Faculty of Health and Social Sciences

BSc (Hons) Physiotherapy

Programme Specification

March 2017 v3.4-0918
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1. Basic Programme Data

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<th>Originating institution</th>
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| Awards and programme title(s) | BSc (Hons) Physiotherapy  
BSc in Rehabilitation Studies  
Dip HE in Rehabilitation Studies  
Cert HE in Rehabilitation Studies |
| UCAS Programme Code(s) | B 160 |
| HESA JACS | B 160 |
| External reference points | Framework for Higher Education Qualifications;  
QAA Physiotherapy Subject Benchmark 2008  
QAA Quality Code Chapter A2. The Subject & Qualifications Level. 2011  
Health & Care Professions Council Standards of Proficiency for Physiotherapy (SOPS) (2013)  
Standards of education & training (SETS) (2012) |
| Professional, Statutory and Regulatory Body (PSRB) links | Health & Care Professions Council (HCPC) – regulatory, monitoring and standard setting: programme approval  
Chartered Society of Physiotherapy (CSP) Quality Assurance Standards (CSP 2012): programme accreditation |
| Place(s) of delivery | Bournemouth University-Practice placement sites throughout Dorset & Somerset |
| Mode(s) of delivery | Full-time with work-based learning |
| Credit Structure | 120 credits at Level C (ECTS 60)  
120 credits at Level I (ECTS 60)  
120 credits at Level H (ECTS 60) |
| Duration | 3 years |
| Date of original approval | July 2005 |
| Date of first intake | September 2014 |
| Target output | 25 |
| Placements | Minimum 1,000 hours at NHS hospital trusts & private sector clinical settings within the Dorset and Somerset |
| Partner institutions | None |
| Date and version number of this Framework/Programme Specification | March 2017 v3.4-0918 |

Regs141505 – The assessment regulations for this programme were amended in July 2015 to ensure parity of experience for all students undertaking the units “Exploring Evidence to Guide Professional Practice” and “Service Improvement Project”. It takes effect from September 2015 and applies to all current students and new enrolments.

FHS151602 – The assessments for two units were modified and approved by FASC Chair’s Action following circulation to the Committee in July 2015.
FHSS 1516 15, approved 30/03/2016. Previously version 3.2
FHSS 1617 07, approved 15/03/2017. Previously version 3.3
1.1 Aims of the Document

The aims of this document are to:

- Define the structure of the BSc (Hons) Physiotherapy programme and its context within the School of Health and Social Care (HSC) and the Midwifery and Health Professions (MAHP) Framework
- Specify programme titles and interim awards
- Define programme and level outcomes for BSc (Hons) Physiotherapy programme
- Set out the regulations governing the programme awards; The Health and Care Professions Council (HCPC) Standards of Proficiency for pre-registration Physiotherapy (May, 2013) and the Chartered Society of Physiotherapy (CSP) Code of Members’ Professional Values and Behaviours (2012) and Quality Assurance Standards (QAA) (Oct. 2012)
- Set out amendments to the BU standard undergraduate regulations in order to comply with the HCPC requirements.

This specification should be read in conjunction with the Unit Directory, Programme Handbook, Practice Assessment Documents and other ancillary documentation.

The BSc (Hons) Physiotherapy programme is presented for joint approval by the University and the statutory professional regulatory body, Health and Care Professions Council (HCPC). Students who successfully complete the programme will gain both an academic award (BSc (Hons) degree and professional registration as a Physiotherapist with the HCPC, subject to a criminal conviction and health check and would be eligible for membership of the Chartered Society of Physiotherapy (CSP) An NHS contract with BU commissions a training allocation annually in line with Department of Health policy. The programme is also able to provide a limited number of privately funded places.

The programme structure has been designed to comply with HCPC requirements for training leading to professional registration as a Physiotherapist. To fit with professional requirements it is a three year fulltime programme. Students must complete within five years of commencing the course. The course is planned to ensure that students complete the requisite number of hours in both theory and practice (not less than 1,000 hours in assessed clinical practice). Practice learning opportunities will be in placements in local NHS organisations and community, private & voluntary sector agencies. A variety of theory and practical assessments assess and grade learning throughout the programme. Students must achieve the requisite academic credit and specified practice hours and competencies in order to be eligible for the appropriate academic award and professional registration as a Physiotherapist.

HSC is made up of 4 academic Frameworks: Midwifery and Health Professions (MAHP); Pre-registration Nursing; Health Sciences and Social and Community Studies. This Physiotherapy programme is located within the pre-registration MAHP framework. The framework consists of other programmes of which three are first-degree; Midwifery, Occupational Therapy, one is a diploma in higher
education for Operating Department Practitioners and a foundation degree in Para-medic Science. Throughout the framework common units are shared and inter-professional education is facilitated across all 4 frameworks.

The programme design takes account of a number of publications that detail the specific requirements for professional Physiotherapy practice (see points of reference for programme design). The design ensures that all students achieve the additional statutory requirements for professional practice, including:

- Experience of each designated core area of clinical practice
- Experience and diversity of clinical practice to meet HCPC directives and Agenda for Change Key Performance Indicators
- Completion of the required study hours in theory and practice
- Confirmation of personal integrity via annual declaration of good character and health and prior to Professional Registration.

2. Academic and Professional Context

2.1 Philosophy and Approach to the New Physiotherapy Programme

Physiotherapy is a health care profession. The aim is to:

“Identify and maximize quality of life and movement potential within the spheres of promotion, prevention, treatment intervention, and rehabilitation. This encompasses physical, psychological, social and emotional wellbeing”(WCPT, 2011, page 1).

Physical function is a key component of health and wellbeing. Physiotherapy is vital if people are to be facilitated to enhance their wellbeing and quality of life throughout their life span (CSP 2010). Physiotherapists are also involved in public health strategies for wellness promotion and illness prevention.

On-going fiscal constraints have resulted in devolution of responsibilities and restructuring of the provision of health and social care. This has led to widening the professional scope of physiotherapy practice. The Parliamentary and Health Service Ombudsman (2011) commission highlights the changing nature of health care in the UK. The NHS has to respond to demographics, diversity and an increase in numbers of individuals with complex long term conditions who are cared for in the community rather than an acute hospital setting. This underpins the necessity for physiotherapists to be able to make decisions based on the best available evidence and work autonomously and flexibly in their approach to care.

The role of the Physiotherapist is constantly evolving in accordance with the changing emphasis of health care policy set out in the Government’s Health and Social Care legislation (Health and Social Care Act 2012). This policy has introduced changes to the commissioning of service, a greater service-user voice and an increasing focus upon public health. The physiotherapy programme will continue to build on this theme to ensure that on completion of the course students are fit for practice in the current NHS.
The new programme follows on from the existing BSc (Hons) Physiotherapy programme which gained approval for 5 year delivery in 2009. This BSc (Hons) Physiotherapy programme has been designed to align with the current requirements of an evolving health care system and the flexible role of the Physiotherapist in that system. The programme has a distinctive focus on preparing students to understand the local population needs and be instrumental in achieving these health priorities. Reviewing the local health priorities in Dorset 25% of the population are aged over 65 years compared with 16% in England and Wales (Simons 2011). A third of people over the age of 65 years will have dementia before they die (Brayne et al, 2006). Physical inactivity is linked to obesity, some cancers and vascular diseases including dementia. The prime minister set a challenge to deliver improvement in dementia care by creating dementia friendly communities, emphasizing the necessity for improvements in health and care and research (DOH 2012). This university has a dedicated department specializing in the promotion of the best care for those with dementia (Bournemouth University Dementia Institute (BUDi)).

The Physiotherapy curriculum will capitalize on the expertise offered by this international, inter-professional, research led educational team.

Successful completion of the BSc (Hons) Physiotherapy allows eligibility to apply for registration with the HCPC, subject to a criminal conviction and health check and gain full membership of the profession’s member-led organisation the CSP. Intermediate awards are available for students who do not successfully complete the whole programme. These interim awards in Rehabilitation Studies will not confer eligibility for professional registration.

On enrolment there is an expectation that all students will comply with the CSP Code of Members’ Professional Values and Behaviour (2011); The Quality Assurance Standards for Physiotherapy Service Delivery (2012) and the Physiotherapy Framework (2013). They will also comply with the HCPC Standards of Proficiency (2013). Professional behaviour will be monitored through the students’ attendance, participation in blended learning activities and professional manner in practice and in theoretical sessions. BU’s supplementary student disciplinary code (additional to BU’s disciplinary procedure), will be used to address failure of students to maintain appropriate standards.

To ensure the programme has academic and professional currency we have drawn upon the HCPC standards of proficiency (2013) which set out the competencies for entry to the BSc (Hons) Physiotherapy programme. To facilitate our understanding of the future requirements physiotherapists (2017-2022) we have undertaken extensive consultation with; service users; practice partners; commissioning groups; current students and alumni; other academic institutions; emerging literature and policy documents and included consultation with professional colleagues/bodies. This development is also in line with the School of Health and Social Care’s Strategic Plan (2018).

