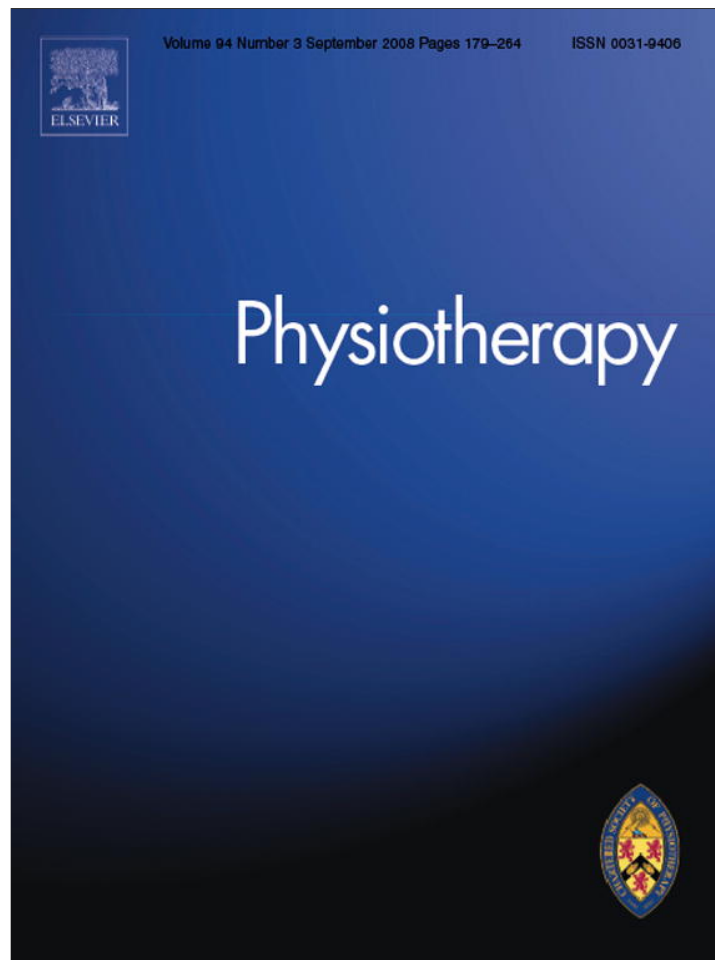


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Physiotherapists' and general practitioners' views of self-referral and physiotherapy scope of practice: results from a national trial

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Abstract

Aim To establish the views of physiotherapists and general practitioners (GPs) on self-referral and physiotherapy scope of practice.

Design Survey questionnaire design utilising both qualitative and quantitative questioning.

Setting Twenty-six general practices throughout Scotland.

Participants Sixty-four physiotherapists and 97 GPs with direct experience of implementing systems of self-referral to physiotherapy in primary care in Scotland.

Method Questionnaires containing a mix of open and closed questions were distributed at the end of a year-long data collection period of a national trial (2003–2005). Responses were analysed by clinician group: GPs and physiotherapists.

Results An overall response rate of 73% (117/161) was achieved. High levels of comfort with, and confidence in, physiotherapists acting as first point of contact practitioners were reported by 96% (67/70) of GPs, and just 6% (3/47) of physiotherapists reported not being comfortable. More than 78% (91/117) of all clinicians indicated that there could be possible and definite benefits for musculoskeletal patients if physiotherapists were involved in monitoring and prescribing non-steroidal anti-inflammatory drugs, issuing sickness certificates and requesting X-rays, although this was more strongly supported by physiotherapists (>88% vs >63%; $P < 0.001$). Seventy-eight percent (35/47) of physiotherapist respondents felt that physiotherapists could accept self-referrals very ably, 47% (21/47) felt that not all physiotherapists were sufficiently experienced, and 16% (7/47) reported the need for additional training before physiotherapists could undertake this role. Only 34% (16/47) of physiotherapists felt that the public understood what physiotherapy is and what it can offer.

Conclusion The concept of physiotherapists working as first point of contact practitioners is strongly supported by the majority of GPs and physiotherapists. Potential benefits for patients were identified if physiotherapists undertook extended roles with regard to other aspects of musculoskeletal management. There is a need to address both professional and public awareness of physiotherapy and self-referral specifically. © 2008 Chartered Society of Physiotherapy. Published by Elsevier Ltd. All rights reserved.

