

Specialisation in physiotherapy: A mark of maturity

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Have you gained postgraduate qualifications or been invited to lecture to other physiotherapists regarding your area of practice? Do your clients present for treatment of a particular condition or area of the body? Should you be able to claim that you specialise in that particular condition or region of the body (e.g. shoulder injuries or headaches)? What defines specialisation within physiotherapy? What is a Specialist Physiotherapist?

The Oxford dictionary defines specialisation as 'the concentration on, and becoming, an expert in a particular skill or area.' Within physiotherapy, the concept of specialisation has long been associated with attaining Specialist recognition through the Australian College of Physiotherapists (ACOP). Although ACOP has offered a specialisation process for physiotherapists since 1981, only seven clinical specialists have completed the process in over twenty years. Why is it that although many physiotherapists choose to specialise in an area of practice, i.e., they focus on becoming an expert in a particular skill or area, so few have become Specialists under the ACOP Specialisation Process? Feedback from APA members in 1993 and 2000 indicated that many of the ACOP requirements to attain Specialist recognition were considered to be too difficult for physiotherapists who worked primarily in clinical, rather than academic, settings. In particular, the ACOP Specialisation Process did not meet needs in three key areas; there was perceived:

1. Lack of recognition by peers and external agencies;
2. Lack of a career structure and relevance for clinicians; and
3. Lack of appropriate remuneration and reward upon completion of the process.

In recent years, the APA has revised the process of specialisation and has developed accompanying strategies to address the needs of members. Further revision of the process is required to facilitate recognition by consumers and external agencies.

A brief history of physiotherapy specialisation in Australia

In Australia, specialisation shares its beginnings with recognition of the need for specialty services and the promotion of specialisation in medicine and nursing in the 1950s (Cole 1983, Hickie & Hickie 2001, Pratt 1994). Specialisation was seen as an important step to improving the depth and breadth of knowledge in the profession; a sign of a maturing profession.

Within physiotherapy, specialisation was proposed formally in 1954 when the Federal Council of the APA suggested the awarding of Fellowships to recognise outstanding contributions in physiotherapy. A College would be established as an independent body but with close ties to the APA. Universities would be responsible for the graduate education of the profession and formal postgraduate qualifications, and the College would grant fellowships for the recognition of high standards of scholarship related to clinical physiotherapy (Shepherd 1983).

After 15 years of discussion, planning and development, the

Australian College of Physiotherapists was inaugurated during the XIIth APA Biennial Congress in August 1971. Six years later at the XVth Biennial Congress, the Queensland subcommittee presented the findings of its two-year investigation into the concept of clinical specialisation with regard to physiotherapy career structure (Cole 1983). Further development of the specialisation process involved representation from ACOP, the APA House of Delegates, APA National Groups, and the Schools of Physiotherapy (Carr & Shepherd 1996).

In November 1980 the first specialisation model was proposed, offering five broad areas of specialisation. It was a requirement that each area was supported by an APA National Group, to ensure that the specialties were consistent with the areas considered fundamental to the profession. The five areas that were recognised at this time were: orthopaedics (divided into manipulative and sports), neurology, cardiothoracic, obstetrics and gynaecology, and paediatrics (Cole 1983). The model was finally approved in November 1981 and the format was announced in the Australian Journal of Physiotherapy the following year. The first applications for Fellowship by Specialisation Process were received in 1983 (Shepherd 1983), and the first three awards were presented a year later (Moore 1985).

Whilst Australia led the world in the specialisation process for physiotherapy (Carr & Shepherd 1996), and instigated recognition of the need for specialisation during a presentation to the World Congress of Physical Therapy in 1978 (Cole 1983), only seven clinicians have received the accolade of clinical Specialist in Australia.

During 2000, the APA consulted widely and developed a revised process of specialisation. A key element of the revised process was to ensure that practitioners who were 'becoming' an expert, as well as those who attained the Specialist level, were recognised. This was achieved through a Professional Development framework that integrated the APA National Group framework and a revised model of the ACOP Specialisation Process.