The extant BSc (Hons) Physiotherapy programme prepared students for careers as autonomous Physiotherapy practitioners and the new curriculum will build on
this by widening the scope of practice. The new programme is designed to equip graduates to embrace changes in a rapidly evolving health economy. Physiotherapists are likely to be located in a broader range of workplaces and less involved in tertiary care settings (Health and Social Care Act, 2012). The programme team have and are continuing to explore ways in which students can be exposed to a range of placement opportunities in diverse settings.

From its inception, BU BSc (Hons) Physiotherapy Programme has had strong links with practice partners via regular meetings with Heads of Services and OT/PT Educational Forums. These links have continued to grow and strengthen in the last 5 years. This group therefore was able to make an honest and valuable contribution to the review of our programme. Practice Partners and Service Users have identified that the professional strengths embodied in our students are their; strong focus on foundation sciences; reflective, proactive approach; ability to engage in and document continuing professional development; transferability of evidence based practice and focus on holistic, client-centred care. Historically our students have been very employable because of their reflective and proactive attributes and their engagement with CPD.

The programme continues to emphasise the achievement of excellent interpersonal and social skills as the graduates will be employed to facilitate people to reach their potential in health and wellbeing. Continuing personal and professional development of each student occurs throughout the curriculum and provides the foundations for life-long learning. Students are expected to demonstrate integration of learning and research into practice through the use of CPD portfolios supported by the CSPs PebblePad.

The Physiotherapy curriculum is designed as an integrated programme of theory and practice learning, so that theory can inform practice and practice inform their academic learning. On placements, students are exposed to inter-professional team working where they continue to develop their skills of collaborative working, initiated in BU. This collaborative working is offered in shared units and theme days across HSC.

Through the scoping exercise it would appear that there needs to be a greater emphasis around core clinical skills and values such as dignity, care, compassion, communication, courage and commitment. Recent reports from the Care Quality Commission, the Health Service Ombudsman (2011) and the Francis report (Francis 2010) have identified the importance of high quality compassionate person-centred care. There is a requirement to integrate evidence based practice, knowledge and research within an understanding of what it is to be human (Todres et al 2009). This integrated approach clearly places a person at the centre of care where people are valued and respected as human beings. The new curriculum re-emphasises these skills and attributes in the education of future physiotherapists. These principles are advocated in a humanising health care philosophy generated by colleagues in HSC (Todres et al 2009). These will be adopted as a core theme within our new curriculum.
In achieving the above aspirations for student education, the BSc (Hons) Physiotherapy programme seeks to accomplish Bournemouth University’s Vision and Values – BU2018: Creating, Sharing and Inspiring. BU’s mission drives the educational experience throughout the programme.

“Creating the most stimulating, challenging and rewarding university experience in a world-class learning community by sharing our unique fusion of excellent education, research and professional practice and inspiring our students, graduates and staff to enrich the world”

Summary:

The BSc (Hons) Physiotherapy curriculum is built on scientific principles and evidence based practice and will emphasise humanising care integrated in an inter-professional milieu. It will continue to build on its strong focus in foundation sciences, consistent engagement in continuing professional development, transferability of evidence based practice and focus on client-centred care.

There will be a requirement to strengthen Physiotherapy practice skills and core values within a humanising health care philosophy. In addition, there will be a greater emphasis on revisiting all skills at higher levels to flexibly address the needs of people with complex long-term conditions, in tertiary and community settings. There will be a greater emphasis on exercise prescription, public health and motivational communication, which will be delivered as part of an inter-professional initiative.
3. Programme Overview

3.1 Overall Aims of Programme
The overall aim of the programme is to graduate Physiotherapists who are effective in delivering well-reasoned, compassionate health and social care through the integration of evidence based and client-centred practice. They will be autonomous, team-oriented professionals who are flexible and can adapt to changing health and social care needs. They will be proficient at exploring and integrating multiple resources to inform their continued professional development. With excellent academic, physiotherapeutic, interpersonal and professional skills graduates will be eligible to meet the standards of proficiency required to become registered with the HCPC and gain professional membership of the CSP.

The programme aims to develop:
- Autonomous, reflective physiotherapists who will be independent learners committed to continuing professional development and life-long learning.
- Compassionate practitioners who demonstrate the core values encompassed within the philosophy of humanising care which respects the dignity and diversity of individuals.
- Enquiring practitioners with excellent skills of clinical judgement, who are able to assess, implement, evaluate and inform physiotherapy practice, particularly when managing musculo-skeletal, cardio-vascular, respiratory and neurological pathologies in a range of client groups and in a diversity of settings.
- Ethical physiotherapists with excellent interpersonal and communication skills who are good educators and motivators focusing on person-centred care and mutually agreed goals.
- Physiotherapists who understand their own role and the role of the inter-professional team in a variety of traditional and evolving health and social care settings.
- Physiotherapists with a wide range of other transferable skills including the ability to investigate and apply research evidence, leadership and management skills and information technology skills.
- Physiotherapists with integrated skills in health promotion/education.

3.2 Overall Programme Intended Learning Outcomes

This programme provides opportunities for students to develop and demonstrate knowledge, understanding and skills as follows:

A   Subject Knowledge and Understanding

A1 Biological sciences, demonstrating the diversity of healthy human structure and function
A2 Physical sciences applying physics, biomechanics and ergonomics to the analysis of human movement
A3 Clinical sciences, relating pathological changes and clinical features of conditions to relevant physiotherapy intervention
A4 Apply a reasoned theoretical basis for physiotherapeutic assessment and intervention
A5 Theory of systematic enquiry, investigation, analysis and evaluation
A6 Theory of communication, reflection, learning and teaching
A7 Psycho-social, environmental, cultural and economic factors that impact on health and the delivery of care
A8 Ethical, moral, and legal issues in relation to physiotherapy practice
A9 Professional code of practice and quality assurance mechanisms within physiotherapy practice
A10 Roles and values of other professions in health care, the service user and carer and different models of team work
A11 Complexities of health care systems within which physiotherapy is delivered

B Intellectual Skills

B1 The ability to memorise and assimilate new knowledge into existing conceptual frameworks
B2 The ability to process and critically evaluate information in order to make appropriate decisions
B3 The ability to synthesise theoretical perspectives and research evidence into the design and implementation of effective physiotherapy management for a wide range of patients/clients
B4 The ability to problem-solve and clinically reason to evaluate practice and construct specific interventions.
B5 The ability to reflect on experience and self-direct learning in order to identify personal and professional goals for continuing professional development and lifelong learning.

C Subject-Specific Skills

C1 Competent and safe physiotherapy skills which take into account physical, psychological, social and cultural needs of a person and incorporates issues of risk
C2 Safe manual handling skills when moving people in a range of environments
C3 Safe and effective use of therapeutic exercise incorporating decision making, goal setting and design of exercise programmes
C4 Safe and effective use of manual therapy
C5 Safe and effective use of electrotherapeutic modalities
C6 Goal setting skills in relation to an individual’s needs and ability
C7 Motivational skills which encourage the prevention of illness or injury and health promotion
C8 Ability to make sound professional judgements in both simple and complex clinical situations while exercising non-discriminatory judgement.
D. Transferable Skills

D1 Communication skills that support effective, humanistic and professional interaction with people from diverse backgrounds
D2 The use of information management systems in the organisation and maintenance of accurate records
D3 The use of Information Technology needed to manage, analyse and present data
D4 The ability to gather appropriate information from a wide range of sources to support or critique current working practice
D5 Educational skills which facilitate the transfer of knowledge and skills
D6 Time management skills which enable effective management of workload
D7 The ability to work flexibly and adapt to unforeseen circumstances
D8 The ability to take initiative in order to develop work practice
D9 The management and leadership skills that enhance quality across organisations in an inter-professional manner

3.2.1 Diploma of Higher Education in Rehabilitation Studies (Level I)
This programme provides opportunities for students to develop and demonstrate knowledge and understanding and skills as follows:

A. Subject Knowledge and Understanding

A1 The relationship of the anatomy and physiology of the cardio-vascular, respiratory and nervous systems to movement and function
A2 The ability to apply knowledge of physical and pathological changes to cardio-vascular, respiratory, neurological and other long-term conditions clinical presentations and altered bio-psycho-social function
A3 The ability to analyse non-standardised and standardised therapeutic assessment and apply clinical reasoning to formulate management plans for people with cardio-vascular, respiratory and nervous conditions
A4 The impact of research, clinical evidence and national guidelines and management frameworks on therapy practice particularly in relation to people with cardio-vascular, respiratory and nervous conditions
A5 The ability to compare and contrast a range of evidence that can guide practice.
A6 The ability to compare knowledge of different therapeutic assessment and treatment approaches to formulate evidence based management plans for people with complex conditions
A7 The ability to analyse the role of therapy in the context of changing health and social care services.
A8 The ability to evaluate the role of all members of multi-disciplinary team and their continued involvement in the education and promotion of health in different environments.
A9 Understanding the risk from an ethical viewpoint set against current policies and procedures that are designed to underpin the reduction or management of risk.

B. Intellectual Skills

B1 Plan problem-solving activities and think logically and systematically using ethical principles and practices.
B2 Discuss concepts such as risk management, ethics and consent, in the light of differing opinions.

