

**Update on CPD
Activities including
information on
registration/re-
registration and re-
certification within
the ER-WCPT MOs
with its
recommendations**

ADOPTED at the
General Meeting 17-19 May 2012
St. Julians, Malta

**UPDATE ON CONTINUOUS PROFESSIONAL DEVELOPMENT ACTIVITIES
INCLUDING INFORMATION ON REGISTRATION/RE-REGISTRATION AND
RE-CERTIFICATION WITHIN THE ER-WCPT MOS WITH ITS
RECOMMENDATIONS**

**European Region of the World Confederation for Physical Therapy
(WCPT)
Education Matters WG**

Introduction

The first Informative Paper with recommendations on continuing professional development (CPD) was prepared and presented by the Education Matters WG and adopted at the General Meeting (GM) 2006. At the GM 2008 an updated report on CPD was presented by the Professional Issues WG and adopted. During that GM it was recommended that an updated and revised Informative Paper should be developed including a collection of inspiration material. Accordingly the Informative Paper was updated and revised by the working groups on Professional Issues and Education Matters and presented by the Professional Issues WG during the GM 2010, and adopted. Finally, it was added at the GM 2010 that ER-WCPT will continue monitoring the development of Systematic CPD including registration and re-registration.

Denmark supported the adoption of the report on CPD with the following addition: *The MOs should collaborate with workplaces and with education institutes/universities re development, promotion and assessment of systematic CPD.* Norway also supported the adoption of the report and proposed to follow up and monitor the work in CPD within the MOs.

The working plan for the Education Matters WG 2010 – 2012 included:

Monitoring CPD - To follow up the activities on Continuous Professional Development within the Member Organisations, and continue to monitor developments in re-registration, re-certification in collaboration with the Professional Issues Working Group. The WGs thought it over and decided in collaboration with the Professional

Issues WG to work towards the development of a report/statement titled “A European vision for CPD including specialisation.”

Following on the previous work carried out by the previous WGs it was decided that an update on CPD, registration, re-registration and/or specialisation be collected from the MOs with a particular interest to examine the motivations/barriers towards the implementation of CPD, and also to examine these in the context of registration and specialisation issues. This paper is reporting the outcome of a questionnaire that was circulated to MOs during 2011.

Results of the questionnaire

The questionnaire was sent to 37 Member Organisations. 29 questionnaires were returned. 7 countries that had previously not been reported in 2008 are now being reported (Belgium, Estonia, Poland, Romania, Serbia, Slovakia and Ukraine) whilst the updates on 5 countries have not been received (Germany, Latvia, Liechtenstein, Lebanon and Montenegro). Hungary is not being reported, as it is no longer registered as a Member Organisation. The reports on Bulgaria, Croatia and Israel were not received in 2008 or 2012.

The questions concerned the following areas:

1. General information and recent changes
2. Member organisation and CPD development
3. Possibilities and needs for providing learning environments for structured CPD within the work place.
4. CPD regulation
5. Registration, re-certification and specialisation
6. CPD in the context of re-registration, certification and specialisation.

The following description refers to the annexed charts.

1. General information and recent changes

18/29 MOs (62.1%) reported that since 2008 there was no change in the legislation concerning physiotherapy.

Belgium, Estonia, France, Italy, Lithuania, Netherlands, Poland, Slovakia, Slovenia, Switzerland and Turkey (11/29 MOs - 37.9%) reported that there was a change in the legislation. From these 8 MOs made reference to the change that was made.

Belgium: On CPD: Axxon, Physical Therapy in Belgium is running a pilot project on CPD, financed by the government. It can be stated that the framework is “under development” for the moment. The project is called “quality promotion project” (PQK) and is considered as a “bottom-up” system. Re-registration, combined with accreditation, is the future goal of this pilot-project. A portfolio system is also part of this pilot project and runs from October 2011 until December 2012.

