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The History of Physiotherapy and PT Education in the United Kingdom

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In England we tend to use the word "physiotherapy", and the term "physiotherapist" or "physio" for short to describe ourselves. Almost every other country in the world says physical therapy or PT. In this essay I will use both names, but they will have the same meaning.

Also, I will refer to the United Kingdom or "UK". This UK is England + Scotland + Wales + Northern Ireland. In the UK we have one national health care system to treat everyone. I will explain more about this later.

Physiotherapy has a long history in the UK. It started back in the last century during the reign of Queen Victoria. At this time, massage had been used for many different conditions including rheumatism, neuralgia, arthritis and even obesity. In the capital city of London, the name of massage had fallen into disrepute. Many services which were said to be "massage" were in fact nothing to do with health, but were just another name for other "personal services". So it was in 1894 that 4 young nurses decided to protect the reputation of good massage practice. They formed a professional organisation called "The Society of Trained Masseuses.

By the time of 1900 this society had become recognised as a professional organisation in law. Membership grew very quickly and in 1914 the society had gained 959 members. Soon after it was approved by King George and was granted a royal charter and then became known as the Chartered Society of Massage and Medical Gymnas-

tics. This was the first time that men were allowed to join the society. Before this time only women could be members.

The society continued to flourish in the 1930's. More and more people began to realise the potential benefits of massage and gymnastic exercise, and not just for sick people. Some forward thinking industries were starting to bring PT into the workplace to keep the workforce healthy. At this time, much treatment was given in the community. This was not a deliberate health policy, but simply due to the fact that most people did not have enough money to visit or stay in a hospital. Also, massage started to be used in sport to treat injuries and help athletes recover from training. PT's started to work for both amateur and professional sports teams.

During the next 10 years the society grew rapidly, and by 1945 membership had grown to 15000. Still women dominated the profession, with only 7% of the membership being men. More and more forms of treatment were being developed. The society wanted to create an image that was more representative of the diversity of it's work. So in 1944 the name that we still use today was adopted, and the Chartered Society of Physiotherapy or "CSP" was born.

Many things remained unchanged for the next 20 years. Membership continued to grow. In 1976 the society was certified as a trade union to represent all of it's members in negotiations for pay and working conditions. In 1977 the Depart-

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ment of Health granted professional autonomy to physiotherapists. This means that a PT can treat patients in a hospital without first having a medical referral from a physician. The PT is free to choose the type of treatment that he gives to the patient or even not to treat the patient at all.

In 1986 a new membership category for student PT's was formed. This gives PT students 2 seats on the CSP council, and a voice in the way that the society is run. In 1994 PT helpers and assistants in hospitals were granted "associate" membership of the CSP.

Today the CSP has an active membership in excess of 26000. This includes clinical PT's, officials and managers, researchers, teachers, students and assistants. In the UK there are nearly 1000 PT's who work in education and research. Over 3000 have private practice. However, by far the greatest number of PT's work for the National Health Service. To explain this, I will now describe briefly about the health care system in the UK.

The National Health Service (NHS) was created in 1948. This new service brought all health care in England, Scotland, Wales and Northern Ireland to work as one organisation. Health care was provided "from the cradle to the grave". The money needed to pay for this was provided from central government tax. Every person would be treated if they fell ill in the UK, even if they were a foreign visitor. Treatment would cost no money at the time of need and people said it was "free health care". But of course we all have to pay our tax money. So remember, "nothing is truly without cost".

Many things have changed in the NHS over the past 50 years. It still gives health care for all people in the UK. 17% of all government money is spent on health care. This money has doubled in the past 5 years from £ 35bn to £ 72bn. However there is never enough money to pay for everything. New technology and new drugs for treatment grows more costly each year. More peo-

ple live long lives, and then need more health care as they get old. Emergency care for all is still very good in the NHS. If you have an accident, an ambulance will arrive to take you to hospital within 8 minutes. This care is at no cost.

But for non-emergency care there can be a long time to wait. If you need to have a hip replacement, it may take up to 2 years to have surgery. This time is less now and the government plan to reduce this time to 6 months by year 2005.

