Developing and advancing international post-professional educational standards in physical therapy

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Chair, Standards Committee of IFOMPT
Objectives of the symposium

- To critically evaluate the development of standards and processes of quality monitoring for advanced practice.
- To demonstrate how educational standards can be used to promote advanced skills in clinical reasoning, evidence based practice, and a biopsychosocial approach to clinical care.
- To evaluate the benefits of this model and its future potential as an example of good international educational practice.
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IFOMPT Member Organisations
N=22
e.g. MACP (UK)

IFOMPT Registered Interest Groups
e.g. Turkey

IFOMPT Subgroup of WCPT

Member Organisations of WCPT
Parent Physical Therapy bodies
e.g. CSP (UK)

WCPT

World Health Organisation
Background: quality within education

• Quality of physical therapy education has received increasing attention in recent years

• Agreement that improving quality needs to focus on:
  • Standards of learning and teaching
  • Establishment of an effective framework within which these activities can occur

(Preedy et al, 1997)
History of IFOMPT Educational Standards

• First defined in 1977
  • Theoretical and practical components
• Each country applying to become a Member Organisation of IFOMPT is required to demonstrate that its educational programmes meet the standards
Review of standards

• Reviewed on a six yearly basis
• Through collaborative process with Member Organisations
  • Ensuring face, content and construct validity
• Standards have developed considerably since their inception
  • Reflecting the developing educational and clinical contexts in the musculoskeletal field
Current 2008 IFOMPT Standards

• Competency based framework in line with modern educational practice  
  (Harden et al, 1999)

• Provides a detailed description of the knowledge, skills and attributes expected of a specialist OMT physical therapist in the contemporary healthcare environment
Ensuring consistency of competency to establish a minimum standard

Permits the learning process to be flexible, innovative and responsive to the individual’s learning needs
Member Organisations operationalise standards to positively recognise:

- Differences in strengths and emphases in OMT programmes
- Differences in methods and delivery of education internationally
- Flexibility recognises the resource, geographical, and other challenges in providing OMT education internationally
Context of standards

- Patient centred clinical reasoning (Higgs and Jones, 2000)
- Clinical expertise (Haynes et al, 2002)
- Evidence based practice (Sackett et al, 1996)
- Biopsychosocial model of practice (Engel, 1980)
- WHO ICF (WHO, 2001)
- Role of OMT Physical Therapist as: Expert/clinical decision-maker/clinician, communicator, collaborator, manager, health advocate, scholar, professional (http://www.deptmedicine.utoronto.ca/CanMEDS.htm)
IFOMPT minimum requirements

• 200 hours theoretical learning
• 150 hours practical learning
• 150 hours clinical mentorship
## Dimensions of the competency framework

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Critical and evaluative evidence based practice</td>
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<tr>
<td>2</td>
<td>Critical use of comprehensive knowledge of the biomedical sciences in OMT</td>
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<tr>
<td>3</td>
<td>Critical use of comprehensive knowledge of the clinical sciences in OMT</td>
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<tr>
<td>4</td>
<td>Critical use of comprehensive knowledge of the behavioural sciences in OMT</td>
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<tr>
<td>5</td>
<td>Critical use of a comprehensive knowledge base of OMT</td>
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<tr>
<td>6</td>
<td>Critical and advanced level of clinical reasoning skills enabling effective assessment and management of patients with NMS disorders</td>
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<tr>
<td>7</td>
<td>Advanced level of communication skills enabling effective assessment and management of patients with NMS disorders</td>
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<tr>
<td>8</td>
<td>Advanced level of practical skills with sensitivity and specificity of handling, enabling effective assessment and management of patients with NMS disorders</td>
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<td>9</td>
<td>Critical understanding and application of the process of research</td>
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<tr>
<td>10</td>
<td>Clinical expertise and continued professional commitment to development of OMT</td>
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Competencies

• Within each dimension
• Relate to
  • Knowledge
  • Skills
  • Attributes
• All need to be assessed

Clinical mentorship

• Integration of learning / development
• Clinical examination is a requirement
• Assesses many competencies
International Monitoring 2004

- A process of three yearly international monitoring of Member Organisations
- Processes of quality assurance and control are evaluated by the Standards Committee
- Conducted as a collaborative and constructive process
- Standards Committee provide advice and assistance
Quality Assurance

• Feed-forward mechanisms
• Developing quality of programme
• Includes
  • Systems e.g. planning

Quality Control

• Feedback mechanisms
• Checking outcomes after the educational processes have occurred
• Includes
  • Internal moderation
  • External assessment by Member Organisation and IFOMPT
Examples of issues for Member Organisations to address

• Develop use of student feedback
• Develop processes of Member Organisation’s review of educational programmes
• Develop resources for students e.g. programme handbook
• Develop marking criteria for assessments
Challenges

• Many!
• Not least the documentation
• Language across 22 Member Organisations
• Educational processes and terminology
Key challenges to explore today

• Meeting standards in clinical reasoning, evidence based practice, and a biopsychosocial approach has posed a significant challenge to countries less developed in OMT education
  • Particularly those with programmes outside of the university context
• Challenges from a Member Organisation’s perspective