Policy challenges & opportunities
Irish & European perspective

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Irish Society of Chartered Physiotherapists
ER-WCPT
Irish Society of Chartered Physiotherapists

- Shared history with CSP – Irish Branch
- First academic programme, 1904
- Founded in 1983
- Currently has 2128 full members; likely to represent 80% of PT’s in Ireland
- 5 full-time staff
- Regulation pending – ISCP Competent Authority for EU legislation
- Equality regulation – all treated like EU member states
- Mix of private & public, for profit and not for profit
European perspective

- EU – 27 member states
- Some, but not all of whom, have direct access
- Directive – temporary provision of service & right of establishment
- Freedom of movement of people & services

- ER-WCPT – 33 MO’s
- A number of countries preparing for membership
- Some advanced, others just developing organisations
A variety of drivers co-exist which can enable change in practice, exerting different degrees of influence at different times.
Significant change can provide opportunities & consolidation

- In 1980’s
  - New professional organisation
  - Move into university for entry-level programmes
  - First honors degree
- Later, emergence of new players in health insurance allowed consolidation of position in private practice
- Recent strategy *Primary Care A New Direction 2001* includes a commitment to services that are “fully accessible by self referral”
Direct access – is there a downside?

- In the absence of regulation & adequate protection of title – yes
- Education of the public becomes very important
- Physiotherapy = Physical Therapy?
- PT from a country not in EU or WCPT,
  - using title but as not Chartered PT \( \rightarrow \) GP’s would not refer
  - tried to recruit post-graduate student to do assessment
EU Legislation is influential

• 27 member states, not all have direct practice
• Directive has provision for Common Platform but ER-WCPT does not believe this mechanism is possible currently
• Freedom of movement - if there is a short-fall in the entry-level education and attestations of competency of an applicant from another member state
  – A compensatory measure **must be offered**
  – Period of adaptation or an aptitude test
Which has been positive & negative for ISCP

• Requires a competent/regulatory authority
  – ISCP lobbied to take this on
  – Designated authority on behalf of Minister

• ISCP is responsible for the accreditation of entry-level programmes – clearly influence what is expected of new graduate

• Ensure PT’s whose applications are being reviewed are equivalent
But it has raised questions...

• Can these compensatory mechanisms make up the short fall?
  – Have we defined explicitly the educational components of entry-level programmes that produce autonomous practitioners ‘able to act as first contact practitioners’

• Is this too reductionist?

• Or an opportunity for leverage by MO’s?

• Do we know what regulatory authorities require?
Some lessons learned

• National equality legislation may be > than EU
• Document the changes explicitly
  – For small, new MO’s
• Direct access is one of a suite of advances in the profession
• Changes in national policy are opportunities to gain traction for consolidating a position or negotiating a new position