



**World
Physiotherapy**
Europe region

Briefing paper - European Vision for Continuing Professional Development

Education Matters Working Group (EMWG)

APPROVED

19th and 20th May 2022

Prague, Czech Republic

BRIEFING PAPER - EUROPEAN VISION FOR CONTINUING PROFESSIONAL DEVELOPMENT

Europe region

Education Matters Working Group (EMWG)

CONTENTS

1. INTRODUCTION.....	2
1.1. Purpose.....	2
2. CONTINUING PROFESSIONAL DEVELOPMENT.....	2
2.1. The importance of CPD.....	3
2.2. Responsibility for CPD.....	4
2.2.1. Individual Responsibility for CPD.....	4
2.2.2. Regulation of CPD by regulatory bodies or MOs.....	4
3. CATEGORIES OF CPD.....	4
3.1. Formal and informal learning activities.....	5
3.2. Examples of CPD activities.....	5
3.3. Recording, measuring and evaluating CPD.....	7
4. CONCLUSION AND RECOMMENDATIONS.....	7
5. REFERENCES.....	8
6. ACKNOWLEDGEMENTS.....	9

Every physiotherapist in the Europe region must take responsibility for their own CPD

1. INTRODUCTION

1.1. Purpose

This briefing paper has been developed for the use by Europe region, World Physiotherapy member organisations (MOs) to support physiotherapists in Europe in their endeavours to maintain the currency of their continuing professional development (CPD) and ultimately to protect the public/ensure patient/client safety. MOs can use this briefing paper to support discussions with physiotherapists, educators and the appropriate authorities and organisations in their own countries. The purpose of this briefing paper is to present the European vision for CPD for physiotherapists, and provide MOs with examples of activities and categories of CPD that may be appropriate for their needs, for Society's needs and for the physiotherapists in their country.

This briefing paper is aligned to Europe region, World Physiotherapy [Strategic Plan 2022-2026](#) and [Health 2020: A European policy framework and strategy for the 21st century](#) by the World Health Organisation.

Other policies and guidelines intended to assist in planning and carrying out CPD include:

- Europe Region, World Physiotherapy [Education Policy Statement](#) (2019)
- Europe Region, World Physiotherapy [Advanced Practice Physiotherapy in the Europe Region, World Physiotherapy Position Statement](#) (2018)
- Europe Region, World Physiotherapy [Promoting research in Physiotherapy in the Europe Region, World Physiotherapy Briefing Paper](#) (2018)
- Europe Region, World Physiotherapy [European Qualifications Framework and its relations to the Bologna Cycles and Directives on Professional Qualifications](#) (2016)
- World Physiotherapy [Policy statement: Education](#) (2019)
- World Physiotherapy [Policy Statement: Evidence Based Practice](#) (2019)

2. CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development (CPD) describes the systematic, ongoing structured process of learning that underpins professional practice. CPD enables physical therapists who have completed an entry level programme to maintain, develop and enhance their personal and professional skills, knowledge and behaviours, and ongoing competence to practise. This, in turn, advances practice, service delivery and ultimately outcomes for patients/clients. All physical therapists should participate in learning activities that maintain or increase their professional competence.

[World Physiotherapy \(2011\)](#)

2.1. The importance of CPD

A range of factors have placed increasing pressure on all physiotherapists to demonstrate that they have engaged in the process of CPD in order to demonstrate their competence to practice.

These include but are not limited to:

- an emphasis on the importance of the use of evidence-based practice and the growing body of research knowledge;
- the need to demonstrate greater accountability through clinical governance;
- a greater understanding of patients/clients' needs.

As Europe moves towards a knowledge-based society and economy with access to current information and knowledge, individuals are expected to use these resources on their own behalf and for the benefit of the wider community. CPD activities can increase knowledge, skills and productivity, which in turn represent an investment by individuals and their employers. This investment may be by the individual physiotherapist, with expectations of personal reward, through promotion and increase in salary; or 'social' where, for example, a country's health service invests in the training of health care staff to improve patient/client care and benefit society as a whole.

