



Advanced practice in physiotherapy

Understanding the contribution of advanced practice
in physiotherapy to transforming lives, maximising
independence and empowering populations



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Foreword

The CSP believes that the integration of Advanced practice physiotherapists into services is fundamental to effective and high quality healthcare delivery, the improvements of patient outcomes and the development of the physiotherapy profession.

Physiotherapists provide a wide range of services to empower individuals to optimise their function and mobility and to reverse the impact of illness and disability according to an individuals’ needs and goals.

Advanced practice (AP) enables physiotherapists to incorporate advanced level skills and knowledge within their physiotherapy practice. These Advanced Practice Physiotherapists (APPs) use their skills to address complex decision-making processes in the management of patients with a range of presentations in both intervention and preventive care. APPs have completed an advanced programme of studies beyond their initial physiotherapy training which will include the development of a range of skills and knowledge such as independent prescribing.

This report presents a shared understanding of the meaning of Advanced Practice and its contribution to effective and efficient patient care. The emphasis is on the critical service infrastructure needed to enable these

roles. There are opportunities for developing these roles to meet the needs of modern health and social care provision, within and outside the NHS.

This resource will be of interest to those planning, developing and delivering services including AHPs, service leaders, commissioners, planners, managers, GPs and, of course, to CSP members interested in developing their careers. The report includes an evaluation tool based on the Physiotherapy Framework to provide clarity on advanced level practice, support physiotherapist’s ongoing maintenance of competence and continuing professional development and provide evidence towards professional and academic accreditation and HCPC re-registration. This tool will also provide a useful structure for developing roles and services.

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1 Purpose

This resource presents the Chartered Society of Physiotherapy's (CSP's) position on advanced practice in physiotherapy including;

- what is meant by advanced level practice in physiotherapy
- the contribution of advanced level practice to effective and efficient patient care and healthcare delivery
- the requirements for physiotherapists incorporating advanced level practice
- the service infrastructure needed to enable these roles
- an evaluative tool based on the Physiotherapy Framework⁽¹⁾ and key resources.

The resource will be of particular value to:

- physiotherapists working towards advanced level practice, providing clarity and identifying pathways for role progression
- identify opportunities for advanced practice in physiotherapy within services and patient pathways
- inform discussions on advanced level physiotherapy practice such as with other AHPs and professional groups within and outside the UK
- inform discussions about changing and emerging models of healthcare, the changing shape of the workforce and cost effective, sustainable models of delivery.

This resource reflects the breadth of both the physiotherapy profession and of the services delivered throughout the UK. Key member groups, services and individuals have been consulted

in the development of this resource. As no two roles or services are the same, members are advised to consider the context of the service, the specific requirements of the patient population and the political context that a service is delivered within when developing services.

A number of key resources, available at www.csp.org.uk, are relevant to this resource;

- The Vision for UK physiotherapy
- Scope of Practice
- The Physiotherapy Framework
- Self-referral resources
- The falls prevention economic model
- Practice Guidance for Physiotherapist Supplementary and/or Independent prescribers
- Workforce data model to support workforce planning

Key resources external to the CSP are;

- HCPC publications related to regulation, standards and professionalism
- WCPT resources on advanced practice.

The currency, relevance and content of this resource will be reviewed 12 months from publication. CSP members are encouraged to provide feedback on the resource to enquiries@csp.org.uk

2 Introduction

“Physiotherapists work with people to optimise function and mobility and to reverse the impact of illness and disability. They build resilience and enable individuals to be independent and healthy. Using a bio-psycho-social, evidence-based approach, physiotherapists target and tailor care in line with individual’s needs and goals”⁽²⁾

Advanced practice (AP) enables physiotherapists to incorporate advanced level skills and knowledge within their physiotherapy practice. Advanced Practice Physiotherapists (APPs) have the skills to address complex decision-making processes and manage risk in unpredictable contexts. Physiotherapists incorporating advanced practice will have completed an advanced programme of studies and/or, are able to demonstrate the ability to work at an advanced/ Master’s level of practice.

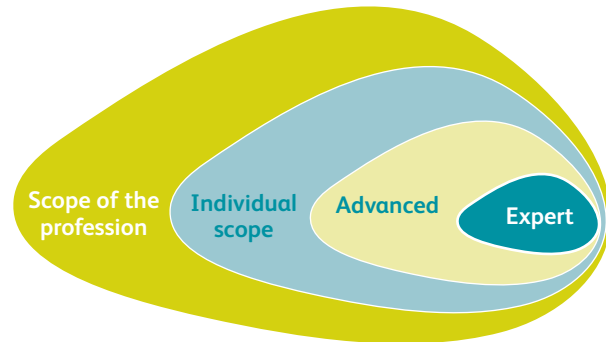
It is not possible to define all of the activities, clinical processes and interventions which are expected of an advanced practice physiotherapist or of an advanced practitioner as these will reflect the needs of the patient and the service. It is expected that advanced practice will evolve and continue to develop, as services and the profession respond to patient and population need. Individual elements of advanced practice will be incorporated into practice or developed further at advanced level as skills and knowledge grow and are refined.

The term service reflects any physiotherapy service providing patient care. This may be within an NHS or non NHS context and apply to a service provided by a single physiotherapist, multiple physiotherapists or one in which the physiotherapist is part of a larger multi professional team involved in delivering the service.

3 Advanced Level Practice – the CSP’s position

Advanced physiotherapy practice is a level of practice rather than a specific role. However, where a role has been developed to include advanced level practice the term Advanced Practice Physiotherapist should be adopted.

Advanced level practice is within the scope of the profession whereby; “the scope of practice of physiotherapy is defined as any activity undertaken by an individual physiotherapist that may be situated within the four pillars of physiotherapy practice where the individual is educated, trained and competent to perform that activity. Such activities should be linked to existing or emerging occupational and/or practice frameworks acknowledged by the profession, and be supported by a body of evidence.”⁽³⁾



Advanced practice has developed both in innovative areas and by enhancing or adding value to the more traditional aspects of physiotherapy through enhancing and tailoring the core set of physiotherapy skills and knowledge to individual patients and environments.

As the profession developed it became clear that many activities considered to be ‘extended scope’ drew on the core elements of physiotherapy. This informed the development of the scope of the profession evidenced in 1997, when the CSP agreed that injection therapy was within the scope of physiotherapy practice. To reflect these changes the CSP reviewed the definition of ‘scope of practice’ in 2008⁽⁵⁾ and, in particular, reviewed the interpretation and meaning of the 4th pillar of physiotherapy practice⁽⁴⁾, ‘kindred treatments’.