Some private hospitals have been built, but many more hospitals remain within the NHS. One of the biggest changes is to give more health care in the community, and less in hospitals. To help the local people, every hospital and every general practice doctor is given a budget to manage, and can now choose where to spend health care money. Some say that this is good, but it means that the doctor must divide his time between taking care of his money and also taking care of his patients.

If a PT wants to work in the NHS he must register with the Health Professions Council.

This committee is responsible for keeping up the good standard of PT practice. It also has many different professions to watch over. This includes PT, OT, dietitian and Radiography. You have all of these in Japan. In the UK we also have chiroprapist, orthotist and art therapy professions. Each has it's own separate but important part to play in health care in the UK.

This is how a PT service is structured in a typical NHS hospital. See Fig. 1. This is just one example. Service may be different in special hospitals. There is one therapy manager. He will be responsible for all PT's who work beneath him. There can be 3 separate teams of PT's in 1 hospital. One team for respiratory care. One team for orthopaedic care. One team for neurological patient care. Each team will have the same structure, so I will use just one example here. There may be 1 Superintendent PT who leads each team. They will have 2 or 3 Senior PT's, with

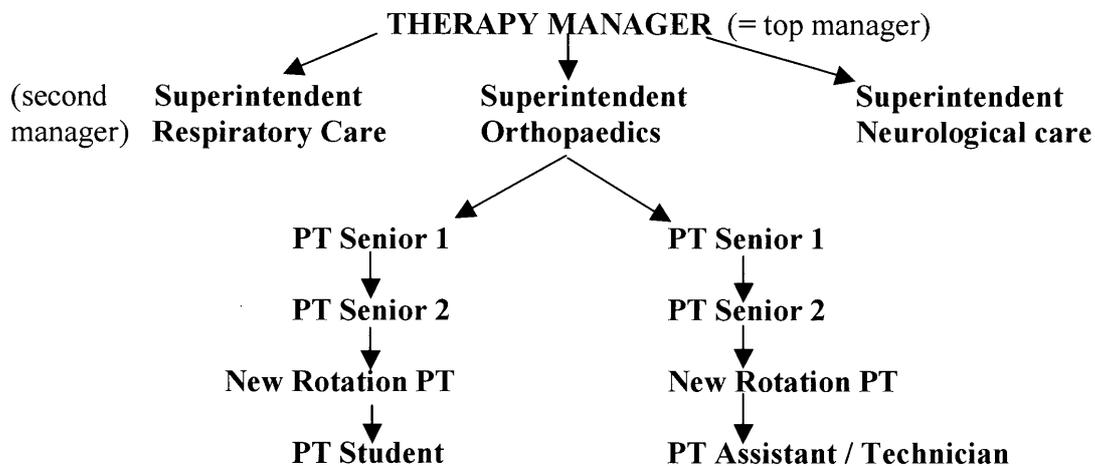


Fig. 1. Typical NHS hospital work model for PT in the UK

many year experience in the team also. A newly qualified PT will work for 4 months in each team. This gives much experience with all types of care. Each new PT must practice for 2-3 years to become Senior 2. Then 2-3 years more practice is needed to become Senior 1 PT. Each team may also have an assistant and a student who works under supervision from the Senior PT.

So this is the situation as it is today. PT forms an integral part of healthcare in the UK. It is very important to mention at this time that only a Chartered Physiotherapist can work in the NHS. To qualify as a Chartered Physiotherapist and to become a member of the CSP, a student must train at a university with a course that is validated by the CSP and accredited by the Health Professions Council.

The history of PT education and training in England goes back to before 1890. As stated above, massage and gymnastic exercise formed the foundation of PT. A physician normally taught this. Most students who learnt massage at that time were nurse practitioners working in hospitals. Training took place in many cities, but most was in the capital City of London. Some courses were very short, lasting for only 2 weeks. Some other courses lasted for 6 months. To join Society of Massage, a new member would need to pass an examination of their skill. This was

first true PT exam in the UK. Even 100 years ago, medical electricity could be included in the exam.

