



Editorial on Advanced Practice Physiotherapy Services

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Introduction

Poor health-related quality of life, higher healthcare utilization, sick leave from work, and productivity loss are all consequences of musculoskeletal (MSK) problems [1, 2]. Physiotherapy responsibilities and education routes are changing to ensure that physiotherapists have the necessary combination of skills and competences to respond to the rising MSK load and meet the demands of patients [3]. These enhanced roles often require physiotherapists to operate at an advanced level of practice rather than in a specific role, and perform traditionally medically-controlled tasks e.g., triaging patient care, prescribing medications, ordering imaging and administering injections [4]. Patients who do not require medical or surgical intervention are frequently managed by advanced practice physiotherapists (APPs), with the goal of lowering wait times and delivering more suitable treatment for these patients [5-8].

Advanced practice physiotherapy services have emerged in countries such as the United Kingdom (UK), Australia, Canada, and Ireland, and are commonly found in MSK services such as orthopedics, rheumatology, emergency rooms, and primary care, as well as neurology, cardiorespiratory, and women's health. These APP services are typically created on an ad hoc basis, allowing them to be tailored to the unique needs of the local service and include in-house training. This was the situation in Ireland, where clinical professional physiotherapists began working in low back pain and fracture clinics at various hospitals at an advanced practice level. Since 2011, a nationwide MSK Physiotherapy Triage Initiative has created 24 APP jobs in 18 acute hospitals spanning orthopedic and rheumatic services. However, both in Ireland and abroad, a lack of national credentialing, a clearly defined scope of practice for APPs, and consistent training causes service obstacles and professional issues. Inconsistent job titles and descriptions, blurring of professional boundaries, a lack of professional recognition, compensation, and governance, and difficulties establishing the transferability of skills and generalization of the overall advantages of such care models are just a few of the issues. Furthermore, in-house training may lack the rigour and resources needed to achieve uniform certification.

APPs in the UK and Australia are needed to have a masters or doctoral degree and more than five years of particular MSK experience (Chartered Society of Physiotherapists, 2016; Australian Physiotherapy Association (APA), 2009), and most APPs in Ireland fulfill these requirements as well. However, there are disparities between the offered and completed post-graduate education and continuous professional development (CPD). This can cause inconsistencies in practice and knowledge gaps, which can have an impact on patient outcomes. As a result, the World Confederation of Physical Therapy (WCPT) (World Confederation of Physical Therapists, 2019) and APPs have pushed for a clear definition of APP professional competences as well as standardized education. In addition, in the United Kingdom, an apprenticeship model for advanced practitioners is being developed to assist standardize schooling. International adoption of established MSK APP competences would encourage uniform usage and recognition of the advanced practice title, allowing physiotherapists to demonstrate their ability to perform tasks at an advanced practice

level professionally and safely. The following stages were advised for designing competency-based education, which is increasingly being employed in the education of advanced practitioners:

- i. determining the needed APP competencies,
- ii. grouping competencies into themes,
- iii. grouping themes into courses, and
- iv. grouping courses into curricula.

Stakeholder participation is also required to examine clinical priorities, clinician learning requirements, and the entire health system in which the service will be located. Because APPs have been used in MSK services for more than 30 years, a range of competence frameworks and education curricula are likely to have been used globally. In order to guide the establishment and refinement of MSK APP education curricula, this study reviewed current worldwide APP competence frameworks and education curricula, as well as explored physiotherapy learning needs in a local context.

A survey instrument was created based on a review of APP competence frameworks and education curricula, as well as the experiences of MSK physiotherapy education providers. As in earlier healthcare research, this poll gave a list of prospective curricular subjects and asked respondents to prioritize them [9]. APPs examined the original survey for completeness, and the final survey contained 29 learning topics under each of the themes originating from the defined MSK APP competences and education curricula, with physiotherapists given the chance to submit additional learning priorities. The survey was then given during an advanced practice research and education conference held in August 2018 at University College Dublin, Ireland, which featured lectures from advanced practice researchers from Ireland and Canada as well as an open audience discussion. Physiotherapists, physiotherapy managers, health and social care professional representatives, rheumatology consultant doctors, and academic physiotherapists from Ireland attended. Only the Australian frameworks were dedicated to MSK APPs and included 'practice-specific' abilities for various MSK situations [10] (emergency departments, post arthroplasty review clinics, orthopaedic and neurosurgical physiotherapy-led screening clinics, spinal screening, post surgical, rheumatology, osteoarthritis hip and knee service, and specialist physiotherapy pain clinics).

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