



EUROPEAN REGION

**World Confederation  
for Physical Therapy**

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# **Quality Assurance Standards of Physiotherapy Practice and Delivery**

**General Meeting 26 – 28 April 2018  
Dublin, Ireland**

## QUALITY ASSURANCE STANDARDS OF PHYSIOTHERAPY PRACTICE AND DELIVERY

### European Region of the WCPT Professional Issues WG (PI WG)

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## Introduction

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These standards describe the practice expected of physiotherapists in the delivery of their professional services to society. They provide the basis for physiotherapy practice and delivery in all settings including but not limited to clinics, hospitals, schools, commercial premises, sports and leisure facilities.

These standards are necessary to:

- Demonstrate to the public that physiotherapists are committed to the delivery of quality services
- Guide practitioners in the conduct and evaluation of their practice
- Guide the development of the profession
- Ensure the safety of patients/clients, staff and caregivers
- Ensure safe environments
- Provide information about the profession of physiotherapy to governments, regulatory bodies, employers, other health professions and the public.

These standards have been developed from the former ER-WCPT European Core Standards of Physiotherapy Practice adopted at the General Meeting in Budapest, Hungary, in May 2002, as revised at the General Meeting in Athens, Greece, in May 2008 and the European Physiotherapy Service Standards adopted at an Extraordinary General Meeting held in Barcelona, Spain in 2003.

At the General Meeting held in Copenhagen, Denmark, in May 2014, the proposal to up-date the existing Standards was agreed. Further to that, at the Joint Working Group meeting held in Limassol, Cyprus in September 2015 it was decided to use the two former documents to create a single document.

Information from the European Committee for Standardization (CEN), the ER-WCPT Strategic Plan, the WCPT Standards of Physiotherapy Practice, the UK HCPC Standards of Proficiency – Physiotherapy; and the Common Values published by the European Council of the Liberal Professions in June 2016 was reviewed to inform this document.

## CORE STANDARDS

### SECTION: Recognition of the Service User as an Individual

#### Standard 1 Ethical Behaviour

**Physiotherapists practice within their legal and ethical professional boundaries and comply with provisions of codes of conduct, practice and standards including requirements of their professional associations.**

#### **Physiotherapists:**

- Act in the best interest of service users at all times
- Respect and uphold the rights, dignity, privacy and autonomy of service users
- Base relationships with service users on mutual respect and trust exercising courtesy, honesty and integrity
- Consider the service user's or carer's needs within their social context
- Maintain high standards of safe and compassionate care
- Exercise a professional duty of care
- Cease professional activity in cases of conflict or significant risk of conflict or breach of confidence
- Ensure the safety and wellbeing of service users before professional or other loyalties
- Work within individual scope of practice with the appropriate knowledge, skills and experience
- Respond appropriately to individuals' moral, religious and cultural beliefs and practices and provide referral to another professional in cases of conflicts
- Set aside personal, religious, political, philosophical and other convictions
- Identify and take account of the physical, psychological, social and cultural needs of individuals and communities independently and impartially in the frame of their responsibilities
- Facilitate chaperoning as required

## **Standard 2 Informed Consent**

### **Physiotherapists obtain valid informed consent before starting any assessment or treatment**

#### **Physiotherapists:**

- Follow local policies for obtaining informed consent where they exist
- Give relevant information concerning the proposed physiotherapy procedure, taking into account presenting condition, age, emotional state and cognitive ability
- Discuss treatment options, including any significant benefits, risks and side effects, expected duration, approximate cost if applicable and assurances as to the absence of any potential conflicts of interest
- Give the service user an opportunity to ask questions for information or clarification
- Inform the service user of their right to decline or discontinue physiotherapy at any stage without it affecting their future care
- Document in the service user's health record where they give or decline consent
- Use their judgment in deciding where written consent is needed in cases of high risk procedures
- Maintain a copy of the service user's consent in their health record
- Give relevant written information to assist in the consent process and document this in the service user's health record
- Obtain consent for assessment as well as for treatment
- Inform the service user that they may be treated by a physiotherapy student or assistant and they have the right to decline
- Obtain consent from parents, guardians, carers or other designated persons where the service user does not have the capacity to consent
- Treat in the best interests of the service user in emergency situations
- Obtain written consent for participation in research

