

# Quality Assurance Standards

for physiotherapy service delivery

The Standards are organised into 10 sections:

- 1 Autonomy and accountability
- 2 Delivering a safe and effective service
- 3 Learning and development
- 4 Working in partnership
- 5 Consent
- 6 Record keeping and information governance
- 7 Communication
- 8 Physiotherapy management and treatment
- 9 Evaluation of clinical care and services
- 10 Promoting, marketing and advertising physiotherapy services and products

This leaflet provides a summary of the full CSP standards which are available online to support the delivery of a safe and effective physiotherapy service.

What are the

# Quality Assurance Standards?

## The Standards have been developed to:

- **support** members in delivering safe and effective services
- **support** members in meeting the expectations of the CSP and the requirements of the Health and Care Professions Council
- **promote** and assure quality in clinical practice and service delivery
- **support** members in assuring and demonstrating the standard of physiotherapy care and service delivery
- **support** members and those who purchase or use physiotherapy services to evaluate the standard of a physiotherapy service.

Each of the standards has a number of measurable criteria relating to them. These present the components of how a standard may be met and they are provided for quality assurance purposes.

CSP members should critically reflect on their role and individual scope, on the context of their practice and the service within which it is delivered when implementing these standards.

A quality assurance audit tool is available at the CSP website to help compare actual care or service delivery with the criteria in the standards. See the full QA Standards document and audit tool online at [www.csp.org.uk/standards](http://www.csp.org.uk/standards)

# Interpreting the Standards

## The Quality Assurance Standards:

- have been developed in consultation with CSP members working in a range of organisations and roles
- are set at a level which are reasonable and achievable by a CSP member or physiotherapy service in the UK
- apply to individual members, physiotherapy teams delivering services and those (including managers or employers whose background may not be physiotherapy) with a responsibility for overseeing service delivery
- apply regardless of an individual's role, grade or experience.

Their interpretation will vary for different member groups or levels of practice and not all of the standards will be applicable in all situations or at all times of an individual's career. CSP members should critically reflect on their role and individual scope and the context of their practice and the service within which it is delivered to determine when standards do not apply.

## They:

- have been developed to reflect the complexity of service delivery and physiotherapy practice
- are a tool for members to use either collectively or as individuals as part of a quality assurance process
- may be used at a local level for reference, in system or organisational regulation and for reference in cases heard by the Health and Care Professions Council to facilitate the regulatory process.

## Note about terminology

'Organisation' has been used to refer to the context within which the physiotherapy service is delivered, from a single handed independent practitioner delivering a service to a service within a large organisation.

'Service user' has been used to include all those receiving physiotherapy, including patients, clients, carers and others.

'Intervention' has been used to include all aspects of service delivery, clinical care and physiotherapy management.

# Quality Assurance Standards

for physiotherapy service delivery

These standards represent what is needed to deliver a safe and effective physiotherapy service:



## Autonomy and accountability

- Standard 1.1** Members work within the scope of practice of the profession and their individual scope of practice
- 1.2** Members demonstrate the behaviours, skills and knowledge to fulfil the responsibilities of their role
- 1.3** Members fulfil their duty of care to service users
- 1.4** Members demonstrate professionalism at all times

## 2

# Delivering a safe and effective service

- Standard 2.1** There is a planned orientation and induction programme for all members working in new roles
- 2.2** Physiotherapy staffing and skill mix is sufficient to support the services being provided
- 2.3** Physiotherapy services are delivered in a safe environment
- 2.4** There is a systematic, proactive and responsive approach to risk management that follows the organisation's overall strategy
- 2.5** All medical devices are safe and fit for purpose, ensuring patient, carer and physiotherapy team safety
- 2.6** The risks of lone working are minimised

## 3

# Learning and development

- Standard 3.1** Members actively engage with and reflect on the continuing professional development (CPD) process to maintain and develop their competence to practise
- 3.2** Members offer quality CPD opportunities that help others learn and develop
- 3.3** Members actively engage with supporting students' practice education and the development of their professional socialisation
- 3.4** There are recognised structures, processes and resources in place that support learning and development in the workplace and enable members to meet the requirements of their role and meet professional and regulatory CPD requirements

## 4

# Working in partnership

- Standard 4.1** Services are designed, planned and delivered with the aim of promoting and improving the health of individuals and the local population and decreasing health inequalities
- 4.2** Service users are respected as individuals and placed at the centre of service planning and physiotherapy management
- 4.3** Information is provided to enable service users to participate fully in their care



## 5

# Consent

- Standard 5.1** Members obtain and document the service user's informed consent before any advice, assessment, examination, intervention, treatment or procedure
- 5.2** Where written consent is obtained a copy of the consent record is included in the notes
- 5.3** Where a service user lacks capacity to consent for themselves the appropriate process is in place to allow a 'best interests decision' to be made under the relevant Mental Health or In/Capacity Acts



## 6

# Record keeping and information governance

- Standard 6.1** Every service user who receives physiotherapy has an appropriate record
- 6.2** Records are stored while current and disposed of according to legal requirements
- 6.3** Data capture systems are designed and maintained to provide effective and secure transfer of patient identifiable information
- 6.4** There is evidence that regular audits of record keeping are planned, undertaken and action taken as a result



## 7

# Communication

- Standard 7.1** Mechanisms exist to ensure effective communication within and outside the physiotherapy service
- 7.2** Members communicate effectively with service users to ensure effective and efficient services
- 7.3** Members communicate effectively with other health professionals and relevant outside agencies to ensure effective and efficient services
- 7.4** Members treat all information in the strictest confidence

## 8

# Physiotherapy management and treatment

- Standard 8.1** There is fair and equitable access to physiotherapy services according to need
- 8.2** There is a system to ensure that physiotherapy care is based on the best available evidence of effectiveness
- 8.3** Appropriate information relating to the service user and the presenting problem is collected
- 8.4** Analysis is undertaken following information gathering and assessment in order to formulate a treatment plan, based on the best available evidence
- 8.5** Appropriate treatment options are identified based on the best available evidence, in order to deliver effective care
- 8.6** The plan for intervention is constantly evaluated to ensure that it is effective and relevant to the service user's changing circumstances and health status
- 8.7** On completion of the treatment plan, arrangements are made for discharge or transfer of care

## 9

# Evaluation of clinical care and services

- Standard 9.1** Effective quality improvement processes are in place, which are integrated into existing organisation – wide quality programmes
- 9.2** There is a clinical audit programme to ensure continuous improvement of clinical quality with clear arrangements for ensuring that clinical audit monitors the implementation of clinical effectiveness
- 9.3** There is a clear and responsive procedure for making and dealing with complaints
- 9.4** The effect of the physiotherapeutic intervention and the treatment plan is evaluated to ensure that it is effective and relevant to the goals

## 10

# Promoting, marketing and advertising physiotherapy services and products

- Standard 10.1** Information provided on services accurately reflects those offered
- 10.2** Information provided on products accurately reflects those offered
- 10.3** Products sold or supplied to service users are necessary in delivering effective care
- 10.4** The endorsement of a product or service is based on sound clinical reasoning, evidence and consideration of cost and quality.



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Full details of the complete  
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