

SPECIALISATION

Declaration of Principles



MALTA ASSOCIATION OF PHYSIOTHERAPISTS

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Specialisation

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Endorsed by the Council of the Malta Association of Physiotherapists
on the 6th June 2009.

Members of



Foreword

This document is the fourth in the series of 'Declaration of Principles' endorsed by the Malta Association of Physiotherapists. Through this document the members of the MAP are strengthening their commitment towards maximising their professional status and development. The commitment taken by the members is another example of leadership within the services offered in the health care industry of Malta.

The intention of this document is to serve as a guide for the regulatory body and is not based on the recreation of the principles of Specialisation; on the contrary it is developed closely on the guidelines of leading international physiotherapy organisations and the World Confederation of Physiotherapy policies. It is expected that this document shall fuel the necessary way forward for the profession of physiotherapy in Malta.

Special thanks goes to the members of the working group entrusted to develop this document; and the members of the Malta Association of Physiotherapists who having read through the document, scrutinised it and adopted it as a Declaration of Principles of the MAP.

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1.0 *SPECIALISATION*

1.1 What is Physiotherapy Specialisation?

Physiotherapy specialisation is the application of advanced clinical competence by a physiotherapist with knowledge and skills in a defined area within the scope of practice recognised as physiotherapy.

1.2 What is a physiotherapy specialty?

A physiotherapy specialty is a defined area of physiotherapy practice formally recognised by MAP within which it is possible for a physiotherapist to develop and demonstrate higher levels of knowledge and skills. This is not to be considered or implied to mean a limitation or restriction of practice. The fields of activity recognised as physiotherapy will remain open to all appropriately qualified physiotherapists both specialists and non-specialist practitioners working within their respective levels of competence.

1.3 The Dreyfus model of skill acquisition

This identifies five stages of progression (Benner 1984): novice; advanced beginner; competence; proficiency; and expert. Newly graduated physiotherapists generally cope with many clinical contingencies; however lack speed and flexibility in practice. Competence is gained by further experience, reflection on practice and CPD opportunities. In the Dreyfus model, the expert has extensive experience, an intuitive grasp of the situation, and focuses intervention without wasteful consideration of other possibilities.

1.4 Core attributes of a specialist

A physiotherapist who is a specialist has advanced theoretical knowledge and skills within a specified field of competence.

1.5 Achieving the desired level of competence:

1.5.1 By applying knowledge

Includes the capacity for clinical reasoning, reflection and decision-making; this implies knowledge about professional development and research, organization and administrative planning.

1.5.2 By mediating knowledge

Demonstrating advanced knowledge and educational competence in relation to mentoring, teaching and supervision. Disseminates acquired knowledge and skills internally within the work-place as well as externally towards society.

1.5.3 By developing knowledge

Adapting a constructively critical attitude and demonstrates responsibility and flexibility towards new knowledge, clinical methods, models of organization, treatment programmes and inter-professional collaboration in order to optimize intervention in an area of specialty.

Also actively seeks out new information and stays in touch with the development of new knowledge in order to implement best known evidence.

Participates in research in an area of practice, publishes and presents research findings, bringing new knowledge to the field.

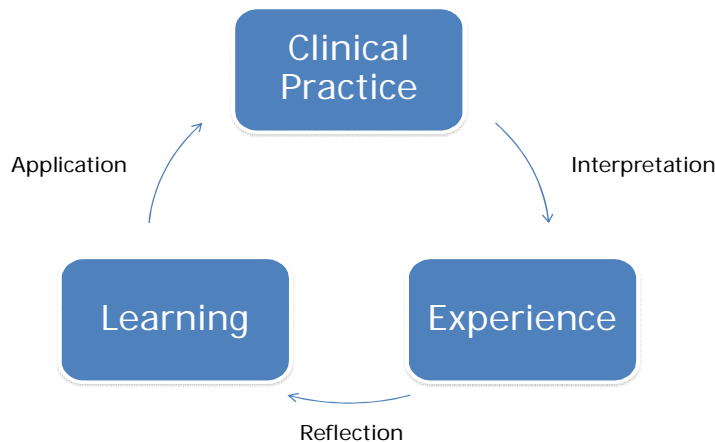


Diagram 1. Achieving competence levels

According to the Vienna Meeting (1999) the core attributes of a specialist include the following:

- Demonstrates advanced knowledge and skills within specified areas of practice.
- Demonstrates evidence-based practice through the process of clinical reasoning and decision-making, allowing knowledge to be applied to complex and different situations.
- Demonstrates an educational role, for example as a mentor, clinical supervisor or teaching in-house CPD's.
- Actively participated/participates in research.
- Generates new knowledge and skills.
- Disseminates knowledge and skills.
- Demonstrates leadership.

2.0 *ROLE OF THE PHYSIOTHERAPY SPECIALIST*

The Chartered Society of Physiotherapy defines a specialist as a physiotherapist who works at an advanced clinical level within a specific clinical field. Their practice will be underpinned by advanced clinical reasoning (CSP 2000).

The diagram below illustrates the interlinking of the four elements of a clinical specialist's role. These are clinical expertise; clinical teaching, evaluation and practice/service development. All of these aspects have a degree of overlap, the core element being clinical expertise, which is underpinned by advanced clinical reasoning.

It is the responsibility of the individual to determine whether they fulfill the criteria for a specialist by a process of self-evaluation and peer-review.