On Registration and specialisation: Specialisation for physiotherapy does not yet formally exist in Belgium. However in 2010, as a first step towards specialisation, the National Council for Physiotherapy voted in favour for the creation of “special competences” or “special abilities”. First of all, a list of 11 “special competences” has been approved: cardiovascular; geriatric; manual therapy; neurologic; relaxation; palliative; paediatric; psycho-motoric; pelvic re-education/peri-natal; respiratory; and sports physiotherapy. The following “special competences” have also been separately approved: Cardiologic, Manual Therapy, Neurologic, Paediatric, Pelvic Re-education and Respiratory. The list and specific approved competences will be proposed for adoption to the Ministry of Health and their recognition has to be implemented following this decision to be made by Royal Decree. However, the absence of a government since 550 days (on 22/11/2011) is the main burden for this implementation. The estimated time for implementation of only one on these “special competences” would be 6 years.

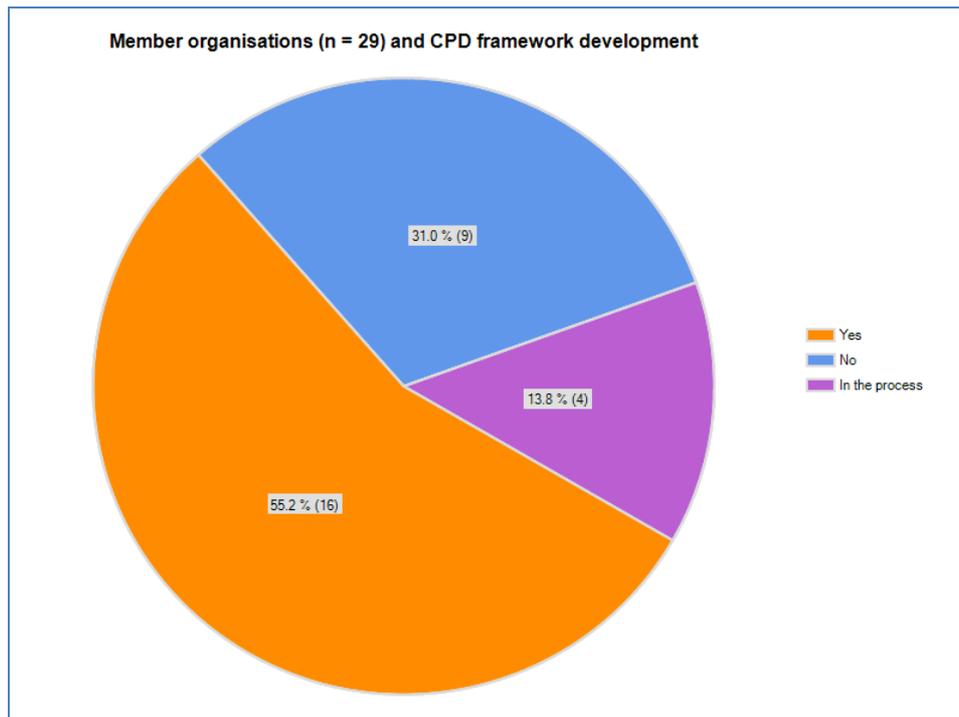
Estonia: There has been a change in the national contracts conditions regulation between the state (Estonian Health Insurance Fund) and the health care service providers (clinic, hospitals having state financing for health care services). Contracts declare that state financed physiotherapy services only in case the physiotherapists hold EQF certificate.