Early in 1900, the first school of massage was born in London. Massage was given for many different conditions including rheumatism, arthritis, "nervous complaints" and for fractures. Students at this school had the opportunity to practice their new massage skills on patients in the Lambeth Infirmary in London. This may be the first example of clinical internship for PT students in the UK?

In 1919 first national exam was created. It had both theory and practical parts. This exam consisted of physiology, massage, medical gymnastics, fractures and bandaging and medical electricity. As you can see, most of these parts are still used for examination today.

This picture is dated at 1917 and shows an early form of treatment. Once the patient was secured in the equipment, he could practice both active and passive exercises. It is named the Guthrie Smith apparatus after the inventor (Fig.2).

During the 1930's, training courses for PT students were made longer. The standard course was lengthened from 48 weeks to 70 weeks. At that time hydrology exercise using water became part of the exam for PT. Today this is what we call hydrotherapy. Also electromagnetic short wave ther-

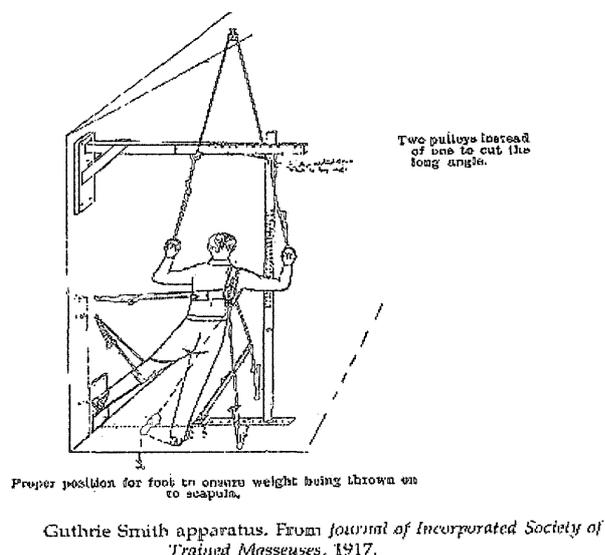


Fig. 2

apy came into use as treatment.

In 1940, training for PT was increased to 2.5 years. There were 30 PT schools at this time and all private schools were taken into the NHS. In 1947 training for PT was extended again to last a full 3 years. There were 3 main practical parts to the exam for qualification. These were massage, electrotherapy and gymnastic exercise.

Living an active life and being involved in sport was seen as important for patients with long-term disability. The photograph below is from 1952 and shows rehabilitation sport for patients with spinal injury (Fig. 3).

During the 1950's there were approximately 700 PT students trained each year in the UK. There were not enough teachers for all of the PT schools in the UK. It was decided that each new PT teacher must train for 2 years, and a new course was created to train more teachers. More and more students were enrolled, and by the 1960's there were over 950 PT students training within 38 PT schools spread throughout the UK.

In 1972 there was something of a crisis in PT education when 30% of students failed to qualify as PT's. To prevent this from happening again, it

was decided to make the course entry standards much higher and to enroll only the best students. For some reason this action only served to make PT become much more popular. There were only 1000 places available for students but there were 3000 trying to enter. Most of these new students were female, and at this time the ratio F:M was approximately 20:1.

Until this time PT schools were not part of a university, but were placed in hospitals. After qualification, a successful student would receive a Diploma. This was not seen to be as good as a BSc degree. This started a movement for PT to become of higher status and in 1976 the first BSc for PT was born at Ulster University in Northern Ireland. Over the next 15 years more and more schools moved away from hospitals and into universities. By the time of 1992 all PT schools were housed in universities and PT students gained BSc awards. Student membership of the Chartered Society of Physiotherapy was granted for all persons who were training. PT became ever more popular, with over 30000 applications for only 1150 student places!!

Today there are many different methods for a



Wheelchair netball at the fifth annual and first international inter-spinal unit sports festival (Stoke Mandeville Games) 1952.