B3 Reflect upon philosophical and theoretical perspectives that can underpin practice and that are informed by human experience.

B4 Respond effectively to individuals by synthesising assessments, methods of intervention and relevant theoretical frameworks.

B5 Critically review a range of literature to provide evidence on an aspect of physiotherapy.

B6 Reflect on personal ability in order to determine transferable skills and critically assess future learning needs.

C. Subject-Specific Skills

C1 Effectively communicate information gathered from service-users, differentiating between appropriate language used with service-users, carers and professional colleagues of all backgrounds.

C2 Analyse a range of assessments and standard procedures in order to devise client-centred management plans taking into account risk involved.

C3 Demonstrate therapy skills appropriate to the management of people with cardio-vascular, respiratory, neurological and other long-term conditions clinical presentations in the light of varying environmental and psychosocial factors.

C4 Prioritise standard treatments based on research evidence and make adjustments according to varying physical, psycho-social and environmental factors.

C5 Liaise with colleagues and other professionals regarding continuity of care based on theoretical frames of reference.

C6 Motivate individuals to continue exercise programmes in the community to prevent further illness and promote healthy lifestyles.

D. Transferable Skills

D1 Analyse professional’s own role and function as a member of a group.

D2 Effectively communicate both personally and professionally within the context of a group.

D3 Apply contemporary, humanistic communication and information technology to service delivery.

D4 Demonstrate good numeracy, including an understanding and ability to evaluate statistical evidence.

D5 Teach knowledge and skills to clients or junior members of staff

D6 Work flexibly and respond positively to changes in work load.

D7 Gather information from a wide range of sources and by a variety of methods, and assess its reliability.

D8 Critique research information and working practice.

3.2.2 Certificate of Higher Education in Rehabilitation Studies (Level C)

This programme provides opportunities for students to develop and demonstrate knowledge and understanding and skills as follows:

A Subject Knowledge and Understanding

A1 The bio-psycho-social, environmental and cultural influences upon life development.
A2  The expected patterns of development and function of the major functional systems of the body, (e.g. musculo-skeletal, neurological and cardio-vascular) which enable movement, cognition, communication and social interaction.

A3  The anatomy, physiology, biomechanics and ergonomics related to movement and function of the lower and upper quadrant.

A4  The pathological changes in the musculo-skeletal system give rise to clinical presentations of the lower and upper quadrant.

A5  The rationale for the selection of basic therapeutic interventions used for the specific therapy needs of service users in relation to identified problems.

A6  Implications of psycho-social issues on well-being and the relationship to health promotion and client-centred education.

A7  The bases of humanising health care. Inequality and discrimination, the influence of culture, stereotyping and prejudice as barriers to effective communication and an understanding of group processes and how these can impact upon effective communications.

A8  Legislation, ethical frameworks and professional statutory codes of conduct that guide health and social care practice.

A9  Professional identity and integrity relating to personal values, professional values and service user autonomy.

A10  Commonalities and differences between physiotherapy and other professional bodies’ quality assurance standards and their application to practice.

B  Intellectual Skills

B1  Identify and discuss personal learning needs and plan learning strategies to meet these needs.

B2  Memorise and assimilate new knowledge into existing conceptual frameworks.

B3  Demonstrate appreciation and use of multiple sources of evidence that underpin learning in the workplace.

B4  Demonstrate the process of critical thinking.

B5  Relate theoretical models and frameworks to practice.

B6  Review and reflect on own learning and progress in order to plan objectives.

C  Subject-Specific Skills

C1  Apply knowledge of normal human development to patient movement and functioning.

C2  Gather and record appropriate information from people whilst understanding the need to respect their rights, dignity and autonomy.

C3  Complete with guidance musculo-skeletal examinations of the lower and upper quadrant assessment using standardised and non-standardised approaches with their PPE.

C4  Discuss clinical reasons for choosing interventions appropriate for individual patients.

C5  Safely deliver specific treatment programmes using therapeutic modalities such as exercise therapy, manual therapy and electrotherapy.

C6  Communicate effectively with service-users and physiotherapy colleagues and any other professionals involved in an individual’s healthcare management.

D  Transferable Skills

D1  Access and retrieve relevant data from a variety of sources to accomplish different tasks.
D2 Develop clear and unambiguous oral and written communication skills and interpret professional dialogue and language.

D3 Use computer systems and information technology for a variety of purposes including communication, data storage and retrieval, and information searching.

D4 Analyse intra- and inter-personal aspects of self.

D5 Demonstrate anti-discriminatory and anti-oppressive behaviour to people from a diverse range of backgrounds

D6 Organise work and manage personal study in order to meet deadlines

4. Learning and Teaching Strategies and Methods

Physiotherapy at BU is founded on a partnership between students, academic staff and placements educators. Students are encouraged to adopt an independent, self-directed approach to their learning. They identify their own learning needs throughout the programme and propose how they intend to meet these. Integration of the grow@BU model to nurture learners with the life-long learning skills provides students with the skills required to maintain excellence throughout their careers. Students can utilise support from academic advisers, peer assisted learning (PALs), the additional learning support service, grow@BU student service and a physiotherapy specific initiative for facilitating the transition to higher education.

Throughout the programme students will link theoretical understanding to clinical practice. Students will be directed to explore case studies to simulate clinical practice and learning activities will focus on practice issues that are underpinned by theoretical concepts. Practice simulation/practical skills are integrated throughout most units and across all three years of the programme. At the start of each academic year students sign a declaration of confidentiality form and consent to participate in practical classes form. Students are expected to formally review their own performance and learning at BU and in clinical practice and document this through the use of portfolios and personal development plans.

Students undertake uni-professional and inter-professional learning. Inter-professional learning takes place within BU and on placement. Skills for Therapy Practice in level C, Exploring Evidence to Guide Professional Practice in level I and Service Improvement in Practice in level H are three inter-professional units. Inter-professional theme days are also integrated within the programme and will allow students to access a variety of topics relevant to their practice with students from across the School of Health and Social Care.

Intellectual and transferable skills will be developed throughout the programme. A flexible, blended learning approach will develop students’ skills of enquiry. This includes seminar discussions; peer assisted learning; presentations by expert lecturers, clinicians and service users; group enquiry; laboratory and practical skills sessions and on-line learning, journal clubs, and visits to clinical settings. Online learning is used to facilitate knowledge acquisition, disseminate information, allow students to explore and discuss concepts and give instant access to relevant course and unit documentation. These learning activities will be driven by evidence and current BU research.
Throughout the programme tasks will increasingly focus on the critical analysis, evaluation of practice and the synthesis of new and innovative approaches based on the sound evidence-based knowledge. Novel technologies such as 360° recording equipment, ipads, Anatomy TV, PhysioTools, electrotherapy equipment, Nintendo Wii™ and advanced simulation mannequins enhance practice simulation.

To assist the Physiotherapy faculty to make decisions about proposed educational approaches in the new curriculum, staff from the BU Centre for Excellence in Learning (CEL) facilitated a workshop to explore innovations in educational practice, based on our short and long term goals. Topics discussed included:

- Research informed learning
- Student Engagement & Co-creation
- Technology Enhanced Learning
- Employability, work based learning and professional practice
- Globalisation, Internationalism and Sustainability
- Innovation, entrepreneurship and creativity

**Level C** focuses on the acquisition of basic knowledge and comprehension in a supported learning environment. The teaching and learning approach is based around developing learning through the use of support, facilitation and practice simulation. Online quizzes, discussions and information searching and retrieval will establish knowledge and computer skills. Small group work, practice simulation and clinical practice will provide opportunities to develop students’ professional and educative skills. Knowledge acquisition and comprehension will be facilitated by laboratory visits and specialist field visits. Role play and reflection on the students’ own interactions with colleagues and patients will facilitate the development of interpersonal and communications skills.

**Level I** focuses on analysis and application of knowledge and skills through a guided flexible learning environment. Learning is clinically focused with an emphasis on transferable skills for the adaptable practice environment. The educational approach is based around enhancing learning through guidance and application of evidence based and clinical knowledge and skills with encouragement of a self-directed learning approach. This is achieved by clinical placements, inter-professional learning, practical skills development through practice simulation and development of a portfolio.

**Level H** focuses on evaluation, clinical reasoning and research skills developed through a self-directed learning approach. The educational approach is based around further development of integrated practice skills within a complex clinical case context. Emphasis is on integrating critically appraised literature findings, the understanding of the wider scope of clinical practice and evolving healthcare environment. Students develop enhanced communication and educational skills through peer assisted and reviewed learning. Critical reflection skills are further developed through a well-reasoned review of their professional performance and learning as portrayed in an e-portfolio.

Students will take increasing responsibility for all aspects of the programme becoming more autonomous learners both in BU and on clinical placement.
5. Assessment Strategies and Method

A variety of graded assessments are completed, both within BU and on clinical placement. Level I accounts for 30% and level H 70% of the student’s overall degree mark.

Assessments focus on underpinning knowledge and comprehension in key areas of patho-biological, psycho-social and health professional theory. A broad range of assessment methods explore the wide range of skills required of a graduate physiotherapist and supports the diversity of individual learning needs. Formative assessment is used extensively to support students to develop the skills required for summative assessments and to use feedback effectively.