### **Standard 3 Confidentiality**

**Physiotherapists treat information given by the service user in the strictest confidence.**

#### **Physiotherapists:**

- Ensure privacy when service users are discussing personal details
  - Allow other healthcare professionals and personnel to access physiotherapy records when of relevance to the service user
  - Only release information to sources other than those involved in the service user's direct care where there is permission or the law allows it
  - Disclose information when it is in the service user's best interest
  - Disclose information when it is in the public interest – protecting public safety or preventing harm to others
  - Ensure that service user data in all formats is held confidentially and transmitted securely
  - Inform the service user where confidentiality cannot be guaranteed
  - Ensure management and processing of sensitive data is in accordance with national and European legislation
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**SECTION: Access to Physiotherapy Services**

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**Standard 4 Access to physiotherapy services**

**Access to physiotherapy services is fair and equitable, and based on need and priority**

**Physiotherapists:**

- Have a written process for assessing clinical need and priority of individuals referred for physiotherapy
  - Re-evaluate clinical need and priority of individuals on the waiting list who have not been seen within an agreed timescale
  - Provide a choice of appointment times
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## **SECTION: The Assessment and Treatment Cycle (EBP)**

The Cycle encompasses service user assessment, clinical reasoning and outcomes, treatment planning, implementation and evaluation, transfer of care/discharge.

This section should be read in conjunction with the standards on Confidentiality, Consent and Documentation.

### **Standard 5 Assessment**

#### **Physiotherapists carry out an assessment of the service user before each intervention**

Within the initial subjective assessment physiotherapists consider:

- Presenting condition/problems – clinical findings
- Past medical history
- Social and family history/lifestyle
- Current medication/treatment
- Contra-indications/precautions/allergies
- The patient's perceptions of his/her needs
- The patient's expectations of physiotherapy intervention
- The patient's demographic details
- Relevant investigations

Within the objective assessment physiotherapists:

- Undertake and record a thorough, sensitive and detailed assessment
- Select and use appropriate assessment techniques including observation, palpation and standardised outcome measures

## **Standard 6 Clinical Reasoning and Outcomes**

Clinical reasoning is based on using the information gathered from the assessment with knowledge of the presenting condition and the skills and competencies needed to formulate a physiotherapy diagnosis to deliver effective treatment and/or advice

### **Physiotherapists apply clinical reasoning to develop a diagnosis and treatment plan**

#### **Physiotherapists:**

- Analyse and critically evaluate the information collected during the assessment
- Demonstrate a logical and systematic approach to problem solving
- Undertake or arrange investigations as appropriate
- Form a diagnosis on the basis of physiotherapy assessment
- Use research, clinical reasoning and problem solving skills to determine appropriate actions
- Formulate specific and appropriate management plans including the setting of timescales
- Recognise the need to discuss and be able to explain the rationale for the choice of physiotherapy interventions
- Set goals and construct specific individual and group physiotherapy programmes
- Conduct appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively
- Select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function
- Know how to position service users for safe and effective interventions
- Select and apply safe and effective physiotherapy interventions
- Change their practice as needed to take account of new developments or changing concepts
- Recognise the value of research to the critical evaluation of practice
- Be aware of a range of research methodologies
- Evaluate research and other evidence to inform their own practice
- Use information and communication technologies appropriate to their practice

Physiotherapists consider and correctly evaluate information about effective interventions relating to the service user's condition and unique presentation, taking into account the following:

- Local protocols
- National guidance
- Special interest group advice
- Expert opinion

- The evidence base
- Reflection of own and other's practice

## **Standard 7 Formulating the Treatment Plan**

**Physiotherapists use the findings from the assessment, combined with clinical reasoning, to formulate a treatment plan in partnership with the service user.**

### **Physiotherapists:**

- Explain the clinical findings of the assessment and examination to the service user.
- Formulate the treatment plan in partnership with the service user