Keywords: Self referral; Physiotherapy; GP's physiotherapists views

Introduction

Patient self-referral to physiotherapy is feasible, appropriate, cost-effective and well supported by patients and the public [1–8]. The Chartered Society of Physiotherapy in the UK has stated that 'based on the evidence amassed so far, the greater provision of self-referral will make a significant contribution to the achievement of greater patient choice, improved access, better public health, improved management of chronic conditions and consistent and high quality

health care' [8]. The Royal College of General Practitioners (GPs) has also reported that removing the gatekeeping role of GPs for musculoskeletal conditions would lessen their burden. They also identified potential benefits for patients, physiotherapists and doctors [8]. However, it appears that this level of support has not been informed by any major consideration of the actual views of GPs and physiotherapists who have had experience of self-referral systems. What little evidence there is relates to feedback from just nine GPs and five physiotherapists [1,2]. It could therefore be stated that the current drive for the introduction of self-referral to physiotherapy throughout the UK is being undertaken without informed consideration of these views [8–11].

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GPs' views of physiotherapy

Nearly one-quarter of all presentations to GPs are patients with musculoskeletal conditions [12], with physiotherapy being the treatment option of choice for many of these patients and constituting 90% of physiotherapy outpatient referrals [13,14]. What is well documented is the fact that physiotherapists are recognised as being providers of safe and effective care for patients with these conditions [15–18]. What is also known is that GPs consider physiotherapy to have a major role in the management of musculoskeletal conditions, and have a high opinion of the profession [15,19].

Challenging traditional roles?

Prescribing, investigations and sickness certification

More than 44% of musculoskeletal patients referred to physiotherapy are prescribed drugs, predominantly non-steroidal anti-inflammatory drugs (NSAIDs), the majority of which are prescribed by GPs [5]. Since 2003, the Department of Health and the Medicines and Healthcare Products Regulatory Agency have extended prescribing rights to a number of other healthcare professions including, in 2005, physiotherapy [20]. It has been proposed that supplementary prescribing by physiotherapists could, by the timely administration of a medicine, enhance the physiotherapeutic episode of care. This refers to both patient outcomes and reducing the burden on GPs [20]. Although this stance is supported by medical and physiotherapy professional bodies, the wider view of GPs and physiotherapists about this extension into what has been traditionally within the medical scope of practice is unknown.

Musculoskeletal patients can also be referred for investigations, particularly X-rays (13.6%) [5]. Over one-quarter of musculoskeletal patients seen by physiotherapists experience a period of work absence, with the majority requiring sickness certificates due to the physically limiting nature of their condition (27.5%) [5]. Equally unknown are views about the potential for physiotherapists taking a more active autonomous role in these other aspects of patient management which, similar to prescribing, have traditionally lain within the scope of medical practitioners.

This paper reports the results of a follow-up study, part of the recently reported Scottish national trial (2003–2005) [3–6]. It aims to provide evidence about the acceptability of patient self-referral to physiotherapy and potential physiotherapy roles from the perspective of those charged with delivering such services and those to whom this change in scope of practice impacts on their traditional practice.

Aim

The aim of this study was to identify the views and perceptions of physiotherapists and GPs involved in a national

trial of self-referral in Scotland about self-referral to physiotherapy, and the role that physiotherapists could play in the management of patients, particularly in prescribing, requesting X-rays and sickness certification.

Methods

Participants

Twenty-six locations, representing a range of socio-economic and geographical settings throughout Scotland and employing 64 clinical physiotherapists and 97 GPs, participated in the national trial. The full methodology has been reported previously [3–6]. Prior to undertaking the trial, all participating physiotherapists and GPs were provided with a full explanation of the study via information sheets and workshop sessions. These included details about the follow-up phase, its purpose and format. Clinicians were asked to consent to take part in a follow-up study that aimed to explore their views and perceptions about self-referral and elements of physiotherapy practice by means of a questionnaire. They were assured that there was no obligation to take part, and they were free not to return the questionnaire if they wished to withdraw at a later time.