- France:** A decree has been released. The CPD is being settled during this year and will be compulsory from 2013. Concerning the registration it is no more national but regional.
- Italy:** There have been major changes in the CPD regulation. The rules that governed the Continuing medical education (ECM) since 1999 have changed and since 2010 ECM is no longer experimental.
- Lithuania:** Lithuanian health care ministry started registration of physiotherapists in 2011.
- Netherlands:** Wet BIG. (Law concerning the professions of the individual health care (since 1993). This law describes the competence/qualification of the health professionals.) - CKR (Centraal Kwaliteits Register) = Central Quality Register
- Poland:** Revision of the Program of Specialisation in Physiotherapy, as a result of the experiences.
- Slovakia:** Since 2009 the registration is mandatory. To gain a licence for private practice a specialisation is required.
- Turkey:** Physiotherapy was not a recognised profession in Turkey since 1960. But since April 2011 physiotherapy is recognised by ministry of health. But there is still no registration procedure yet. PTs may opt to become a member of the association on a voluntarily basis.

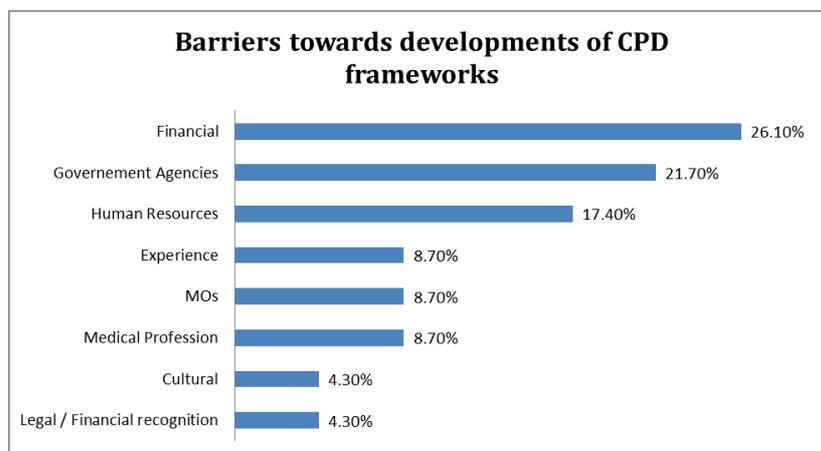
2. Member organisations and CPD development

16/29 (55.2%) MOs have developed a framework for CPD and a further 4 (13.8%) MOs have stated that they are in the process of developing one. These figures present an increase in 30.6% of MOs who have now either implemented or are in the process of implementing a national framework for CPD since 2008. 13/29 (44.8%) MOs do not currently have a framework for CPD in place. From these, the 4 MOs who are currently developing it include Belgium, Serbia, Sweden and Turkey. 7 MOs (Cyprus, Greece,

Luxembourg, Portugal, Romania, Slovenia and Spain) have considered developing a framework. The Ukraine has a strategic plan to develop a CPD framework, but has only been in operation as an organisation (UAPT) since 2009 whilst the Czech Republic does not have or has not considered developing a framework because CPD regulation is common for all the medical professions and is regulated by law.



Amongst the barriers listed by those MOs who do not have a CPD framework as yet, text analysis of the respondents' replies has shown that 26.1% (n = 6) of the barriers are due to financial limitations, 21.7% (n = 5) are due to lack of interest and/or co-operation by the relevant government agencies and 17.4% (n =4) are due to limited human resources required to engage in the process. 8.7% (n = 2) of the replies were attributed to each of these: no or limited experience in setting up such a framework; a low level of co-operation with other MOs and interference by the medical profession. 4.3% (n = 1) of the replies were attributed to each of the absence of a legal/financial recognition towards implementation and a general cultural attitude towards CPD even from other more established and also regulated professions that as such do not provide a clear model to act as reference.



MOs were asked to inform if they knew of other organisations (apart from the MO) that were developing or had developed a CPD framework for physiotherapy. 50% of the respondents were aware of such developments. Text analysis of the respondents' replies (n = 13) to the question on who has been developing this framework revealed that 53.8% of countries have a CPD framework that was developed by a relevant government ministry or department (Italy, Malta, Poland, Slovakia, Slovenia, Spain and United Kingdom); 23.1% by trade unions (Finland, France and Luxembourg); 15.4 % by Universities (Belgium and Denmark) and 7.7% by Health organisations - three professions in a Therapy Office - PT, OT, SLT (Ireland).