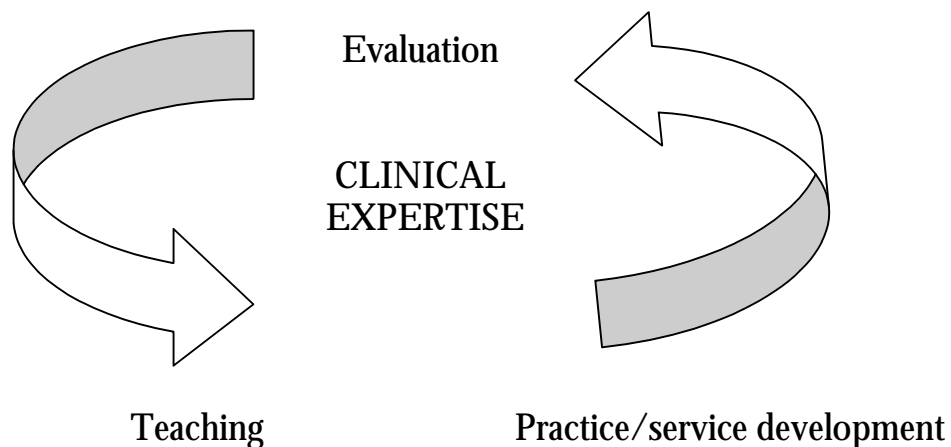


Diagram 2. Elements of a clinical specialist role.

The profile of individual clinical posts will include responsibilities from each element, but the weighting attached to each element will vary to reflect the service need and organisational structure and practitioner's own expertise/interests.

Clinical practice

- Demonstrates advanced knowledge/skills and clinical reasoning;
- Evidence of dealing with complex cases within a particular field of physiotherapy practice;
- Provision of advice/support to physiotherapy colleagues on clinical practice issues.

Evaluation

- Active participation in research and/or clinical evaluation and audit;
- Evidence of critically appraising the knowledge base and applying relevant high quality evidence to change practice;
- Publications(s) within the clinical field in peer recognised journals/periodicals.

Teaching

- Delivery of physiotherapy in-service education;
- Acting as a mentor or supervisor for physiotherapy colleagues;
- Participation in developing post-qualification education packages;
- Involvement in the delivery of teaching to physiotherapy and/or other professions at a qualifying and post-qualifying level.

Practice/service development

- Development of the clinical field with colleagues;
- Clinical supervision of senior members of the physiotherapy team within the clinical domain;
- Involvement in the local clinical governance agenda;
- Involvement in professional networks;
- Leading the physiotherapy service within a particular clinical field.

3.0 *THE PROCESS OF SPECIALISATION*

For a person to be considered eligible for a title of a specialist physiotherapist, one has to undergo a series of formal evaluation. Measuring clinical reasoning is more complex than describing the process of acquiring the quality; this is due to its abstract nature.

This may include testing and acknowledging the appropriate advanced theoretical and clinical knowledge and skills of the specialty. Peer review is one means of assessing clinical reasoning skills. CSP have included an audit tools document on this matter in the CSP Standards of Physiotherapy.

Requirements for attaining Specialisation

A framework leading to specialisation can be used to document processes and this can be evaluated on the various steps leading to the specialisation role.

The first level is the Basic entry level in Physiotherapy (Diploma/BSc) which is a 3 to 4-year course leading to the basic entrance into the profession.

The second level is the number of years in general practice required to obtain entrance to the specialist programme and validation. This should be obligatory in order to be eligible for specialisation and would require a physiotherapist to have a minimum of 2 years of experience. This practice may run parallel with the development of theoretical, clinical and practical competence.

The third level is the practical, clinical and theoretical competence required. This refers to the combination of theoretical knowledge and practical actions, skills, experience and set of values represented in the dimensions of intervention particular to each area of specialty.

These qualities have to be demonstrated at levels beyond those required for entry to basic professional practice (min. 3 years).

- Practical expertise should be sustained by courses, seminars, workshops and reflective practice
- Clinical expertise should be developed through supervision from other specialists in physiotherapy and
- Theoretical expertise should be developed through academic education within the specialisation area through documented participation in advanced courses, congresses and workshops.

The fourth and final level is the title of specialist physiotherapist within the specialist area.

The process of specialist qualification should provide for the following:

1. A board, council or committee of, or accredited by the MAP, specifically established and mandated to act in all matters concerned with the qualification of specialist physiotherapists.
2. A board, council or committee of, or accredited by the MAP to establish and monitor the requirements of each recognised specialty.
3. The participation by representatives of recognised medical and other health professions as and when appropriate.

The process of specialist qualification should be open to all appropriately qualified physiotherapists who meet the defined and published criteria of the responsible boards, councils or committees of, or accredited by the MAP.

Aims of Proposed Model

1. to help start the development process;
2. for future development of specialisation;
3. for a professional/clinical reference in the different areas of education;
4. to accredit clinical practice;
5. to maintain a common framework to the one existing in the European Region;
6. To describe core attributes and general competence to reach formally regulated specialisation.

The Specialist Register

The Board may keep a Register called the Specialists Register in which shall be entered the qualifications and specialty of all members who are entitled to it, and the regulations to be registered in the register.

The Board may make regulations

- (a) defining classes of specialists in the various branches of physiotherapy;
- (b) dividing the Specialists Register into parts representing the classes of specialists as defined by the Board;
- (c) prescribing the qualifications required for registration in the Specialists Register;
- (d) Providing for the regulation and prohibition of the use, terms, titles or designations by members indicating specialisation in any branch of physiotherapy.

Conclusion

In setting up clinical specialist posts consideration should be given to the following:

- structure of the post;
- support available to the post-holder including access to peers, CPD opportunities and other resources;
- possibilities of career progression within the role;
- Professional and managerial accountability issues.

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