

**EUROPEAN REGION OF THE  
WORLD CONFEDERATION  
FOR PHYSICAL THERAPY**



**EUROPEAN  
PHYSIOTHERAPY  
SERVICE  
STANDARDS**

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## European Physiotherapy Service Standards

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## **Introduction**

These service standards describe parts of the physiotherapy service for which the organisation is responsible in order to maintain the safety and quality of services for patients, and an environment conducive to the safety of staff, and their continuing development. The standards provide a benchmark against which the service can be measured. They provide a framework for an organisation to review and improve its service provision. Implementation of these standards will require committed motivated and enthusiastic managers within the profession.

These standards are intended to apply to all physiotherapy services including those in the public and private sectors, large and small, and in all settings. However, there will be some standards that do not apply to certain services, for example staff introduction policies will not apply to services that do not employ staff (i.e. single-handed practitioners). Similarly a single-handed practitioner may have direct responsibility for an IT system but in a large hospital the physiotherapy service will leave this to the care of the employing organisation.

As with the core standards, these are not minimum standards, nor standards of excellence, but they are considered to be achievable in time. It is acknowledged that not all services will currently meet all of the standards, but they are judged to be measures that all services should aspire to as part of their professional responsibility to both patients and staff. In some circumstances, any necessary changes in service required to achieve the standards will be possible through normal management practices. Where there are organisational or financial barriers to implementation, for example limitations in the access to sources of evidence about effective practice through libraries and Internet facilities, the standards should be used to highlight the expectation of the European Region of WCPT that all services should be able to achieve all the standards. Systems need be put in place to facilitate achievement.

The Core and Service Standards documents are designed to complement each other. Some of the service standards refer to the need for physiotherapy services to have particular policies or systems, which will be the responsibility of the organisation to put in place. But, it will be the individual's responsibility to conform to any core standards that refer to those local policies or systems. Many physiotherapy managers will be able to read through the standards with their current knowledge, assessing whether their service complies with the standards. Whilst this is a useful exercise, the use of the accompanying audit tool will make the process more formal. This requires evidence (not always written evidence) that certain structures are in place.

As with the core standards, the term 'physiotherapist' is used throughout this document as an all-inclusive term, which encompasses students, assistants and physiotherapists. The term 'patient' includes carers, relatives advocates and users.

## 1. Quality Improvement Strategy

**Effective quality improvement processes are integrated into existing quality programmes for the whole organisation.**

**Guidance:** *The term 'organisation' includes any arrangement for the purposes of delivering physiotherapy services, for example the single handed practitioner or an international health care provider.*

### 1.1 There is an up-to-date strategy for the implementation of quality improvement, which is linked to the organisation's overall strategy.

**Guidance:** *The strategy includes the following elements:*

- *Definitions of the roles and responsibilities of the key personnel involved in the overseeing and monitoring of clinical governance*
- *The identification of the required skills and knowledge  
The identification of training needs and how these will be achieved*
- *The identification of the resources needed to implement the strategy*
- *Definition of the required outcomes of the strategy implementation*
- *A timetable for implementation*
- *A review mechanism*

### 1.2 Locally agreed standards of practice for common conditions are developed.

**1.3 There is routine collection and analysis of information about the service.**

**Guidance: information may be obtained from:**

- *clinical outcomes*
- *complaints (refer to service standard 5)*
- *adverse clinical incidents.*
- *accident reports*
- *waiting times for appointment*
- *waiting times within the department*
- *non attendance*
- *reports to referrers*
- *clinical education provision*

**1.4 There is evidence of action taken in response to criterion 1.3 to rectify any deficiencies identified**

### **3. Management of risks**

**There is a systematic and responsive approach to the management of risk that follows the organisation's overall strategy**

**Guidance:** *Risk management is the method of assessing the possible risks for patients, healthcare staff and employees. This includes:*