An important function of CPD is to support physiotherapists in their endeavours to maintain and enhance their post qualifying education and career long learning, in the context of their working lives. Keeping up-to-date with changes in practice requires individuals to learn and constantly develop themselves in order to deliver high quality evidence based practice to their patients/clients.

A primary purpose of CPD is to enhance the quality of the service that patients/clients receive whilst striving for professional excellence and ensuring safety to the public. The links between CPD and quality should be recognised and requires members to be more systematic in their CPD so they can explicitly make the connection. A commitment to providing effective services is essential, whether members are in direct or indirect contact with patients, for example, clinicians, educators, managers or researchers.

CPD is of crucial value and importance to society, the health care system, the patient/client, as well as to the profession and the individual physiotherapist. Systematic and organised CPD can be used to:

- Increase the body of knowledge and expertise of the professional. Also, develop clinical leaders in the profession in order to identify and address key priorities and needs;
- Promote the value of physiotherapy practice to the welfare of the community;

- Support professional autonomy and changes in professional practice;
- Benefit the individual in terms of personal achievement, and if linked to public recognition of specialisation/advanced titles and employment possibilities, may also provide financial reward.

2.2. Responsibility for CPD

CPD should no longer be viewed as an optional extra to be undertaken according to the random needs or wishes of the individual or to meet some ill-defined, and/or short-term organisational requirement. Planned and structured CPD that responds to the demands of an individual's practice is imperative as evidence based practice underpins health care practice. Good quality health care is a basic right, and should not depend on the individual physiotherapist.

2.2.1. Individual Responsibility for CPD

Central to the European vision of CPD is that individual practitioners are responsible for monitoring their own professional development and that individuals are responsible for planning and undertaking appropriate CPD that is relevant to the context in which they work. Key components are responsibility, trust and self-evaluation.

Even though it is the individual's responsibility, advice and support from the MOs/professional bodies is expected.

2.2.2. Regulation of CPD by regulatory bodies or MOs

There is diversity among the European MOs with regards to mandatory regulation as evidenced from the profile of the profession in each MO, in 2020 (<https://world.physio/regions/europe>).

The regulatory bodies or government require mandatory CPD in some countries to maintain registration, for example, Health & Care Professions Council ([HCPC](#)), the regulator in the UK, who were set up to protect the public. To do this, they keep a [Register](#) (<https://www.hcpc-uk.org/check-the-register/>) of health and care professionals who meet their [standards](#) (<https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development>) for their training, professional skills, behaviour and health.

Other countries use a monitoring system of recording CPD, for example [Pro-Q-Kine](#) in Belgium.

3. CATEGORIES OF CPD

3.1. Formal and informal learning activities

The European region recognises that there are a variety of learning activities that encompass CPD, both formal and informal. The value of study days, short courses and longer courses leading to additional qualifications, for example, academic awards, is acknowledged. Other activities, for example, in-service education programmes, clinical supervision and peer review systems, journal clubs, reflective practice, participation in physiotherapy research and networking are also valuable opportunities for learning.

The focus on learning will differ as individuals progress through their careers and the settings in which they work. Different types of activities will be undertaken which are appropriate to the individual's learning needs in relation to their practice and the future needs of society.

The activities undertaken by a newly qualified physiotherapist will have a different emphasis to those of an advanced practitioner/clinical specialist, a manager, an educator, or a researcher.

Both formal and informal CPD activities are important if they maintain and /or further develop the physiotherapist's practice.

Formal learning can encompass a range of ongoing education including accredited seminars; workshops; individual study days or courses provided by the MO or other accredited provider; longer programmes of study that may lead to an academic award, such as a MSc or PhD or other doctorate study; professional courses on a specialised area of physiotherapy practice, or related to physiotherapy; attendance at, or presentations at conferences.

