

Continuing Professional Development in the field of Physiotherapy – A review

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Abstract

Physical therapy or physiotherapy is the health care profession primarily concerned with the remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical intervention. Physical therapy involves the interaction between therapist(s), patients or clients, other health care professionals, families, care givers, and communities in a process where movement potential is assessed and diagnosed and goals are agreed upon. This study presented a review on the Continuing Professional Development (CPD) in the field of Physiotherapy. Various research studies conducted on CPD in physiotherapy and related professions across different countries were studied. The study revealed that the need for CPD for physiotherapists is apparent and also in our country not many research studies are reported in this area.

KEYWORDS: Continuing Professional Development (CPD), Physiotherapy

An overview

Physical therapy or physiotherapy is the health care profession primarily concerned with the remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical intervention. It is carried out by physical therapists (known as physiotherapists in most countries) and physical therapist assistants (known as physical rehabilitation therapists or physiotherapy assistants in some countries). In addition to clinical practice, other activities encompassed in the physical therapy profession include research, education, consultation, and administration. Physical therapy involves the interaction between therapist(s), patients or clients, other health care professionals, families, care givers, and communities in a process where movement potential is assessed and diagnosed and goals are agreed upon. Physical therapy is performed by a therapist and sometimes services are provided by a physical therapist assistant (PTA) acting under their direction.

PTs are healthcare professionals who diagnose and treat individuals of all ages, from newborns to the very oldest, who have medical problems or other health-related conditions, illnesses, or injuries that limit their abilities to move and perform functional

activities as well as they would like in their daily lives. PTs use an individual's history and physical examination to arrive at a diagnosis and establish a management plan and, when necessary, incorporate the results of laboratory and imaging studies. PT management commonly includes prescription of or assistance with specific exercises, manual therapy, education, manipulation and other interventions. In addition, PTs work with individuals to prevent the loss of mobility before it occurs by developing fitness and wellness-oriented programs for healthier and more active lifestyles, providing services to individuals and populations to develop maintain and restore maximum movement and functional ability throughout the lifespan.

Physical therapy is a professional career which has many specialties including sports, neurology, woundcare, cardiopulmonary, geriatrics, orthopedic and pediatrics. PTs practice in many settings, such as outpatient clinics or offices, health and wellness clinics, rehabilitation hospitals facilities, skilled nursing facilities, extended care facilities, private homes, education and research centers, schools, hospices, industrial and this workplaces or other occupational environments, fitness centers and sports training facilities.

Physical therapists also practice in the non-patient care roles such as health policy, health insurance, and health care administration and as health care executives. Physical therapists are involved in the medical-legal field serving as experts, performing peer review and independent medical examinations.

Education qualifications vary greatly by country. The span of education ranges from some countries having little formal education to others having doctoral degrees and post doctoral residencies and fellowships.

Objective

The present study is a review of the different studies on CPD conducted in the field of Physiotherapy with following objective:

1. To undertake an in depth study on various types of studies on CPD conducted in the field of Physiotherapy.

Methodology

Secondary data available on the websites, magazines, journals and periodicals was used to study the current status of various training programmes across the country. The present review takes stock of the state of art of CPD programmes conducted in the field of Physiotherapy. The following were the findings of review:

Review of Literature

Henwood, S. M., Yielder, J., & Flinton, D. (2004)¹ explored the attitudes of radiographers in two countries (UK and New Zealand) to mandatory CPD prior to a mandatory CPD policy being implemented. Postal questionnaires were sent to 1739 radiographers (250 in the UK and 1489 in New Zealand), in collaboration with the respective professional bodies in both countries. The study showed that there is a general ambivalent attitude towards CPD and there are a number of barriers which individuals

identify to explain relatively low rates of participation in CPD. The study also showed that there is a very restricted view of what constitutes CPD around attendance at study days and formal activities and subsequently less formal activities are not being recognized and valued. The lack of recording of CPD activity was highlighted along with problems related to poor staffing levels and in places, lack of employer support. The authors also proposed that the study will be repeated and attitudes compared two years following the implementation of the mandatory CPD policy in both countries.

