

Clinical physiotherapy specialisation in Australia: some current views

Janet Carr
Roberta Shepherd

Clinical specialisation in physiotherapy has a history extending over 20 years. The first specialist fellowships in Australia were awarded by the Australian College of Physiotherapists in 1983. In order to gain some insight into current views of specialisation, a questionnaire was circulated to members of the profession as an insertion in the *Australian Journal of Physiotherapy*. This paper presents a discussion of the issue of specialisation as a career option and reports the views expressed by respondents to the survey.

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JH Carr DipPhty, MA, EdD, FACP is an Associate Professor of Physiotherapy in the School of Physiotherapy, The University of Sydney.

RB Shepherd DipPhty, MA, EdD, FACP is a Professor of Physiotherapy in the School of Physiotherapy, The University of Sydney.

Correspondence: Associate Professor Janet Carr, School of Physiotherapy, The University of Sydney, PO Box 170, Lidcombe NSW 2141.

Clinical specialisation in physiotherapy has a history extending over the past 20 years (Cole 1983). The possibility for qualified physiotherapists to enter the process has been in existence in Australia since 1982 (Cole 1983, Shepherd 1983, van de Meene 1988). At the General Meeting of the World Confederation for Physical Therapy in Tel Aviv in 1978, the Australian Physiotherapy Association (APA) moved a motion requesting that the international body recognise the need for specialisation and produce guidelines for member organisations (Watts 1978).

General Guidelines for Specialisation were subsequently approved by the international body in Stockholm in 1982. The guidelines state in part that:

“...advanced clinical competence through formal specialisation in defined areas of clinical practice, by promoting higher standards of practice, will benefit both the public and profession” (cited in Cleaver 1982, p. 284).

Although clinical specialisation as a career option has been in existence in Australia since the early 1980s, relatively few physiotherapists have taken up the challenge. There currently are seven specialist physiotherapists and nine in the process. As Rothstein commented in 1994, referring to specialisation in the USA: “Specialisation ...like any new entity,.. remains fragile.” (p. 59). The purpose of this paper is to discuss the issue of specialisation and to report

some views expressed by physiotherapists in a survey circulated to members of the profession as an insertion in the *Australian Journal of Physiotherapy* in 1993.

Development of specialisation in Australia

Some of the earliest discussions on specialisation arose out of a report on career structure undertaken by a sub-committee of the Queensland branch of the APA in 1975 (Cole 1983). In 1979, a meeting was held between representatives of the Australian College of Physiotherapists and the Federal Education Committee of the APA. The College, established in 1971 (see Shepherd 1983 for a brief history), has as its major aim the encouragement and recognition of high standards of scholarship in clinical physiotherapy. The first fellowships had been awarded by the College in 1977 in recognition of original contributions in the form of a thesis or monograph. Clinical specialisation was seen, therefore, to fit well with the aims of the College.

Following an earlier survey of Queensland physiotherapists (van de Meene 1978), the APA surveyed a random sample of its members throughout Australia in 1979. The results assisted in developing the aims of specialisation, and the mechanism for setting and maintaining standards, as well as in identifying the areas of specialisation (van de Meene 1988). The respondents saw the aims of specialisation primarily in terms of

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improved quality of patient care (Cole 1983).

The process of clinical specialisation in Australia was developed initially by a Federal Specialisation Committee established in 1980. Subsequently, an Interim Committee for Specialisation was established in 1982, with representation from the College, the APA House of Delegates, Schools of Physiotherapy and APA National Special Groups. Throughout the development of the specialisation process, the Special Groups were represented and consulted. By June, 1990, the Interim Committee had completed its task of developing the procedures for specialisation and the responsibility for the process was handed over to the College.

The College structure comprises a Council with elected office bearers, and a Board of Censors with Exemption and Examining Panels. The Board of Censors comprises the Chief Censor, who is a member of the College Council, a member of the College appointed by Council and two members of the profession, one of whom is an academic. The members of the profession appointed to the Board are approved by the APA House of Delegates. The Examining and Exemption Panels comprise physiotherapists considered by their peers to have the necessary knowledge and skills, and have representation from APA Special Groups.

