EDITORIAL

EVALUATION OF PHYSIOTHERAPY

During 1981 the profession of physiotherapy was evaluated by a team of experts from the Commission for Administration. A detailed list of criteria to be evaluated was submitted to the N.E.C. for comment. The team interviewed and observed physiotherapists at selected hospitals and educational institutions. The report of this team to the Commission for Administration is eagerly awaited as it will probably have far reaching effects on the salaries and career structure of physiotherapists, as well as on the future development of the profession.

The Action Committee (see Report on its activities) is concerned about the image of the physiotherapy profession after a communications audit done by a public relations company. They wish to improve the image of physiotherapy and have identified several target groups for this exercise.

These two issues are closely related and it may be a worthwhile exercise to use the research findings of HSORU (Health Services Organisation Research Unit) at Brunel University in order to clarify some of the issues and to identify similar problems in South Africa.

Kinston *et al.* (1981) defined work as decisions and responsibility within an organisation and identified five strata that could apply to physiotherapy practice. These are: prescribed output (stratum I); situational response (II); systematic service provision (III); comprehensive service provision (IV); and comprehensive field coverage (V). Sensitivity, skill, judgment and ethics may be required at each level, whilst work at any level may affect work at other levels. Most clinical physiotherapy practice, i.e. evaluation, planning and implementing treatment, occurs at stratum II.

In this way, work to be done can be matched to organisation and a sensible hierarchy, with interaction between the different levels of work, can be established. This in turn leads to a rationale for career development. Responsibility and authority for each stratum can be defined and work to be done can be ordered in terms of complexity.

Work strata are a descriptive framework, but do not reflect work being done by individuals, nor their personal influence or effectiveness. They indicate socially defined expectations and accountability, with discrete grades of responsibility.

Thus a post would be graded according to the work to be done, whilst the person in the post will have the ability/capacity to work at that specific level. Such a system will assist decision-making and workflow by indicating where decisions ought to be taken and at whose authority.

In a further article, Øvretveit *et al.* (1982) examine the organisational problems of high level clinical physiotherapists. It was felt that there was lack of recognition of the skills and expertise of senior clinicians, whilst promotion was achieved by moving into administration, teaching or even by emigration. The development of clinical specialties may have provided a temporary and partial solution, but did not necessarily raise the level of work, or the responsibility and authority. It was also felt that the grade Senior I (U.K.) was ambiguously defined and did not specify the amount of administration, teaching or research to be included. Authority and accountability were also problematical as there was not always the one stratum distance which ensures a workable manager-subordinate relationship. Clinical autonomy revolved around interprofessional and intraprofessional relationship issues. Decisions about type, frequency, priority and termination of treatment had no clear guidelines as to responsibility and problems were usually resolved on a personal basis. Some physiotherapists felt that informal arrangements gave them more freedom, whilst others felt that unambiguous and agreed guidelines would give them authoritative professional support.

Does this apply to the physiotherapy profession in South Africa? Do we have clear guidelines for levels of work, responsibility, authority and accountability? If the profession is to have any future development it is essential that we all have some answers to some of these questions.

References

Kinston, W., Øvretveit, J. and Teager, D. P. G. (1981) Levels of work in physiotherapy, *Physiother* **67**, 236-239.
Øvretveit, J, Kinston, W. and Richardson, J. (1982). Organisational problems of high level clinical physiotherapists. *Physiother.* **68**, 10-12.

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