in 1998 – your fellow countryman was elected its first chair – the esteemed Professor Antonio Lopes – who served three terms and contributed enormously to the development of the profession in Europe during his chairmanship. The ER-WCPT is an associate of the *World Obesity Forum*, has a board position on *Fit for Work Europe* and an executive committee position on the Advisory Board of the *European Primary Care Forum*.

## 2. Legal and educational status of physiotherapy in Portugal

- The professional title of *Physiotherapist* was legally protected as far back as 1966
- Physiotherapy technicians and assistant physiotherapy technicians were abolished in 1977
- The profession has been regulated since 1999
- The use of the title of physiotherapist is subject to the issue of a professional certificate by the Ministry of Health following completion of a 4year Bachelor's degree (EQF level 6) from one of the twenty Higher Education institutes. All of the courses are accredited by the Agency for evaluation and accreditation of Higher Education (ASES) every 6 years.
- 20 programmes are co-ordinated by physiotherapists
- 7 of the universities have Masters in Physiotherapy (EQF level 7) and there is one PhD programme (EQF level 8) in the University of Porto.

The educational standards and core curriculum are determined and monitored by WCPT. At the last General Meeting of ER-WCPT the *Core Standards and Service Standards of Physiotherapy practice* were revised and approved as well as a document on *core competencies for entry-level physiotherapists*. The emphasis is on client centred, holistic, biopsychosocial autonomous physiotherapy.

The physiotherapy education in Portugal is designed to produce First Contact Practitioners who can provide whole episode of care – from assessment through treatment, adjusting the intervention based on evaluation and re-evaluation of the client's progress, through to discharge. This is based on the use of informed clinical judgement, clinical reasoning skills, knowledge and evidence based practice.

All of the undergraduate bachelor programmes are designed to produce autonomous graduates. Autonomy demands responsibility and the programmes include the development of the ability (and obligation) to recognise/ understand one's own limitations and when to refer to a General Practitioner, physician or other specialist. This is also reflected in insurance which is determined by working within one's scope of practice.

I recently worked with the physiotherapists in education in Europe (ENPHE - whose president is Portuguese) they have developed a position statement in which all entry level programmes will be orientated to autonomous practice.

Again the registrants of an Order must adhere to code of ethical conduct which includes the ethical practice of working within one's own scope of practice. Currently only the physiotherapists in APfizio are subject to a Code of Professional Conduct and 10,000 are not subject to this – which means the public is exposed and unprotected further demonstrating the need for an Order.

### **3. Physiotherapy as a profession and status of titles**

I would like to address the issue of the erroneous references to 'technicians' Physiotherapy has been a profession in the health services throughout the world - and regarded as such -for several decades and for a century and over in many countries where our Member Organisations have marked the centenary milestone in recent years. However, the occupational classification took much longer to change - in terms of the International Standard Classification of Occupations under the International Labour Organisation (ILO) physiotherapy was not redefined as a professional class until 2010 under ISCO 08. Physiotherapy is a separate autonomous profession – a distinct profession with a distinct education.

### **4. Specialisation within Physiotherapy**

Specialisation within the physiotherapy profession has evolved over the last six decades – this is reflected in the growing number of specialist subgroups within WCPT. As well as the three obvious core areas of physiotherapy; respiratory, MSK and neurology, there is paediatrics, women's health, older people, mental health and sports and exercise. Currently there are 13 WCPT subgroups and at least two more will be up for approval at the next General Meeting in 2019; Occupational Health and Ergonomics and Oncology and Palliative Care.

An Order would promote such specialisation and obligate all registrants to maintain their CPD whether working as a specialist or a generalist physiotherapist. CPD is strongly promoted in Portugal an Order would ensure that all physiotherapists maintain their competence to practice after their initial qualification.

### **5. Orders of Physiotherapy**

#### 5.1 The situation in Europe

A professional Order is a legal entity governed by law with a public service mission, while the laws regulating them can be different from country to country, the purpose and mission are the same – to protect the public.

In physiotherapy there are Orders of Physiotherapy in France, Spain, Greece, Poland, Croatia, Slovakia and Lebanon – recently Montenegro has established an Order and Romania is currently in the process of establishing one following the passing of legislation there.



Four of the Orders are also the Member Organisation of WCPT and the Order in Montenegro has applied for membership of WCPT as it encompasses the professional body, Romania is about to do likewise – and I hope this will be the same for Portugal in due course.

Where the tradition of Orders does not exist, other countries have regulatory bodies such as the Health Professions Council in both the UK and Ireland.

Clarification: The French Order is not a private order, in France, as in Spain, it is a legal contract in which the French State entrusts a mission of public service –i.e. patient protection and fitness to practise - to an entity which is not part of the Government / State but acts to fulfil those obligations.

Clarification: Italy – there is not an Order in Italy, it is in the process of setting up regional Orders. Physiotherapists in Italy are autonomous practitioners. There is no increase in recent malpractice cases against physiotherapists.

I understand that here in Portugal there are Orders for 8 other health professions – Biologists, Dentists, Doctors, Nurses, Nutritionists No 238/2015 (14<sup>th</sup> Oct), Pharmacists, and Vets. I hope physiotherapists will be the 9<sup>th</sup> health profession to establish an Order.