A revised definition was published: “the scope of practice of physiotherapy is defined as any activity undertaken by an individual physiotherapist that may be situated within the four pillars of physiotherapy practice where the individual is educated, trained and competent to perform that activity. These activities should be linked to existing or emerging occupational and/or practice frameworks acknowledged by the profession, and be supported by a body of evidence.”⁽³⁾

The revised scope definition is clear that associated activities, such as the use of various diagnostic resources, prescribing, and injection therapy are linked to the more traditionally understood aspects of physiotherapy arising out of the original pillars; movement, massage and electrotherapy. The inclusion of associated activities in scope of practice enhances the profession’s ability to effectively develop patient centred coordinated services. They arise out of those identified in the first three pillars – movement, massage and electrotherapy. The associated skills and sets of knowledge, contained by the description of ‘kindred treatments’ in the fourth pillar of practice, enable individuals’ to be autonomous in their use of critical thinking to enhance patient experiences and outcomes and the services delivered.

Advanced practice is a level of practice rather than a role whereby physiotherapists working at an advanced level undertake a range of roles which draw on their physiotherapeutic skills and knowledge. In 2008, the CSP moved from using the terms 'extended scope of practice' and 'extended scope practitioner' to reduce confusion in terminology, reflect the amended scope definition and reflect changes in healthcare delivery. The CSP advises that where a role has been developed to reflect this level of practice the term Advanced Practice Physiotherapist (APP) should be adopted to reflect this most effectively. The terms 'extended' or 'extending' roles are no longer suitable since they limit, rather than extend, the parameters of practice. Practice cannot be defined simply by tasks and activities undertaken by the APP and a concentration on 'activities' can detract from the importance of care, which may prevent practitioners from fulfilling their potential for the benefit of patients⁽⁴⁾.

The title does not influence the practice undertaken. Members undertake a range of roles and it is likely that physiotherapists will be in roles that include practice within the scope of practice of the profession and contain elements of advanced practice but may not include the word 'physiotherapist' e.g. Advanced practitioner or clinical specialist.

Timeline

- 1900** The Society acquired the legal and public status of a professional organisation.
- 1920** Royal Charter⁽⁶⁾ granted by King George V to the professional body. This Charter definition can only be changed with Royal Assent.
- 1944** The Society adopted its present name The Chartered Society of Physiotherapy.
- 1977** The profession secured professional autonomy.⁽⁷⁾
- 1986** First use of specially trained physiotherapists in orthopaedics⁽⁸⁾
- 1991** All physiotherapy qualifying programmes are graduate status.
- 1996** BMA advises medical tasks may be devolved to other registered practitioners⁽⁹⁾
- 1997** CSP decision to incorporate injection therapy within the scope⁽⁴⁾
- 1999** Physiotherapy defined as a 'health profession'
- 2001** Physiotherapy gained protection of title under the Health Professions Order⁽¹⁰⁾
- 2003** First consultant physiotherapy post⁽¹¹⁾
- 2005** Supplementary prescribing introduced for physiotherapy⁽¹²⁾
- 2008** CSP agreed new definition of scope of practice and interpretation and meaning of the 4th pillar⁽³⁾
- 2013** Independent prescribing introduced^(13, 14)

4 What is advanced practice and what does it mean for individual physiotherapists?

Advanced practice;

- is a combination of advanced skills, knowledge and attitudes which enable physiotherapists to address complex problems and manage risk in unpredictable contexts
- is the use of advanced critical thinking to deliver care to patients with complex needs safely and competently
- includes the ability to recognise and manage unfamiliar presentations, recognising where a clinical presentation is outside an individual's scope and take appropriate action.

Advanced Practice Physiotherapists (APPs);

- may work in isolation, within a physiotherapy team, multi-professional or multi-agency environment either in a specialist or generalist capacity
- have a broad sphere of influence across professional and, often, organisational boundaries locally and often nationally
- utilise leadership skills to develop and deliver coordinated patient centred services
- initiate and influence clinical service improvement and development, professional development and workforce development to enhance outcomes for patients and reduce resource wastage through the application of highly developed skills and knowledge.

The complex, unpredictable and at times high risk nature of advanced practice requires a practitioner to;

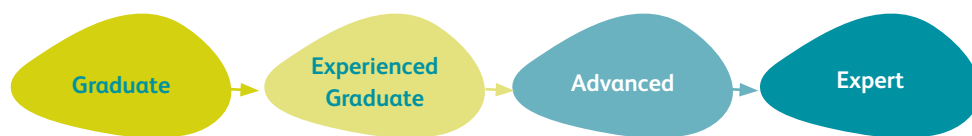
- be accountable as a physiotherapy registrant
- be able to manage a caseload of clients with complex needs
- apply advanced level skills within complex and unpredictable contexts
- use innovative and tailored approaches to improve services and population health
- hold high levels of personal autonomy
- have clarity regarding professional and legal accountability and, where working at the limits of practice, reflect on this to guide their own practice
- apply advanced level skills & knowledge to influence service improvement and achieve improved patient outcomes and experience
- provide clinical leadership rather than direct line management for team members.

Advanced Practice is a step towards consultant level practice. Consultant level practice is illustrated within the Expert domain in the Physiotherapy Framework⁽¹⁾, on the skills and knowledge continuum;

- directly influence effective and efficient patient care, the quality of patient experience, education for health professionals and clinical research
- work towards developing and extending the responsibilities of physiotherapists who work within their domains of practice.

Consultant physiotherapists;

- practice within complex, unpredictable and normally specialised contexts, demanding innovative work which may involve extending the current limits of knowledge
- are highly qualified clinical experts and leaders recognised locally and nationally



Key differences between advanced and consultant level practice

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|--|--|
| <p>Advanced</p> <p>advanced clinical practice</p> <p>Recognised;</p> <ul style="list-style-type: none"> • locally • may be nationally | <p>Consultant</p> <p>expert clinical practice</p> <p>Recognised;</p> <ul style="list-style-type: none"> • locally & nationally • may be internationally |
| <p>Advanced clinical practice with at least one element of;</p> <p>professional leadership</p> <p>service development</p> <p>involvement with research</p> <p>education</p> | <p>Expert clinical practice with the following 4 elements;</p> <p>professional leadership & consultancy</p> <p>service development</p> <p>leading and contributing to research</p> <p>education, training and development</p> |

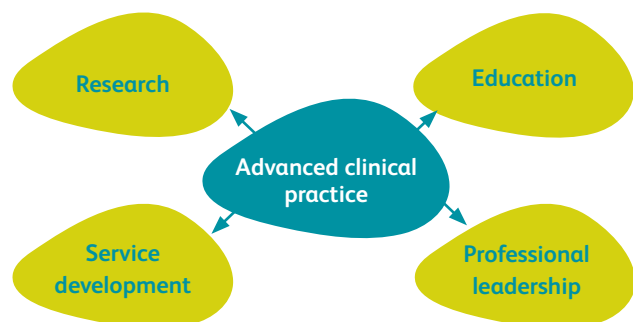
Advanced practice is a combination of advanced skills, knowledge and attitudes which enable physiotherapists to address complex problems and manage risk in unpredictable contexts. Advanced clinical practice includes advanced critical thinking to deliver care to patients with complex needs safely and competently. This includes the ability to both recognise and manage unfamiliar presentations and to recognise where a clinical presentation is outside an individual's scope and take appropriate action.