Figure 1 shows the three stages in the current process of becoming a specialist. Physiotherapists entering the process may apply for exemption from all or part of Stage 2. An applicant with a masters degree, for example, may be granted exemption from most of Stage 2. Where additional clinical experience is required, the candidate is advised of the areas of the speciality in which this should take place and clinical placements of one to two weeks are arranged. The process provides the opportunity for the physiotherapist to update and broaden their clinical experience within the specialisation

CLINICAL SPECIALISATION PROCESS MODEL**Stage 1 The Entry Process**

Approved Post Graduate Qualification
Three years Clinical Experience
(substantially in Area of Specialisation)

Stage 2 Intermediate Period *

Approved Clinical Experience
Clinical Instruction/Activities
Literature Review
Clinical Research
Publication

Stage 3 Final Examination

Written Assignments
Oral Examination
Clinical Examination

- *Exemptions may be granted on the basis of existing qualifications, teaching experience, research achievements and published works.*

Figure 1.

The three stages in the model of the clinical specialisation process.

area and to upgrade their knowledge base at their own pace and without a formal education process. Since it is anticipated that the specialist physiotherapist will contribute to clinical research and communicate with colleagues through conferences and journals, candidates are required to provide evidence of their involvement in clinical research (eg outcome studies). Where applicable, a supervisor is appointed to assist an individual candidate. In the Australian system, emphasis in the Stage 3 examinations is on the candidate's clinical skills demonstrated by the preparation of papers on clinically relevant topics and clinical examinations. In the USA, there is at present only a multiple choice written examination. However, discussions are currently taking place in that country on the need to include clinical examinations.

Australia led the international physiotherapy profession in the development of specialisation, with the first fellowships awarded by the College in 1983. Two years later, the first clinical specialist credentials were

awarded in the USA. The professional bodies of several countries currently are in the process of developing specialisation (South Africa, Canada, United Kingdom). In Australia, there are at present five specialists in manipulative physiotherapy and two in cardiopulmonary physiotherapy. Of those currently in the process, there is one each in cardiopulmonary physiotherapy, gerontological physiotherapy and sports physiotherapy and six in manipulative physiotherapy.

The survey: some current views of Australian physiotherapists on specialisation

The College and the Executive of the APA were keen to gain some insight into current views on specialisation held by members and to assist in the future development of the process. Therefore, a questionnaire (Appendix 1) was inserted in the *Australian Journal of Physiotherapy* (distributed to approximately 8000 members) together with a brief history of the development of specialisation. Members were asked to complete the questionnaire and

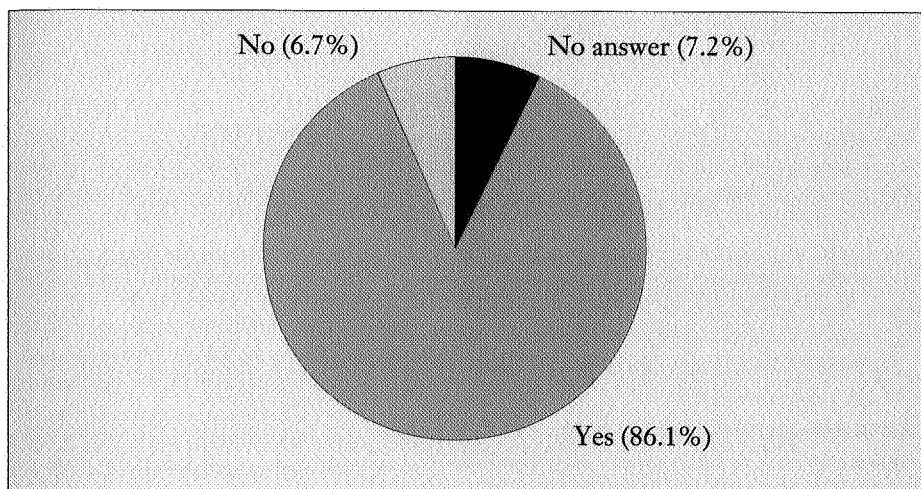


Figure 2.
Responses to the question "Is the profession ready for specialisation?"