The treatment plan includes:

- The chosen interventions
- Goals of treatment and expected outcomes
- Outcome measures where appropriate
- Timescales for implementation and/or review
- Identification of those who will deliver the intervention including collaborative and multi-professional team working
- A record of activities/tasks delegated to assistants and carers where applicable
- If clinical guidelines or local protocols are used – a record of the date, version, and source of the document
- Documentation that is dated and appropriately authenticated by the physiotherapist who established the plan
- Relevant risk assessments
- Documented reasons for any missing or unavailable information

## **Standard 8 Implementing the Treatment Plan**

### **Physiotherapists implement all interventions according to the treatment plan**

#### **Physiotherapists:**

- Use the best evidence based practice to ensure effective treatment
- Record, date and sign all interventions/advice and outcomes
- Assess before and after each intervention and record findings

## **Standard 9 Evaluating the Treatment Plan**

**Physiotherapists evaluate the service user's progress related to the treatment plan to ensure that it is effective and relevant to the changing circumstances and health status.**

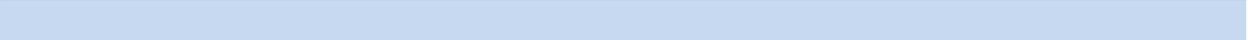
### **Physiotherapists:**

- Review the treatment plan at each treatment session with regard to subjective and objective measures and results of relevant investigations
- Update the treatment plan in accordance with the findings from the review and in discussion with the service user
- Use outcome measures to assess the effectiveness of the treatment
- Record and report any adverse and unexpected effects that occur during or after treatment
- Are open and honest when something has gone wrong with the care, treatment or other services provided by assuming responsibility, informing, taking remedial action; providing a prompt and full explanation of what happened and the likely effects and cooperating to reach a mutually acceptable resolution
- Deal with disputes or complaints in a prompt and transparent manner

## **Standard 10 Transfer of Care/Discharge**

### **Physiotherapists ensure safe and effective transfer of care/discharge at the end of the intervention**

#### **Physiotherapists:**

- Make arrangements for discharge or transfer of care
  - Involve the service user and carers in the arrangements
  - Give appropriate information to those involved in the on-going care of the service user
  - Write a Discharge Summary and send to the referring agent, appropriate agency, and service user's doctor in keeping with the locally agreed policy
  - Ensure service user consent and confidentiality in the transfer of information
  - Keep a copy of the Discharge Summary in the service user's health record
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## **SECTION: Communication**

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### **Standard 11 Communication with Service Users and Carers**

#### **Physiotherapists communicate professionally and effectively with service users and carers**

##### **Physiotherapists**

- Communicate openly, honestly and promptly
- Ensure that verbal, non-verbal and written communication is clear and easily understood, and available in a variety of formats
- Modify method of communication to meet the needs of the service user and carer
- Assess the recipient's understanding of the information given
- Ensure that interpreters are available when required
- Provide information which is accurate and not misleading and complies with the core values of the Profession
- Communicate information of a sensitive nature in a private environment
- Make available the appropriate condition-specific information
- Seek permission from the service user before discussing confidential details
- Offer the service user a copy of any discharge or transfer letters
- Report on action taken as a result of feedback from services users and carers
- Use all forms of communication appropriately and responsibly, including social media and networking websites

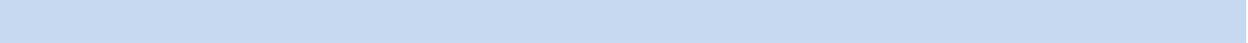
##### **Service users have access to information about:**

- How to access services
- The range of services available
- Information regarding their first contact
- Car Parking
- Hazards relating to care
- Consent to treatment
- Non-attendance policies
- Transport options
- Transferring to other services
- Discharge planning
- Condition-specific support groups
- How to provide feed back
- How to make a complaint