Study design

A self-administered questionnaire was chosen as this is an appropriate and cost-effective way of engaging significant numbers of individuals to gather broad-based information, particularly from widespread geographical areas.

Principles of questionnaire design

Two separate clinician questionnaires, one for physiotherapists and one for GPs, were developed and processed using PinPoint Questionnaire Software (Longman, Logotron, 1997). A statistician was consulted throughout, and the final layout and question content was developed and refined in line with the principles advocated by Oppenheim [21] and Cheson [22]. Questions included were designed to capture the respondent's views relating to the key themes as outlined in Box 1, developed after a series of interviews with a number of clinicians. Piloting in two locations that were not included within the national trial but which had self-referral provision confirmed their suitability ($n=6$). Each questionnaire contained a series of closed questions relating to the respective experience of self-referral and level of comfort practising in such systems. They also contained a section which aimed to ascertain the respondent's views about the level of perceived benefits for patients of aspects of physiotherapy scope of practice. Respondents were also encouraged to contribute additional comments through a free-text facility. To allow for ease of analysis and compare the responses of each of the clinician groups more accurately, a choice of pre-determined

Box 1: Physiotherapist and GP questionnaire themes

- Perception of change in number of referrals/consultations since implementation
- Level of comfort with physiotherapists acting as first point of contact practitioners
- Level of confidence in physiotherapists having skills to diagnose and manage conditions (GPs only)
- Benefits for patients in physiotherapists being able to:
 - monitor the use of NSAIDs
 - issue prescriptions for NSAIDs
 - request routine X-rays
 - monitor sickness certificates
 - issue sickness certificates
- Extent of communicating change in access arrangements to patients (GPs only)
- Support for continuance of self-referral facility (GPs only)
- Level of public understanding of physiotherapy (physiotherapists only)
- Ideas for increasing public understanding (physiotherapists only)

answers was used for closed questions, always including an option to record 'other, please state' to capture alternative views. Questionnaires were coded by location to ensure that all locations were represented, but were anonymised at individual level to encourage honest responses. No other details relating to respondents, i.e. grade, gender, experience, etc., were included in order to protect individual anonymity at local level as far as possible.

Data collection

The questionnaires and their accompanying explanatory letter were distributed to all participating physiotherapists ($n = 64$) and GPs ($n = 97$) throughout each of the 26 locations by a local 'link' physiotherapist. The link physiotherapist was responsible for co-ordinating the distribution, explanation and return of the questionnaires. Questionnaires were distributed to clinicians towards the end of the year-long data collection period to ensure that views were ascertained from clinicians who had had considerable experience of working within a system of self-referral to physiotherapy. Completed questionnaires were returned to the link physiotherapist in sealed envelopes and then forwarded to the study centre for processing.

Data analysis

The data from all the questionnaires were analysed using PinPoint software. Frequency distributions were reported in percentages, with the differences between the groups stud-

ied by means of non-parametric testing. Chi-square and extended Chi-square tests were used to examine the association between the groups of nominal data. Ordinal and continuous data were examined using Mann–Whitney test. The level of significance was set at 5% and confidence levels were set at 95%.

As a result of the small number of negative responses to a set of questions concerned with the level of perceived benefit for patients if physiotherapists assumed further responsibilities in the management of musculoskeletal patients, changes were made to the data analysis. The four-point Likert scale was concatenated to a three-point scale by merging 'should not be considered' and 'no benefit'. Consequently, the reliability of Chi-square testing was improved, with the vast majority of individual cells having acceptable levels of expected frequency.

Results

An overall response rate of 73% (117/161) was achieved, with 72% (70/97) of GPs and 73% (47/64) of physiotherapists responding. Completed questionnaires were returned by both clinician groups from all participating locations.

Perceived change in numbers presenting/referred

When asked if they had been aware of any change in the number of patients consulting them about musculoskeletal problems since the introduction of self-referral, the majority of GP respondents (77%, 54/70) reported that they were either unaware of a change or that there had been no change. Just 21% (15/70) felt that there had been a change.