#### **6. Memorandum of Understanding ER-WCPT and Standing Committee of European Doctors (CPME)**

Clarification: The Memorandum of Understanding (MoU) (Appendix 1) has not been declined by the doctors.

It was jointly signed in January 2016 and we met in 2017 to reconfirm it and a meeting is planned for 18<sup>th</sup> October to reconfirm it.

Clarification on the origins of the MOU: CPME has Memorandums of Understanding with two other professions - the Dentists and the Veterinary Surgeons. When we were engaged in discussions with CPME, they sent us the template they had used with these two groups, we tailored it to physiotherapy and sent it back to the doctors who had the final say in the text.

It is not our intention that the MoU means every country has autonomy – however in Portugal, the level of education brings the graduate to a level where autonomous practice is possible.

Portuguese physiotherapists have been able to work in other EU countries through equivalence of their curriculum and without requiring periods of adaptation.

#### **7. Autonomous practice**

I note there have been some points made on this issue and I would like to address these.

Autonomous practice by physiotherapist has been the norm in several countries for several years.

In a survey of the member organisations (MOs) by WCPT - 63% of reporting MOs stated that education is for autonomous practice and 59% had some form of autonomy in their country (WCPT, 2015).



One example is the UK where treatment without the need for a referral from a doctor was introduced in 1977 with subsequent changes to the bye-laws in 1978.

Clarification: I should also state from the outset that as physiotherapists we do not want to be doctors – but we can as physiotherapists work autonomously and if patients wish to refer themselves to physiotherapists, the public should have that option.

Self-referral means that patients are able to refer themselves to a physiotherapist without having to see anyone else first, or without being told to refer themselves by another health professional.

Self-referral is in line with current healthcare policy – promoting patient choice, self-management, and the shifting paradigm from secondary to primary care.

Drivers for autonomous practice have been

- Financial constraints/ rising healthcare costs
- Increasing patient expectation and patient choice
- Waiting lists
- European Working Time Directive

In Ireland – the reduction in doctors' hours under the European Working time Directive posed major problems for the health services in my country and my professional body presented a submission to the Department of Health on areas where physiotherapists could contribute to solving the problem e.g. Physiotherapy led clinics, triaging of patients, etc.

### **Benefits of autonomous practice**

The primary beneficiary of autonomous physiotherapists is the patient. It means-

- Less health care interventions
- Shorter symptom duration
- Less time off work
- Improved satisfaction
- Improved autonomy, self-management (NCDs)

As well as being a better service for the patient, it is also a win for the health care system. It is cost-effective in many ways;

- Better use of doctors' time – with a filtering process in place
- Reduces admin staff time
- Lower prescribing and investigation rates
- Less referrals to secondary care
- Streamlines service/care pathway
- Reduces Waiting Lists
- Better service
- Reduced length of hospital stay

The average cost benefit to the NHS in Scotland of self-referral (2009) was estimated as £2.5million per annum by the Scottish Minister for Health. There are several examples of the



health economic impact of self-referral and physiotherapy led services, some of which are summarised in Appendix 2.

An initiative instigated by orthopaedic surgeons and rheumatologists in Ireland where physiotherapists working autonomously removed over 90,000 patients from both waiting lists over a 5- year period and only a small percentage of the patients needed to see a specialist.

### **Autonomy and the multidisciplinary team (MDT)**

Clarification: Autonomy does not have negative implications for the multidisciplinary team, it actually enhances it.

The more knowledge, skills and competencies a physiotherapist (or other MDT member) has, the more they can contribute, strengthen and enhance (not lessen) the MDT which ultimately results in better outcomes for the patient.

### **Autonomy and the European Professional Card**

Physiotherapists are one of five disparate groups chosen to be involved in this pilot to enhance mobility of professionals across Europe with an EPC. Early in the pilot stage. An additional question about autonomy had to be introduced to ensure patient safety so that if the curriculum was not autonomy orientated in the host country, it would be clear that the applicant would not have equivalence to practise.

The Portuguese physiotherapists do not encounter obstacles when they apply to work in other European countries as the education is based on autonomous practice.

Autonomy does bring greatly increased responsibility but it also requires inter professional trust and respect and is dependent on good communications between physiotherapists and medical colleagues.

### **Conclusion**

I hope this will clarify the position of physiotherapy for you and in conclusion I wish to re-iterate the European Region's strong support the establishment of an Order of Physiotherapists here – in the best interests of public protection, safety and health of the patients, and of the profession. I would ask you to support the law.

I would also encourage APFISIO and physiotherapists in Portugal to work to attain this objective. The European Region executive committee is available to provide any support if so requested or required.

Obrigado

Esther-Mary D'Arcy, Chairman of the European Region of WCPT

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*The **European Region of the WCPT** is a non-profit, non-governmental organisation that represents the physiotherapy profession at European Level. The Organisation has a membership of 39 Physiotherapy Associations, one from each of the European countries, including all the EU Member States, EEA countries and all the EU applicant countries, representing physiotherapists in Europe.*