Brennan, G. P., Fritz, J. M., & Hunter, S. J. (2006)² mentioned that the Physical therapists frequently attend continuing education courses with the goal of providing better care, yet the effectiveness of continuing education for improving outcomes has not been examined. Data were obtained for all eligible patients (n=1,365; mean age=42.1 years, SD=14.0 years; 69.9% female) with a chief complaint of neck pain who were treated in 13 physical therapy clinics over a 24-month period. Disability data (Neck Disability Index scores) from the initial and final therapy sessions were recorded from clinical databases. Thirty-four of 57 physical therapists employed within the 13 clinics attended a 2-day continuing education course. Eleven of the 34 attendees also participated in an ongoing clinical improvement project for patients with neck pain. Clinical outcomes were compared in the pre- and post-course periods for therapists attending or not attending the course, and for therapists participating or not participating in the ongoing project. Results indicated that there were no differences in clinical outcomes based on attendance at the continuing education course. There was an interaction between time and participation in the ongoing project, such that participants achieved greater change in disability after the course. The percentage of patients achieving at least the minimum detectable amount of change in disability with treatment increased significantly for participants after the course. The study concluded that the attendance at a 2-day continuing education course was not associated with improvement in clinical outcomes, but participation in an ongoing improvement project did result in greater clinical improvement for patients with neck pain. Further investigation of educational methods to improve clinical outcomes is needed. These results suggested that traditional continuing education formats may not be effective for improving patient care.

French, H. P. (2006)³ mentioned that continuing professional development (CPD) in physiotherapy incorporates a broad range of activities that provides personal and professional development. There is a responsibility on both the individual and workplace to ensure that the employee is up to date and competent. A questionnaire survey of staff grade physiotherapists in five acute hospitals was conducted to determine the current CPD activities they were undertaking and their perceived CPD needs. Seventy one physiotherapists completed the questionnaire. Respondents were asked to prioritize CPD activities and the top five activities identified were: clinical supervision, intensive clinical training, in-service education, short courses and performance appraisal. The effective components and perceived benefit of these activities are presented and discussed. The results of this survey can be used to develop a CPD framework in the workplace.

Townsend, E., Sheffield, S. L. M., Stadnyk, R., & Beagan, B. (2006)⁴ mentioned that continuing professional development is essential for professionals to remain competent, and for effective recruitment and retention. This study reported a qualitative study of the effects of workplace policy on continuing professional development on a small, dispersed profession in a resource-challenged province, using the case example of

occupational therapy in Nova Scotia. The study used a multi-methods design, theoretically based on institutional ethnography. Methods were critical appraisal of the literature, interview and focus group data collection with 28 occupational therapists and 4 health services administrators, and a review of workplace policy. The study identified a policy wall. Notable policies were those which defined who is responsible for continuing professional development, and which limited employee benefits and work flexibility options for those with family duties. It appeared that a female-dominated profession, such as occupational therapy, may also face gender-based challenges. Suggestions were offered for workplace policy makers, unions, provincial regulatory organizations, and health professionals.

Austin, T. M., & Graber, K. C. (2007)⁵ addressed and mentioned that the perspectives of physical therapists recently mandated to engage in continuing education (CE) is limited. Their purpose was to identify physical therapy clinicians' and managers' views on its role and effectiveness. Participants were 23 physical therapists practicing at six different hospitals in Illinois. Qualitative methodology included participant interviews, document analysis, and field journals. Three major themes were identified: (1) attitudes toward CE and mandatory CE, (2) variables contributing to effective CE experiences, and (3) cautious optimism regarding the role of mandatory CE in the promotion of professional competence. This investigation details the need for evidence-based, clinically relevant, interactive CE presentations; ongoing discussion regarding the plausibility of increased national involvement in CE; and focused attention on overcoming obstacles associated with ineffective CE.