Physiotherapist respondents were asked if they were aware of any change in the overall number of patients being referred or referring themselves to physiotherapy during the same time period. Over half felt that there had been a change (55%, 26/47), although 28% (13/47) could not say and 15% (7/47) thought that there had been no change.

When asked to quantify the extent of any change, differences were reported by the clinical groups (Fig. 1). GPs

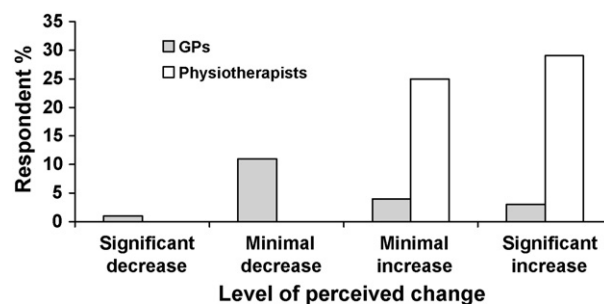


Fig. 1. General practitioners' (GP) and physiotherapists' perceptions of change in number of patients consulting/referred since implementation of self-referral facility.

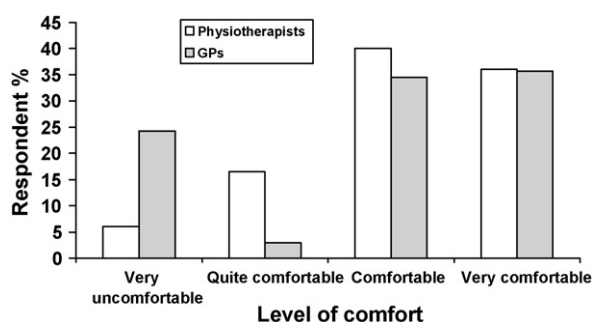


Fig. 2. Level of comfort with physiotherapists acting as first point of contact practitioners. GPs, general practitioners.

reported low levels of perceived change generally, with the greatest reported change being a ‘minimal decrease’ (11%, 8/70). Of the 26 physiotherapists who reported a change, all reported a perceived increase in total referrals, with 30% (14/47) reporting a significant increase and 25% (12/47) reporting a minimal increase.

Level of comfort with physiotherapists acting as first point of contact practitioners

Both GPs and physiotherapists reported high levels of comfort with physiotherapists acting as first point of contact practitioners (70%) (Fig. 2). However, physiotherapists reported being more comfortable than GPs (77% vs 70%), with nearly one-quarter of GPs reporting being uncomfortable (24%, 17/70). Despite this reported level of discomfort, over 96% (67/70) of all GPs reported that they were confident and 63% (44/70) reported that they were very confident in the ability of physiotherapists to accurately diagnose and appropriately manage musculoskeletal conditions.

Table 1

Level of benefit for patients attending physiotherapy if physiotherapists were responsible for monitoring and prescribing of non-steroidal anti-inflammatory drugs (NSAIDs), X-rays and work-related sickness certificates by clinician group

Issue	Clinician view	Physiotherapists (n = 47)	General practitioners (n = 70)	P-value
Monitoring NSAIDs <i>Missing 2</i>	Should not be considered/no benefit	4% (2)	20% (14)	0.002
	Possible benefit	46% (21)	58% (40)	
	Most definite benefit	50% (23)	22% (15)	
Issuing NSAID prescriptions <i>Missing 5</i>	Should not be considered/no benefit	12% (5)	38% (26)	<0.001
	Possible benefit	46% (20)	53% (36)	
	Most definite benefit	42% (18)	10% (7)	
Requesting X-rays <i>Missing 5</i>	Should not be considered/no benefit	0% (0)	4% (3)	<0.001
	Possible benefit	22% (10)	62% (41)	
	Most definite benefit	78% (35)	34% (23)	
Monitoring work-related sickness certificates <i>Missing 3</i>	Should not be considered/no benefit	22% (10)	12% (8)	0.264
	Possible benefit	45% (20)	45% (31)	
	Most definite benefit	33% (15)	43% (30)	
Issuing work-related sickness certificates <i>Missing 4</i>	Should not be considered/no benefit	22% (10)	22% (15)	0.891
	Possible benefit	44% (20)	40% (27)	
	Most definite benefit	34% (15)	38% (25)	

Actual number of respondents contained within parentheses.

