

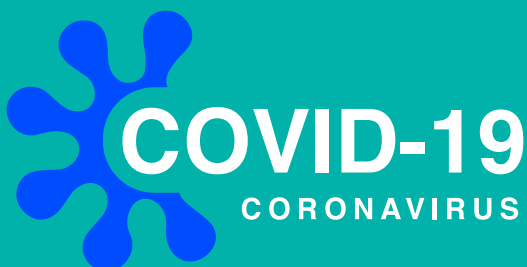


**World
Physiotherapy**

**World Physiotherapy
response to COVID-19**

Briefing paper 4

**THE IMPACT ON ENTRY LEVEL EDUCATION AND
THE RESPONSES OF REGULATORS**



August 2020

World Physiotherapy briefing papers

World Physiotherapy briefing papers inform our member organisations and other stakeholders about key issues that affect the physiotherapy profession.

In response to COVID-19, World Physiotherapy is producing a series of briefing papers exploring the education, practice and advocacy issues arising for the profession. These have been published so far:

- briefing paper 1: [immediate impact on the higher education sector and response to delivering physiotherapist entry level education](#)
- briefing paper 2: [rehabilitation and the vital role of physiotherapy](#) and in Spanish [rehabilitacion y el papel esencial de la fisioterapia](#)
- briefing paper 3: [immediate impact of COVID-19 on students and the response to delivering physiotherapist entry level education](#)

Acknowledgement

In April 2020, in response to the COVID-19 pandemic, World Physiotherapy launched a global task force on physiotherapist education. The purpose of the task force is to gather key stakeholders and actors in physiotherapy entry to practice education from the global community. It brings together individuals from across World Physiotherapy's regions, from education, regulation and accrediting organisations collaborating to:

- establish the impact and consequences of COVID-19 in the short term on physiotherapist entry to practice education
- map and share best educational practice and resources in responding to the current crisis
- consider collective responses to the consequences for physiotherapist entry-to-practice education in the short and medium term
- consider the longer term forecast horizon and issues that may need to be addressed
- consider questions and opportunities for collaborative scholarship and thought leadership

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**THIS PAPER HAS BEEN PRODUCED IN COLLABORATION WITH THE
INTERNATIONAL NETWORK OF PHYSIOTHERAPY REGULATORY AUTHORITIES**



Key messages

Thirty five (35) regulatory organisations from 18 countries participated in a survey on their early experiences of the consequences of COVID-19 on entry level physiotherapist education. Their responses provided insights into their immediate challenges, how they addressed near-term issues and what, at this time, is the main issue related to entry level education.



- The ongoing uncertainty of the impact of the COVID-19 pandemic will continue to raise challenges for regulators, as it will for education providers
- It is still unclear how changes in practice arising out of the pandemic may change the entry level education of physiotherapists
- Flexibility in the frameworks informing the regulatory activities of legislation and regulation appears to have allowed some regulators to put in place emergency responses, but for others a lack of flexibility has been a barrier to planning
- Communication and active stakeholder engagement across the regulatory and professional organisations as well as the higher education institutions (HEIS) is a feature of the responses of regulators
- The availability of practice education opportunities for physiotherapy students is the most frequently reported main issue facing regulators with respect to physiotherapist education due to the impact of COVID-19

➤ Introduction

Because of the nature of the COVID-19 pandemic, epicentres have moved across the world and the impact has varied as a result of preparedness, resilience and timing, hence forecasting horizons are uncertain. An adapted version of a McKinsey and Company model describing five stages of the global health crisis response framework was used in this paper to inform our timelines for the purposes of the work of the Education Task Force (Box 1) (McKinsey & Company, 2020). We substituted 'reshape' for 'reform' reflecting the opportunities as well as the challenges that will arise from this unprecedented crisis.

