

Modern physiotherapy - Comparison between Romania and other countries members of World Confederation for Physical Therapists (WCPT)

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Abstract

One of the most important roles in the rehabilitation system belongs to the Physiotherapist. In the “civilized world”, the physiotherapist is a respected profession and a vital part in the rehabilitation system. The physiotherapist can practice independently in the NHS (The National Health Service) as well as in private practice. The Romanian medical system does not allow physiotherapists to work independently and to take responsibility for their actions. In this paper we will compare the laws and the work systems between Romania and a few of the countries who are members of World Confederation of Physical Therapists (WCPT). The detailed comparison will be made between Romania and Great Britain. We will look at the graduation title, the learning system and the professional hierarchy. We are asking the following question: are the Romanian laws and the Medical System obeying the laws of the World Confederation of Physical Therapists (WCPT)? This paper hopes to show the importance of the physiotherapist and his role in the rehabilitation system. The results of the study showed the level of disappointment and mistrust in the rehabilitation laws in Romania. The poor coordination at the national level is reflected by the poor quality of support at the county and towns level.

Key words: *Romanian physiotherapy, the health politics, professional autonomy, World Confederation of Physiotherapy*

Rezumat

Kinetoterapeutul/fizioterapeutul este un element important din sistemul de recuperare. În țările “civilizate” sistemul de recuperare se bazează pe cunoștințele și abilitatea kinetoterapeutului. Acesta poate practica în sistemul de stat sau privat. Poate lucra în sistemul ambulator dar și în recuperarea în spital. Sistemul medical din România nu permite kinetoterapeutului să aibă autonomie de practică și să fie responsabil pentru toate acțiunile sale. Această lucrare își propune să compare legislația în vigoare și sistemul de lucru dintre România și câteva dintre țările membre ale Confederației Mondiale a Fizioterapeuților (WCPT), comparația în detaliu fiind făcută cu sistemul din Marea Britanie. Această analiză este legată de titlul obținut după terminarea facultății, sistemul de învățământ dar și de ierarhia profesională. Ne punem întrebarea dacă legislația din România respectă indicațiile legislației în vigoare stabilite de Confederația Mondială a Fizioterapeuților dar și a normelor curente din România. Lucrarea de față încearcă să demonstreze cât de importantă este profesiunea de kinetoterapeut, cât și rolul acesteia în sistemul de recuperare. Rezultatele obținute arată gradul de nemulțumire și de neîncredere în sistemul actual

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cât și proasta coordonare a organizației la nivel național. Acest lucru se reflectă la nivel inferior ca de exemplu la nivelul organizațiilor județene.

Cuvinte cheie: *kinetoterapia în România, politici de sănătate, autonomia de practică, Confederația Mondială de Kinetoterapie*

Introduction

Physical therapy (also physiotherapy) is a health profession that assesses and provides treatment to individuals to develop, maintain and restore maximum movement and function throughout life. This includes providing treatment in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Physical therapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention and rehabilitation. This encompasses physical, psychological, emotional, and social well being. It involves the interaction between physical therapist/physiotherapist, patients/clients, other health professionals, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to a physiotherapist.

The physiotherapist/kinetotherapist can work in the National Health System as well as the private sector. The medical system we have in Romania, does not allow physiotherapists to work independently and to be responsible for their own actions.

After graduation, the physiotherapist will look for a job. Due to the shortage of jobs, one part of the graduates will head towards other professions and jobs. The rest, who managed to find a job, will be divided between the private sector and self employed where practice will be focused on massage rather than clinical rehabilitation, and the others who managed to find a decent job in the rehabilitation system but are not allowed to practice

independently due to the subordination to the Rehabilitation Doctor.

Purpose

This paper looks in to Romanian laws and the ability to work independently between Romania and some of the countries members of the WCPT [1,2]. In the original paper, the detailed comparison was made between Romania and Great Britain.

We looked at the graduation title, the learning system and the professional hierarchy. The research paper can be considered as a base for the practice of modern physiotherapy in Romania according to the actual laws. We are asking the following question: are the Romanian laws and the Medical System obeying the laws of the World Confederation of Physical Therapists (WCPT)? To be able to find an answer for the above question we looked at all papers available in connection to Romanian and international laws; the study time, type of study and scope of practice for physiotherapists according to the WCPT.

Methodology

The ability to work independently is well advertised in the international literature. The WCPT supports physiotherapist ability to work independent in all aspects of physiotherapy. In Romania, the ability to practice independent and be responsible for your own decisions is not recognised by the medical professions.

Maybe the medical professions do not know what the physiotherapy means or maybe they do not like to admit we have the same rights to practice as they do as long as we do not exceed our competencies.