Fig. 3

PT student to qualify for practice. Thirty universities offer PT courses that are validated by the Chartered Society. If a new PT is to work in the National Health Service in the UK, then they must graduate from a validated course. The Chartered Society of Physiotherapy (CSP) is responsible for validating all education programmes in the UK. The CSP recommends that a valid course should have a staff : student ratio of 1:12 (1 educator for 12 students). If this ratio becomes too high (e.g. 1:15), then the Chartered Society can insist on a review of the education programme. In exceptional circumstances, they will have the power to suspend validation of the programme. This is very undesirable, because any new students would not gain a licence in the UK. In practical classes with 1 educator, there should be no more than 12 active students at one time. This can be 12 students practicing with 12 models (total 24). This is a concern for health and

safety for supervision of students.

Most of these are BSc courses for full-time students, and will last for 3 years. There are also some courses that last 4 years. There are "fast-track" MSc courses for 2 years that allow students to practice after finishing. In addition to these, there are more part-time courses becoming available. These are designed to allow PT assistants or health care workers to study and work at the same time. Also most universities offer post-graduate education courses for PT practitioners. These are often specialised for only 1 area of PT, for example pain management or musculoskeletal manipulation. See table 1.

Even with all of these courses available, it still remains very difficult for a student to gain a place at PT school. Student standards are very high. PT is the most popular course at university and 15 applicants try for each place in the school. There are more male students who train today,

| | | |
|----|-----|-------------------|
| 24 | BSc | 3 years full-time |
| 4 | BSc | 4 years full-time |
| 6 | BSc | 4 years part-time |
| 6 | MSc | 2 years full-time |

Table 1. PT education courses in UK in 2002.

but still most are female. This ratio currently stands at approximately 3 female to each male in PT schools.

To train as a chartered physiotherapist each student must undergo more than 1000 hours of clinical internship working with patients. The method for doing this is different at each university, but all students must work in 4 important areas of health care. These are orthopaedics, neurology, respiratory care and community care. The internship is taken in each year of study. A typical example would have a student in year 1 complete approximately 100 hours of clinical work. In year 2 it is more, with perhaps 300 hours clinical work. This would be completed in 2 different specialities. As the student grows in experience and confidence in year 3, this is where most internship is taken, perhaps 600 hours split across 3 different specialisms. This takes up more than half of the study year, and can carry much weight towards the degree classification that the student can get.

Each internship will be under the supervision of an experienced PT. This PT can award the student a grade for their work. During each internship, the student will receive at least 2 visits from the university tutor. The tutor will advise the student and will examine their knowledge and practice also. It is a big problem for PT education in the UK to find enough internship places for all students. Some PTs will have to supervise 2 or 3 students at the same time.

As you have learnt, PT has a long history and forms an important part of health care in the UK. But all is not good, and there are some problems, which lay ahead of us. In the UK there are many

empty jobs in the National Health Service. A total of 8% are vacant positions. The present government says that to solve this problem we must teach more PT students. The plan is for 6500 more PTs to be trained by the year 2004. But many new graduate PTs will leave the NHS after only 1 year of work. Some travel to work in the USA or Australia or other countries. Some new PT's choose not work in health care ever, and go to other careers to earn more money. In the UK we must try to keep these PT's from leaving clinical work in the NHS. This is big problem in the UK.

Also, since all PT education has entered the university environment, there is much pressure to have many things in the BSc programme. The university states that each student must practice research to produce a small thesis by year 3. In the hospital, each PT manager states that students must have more clinical skills and internship. To have all of this work contained in 3 years education makes life very hard for the student and for the lecturer.

There is a challenge to the PT from other professions. At this time only a chartered PT can work in an NHS hospital. However in private practice there can be an osteopath or chiropractor. The PT must work hard to keep his business. Even in the hospital there are BSc exercise graduates starting to work in some parts of physical therapy. At this time some hospitals have cardiac and pulmonary rehabilitation with no PT to supervise. The PT must fight to protect their own jobs in rehabilitation.

Further readings

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