In November 2000, the APA Board endorsed a Professional Development framework with three levels of National Group membership — Basic, Titled, and Specialist. This framework encouraged the physiotherapy profession to view specialisation as a career pathway and was formed by integration of the ACOP structure and the titled membership structure that has developed in some National Groups. It has become evident that there is a need to further evolve the Professional Development framework that was developed in 2000, within the context of an overall clinical career structure.

Many physiotherapists practise in a specialised area and it is important that the profession promotes specialisation. The diverse areas of physiotherapy practice (cardiothoracic, sports, musculoskeletal, etc.) should be recognised in the same way that professions such as law and accounting have publicly-recognised areas of specialisation. It is suggested that, to facilitate increased

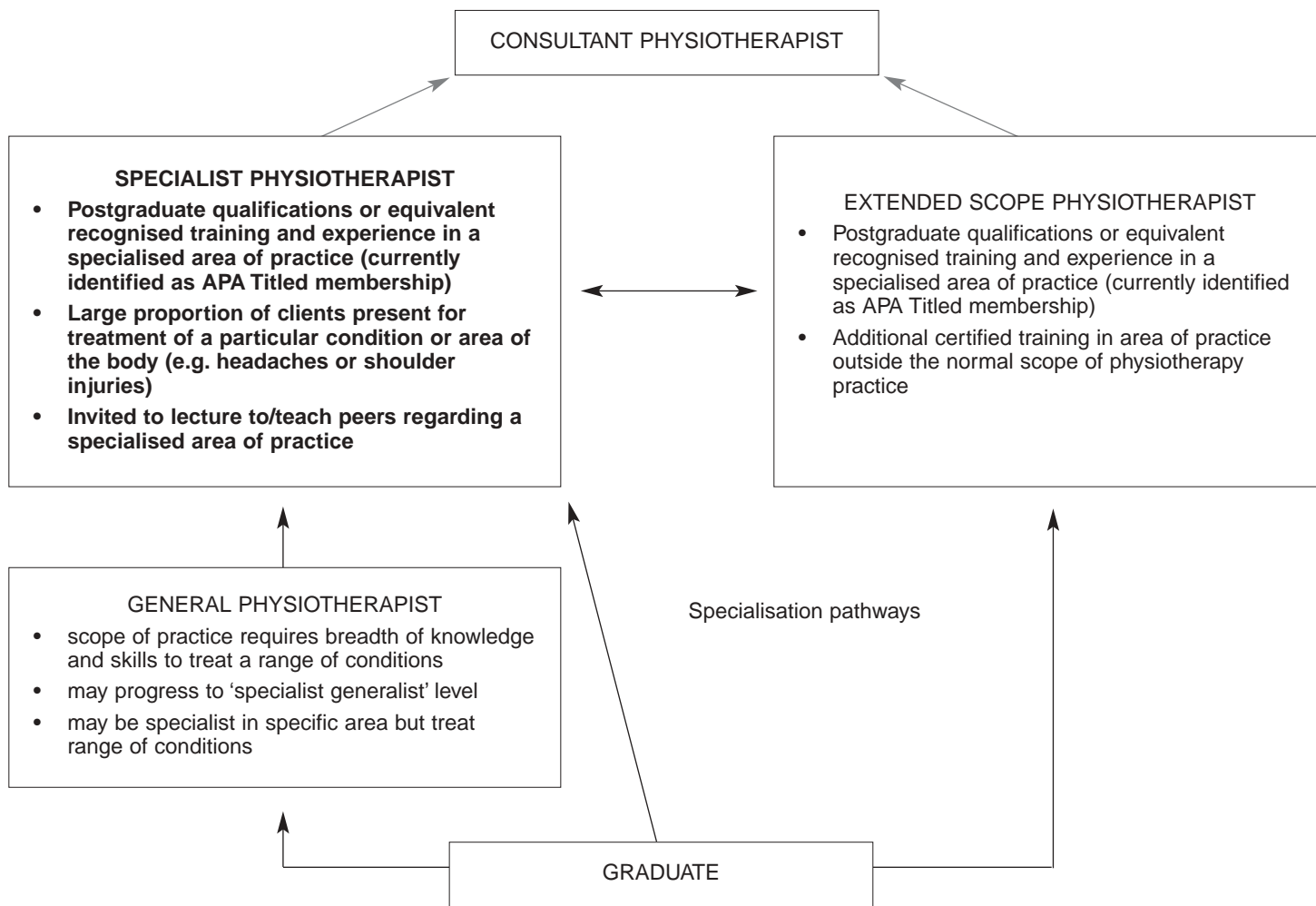


Figure 1. Outline of proposed clinical career structure. Adapted from concepts proposed by Robertson et al (2003). (This editorial focuses on the bold sections of the figure.)