- *clinical risks*
- *organisational risks*
- *legal and financial risks.*

**2.1 There are clearly documented procedures for the management of risks**

**2.2 Training is provided to undertake risk assessments**

**2.3 The findings from risk assessments are analysed and work practices reviewed and changed**

**2.4 Where registration is mandatory this should be checked on a regular basis according to local or national legislation.**

**2.5 A system exists to ensure all physiotherapists have skills and experience in the areas they are required to work**

**Guidance:** *Systems might include ensuring new appointees meet the job specification; providing continuing professional development programmes to ensure skills are maintained and developed*

**2.6 The service acts on any new guidance about equipment safety (refer to core standard 18.6)**

**Guidance:** *This will include information published by Member Organisations, European Union Directives and The Medical Devices Agency.*

### **3. Clinical audit**

**There is a clinical audit programme to ensure continuous improvement of clinical quality and effectiveness.**

**Guidance:** *The clinical audit cycle should use standards that are based on the best available evidence of effectiveness. Clinical audit can take place at different levels.*

#### **3.1 The clinical audit programme takes account of:**

- National priorities
- The priorities of the service
- Patient priorities

#### **3.2 All physiotherapists participate in a regular and systematic programme of clinical audit**

**Guidance:** *Clinical audit tools have been developed as a part of these standards. These tools should be used on a regular basis. They comprise: Patient record audit,*

- *CPD/LLL audit*
- *Peer review,*
- *Patient feedback,*
- *Service standards audit.*

#### **3.3 The documented results and recommendations from clinical audit are made available through agreed processes**

**Guidance:** *The system may include regular reports.*

#### **3.4 All Physiotherapists should take part in multidisciplinary clinical audit, where they work within a team providing services to patients.**

#### **3.5 Changes in practice are implemented as a result of the clinical audit programme in order to correct any deficiencies identified**



## 4. Evidence-based practice

**There is a system to ensure that all physiotherapists provide care that is based on the best available evidence of effectiveness**

**Guidance:** *Systems could include education programmes to help physiotherapists understand the philosophy of evidence-based clinical practice, the hierarchies of research findings, identifying good and bad research and applying it to patient care. (Refer to core standard 4.1)*

### 4.1 There are links with external agencies to identify good practice

**Guidance:** *These should include regular contact and information sharing with:*

- *other services*
- *patient organisations*
- *professional associations and specific interest groups*
- *Institutes of Higher Education/Universities*
- *national sources of critically appraised reviews of evidence such as:*
  - *The Cochrane Library:*  
[www.update-software.com/cochrane/](http://www.update-software.com/cochrane/)
  - *PeDRO:*  
[www.pedro.fhs.usyd.edu.au/pedro/](http://www.pedro.fhs.usyd.edu.au/pedro/)

### 4.2 Physiotherapists have access to:

a. Library and library search facilities

**Guidance:** *This could be local library facilities or Information Resource Centres*

b. Internet facilities

**Guidance:** *This could be local library facilities*

### 4.3 There are systems for sharing information about effective practice throughout the service

## **5. Complaints by patients**

**There is a clear and responsive procedure, for making and dealing with complaints**

**Guidance: This will be according to local and or national policies**

**5.1 Users of the physiotherapy service have access to information about the services complaints procedure**

**5.2 All physiotherapists understand their role within the complaints procedure**

**5.3 Complaints are dealt with, within a locally defined time-scale**

**5.4 Complaints are monitored, in order to identify trends, inform the process of service improvement and the management of risks (refer to Standard 2)**

## **6. Continuing professional development / Lifelong learning**

**All physiotherapists have the opportunity to develop professionally and personally in order to improve patient care**

- 6.1 The service supports the implementation of the physiotherapist's CPD/LLL plan (refer to core standards 19 – 22).**
- 6.2 The service maintains records of CPD/LLL plans.**
- 6.3 The development and learning needs of the physiotherapists within the service are evaluated on an annual basis.**