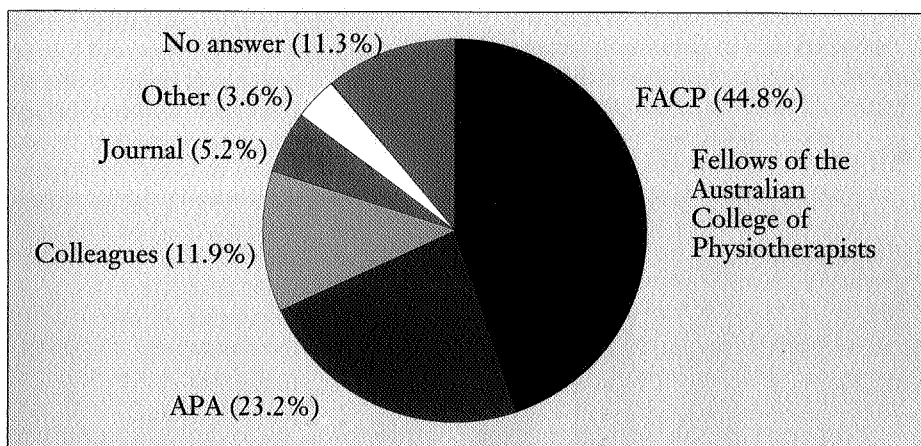


Figure 3.
Diagram illustrating the sources of information about specialisation given by the respondents.

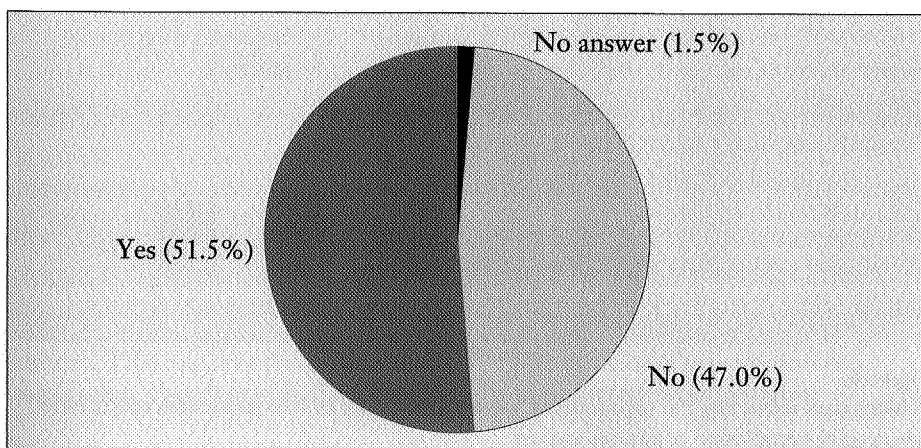


Figure 4.
Responses to the question "Have you considered doing specialisation?"

return it to the APA's National Office. The instrument included both forced-choice and open-ended questions. The questionnaire was anonymous and did not include any questions related to qualifications or clinical practice.

A total of 194 questionnaires was completed and returned. Figures 2 to 5 illustrate the answers given to the five forced-choice questions. Eighty-six per cent of respondents considered that the profession was ready for specialisation (Fig. 2); 89 per cent had some knowledge of the specialisation process and this had been gained from a variety of sources (Fig. 3); 51 per cent had considered specialisation (Fig. 4); and 81 per cent thought the entry requirements were appropriate (Fig. 5).

When asked why physiotherapists have been slow to take up the challenge of specialisation, respondents cited several reasons. The responses were subjected to content analysis which produced the six categories presented in Figure 6. Most of the responses relate to personal and career constraints.

At the end of the questionnaire, comments were invited. Three particular needs were identified and can be summarised as:

- A greater dissemination of information about specialisation during undergraduate courses, within the profession and in the public sector.
- Recognition of specialist status and a career path in the public sector.
- Monetary reward for clinical specialists in the public sector.