Level C assignments focus on knowledge and skills acquisition and establishing academic writing skills. Level C students are expected to demonstrate a basic level of competence in physiotherapy skills through practical assessment. Level I students focus on application of knowledge and skills to clinical scenarios. Both practical assessments and academic writing demonstrate skills of critical analysis and evaluation. Emphasis is placed on application to the clinical environment through practice simulation. As students’ progress to level H they will be offered an element of choice within assignments to allow them to focus on particular areas of professional interest. Students’ abilities to successfully research and evidence theoretical topics will be developed to a high level by the end of the programme.

Over all three years, critical reflection as a method of lifelong learning is encouraged through assessed portfolio documents reviewing professional practice development and independent learning both academically and on practice placement. Students’ clinical performance and service improvement skills are assessed by practice placement educators and includes ability to critically apply knowledge and comprehension to clinical practice. These assessment marks contribute to the final degree classification.

Mandatory training in CPR, manual handling and infection control will be assessed annually.

6. Placement Learning

Students are expected to meet the HCPC standards for skills required to practice physiotherapy. This includes the identification and assessment of health and social care needs. Students must demonstrate formulation and delivery of plans and strategies to meet individuals identified needs and critically evaluate the impact of interventions. The HCPC require students to satisfactorily complete a minimum of one thousand hours of practice learning experience in a variety of clinical environments. Throughout the programme, a 1 week orientation placement and 5 placements of 6 weeks are interwoven with a flexible learning approach which focuses on application of theory to practice and consolidation of skills learnt in the academic environment. On placement students are allocated a named Practice Placement Educator (PPE) who has attended PPE training to ensure familiarity with the Practice Assessment
Document (PAD), understanding of their role and the marking processes to ensure consistency and parity.

At **Level C** students will undertake a one week orientation placement in the middle of the first semester as part of the Portfolio Unit 1. This is not marked but is a unit completion requirement. At the end of the academic year the students will undertake a six-week assessed placement, as part of Portfolio Unit 1. By the end of placement 1 and with support, students are expected to demonstrate basic knowledge and comprehension in order to begin to achieve the core and specific skills.

At **Level I** there are two assessed physiotherapy placements presented as two units of study that contribute 20 credits each to this year: Portfolio Units 2 & 3. These placements encourage the development of autonomy in case management and experience in various speciality areas. Both six week placements will allow students to gain experience in a variety of health care settings and speciality practice areas including cardio-vascular, respiratory, neurological and musculoskeletal conditions in community, acute and outpatient settings. By the end of these placements and with guidance, students are expected to demonstrate analysis and application in order to develop skills to achieve the core and specific skills.

At **Level H** there are two assessed physiotherapy placements presented as two units of study that contribute 20 credits each to this year: Portfolio Units 4 & 5. Students may provide choices of areas of clinical interest with guidance and approval from the placement co-ordinator to ensure that core placements have been covered and the proposed speciality is suitable for the individual student’s profile. This allows students to explore areas of practice that they are particularly interested in or visit an area of practice where the student wishes to develop practice skills. During the final six week placement, students are expected to work autonomously with minimal supervision. This placement may be in one of a range of settings. Students are encouraged to take full responsibility for their case-load showing sound judgement, organisation and initiative in preparation for their first employment following qualification.
7. Programme Diagram

PROGRAMME DIAGRAM

Compulsory Units
- Progressing Physiotherapy Practice (20)
- Research for Physiotherapy Practice (20)
- Service Improvement Project\(^b\) (20)
- Innovations in Physiotherapy (20)
- Physiotherapy Portfolio Unit 4\(^*\) (20)
- Physiotherapy Portfolio Unit 5\(^*\) (20)

Exit Qualification: BSc (Hons) Physiotherapy
Requires:
- 120 Level H credits,
- 120 Level I credits and
- 120 Level C credits
and successful completion of 1000 hrs practice based learning

Exit Qualification: BSc in

Compulsory Units
- Acute Rehabilitation (20)
- Community Rehabilitation (20)
- Exploring Evidence to Guide Professional Practice\(^a\) (20)
- Outpatient Rehabilitation (20)
- Physiotherapy Portfolio Unit 2\(^*\) (20)
- Physiotherapy Portfolio Unit 3\(^*\) (20)

Progression Requirements:
- 120 credits at Level I

Exit qualification: Dip HE in Rehabilitation Studies

Compulsory Units
- Science for Physiotherapy (20)
- Skills for Therapy Practice\(^a\) (20)
- Exercise, Movement and Rehabilitation (20)
- Physiotherapy Management of the Inpatient (20)
- Physiotherapy Portfolio Unit Orientation\(^*\) (20)
- Portfolio Unit 1\(^*\) (20)

Progression Requirements
- 120 credits at Level C

Exit qualification: Cert HE in Rehabilitation Studies

\(^a\) Shared Unit OT and PT
\(^b\) Inter-professional units
\(^*\) Practice Units
8. Programme Regulations

8.1 Admissions

The regulations for the BSc (Hons) Physiotherapy are the Bournemouth University Standard Admission Regulations for undergraduate programmes. https://staffintranet.bournemouth.ac.uk/aboutbu/policiesprocedures/academicregulationspoliciesprocedures/

The following sections apply to Bournemouth physiotherapy programme Admissions and APL Regulations:

- 3A – Standard Admissions Regulations: Undergraduate Programmes.
- 3B - Admissions (Taught Programmes): Policy and Procedure.
- 3D – Fraudulent Applications Procedure.
- 3E – Criminal Convictions: Procedure.
- 3F – Proof of Qualification and Identification: Procedure.
- 3G – Student Name: Policy and Procedure.
- 3H – Standards of English for International Students and English Language Qualifications.
- 3P - Accreditation of Prior Learning (APL): Policy and Procedure.

Further, the Universities ‘Fair Access Agreement’ is available to students. http://www.offa.org.uk/agreements/AA_0050%20Bournemouth%20University%20201213.pdf

Entry requirements

Additions to the university regulations for the physiotherapy programme are that applicants must also:

- satisfy criminal conviction checks with the Disclosure and Barring Service covered in policy 3E Criminal Convictions: Procedure (2012/13)
- satisfy health checks by student self-declaration, GP statements or Occupational Health as appropriate. 3B Admissions (Taught Programmes): Policy and Procedure Section 4.3.4

Applicants for whom English is not their first language, must provide evidence of qualifications in written and spoken English. Acceptable qualifications are IELTS (academic) 7 or direct equivalents.

Applicants must complete the academic version of the IELTS test and achieve:

- At least 6.5 in the listening and reading sections
- At least 6.5 in the writing and speaking sections
- At least 6.5 (out of a possible 9) overall
The academic requirements for the 2013/14 are; 360 tariff points from 3 A-levels or 3 A-levels and 1 AS-level, including 100 points from a required subject (biology, human biology or physical education), or equivalent qualifications.

All UCAS applications are reviewed by the designated recruitment administrator for the BSc (Hons) Physiotherapy programme. Appropriate application forms are then passed onto the programme’s admissions tutor where the application is assessed by an academic in the physiotherapy team. Selected applicants are invited to attend for a group interview which is conducted by an academic in conjunction with a clinician from practice, in line with HCPC requirements. The group interviews allow the assessors to gain insight into applicants’ understanding of physiotherapy, requirements of being a Physiotherapist, their motivation to want to become a Physiotherapist, suitability for the programme and their communication skills. Offers are then made to successful applicants based on their application and interview performance.

**Accreditation of Prior Learning (APL)**

All applicants for APL will be individually assessed and must also meet the entry requirements of the programme. A student may be admitted to the programme with specific credit provided that they can demonstrate that they have met the intended learning outcomes of the relevant unit(s) at the required level. The total APL permitted will not exceed a maximum of 50% of the programme, provided that all requirements are met in full.

### 8.2. Assessment

**BSc (Hons) Physiotherapy**

The regulations for the Physiotherapy programme are the University’s Standard Undergraduate Assessment Regulations with the following approved exceptions which align the programme with the requirements of the Health and Care Professions Council and the Chartered Society of Physiotherapy:

**Pass Mark**

For placement units, a pass will be awarded where the overall unit mark is at least 40% and the mark in each separate element of the unit assessment is not less than 40%.

Where a formal element has separate practice components, a fail in any one component will result in a mark of 0% being awarded for that element.

For the Exploring Evidence to Guide Professional Practice (EE2GPP), a pass will be awarded where the overall unit mark is at least 40%.

For the Service Improvement Project, a pass will be awarded where the overall unit mark is at least 40% and the mark in each separate element of the unit assessment is not less than 40%.

**Compensation**

Compensation does not apply to placement units.

**Awards**

To be eligible for the award of BSc (Hons) Physiotherapy, students must have achieved 360 credits and have completed a minimum of 1,000 hours of practice.
The award of BSc (Hons) Physiotherapy leads to eligibility to apply for registration with the Health and Care Professions Council and be eligible to gain professional membership of the Chartered Society of Physiotherapy (CSP).