Box 1: Five horizons

Resolve	Resilience	Return	Reimaging	Reshape
How were the immediate challenges addressed?	How were the near-term challenges addressed? What are the best practices? How was resilience promoted?	What does return look like? What is the plan for return back to scale? What are the immediate knock-on effects and what comes later? What lessons have we learned?	What does the future entry level education look like? What changes are necessary to meet the needs of society? What are the implications for education and regulation?	What changes will occur, or be driven, in health, education and practice?

Purpose

The purpose of this briefing paper is not to provide a comprehensive description of the regulatory landscape for physiotherapists internationally, but to consider the impact of COVID-19 on entry level education and the responses of regulators, with a view to sharing examples of immediate responses, considering potential longer-term consequences and highlighting gaps in our knowledge for further action and engagement.

➤ Context

World Physiotherapy is made up of 122 member organisations from five regions and from low, middle, and high resource countries. Hence, there is great diversity in the education experiences in the countries/territories of its member organisations.

World Physiotherapy advocates for the regulation of the profession of physiotherapy, recognising that there is a diversity of systems in place internationally for such regulation (Ref: World Physiotherapy Policy Statement). For example, World Physiotherapy acknowledges that physiotherapists may be regulated through a legislated system that includes licensing, or registration by the profession, or an external regulatory authority. Alternatively, in some countries, the profession is regulated by physiotherapists meeting membership criteria for the professional organisation. Regulation of physiotherapists may be the sole focus of an organisation or part of a multi-professional regulatory organisation.

Effective regulation is characterised by six key elements (World Physiotherapy, 2019):

- assurance qualified physical therapists meet entry level standards of practice, graduating from education programmes that provide quality education
- assurance of standards of continuing professional competence or proficiency
- presence of standards of professional ethics and conduct
- maintenance of a register of licensed/regulated/recognised physical therapists
- mechanisms to address non-compliance with the established standards of practice

- mechanisms to address new or advanced scopes of practice not benchmarked at entry level standards of practice

Regardless of the model of regulation in each country, territory or jurisdiction, there are a number of activities that characterise physiotherapy regulation as follows (World Confederation for Physical Therapy, 2011, World Physiotherapy, 2019):

- **accreditation**: of entry level programmes that may be carried out by regulators, or other organisations who have these functions or powers. In some instances, the regulator accredits the programme and this results in the degree being the license to practise
- **licensure examinations**: set by organisations with regulatory functions that are required to be completed by graduates wishing to practise the profession in a jurisdiction/country/territory
- **registration**: by organisations that permit individuals to practise through a system of registration, and who enact the legislative framework that informs the standards or proficiency required by physiotherapists, educated either locally or internationally, who are registrants, and/or their scope of practice

Regulatory organisations may also carry out other functions, such as ensuring physiotherapists maintain ongoing competence through continuing professional development, and by addressing any competence or conduct issues.

➤ Initial regulatory issues for education

Our knowledge of the key issues at this time is informed by biweekly meetings with World Physiotherapy board, regional chairs and subgroups and supplemented by insights from the World Physiotherapy Network of Educators, the global survey of higher education institutions (HEIs) (World Physiotherapy, 2020) and member organisation engagement and communication.

The issues arising in the months between March and June 2020 were as follows:

1. meeting pre-COVID19 accreditation requirements
2. delayed entry to the profession for the class of 2020
3. international mobility
4. immediate changes in practice and how they should inform entry-level education