**Guidance:** *Evaluation would include reviewing the benefits of programmes undertaken during the previous year and identification of needs in the forthcoming year*

## **7. Clinical Education of Physiotherapy students**

**There is a systematic, proactive and responsive approach to the provision of clinical education for pre-qualifying and post qualifying students**

**Guidance:** *All services should accept their professional responsibility for contributing to the provision of quality learning experiences*

### **7.1 The provision of student clinical education is addressed in workforce planning**

**Guidance:** *Workforce planning should include staffing levels and skill mix to allow for consistency in the quality of provision of clinical education placements*

### **7.2 Physiotherapy students should be supernumerary to the existing workforce.**

### **7.3 There is documentation detailing the agreed arrangements for clinical education placements**

### **7.4 The provision of clinical education placements is monitored**

### **7.5 The service responds to the evaluation of the student's learning experience**

### **7.6 There is regular liaison with the clinical co-ordinators of Higher Education Institutes/Universities**

### **7.7 The service works in partnership with Higher Education Institutes/Universities to ensure clinical educators are supported**

### **7.8 Preparation material is made available to the students by clinical supervisors prior to the start of the placement**

**Guidance:** *For example, named contact, reporting time and site, preparation required.*

## **8. Introduction Programme for new staff**

**There is a planned orientation and practical introduction programme for all new staff**

**Guidance:** *This standard applies equally to temporary physiotherapist, students and assistant, or any other staff working in the physiotherapy service*

### **8.1 A named person is responsible for the planning, implementation and evaluation of the introduction programme**

**Guidance:** *The content of the introduction programme may vary according to the role of the individual, for example there may be specific programmes for temporary staff, physiotherapy managers and students. A suggested format for the contents of an introduction programme is included in the Appendix.*

### **8.2 A written copy of the introduction programme is given to each new physiotherapist**

### **8.3 The introduction programme is completed within locally agreed time-scales**

## **9. Staffing**

**There are appropriate physiotherapy staff to support the services being provided**

### **Criteria**

**9.1 Staffing is balanced with delivering a safe and effective service in terms of:**

- Grade
- Skill mix
- Experience
- Numbers of whole time equivalent staff

**9.2 Locally agreed procedures to deal with situations where staffing levels fall below locally agreed minimum levels are used**

**9.3 Staffing levels are reviewed regularly**

## **10. Temporary Staff**

**The service ensures that temporary physiotherapists are clinically competent to work in the required clinical area**

**10.1 The suitability of new agency staff is assessed by reviewing his/her current CV and references before her/she begins work**

**10.2 The CV and references are retained in his/her personal file**

**10.3 The service ensures that temporary staff are registered and have the appropriate qualifications**

**10.4 A signature is recorded in the signature book before temporary staff starts on physiotherapy duties (refer to service standard 17.7)**

## **11. Appraisal Systems**

**All physiotherapists participate in a professional appraisal system**

### **11.1 Employers ensure that there is a procedure for appraising physiotherapists**

**Guidance:** *Appraisal systems should be open and transparent in their design and implementation. Local systems should be designed and implemented in agreement with physiotherapist.*

### **11.2 There is a system to familiarise all physiotherapists with the appraisal process.**

**Guidance:** *This may include training or other opportunities which ensure appraisees and appraisers are able to get the maximum benefit from the appraisal process to facilitate individuals personal development*

### **11.3 Appraisal is undertaken at least annually**

### **11.4 All appraisals are agreed, documented, and retained in accordance with local procedures**



## **12. Patient Involvement**

**Patients are involved at all stages of service planning, implementation and delivery**

**Guidance:** *Users include patients, commissioners, carers, general practitioners etc*

**12.1 Before any changes to physiotherapy services are proposed, there is a system to involve service users in the decision making**

**Guidance:** *Patient's organisations or a sample of patients can be used with meetings/questionnaires/focus groups. This may be carried out as a physiotherapy-specific activity, or be part of an organisation-wide process.*