Informal learning can involve work-based activities such as: ad hoc and structured in-service events, mandatory training, clinical supervision, guiding/supporting others, mentoring and discussion at journal clubs and self-directed learning activities such as reading, engaging in reflective practice and maintaining a CPD Portfolio.

3.2. Examples of CPD activities

There are many activities that physiotherapists engage in as part of their CPD and some examples are provided in Table 1. CPD activities for physiotherapists should meet the Quality Assurance Standards of Physiotherapy Practice and Delivery and should be aligned with Policy Statement Education

Table 1: Examples of Activities for CPD

Activities* which may contribute to your CPD (The Physiotherapy Board of New Zealand, 2020, pag. 6)			
Work-based learning	Professional activity	Formal education	Self-directed learning
<i>Case Studies</i>	<i>Participation in MO work</i>	<i>Conference/ seminars/courses</i>	<i>Accessing knowledge via the internet and other media</i>
<i>In-service training</i>	<i>Clinical Interest Groups</i>	<i>Postgraduate study</i>	<i>Self-directed distance learning</i>
<i>Documented reflective practice</i>	<i>Quality improvement activities</i>	<i>Articles/papers/ submissions</i>	<i>Learning from observation/ evidence by self-reflection</i>
<i>Special Project Work</i>	<i>Presentations of a course you have developed</i>	<i>Planning or developing a course</i>	<i>Review of books/ articles/journals/ DVDs</i>
<i>Clinical Audit</i>	<i>Research/ research supervision</i>	<i>Research</i>	<i>Developing course/ materials for your course</i>
<i>Peer Review</i>	<i>Lecturing/ teaching/ tutoring</i>	<i>Administrative component of a course</i>	
<i>Journal Club</i>	<i>Participant in other professional bodies</i>		
<i>Meetings with CPD content</i>	<i>Assessor/Auditor/ Advisor</i>		
<i>Health and Safety courses</i>	<i>Examining/ marking</i>		
<i>Student/staff supervision</i>	<i>Mentoring</i>		
<i>Accreditation preparation</i>			
<i>Business/strategic plans</i>			

* Activities are presented in a random and not hierarchal order

3.3. Recording, measuring and evaluating CPD

There are two main approaches to recording, measuring and evaluating CPD:

1. Input based approaches focus on the quantity of learning, such as collecting points for the hours of CPD, conferences established by the regulatory body/government (for example, in Romania the registered physiotherapist needs 30 credits (EMC)/hours every year, in order to obtain approval to practice by the professional body). <https://colegiulfizioterapeutilor.ro/emc/>
2. Outcomes based approaches focus on the quality of learning and its consequent change in behaviour and impact on individual and wider society as a result of practice.

Every physiotherapist needs to be able to identify their own development needs and choose appropriate activities to meet those needs in order to benefit their practice and patients/clients. An outcomes-based approach to CPD, emphasises quality and achievements where learning can be demonstrably linked to the quality of patient/client care, service delivery and professional excellence whilst ensuring public safety. Self-declaration and random auditing of CPD is carried out by some regulatory authorities, for example the Health and Care Professions Council in the UK (see section 2.2.2).

4. CONCLUSION AND RECOMMENDATIONS

The EMWG supports the view that individuals are responsible for their CPD activities including up-to-date documented outcomes. A planned, structured and ongoing CPD portfolio requires support from employers, higher education institutions, MOs and legislative authorities.

Until quite recently the main emphasis in CPD has been on input measured in terms of points or hours. However, what is important is the outcomes of the learning and competence achieved as a result of the practitioner's CPD; and also, the application of that learning to develop an individual practice for the benefit of patients/clients care and improved service delivery. Professional bodies, as well as education and training establishments, employers' organisations and trade unions need to find effective ways of measuring this learning in a form acceptable to their members.