recognition of specialisation within physiotherapy, the nomenclature within the current specialisation process should be changed to reflect terms with which consumers and external agencies are familiar. The Titled level should be re-named *Specialist* and the current Specialist level should be renamed *Consultant*. At the same time, a career structure that includes recognition of General Physiotherapists as well as Specialists must be developed by the profession.

The importance of a new career structure for the physiotherapy profession, the need for recognition of general physiotherapists, and inclusion of a specialisation process within this structure, have been highlighted by Robertson et al (2003). Figure 1 represents a proposed career structure that includes defined recognition of General Physiotherapists, Specialist Physiotherapists, Extended Scope Practitioners, and Consultant Physiotherapists. The proposed model expands on the specialisation aspects of the career structure suggested by Robertson et al (2003). Rural practitioners require strong skills in a very broad area and rural practice would be recognised as an area of specialty — this is an important inclusion. Recognition of general physiotherapists will assist in maintaining a broad base of skills, and address one of the potential pitfalls of specialisation — the problems of fragmented patient care sometimes encountered in the medical profession (Hickie & Hickie 2001, Loeffler 1999).

Why should we specialise?

Whilst it is vital that the career structure has a defined pathway for general physiotherapists, it is difficult to progress or build specialised areas of practice from a generalist perspective. Pratt (1994) suggests that specialised areas of practice are of relevance when the complexity of what is required extends beyond the scope of general clinical practice, and there is a consequent demand for specialty services. Increasing complexity and breadth in physiotherapy has led to the development of specialised areas of practice to provide greater patient care in respect to recovery time, risk of recurrence, and appropriate management of the condition. Maitland identified a need in the 1980s for the recognition and use of specialist physiotherapists, acknowledging that specialists should be experts in their own field and have a 'working knowledge' of other techniques in associated fields (Maitland 1980).

Loeffler (1999) recognises the importance of specialisation in the medical profession for the advancement of clinical skills, research, and to organise and supervise training and teaching. Although the exact career pathway for the physiotherapy profession has not yet been defined, it is important that practitioners are encouraged to pursue further education and to market their area of specialised practise. Clinical specialisation will help us to analyse and evaluate our own profession (Moore, 1985), and will promote greater expertise and intelligent use of

evidence based medicine leading to greater professional recognition (Cole 1983, Moore 1985).

Ensuring recognition and reward

Each physiotherapist will find the greatest reward in achieving high levels of clinical performance based on individual priorities, beliefs and values. Some will enjoy the self satisfaction and personal achievement, others the status within and outside the profession, and some will use it for career advancement within public or private sectors.

With the increasing demands on our time and the need to balance priorities in many areas of our life and careers, it would seem reasonable to suggest that physiotherapists who undertake formal postgraduate education should receive recognition and financial reward for doing so. It would be naïve to ignore the self-interest component of any working individual. Reward for the time, effort, and financial investment in developing and demonstrating advanced levels of knowledge and skill is clearly required if more physiotherapists are to engage in specialisation (Carr & Shepherd 1996, Grant 2000).

The APA National Physiotherapy Service Descriptors outline recommended levels of increased remuneration for physiotherapists who attain Level 2 (Specialist) or Level 3 (Consultant) recognition. Individual practitioners must set a dollar value on their services, and the basic economic laws of supply and demand will determine whether the practitioner's valuation and the relative values described in the National Service Descriptors accurately represent 'market value' — that is, what the purchasers are prepared to pay for physiotherapy services. Physiotherapists who attain Specialist or Consultant recognition should be encouraged to charge higher fees as the services they are providing require an advanced level of knowledge, skill and experience.