Austin, T. M., & Graber, K. C. (2007)⁶ reported that as of October 1, 2002, physical therapy continuing education (CE) in Illinois was mandated. Research examining the recent mandate for physical therapists to engage in CE was limited. The purposes of this study were to examine the perceptions of physical therapist clinicians and managers concerning the barriers to and facilitators of CE and to identify how physical therapists perceive the role of their department in the CE process. Participants selected for the study were 23 physical therapists at 6 hospitals. A qualitative methodology was used to analyze data. Results identified four themes: negotiating and managing the variables associated with CE, providing and promoting opportunities that meet physical therapists' CE needs, identifying the elements of employment environments that foster CE, and perceived implications of mandating CE. The study highlighted the need to identify the core set of variables associated with engaging in CE and to promote the elements of employment environments that foster CE.

Bourne, J. A., Dzedzic, K., Morris, S. J., Jones, P. W., & Sim, J. (2007)⁷ reported that the emphasis of UK Government policy on primary-care-based services has led to more physiotherapists working in the community. The aims of the present study were to identify the perceived professional, educational and personal needs of community physiotherapists, and to determine good practice in meeting these needs. A survey of physiotherapists working in 15 National Health Service community trusts in the West Midlands was carried out in September 2000. The survey questionnaire was developed through focus groups and mailed to a random sample of 200 community physiotherapists. The response rate was 67%, and the median age group of the respondents was 21–30 years. The participants worked mainly in 'urban but not inner city' areas, most commonly in domiciliary (31%, $n = 38$) and general practitioner surgery/health centre

(26%, $n = 32$) locations. Fifty-one per cent ($n = 66$) of respondents had no specific learning objectives for continuing professional development (CPD); those with such objectives were more positive as to their helpfulness than those without them (Mann–Whitney U -test $z = 2.519$, $P = 0.012$). Fifty-three per cent ($n = 68$) also often/very often found it problematic getting cover for their caseloads so that they could take part in CPD activities. Access to library resources and use of computers were problems, as were confidence in appraising literature and opportunities to discuss research evidence with colleagues. Fifty-nine per cent ($n = 77$) of respondents indicated that they often/very often felt stressed by the size of their caseloads. Colleague support included mentorship, peer review, journal clubs, clinical interest groups and multidisciplinary in-service training; respondents with experience of these resources expressed more positive attitudes to them than those without (Mann–Whitney U -test $z = 2.871$, $P < 0.0005$ for each). Forty-two per cent ($n = 54$) indicated that there were problems with safety issues. This study has identified needs that will have an impact on the ability of community physiotherapists to meet the demands of clinical governance. National Health Service management at all levels has a responsibility to facilitate the education, training and support of community physiotherapists.

Dowds, J., & French, H. (2008)⁸ mentioned that Continuous professional development (CPD) is a mandatory requirement for all ISCP registered physiotherapists and an increasing part of physiotherapy practice. The study highlighted the many forms of CPD that can be used within the ISCP framework, to aid practitioners in attaining a balance of formal and informal CPD in the work setting. The ISCP framework for CPD allows for formal and informal (planned and unplanned) learning. These umbrella terms encompass many activities that physiotherapists perform routinely without realizing or documenting as CPD. These activities such as in-service training, clinical supervision and performance appraisal, to name a few, can be utilized in the workplace to enhance the informal CPD opportunities. Reflection can be incorporated into these activities, and formal CPD such as attendance at courses and conferences enrich the learning experience and ensure that learning acquired is incorporated into clinical practice. Support for the implementation of CPD activities can be enhanced through the formation of CPD coordinators or mentors in the workplace. There are many different types of CPD allowed within the ISCP framework. All can be documented; however the key to improving patient care is the integration of learning through reflective practice into the everyday working life of the physiotherapist. As CPD is likely to become increasingly important within the profession due to introduction of statutory registration and development of the physiotherapy role, therapists should maximize opportunities to integrate CPD into everyday physiotherapy practice.