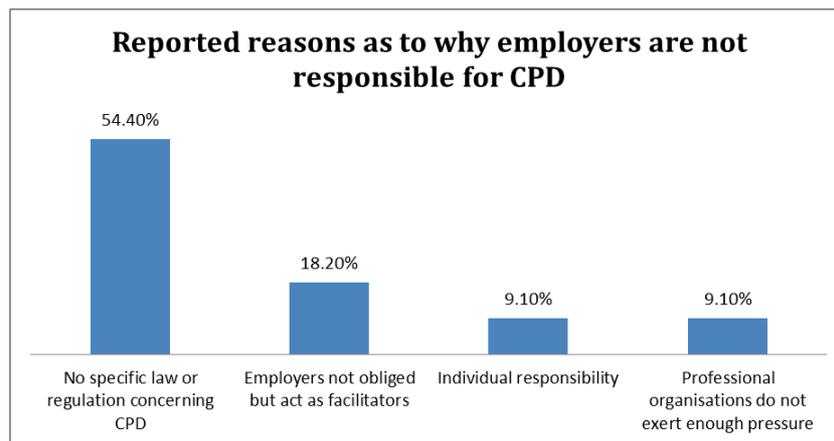
3. Possibilities and needs for providing learning environments for structured CPD within the work place.

In addition to updating the responses to the 2008 questionnaire the intention was also to attempt to understand the motivations resting with CPD between MOs and the employers.

- Employers' responsibility for the provision of CPD

15/29 MOs replied that employers in their country are responsible for the provision of CPD. This equates to 53.6% and indicates an increase of 22.9% from that reported in 2008. 7 MOs have reported that since 2008 employers are now responsible for the provision of CPD (Cyprus, France, Netherlands, Norway, Portugal, Switzerland and UK) whilst 3 MOs have reported that since 2008 employers are no longer responsible for the provision of CPD (Finland, Iceland and Ireland).

Text analysis to understand the reasons as to why employers are not responsible and what barriers may exist showed that 54.5% of these do not have a law or regulation concerning CPD, 18.2% claimed that the employers must act as facilitators towards CPD but are not obliged to commit finances and/or time, 9.1% claimed that CPD is an individual responsibility and 9.1% stated that the professional organisations do not put much pressure on employers in this regard.



- MO promoting the need to establish structured CPD with employers

The need to have structured CPD by the employers is promoted by 17/28 MOs (60.7%). This figure has remained unchanged since 2008.

One MO that does promote the need to establish structured CPD by employers is the Chartered Society of Physiotherapists in the UK. They had these comments:

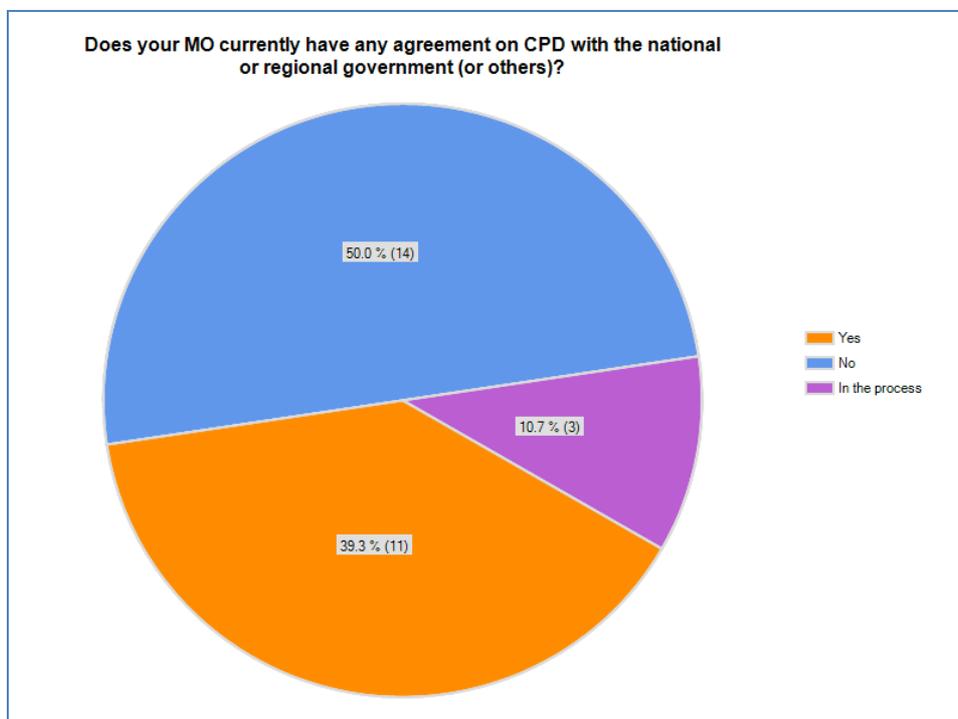
“The CSP promotes the importance of members’ access to CPD. We do not promote a particular structure – the CSP (and the UK regulator for physiotherapists and other allied health professionals, the Health Professions Council) promote an outcomes-based approach to CPD. The CSP’s role is to support members’ critical evaluation of their learning needs and development of programme of CPD to address those needs.”

A few comments were also received as to why the MO does not promote the need to establish structured CPD with employers. These are two comments:

“The ISCP encourages all PT’s to take on CPD as individuals. Promotion is on an individual basis.” (Irish Society of Chartered Physiotherapists)

“CPD conditions are given by legislation.” (UNIFY ČR, Czech Republic)

- Engagement and influence of MOs with national/regional governments or others on CPD



11/28 (39.3%) of MOs have reached some agreement with their national/regional governments and/or insurers regarding CPD activities for physiotherapists. These are Austria, Denmark, Estonia, Finland, Italy, Luxembourg, Netherlands, Norway, Poland, Romania and Slovakia. In all of these situations, the MO played an important role in the achievement of the agreement. The following list is a brief description of some of the agreements that were presented by MOs in answer to this question:

Austria: Some health insurance carriers pay a bonus to physiotherapists they have a contract with, in case they hold a CPD diploma.

- Denmark:** In the collective agreement between the central employers and physiotherapists. There is reserved funding for CPD within this agreement. The agreement is negotiated with related MO's
- Estonia:** EQF based certificate declares necessary minimal level of CPD for certification application.
- Italy:** AIFI in ECM will play, exclusively for professional members, the function of certification of training carried out, ensuring the appropriateness of continuing education and its consistency with the job profile. It could also act as a provider limited to updates on ethics and legislation.
- Netherlands:** Insurance Companies on Contracting Policy
- Norway:** CPD is a part of the agreement on physiotherapists in private practise between The Norwegian Association of Local and Regional Authorities (KS) and the Norwegian Physiotherapist Association.
- Romania:** FRAK has a contract with the National School of Public Health and Management Bucharest, but this institute doesn't promote CPD for physiotherapists. They only provide us the certificates of attendance.
- Slovakia:** It is again an announcement of the Ministry of Health No 366/2005 and law No 578/2004. Shortly: after first registration a 5-year term is started. In this term one needs to make 100 "credits." These credits are partly for work and partly for attending learning activities, publications, teaching or science work. The announcement specifies how many credits can be obtained for which activities.

From the 11 countries only 30.0% (n = 3) reported that the informational paper from the ER-WCPT was useful to negotiate the agreements. This figure remained unchanged since 2008. 70% (n = 7) reported in the negative and 1 MO did not provide an answer.

Belgium, France and Turkey (11.5%) are in the process of reaching an agreement.

4. CPD Regulation

In order to understand the mechanisms for CPD within a legal context this part of the report focuses on the legal implications of CPD for physiotherapists and seeks to examine the motivations for the inclusion of CPD within a legal framework.