**12.2 There is evidence of action taken as a result of patient feedback.**

**12.3 There is a system in place for obtaining feedback from service users about existing services (refer to service standard 3.2)**

## **13. Patient Information**

**Sufficient information is provided at the right time to patients to allow them to participate fully in their care**

**13.1 Patients are provided with details about the range of services available.**

**13.2 Patients are provided with information about arrangements for their first contact.**

**Guidance:** *For example in an outpatient situation this may include information about car parking, appointments, what to wear, what to expect etc. Patients may wish to know their first contact will be taken up primarily with an assessment.*

**13.3 Patients have access as necessary to information on:**

- Access to services
- How to make a complaint
- Consent to treatment
- Access to their own medical records
- Hazards related to clinical care
- Discharge planning
- Transport options
- Non attendance policies
- Transferring to other services

**13.4 Information is available to patients that helps them make informed choices, about their care, based on the best available evidence on effective and appropriate interventions**

**13.5 Information is available for patients and carers on condition specific support groups and networks**

### 13.6 Information is:

- clear and easy to understand
- available in appropriate languages for users.
- produced in a range of media and formats

**Guidance:** *Information is developed with patient input on content and presentation. Information may be available in large print, other languages, Braille, symbols, other media such as audio or videotapes.*

### 13.7 All information provided identifies:

- Author
- Production date
- Review date

**Guidance:** *It is important that information can be traced to its source in the event of questions regarding content, authorship and date. This will enhance the credibility of the information provided and ensure the updating process can be managed effectively.*

## **14. Access to physiotherapy Services**

**There is fair and equitable access to physiotherapy services according to need**

**14.1 The provision of physiotherapy services is planned and agreed with relevant authorities.**

**Guidance:** *The authority can be at a local, regional or national level*

**14.2 There is a policy in place for the prioritisation of patients waiting to be seen**

**14.3 There is evidence of criteria for urgent and routine cases**

**14.4 A choice of appointment times is available.**

**Guidance:** *This may not apply to hospital settings.*

**14.5 Routine cases should be re-evaluated if not seen within a locally agreed time-scale.**

**Guidance:** *This criterion relates primarily, but not exclusively, to situations where waiting lists exist. Actions may include phoning patients to see if they still need treatment, communicating with the referrer, managing inappropriate referrals, and monitoring non attendance rates etc.*

**14.6 There is a policy in place describing discharge arrangements**

**14.7 Managers of Physiotherapy services collaborate with relevant authorities to review service provision**

## **15. Communication**

**Mechanisms exist to promote effective communication within and outside the physiotherapy service.**

**15.1 All physiotherapists are aware of lines of communication within the service structure.**

**15.2 An organisational/service chart is available**

**15.3 Regular staff meetings / briefings are held**

**15.4 Physiotherapists are represented at organisation-wide meetings where they exist**

**Guidance:** *On occasions, others may represent physiotherapists. In these situations physiotherapists should ensure communication links allow their views to be expressed and feedback received.*

**15.5 The manager of physiotherapy services is involved in policy making at local, regional and national levels.**

## 16. Health and safety

### Physiotherapy services are provided in a safe environment

**Guidance:** *For information about health and safety refer to national and European regulations*

- Fire
- Waste disposal
- Resuscitation
- First aid
- Control of infection
- Disposal of 'sharps'

**Guidance:** *This should include reference to the carrying of 'sharps' boxes in the community.*

- Working alone / out of hours working
- Control of substances hazardous to health
- Safe moving and handling of loads
- Report of industrial diseases and dangerous occurrences
- Planned maintenance of all equipment

**Guidance:** *This should include a contract for maintenance and quality assurance of electrotherapy equipment, including calibration, which should be carried out at least annually.*

### 16.1 The service ensures all physiotherapists have received training in the following:

- Fire procedures
- Resuscitation
- Lifting and handling
- Dealing with violence and aggression.
- Infection control

**Guidance:** *The frequency of this training should be specified locally*

**16.2 The service ensures all physiotherapists undertake a Health & Safety programme when transferring to a different location**

**Guidance:** *This might include emergency procedures, location of fire extinguishes etc*

**16.3 A regular health and safety audit is carried out, in accordance with locally defined time-scales**

**16.4 The following variables are maintained in accordance with local policy:**

- Temperature
- Humidity
- Lighting
- Ventilation.