French, H. P., & Dowds, J. (2008)⁹ reviewed the role of Continuing Professional Development (CPD) within physiotherapy, its historical background, types of CPD, effectiveness, and the barriers that limit participation in and implementation of CPD; and to identify areas of future development in CPD in physiotherapy from a research and practice perspective. Various databases were used to collect the data. Experimental designs from case studies to randomized controlled trials, systematic reviews, observational longitudinal and cross-sectional studies, literature reviews and discussion papers in physiotherapy and other healthcare-related fields were used to review the scenario. The historical background of CPD and mandatory and voluntary CPD were

discussed. Systematic reviews have identified that interactive formal CPD and critical appraisal have some evidence of effect on clinician behavior and health outcomes. It was concluded that CPD is becomingly increasingly important in physiotherapy and is mandatory in many countries. A wide range of formal and informal physiotherapy CPD activities exist, with limited research into their effect on practice behavior or health outcomes. With a number of evolving areas in physiotherapy, areas for potential research and issues that require consideration for CPD in the future were identified.

Fleet, L. J., Kirby, F., Cutler, S., Dunikowski, L., Nasmith, L., & Shaughnessy, R. (2008)¹⁰ mentioned that the idea that health professionals should be accountable to the society they serve is not a new concept and by the 1990s, the continuing professional development (CPD) of health professionals was being seen as one way in which Canadians' level of health could be improved. The public was, and is still today, increasingly demanding a system that is more responsive to regional and community needs. As a result, there is a need for more health professional education at all stages of the education continuum – undergraduate, postgraduate, and continuing professional development – that meets the health and social needs of the populations being served. The trend is now towards ‘socially accountable’ health care, meaning that the broader context of CPD must also include the personal, social, and political aspects of health care and as such, involve a widening of accountability to patients, the community, managers and policymakers. CPD planning must take into account local and national priorities as well as personal learning needs. However, the definition of social accountability and the stages at which it is addressed is sometimes vague and this added to the difficulty of identifying relevant studies in the literature. Nonetheless, there were some “best practices” evident via Canadian and American studies which focused on models of socially accountable CPD, as well as examples of interdisciplinary collaboration in Canada, the United States, Australia, Great Britain, and the United Arab Emirates. However, there is a definite need for increased research and publication of such “best practice” initiatives. There is also a need for Canadian health professional schools to facilitate this process by sharing their experiences and resources if possible. An extensive literature review was conducted between January and March 2004. This literature review was one of the first activities conducted under the auspices of “Issues of Quality and Continuing Professional Development: Maintenance of Competence”, a national project funded by the Primary Health Care Transition Fund, Health Canada. The purposes of this review were to identify literature which focuses on aspects of continuing professional development, social accountability, and determinants of health; “best practices” of socially accountable CPD and inter/intra-disciplinary collaboration, and the critical success factors and challenges to implementing CPD, especially CPD that meets the needs of both health professionals and the populations they serve.

Marshall, G., Punys, V., & Sykes, A. (2008)¹¹ conducted a study aimed to investigate via a questionnaire factors relevant to continuous professional development (CPD) in twelve countries in Europe. The study was carried using co-funding from the European Commission by members of the Higher Education Network for Radiography in Europe (HENRE). Seven hundred and thirty-four individual questionnaires were circulated with a return rate of 75%. CPD was important to most radiographers, although longer qualified radiographers assigned less importance to CPD. Six to ten hours monthly devoted to CPD was the preferred amount of study, with 7 hours per month being the mean time

radiographers were prepared to devote to CPD. A mixture of paper, e-learning and internet based materials in the native language of the radiographer would be the most popular method for CPD delivery. English was the most popular non-native language for CPD materials. More recently qualified radiographers were able to use a non-native language to study. Cross sectional imaging (CT and MRI) was the most popular area for CPD training although training in digital imaging and trauma were also much sought after. The study identified the potential for European-wide core CPD provision for radiography practitioners. There may be a role for the HENRE network in coordinating this. The author also mentioned that whilst tailoring CPD to the above requirements would be beneficial it must be remembered that antagonists to CPD exist, e.g. cost, work and family constraints.