CPD is legally mandatory in 46.4% of the countries represented by MOs that responded to this survey (13/28).

CPD Legally mandatory	CPD not legally mandatory
Austria, Czech Republic, Estonia, Finland, France, Italy, Luxembourg, Netherlands, Norway, Poland, Slovakia, Slovenia and the United Kingdom	Belgium, Cyprus, Denmark, Greece, Iceland, Ireland, Malta, Portugal, Romania, Serbia, Spain, Sweden, Switzerland, Turkey and Ukraine

The intention of the responses to the ensuing question on motivation was to explore the reasons that encouraged CPD to be legally mandatory and the reasons for which CPD was not legally mandatory. The following quotes are taken from the responses to the open question and are those that appeared pertinent to the question:

CPD Legally mandatory

'To maintain the knowledge for physiotherapists; to improve competence to learn new manipulations, etc.'

'It is regulated by law that PTs have to be up to date concerning treatment.'

'The law just notes that the physio has to update his competences by CPD, nothing else is defined.'

'Quality Assurance'

'Raising interest of employers to hire more specialised, not only post-diploma physiotherapists.'

'Professional reliability'

'To fulfil the regulators public protection role; to assert registrants' regulatory/professional responsibility to undertake CPD (recognising that professional knowledge, skills and practice cannot be static – but must respond to changing patient and service needs, and developments in practice and its evidence base)'

'Qualification development and quality assurance'

CPD Not Legally mandatory

'There is a legal act which still has to come into action. Once the Physiotherapists Registration Board is established, then CPD will be a requirement for re-registration.'

'Our Government does not have a plan about it and the ministry of health and ministry of education don't have any kind of cooperation in this matter.'

'Lack of the recognition of the profession.'

'CPD in academic continuous education is mandatory in Switzerland. CPD for clinical specialist physioswiss is not mandatory. But we do develop it because we also want to supply a title important to practical work and experience.'

'The competent authority has not published as yet the CPD Framework. Following informal discussion with the competent authority we have been informed that the CPD framework shall be imminently put into action on a voluntary basis.'

‘There is a cultural tradition that long life learning is a personal responsibility and an ethical duty for the professional, but not an obligation. So the more established regulated professions in the country have resistance to such legislation.’

‘Public Health Department delivers the authorisation to practice for an undetermined period (that means for ever) which means that no institute require CPD programs.’

‘In Spain, the Universities have the responsibility of the titles that qualifies to the professional practice. So, the regulatory bodies of the profession assume that if a PT has a qualification by a University in a PT programme, this person is in condition to develop the physiotherapy practice. Also, there is no official recognition of specialities for the labour force.’

From the 13 countries where CPD is legal mandatory, 5 MOs are responsible for the regulation of CPD. These are Estonia, Italy, Luxembourg, Netherlands and Slovakia.

5. Registration, re-certification and specialisation

The following set of questions intended to update the 2008 survey with the addition of exploring the implications for re-registration and re-certification.

- Registration

20/29 (68.9%) countries require that all physiotherapists are registered in order to practice. Three countries require that only those individuals working in private practice are registered; in Estonia only state-financed physiotherapists must be registered and in Ireland, Italy, Poland, Turkey and Ukraine formal registration does not exist.

All physiotherapists must register to practice	Only private practitioners are obliged to register	Only state-financed physiotherapists must register	Registration does not exist
Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Greece, Iceland, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden and the United Kingdom	Austria, Poland and Switzerland	Estonia	Ireland, Italy, Poland, Turkey and Ukraine

- Re-registration

From the 24 countries which reported some form of registration, 7 require a re-registration process and 17 do not require a re-registration process. The frequency required to re-register varies between 2, 5, 6 and 7 years. In Switzerland the period for re-registration varies, depending on the regional (canton) requirements and is the only country from this group that does not require evidence of CPD.