A small number of respondents questioned the need for the process itself or considered it elitist and too academic. It appears from some responses that there can be confusion between being a specialist and being a person experienced in a specific area. For example, some physiotherapists working in sports or paediatric physiotherapy already see themselves as "specialists". In terms of the process itself, while some considered it too rigorous, others considered that it was demanding but worthwhile.

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Discussion

Although the number of respondents was relatively small, we have assumed that those individuals who took the time to complete the questionnaire were members of the profession who were interested in and/or had strong opinions on specialisation. It is our view that the opinions of these members are of value and that the results of the survey are worthy of dissemination, would act as a stimulus to further discussion within the profession and would assist in the review of the process currently being planned by the College. Whether the failure of so many members of the APA to return the questionnaire represented indifference to specialisation or stemmed from some other cause is not known. Interestingly, nearly 50 per cent of respondents were considering specialisation as a career option.

What is specialisation? A clinical specialist is a person acknowledged formally by the professional group to possess a high standard of knowledge, expertise and competence within a recognised area of physiotherapy (van de Meene 1978). Therefore, specialisation exists primarily to enhance the health of the community, but also to promote recognition in the community of the value of physiotherapy practice to the welfare of that community. Formal professional acknowledgement identifies to other health professionals and to employers a group of specialist physiotherapists with advanced clinical competence. A formal specialisation process gives physiotherapists who do not want to follow a purely academic path scope for the development of a status equivalent to those who do (Moore 1978).

Why have so few physiotherapists in Australia taken up the challenge? Although there has been ongoing publicity about specialisation circulated to members of the APA, there appears to be insufficient awareness across the profession of specialisation as a career option. Partly in response to the results

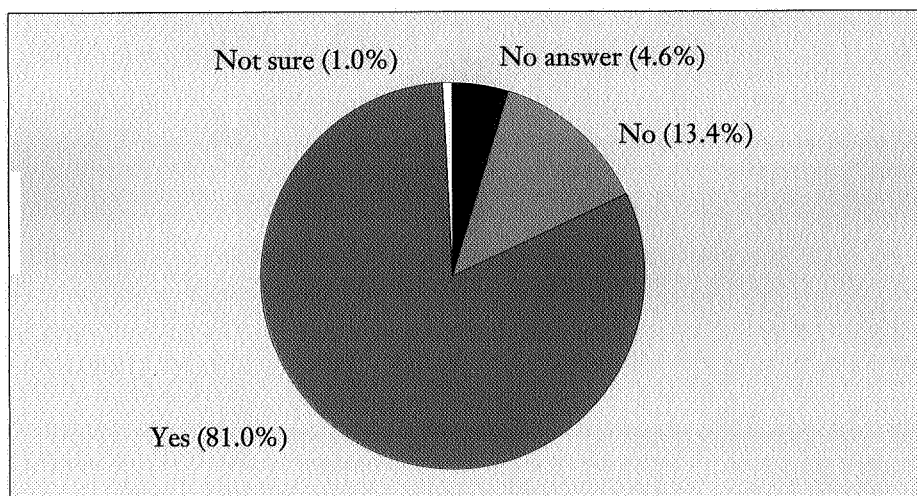


Figure 5. Diagram showing respondents' views on the appropriateness of the present entry requirements.