Gunn, H., & Goding, L. (2009)¹² conducted a qualitative study to provide an insight into individual physiotherapists' experiences of Continuing Professional Development (CPD) and to gain an understanding of the challenges of undertaking CPD in a geographically dispersed primary healthcare setting. Data analysis was conducted by data transcription, immersion, coding and generation of themes using a pragmatic five-step process. Eleven participants were identified from a study population of physiotherapists working in two local primary care trusts following the principle of maximum variation sampling. Results showed that four main themes emerged: CPD processes; motivation for undertaking CPD; enabling CPD; and outcomes of CPD. Participants felt that CPD should include a range of activities and learning behaviors. However, there was a preference for active learning styles and formal course-based learning. The study also identified issues around CPD planning and needs identification. There was evidence of change in individuals' practice and internal perceptions as outcomes of CPD, although issues around the application and maintenance of change were identified. The study concluded that CPD has an effect on clinical practice in this small group of physiotherapists working in community National Health Service settings. Significantly, undertaking CPD improves confidence as well as competence, enabling individuals to form effective therapeutic relationships with patients and other members of their teams.

Li, L. C., Hurkmans, E. J., Sayre, E. C., & Vlieland, T. P. V. (2010)¹³ explored the relationships among the roles assumed by physical therapists in arthritis care and their previous participation in arthritis courses for continuing professional development (CPD). A total of 600 Canadian physical therapists and 461 Dutch physical therapists practicing in orthopedics were randomly selected to participate in a mail survey. The questionnaire covered areas related to their clinical practice, previous participation in arthritis-related CPD courses, and roles in the management of osteoarthritis (OA) and rheumatoid arthritis (RA). Poisson regression was used to explore the associations between physical therapists' participation in arthritis-related CPD courses and the number of roles they assumed in OA and RA care, after adjusting for personal characteristics, arthritis caseload, and country of practice. The survey response rates were 47.7% in Canada and 50.5% in the Netherlands. A total of 424 participants (Canada=224, the Netherlands=200) had treated patients with OA in the previous month, and 259 participants (Canada=68, Netherlands=191) had treated patients with RA in the previous month. The most common roles reported by participants were providing traditional physical therapy interventions and providing postsurgical care. Arthritis-related CPD courses significantly increased (i.e., multiplied) the expected number of roles assumed by

physical therapists by a factor of 1.32 (95% confidence interval=1.11, 1.56) in OA management and 1.69 (95% confidence interval=1.34, 2.13) in RA management. This exploratory analysis highlighted the association between participation in arthritis-related CPD courses and the roles assumed by physical therapists in OA and RA management. Further research is needed to understand the effects of CPD activities on other areas of physical therapist practice and on patients' outcomes.

Haywood, H., Pain, H., Ryan, S., & Adams, J. (2012)¹⁴ stated that an increasing number of extended-scope practitioner roles for nurses and allied health professionals can be found within the national health services in the UK. There has been little specific research into the facilitators and barriers for engagement with continuing professional development (CPD) of this group of health care professionals. This study presented a review of the issues surrounding participation in, and influencing factors of, continuing professional development for nurses and allied health professionals. These findings were summarized in a conceptual model relevant to service planning and delivery for health care professionals and their managers. Literature databases were searched. Findings were presented in a narrative synthesis describing the supra-organizational, organizational, and personal factors identified in the literature and how the support of managers and colleagues is critical. The study concluded with the construction of a model that illustrates the multi-faceted nature of CPD from the review's findings, which could assist clinicians at all levels of seniority and their managers in optimizing CPD in their workplaces and when seeking to identify and address hindrances to CPD.

Conclusion

From the above review it can be very easily concluded that a lot of work has been going on towards Continuing Professional Development for the physiotherapists across the world but still a lot has to be done. Few authors clearly reported through their studies that need for CPD is very there for physiotherapists. Few were of the few that although Physical therapists frequently attend continuing education courses with the goal of providing better care, yet the effectiveness of continuing education for improving outcomes has not been examined. Thus it is very important to measure the effectiveness of CPD programs also. The study also concluded that not many studies were found in Indian context in which the emphasis is given on CPD for physiotherapists. This is also one important area to be looked into.

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