Considering the diversity within the Europe region, it is relevant to follow up and support MOs' implementation of CPD at a national level and monitor developments in Europe.

5. REFERENCES

1. European Higher Education Area <http://www.ehea.info/> [Accessed March 2022].
2. European Qualifications Framework (EQF): *Defining the Descriptors* <https://ec.europa.eu/ploteus/content/descriptors-page> [Accessed March 2022].
3. Europe region World Physiotherapy (2014) Policy Statement on Physiotherapy Education http://www.ercpt.eu/education/education_policy [Accessed March 2022]
4. Europe region World Physiotherapy Advanced Practice Physiotherapy in the Europe Region World Physiotherapy Position Statement https://www.ercpt.eu/education/advanced_physiotherapy_practice [Accessed March 2022].
5. Europe region World Physiotherapy Promoting research in Physiotherapy in the Europe Region World Physiotherapy Briefing Paper https://www.ercpt.eu/education/evidence_based_physiotherapy_evidence_and_research [Accessed March 2022].
6. Europe region World Physiotherapy Strategic Plan 2018-2022 https://www.ercpt.eu/about_ercpt/strategic_plan [Accessed March 2022].
7. French National Council of Physiotherapists <https://www.ordremk.fr/je-suis-kinesitherapeute/formation/la-formation-continue/> [Accessed March 2022]
8. Health and Care Professions Council (HCPC) Standards of Continuing Professional Development <https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development> [Accessed March 2022].
9. HCPC Register <https://www.hcpc-uk.org/registration/getting-on-the-register/> [Accessed March 2022].
10. HCPC Continuing Professional Development and your registration <https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf?v=63710644276000000> [Accessed March 2022].
11. Order of Physiotherapists in Romania <https://colegiulfizioterapeutilor.ro/emc/> [Accessed June 2021]
12. Physiotherapy Board of New Zealand (2020) *Recertification Guidelines: Guidelines for Continuing Professional Development for Physiotherapists (4th edition)* Physiotherapy New Zealand <https://www.physioboard.org.nz/wp-content/uploads/2020/10/Recertification-Guidelines-2020.pdf> . [Accessed March 2022]
13. Pro-Q-Kine: Quality promotion in physical therapy <https://www.pqk.be/pro-q-kine> [Accessed March 2022]

14. World Physiotherapy (2019). Policy statement: Education. London, UK: WCPT; 2011. www.wcpt.org/policy/ps-education [Accessed Marc 2022].
15. World Physiotherapy. Policy statement: Evidence based practice. London, UK: World Physiotherapy; 2019. <https://world.physio/sites/default/files/2020-04/PS-2019-Evidence-based-practice.pdf> [Accessed March 2022].
16. World Health Organization (2013) *Health 2020: A European policy framework and strategy for the 21st century*
http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf
[Accessed March 2022].

6. ACKNOWLEDGEMENTS

The Europe region acknowledges the work of all members of the Education Matters Working Group.

Approval, review and related policy information	
Date for adopting	Approved at the 10 th General Meeting of Europe region-World Physiotherapy (2016) Revised and presented for approval at the 12 th General Meeting of Europe region, World Physiotherapy in May 2022
Date for review	2024-2026
Related policies statements and briefing papers	Europe region, World Physiotherapy: Education, Advanced Physiotherapy, Research World Physiotherapy: CPD, Education, EBP.
Acknowledgements	Document: Silke Gruber, Helena Johnson, and Sonia Souto as authors of this document and Helen French, Charlotte Häger, Camilla Wikström-Grotell - members of the Education Matters Working Group; Roland Paillex from the Professional Issues Working Group Update: 2020-2022: Karen Beeton, Raf Meesen and Daniela Stanca for reviewing this document with the contribution from the other members of the EMWG: Filiz Can, Barbara Laube, Kristin Lyudmilova, Grainne Sheill, Nikolaos Strimpakos, Carmen Suarez Serrano and Elena Ziakova.