**16.5 Notices of hazards to patients are prominently displayed in areas of known risk**

**Guidance:** *For example, wet floors, hot water, pacemaker, use of mobile phones, unattended equipment, and depth indicators in the hydrotherapy pool.*

**16.6 There is a system for calling for help in an emergency**

**Guidance:** *This system will vary according to the working environment and may include internal/external phones, alarm bells, pagers etc.*

**16.7 The service acts on national and or local regulations about health and safety.**

**16.8 New equipment being evaluated in the context of a clinical trial is subject to national regulations.**

## **17. Documentation**

**Patient records are retained in accordance with local policies and national legislation.**

### **17.1 Facilities are available for the secure storage of patient records**

**Guidance:** *this includes all patient related information; written, computer records, audio tape, emails, faxes, video tape, photographs and other electronic media.*

### **17.2 Patient records are stored so that they can be easily retrieved.**

### **17.3 Local Information Technology (IT) security policies are followed (refer to service standard 18.1)**

**Guidance:** *Particular attention should be paid to data backup procedures, backup tapes should be regularly maintained and a copy kept in a fireproof safe.*

### **17.4 There is a local policy which allows the patient to access their records**

**Guidance:** *The term patient in this instance refers to the subject of the record only.*

### **17.5 A notice is clearly displayed to ensure that the patient is aware of their right to access their own records**

### **17.6 All records are retained in accordance with national requirements.**

### **17.7 A signature book is maintained to ensure physiotherapists can be recognised and traced by their signature.**

### **17.8 An abbreviation glossary is maintained describing the commonly used abbreviations and their meanings.**



## **18. Information Technology (IT) security**

**IT systems are designed and maintained to provide effective and secure access to patient information**

**18.1 There is a policy for IT security, updated annually**

**18.2 IT systems containing patient information are registered according to national data protection regulations.**

**18.3 Physiotherapists are made aware of their responsibilities under national data protection regulations**

**18.4 Systems are configured to maintain security and include:**

- Password protection
- Daily backup procedures
- Protection in the event of interruption in power supply
- Protection against computer viruses
- Audit pathways that can identify any person who edits/changes patient records

## **19. Glossary**

### **Abbreviations glossary**

A glossary that includes definitions of all the abbreviations used within the organisation so that misunderstandings do not occur. E.g. PID may be prolapsed intervertebral disc or pelvic inflammatory disease

### **Adverse events**

Adverse events are those clinical and organisational events that produce an actual or potential negative effect for the patient (this includes 'near miss' events)

### **Braille**

A reading method based on a cell of six raised dots, which stand for a letter or a phonetic sound used for those with visual impairment

### **Clinical audit tools**

Instruments, which allow the process of clinical audit. Generally these take the form of data collection sheets, questionnaires, interview prompts.

### **Clinical audit**

A cyclical process involving the identification of a topic, setting standards comparing practice with the standards, implementing changes and monitoring the effect of those changes.

### **Clinical educator/supervisor**

The physiotherapist who directly supervises the student during their clinical education placement.

## **Clinical effectiveness**

The extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are intended to do. i.e. maintains and improves health and secured the greatest possible health gain from the available resources.

## **Clinical Supervision**

An exchange between practising professionals to enable development of professional skills.

## **Cochrane Library**

An international collaboration that prepares, maintains and disseminates systematic reviews of the effects of health care.