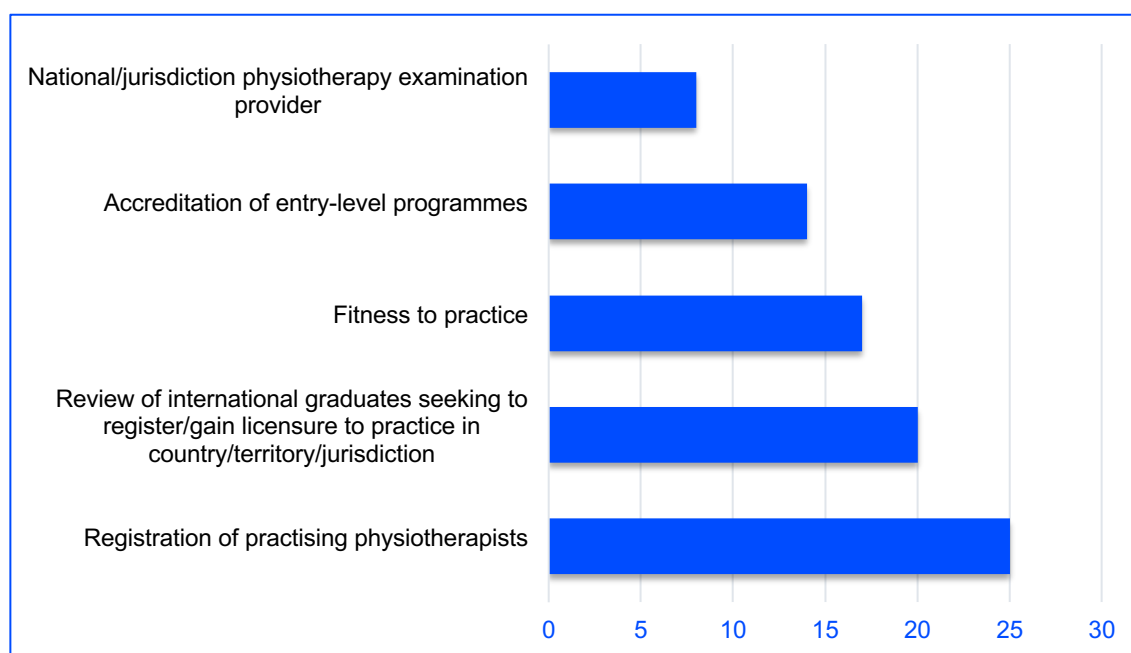
In June 2020, a survey of organisations engaged in the regulatory functions outlined above was carried out jointly between World Physiotherapy and INPTRA, and the responses from this survey inform this paper.

➤ Survey findings

There were responses from 35 organisations from 18 different countries across all five regions of World Physiotherapy. Twenty-two (63%) of the responding organisations held a national remit, the others had either federal or provincial responsibilities. Twenty-four (69%) of the responding organisations were uniprofessional and the remainder were multiprofessional with a physiotherapy board/council.

Various regulatory functions were reported by the organisations as shown in table 1. Organisations usually had more than one function.

Table 1 Functions of responding organisations



➤ Accreditation

The class of 2020

Of the twenty-five organisations with responsibility for registration of entry level programmes, 28% (n=7) responded that they had made changes to accreditation requirements for the graduating classes of 2020, because of COVID-19. Ten organisations (40%) noted that there had been no need or requests at this time. For others it was not possible within existing legal framework or delegations.



'We have not yet needed to make changes, as are current bylaws are written we have some flexibility. If changes were needed we would not be able to make them' [MP11]ⁱ

'Cannot change bylaws' [UNI22]

'It is being revised and could not be confirmed yet by the board members' [UNI21]

Other organisations noted that their role was one of setting standards or competencies and hence they believed that it was the HEIs who were 'best placed to implement contingency plans' [MP2]

ⁱ MP = Multiprofessional | UNI = Uniprofessional | number denotes responding organisation

This was expanded on by others:



The organisation trusts 'that institutions, programs, and program faculty will make decisions that are in the best interest of their students and the public. We trust that program faculty are best positioned to make those decisions, with most pertinent knowledge of their programs' situation and impact of directives from their own institution and public health authority/authorities' [UNI23]

'Accreditation requirements have remained consistent and providers have been encouraged to be flexible in their approach to meeting them. They have been reminded that the standards are outcome focussed rather than input' [MP3]

'we are not prescriptive about how universities can meet the standards. We are concerned that they can achieve the outcomes and they can defend the measures they have used to ensure safe and effective practice [UNI9]

In one case, the accreditation visit was cancelled.

Flexible versus directive

Both flexible and directive processes were noted.