Advanced Practice Physiotherapists (APPs) may work in isolation, or within a physiotherapy team, multi-professional or multi-agency environment. This advanced level of practice enables physiotherapists to have a broad sphere of influence across professional and, often, organisational boundaries. This influencing activity relies on a physiotherapist's ability to use networks and strategic relationships to influence change at local or national levels.

The complex, unpredictable and at times high risk nature of advanced practice requires an individual practitioner to;

- be accountable as a physiotherapy registrant
- be able to manage a caseload of clients with complex needs
- apply advanced level skills within complex and unpredictable contexts
- use innovative and tailored approaches to improve services and population health
- to hold high levels of personal autonomy and have strong clarity regarding professional and legal accountability and, where working at the limits of practice, reflect on this to guide their own practice
- apply advanced level skills & knowledge to influence service improvement and achieve improved patient outcomes and experience
- provide clinical leadership rather than direct line management for team members.

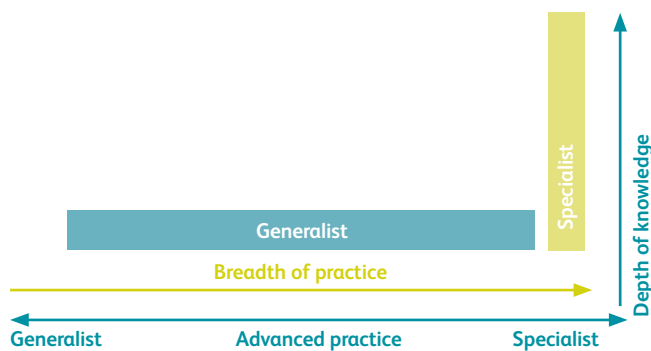
Advanced practice focuses on a specific area of clinical practice with one or more other functions;



APPs utilise leadership skills to develop and deliver coordinated patient centred services based on an assessment of the needs of an individual patient and population groups and the context within which services are delivered. APPs apply highly developed skills and knowledge to initiate and influence clinical service improvement and development, plus professional and workforce development to improve outcomes for patients and ensure efficient use of resources.

Advanced Practice may be applied in both a specialist and generalist capacity;

- as 'specialists' delivering care within a defined area, e.g. rheumatology or for a specific condition that requires more than one part of the care system to coordinate around the person and where practice is highly specialised
- as 'generalists' managing patients with complex co-morbidities e.g. for a specific patient group such as the elderly requiring a breadth of skills and knowledge.



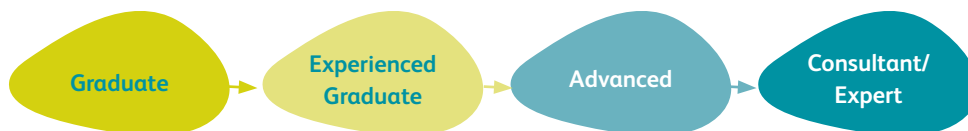
Consultant level practice

Advanced Practice may be a step towards consultant level practice on the skills and knowledge continuum.

Consultant level practice is illustrated within the Expert domain in the Physiotherapy framework⁽¹⁾;

Physiotherapy Consultant posts were created as part of the NHS modernisation programme⁽¹⁵⁾, the first post was established in 2003, the aim of which was to improve the quality of patient care. The importance and value of the consultant role is evident across several national initiatives and is illustrated by the efforts to support the development of clinical academic career pathways⁽¹⁶⁾.

Consultant physiotherapists practice within complex, unpredictable and normally specialised contexts, demanding innovative work which may involve extending the current limits of knowledge. Consultant physiotherapists are highly qualified clinical experts and leaders recognised locally, nationally and some internationally. They directly influence effective and efficient patient care, the quality of patient experience, education for health professionals and clinical research. They work towards developing and extending the responsibilities of physiotherapists who work within their domains of practice which involves the development, improvement, evaluation and expansion



of healthcare and education services. They are experienced organisational leaders on projects, pathway development or implementation of services within physiotherapy, as allied health professionals and multi-professional team leaders.

At consultant level, expert clinical practice is combined with four elements;



5 The contribution of advanced practice to patient centred care and sustainable services

Physiotherapy roles develop in response to local and national healthcare needs and service user preferences. Elements of advanced practice will be tailored to the requirements of the service and, although there may be commonalities between job roles, it is unlikely that roles will be the same across different localities.

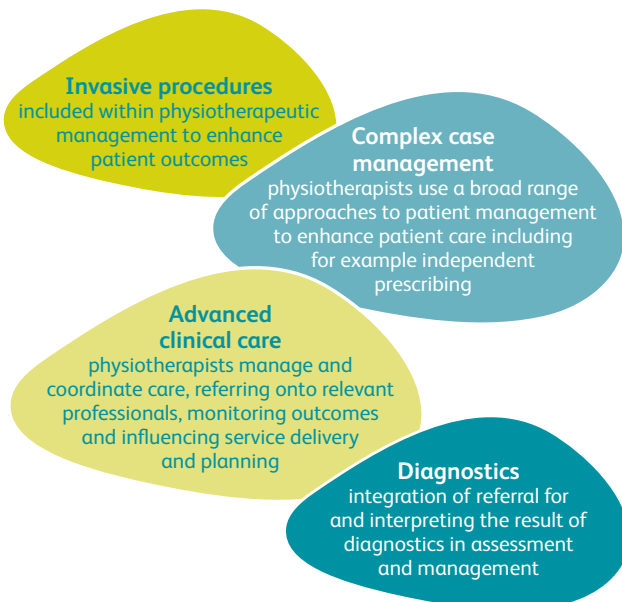
The development of advanced practice capability within the workforce can help to achieve service improvement by modernising, improving and transforming patient care, releasing capacity within the workforce and achieving efficiencies.

Advanced level physiotherapy practice contributes to the achievement of services which are:

- clinically effective
- efficient and sustainable
- cost effective
- patient centred

APPs offer patient centred and sustainable care which is efficient and cost and clinically effective. This is achieved through the use of advanced skills and abilities in response to listening to and understanding the patient experience, and engaging them in improving the services they receive. This may include a range of approaches;

- Diagnostics e.g. inclusion within MSK interface roles
- Invasive treatments e.g. therapeutic injections,
- Advanced clinical care in a specialism e.g. Women's health
- Complex case management – using an integrated set of knowledge, skills and abilities to manage complex patients e.g. frail elderly patients with several co-morbidities.



The development of advanced practice capability within the workforce⁽¹⁷⁾ can help to achieve service improvement by modernising, improving and transforming patient care, releasing capacity within the workforce and achieving efficiencies. This development has been seen across healthcare with other allied health professions promoting advanced practice as a route to supporting new ways of working to improve health outcomes across diverse population groups, through the prevention and management of a range of conditions.