CertHE, DipHE, BSc and Aegrotat awards including BSc (Hons), will not confer eligibility to register and will be titled ‘Rehabilitation Studies’.

**Provision for failed candidates**
The Assessment Board will permit a student who fails each placement unit at the first attempt, to be reassessed on one occasion only. Further repeat attempts for each placement unit are not permitted.

**Accreditation of Prior Learning (APL)**
Accreditation of prior learning should not exceed one half (50%) of the credit for the award. Accreditation of Prior Experiential Learning (APEL) is not permitted.

**Complaints and Appeals:**
The Bournemouth University Academic Regulations, Policies and Procedures (ARPP) Section 11 includes clear guidance on the student complaints and appeals policies and procedures.

**External Examiners**
To meet the requirements of the Health and Care Professions and Chartered Society of Physiotherapy, at least one external examiner for the programme must be appropriately experienced and qualified, and be registered on the relevant part of an appropriate professional register.
9. Programme Profile
<table>
<thead>
<tr>
<th>Unit version no.</th>
<th>Unit name</th>
<th>HESA JACS Subject Code</th>
<th>Cost Centre(s) 4</th>
<th>Unit Details</th>
<th>Assessment Regs 7:</th>
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<tr>
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<tr>
<td>1</td>
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<td>B160 103</td>
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<td>Exercise, Movement and Rehabilitation</td>
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<tr>
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<td>Exploring Evidence to Guide Professional Practice</td>
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<td>Start Month</td>
<td>Start Year</td>
<td>End Month</td>
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<td>2016</td>
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</table>

**Contact in School:** Jonathan Williams (tel no. or generic UG/PG/programme specific email)

**Date approved:** August 2014

**Programme Specification version no.** 3.3

**Placement:** Integrated into portfolio units

**Name of Professional, Statutory or Regulatory Body (if appropriate):** Health and Care Professions Council
### HCPC Competencies Mapped Against Units:

**Overall comparison of HCPC professional standards (SOPs) to programme outcomes and units of study:**

**BSc (Hons) Physiotherapy 2014**

<table>
<thead>
<tr>
<th>HCPC General Standards of Proficiency</th>
<th>HCPC Specific Standards of Proficiency</th>
<th>QAA Benchmark Statements</th>
<th>Programme Intended Learning Outcomes</th>
<th>Units of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Be able to practice safely and effectively within their scope of practice</td>
<td>1.1 know the limits of their practice and when to seek advice or refer to another professional</td>
<td>A1 Professional autonomy and accountability</td>
<td>A6 A9 B5</td>
<td>All units but specifically All Portfolio Units</td>
</tr>
<tr>
<td></td>
<td>1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly</td>
<td>A1 Professional autonomy and accountability of the physiotherapist</td>
<td>D6 D7 D9</td>
<td>All units but specifically All Portfolio Units</td>
</tr>
<tr>
<td>2 be able to practise within the legal and ethical boundaries of their profession</td>
<td>2.1 understand the need to act in the best interests of service users at all times</td>
<td>A1 Professional autonomy and accountability of the physiotherapist</td>
<td>A7 A8 A9</td>
<td>All Portfolio Units</td>
</tr>
<tr>
<td></td>
<td>2.2 understand what is required of them by the Health and Care Professions Council</td>
<td>A1 Professional autonomy and accountability of the physiotherapist</td>
<td>A9</td>
<td>All Portfolio Units</td>
</tr>
<tr>
<td></td>
<td>2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the</td>
<td>A2 Professional relationships</td>
<td>All units but specifically All Portfolio Units</td>
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<td></td>
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<td>A3 Personal and professional skills</td>
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<td>B1 Identification and assessment of health and C1 C8</td>
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<tr>
<td>Diagnostic and therapeutic process and in maintaining health and wellbeing</td>
<td>Social care needs</td>
<td>A1 Professional autonomy and accountability</td>
<td>All units but specifically All Portfolio Units</td>
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<td>2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility</td>
<td>B2 Generic and enabling skills</td>
<td>A2 Professional relationships</td>
<td>All Portfolio Units</td>
<td></td>
</tr>
<tr>
<td>2.5 know about current legislation applicable to the work of their profession</td>
<td>B3 Practice</td>
<td>A3 Personal and professional skills</td>
<td>A9</td>
<td></td>
</tr>
<tr>
<td>2.6 understand the importance of and be able to obtain informed consent</td>
<td>C1 Knowledge and understanding</td>
<td></td>
<td>A9</td>
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<tr>
<td>2.7 be able to exercise a professional duty of care</td>
<td></td>
<td>A4 Profession and employer context</td>
<td>All Portfolio Units</td>
<td></td>
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<tr>
<td>3.1 understand the need to maintain high standards of personal and professional conduct</td>
<td></td>
<td>A5 Knowledge and understanding</td>
<td>All units but specifically All Portfolio Units</td>
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</tr>
<tr>
<td>3.2 understand the importance of maintaining their own health</td>
<td>A1 Professional autonomy and accountability</td>
<td>A9</td>
<td>All units but specifically All Portfolio Units</td>
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<tr>
<td>3.3 understand both the need to keep skills and knowledge up to date and the importance of career-long learning</td>
<td>A1 Professional autonomy and accountability</td>
<td>A9 B3 B5 D4</td>
<td>All units</td>
<td></td>
</tr>
<tr>
<td>4 be able to practise as an autonomous professional, exercising their own professional judgement</td>
<td>4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem</td>
<td>A2 Professional relationships</td>
<td>C1 A9</td>
<td>All units but specifically All Portfolio Units</td>
</tr>
<tr>
<td>4.2 be able to make reasoned decisions to initiate, continue, modify or cease techniques or procedures, and record the decisions and reasoning appropriately</td>
<td>A3 Personal and professional skills</td>
<td>C6 B2 B4</td>
<td>EE2GP Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice</td>
<td></td>
</tr>
<tr>
<td>4.3 be able to initiate resolution of problems and be able to exercise personal initiative</td>
<td>A3 Personal and professional skills</td>
<td>B4 D7 D8</td>
<td>All units</td>
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<td>4.4 recognise that they are personally responsible for and must be able to justify their decisions</td>
<td>A1 Professional autonomy and accountability</td>
<td>A9 B4</td>
<td>All units</td>
<td></td>
</tr>
<tr>
<td>4.5 be able to make and receive appropriate referrals</td>
<td>A1 Professional autonomy and accountability</td>
<td>A10</td>
<td>All Portfolio Units Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice</td>
<td></td>
</tr>
<tr>
<td>4.6 understand the importance of participation in training, supervision and mentoring</td>
<td>A1 Professional autonomy and accountability</td>
<td>A8 A9 B5 D5</td>
<td>All units</td>
<td></td>
</tr>
<tr>
<td>5 be aware of the impact of culture, equality, and diversity on practice</td>
<td>5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals</td>
<td>A11</td>
<td>All Portfolio Units Progressing Physiotherapy Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.2 be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities</td>
<td>A11</td>
<td>All Portfolio Units Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice</td>
<td></td>
</tr>
<tr>
<td>6 be able to practise in a non-</td>
<td>A1 Professional autonomy and accountability A2 Professional</td>
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<td></td>
<td>A8 A11 D7</td>
<td>All Portfolio Units</td>
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<tr>
<td>discriminatory manner</td>
<td>relationships A3 Personal and professional skills</td>
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<tr>
<td><strong>7 understand the importance of and be able to maintain confidentiality</strong></td>
<td>7.1 be aware of the limits of the concept of confidentiality</td>
<td>A1 Professional autonomy and accountability A2 Professional relationships</td>
<td>A9 B5 D8 All Portfolio Units Skills for Therapy Practice Research for Physiotherapy Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information</td>
<td>A1 Professional autonomy and accountability A4 Profession and employer context</td>
<td>A8 D2 All Portfolio Units Skills for Therapy Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public</td>
<td>A1 Professional autonomy and accountability A4 Profession and employer context</td>
<td>A6 A8 D2 All Portfolio Units Skills for Therapy Practice</td>
<td></td>
</tr>
<tr>
<td><strong>8 be able to communicate effectively</strong></td>
<td>8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others</td>
<td>A2 Professional relationships A3 Personal and professional skills A4 Profession and employer context B1 Identification and assessment of health and social care needs B2 Formulation of plans and strategies for meeting health and social care needs B3 Practice C2 Skills</td>
<td>A6 A10 B5 C8 D1 D2 All units</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.51</td>
<td>C2 Skills</td>
<td>A6 C7 D1 All units</td>
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<td>8.3 understand how communication skills affect assessment and engagement of service users</td>
<td>A2 Professional relationships A3 Personal and professional skills</td>
<td>A6 C7 D1 All units</td>
<td></td>
</tr>
</tbody>
</table>
| and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability | A4 Profession and employer context  
B1 Identification and assessment of health and social care needs  
B2 Formulation of plans and strategies for meeting health and social care needs  
B3 Practice  
C2 Skills |  | All units but specifically All Portfolio Units |
| --- | --- | --- | --- |
| 8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others | B1 Identification and assessment of health and social care needs  
C2 Skills | All units  
A6  
C7  
D1  
D7 |  |
| 8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs | A2 Professional relationships  
A3 Personal and professional skills  
A4 Profession and employer context  
B1 Identification and assessment of health and social care needs  
B2 Formulation of plans and strategies for meeting health and social care needs  
B3 Practice  
C2 Skills | All units  
A6  
A7  
C7  
C8  
B4  
D1  
D7 |  |
| 8.6 understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions | A2 Professional relationships  
A3 Personal and professional skills  
A4 Profession and employer context  
B1 Identification and assessment of health and social care needs  
B2 Formulation of plans and strategies for meeting health and social care needs  
B3 Practice  
C2 Skills | All Portfolio Units  
A6  
C1 | Skills for Therapy Practice |
| 8.7 understand the need to assist the communication needs of | A2 Professional relationships  
A3 Personal and professional skills  
A4 Profession and employer context  
B1 Identification and assessment of health and social care needs  
B2 Formulation of plans and strategies for meeting health and social care needs  
B3 Practice  
C2 Skills | All Portfolio Units  
A6  
C1 |  |
<table>
<thead>
<tr>
<th>9 be able to work appropriately with others</th>
<th>8.8 recognise the need to use interpersonal skills to encourage the active participation of service users</th>
<th>A2 Professional relationships</th>
<th>A10 C7 All Portfolio Units Skills for Therapy Practice Exercise, Movement and Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others</td>
<td>A2 Professional relationships A3 Personal and professional skills B1 Identification and assessment of health and social care needs C2 Skills</td>
<td>A10 C1 C8 D1 All units</td>
<td></td>
</tr>
<tr>
<td>9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</td>
<td>A2 Professional relationships A3 Personal and professional skills B1 Identification and assessment of health and social care needs C2 Skills</td>
<td>A10 C1 C8 D1 All units</td>
<td></td>
</tr>
<tr>
<td>9.3 understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals</td>
<td>A2 Professional relationships A3 Personal and professional skills B1 Identification and assessment of health and social care needs C2 Skills</td>
<td>C6 C7 D1 All Portfolio Units Skills for Therapy Practice</td>
<td></td>
</tr>
<tr>
<td>9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team</td>
<td>A2 Professional relationships A3 Personal and professional skills B1 Identification and assessment of health and social care needs C2 Skills</td>
<td>A10 D1 All Portfolio Units</td>
<td></td>
</tr>
<tr>
<td>C2 Skills</td>
<td>A6</td>
<td>All Portfolio Units</td>
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<td>9.5 understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user</td>
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<td>C7</td>
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<td>Progressing Physiotherapy Practice</td>
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<td><strong>A2 Professional relationships</strong></td>
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<td><strong>A3 Personal and professional skills</strong></td>
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<td><strong>B1 Identification and assessment of health and social care needs</strong></td>
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<td><strong>C2 Skills</strong></td>
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<td>10 be able to maintain records appropriately</td>
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<td><strong>All Portfolio Units</strong></td>
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<td>10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines</td>
<td>B3 Practice</td>
<td><strong>A9</strong></td>
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<tr>
<td>10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines</td>
<td>A4 Profession and employer context</td>
<td><strong>A9</strong></td>
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<td>11 be able to reflect on and review practice</td>
<td></td>
<td><strong>A1 Professional autonomy and accountability</strong></td>
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<tr>
<td>11.1 understand the value of reflection on practice and the need to record the outcome of such reflection</td>
<td>A1 Professional autonomy and accountability</td>
<td><strong>A6</strong></td>
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<td><strong>B5</strong></td>
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<td>11.2 recognise the value of case conferences and other methods of review</td>
<td>B4 Evaluation</td>
<td><strong>A6</strong></td>
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<td>12 be able to assure the quality of their practice</td>
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<tr>
<td>12.1 be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures</td>
<td>A1 Professional autonomy and accountability</td>
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<td>12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</td>
<td>A4 Profession and employer context B4 Evaluation C2 Skills</td>
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<td>12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures</td>
<td>A4 Profession and employer context B4 Evaluation C2 Skills</td>
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<td>12.4 be able to maintain an effective audit trail and work towards continual improvement</td>
<td>B4 Evaluation C2 Skills</td>
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<td>12.5 be aware of, and be able to participate in quality assurance programmes, where appropriate</td>
<td>A4 Profession and employer context B4 Evaluation C2 Skills</td>
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<td>12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user</td>
<td>B1 Identification and assessment of health and social care needs Formulation of plans and strategies for meeting health and social care needs B3 Practice B4 Evaluation</td>
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Practice
Innovations in Physiotherapy Research for Physiotherapy Practice SIP
12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