Country	Frequency of re-registration process	Evidence of CPD required
Czech Republic	6 years	Yes
Estonia	5 years	Yes
Netherlands	5 years	Yes
Serbia	2 years	Yes
Slovenia	7 years	Yes
Switzerland	Varies between each canton	No
United Kingdom	2 years	Yes

The survey attempted to explore the reasons for not having re-registration and for having a re-registration process and also the reasons for having a re-registration within the said time periods.

Overall it appears that most countries (18/28, 64.3%) do not have a re-registration process although in Luxembourg a physiotherapist will require to re-register after

having stopped practice for 5 years and in Slovakia a 5-year term for CPD evaluation is considered as a process of re-registration.

On the other hand, it appears that in those countries that have a re-registration process there is a clear indication of the motivation for this. The following quotes are taken from the responses to the open question:

Estonia: *“Having right to work state financed services clinics. Raising awareness of physiotherapists for LLL.”*

Netherlands: *“Quality Assurance”*

Serbia: *“Display of Licence”*

United Kingdom: *“To enable registrants to demonstrate they are maintaining/developing their competence in line with the HPC Standards of Proficiency (recognising that registrants’ scope of practice will develop and evolve over time, depending on specialty, occupational role, career stage, etc.) To fulfil the HPC’s public protection role To assert registrants’ regulatory/professional responsibility to undertake CPD (recognising that professional knowledge, skills and practice cannot be static – but must respond to changing patient and service needs, and developments in practice and its evidence base).”*

In 13 countries there are planned future developments that will change the process for renewing registration. These countries are Austria, Belgium, Czech Republic, Estonia, Finland, France, Ireland, Netherlands, Portugal, Romania, Serbia, Turkey and the UK.

In **France** renewed registration will be included in the Master II within the next 5 years.

In **Ireland** Statutory Registration will be introduced soon.

In the **UK** there are various dimensions to current HPC project work: these include exploring the rationale for extending current re-registration/CPD requirements to ones of revalidation (currently being introduced for doctors in the UK, with a more fundamental testing of registrants’ on-going fitness to practise), and annotating the

register with registrants' post-registration qualifications (where this contributes to managing public risk/promoting patient safety within particular areas – including specialties – of practice). However, it is planned that use of annotation will only be done in exceptional circumstances; it will not become standard that specialist practice in all (most) areas will become delimited by annotation of post-registration qualifications.

In **Poland** there is a greater acceptance of the idea among health professionals and the public (clients) when compared to the 90's. At that time a professional would be seen as qualified for his life, and CPD was seen as only an ethical duty, not a formal obligation. The scenario is changing. Pharmacists have already implemented this procedure and the Medical doctors and Nurses are discussing the issue.

In **Romania**, FRAK has requested that the Public Health Department recognise the authorisation to practice for just three years.

In **Finland** they are expecting this process within a few years.

- Re-certification

In only 2 countries, Czech Republic and Estonia are physiotherapists required to re-certify themselves. In both countries physiotherapists require having their competences assessed as part of the re-certification process yet only in Estonia are the competence profiles linked to the level of the degree (i.e. Bachelor, Master or Doctoral).

6. CPD in the context of re-registration, re-certification, specialisation and Direct Access/Self-Referral (DA/SR)

The final part of the survey looked into implications of CPD within re-registration, re-certification, specialisation and Direct Access/Self-Referral.

In 8 countries (Czech Republic, Estonia, France, Ireland, Netherlands, Serbia, Slovenia and the UK) CPD is linked to the process of re-registration. In Belgium this forms part of a project that aims to link the re-registration with a “quality register” and a “quality institute” in the future for private practice (similar with what has been achieved by the KNGF in the Netherlands).

In 4 countries (Czech Republic, Estonia, Netherlands and Norway) specialisation includes a system for renewed approval.