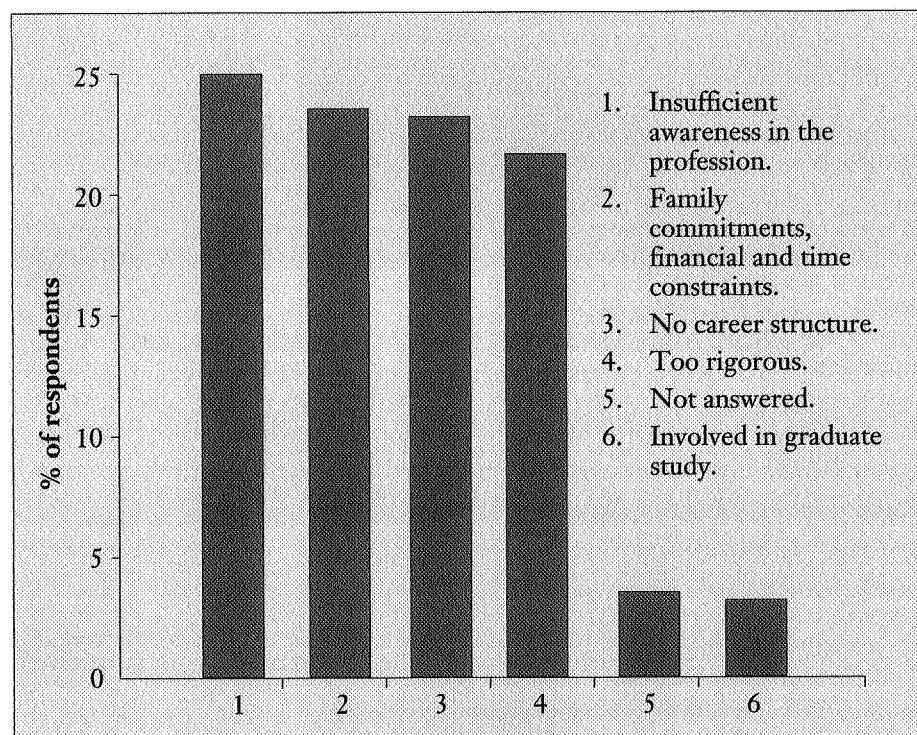


Figure 6. A histogram reflecting the respondents' views about why so few physiotherapists have taken up the challenge of specialisation.

of this survey, the College Council, in consultation with immediate past and present Presidents of the APA, has recognised the need for greater promotion of specialisation. To this end, posters and brochures outlining the Process of Specialisation have been developed and sent to all State branches and all Heads of Schools for display and circulation.

Specialisation as a career option should in particular be addressed at undergraduate level, enabling future physiotherapists to be informed and to plan ahead to a time when they will need to undergo the necessary post-graduate education in order to focus on a particular area of physiotherapy. This is also considered internationally to be critical to the development of specialisation as an attractive career path. However, for undergraduates to be able to plan ahead, and for specialisation to become a realistic career option, requires the active support of heads of hospital departments, physiotherapists working in government departments and clinicians, particularly those in the public sector. Physiotherapy employers need to facilitate and encourage the enrolment of some of their staff in higher degrees as a first step toward becoming a clinical specialist and provide opportunities for study leave and flexible working hours. For a physiotherapist to become a specialist, it is necessary to have the opportunity to study toward an elevated knowledge base, to refine clinical skills and to learn from seeing patients or clients in a defined area of practice (Rothstein 1994).

There also needs to be in place a mechanism to enable specialists to contribute their skills. The significance of specialists as clinical leaders within the health system needs to be recognised by the availability of satisfying and rewarding positions within both the public and private sectors. This requires the professional association, together with the College, to develop strategies for promoting physiotherapy specialists in the public health sector and to lobby government bodies for an appropriate career

structure. The rationale for highly qualified specialist physiotherapists needs to be explained with all the potential benefits to the health of the community. In Western Australia, the value of specialist physiotherapy has been recognised in reimbursement by two of the three major medical insurance funds operating in that State. However, support, interest and determination of individual members and of the professional association are critical to the survival and growth of specialisation in physiotherapy. In both private and public sectors, there needs to be acknowledgement by individual physiotherapists of the value of having a physiotherapist with advanced knowledge and skill to whom patients can be referred.

Discussion on the future of specialisation needs to also consider what specialisation means to individual physiotherapists (Appendix 2). For physiotherapy specialists to have credibility within the community and other professional groups as well as with their peers requires a formal process by which a person presents him/herself for peer review. In the words of Moore (1978):

“It is not enough any more that we should recognise that there are those among us who have special expertise. This may be flattering, but it does nothing for the individual’s career nor does it provide recognition outside the profession” (p. 252).