Flexible

For example, allowing 'modifications to clinical education requirements' [UNI4] and agreeing 'special arrangements allowing students to spend more time in practice, in remunerated placements, to support health and social care services' ...'changes designed to be facilitative rather than directive so that universities are able to makes changes to their programmes to enable students to contribute to supporting services while continuing their education and placement hours' [MP4]

Others noted flexibility in operations: 'We have, however, relaxed submission timings and will conduct accreditation reviews remotely' [UNI9]

Directive

For example, a 'request to the universities to put greater emphasis on this disease in respiratory PT courses' [MP5] and 'yes we made changes because we need more PTs working in intensive care' [UNI5]

The class of 2021

When asked about the class of 2021, 40% (n=14) of responding organisations stated that it was 'too soon to know', with two others noting this is not yet applicable due to the timing of the academic cycle, or there has been no request.



This work is ongoing because many HEIs are not in a position to provide this information to [organisation] yet [MP2]

Similar to responses to the class of 2020, regulators are providing HEIs with flexibility to respond.



‘We have provided educational providers with flexibility to adapt their programmes to meet the changes of COVID, providing advice and support where requested. We don’t anticipate this leading to changes in our requirements overall, but are monitoring’ [MP4]

‘Considering the amount of time lost the likelihood that the disease will be there with us for long, most institutions have adopted alternative forms of learning to be able to reach their learners. Despite these challenges and changes that will have to be made, the quality of training will be given paramount importance.’ [UNI15]

Others have noted that adaptations have already been possible.



‘Education providers have indicated that although there have been pressures on clinical education placements, they have been able to work with clinical education partners to adapt to the current environment and ensure placements across all [student] cohorts.... No provider has yet flagged an inability to meet the requirements ...for the 2021 graduating class’ [MP3]

‘The education institutions have amended schedules for clinical hours/placements so that there will be no impact [UNI17]

➤ Supervised clinical practice

Respondents were asked where supervised clinical/practice education opportunities had become very difficult to access for various reasons due to COVID-19 in the coming year, what the approach of their organisation was. For 15 responding organisations, this did not apply. Where applicable to the other 20 respondents, various alternatives were being considered:

- considering/implementing simulation as an appropriate substitution n=10 (50%)
- considering/implementing telerehabilitation as acceptable n=10 (50%)
- considering/implementing virtual placements n=6 (30%)
- considering/implementing a decrease in supervised clinical hours n=3 (20%)

Professional practice – telerehabilitation

Of note, and perhaps consistent with the above, 15 (43%) respondents noted that the rapid transition to telerehabilitation had implications for their organisation.

A number of themes emerged from the data:

Standards: the rapid transition highlighted a need for development and/or refinement of guidance or standards.

“ ‘While we had an existing document on telehealth for practitioners, the rapid shift has highlighted certain areas where additional guidance or clarification is needed to address emergency situations or continuity of care’ [UNI1]

‘Registrants seeking more and more clarity on specific approaches to be taken – sometimes in areas we’ve not yet considered’ [MP4]

[UNI14] ‘is now preparing standards for telerehabilitation’.

‘We will be reviewing our [standards of practice] early in 2021 and the changes in practice will have to be reflected in what and how students will learn to deliver physiotherapy services to all users’ [MP2]

‘We are being asked many questions which we never previously considered. It has brought about the need for further discussion and better guidance from the board on the use of telehealth’ [MP8]

”

Legislation: for others, legislation is newly enacted and regulators are responding to it rapidly or dealing with cross-border issues.

“ ‘The [jurisdiction] enacted telehealth laws last year so the board has only been making changes related to telehealth because of COVID19 legislation [UNI8]

‘In [jurisdiction] there aren’t any regulations regarding the tele-rehabilitation. At this moment we are trying to initiate the regulation for this method to practice’ [UNI10]

‘We also had a large uptake in cross-border/extended access license requests’ [UNI12]

”

Implementation: six respondents noted that where the practice had been available it was being taken up more frequently or in different areas of practice.