It is not possible to describe every activity or intervention undertaken by those working at an advanced level as elements of advanced practice can be tailored to the diverse requirements of the service. Physiotherapy roles develop in response to local and national healthcare needs and service user preferences. Although there may be commonalities between job roles, it is unlikely that roles will be the same across different localities. The integration of these advanced skills and knowledge along with the ability to make decisions in complex environments and the application of these skills in a framework of patient centred care is key. Service improvement initiatives can drive the development of APPs within the workforce to undertake a greater number of assessment, diagnostic and triage roles to reduce the demand on the medical workforce.

5.1 The integration of advanced level physiotherapy practice contributes to the achievement of services which are:

- a) Clinically effective, APPs deliver safe and clinically effective services through the use of highly developed clinical knowledge and skills and the application of evidence into practice to make informed patient centred decisions. APPs have a responsibility to develop their individual skills and knowledge, and those of others, in response to patient needs making a valuable contribution to ensuring the quality of care for patients.
- b) Efficient and sustainable APPs bring together knowledge of the local and regional healthcare system to identify, implement and lead the use of appropriate risk stratification assessment systems to direct patients to the most appropriate point of care through referral or signposting without reliance on a third party referral i.e. patient self-referral. Efficiencies may be achieved through reduced waiting times, reduced costs of an advanced practitioner as any qualified practitioner, reduced rates of investigations, prescription of drugs and even reduced surgical interventions.

Sustainability is ensured by applying leadership skills to influence the local health and care system to co-ordinate resources to the needs of the local population through learning, education, training and workforce development.

- c) Cost effective APPs are able to deliver cost effective services through the delivery of their advanced clinical skills and

advanced decision making within a pathway and across systems. They provide leadership to review the patient pathway to identify where changes could be made to enhance efficiency, shorten patient journeys, reduce inappropriate interventions and inappropriate referrals and offer integrated approaches and interventions e.g. a range of diagnostics or direct referral to surgery.

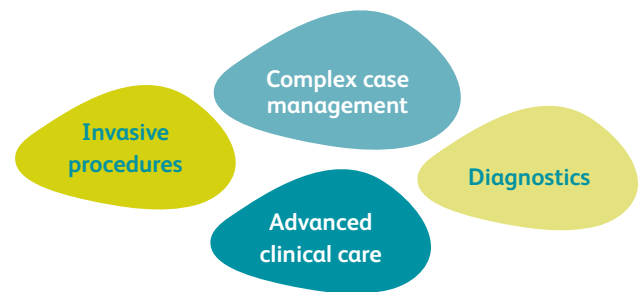
Prudent Healthcare, Wales, offers a number of principles that apply equally throughout the UK. This has been illustrated with orthopaedic pathways which have previously conveyed individuals to surgery which may not be an individual's desired outcome⁽¹⁸⁾. Further systematic reviews considering the management of patients with orthopaedic conditions suggest that physiotherapists may be comparable with medical doctors in terms of clinical decision-making and appropriate referral⁽¹⁹⁾.

The CSP falls prevention economic model demonstrates how much money can be saved by commissioning preventative physiotherapy care for older people. Advanced practitioners may use tools such as this to plan, develop and contribute to delivery of a service⁽²⁰⁾.

d) Patient centred APPS apply leadership skills and systems thinking to coordinate patient centred services and through a shared decision making approach to assessment and patient management. Expediting the passage of patient's results in improved patient outcomes through clinical service developments, professional developments and influence at a strategic level through the integration of clinical, education and research findings into practice.

5.2 Understanding the contribution of APPs to patient centred care

The ability of APPs to offer patient centred, effective and sustainable care is achieved by the development of advanced skills and knowledge in response to understanding the patient experience and engaging patients in improving the services they receive. This may include a range of approaches which, although presented separately, are not exclusive to the other;



5.2.1 Diagnostics

APPs may use a range of diagnostic tests that were previously in the domain of the medical profession, e.g. imaging referral, interpretation or reporting, diagnostic ultrasound, ordering of blood tests and nerve conduction studies. Critical to the successful inclusion of diagnostics is the need to ensure that appropriate training is in place to enable the requesting of diagnostic tests and the infrastructure to access them. Interpretation of the results of such tests supports the effective and efficient management of patients and requires additional training and a process to assure competence.

Musculoskeletal (MSK) interface roles and emerging roles within General Practices demonstrate the value of this diagnostic domain as the workforce responds to population needs in this changing context. Roles within GP practices are developing where physiotherapists, as a substitute for a Doctor, are the first point of contact with patients in assessing, diagnosing and managing patients with MSK conditions. Patients access the physiotherapy service against pre-identified criteria. The physiotherapist will incorporate advanced level skills to diagnose the source of the symptoms and identify the most appropriate management for the patient referring for diagnostics. Once a diagnosis has been made the physiotherapist may undertake the patient's management or action onward referral to secondary care or another healthcare professional e.g. podiatry or physiotherapy.

5.2.2 Invasive treatments

APPs may include the use of a range of invasive procedures such as therapeutic injections, minor surgery, guided injection therapy and taking of blood gases within their practice. The APP will utilise advanced assessment and diagnostic skills to identify when an invasive procedure is appropriate to support the physiotherapeutic diagnosis and management and enhance the patient outcome and undertake this procedure without onward referral to another service or practitioner. This reduces the number of professionals involved in the care of an individual and therefore reduces costs and delays in waiting for appointments and consequently enhances the patient experience and continuity of care.

5.2.3 Advanced clinical care

With a detailed understanding of the options of care available, the APP is able to lead the delivery of a package of care for an individual managing an individual patient's expectations and educating and supporting them to make informed choices. Practice may be focussed within a specialism, for example rheumatology, pain management, orthopaedics, women's health, obesity, or in an interface service. In Women's Health the APP may specialise in continence care assessing and treating patients with conditions affecting their continence, referring on for diagnostics and for a further opinion where there is a surgical target. A significant number of patients may be managed in physiotherapy without any additional intervention. The National Institute for Health and Care Excellence (NICE) ^(21 p414 - item10.24) identify the value of 'advanced practitioner AHPs who work predominantly or exclusively with patients with cancer and who provide expert advice and input for clearly defined rehabilitation needs. These expert AHPs will have received higher-level training in the rehabilitation needs of patients with cancer.'

5.2.4 Complex case management

An APP may be involved in complex case management. The integration of an advanced set of knowledge, skills and abilities enables them to manage complex patients with co-morbidities and population groups as part of a multi-disciplinary team. For example the use of medicines and the ability of an APP to prescribe and inject supports the clinical and cost effective care of patients with rheumatology conditions or those with chronic pain. These complex patients can be managed by APPs within specialist services, influencing and contributing to delivery of the patient pathway and care planning as well as delivering a combined set of approaches or interventions. APPs who utilise advanced skills such as injection therapy or prescribing can also reduce unnecessary handoffs improving the patient experience and increasing efficiency.