## **Standard 12 Communication with other Professionals**

### **Physiotherapists communicate professionally and effectively with other professionals**

#### **Physiotherapists**

- Communicate with other physiotherapists to ensure effective hand over of service user's care
  - Communicate relevant information to other relevant professionals involved in the service user's care
  - Are aware of and maintain lines of communication within their services structure
  - Have an organisational chart of the service accessible to staff and patients if applicable
  - Arrange or attend regular staff meetings/briefings if applicable
  - Ensure the physiotherapy service is represented at organisation-wide meetings when appropriate
  - Are involved in policy development and decisions at local, regional and national levels
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## **SECTION: Documentation**

### **Standard 13 Recording the Physiotherapy Intervention**

#### **Physiotherapists keep a comprehensive written record of every service user intervention**

Records may be uni-professional, multi-professional, electronic and/or paper based.

#### **Records are:**

- Started from the time of the initial contact
- Accurate
- Factual
- Contemporaneous and written immediately after the intervention or before the end of the working day of the intervention
- Clear and understandable
- Dated and timed for each intervention
- Comprehensive but concise
- Legible
- Chronological
- Written in permanent ink that will remain legible with photocopying
- Completed with a signature
- Protected against loss, damage or access by anyone not entitled to access them

#### **A record provides valuable information that can be used to:**

- Show evidence of informed consent
- Facilitate clinical decision-making
- Demonstrate duty of care
- Improve services including safety and quality of care through clear communication of intervention / treatment rationale
- Formally report escalating concerns about the safety and well being of clients
- Facilitate a consistent approach to teamwork, particularly in the context of multidisciplinary records
- Ensure continuity of service provision and management between different service providers
- Support other activities such as teaching, research, audit, quality assurance programmes and outcomes monitoring
- Demonstrate that physiotherapists have selected and provided the highest quality services appropriate for their clients
- Provide evidence in the event of litigation
- Provide statistical and managerial information for the day to day running and future planning of physiotherapy and health service provision

**Physiotherapists ensure that records include:**

- The name of the service user and either the date of birth, record/ archive number, or personal number on each page of the record, based on local/national policy
- The page number on each side of each page of the record
- The printed name and signature of the treating physiotherapist at initial entry
- The printed name and signature of the treating physiotherapist after each subsequent entry
- Time and date of the intervention
- All information associated with each intervention/episode of care, including details of the assessment, treatment plan, intervention, evaluation, re-evaluation and discharge.
- Language that is appropriate, respectful and non-judgmental
- Organizational and nationally agreed abbreviations only.
- Any errors crossed through with a single line and initialled, ensuring that the writing remains legible.
- Time and date of any update to the record.
- The same details when these are transcribed from dictated information.

**Physiotherapy Service Managers ensure that**

- A signature identification system for both written and electronic signatures is in place and maintained.

**Physiotherapists supervising students ensure that:**

- When students are carrying out assessment and/or treatment, both the student and the supervising physiotherapist sign the record

**Physiotherapists delegating tasks to an assistant ensure that:**

- When the activity undertaken by the assistant is supervised, both the physiotherapist and the assistant sign the record
- When the activity undertaken by the assistant is delegated, only the assistant signs the record
- The assistant is eligible and has the knowledge and skills necessary to undertake the task delegated

## **Standard 14 Record Management**

**Physiotherapists manage their service user records according to national or European legislation or policies and workplace policies, where these exist.**

**Management of the service user record includes:**

- Storage
  - Access
  - Retrieval
  - Manual transfer
  - Electronic transmission/transfer
  - Disposal
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## **SECTION: Continuing Professional Development (CPD)**

Physiotherapists are responsible for their individual professional development in order to achieve and maintain a high level of professional competence throughout their career. A professionally competent physiotherapist updates, advances and extends their individual knowledge and skills to include evidence based practice and developments in research

### **Standard 15 Assessing Development Needs**

**Physiotherapists continuously assess their development needs throughout their career**

**Physiotherapists assess their development needs related to:**

- Enhancement of their current scope of practice including better understanding of ethical issues
- Moving into a new clinical area or an area not practiced for a period of time
- Career aspirations
- Feedback from performance data such as routinely collected statistics, results of audit or an analysis of outcome measures
- Feedback from their peers
- Mandatory training requirements such as fire safety, basic life support and manual handling
- Innovations in practice and technological advances
- The needs of the national regulatory/registration authority
- The needs of the organization (this refers to the whole range of services, from a single-handed practice to a large hospital or rehabilitation center)