The World Confederation of Physical Therapists was created in 1951 in Copenhagen. Romania entered the Confederation in 2008 with 111 members. In Romania, we used the terms of Kinetotherapist, PhysioKinetotherapist and even physiotherapist.

In 2003 the WCPT published a paper about the problems faced by the physiotherapy profession in promoting autonomy of practice.

Table I. Professional Title

Region	Country	Title
Africa	Nigeria	Rehabilitation Therapist
	Zimbabwe	Zimbabwe Physiotherapist
Asia	Sri Lanka	Physiotherapist
Western Pacific	Japan	Physical Therapist
Europe	Belgium	Kinesitherapeute, Graduee en Kinesitherapie, Masseur-Kinesitherapeute
	Bulgaria	Rehabilitation Therapist
	Finland	Fizioterapeut
	Israel	Physical Therapist
	Turkey	Fizik Tedavici, Physiatrist
	Yugoslavia	Physiatrist, Technician of Physiotherapy
	North America Caribbean	Jamaica
	United States of America	Physical Therapist
South America	Argentina	Licentiate in Kinesiology and Physiotherapy
	Chile	Kinesiologist
	Colombia	Fisioterapeuta
	Peru	Licentiate in Medical Technology Specializing in Physical Therapy

The tables provided are part of the 2003 paper (tables I and II) [3]. Table I reflects examples of titles used by working/licensed/registered physical therapists (i.e. titles for physical therapists educated over the past 30+ years; may not reflect present requirements). Table II reflects examples of the outcomes for physical therapists (i.e. reflects outcomes for physical therapists educated over the past 30+ years; may not reflect present requirements). The title used in Great Britain is the one of Physiotherapist.

Table II. Outcome of Education

Region	Country	Education intended to prepare graduates to work under doctor's prescription?	Education intended to prepare graduates to work autonomously and/or in primary care?
Africa	South Africa	No	Yes
	Zambia	Yes	No
Asia Western Pacific	Australia	No	Yes
Europe	Czech Republic	Unknown	Unknown
	France	Yes	No
	Hungary	Yes	No
	Lebanon	Yes	No
	Norway	No	Yes
	Spain	Unknown	Unknown
	North America Caribbean	Jamaica	No
	Canada	No	Yes
South America	Brazil	No	Yes
	Peru	Unknown	Unknown

This title is protected by the Chartered Society of Physiotherapy (CSP) which has good representation at the regional level through the regional reps.

At the academic level, the physiotherapy curricula are based on 3 years of study (theoretical and practical) with the accent on the clinical placements. The aim is for students to be confident, by the end of their studies, to work in a clinical environment.

The student will be closely supervised by the clinical educator which works closely with the university by linking with the designated visiting tutor. Before graduation, the student will have a "case management" placement where he/she will manage a caseload of patients with little supervision to prepare the student for the following months. This type of placement does not require marking as the previous placements did.

After graduation, the newly qualified physiotherapist can work in the National Health Service (NHS) or in a private practice. For this, he/ she should be a CSP (Chartered Society of Physiotherapy) and HPC (Health Profession Council) member. The NHS employs a huge number of the physiotherapy profession.

Because the Physiotherapy domain is huge you can specialise in the area of interest to you, such as: cardio respiratory, elderly, neurological, orthopaedic, Musculoskeletal, Paediatric rehabilitation, etc.

As in Romania, in Great Britain, after graduation, it will be hard to find a place to work in the NHS or in the private sector due to a shortage of jobs. The NHS was under financial pressure to save money and very few new jobs have been created at the junior and senior level. The need for change brought in the "Agenda for change" where all the jobs in the NHS have been banded to allow more equal job descriptions within the health system with increase in the working hours from 36 to 37.5 for the full time employee. As a result, we have Physiotherapy

assistants (PA)=Band 2; Technical Instructors (TI-3-2 or 1)=Band 3,4 and even 5; Junior physiotherapist (JPT)=Band 5; Senior Physiotherapist (SPT)=Band 6,7 (Clinical); Senior Physiotherapist=Band 8a (part Clinical and management role) and at Management level which is Band 8b and above.

In Romania, the proposed law which should support the physiotherapy/kinetotherapy profession and the creation of the Physiotherapy/ Kinetotherapy Order was voted by the Deputy Chamber on the 9th of November 2004 [4]. This is in line with the Article 76/1 from the Romanian Constitution.

According to the above law, the physiotherapist/ Kinetotherapist who has the right to practice in Romania, has a degree and a diploma from an accredited Romanian Physiotherapy University or from other accredited university from European Union.