Level of perceived benefit for patients if physiotherapists assumed further responsibilities in the management of musculoskeletal patients

The response to a number of physiotherapy extended roles in terms of potential patient benefit identified some differences between the clinical groups (Table 1). Possible and definite benefits were identified by both groups for all suggested extensions. However, significant associations were found between the groups in the level of perceived benefit in the monitoring ($P=0.002$) and issuing ($P<0.001$) of NSAIDs and requesting X-rays ($P<0.001$). Physiotherapists thought that there would be more benefits for patients in the monitoring of NSAIDs (96% vs 80%), in issuing NSAID prescriptions (88% vs 63%) and requesting X-rays (100% vs 95%). The monitoring and issuing of sickness certificates was supported by the majority of both clinician groups. However, GPs recognised more potential benefits for patients if physiotherapists monitored sickness certificates (88% vs 78%), although both groups identified similar levels of benefit for issuing sickness certificates (78%).

GP-specific responses

Routine communication

When asked if they routinely told patients who they felt may benefit from physiotherapy about the self-referral facility, 71% (50/70) indicated that they did, although nearly one-quarter reported that they did not (24%, 17/70).

Support for continuance of self-referral facility

Ninety-four percent (66/70) of GPs reported that they were in favour of the self-referral facility continuing after the end of the year-long data collection period.

Box 2: Additional comments

GPs' comments:

- 'I haven't noticed any difference in the number of patients coming to see me, not likely to as I'm always busy!'
- 'Great to have self-referral, I can see the benefits for not only patients but to GPs, please let it continue'
- 'It (self-referral) makes logical sense, after all, physios are the experts when it comes to managing many musculoskeletal conditions'

Physiotherapists' comments:

- 'I was rather nervous of seeing self-referring patients at the start, wasn't sure what to expect but now feel much more confident, it's just a question of being thorough and nothing more really'
- 'I'm happy as I know that if I have any concerns, I can get the patients seen by their GP really quickly'
- 'Our GPs have been great and want us to take on more aspects of the patients' management as they see the time it could save them and they must trust us to want us to do this'
- 'I really prefer to see patients who have seen their GP first. We have a long waiting list and I'm worried about people with possible serious problems'

Box 3: Ideas for improving public understanding of physiotherapy categorised by theme

Local awareness raising through:

- Media publicity campaigns
- Educating school children
- Women-targeted programmes
- Work/occupational programmes
- Providing more services within leisure settings

National awareness raising through:

- Media publicity campaigns
- High-profile champions/Czars
- Better publicity of outcomes/value for money
- Educating school children
- Women-targeted programmes
- Work/occupational programmes
- Using physiotherapists as high-profile self-management coaches
- Greater explicit profile of physiotherapy within government policies

Additional comments

Both clinical groups provided additional comments, the majority of which were most supportive of self-referral to physiotherapy. A few reported that they had had initial concerns about working in this mode, but, for the majority, these had not been realised in reality. A representative selection is provided in [Box 2](#).

Physiotherapist-specific responses

Self-referral and physiotherapy practice issues

Physiotherapists were asked to indicate their level of agreement with four statements concerned with self-referral

([Table 2](#)). The majority indicated that physiotherapists could very ably accept self-referrals (78%, 35/47) without requiring additional training (84%, 38/47), although 47% (21/47) felt that not all physiotherapists were sufficiently experienced to accept self-referrals. There was strong support for self-referral to be available through the National Health Service (95%, 42/47).

Public understanding of physiotherapy

Physiotherapists were also asked for their opinions about whether the general public understands what physiotherapy is and what it can do for them. Very few responded in the affirmative (34%, 16/47), with the majority reporting not (55%, 26/47) and 11% (5/47) remaining unsure. Those indicating a lack of understanding were asked to provide any ideas they had to remedy this situation. The key themes identified are provided in [Box 3](#).

