



An International Perspective

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The movement of services, people and ideas has been part of the world for hundreds of years. The “silk road” from China through Europe (500 to 800 CE) embodies a lot of the resulting good from moving across countries and sharing ideas. When it occurs, we obviously face many challenges, but it also adds value and richness to our profession.

The World Confederation for Physical Therapy (WCPT) is the sole international voice for PT, which includes five regions, 100 member organizations and 350,000 PTs. Information is gathered from every member organization to obtain a global profile of physical therapy.

WCPT can help one understand the international perspective through its common data set, which is a suite of agreed data items for collection uniformly across all member organizations. The data was collected by WCPT member organization from February to June 2012 and references 2011.

Complete data was received from 64% of the 106 active members, with the regional rate varying from 46% to 76%. It can be accessed at www.wcpt.org.

Every member that responded is on the site with information that includes professional titles, status of protection by law, number of PT member of the WCPT, an estimate of the number of practicing PTs in the country, special interest groups recognized by the WCPT member organization and collaborative arrangements.

Also featured is a section on education that highlights the number of PT professional entry-level programs, minimum starting and ending level of education, full-time years to complete education and other starting and completion levels of professional, entry-level PT education.

You will also find scope of practice, standards of practice, direct access status, the system of regulation and continuing professional development, if it is required.

Direct access study

A global survey on direct access and patient self-referral was executed in 2009. It was the first such global profile, and it had a very good response rate. As of that year, 76% had legislation that regulates the profession with varying degrees of professional autonomy. It was clear that on the whole, we are moving toward self-referral being permitted.

Depending on the degree of professional autonomy for PTs, scope of practice will vary. If you have direct access, you are more likely to be able to make a diagnosis within the context of a physiotherapy engagement and you are more likely to refer on to somebody else. If patient referral is allowed, we are more likely to be autonomous and it will affect the scope of practice.

Trade and migration often influence how we regulate the profession. The concept of the European Union was to promote political and economic partnership; it allows freedom of movement for people, goods and services. So it's hard to say "no" to the freedom of movement. By the way, physical therapists are currently the fourth-largest group of migrating health practitioners.

In the European Union, there are 27 member states (countries) that have parliament and council legislation. Once a law is passed, it is then transposed into national legislation, and each country must adopt all parts of that legislation. There is automatic recognition for a number of professional groups – doctors, nurses and dentists - but PTs don't fit into that group. Rather, they are in the general directive. That allows for the right of establishment or the temporary provision of services. It also provides for equal treatment of qualifications, which is not the same as mutual recognition. It's based on attestations of competence that include formal education, professional experience and continuing professional development. Again, it is very hard to say "no."

A modernization is currently underway that will include common training principles, common training framework, a diversity of education delivery and a test, as there is currently no national PT exam. Can you imagine getting a national exam in 27 countries? It is going to be a nightmare.

Trade agreements

We first determine whether trade agreements and/or mutual recognition agreements exist that allow freedom of movement with automatic recognition of PTs. If so, we have to live with it. We know that the Trans-Tasman Mutual Recognition Act of 1997 means that if a PT is registered in Australia, he can move to New Zealand and vice-versa, even though they do not have the same standards. Currently, there seems to be a movement toward alignment of standards, even though language continues to be an issue even with mutual recognition agreements.

It would be nice to have an accepted international standard like the World Federation of Occupational Therapists (WFOT). When it began in the 1950s, it quickly accepted the standards, and I suppose they are hard to undo once you have the agreement.

Today's issues

Education binds us in some ways, and is a way of engaging with other people. So for physical therapists, the big issue is our educational differences, and that varies between countries. Also, scope of practice around the world varies from prescription of practice to prescribing rights.

The other key issue today is that of foreign-educated graduates. In many countries, the entry to practice education is all about diversity, non-traditional entrants and cultural sensitivity. In the United States, we talk about “bridging the gap,” but what do we mean by “gap” and how is it perceived? The consensus is that you have to have a DPT to practice in the United States. It is not a nuanced picture.

This is not just about the process but also about protecting the public. But it is also about a human being who wants to come to another country to practice. Physical therapists from all over the world should be viewed as our cherished children – they will contribute to our future.



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Emma Stokes is a Senior Lecturer and researcher in the Discipline of Physiotherapy. She served as Junior Dean and Registrar of Chambers from 2005-2010. She received her primary and doctoral degrees from Trinity College in 1990 and 2005 respectively and she worked as a clinical physiotherapist at St. James's Hospital.

Her clinical research has focused on the design and evaluation of novel ways of augmenting traditional physiotherapy intervention for people with stroke. Her research on professional practice has considered outcomes evaluation in physiotherapy and more recently she has directed her research towards national and international professional practice issues such as patient self-referral and advanced scope of physiotherapy practice. She was elected Vice-President of the World Confederation for Physical Therapy in 2011.