| 12.7 | Progressing Physiotherapy Practice Innovations in Physiotherapy Research for Physiotherapy Practice SIP | A4 Profession and employer context B4 Evaluation C2 Skills | B2 B3 B4 D2 D3 D4 | All Portfolio Units EE2GPP Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice Innovations in Physiotherapy Research for Physiotherapy Practice SIP |

12.8 be able to evaluate intervention plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status

| 12.8 | Progressing Physiotherapy Practice Innovations in Physiotherapy Research for Physiotherapy Practice SIP | A4 Profession and employer context B1 Identification and assessment of health and social care needs Formulation of plans and strategies for meeting health and social care needs B3 Practice B4 Evaluation | B2 B3 B4 D2 D3 D4 | All Portfolio Units EE2GPP Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice Innovations in Physiotherapy Research for Physiotherapy Practice SIP |
| 13 understand the key concepts of the knowledge base relevant to their profession | 13.1 recognise the role of other professions in health and social care | A2 Professional relationships  
B1 Identification and assessment of health and social care needs  
B3 Practice  
C2 Skills | A10 All Portfolio Units  
Skills for Therapy Practice  
EE2GPP SIP |
|---|---|---|---|
| 13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of the efficacy of interventions and the research process | A1 Professional autonomy and accountability  
B4 Evaluation  
C1 Knowledge and understanding | A4 A5 B1 B2 B3 B4 D2 D3 D4 |
| 13.3 understand the concept of leadership and its application to practice | A2 Professional relationships  
B1 Identification and assessment of health and social care needs  
B3 Practice  
C2 Skills | D8 D9 |
| 13.4 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession | C1 Knowledge and understanding | A1 A2 A3 A4 |

**Physiotherapy Practice**

**EE2GPP**

**Research for Physiotherapy Practice**

**Innovations in Physiotherapy**

**Acute Rehabilitation**

**Community Rehabilitation**

**Outpatient Rehabilitation**

**Progressing Physiotherapy Practice**

**Science for Physiotherapy**

**Exercise, Movement and Rehabilitation**
| 13.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention | B1 Identification and assessment of health and social care needs  
B2 Formulation of plans and strategies for meeting health and social care needs  
B3 Practice  
C1 Knowledge and understanding  
C2 Skills | A4 | All units but specifically Exercise, Movement and Rehabilitation  
Acute Rehabilitation  
Community Rehabilitation  
Outpatient Rehabilitation  
Progressing Rehabilitation  
Physiotherapy Practice  
Physiotherapy Management of the Inpatient |
| 13.6 understand the following aspects of biological science:  
– normal human anatomy and physiology, including the dynamic relationships of human structure and function as related to the neuromuscular, musculoskeletal, cardiovascular and respiratory systems  
– patterns of human growth and development across the lifespan  
– factors influencing individual variations in human ability and health status | B2 Formulation of plans and strategies for meeting health and social care needs  
C1 Knowledge and understanding | A1  
A2  
A3  
A4  
A7  
B1 | All units but specifically Exercise, Movement and Rehabilitation  
Acute Rehabilitation  
Community Rehabilitation  
Outpatient Rehabilitation  
Progressing Rehabilitation  
Physiotherapy Practice  
Physiotherapy Management of the Inpatient |
13.7 understand the following aspects of physical science:
– the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy
– the means by which the physical sciences can inform the understanding and analysis of movement and function
– the principles and application of measurement techniques based on biomechanics or electrophysiology
– the application of anthropometric and ergonomic principles

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<th>13.7 understand the following aspects of physical science:</th>
<th>B2 Formulation of plans and strategies for meeting health and social care needs</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>A4</th>
<th>A7</th>
<th>B1</th>
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<td>– the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy</td>
<td>C1 Knowledge and understanding</td>
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<td>– the means by which the physical sciences can inform the understanding and analysis of movement and function</td>
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<td>All units but specifically</td>
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<td>– the principles and application of measurement techniques based on biomechanics or electrophysiology</td>
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<td>– the application of anthropometric and ergonomic principles</td>
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13.8 understand the following aspects of clinical science:
– pathological changes and related clinical features commonly encountered in physiotherapy practice
– physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression
– the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this
– the different concepts and approaches that inform the development of