6 Consideration of the infrastructure necessary to support advanced practice

Advanced practice physiotherapists (APPs) deliver, develop and shape effective and safe services within the following frameworks;

- Legal
- Regulatory^(22, 23)
- Professional^(24, 25)
- Organisational

The regulatory mechanism, professional membership and methods for assuring members' skills and competence are the same for all levels of practice. It is the advanced skills, knowledge and competence required for advanced practice that differs and these are ensured through a range of frameworks.

APPs deliver safe services through;

- A comprehensive infrastructure which enables effective practice
- Consideration of the scope of the

profession and practising within their individual scope

- A structured approach to Continuing Professional Development (CPD) which includes;
 - Identification of evidence based resources to facilitate participation in and integration of research into practice
 - Identification of their individual learning needs and plans to address these
 - The use of mentoring and peer support
 - A method for recording CPD⁽²⁶⁾ e.g. using the CSP e-portfolio⁽²⁷⁾
- Engagement in clinical, regional and international networks
- Integration with AHPs and medical colleagues to identify opportunities for shared multi professional learning.

6.1 The context of patient centred care

To be effective APPs work in a collaborative and multidisciplinary way delivering care across professional and, often, organisational boundaries. APPs must be fully integrated within the service pathway to ensure the effective and efficient use of advanced practice skills and resources. They are ideally placed to support effective service planning and delivery and identify the necessary infrastructure to support them.

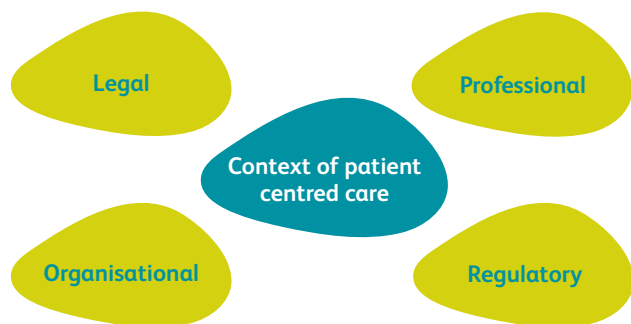
All of the relevant frameworks must be considered and relevant aspects distilled and integrated into the service planning process and development of the service infrastructure. Although the elements presented in this section are not unique to advanced practice and, indeed apply to all services and levels of practice, the unique nature of advanced level practice requires that these elements are specifically considered. Lack of planning and agreement on the integration of advanced practice into service pathways and the infrastructure needed is frequently cited as a barrier to effective and efficient patient care.

Inconsistency in the terminology associated with advanced level practice throughout healthcare has led to confusion about the scope and competence required at this level of practice. This has led to discussions about the standardisation of training and regulation of advanced level practice to assure the competence of individuals and the safety of services⁽²⁸⁾.

There are a range of mechanisms in place to support advanced level practice and physiotherapists to maintain their competence and assure the public of the safety of services delivered. The regulatory mechanism, professional membership and methods for assuring members' skills and competence are the same for all levels of practice. It is the advanced skills, knowledge and

competence required for advanced practice that differ and these are ensured through a range of frameworks.

The service delivered must be considered within the context of the following 4 frameworks;



Legal All practice must be considered in terms of current legislation and case law which describes the reasonable standard of care to be provided.

Organisational Clinical governance, patient safety and quality of care should be supported by organisational structures and clear lines of accountability. This applies to the organisation(s) responsible for the service and patient pathway and where a pathway crosses organisational boundaries this must be considered and addressed within the operational frameworks for the service.

Regulatory framework The Health and Care Professions Council (HCPC)⁽²⁹⁾ provides the regulatory framework^(22, 23) for physiotherapists whereby APPs are subject to the same regulations as any other registrant. The HCPC does not annotate the register or regulate advanced level practice except where it is legally required⁽³⁰⁾ to do so e.g. for independent prescribing, or in exceptional circumstances where it chooses to do so in order to protect the public.

In regulating registrants, the HCPC draws on the resources provided by the professional body, the CSP to inform the decision making process. If an individual's competence is questioned by the HCPC, a registrant is required to demonstrate that an activity was within their personal scope of practice. In this way the HCPC regulates registrants working at different levels from new graduate to expert.

Professional framework The CSP, the professional body for physiotherapy in the UK, provides a range of services and supportive professional frameworks for practice support and development and, as the trade union, provides employment relations support.

Practising members of the CSP are required to be HCPC registrants. While encouraging innovation and professional development, members of the CSP are expected to meet the Code of Professional Values and Behaviours⁽²⁴⁾ and Quality Assurance Standards for Physiotherapy Service Delivery⁽²⁵⁾. It is not possible to standardise the training of or define the requirements for Advanced Practice as each physiotherapist will develop their own particular blend of expertise and specialist skills, which will deepen as their career progresses.

6.2 Professional framework

6.2.1 Scope

The scope of the physiotherapy profession describes the 'breadth of activity carried out by the profession as well as by individual physiotherapists'⁽³⁾. This enables the profession to develop new areas of practice and respond to changing population needs, healthcare environments and the evolving evidence base, within the parameters of patient safety, patient centeredness and effectiveness.

It is not expected, or possible, that all physiotherapists will be competent in all aspects of the scope of the profession. Practice is developed to meet the needs of a service in response to population needs such as the prevalence of a particular condition. The requirements for an individual will vary according to the area of practice requiring a unique set of skills and knowledge. It is the responsibility of a physiotherapist to practice only in those areas in which they are safe and competent and can demonstrate this.

6.2.2 Competence

To maintain and develop competence requires an understanding of what competence incorporates. To assure the safety of the public and competence of the profession there are a range of resources, competency frameworks and other frameworks available to support members. These should be considered when identifying learning needs together with;

- the description of the service and patient pathways
- job role descriptors
- the structure for supervision, mentorship and governance
- agreed frameworks, standards and competencies as deemed relevant to the individual service and role.

Physiotherapists maintain and demonstrate competence in their individual scope of practice through continuing professional development (CPD) activities to:

- Ensure they have the skills, knowledge and abilities required to carry out the role
- Identify areas in which there is a development need in order to maintain competence.

6.2.3 CPD

The CSP's approach to CPD⁽²⁶⁾ recognises the complexity, diversity and dynamic nature of practice and places learning and the outcomes of learning at its heart. The approach also recognises that competence changes over time. While technical skills and knowledge are important, it is how these are applied and the ongoing reflection and evaluation of practice, within a professional framework, that underpins competence. This holistic approach to competence is based on trust

and self-evaluation that incorporates an individual's responsibility and an individual's scope of practice and that of the profession.

This approach is in contrast to a technical-rational approach which attempts to break down competence into measurable performance and therefore concentrates on what can be observed. It uses the assumption that, where an individual can demonstrate a set of tasks, they are competent. This approach takes no account of clinical reasoning and the effect of the individual's experience, attitudes, values and learning on their practice.