Physiotherapy has made considerable progress in Australia over the past two decades through the establishment in universities of schools of physiotherapy offering undergraduate and graduate degrees. This has meant an increase in the number of therapists with graduate diploma, master’s and doctoral degrees. The authors suggest that the next major challenge for the profession is to encourage and support a body of specialist clinicians in the major areas of physiotherapy clinical practice.

The profession’s institution of a formal specialisation process represented a major step toward the goal of improving the health of the community. This is an important point for individual physiotherapists to

consider as they ponder their own contribution to society and the means by which they could become recognised as specialists by their colleagues, as well as by medical colleagues, the health system and the community. It remains now to be discussed within the profession how individual physiotherapists can be encouraged and assisted to make the extra effort required both to be successful in the process of becoming a specialist and to practise as a specialist.

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References

- Cleaver J (1982): WCPT Congress - retrospective impressions. *Physiotherapy Canada* 34: 284-285.
- Cole JH (1983): Specialisation: a new reality for members of the Australian Physiotherapy Association. *Australian Journal of Physiotherapy* 29: 144-147.
- Ferrier MPB (1991): One stage in professional evolution. *Clinical Management* 11: 66-70.
- Moore DM (1978): Specialization - professional growth or fragmentation? *Physiotherapy Canada* 30: 249-252.
- Paratz J (1994): Extract from Fellow’s Reply at the Sixth Presentation of Fellows, 4th International Congress of the Australian Physiotherapy Association. Bali, Indonesia.
- Rothstein JM (1994): To build on the firmest of foundations. *PT Magazine* April: 55-59.
- Shepherd RB (1983): The Australian College of Physiotherapists: A brief history. *Australian Journal of Physiotherapy* 29: 141-143.
- van de Meene LW (1978): Can and should physiotherapists specialise? *Australian Journal of Physiotherapy* 24: 60-62.
- van de Meene LW (1988): Towards the effective use of the specialist physiotherapist. *Australian Journal of Physiotherapy* 34: 83-87.
- Watts NT (1978): Special report - World Confederation for Physical Therapy. *Physical Therapy* 58: 363-364.
- Woods EN (1990): PT specialisation highlighted. APTA Progress Report on Specialisation. 19:3.



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Appendix 1

Questionnaire regarding clinical specialisation in physiotherapy.

1. Although the College has in place a Process of Specialisation for some years, few physiotherapists have taken up the challenge.

Why do you think this is so? _____

2. Does the physiotherapy profession need specialisation? Yes No

3. Is the profession ready for specialisation? Yes No

4. What do you know about the Process of Specialisation? _____

5. Where did you get your information from? _____

6. The entry requirement is a completed Postgraduate Diploma (or higher qualification) in the area of interest.

Do you think this is appropriate? Yes No

If NO what should the entry requirement be?

7. Have you considered doing specialisation? Yes No

If NO why not? _____

8. Other comments: _____

Thank you for your participation.

Appendix 2

What specialisation has meant personally to successful candidates in Australia and USA

"...I feel the most exciting development (in physiotherapy) is that of specialisation. By providing a course of study and awarding a fellowship, this is the most visible evidence both inside and outside the profession that clinical expertise is valued and recognised. The fact that specialisation includes research, education, academic and clinical work provides an example of how these blend together to complement our profession. The actual process has been rewarding and I can honestly say I enjoyed every stage." (Paratz, 1994).

"Some of my motivation for seeking certification was for the personal recognition that all the things I've been going through mean something. I put myself in the position of saying that I specialise in sports physical therapy, and certification validates and gives me credibility in being able to say that." (Eiland, cited in Ferrier, 1991)

"I feel a sense of accomplishment and recognition as a health practitioner. I have received more referrals from patients, doctors and insurance companies. I find that patients look to you as devoting more time to your specialty. And colleagues like to know there are specialists they can confer with." (Palazzo, cited in Woods, 1990)