The Article number 4, line 2 from the same proposed law stated: "the physiotherapist/kinetotherapist can practice as an independent entity or as a member of Rehabilitation team but they should follow the prescriptions of the Rehabilitation Doctor". Same article but line 3 specifies: "the Physiotherapist/Kinetotherapist can assume autonomy of practice in line with his curricular competencies". As we can see, the law is not clear and will need clear definition on autonomy of practice and equality with the other medical professions rather than subordination. The physiotherapist/kinetotherapist has a degree and a diploma and should be prepared, by the end of their studies, to diagnose and treat all the patients in their care. If a referral to other specialised opinion needed or to other medical profession, they should be able to do it as an equal and not as a less valued profession. They should consult with the consultants and surgeons about the protocol for a specific surgery but they should be able to plan the treatment independently following the precautions

and patient own goals.

In Romania, as practitioner you should have an Authorisation to practice physiotherapy/kinetotherapy. You can obtain this paper from the Department of Health. The Department of Health and the Physiotherapy/Kineto-therapy Order regulates the practice of Physiotherapy/kinetotherapy profession. The higher education at university level for physiotherapy/kinetotherapy started in Romania in 1992 when the Department of Health and the Department of Education approved the curricula (nr 838/ 14.07.1992) [5]. They also decided the number of university places for the National Academy for Physical Education and Sport Bucharest, University of Bacau and the University of Oradea.

Through two government laws (568/28.07.1997 and 294/16.06.1997) [6], physiotherapy/kinetotherapy was included in the program for Higher specialised university studies with a 4 years study time and a physiotherapy/kine-totherapy diploma.

In December 1997[7], the physiotherapy/kinetotherapy profession became part of the “Occupations Index” under the “Doctors and related professions” with the code of 222905. Since 1993 when a new profession title (physiokinetotherapist) was

introduced in the higher education by the Medical University of Oradea, the physiotherapy/kinetotherapy profession was under constant fire. Nowhere in the world can we find a description of what physiokinetotherapy stands for. The terms of physiotherapy and kinetotherapy are the same but they come from two different languages (English and French).

Results

The actual legal framework and the physiotherapy/kinetotherapy blogs inspired this project (8-10). The voices on the blog dated back to 2000 and reflect the poor appreciation of the physiotherapy/kine-totherapy profession in Romania. The entry selection was based on emotions expressed by the blog entries in relation to the current legal framework, job shortage and the interviews, inability to work independently and the subordination to other medical professions. We examined 402 entries from which we selected 82 who had strong connections with the project. As we could see from the entries selected (figure 1), the highest number of entries per year was found between 2004 and 2006.

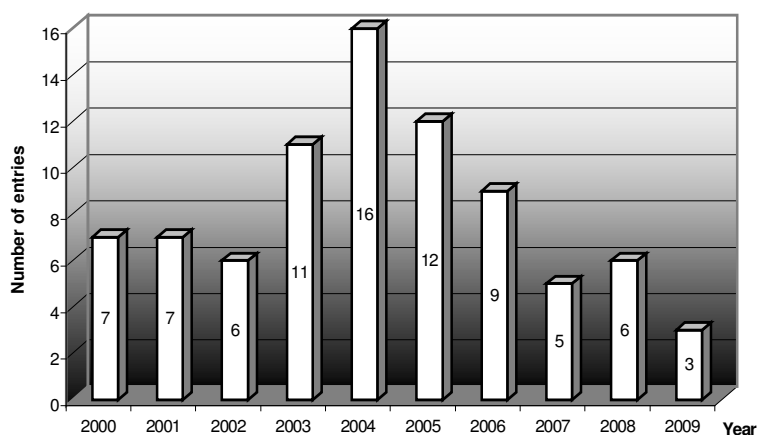


Figure 1. The number of entries found on the blogs who mached our criteria/year of entry

In addition to the analysed entries, we posted six questions on the physiotherapy/kinetotherapy blogs to see the reaction to the topic:

Q1). Do you practice Physiotherapy/Kinetotherapy?

Q2). Are you a student or have you graduated from a physiotherapy/kinetotherapy university?

Q3). Do you have autonomy of practice? Do you have to follow the instructions of other rehab medical professions?

Q4). Do you work in the National Health System or in the private practice?

Q5). What is your current opinion about the actual physiotherapy/kinetotherapy laws? Do you find the laws support your practice?

Q6). Would you like more support from the Department of Health and the Physiotherapy/kinetotherapy Order to promote new laws and autonomy of practice?

This questions had a limited number of answers may be due to the limited time this questions have been posted on the blogs (3 weeks), or may because of low general interest in the physiotherapy/kinetotherapy profession due to poor support from the government and own governing body.

Discussion

For the above questions in a 3 week period we recorded 11 answers. This small number of answers can be considered limited if compared with the number of the physiotherapy/kinetotherapy graduates from the country. A small number of the graduates work abroad. They can be considered lucky working in an environment who promotes independence and clinical development.