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<tr>
<th>13.8 understand the following aspects of clinical science:</th>
<th>B2 Formulation of plans and strategies for meeting health and social care needs</th>
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<th>A2</th>
<th>A3</th>
<th>A4</th>
<th>A6</th>
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<td>– pathological changes and related clinical features commonly encountered in physiotherapy practice</td>
<td>C1 Knowledge and understanding</td>
<td>All units but specifically</td>
<td>Exercise, Movement and Rehabilitation</td>
<td>Acute Rehabilitation</td>
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<td>Outpatient Rehabilitation</td>
<td>Progressing Physiotherapy Practice</td>
<td>Physiotherapy Management of the Inpatient</td>
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<td>– the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this</td>
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<td>Physiotherapy Intervention</td>
<td>B2 Formulation of plans and strategies for meeting health and social care needs</td>
<td>A1, A2, A3, A4, A6, A7, A10, B1</td>
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<td>13.9 understand the following aspects of behavioural science: – psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions – how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice – theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals – theories of team working</td>
<td>C1 Knowledge and understanding</td>
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<tr>
<th>14 Be able to draw on appropriate knowledge and skills to inform practice</th>
<th>A1 Professional autonomy and accountability</th>
<th>A11</th>
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<tbody>
<tr>
<td>14.1 understand the structure and function of health and social care services in the UK</td>
<td>A4 Profession and employer context</td>
<td>All Practice placement units</td>
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<tr>
<td>14.2 be able to deliver and evaluate physiotherapy programmes</td>
<td>B2 Formulation of plans and strategies for meeting health and social care needs</td>
<td>C1, C2, C3, C4, C5, C6</td>
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<td>B2 Formulation of plans and strategies for meeting health and social care needs</td>
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<td>B3 Practice</td>
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<td>14.3 be able to gather appropriate information</td>
<td>C2 Skills</td>
<td>A6 D1</td>
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<td>B3 Practice C1 Knowledge and understanding C2 Skills</td>
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<td>14.4 be able to select and use appropriate assessment techniques</td>
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<td>B2 Formulation of plans and strategies for meeting health and social care needs B3 Practice B4 Evaluation C1 Knowledge and understanding</td>
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<tr>
<td>14.5 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment</td>
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<td>B2 Formulation of plans and strategies for meeting health and social care needs B3 Practice B4 Evaluation C1 Knowledge and understanding</td>
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<td>C2 Skills</td>
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<td>14.6 be able to undertake or arrange investigations as appropriate</td>
<td>B2 Formulation of plans and strategies for meeting health and social care needs B3 Practice A3 A9 All Portfolio Units Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice Innovations in Physiotherapy</td>
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<td>14.7 be able to analyse and critically evaluate the information collected</td>
<td>B4 Evaluation B3 D2 D3 D4 All Portfolio Units Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Progressing Physiotherapy Practice SIP Innovations in Physiotherapy Research for Physiotherapy Practice</td>
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<td>14.8 be able to form a diagnosis on the basis of physiotherapy assessment</td>
<td>B2 Formulation of plans and strategies for meeting health and social care needs B2 Formulation of plans and strategies for meeting health and social care needs A1 A2 A3 A4 B4 Acute Rehabilitation Community Rehabilitation Outpatient</td>
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| 14.9 be able to demonstrate a logical and systematic approach to problem solving | A3 Personal and professional skills  
B2 Formulation of plans and strategies for meeting health  
B3 Practice and social care needs  
C2 Skills | B1  
B2  
B3  
B4 | All Portfolio Units  
Acute Rehabilitation  
Community Rehabilitation  
Outpatient Rehabilitation  
Progressing Physiotherapy Practice  
Innovations in Physiotherapy SIP |
|---|---|---|---|
| 14.10 be able to use research, reasoning and problem solving skills to determine appropriate actions | A3 Personal and professional skills  
B2 Formulation of plans and strategies for meeting health  
B3 Practice and social care needs  
C2 Skills | B1  
B2  
B3  
B4 | All Portfolio Units  
Acute Rehabilitation  
Community Rehabilitation  
Outpatient Rehabilitation  
EE2GP  
Progressing Physiotherapy Practice  
Innovations in Physiotherapy SIP  
Research for Physiotherapy Practice |
| 14.11 be able to formulate specific and appropriate management plans including the setting of | A3 Personal and professional skills  
B2 Formulation of plans and strategies for | C6 | All Portfolio Units  
Acute |
timescales  meeting health  Rehabilitation
B3 Practice and social  Community
care needs  Rehabilitation
C2 Skills  Outpatient

14.12 be able to apply  Rehabilitation
problem solving and clinical  Outpatient
reasoning to assessment findings  Rehabilitation
and prioritise appropriate  Physiotherapy
physiotherapy  Management of

14.13 recognise the need to  Rehabilitation
discuss, and be able to explain the  Outpatient
rationale for, the use of  Rehabilitation
physiotherapy interventions  Physiotherapy

14.14 be able to set goals and  Rehabilitation
construct specific individual and group  Exercise,
physiotherapy programmes  Movement and

Research for Physiotherapy Practice
SIP
EE2GP

All Portfolio Units
Acute Rehabilitation
Community Rehabilitation
Outpatient Rehabilitation
Physiotherapy Management of the Inpatient

All Portfolio Units
Acute Rehabilitation
Community Rehabilitation
Outpatient Rehabilitation
Physiotherapy Management of the Inpatient

All Portfolio Units
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Physiotherapy Management of the Inpatient

All Portfolio Units
Acute Rehabilitation
Community Rehabilitation
Outpatient Rehabilitation
Physiotherapy Management of the Inpatient
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<td>14.15 be able to conduct appropriate diagnostic or monitoring procedures, interventions, therapy, or other actions safely and effectively</td>
<td>A3 Personal and professional skills&lt;br&gt;B2 Formulation of plans and strategies for meeting health&lt;br&gt;B3 Practice and social care needs&lt;br&gt;C2 Skills&lt;br&gt;B4 Evaluation</td>
<td>A3&lt;br&gt;A4&lt;br&gt;A9&lt;br&gt;C4</td>
<td>All Portfolio Units&lt;br&gt;Exercise, Movement and Rehabilitation&lt;br&gt;Acute Rehabilitation&lt;br&gt;Community Rehabilitation&lt;br&gt;Outpatient Rehabilitation&lt;br&gt;Physiotherapy Management of the Inpatient&lt;br&gt;Progressing Physiotherapy Practice</td>
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<td>14.16 be able to select, plan, implement and manage physiotherapy interventions aimed at the facilitation and restoration of movement and function</td>
<td>A3 Personal and professional skills&lt;br&gt;B2 Formulation of plans and strategies for meeting health&lt;br&gt;B3 Practice and social care needs&lt;br&gt;C2 Skills</td>
<td>C1&lt;br&gt;C3&lt;br&gt;C4&lt;br&gt;C5</td>
<td>All Portfolio Units&lt;br&gt;Exercise, Movement and Rehabilitation&lt;br&gt;Acute Rehabilitation&lt;br&gt;Community Rehabilitation&lt;br&gt;Outpatient Rehabilitation&lt;br&gt;Physiotherapy Management of the Inpatient&lt;br&gt;Progressing Physiotherapy Practice</td>
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<td>Practice</td>
<td>B3 Practice</td>
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<td>C1 Knowledge and understanding C2 Skills</td>
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<td>14.17 know how to position or immobilise service users for safe and effective interventions</td>
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<td>14.18 be able to select and apply safe and effective physiotherapy specific practice skills including manual therapy, exercise and movement, electrotherapeutic modalities and kindred approaches</td>
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<td>14.19 be able to change their practice as needed to take account of new developments or changing contexts</td>
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<td>A4 Profession and employer context B3 Practice</td>
<td>A11</td>
<td>All Portfolio Units Exercise, Movement and Rehabilitation Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Physiotherapy Management of the Inpatient</td>
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<td>14.20</td>
<td>B3 Practice, B4 Evaluation</td>
<td>All Portfolio Units, Acute Rehabilitation, Community Rehabilitation, Outpatient Rehabilitation, Physiotherapy Management of the Inpatient, Progressing Physiotherapy Practice, EE2GPP, Research for Physiotherapy Practice, Innovations in Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>14.21</td>
<td>C1 Knowledge and understanding</td>
<td>EE2GPP, Research for Physiotherapy Practice, Innovations in Physiotherapy</td>
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</tr>
<tr>
<td>14.22</td>
<td>A3 Personal and professional skills, B4 Evaluation</td>
<td>EE2GPP, Research for Physiotherapy Practice, Innovations in Physiotherapy</td>
<td></td>
</tr>
</tbody>
</table>