Table 2
Physiotherapists' level of agreement with key statements relating to self-referral

Statement	Agreed	Disagreed
Not all physiotherapists are sufficiently experienced to accept self-referrals <i>Missing 2</i>	47% (21)	53% (24)
Self-referral to physiotherapy should be available through the National Health Service <i>Missing 3</i>	95% (42)	5% (2)
Physiotherapists can very ably accept self-referrals <i>Missing 2</i>	78% (35)	22% (10)
Physiotherapists require additional training before being allowed to accept self-referrals <i>Missing 2</i>	16% (7)	84% (38)

Actual number of physiotherapist respondents contained within parentheses.

Discussion

The majority of GPs and physiotherapists involved in this trial reported positive views of their experience of patient self-referral to physiotherapy and strong support for its continuance. These views support the national position that their respective professional bodies have adopted, and also concur with those of service users published previously [6,8].

First point of contact practitioners

The fact that GPs recognise physiotherapists as competent practitioners for the management of musculoskeletal conditions is well documented [19,23,24]. The level of this competence has been established formally by studies that examined the knowledge of experienced physiotherapists, identifying that they had higher levels of knowledge compared with medical students and doctors of all grades with the exception of consultant orthopaedic surgeons [15]. Despite this recognition, throughout the UK and in other countries, wide variation exists between GPs in the rate of referral to physiotherapy [25]. The exact reason for this variation remains unclear, although individual GP's knowledge of both musculoskeletal management and physiotherapy are commonly cited and, particularly, their past experience of and exposure to physiotherapy [24–27]. All GPs involved in this trial had had an involvement with their local physiotherapy service for at least 3 years, and most had been involved for much longer. It would also seem to be the case that the majority of GPs (70%) were comfortable with physiotherapists acting as first point of contact practitioners, with 36% reporting being very comfortable. This may be as a direct consequence of their knowledge based on longstanding exposure and the mature nature of their mutual relationships. The fact that only three GPs did not support the continuance of the self-referral facility also provides an indication of their positive views.

Most interestingly, despite having practiced as first point of contact practitioners for a year, a small proportion of physiotherapists (6%, 3/47) reported that they were not comfortable practising in this mode and that they preferred patients to be seen by their GP first. On qualification, physiotherapists in the UK are legally and professionally able to practice with full autonomy, although this has not been the case until recently within the National Health Service in the UK. Traditionally, the majority of referrals to physiotherapy are initiated by doctors who, it is presumed, have undertaken a level of assessment of the patient prior to referral. It has to be recognised therefore that full autonomy may not be embraced by all physiotherapists, and that some may prefer practising within a safety net of the medical 'screening' process.

Of equal interest were the overall views relating to the profession's ability to engage with self-referral, particularly when it is remembered that physiotherapists have been

autonomous practitioners on qualification since 1978. Nearly half of the physiotherapist respondents (47%) felt that not all physiotherapists were sufficiently experienced to accept self-referrals. However, this view was slightly contradicted by their level of support for physiotherapists being able to accept self-referrals (78%), and only 16% thought that additional training was required. This may be an indication of a lack of knowledge relating to professional codes of practice and/or a lack of confidence or uncertainty about practising as a first point of contact practitioner; issues that were echoed in a small number of the additional comments. It needs to be considered that if these are the views of a group of physiotherapists who have been working in this mode for approximately 1 year, there may be an even greater lack of understanding or concerns within the wider profession.

Impact on workload

Nearly three-quarters (70%, 49/70) of GPs were unaware of any change in the number of patients with musculoskeletal conditions consulting them since the introduction of self-referral. This observation is not surprising considering that GPs have busy clinics all the time and are therefore less likely to notice any change. This is borne out by a comment received by one of the GPs (Box 3). The reporting by 12% of GPs of a significant decrease in consultations, in the absence of any other corroborating evidence, can only be viewed as a perception.

Many more physiotherapists (55%, 26/47) reported a perceived change, all of whom indicated a perceived increase in overall referral numbers. It is known that in five of the 26 study locations (less than 20%), employing approximately 28 physiotherapists, the actual overall referral rate to physiotherapy did increase over the study period [3]. The majority, but not all, of the physiotherapists reporting a perceived increase practiced in these settings, which most likely accounts for these findings.