The CSP eportfolio⁽²⁷⁾ is a resource to facilitate the structuring and recording CPD which will provide evidence for HCPC re-registration.

A method for clinical supervision, appraisal, mentoring and peer support is required to maintain competence. Ideally this will be provided within a service from a senior clinician. Due to the nature of Advanced Practice it is likely that mentorship may need to be sought from a range of individuals including those outside the physiotherapy profession, or outside the service. Identification of evidence based resources and learning opportunities to facilitate an evidence based approach to practice and integration of research into practice and, where possible, participation in research will support the development of competence.

6.2.4 The Physiotherapy Framework⁽¹⁾

The Physiotherapy Framework describes the behaviours (and underpinning values), knowledge and skills required for contemporary physiotherapy practice at all levels of practice and will be of value to individuals working towards or in an advanced practice role or for those developing roles. It may be also be useful to inform role descriptions and to guide personal development. The tool in section 7 has been based on this framework and enables individuals to compare their practice against that in the framework and provides useful statements for defining roles.

It will enable APPs to;

- demonstrate ongoing maintenance of competence and CPD e.g. in job evaluation, appraisal, to structure CPD, mentoring or HCPC re-registration
- contribute evidence towards professional and academic accreditation
- demonstrate readiness for career progression
- use the statements to inform a job description, person specification.

6.2.5 Professional networks

These have been shown to be an effective method of communication regarding changes in practice and in providing guidance to professionals^(32,34) therefore supporting individuals in maintaining their competence to practice. Engagement in clinical, regional and international networks and integration with other AHP and medical colleagues provides opportunities for shared multi professional learning and enables physiotherapists working at an advanced level to influence and share practice and drive change locally and nationally. CSP national and regional networks connect CSP members and others to developments and activities across the UK in their locality⁽³²⁾ whilst professional networks provide advice, support, resources and professional development including competence frameworks in a specific clinical or occupational area^(33,35).

6.2.6 Further frameworks include;

a) The Department of Health's AHP competence-based career framework for AHPs⁽³⁶⁾ is designed to be used as a tool for individuals (to identify a pathway for skills and career progression) and managers (to assess competence and/or gaps in competence in their workforce). The key elements of the framework are an AHP competence map and a career framework. The latter describes nine different levels (not related to Agenda for Change pay bands) from initial entry jobs to consultant practitioners and senior staff.

b) The NHS Knowledge and Skills Framework (KSF)⁽³⁷⁾ is a broad framework that describes the types of knowledge and skills that a post-holder needs to be effective in their NHS job. It was introduced under Agenda for Change (AFC) and is central to the learning and development, career and pay progression element of AFC.

c) National Occupational Standards (NOS)⁽³⁸⁾ These describe skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what a person needs to be able to do, as well as what they must know and understand to work effectively. Each NOS contains an agreed set of knowledge and understanding and performance criteria that must be met before someone can be deemed competent. They describe the minimum standard to which an individual is expected to work in a given occupation.

d) NHS Education for Scotland (NES) produced a comprehensive range of resources including the advanced practice and development framework to support AHPs in delivering MSK Services. It provides guidance to assist in making a case for the provision of educational opportunities for AHPs^(39,41).

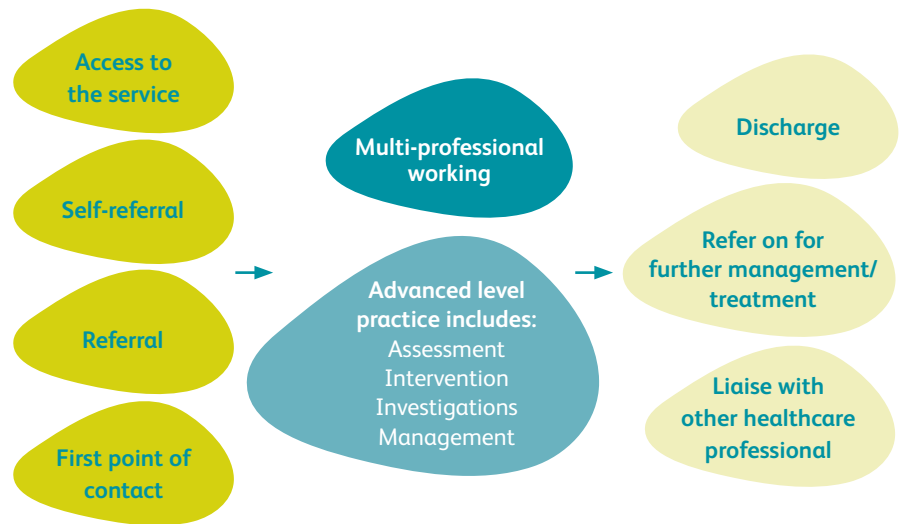
e) The Calderdale Framework⁽⁴²⁾ promotes the role of Physiotherapists in Advanced Clinical Practice and as leaders. It includes a comprehensive Advanced Clinical Practice (ACP) training portfolio including; Job description, service specific addenda, pay progression, competencies, governance arrangements including clinical supervision, and links to appropriate Masters level education sources.

coordination issues and may include the outcomes to be achieved at critical points. Specific consideration should be given to where the duty of care⁽⁴³⁾ starts and ends for the organisation with particular consideration at transition points within the pathway and, where the duty of care becomes the responsibility of another service or individual, how this transfer of care is made. The pathway will facilitate discussion with all stakeholders including patients and carers and where delivery is reliant on other services these should be involved in defining the pathway. For example;

6.3 Developing and delivering services incorporating advanced practice

Patient pathway

The use of a clearly defined patient pathway will support service planning ensuring that the pathway is as streamlined as possible and will support the delivery of the best patient experience and outcomes possible. It can be checked for gaps and system



6.4 Service infrastructure

Effective planning of services should involve all stakeholders and include a description of the APP's contribution to service delivery. Use of a template to describe and define the service, such as the service specifications used in England for commissioning provide a useful structure for designing services. This can be shared with key stakeholders including those outside the service such as Health Boards, Trusts, Commissioners and planners and facilitate discussions to ensure that all elements of the service have been included and may be discussed and agreed. The information available during the planning stage will vary depending on whether the service is a new service being proposed with clear targets, in response to a tender process led by planners or commissioners, or a development to an existing service in response to changes in the requirements e.g. due to new guidelines, frameworks or patterns of demand.