14.20 recognise the value of research to the critical evaluation of practice

14.21 be aware of a range of research methodologies

14.22 be able to evaluate research and other evidence to inform their own practice
<p>| 14.23 be able to use information and communication technologies appropriate to their practice | C2 Skills | A6 D1 D3 | All units |
| 14.24 know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the Register (this standard applies only to registrants who are eligible to have their names annotated on the Register) | A1 Professional autonomy and accountability | A9 | All Portfolio Units |
| <strong>15</strong> understand the need to establish and maintain a safe practice environment | <strong>15.1</strong> understand the need to maintain the safety of both service users and those involved in their care | A1 Professional autonomy and accountability A2 Professional relationships A3 Personal and professional skills | A8 A9 A11 D9 | All units |
| 15.2 know and be able to apply appropriate moving and handling techniques | B3 Practice C2 Skills | C2 | All Portfolio Units Exercise, Movement and Rehabilitation Acute Rehabilitation Community Rehabilitation Outpatient Rehabilitation Physiotherapy Management of the Inpatient Progressing Physiotherapy Practice |
| 15.3 be aware of applicable health and safety legislation, and any relevant safety policies and | A1 Professional autonomy and accountability A2 Professional | A8 A9 A11 C8 | All Portfolio Units |</p>
<table>
<thead>
<tr>
<th>15.4 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation</th>
<th>A1 Professional autonomy and accountability</th>
<th>A8 A9 A11 A1 C1 C2 C3 C4 C5 C8 D2 D3</th>
<th>All Portfolio Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.5 be able to select appropriate personal protective equipment and use it correctly</td>
<td>A3 Personal and professional skills</td>
<td>C1</td>
<td>All Portfolio Units</td>
</tr>
<tr>
<td>15.6 be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control</td>
<td>A1 Professional autonomy and accountability</td>
<td>A4 A8 A9 A11 C1 C2 C3 C4 C5 C8 D2 D3</td>
<td>All Portfolio Units</td>
</tr>
<tr>
<td></td>
<td>A2 Professional relationships</td>
<td>Exercise, Movement and Rehabilitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A3 Personal and professional skills</td>
<td>Acute Rehabilitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A4 Profession and employer context</td>
<td>Community Rehabilitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B3 Practice</td>
<td>Outpatient Rehabilitation</td>
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<tr>
<td></td>
<td></td>
<td>Management of the Inpatient</td>
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<td></td>
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<td>Progressing Physiotherapy Practice</td>
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</table>
Programme ILO’s Mapped Against Units

Level C

<table>
<thead>
<tr>
<th>Unit</th>
<th>Subject knowledge &amp; understanding</th>
<th>Intellectual skills</th>
<th>Practical Skills</th>
<th>Transferable Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science for Physiotherapy Practice</td>
<td>A 1 A 2 A 3 A 4 A 5 A 6 A 7 A 8 A 9 A 10</td>
<td>B 1 B 2 B 3 B 4 B 5</td>
<td>C 1 C 2 C 3 C 4 C 5 C 6 C 7 C 8</td>
<td>D 1 D 2 D 3 D 4 D 5 D 6 D 7 D 8 D 9</td>
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<td>Exercise, Movement and Rehabilitation</td>
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<td>Physiotherapy Management of the Inpatient</td>
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<td>Physiotherapy Portfolio unit Orientation</td>
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### BSc (Hons) Physiotherapy

#### Level I

<table>
<thead>
<tr>
<th>Unit</th>
<th>Subject knowledge &amp; understanding</th>
<th>Intellectual skills</th>
<th>Practical Skills</th>
<th>Transferable Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A 1 A 2 A 3 A 4 A 5 A 6 A 7 A 8 A 9 A 10 B 1 B 2 B 3 B 4 B 5 C 1 C 2 C 3 C 4 C 5 C 6 C 7 C 8 D 1 D 2 D 3 D 4 D 5 D 6 D 7 D 8 D 9</td>
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<tr>
<td>Acute Rehabilitation</td>
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</tr>
<tr>
<td>Community Rehabilitation</td>
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<td>Outpatient Rehabilitation</td>
<td>X X X X X X X X X X X X X X X X</td>
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<tr>
<td>Exploring Evidence to Guide Professional Practice</td>
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<tr>
<td>Physiotherapy Portfolio Unit 2</td>
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<td>Unit</td>
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<td>Service Improvement in Practice</td>
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<td>Progressing Physiotherapy Practice</td>
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<td>X</td>
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<td>Research for Physiotherapy Practice</td>
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<td>Innovations in Physiotherapy</td>
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<td>Physiotherapy Portfolio Unit 5</td>
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</tbody>
</table>
### A Subject knowledge and understanding

| A1 | Biological sciences, demonstrating the diversity of healthy human structure and function |
| A2 | Physical sciences applying physics, biomechanics and ergonomics to the analysis of human movement |
| A3 | Clinical sciences, relating pathological changes and clinical features of conditions to relevant physiotherapy intervention |
| A4 | The theoretical basis for physiotherapeutic assessment and intervention |
| A5 | Theory of systematic enquiry, investigation, analysis and evaluation |
| A6 | The theory of communication, reflection, learning and teaching |
| A7 | The psycho-social, environmental, cultural and economic factors that impact on health and the delivery of care |
| A8 | Ethical, moral, and legal issues in relation to physiotherapy practice |
| A9 | The professional code of practice and quality assurance mechanisms within physiotherapy practice |
| A10 | The roles and values of other professions in health care and models of teamwork |
| A11 | The complexities of health care systems within which physiotherapy is delivered |

### B Intellectual skills

| B1 | Ability to memorise and assimilate new knowledge into existing conceptual frameworks |
| B2 | Ability to process and critically evaluate information in order to make appropriate decisions |
| B3 | The synthesis of theoretical perspectives and research evidence into the design and implementation of effective physiotherapy management programmes for a wide range of patients/clients |
| B4 | Problem-solving and clinical reasoning skills used to evaluate practice and construct specific intervention programmes |
| B5 | Ability to reflect and self-direct learning in order to identify personal and professional goals for continuing professional development and lifelong learning |

### C Practical skills

| C1 | Competent and safe physiotherapy skills which take into account physical, psychological, social and cultural needs of a patient and incorporates issues of risk into their individual environment |
| C2 | Safe manual handling skills when moving patients in a range of environments |
| C3 | Safe and effective use of therapeutic exercise incorporating decision making, goal setting and design of exercise programmes |
| C4 | Safe and effective use of manual therapy in the application of mobilisation, manipulation, massage and respiratory therapy techniques |
| C5 | Safe and effective use of electrotherapeutic modalities in the selection and application of a range of modalities based on the therapeutic use of electrical, thermal, light, sonic and magnetic energy |
| C6 | Goal setting skills in relation to individual patient need and ability |
| C7 | Motivational skills which encourage the prevention of illness or injury and health promotion |

### D Transferable skills

<p>| D1 | Communication skills that support effective and professional interaction with people from a diverse backgrounds |
| D2 | The use of information management systems in the organisation and maintenance of accurate records |
| D3 | Numerical and Information Technology skills needed to manage, analyse and present data appropriately |
| D4 | Ability to gather appropriate information from a wide range of sources to support or critique current working practice |
| D5 | Teaching skills which allow transfer of knowledge and skills |
| D6 | Time management skills which enable effective management of workload |
| D7 | An ability to work flexibly and adapt to unforeseen circumstances |
| D8 | Ability to take initiative in order to develop work |</p>
<table>
<thead>
<tr>
<th></th>
<th>Professional skills which ensure that physiotherapy intervention in different contexts and situations is equitable and anti-oppressive in manner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Management and leadership skills that enhance quality in public and independent human services</td>
</tr>
</tbody>
</table>
Points of Reference for Programme Design

The Health & Care Professions Council (HCPC)
This programme complies with the Standards of Education and Training guidance (2012) which sets out our duties as an education provider for the Physiotherapy profession. This programme complies with the Standards of Proficiency Physiotherapy (2013).

QAA Benchmark Statements for Physiotherapy
In April 2001, the QAA issued benchmark statements for the Health Professions, of which Physiotherapy is one. To a large extent this defines the aims and graduate outcomes for this programme, and has been drawn upon extensively in constructing the programme outcomes, and learning, teaching and assessment strategies.

The QAA Framework for Higher Education Qualifications
The general level of intended outcome for certificate/intermediate awards conforms to the standards set out in the QAA qualifications’ framework (2001). On completion of the BSc (Hons) Physiotherapy programme it is intended that the student will, by virtue of their increased confidence gained during the programme, be able to challenge existing practice, provide evidence to suggest alternative approaches, and demonstrate the ability to implement change. The Quality Code Documents for Higher Education (2011) were also consulted.

The Chartered Society of Physiotherapy (CSP)
Learning and Development Principles for CSP Accreditation of Qualifying Programmes in Physiotherapy (2010) details the learning outcomes around which qualifying programmes should be developed and considers the teaching, learning and assessment strategies appropriate for qualifying physiotherapy education. The Physiotherapy Framework (2011) for putting physiotherapy values, knowledge & skills into practice were also mapped against the new learning outcomes.

HSC Strategic Plan 2012-2018
Issue Central to the Vision of HSC 2018

Building on considerable existing strength, in 2018 HSC academic staff will be confident participants and leaders of a learning community in Dorset, making significant contributions to the improvement of care and services. With influence stretching much further than our immediate geographical boundaries, we will have clearly defined areas of expertise in research underpinned by critical mass of staff and well developed networks within and outwith BU. We will have fostered a spirit of entrepreneurship which will increase our agility and effectiveness, supported by a governance system that empowers individuals, ensures accountability and encourages positive energy towards our agreed themes of activity. Our students will be highly employable and seen as having the knowledge and skills to add value to any organisation, being proud ambassadors of BU.
References


Chartered Society of Physiotherapy 2008. SHA Vision Synopsis. What are the Strategic Health Authority visions, and why are they important? CSP: London