**Physiotherapy Service Managers ensure that:**

- Staff have the knowledge, skills, competence and capability to deliver a safe and effective service
- A performance appraisal system and/or peer review system is in place
- Learning opportunities are available
- Time is allowed for attendance at mandatory in service training

## **Standard 16 Planning CPD**

### **Physiotherapists plan CPD activities in order to achieve and maintain a high level of professional competence**

#### **Physiotherapists plan CPD activities based on:**

- The outcome of an appraisal (individual, with peer(s) or with their manager)
- Agreed learning objectives that are specific, measurable, achievable, relevant and timed.
- In conjunction with the needs of the service

A range of planned activities that lead to the achievement of the learning objectives include:

- Reflective practice
- Sharing knowledge and skills with others
- Reading and reviewing relevant professional journals
- Attending educational meetings
- Attending in-service training
- Independent study
- Clinical supervision
- Secondment and shadowing
- Peer review
- Mentorship
- Membership of a clinical interest group – uni-professional or multi-professional
- Implementing clinical guidelines
- Clinical audit
- Research
- Further formal education – e.g. Masters, PhD

#### **Physiotherapy Service Managers ensure that:**

- There is a written plan based on the outcome of the appraisal and the identified development needs for each staff member

## **Standard 17 Implementing CPD**

**Physiotherapists implement CPD activities in order to achieve and maintain a high level of professional competence**

### **Physiotherapists:**

- Implement the CPD activity within a planned timescale
- Introduce their new learning into their practice
- Record the CPD activity in their individual CPD portfolio

### **Physiotherapy Service Managers:**

- Ensure that staff are given the opportunity to develop and utilize their knowledge, skills and competency
- Agree protected working time for personal learning activities
- Ensure that staff fulfil their mandatory training obligations

## **Standard 18 Evaluating CPD**

**There is written evidence that the learning objectives set individually or at appraisal have been met.**

### **Physiotherapists:**

- Record the evidence of their learning in their portfolio
- Reflect on the development and enhancement of their clinical practice
- Work on new learning objectives
- Maintain their competence to practice to ensure reregistration to practice where this is in place
- Record the reason why a learning objective is not met
- Evaluate the effect on their individual practice

### **Physiotherapy Service Managers:**

- Keep a record of mandatory training attended by staff
- Keep a record of the CPD opportunities undertaken by staff
- Ensure that the CPD undertaken by staff meets the needs of the service

## **SECTION - Education and Research**

### **Standard 19 Educating Service Users, the Public and other Health Professionals**

**Physiotherapists educate service users, the public and other health professionals about the effects of physiotherapy intervention.**

**Physiotherapists:**

- Provide evidence-based information for service users to help them make informed choices about their care
- Provide information on condition-specific support groups and networks
- Contribute to inter-professional learning within teams of health professionals

## **Standard 20 Clinical Education of Students**

### **Physiotherapists who offer clinical education opportunities for students provide an appropriate learning environment**

#### **Physiotherapists:**

- Work in partnership with Higher Education providers and clinical educators
- Ensure that documentation is available detailing arrangements for placements
- Provide information and preparation material for the students prior to the start of the placement
- Create an atmosphere that is conducive to a positive learning experience
- Agree learning goals at the start of the placement
- Provide feedback at agreed points throughout and at the end of the placement
- Evaluate the student's learning experience at the end of the placement
- Seek feedback from the student regarding their learning experience
- Respond to the student's evaluation of their learning experience

#### **Physiotherapy Service Managers:**

- Make provision for student placements in workforce planning
- Ensure that Physiotherapy students are supernumerary to the workforce
- Monitor the workload balance of any clinical educators to ensure that patient care is maintained
- Work with Higher Education providers to ensure that clinical educators are supported
- Respond to the student's evaluation of their learning experience where applicable