The information below identifies the elements to be incorporated into the development and review of services. It includes principles from and builds on the Integrated MSK Service Framework⁽⁴⁴⁾ and reflects the challenges identified by members incorporating advanced practice into services.

| Elements | Comments |
|---|---|
| What is the purpose of the service | What need will it address What is driving the service What will it achieve – define and agree what success will look like |
| Population the service will include | Demographics Target population |
| Prevalence rates for conditions to be addressed | Among the general population In the locality of the service Demographic information Public Health Observatories ⁽⁴⁵⁻⁴⁷⁾ , Daffodil database in Wales ⁽⁴⁸⁾ , Joint Strategic Needs Assessment ⁽⁴⁹⁾ , Northern Ireland ⁽⁵⁰⁻⁵³⁾ |
| Demand on the service | Both current and predicted demand; <ul style="list-style-type: none"> in primary care may reflect GP practices, size and referral patterns secondary care, the caseload of referrers and referral patterns demand on similar services locally and nationally |
| Capacity of the service | Capacity existing or proposed |
| The evidence base | Consider relevant guidelines and guidance for the condition or patient population e.g. NICE guidelines ⁽⁵⁴⁾ , relevant National Service Frameworks (NSFs) ⁽⁵⁵⁾ How do we know the service has the potential to be effective? How the clinical condition/service feature in national or local plans/strategies |

| Service configuration | |
|--|---|
| Patient pathway | Identify the key stakeholders Who is involved with and responsible for the pathway The requirements that the service will place on other services e.g. on services such as radiology both for training and possible changes to demand |
| Communication | Methods for ongoing communication with key stakeholders, service users and the broader team; <ul style="list-style-type: none"> • identification of key stakeholders • participation in relevant meetings with those who refer to or facilitate access to the service • information for referrers including those who self-refer • local clinical commissioning groups and Health and Well Being Boards • related key agencies e.g. supporting return to work • relevant patient groups |
| When and where the service will be delivered | Location(s) Timing of the service – days/hours Accessibility of the service including physical access e.g. disabled access, transport routes Access for patient groups e.g. translator |
| How patients will enter and exit the service | Inclusion and exclusion criteria e.g. Formal referral against criteria agreed and information and education to identify patients, self-referral ⁽⁵⁶⁾ Referral management systems to include the use of population data that reliably and regularly informs the service and influences the method of referral management, prioritisation of referrals, categories, method for making a referral, criteria for waiting times through education, peer review and regular audit |

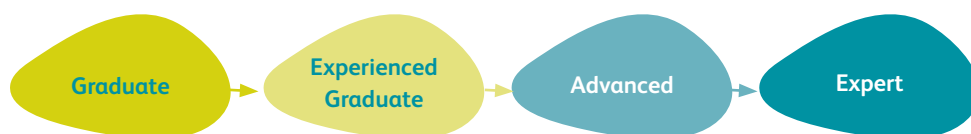
| Service configuration | |
|--|--|
| The skills and knowledge required and the profession(s) to deliver the service | <p>Clearly identifying what the APP is responsible for</p> <p>The skills and knowledge required to deliver the service e.g. IRMER training</p> <p>Mentorship</p> <p>Professional leadership</p> <p>APP may be in a position to provide supervision, mentorship for others</p> |
| Duty of care ⁽⁴⁴⁾ | <p>Define where the duty of care starts and ends</p> <p>How the transfer of care is made to another service or individual,</p> <p>How issues are escalated – action to be taken for those beyond the scope of the service, those needing urgent referral or those needing other interventions or investigations</p> |
| Data collection to inform and shape services and inform referral management | <p>Collect data to include e.g. average number of contacts, cost of intervention, re-referral rate for the same presentation within a specified time frame</p> <p>Monitor performance against agreed benchmarks</p> <p>A formalised process supported by an effective IT system for data collection and reporting.</p> |
| Identify how the effectiveness of the service will be established | <p>Record and monitor using a set of outcome measures</p> <p>An effective IT infrastructure will support compliance</p> <p>Consideration should be given to use of a range of measures including patient reported and patient experience</p> |

7 Evaluation tool for advanced practice based on the Physiotherapy Framework⁽¹⁾

The Evaluation tool has been developed to enable evaluation of practice against the levels of practice in the Physiotherapy Framework. Advanced level practice is on the continuum of practice from newly qualified to expert. There is overlap between the levels and individuals may practice at a range of levels of practice. The sections include statements for Advanced level practice which apply to both Advanced and Expert level practice. Where there are additional elements for Expert level practice this is included in the statements below and, where no statement has been included for Expert level, this is the same as that of Advanced level.

The tool will support members to:

- demonstrate ongoing maintenance of competence and continuing professional development e.g. in job/ role evaluation, appraisal, to structure CPD or mentoring
- provide evidence in support of HCPC re-registration
- contribute evidence towards professional and academic accreditation
- demonstrate readiness for career progression
- to inform a job description, person specification



Section 1

Physiotherapy knowledge

1.1 Knowledge and understanding of physiotherapy that is relevant to the area of practice and that underpins the individual scope of practice

Physiotherapists working at an advanced level;

- practice within complex & unpredictable contexts which demand innovative work which may involve exploring current limits of knowledge
- have a systematic understanding of knowledge, much of which is at, or informed by, the forefront of professional practice
- demonstrate a critical awareness of current problems & /or new insights through application of research or advanced scholarship techniques relevant to their area of practice

Physiotherapists working at an expert level;

- create & interpret new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, & merit publication

1.2 Knowledge and understanding of the political, social, economic and institutional factors shaping the health and wellbeing economy and how they inform the design/ delivery of physiotherapy

Physiotherapists working at an advanced level;

- have a critical awareness of the political, social, economic & institutional factors shaping the health & wellbeing economy & how they inform the current & future design, delivery & professional development of physiotherapy at a local & regional level
- play an active role in a variety of professional & policy networks that inform the implementation & development of policies relevant to professional practice

Physiotherapists working at an expert level;

- will influence the shape the future of professional practice

1.3. Self-Awareness

Physiotherapists working at an advanced level;

- demonstrate strong self-awareness by using critical reflection on personal practice & feedback from others to identify & articulate their personal values, preferences & ways of working, & critically evaluate how these may influence behaviour, judgement & practice

Section 2

Physiotherapy practice skills

2.1 Profession-specific practice skills relate to physiotherapy's scope of practice & primary aim of maximising individuals' movement potential

Physiotherapists working at an advanced level;

- demonstrate technical mastery of complex skills within unpredictable contexts and modify a technique in-action

2.2 Practical and technical skills are shared with other workers in health, social care and education e.g. First Aid, Manual handling

Physiotherapists working at an advanced level;

- evaluate their own & others' performance in unpredictable contexts

Physiotherapists working at an expert level;

- evaluate own & others' performance in unpredictable & normally specialised contexts

Section 3

Interacting

3.1 Communicating

Physiotherapists working at an advanced level;

- use a range of advanced & specialised communication skills to share specialised information & ideas/engage in critical dialogue with a range of audiences with different levels of knowledge & expertise
- use a broad range of advanced & specialised communication skills to share complex information & ideas/engage in critical dialogue with a wide range of audiences with different levels of knowledge & expertise
- modify communication in-action to take account of the needs of different audiences & demonstrate a commitment to user involvement & collaboration
- use a wide range of ICT to support & enhance the effectiveness of practice & specify software requirements to enhance work

3.2 Helping others learn and develop

Physiotherapists working at an advanced level;