## **Computer virus**

Software that can replicate and transfer itself from one computer to another without the user being aware of it. Some viruses are relatively harmless, but others can damage or destroy data.

## **Evidence based practice**

Clinical practice where decisions are explicitly based on evidence of effectiveness (see also clinical effectiveness)

## **Makaton Symbols**

Structured language programme using speech, signs and symbols to provide basic communication and develop language and literacy skills for parents, carers, teachers, therapists, doctors, day centre officers.

## **Organisational/service chart**

A chart depicting the internal structures and hierarchies of the organisation.

## **Outcome measure**

A physiotherapy outcome measure is 'a test or scale administered and interpreted by physiotherapists that has been shown to measure accurately a particular attribute of interest to patients and therapists and is expected to be influenced by intervention' (Mayo, 1995).

## **Outcomes**

What happens (or does not happen) in response to care or a service; may be desirable or undesirable. Outcomes are the end result of the care process that can be attributed to the treatment. They may be defined by the patient or the physiotherapist.

## **PeDRO**

Physiotherapy evidence database. Most of the research on the database has been rated for quality to help physiotherapists understand which research is good and which is bad.

## **Personal Development Plans (PDP)**

A plan developed by individual health professionals as part of CPD/LLL.

## **Risk assessment**

A formal method of assessing the potential risks for patients, healthcare staff and employees. This includes clinical risk, and organisational risk, legal and financial risk.

## **Risk management**

A formal systematic programme of clinical and administrative activities which are undertaken to identify, evaluate and take action to reduce the risk of injury and loss to patients, staff, visitors and the health care organisation.

## **Sharps**

Any clinical material that contains sharp components; needles, glass, Scalpels.

## **Signature book**

A register of names and signatures kept for the purpose of identifying physiotherapists from their signatures, (often illegible) sometimes many years after that staff member may have left. This is particularly important when temporary staff are used.

**Skill-mix**

The mix of skill held by a healthcare workforce needed to deliver a service. It can refer to a grade mix within one profession, the proportion of professional and assistant staff and/or the combination of multidisciplinary staff within the team.

## 20. References

Bury, T. (1998), Evidence-based healthcare explained. In: Bury, T, Mead, J, eds. Evidence-based healthcare: a practical guide for therapists, London, Butterworth Heinemann.

Mayo, N., Cole, B., Dowler, J., Gowland, C., and Finch, E. (1993) Use of outcome measures in physiotherapy: survey of current practice. *Canadian Journal of Rehabilitation*, 81 – 82.

## 21. Appendix

### Suggested contents for an introduction programme

- Physiotherapists are taken on a tour of key facilities
- All fire fighting equipment, exits and alarms are pointed out
- Instruction and written information on the use of communication systems including emergency numbers, are provided
- There are written policies and procedures for emergency duties and week-end work
- Introductions are made to locally agreed key named staff:
  - Line manager
  - Supervisor
- There is a familiarisation process for emergency duties and week-end work
- There is a familiarisation process about relationships with and the role of physiotherapy assistants and other support workers
- Access to learning resources and facilities are explained
- There is a familiarisation process for information technology(IT) systems
- Changing rooms, lockers and toilets are identified
- Start, finish and break times are identified
- Verbal information on facilities and arrangements for refreshments is provided
- A map of the working location is provided

- The organisation's policy and procedures documentation is available and will include:

**A. Terms and conditions of employment:**

- grievance procedures
- disciplinary procedures
- equal opportunities policy
- pensions information
- contracts of employment
- annual, study, sick and other leave procedures
- occupational health
- explanation of salary
- data protection regulations

**B. Health and Safety**

- security of staff
- in the event of fire
- safe waste disposal
- in the event of spillage
- resuscitation
- first aid
- control of infection
- control of substances hazardous to health (COSHH)
- organisational health and safety policies and procedures, including lifting and handling procedures, display screen (computer) equipment procedures
- departmental policies and procedures for safe working practice