Physiotherapists in extended roles

The benefit of physiotherapists undertaking extended roles has been well documented but primarily relates to the acute setting [28–30]. The case for similar roles in primary care settings is supported by the ethos of current healthcare policy, which aims to provide more services in these locations and is supported by the Chartered Society of Physiotherapy [10,11,29]. The views of those that have traditionally been responsible for many of the aspects of successfully managing musculoskeletal conditions about this shift have yet to be established. It could be suggested that there are very apparent benefits for healthcare systems if physiotherapists undertake other aspects of patient management within the physiotherapeutic episode of care, with reducing the burden on GPs being a major benefit. However, the clinicians in this study were asked to consider the benefits of such a change for patients. The majority of all respon-

dents reported benefits associated with all suggested aspects, but physiotherapists identified greater potential benefits than GPs.

The recent change in physiotherapy prescribing regulations [20] appears to be supported by the majority of physiotherapists in this study (88%, 38/47), although not by 38% (26/47) of the GPs ($P < 0.001$). They reported greater benefits associated with physiotherapists monitoring rather than prescribing NSAIDs. In essence, this scenario is familiar to physiotherapists who frequently collaborate with doctors to monitor and discuss drug management, but it is doctors who retain the responsibility for prescribing.

It could be claimed that there is little benefit for patients in having to visit their GP to be issued with a sickness certificate. Common practice in the UK is for physiotherapists to communicate with GPs about this issue when work absence is considered. It could also be claimed that a physiotherapist treating a patient may possibly have a better understanding of a patient's ability to return to work than their GP, due to the level of contact they have with the patient. Interestingly, however, within this study, nearly one-quarter of physiotherapists did not want to be involved in this aspect of patient management, although GPs did not have the same view (12% vs 22%); this difference was not statistically significant. The reason for this is unknown.

Communicating with patients

New systems of access or changes to existing systems need to be publicised to raise awareness within patient and public communities. Introducing patient self-referral to physiotherapy represents a significant change not only for healthcare providers but also for patients. They need to adopt far more autonomous health-seeking behaviours than previously required within the traditional gatekeeping system. Doctors are recognised as having a pivotal role in providing patients with information about health care and treatment options, and important for referral and communication about physiotherapy [31]. In this national trial, 70% (49/70) of GPs reported that they routinely told patients about the change in access. This is seen as an important aspect of the implementation strategy.

The majority of physiotherapists indicated that there was a low level of public understanding of physiotherapeutic care (55%, 26/47), with a further 11% (5/47) remaining unsure. This perception is supported by previous findings of physiotherapy service users' views about physiotherapy, self-referral and access which identified that up to 64% of service users had only a limited knowledge of physiotherapy [6]. This represents a major issue for the profession with implications for current practice and the potential for self-referral. If the general public are unaware of what physiotherapists can offer, how can they be expected to refer themselves to a service they know little about? It would seem that awareness-raising strategies are required to address this issue.

Limitations

This study reflects the views of 117 GPs and physiotherapists who actively volunteered to be involved in a national trial. However, it has to be recognised that this group is only representative of clinicians involved in delivering self-referral services, and that their views may differ from those of their wider professions. It also has to be considered that the GPs involved were more likely to be supportive of and knowledgeable about physiotherapy, as evidenced by their willingness to take part in the study and the longstanding relationship they had had with their local physiotherapy service. Information was gathered via questionnaires which have inherent limitations, which should also be acknowledged.

Conclusions

Patient self-referral to physiotherapy was viewed positively by GPs and physiotherapists with experience of this mode of access. High levels of confidence in, and comfort with, physiotherapists acting as first point of contact practitioners were voiced by the majority of GPs and physiotherapists. However, a small minority of physiotherapists did not wish or lacked confidence to practice in this mode. The opportunity for physiotherapists to extend their role and manage other aspects of musculoskeletal care, particularly prescribing of NSAIDs, requesting X-rays and issuing sickness certificates to benefit patient care, is worthy of further exploration. A number of myths are associated with autonomous physiotherapy practice, and the profession needs to address these with its membership. If self-referral systems are to be encouraged, it will be vital to ensure that both the profession and the wider public are made more aware of the facts about and potential benefits associated with this mode of access.

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