The interest was on the answers but we could not determine their geographical distribution. Due to confidentiality reasons, we cannot publish the answers. This can be found on the physiotherapy/

kinetotherapy blogs.

For the questions posted on the net, we had the following answers:

Q1: We had eleven replies. Nine of them were from the practitioners working in the physiotherapy/kinetotherapy field and one is still a student. The other entry belonged to a qualified physiotherapist who does not work in the profession any more.

Q2: Eleven replies recorded. Ten graduates and one student. The student will graduate next year and probably will have a hard time finding a job.

For the next 4 questions, we selected nine replies out of the eleven recorded. The questions were aimed to the practitioners who practice physiotherapy/kinetotherapy and not to the people who opted out of the profession or are students.

Q3: The majority of the practitioners (67%) are able to practice independently as private practitioners. From them, 33.5% have their own private practice (2 in Iași and 1 in Cluj), the rest do home visits. By working in the clients home, they are not connected or subordinated to any other medical profession. This group expressed dissatisfaction at the Physiotherapy/kinetotherapy Order as well as against the Department of Health.

Q4: as we discussed above, from the practitioners who practice in the private sector, three practiced in private practice and the other three will go to the client house. From the answers, we could not determine if the last three practitioners are practising physiotherapy or just massage.

Q5: For this question the selection of positive and negative answers has been subjective. We wanted to capture the voice of the practitioners and not a yes or no answer. In general, the practitioners would like more clarification on the actual laws or propose new laws which can support the physiotherapist in their practice. Two of the entries talked about the lack of jobs and poorly managed interviews.

Q6: All eleven answers were selected as all of the answers considered that they need or will need help from local organisations as well as the Department of Health and the Physiotherapy/kinetotherapy Order. The practitioners would like the Order to be more involved at national and local levels for the promotion of the physiotherapy profession and support for its members. Other answers to this question talked about the difficulties in obtaining the Certificate of practice, the Code of practice and the laws supporting the profession.

Practitioners were confused when they were asked in a job interview what they can and cannot do in relation to electrotherapy or the physiotherapy/physiokinetotherapy profession. We are qualified and we had modules to study electrotherapy during our university studies. We can use electrotherapy for the treatment of our patients as long it is in our scope of practice. We can use our clinical judgement to analyse if electrotherapy is the best treatment for our patient, and if it is, we can use it in conjunction with physiotherapy.

Conclusions

The results showed the degree of unhappiness towards the legislation. It is true the resources were limited and we had a limited number of answers, but this should not divert our attention away from the reality. Before 2000, the physiotherapy practitioners were unhappy with the current laws and with the other medical professions ignorance towards physiotherapy. We, as a profession, would like our voice to be heard through our Physiotherapy Order. The Physiotherapy Congress can promote our profession, new ideas and inter professional relations. The poor representation at the national level has been reflected locally where support should be more efficient and active for the “front line staff”.

Until other medical professions will learn to work and respect us and not to try to suppress us we have to express our concerns on the blogs and justify our clinical reasoning. Our voice should be heard through our Order.

Proposed action plan

In the European Union the physiotherapy profession has been well represented and the professional voice heard. The profession is well regulated and practitioners can access clinical development courses.

To be able to promote good clinical practice and have our voice heard we recommend:

1. A closer relationship between practitioners and local/national representatives. This will help to promote our wonderful profession;
2. Better and improved laws to support our professional independence of practice;
3. Easy access to the “Certificate of Practice”, the current laws, the regional and national representatives. To send copies of the current laws to the regional Health offices for easy access to the Certificate of Practice;
4. Our national and regional representatives to initiate discussions with the medical professions involved in patient care (private or from National Health Service) to promote our profession and our clinical independence;
5. Closer connections between the physiotherapy/kinetotherapy Universities to support the students and newly qualified practitioners;
6. The Physiotherapy Order to publish a list with the national and regional representatives. At the

University levels, to publish a list with all the regional members on the Order to facilitate peer support;

7. A link on the Universities website for easy access to a job description, laws and regulations, Code of practice, clinical development courses run by the university or other providers;
8. To continue to attend the conferences and improve inter professions relationships;
9. Increase the number of practical hours during the university (few comments were made in connection to the small number of clinical hours during the placements);
10. Our Physiotherapy order to publish our Code of Practice. Better access to the Order website;
11. To unite the Physiotherapy, Kinetotherapy and Physiokinetotherapy professions under one title, nationally approved by the Order, Department of Health and Department of Work and pensions.

I would like to thank all the colleagues who completed the small questionnaire and to my teachers for supporting this project. The detailed discussion on the actual Romanian laws can be found in the original project from which this paper

originates [1]. Please refer to the World Confederation paper [3] if you require more information about the physiotherapy profession across the world.

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