## **Standard 21 Research**

**Physiotherapists who undertake research ensure that the process meets ethical requirements and quality standards.**

### **Physiotherapists ensure that any research undertaken:**

- Meets local and/or national ethical standards
- Meets local and/or national quality standards
- Acknowledges any funding sources
- Demonstrates appropriate management and monitoring
- Demonstrates accountability (including financial and reporting)
- Maintains confidentiality of data and intellectual property
- Ensures the integrity of the results
- Includes reporting of adverse incidents
- Includes reporting of the results, both positive and negative

### **Physiotherapists use research findings to inform their practice**

#### **Physiotherapy Service Managers:**

- Promote and support staff undertaking research and ensure that there is appropriate collaboration and dissemination
- Ensure staff engaged in research undertake it with the approval of a local/national research ethics committee. If no such review body exists, then research activities should be conducted in accordance with internationally recognised ethical principles and guidelines
- Make staff aware of their responsibility to share the results of research through a range of dissemination routes including databases, publication in an appropriate professional journal, conference presentation, via electronic media and the national press

## SECTION: Staff

### **Standard 22 Physiotherapy Staff**

**Staff, including support staff, have the knowledge, skills, competency and capability to deliver safe and effective physiotherapy services**

**(Physically and mentally fit)**

#### **Physiotherapists:**

- Meet legal requirements regarding license to practice, registration and certification including professional indemnity insurance where required
- Have the knowledge, skills, competence and capability to deliver a safe and effective service
- Work within their individual scope of practice
- Ensure that their level of expertise is appropriate to the needs of the service user
- Complete mandatory training

#### **Support staff:**

- Have a defined role within the physiotherapy service
- Work within agreed protocols
- Complete mandatory training

#### **Physiotherapy Service Managers ensure that:**

- There is an appropriate number and skill mix of physiotherapy staff and support staff for the service being provided
- Each staff member has a copy of their CV and references in their personnel folder file.
- There is a regular review of staffing levels to ensure a safe and effective physiotherapy service
- The recruitment process is fair, open, transparent and accountable
- Staff work within their scope of practice.
- Temporary and agency staff are appropriately qualified, clinically competent to work in the required clinical area and legally registered as required
- The signature of temporary and agency staff is recorded in the signature book

## **Standard 23 Volunteer Staff**

Volunteering in this instance refers only to Short Term Structured Voluntary Employment of qualified physiotherapists that is additional to the existing physiotherapy complement (including vacant positions) and is not a substitute for paid physiotherapists.

The purpose of short term volunteering is to support unemployed physiotherapists to maintain their skills while they are looking for paid employment and to retain their interest in the profession, rather than leaving it permanently.

### **Volunteer staff in a physiotherapy service have a clearly defined role and purpose**

#### **Volunteers:**

- Abide by the employment requirements of their employer
- Do not have employment rights but are entitled to Dignity at Work.

#### **Physiotherapists as volunteers**

- Abide by the Rules of Professional Conduct and the policies, procedures and guidelines of their professional organisation
- Are responsible for their own learning

#### **Physiotherapy Service Managers:**

- Provide a general induction and access to in service training
- Outline what is expected in terms of duration, days, hours, breaks
- Provide a learning contract which is agreed at the beginning of the volunteering period;
- If possible, provide an informal mentor with whom the volunteer could discuss the assessment, treatment plan, and outcomes of some of the patients with whom they have contact.

## **SECTION: Quality Improvement**

Quality Improvement is a formal approach to analysis of performance and systematic efforts to improve it. Its purpose in health systems is to improve health care by identifying problems, implementing and monitoring corrective action and evaluating the effect.

Problems may be identified from sources such as:

- Clinical audit
- Clinical outcome measures
- Complaints
- Adverse clinical incidents
- Accident reports
- Waiting times for appointment
- Waiting times within the Department
- Non-attendance
- Reports to referrers
- Clinical education provision.
- Feedback from staff, service users and the public

### **Standard 24 Quality Improvement**

**Physiotherapists use a quality improvement approach to identify problems within their practice, implement corrective actions and evaluate the effect**

#### **Physiotherapists:**

- Implement effective quality improvement processes and programmes
- Participate in the development and implementation of agreed standards of practice
- Collect and analyse information about their practice and rectify any deficiencies resulting from the analysis
- Deal with complaints in a timely manner
- Monitor complaints to inform service improvement

## **Standard 25 Clinical Audit**

Clinical audit is the systematic review and evaluation of current practice against research based standards with a view to improving clinical care for service users.