➤ National examinations

All organisations, except one, responsible for the delivery of registration examinations reported that there has been an impact on the examinations due to COVID-19.

“ ‘Registration examinations in our country have usually been scheduled for March and November. The March exams were postponed with the hope that the disease will be contained soon. We are exploring options available to ensure they are administered soon.’ [UNI3]

“ ‘Major disruptions to April PT and PTA examinations due to test center closures. Worked closely with the test provider to allow a testing window in May as test centers reopened. Plan to hold fixed-date testing in July with a smaller window of additional dates to accommodate candidates who may not be able to find a seat on the scheduled date. Test cancellation fees are waived for the foreseeable future.

”

Webinars were held in May for schools, stakeholders, and candidates to explain the challenges and provide additional information'. [UNI19]

“ ‘There has been total lockdown on all activities in the country in which Educational activities are not exempted. Consequently all examination, training and all accreditation activities for physiotherapy are on hold till full return of activities in the country.’ [MP12]

‘Changes to the dates for sitting the exam and timeframe to register’ [MP5]

➤ International graduates seeking recognition

Ten organisations noted that COVID-19 had an impact on the review of international graduates seeking to have their qualifications and experience approved for registration purposes in their jurisdictions. Various reasons were reported, informed by the different processes within jurisdictions. However, the majority related to operational challenges due to COVID-19 restrictions.

These were reported variously as:

- delays in receiving information and documentation from other jurisdictions
- restrictions on entry into the jurisdiction due to travel restrictions
- delays in licensure and other clinical examinations that must be completed by internationally educated graduates or in accessing ‘periods of adaptation’ [a possible requirement in EU member states]

➤ Facilitators and barriers to making changes

Facilitators

Respondents were asked to consider what factors facilitated making changes at this time in response to COVID-19. Four main themes emerged

1. Legislative or regulatory flexibility was reported by 45% respondents such as:
 - emergency legislation to permit changes in practice or temporary registration of students
 - legislative changes to enable previous registrants to return to the register
 - existing legislation or regulations that allowed for discretion to consider emergency circumstances such as a pandemic
2. Communication with other regulatory institutions, the professional community and across neighbouring jurisdictions – 69% consulted with HEIs, 75% with professional organisations and 60% with other regulatory organisations when considering changes for physiotherapists related to COVID-19
3. Board/Council and organisational flexibility was noted by one third of respondents are being a facilitator to making changes
4. Other respondents reported a move to remote working and internal processes to facilitate electronic documentation, the establishment of special pandemic planning committees (n=2) and the availability of good data and intelligence informing decisions

Barriers

Notwithstanding the fact that legislative flexibility was reported as a facilitator to changes, legislation and regulatory complexity was also noted by one third of respondents to be a barrier to changes. In addition, the following were noted as barriers to making COVID-19 related changes:

1. Uncertainty about the nature of COVID-19, the opening of borders, educational institutions and test centres
2. Internal operations such as having to transition rapidly from paper-based documentation, a lack of earlier attention to risk management
3. Lock down of educational institutions and a lack of access to practice education for students
4. Slowness of government responses
5. Lack of understanding of the role and potential contribution of physiotherapists in the acute

➤ Main issue being faced

When asked about the main issue respondents were facing with respect to physiotherapist education due to the impact of COVID-19, four themes were reported:



1. The changes that will be required as a result of COVID-19 in the **education** of physiotherapists n=6 (17%). Providing education on telerehabilitation was noted by one respondent and another reported the possibility of revising the number of hours of continuing education that would be acceptable to be taken online for re-registration
2. Ensuring adequate and timely **practice education opportunities** for physiotherapy students n=17 (48%)
3. **Workforce issues** that may arise due to delayed graduation and opportunities for employment or changes in practice n=3 (9%)
4. **Operational issues** such as receiving documentation, the availability of licensure examinations and accreditation site visits n=7 (20%)

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