Ensuring appropriate recognition of advanced levels of knowledge and skill is an important aspect of the proposed clinical career structure. Appropriate recognition of areas of clinical specialty is essential to promote intra- and inter-professional referral, public awareness, and intrinsic reward through professional acknowledgement. In Figure 1, the terms *specialist* and *consultant* are proposed as easily recognised titles for the purpose of marketing physiotherapy specialisation within and outside the profession. It is suggested that these titles would be used to identify those physiotherapists who have undertaken postgraduate training and demonstrated the ability to provide specialty services at a defined minimum standard.

If the proposed structure is adopted, members who have fulfilled the current requirements for titled membership of a national special group would be automatically recognised as specialists within the proposed structure, and those able to fulfil defined requirements for recognition at a consultant level would be entitled to market themselves as consultants (replacing the original specialist title awarded by ACOP).

Future developments in specialisation

Discussion and debate regarding specialisation pathways are integral stages in developing a career pathway for the individual physiotherapist and a growth pathway for the profession. Specialisation will help to drive research and the development of new ideas within physiotherapy practice; it will assist in the continuing evolution of the profession. The revised APA specialisation process developed in 2000 must continue to evolve as part of an overall clinical career structure to meet the needs of the physiotherapy profession within a dynamic healthcare environment. It may soon become necessary to include extended

scope practice within the career structure to reflect contemporary physiotherapy practice. The profession will need to decide where extended scope practice 'fits' within the career structure and how it relates to specialisation.

It is expected that in the next few years specialisation in physiotherapy will gather pace as the personal and professional recognition and rewards for attaining defined levels of practice are developed. It will also grow as the profession realises that specialisation is a continuum that involves most physiotherapists at some level, not a separate process for those who want to reach the highest levels of recognition. Recognition as a Specialist must become more attainable; but rigorous standards must still be met. The proposed changed from the current *Titled* terminology to *Specialist* requires professional debate and discussion.

The APA, in conjunction with tertiary institutions and individual physiotherapists, will be responsible for promotion of specialisation pathways within and outside the profession. Identification of the fundamental, and potential, areas of specialty within physiotherapy will only help to strengthen the profession and improve its influence within the health sector and wider community. Public awareness and our marketability to all purchasers will improve if an agreed career structure, including terminology that is easily recognised by consumers and external agencies, is adopted by the profession.

Acceptance of specialisation in our profession will also provide greater challenges and incentives within the physiotherapy career structure. Specialised knowledge and often long and intensive academic preparation are the hallmarks of a profession. Specialisation in physiotherapy practice is a sign of maturity, and brands us as a profession rather than an industry.

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References

- Carr J and Shepherd R (1996): Clinical physiotherapy specialisation in Australia: Some current views. *Australian Journal of Physiotherapy* 42: 9–14.
- Cole JH (1983): Specialisation: A new reality for members of the Australian Physiotherapy Association. *Australian Journal of Physiotherapy* 29: 144–147.
- Drok E (1988): The New Zealand College of Physiotherapy. *New Zealand Journal of Physiotherapy* 16: 27.
- Grant, M (2000) Proposal for an APA Professional Development Framework. Draft 2.0 Discussion Paper — September 2000. National Office, Australian Physiotherapy Association.
- Hickie JB and Hickie IB (2001): Fifty years of medical specialisation: From foundation to fragmentation. *Medical Journal of Australia* 174: 45–47.
- Loefler IJP (1999): The drawbacks of overspecialisation. *Journal of the Royal College of Surgeons of Edinburgh* 44: 11–12.
- Maitland GD (1980) The development and possible future of manipulative therapy in Australia. *Australian Journal of Physiotherapy* 26: 63–66.
- Moore D (1985): Australian College of Physiotherapists: Fifth Presentation of Fellows, Perth, November, 1984. *Australian Journal of Physiotherapy* 31: 57–60.
- Oxford (2001): Dictionary, Thesaurus and Wordpower Guide. London, Oxford University Press.
- Pratt R (1994): The challenge of specialisation: The Australian experience. *Collegian* 1: 6–13
- Robertson VJ, Oldmeadow LB, Cromie JE and Grant MJ (2003): Taking charge of change: A new career structure in physiotherapy. *Australian Journal of Physiotherapy* 49: 229–231.
- Shepherd, R (1983): The Australian College of Physiotherapists: A brief history. *Australian Journal of Physiotherapy* 29: 141–143.