### **Physiotherapists engage in clinical audit to review and improve their practice**

#### **Physiotherapists:**

- Participate in a regular and systematic programme of clinical audit
  - Participate in a multi-disciplinary audit where such teams operate
  - Make available the documented results through an agreed process
  - Implement changes in practice as a result of the clinical audit
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## **SECTION: Health and Safety**

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### **Standard 26 Risk Management**

**Physiotherapists identify, assess and eliminate or control risks to service users, staff, and to organizations**

#### **Physiotherapists:**

- Identify any risks to service users, staff and organizations
- Assess the impact of the risk
- Implement measures to eliminate or control any identified risks
- Document the process
- Inform their employer of the risk and its management
- Review the risk at least annually and after any adverse event
- Comply with National and/or local risk management policies and procedures

## **Standard 27 Environment**

**Physiotherapists comply with relevant Health and Safety legislation and regulations to provide a safe environment for service users, staff and themselves**

**Physiotherapists comply with National and local guidance regarding:**

- Safe handling of loads
- Working alone / out of hours
- Control of substances hazardous to health
- Report of industrial diseases and dangerous occurrences
- Planned maintenance of equipment
- Risk Management
- Resuscitation
- Fire procedures
- Waste disposal
- Infection control
- Moving and handling
- First aid
- Disposal of sharps
- Display of hazard notices in areas of known risk
- A system for calling for help in an emergency
- Health and Safety Audit
- Regulation of environment – temperature, humidity, ventilation and lighting
- Sustainable consumption and recycling (climate change)

**Physiotherapists comply with National and local guidance regarding mandatory training in:**

- Fire safety
- Resuscitation
- Moving and handling
- Infection control
- Dealing with violence and aggression
- Emergency Procedures

## **Standard 28 Equipment**

### **Physiotherapists ensure that equipment is serviced, maintained and safe to use**

Physiotherapists have written evidence of:

- A service contract for all equipment according to manufacturer's instructions/national law
- Calibration of electrotherapy equipment
- Reporting of faulty or broken equipment
- Repairs to faulty or broken equipment
- Risks associated with each piece of equipment, to include hazards and contra-indications

## **Standard 29 Provision of Aids and Appliances**

**Physiotherapists provide aids or appliances in relation to the service user's needs and best available clinical evidence**

### **Physiotherapists:**

- Use the assessment and treatment cycle (standards 5-10)
- Document the reasons for choosing aids or appliances
- Ensure that service users are instructed in the use of the aid/appliance in line with manufacturer's recommendations
- Ensure the ongoing safety of service users in the use of the aid/appliance after initial instructions have been given
- Ensure that the recipient of the agreed aid/appliance understands their duty to use and maintain it according to the manufacturer's instructions

## **Standard 30 Lone Working**

### **Physiotherapists who work alone ensure their safety and the safety of the service user**

#### **Physiotherapists:**

- Take reasonable care of themselves and other people affected by their work activities
- Co-operate with their employers if applicable, in meeting their legal obligations
- When self-employed should take steps to avoid or control risks encountered and should undergo appropriate training to cope with unexpected situations of potential violence, aggression and danger

#### **Physiotherapy Service Managers:**

- Assess risks to lone workers and take steps to avoid or control risks
- Review risks periodically or when there has been a significant change in working practice
- Involve workers when considering potential risks and measures to control them
- Provide training to enable staff to cope in unexpected circumstances and with potential exposure to violence and aggression
- Have suitable arrangements in place to ensure clear communications, especially in an emergency
- Have a robust system in place to ensure lone workers has returned to their base or home once their work is completed and a procedure to follow in the event that they do not