

CSP position statement: Evidence-based practice in UK physiotherapy

Purpose

It is now more important than ever that UK physiotherapy has a clear position on what evidence-based practice means within and for the profession. This clarity is needed for the following reasons:

- To underpin and shape how the profession delivers patient care
- To promote the value and impact of UK physiotherapy's contribution to meeting population and patient needs in clinically- and cost-effective ways
- To inform the development of physiotherapy practice, service delivery and education, and physiotherapy's development as a workforce
- To progress the profession's approach to developing, using and promoting research and its contribution to generating new evidence, knowledge transfer and service improvement.

Reviewing and re-asserting UK physiotherapy's approach to evidence-based practice is a positive exercise: it reflects the profession's critical reflection on its own development and its continuing maturation.

Context

Re-looking at evidence-based practice fits with a range of external drivers. These extend well beyond physiotherapy and present opportunities and challenges for all health and social care professions.

- Patient care needs to be of a consistently good quality, to seek to optimise patient outcomes and experience, and to be affordable in a context of rising demand, increasing expectation and tightening financial constraint.
- Services and professions need to demonstrate their value and impact, showing their clinical and cost-effectiveness and appetite for continuous improvement; this is particularly needed to reduce variation in patient outcomes and experience and to achieve efficiencies in service delivery.
- Simple, rigid approaches to evidence-based practice (and particular types of research) are increasingly seen to be outdated and not to fit well with complex population and patient needs (including rising numbers of patients with multiple health care needs and long-term conditions, and an increasing focus on illness prevention and patient self-management), requiring new approaches to research design and evidence generation
- Approaches to research and evidence generation and implementation must be sensitive to complexity and individual needs, including through patient and public involvement in research design, activity and evaluation.
- The health and social care workforce needs the knowledge, skills and professionalism to adapt to changing need, to manage complexity and uncertainty, and to work in collaborative ways; this includes responding and contributing to developments in the evidence base and modifying practice to optimise patient outcomes in effective, efficient and accessible ways.
- Practitioners need to critically appraise and apply developments in the evidence base and be able to explain the rationale for their advice, decisions and actions.
- Practitioners need to collect data, including directly from patients, that demonstrates their outcomes, value and impact and that supports service evaluation and improvement.
- For all these reasons, research is recognised to be 'everyone's business'.
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Expectations

The CSP has expectations of its members' engagement with evidence-based practice. These apply to any area of practice, including interventions and treatment approaches, models of

service delivery and activity in all sectors, settings and roles. They also strongly relate to CSP expectations of members' professionalism [see Figure 1].

They CSP's expectations of members are set out below.

- Members need to critically engage with available and emerging evidence that relates to their professional activity and service delivery, including evidence that supports its safety, effectiveness and economic value.
- Members need to critically appraise their practice, service delivery and professional development needs in the light of available and emerging evidence, identifying where elements of their approach or activity need to change.
- Members need to engage with and appropriately respond to evidence that challenges the safety, efficacy or effectiveness of a particular area of practice.
- Members need to engage with developments in the evidence base that highlight new ways of meeting patient needs in more clinically- and cost-effective ways.
- Members need to engage in collecting data to evaluate and demonstrate the quality of outcomes and service user experience and to identify areas for service improvement.
- Members need to contribute to identifying evidence gaps and priorities for new research to inform the profession's and others' research activity and evidence base and to enhance the quality, research and cost-effectiveness of patient care.

Figure one

Elements of professionalism



The CSP has parallel expectations of how its members are supported and enabled to engage in research and the evidence base. These are set out below.

- CSP members should be supported in accessing and using available research literature to inform their practice, service delivery, professional development and to engage in research-related activity.
- CSP members should be enabled to engage in broader activities relating to data collection and service evaluation and improvements, including through access to supportive technologies, their services' inclusion within datasets, and leadership initiatives.
- Workforce planning, development and investment need to address increasing research capacity within the profession, including through supported, integrated clinical academic career paths.

- Structures and funding that support data collection, research development, knowledge transfer and evidence implementation need to promote inter-professional/cross-sector collaboration, including with stronger patient and public involvement.

Misconceptions

In recognising the importance of evidence-based practice, it is helpful to be overt about what evidence-based practice is not. Misconceptions that can hinder debate and inhibit consensus-building are summarised below.

Evidence-based practice ...

- Is not the same as protocol-driven care; it does not mean delivering care according to a prescription drawn up by someone else, or simply reducing care to a series of itemised tasks that adhere to a pre-determined 'recipe' for the nature or amount of care to be delivered to a patient
- Does not remove individual practitioners' responsibility for exercising professional judgement in taking all factors into account in how they practise and deliver care in line with individual patients' identified needs and goals
- Neither undermines individual practitioners' professional autonomy (and accountability for their decisions, advice and actions), nor patients' autonomy in making decisions about the care that they receive
- Does not imply that only certain types of research activity (in terms of scale or methodology) 'count'; of key importance is practitioners' critical engagement with the best available evidence, their commitment to remaining up-to-date with developments in the evidence base and appraising the need to change their practice in light of these, and their readiness both to discuss issues relating to evidence gaps and to contribute to identifying priorities for new research
- Does not mean that individual practitioners can only engage in activity for which there is an established evidence base; rather, it demands an approach to practice in which individuals and teams engage with and critically appraise the available evidence (informed by their professional judgement, knowledge and skills), with a readiness to modify their activity in order to uphold patient safety and interests and optimise the value and impact of their service delivery
- Does not mean that all members of the profession have to be active researchers; however, it is important that all use the available evidence, engage in data collection and service evaluation, and contribute to identifying evidence gaps
- Is not a euphemism for rationing care; key to an evidence-based approach is showing the clinical and economic value of a specific practice approach, intervention or service delivery model, including through demonstrating long-term benefits for patient outcomes and reducing demands on services.

Risks

In line with the importance of re-asserting UK physiotherapy's engagement with evidence-based practice, there are risks attached to not doing this. These can be summarised as follows:

- The profession loses credibility
- It is seen as resistant to change and unable to contribute to development and innovation
- It fails to demonstrate its value and impact
- It loses service contracts

- It fails to evolve
- It loses opportunity to influence and raise its profile.

Key points

A fresh focus on evidence-based practice presents opportunities and challenges for UK physiotherapy and the CSP. These are shared: they need to be addressed collectively and by teams and individual practitioners to optimise and demonstrate the value of the profession's contribution to patient care and to strengthen its position and influence.

Opportunities and challenges for UK physiotherapy can be summarised as follows:

- To engage in debate, within and beyond the profession, on how evidence-based practice and the evidence base for health and social care need to evolve
- To show its commitment to developing its practice and service delivery in line with the evolving evidence base
- To articulate and act on the evidence that demonstrates its value and impact.

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