- design, plan & deliver learning activities & opportunities to a range of audiences with different levels of knowledge & expertise
- select & apply appropriate approaches to learning & teaching (techniques & material) to meet learners' needs & promote a change in practice
- select & apply appropriate assessment tools to evaluate a learner's performance & progress, & provide them with constructive feedback
- critically reflect on learning & teaching performance & use this evaluation to inform future practice

Section 4 Promoting integration and teamwork

4.1 Integration and teamwork

Physiotherapists working at an advanced level;

- support, lead & develop local/ regional professional & policy networks to foster collaboration, share information & ideas to enhance practice
- work effectively with others to meet the responsibilities of professional practice work effectively with others to meet the responsibilities of professional practice, & to identify situations where collaborative approaches could add value to practice
- critically reflect on experiences of collaborative working & use this information to identify & implement creative solutions to maintain & develop the effective & efficient performance of teams/networks

Physiotherapists working at an expert level;

- work effectively with others to meet the responsibilities of professional practice, & to develop collaborative approaches that add value to practice work effectively with others to meet the responsibilities of professional practice, & use innovative collaborative approaches that add value to & develop practice

4.2 Putting the person at the centre of practice

Physiotherapists working at an advanced level;

- demonstrate respect for the individual by acknowledging their unique needs, preferences, & values, autonomy & independence in accordance with legislation, policies, procedures & best practice
- provide information & support that empowers an individual to make an informed choice & to exercise their autonomy in accordance with legislation, policies, procedures, & work to inform & promote legislation, policies, procedures & best practice
- involve individuals in shaping the design & delivery of their service by working in accordance with policies & processes that promote a culture of service user involvement

Physiotherapists working at an expert level;

- demonstrate respect for the individual by acknowledging their unique needs, preferences & values, autonomy & independence in accordance with legislation, policies, procedures, & by working to inform & promote legislation, policies, procedures & best practice

- actively involve individuals in shaping the design & delivery of their service, & work with others to critically appraise user involvement, & to develop & implement policies, & processes that promote a culture of service user involvement that contribute to the development of best practice

4.3 Respecting and Promoting diversity

Physiotherapists working at an advanced level;

- respect & value diversity by working to inform & promote legislation, policies, procedures & best practice
- identify & articulate their own values & principles, critically evaluate how these may differ from other individuals/groups & use this understanding to maintain excellent standards of practice even in situations of personal incompatibility
- work constructively with people of all backgrounds & orientations by recognising & responding to individuals' expressed beliefs, preferences & choices, & support individuals who need assistance in exercising their rights
- identify & challenge discriminatory practices & work with others to critically appraise current practice, & to develop & implement policies & processes that promote a non-discriminatory culture

Physiotherapists working at an expert level;

- respect & value diversity by working to inform, develop & promote legislation, policies, procedures & best practice
- work constructively with people of all backgrounds & orientations by recognising & responding to individuals' expressed beliefs, preferences & choices, & support individuals whose rights have been compromised
- identify & actively challenge discriminatory practices & work with others to critically appraise current practice, & to develop policies & processes that promote a non-discriminatory culture that contribute to the development of best practice

Section 5 Problem-solving and decision making

5.1. Ensuring quality

Physiotherapists working at an advanced level;

- fulfil the requirements of the legal & policy frameworks governing professional practice, & work to inform & promote legislation, policies, procedures & best practice
- recognise & critically appraise situations where the effectiveness, efficiency & quality of a service are compromised, & take appropriate action to resolve the situation
- critically reflect on own & others performance & use this evaluation to enhance the effectiveness, efficiency & quality of future practice

Physiotherapists working at an expert level;

- recognise & critically appraise situations where the effectiveness, efficiency & quality of a service are compromised, & take appropriate action to resolve the situation & contribute to best practice
- critically reflect on their own & others performance & use this evaluation to enhance the effectiveness, efficiency & quality of future practice (own & others).

5.2 Improving and developing services

Physiotherapists working at an advanced level;

- critically evaluate practice & use this appraisal in combination with knowledge of

best practice & political awareness to identify opportunities for service improvement & development

- use problem-solving approaches to develop original, effective & efficient recommendations that demonstrate evidence of positive risk taking, for improving the quality of professional practice in unpredictable & normally specialised contexts
- make an identifiable contribution to change & development within the profession or service at a regional or national level
- critically reflect on the change process, & use this information to appraise the outcome & inform future practice

Physiotherapists working at an expert level;

- critically evaluate practice & use this appraisal in combination with knowledge of best practice & political awareness to identify opportunities for service improvement, development & redesign
- make an identifiable contribution to change & development within the profession or service & beyond – at a national or international level

5.3 Lifelong learning

Physiotherapists working at an advanced level;

- demonstrate strong self-awareness of learning preferences, & with minimal guidance can identify personal learning &

development needs

- independently advance personal knowledge, understanding & skills in line with identified learning needs, & with guidance & support, can use a variety of learning & development resources & opportunities
- critically reflect on personal learning & development, & with guidance, use this information to inform the planning & management of future learning & development experiences
- select & apply appropriate approaches to record the outcome of personal learning & development in a format that meets personal preferences & professional requirements

Physiotherapists working at an expert level;

- develop & apply innovative approaches to record the outcome of personal learning & development in a format that meets personal preferences & professional requirements

5.4 Practice decision making

Physiotherapists working at an advanced level;

- efficiently & effectively use of a range of advanced & specialised approaches & techniques to systematically collect information from a variety of sources relevant to the situation
- process & critically analyse information in complex & unpredictable situations where data/information is incomplete or consistent
 - draw reasoned conclusions, supported by current policy & evidence-based thinking, & make informed judgements to address ethical & professional issues in complex & unpredictable situations at the limits of current professional codes &

practices

- critically reflect on their decision making process & use this evaluation to appraise the outcome & to inform future practice

Physiotherapists working at an expert level;

- process & critically analyse information in complex, unpredictable & normally specialised situations where data/information is incomplete or inconsistent
- draw reasoned conclusions, supported by current policy & evidence-based thinking, & make informed judgements to address ethical & professional issues in complex & unpredictable situations not addressed by current professional codes & practice

5.5 Researching and evaluating practice

Physiotherapists working at an advanced level;

- design, plan, conduct & manage evaluation & research projects to address problems & issues arising from practice
- apply a range of standard & specialised research methods/tools of enquiry, contributing to the development of new techniques or approaches, & showing a detailed understanding of related ethical considerations
- critically reflect on the research process, & use this information to appraise the project & inform future practice
- identify & promote the practical & professional applications of completed work, & actively seek opportunities to share & disseminate findings to a range of audiences with different levels of knowledge & expertise

5.6 Using evidence to lead practice

Physiotherapists working at an advanced level;

- efficiently & effectively use of a range of approaches & techniques to systematically collect information from a variety of sources relevant to the situation
 - critically evaluate current research & scholarship & use the appraisal to address new problems & issues arising in professional practice

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