In 8 countries (Belgium, Czech Republic, Estonia, Norway, Poland, Slovenia, Turkey and the UK) the processes of CPD, specialisation and re-registration are linked to each other.

In Norway the MO recommends a minimum of 200 hours CPD/7 years. For specialists 200 hours CPD/7 years is required and controlled to get re-registration as specialist.

In the United Kingdom HPC re-registration processes are linked to registrants' demonstration of their fulfilment of the regulatory requirements for CPD (tested via a sample audit exercise through which a percentage of registrants in each regulated profession are required to submit their CPD profile). As the HPC takes forward its annotation of its register with registrants' post-registration qualifications, this will limit activity in those areas to those practitioners who hold the annotated qualifications (e.g. this will be the approach taken if physiotherapists secure independent prescribing rights, the subject of current public consultation).

In Slovenia CPD is required for re-registration.

In 4 countries (Poland, Slovakia, Turkey and the UK) direct access/self-referral is linked to CPD or specialisation as a condition for DA/SR. In Slovakia in order to gain a licence for private practice a specialisation is needed. In the UK physiotherapy has professional autonomy, with individuals having a professional responsibility to limit their scope of practice/activity to those areas in which they have established and maintained their competence. Therefore if an individual is providing direct access, they would need to demonstrate evidence of their competence to undertake that role. However, this requirement is no different from other areas of activity.

Conclusion and Recommendation

The various responses and motivations clearly indicate that there is diversity within the ER-WCPT with respect to CPD, registration, re-registration and re-certification issues. This paper has presented an exploration into the various reasons and motivations for the implementation of these regulatory issues.

In anticipation of the development of a report/statement entitled: A European Vision for CPD including Specialisation consideration towards the issues of diversity and harmonisation of processes across the region must be taken in view of future developments.

Summary

- 29/37 (78.4%) Member Organisations responded to the survey
- 18/29 (62.1%) reported no changes since 2008

- 16/29 (55.2%) has developed a framework for CPD
 - 4 MOs are in the process
 - Increase in 30.6% from 2008

 - Main barriers for the non-development of a framework
 - Financial limitations 26.1%
 - Lack of interest and/or cooperation with government agencies 21.7%
 - Limited Human Resources 17.4%

- 15/29 (37.9%) MOs replied that employers are responsible for the provision of CPD
 - 22.9% more than that reported in 2008

 - Main reasons for not having employers responsible for CPD provision
 - 54.5% do not have a law or regulation concerning CPD
 - 18.2% claimed that the employers must act as facilitators towards CPD but are not obliged to commit finances and/or time
 - 9.1% claimed that CPD is an individual responsibility

- 11/28 (39.3%) of MOs have reached some agreement with their national/regional governments and/or insurers regarding CPD activities for physiotherapists.

- These MOs all played an important role in the achievement of the agreement.
- Only 30.0% reported that the informational paper from the ER-WCPT was useful to negotiate the agreements.

- CPD is legally mandatory in 13 countries.
 - 5 MOs are responsible for the regulation of CPD. These are Estonia, Italy, Luxembourg, Netherlands and Slovakia.

- 20/29 (68.9%) countries require that all physiotherapists are registered in order to practice.
 - In Ireland, Italy, Poland, Turkey and Ukraine formal registration does not exist.

- 7 countries (Czech Republic, Estonia, Netherlands, Serbia, Slovenia, Switzerland and United Kingdom) also require a re-registration process.

- In only 2 countries, Czech Republic and Estonia are physiotherapists required to re-certify themselves.

- In 8 countries (Czech Republic, Estonia, France, Ireland, Netherlands, Serbia, Slovenia and the UK) CPD is linked to the process of re-registration.

Acknowledgements

The European Region of the World Confederation for Physical Therapy acknowledge the work of John Xerri de Caro, Astrid Schämamm, Camilla Wikstrom-Grotell and Hille Maas as authors of this document with contributions from the other members of the Education Matters and Professional Issues WGs.