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Faculteit Revalidatiewetenschappen

master in de revalidatiewetenschappen en de kinesitherapie

Masterthesis

A qualitative study on the entry level and the degree of professional autonomy for the physiotherapy profession in Belgium and its neighboring countries

Lara Rectem

Scriptie ingediend tot het behalen van de graad van master in de revalidatiewetenschappen en de kinesitherapie, afstudeerrichting revalidatiewetenschappen en kinesitherapie bij kinderen

PROMOTOR :

Prof. dr. Raf MEESEN

BEGELEIDER :

De heer Tim NEMETH



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During the realization of this master's thesis entitled: 'A qualitative study on the entry level and the degree of professional autonomy for the physiotherapy profession in Belgium and its neighboring countries', I received major support for which I would like to express my gratitude.

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I would also like to emphasize my appreciation for all the participants, because without their participation the establishment of this qualitative research would not have been possible.

Research context

This master thesis part II fits in the research domain for professional associations of the physiotherapy profession. Literature indicates that, within primary health care, the demand for autonomous practice and direct physiotherapeutic interventions is steadily increasing. However, it seems to be unclear what countries are basing their political legalization on. The participating countries are the following: Belgium, France, Germany, Ireland, Luxembourg, the Netherlands and the United Kingdom.

This master thesis part II, which investigates views and opinions of participants related to professional physiotherapy associations of different countries regarding the ability to practice the physiotherapy profession autonomously after completing the minimal entry level of the country concerned, is a single master's thesis of the student L.R. It was performed with the aim of obtaining a master's degree in rehabilitation sciences and physiotherapy at Hasselt University.

To achieve the obtained result, the full master's thesis was written by the student L.R. under the supervision of Prof. Dr. Meesen R. and Mr. Németh T.

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1. Abstract

Professional autonomous practice is established through a societal accepted contract between practicing physiotherapists and political legislation. Physiotherapists are given the legal authority to perform actions within the knowledge and competences acquired by their education. However, in many European countries professional autonomy is limited by refusing direct access to physiotherapy.

Objective: The objective of this qualitative study is to analyze views and opinions of participants related to professional physiotherapy associations of different countries regarding the ability to practice the physiotherapy profession autonomously after completing the minimal entry level of the country concerned.

Methods: Seven participants were interviewed under the direction of another researcher to share their visions and opinions regarding the topic 'Continuing Professional Development'. A verbatim transcribing process followed by a thematic qualitative analysis was used as a research method.

Results: The data analysis showed that in Belgium, contrary to Ireland, the Netherlands and the United Kingdom where a bachelor's degree is required to practice the physiotherapy profession, an uncertainty exists regarding the abilities of physiotherapists graduates with a four to five-year master's degree to work autonomously. Furthermore, direct access to physiotherapy seemed to be related to autonomous practice whereby frustrations on political legalization could be determined in Belgium.

Conclusion: Based on this qualitative research, it can be concluded that there is no direct correlation between the ability to work independently and the degree of education. The views and opinions that arise around autonomous practice and direct access to physiotherapy are more likely to be the result of political decisions regarding legalization. For future research, a qualitative research with a topic list and interview questions specifically tailored for physiotherapy education and autonomous practice is highly recommended.

Key words: Professional autonomy, direct access to physiotherapy, entry level, political legalization.

2. Introduction

As evident from the American Physical Therapy Association (2012) definition, professional autonomy is a direct synonym of 'independent practice'. Independent practice is established through a societal accepted contract between practicing physiotherapists and political legislation (Gotlib et al., 2012). Physiotherapists are given the legal authority to perform interventions within the knowledge and competences acquired during their education (Hoogland & Jochemsen, 2000). Autonomous practice is defined by deontological legislation which a physiotherapist may not violate (Sandstrom, 2007). However, in many countries professional autonomy is limited by refusing direct access to physiotherapy (DAP) (Bury & Stokes, 2013). DAP is the legal right of physiotherapists to provide care to patients without the necessity of a prescription by a physician (World Physiotherapy, n.d.).

DAP is already established in about 60 percent of the European countries including Denmark, Ireland, the Netherlands, Norway, Spain, the UK, etc. (Bury & Stokes, 2013). Despite the policy statement of World Physiotherapy (2019) that physiotherapists must be able to act as first contact practitioners, many countries do not review the legislation. For example, in Belgium, patients are obliged to first visit a physician for a prescription, before one can go to a physiotherapist. This is to obtain a refund, which is not possible in Belgium without a prescription (Van Roy, 2020). The European Region of World Physiotherapy (2020) states that the competences and knowledge of an educated physiotherapist are crucial decision factors in whether DAP should be applied or not. To work autonomously, key competencies like problem-solving thinking and treating evidence-based must be objectives of the education programs (Ven & Vyt, 2007). In Europe, the physiotherapy education varies within countries and includes bachelor's and master's degrees. The bachelor-master structure, originated from The Bologna Process in 1999, is a uniform system for both universities of applied sciences and universities (European Higher Education Area and Bologna Process, n.d.). Moreover, according to the European Commission (2017), the education programs of the acceding countries are comparable and transparently by the European Credit Transfer System (ECTS). A bachelor's program has a duration of three to four years with a study load of 180 to 240 ECTS and approximately 25 to 30 study hours must be linked to one ECTS. A bachelor's degree

is assumed to have advanced knowledge and skills obtained through a balanced mix of practice and theory (European Region of World Physiotherapy, 2020). A master's program is a continuation to a bachelor's degree with a duration of one, two or three years and a study load of 60 to 180 ECTS (European Commission, 2017). Specialized knowledge and problem-solving skills stimulated by research processes of a specific domain are typical features of a master's degree (European Region of World Physiotherapy, 2020). In the next paragraphs, the minimum entry level and the degree of professional autonomy in Belgium and its neighboring countries are elaborated.

2.1 Belgium

The law of Diegenant stipulates that a minimum study duration of four years is required in order to gain access to the physiotherapy profession in Belgium (BelgieLex, n.d.). However, the Belgian Regions are separately authorized for their educational system, resulting in a different program for the physiotherapy education in Flanders and Wallonia (European Commission, 2017b). In the Flemish-speaking part of Belgium are currently five universities that offer the education 'Rehabilitation Sciences and Physiotherapy' (Onderwijskieser.be, n.d.). Furthermore, in Flanders, the minimum entry level to practice the physiotherapy profession is a master's degree with a total duration of five years (KULeuven, 2022). The educational program consists of a three-year bachelor's degree of 180 ECTS and a two-year master's degree of 120 ECTS (KULeuven, 2022). In contrast to Flanders, the education program of the French speaking part has a total duration of four years (Université de Liège, 2022). A three-year bachelor's degree followed by a one-year master's degree is offered in eight universities of applied sciences and three universities in Wallonia (Université de Liège, 2022).

After graduation, physiotherapists may enter the professional practice. The legislative structure governing physiotherapy practice in Belgium is regulated on the Federal level (European Commission, 2017b). This is in contrast to the legislation overarching the physiotherapy education. The difference in governing legislation accounts for the fact that physiotherapists graduated in Flanders after five years of education have the same scope of practice as physiotherapists graduated in Wallonia after four years of physiotherapy education (European Commission, 2017b). According to World Physiotherapy (2021) physiotherapists in Belgium are allowed to assess and to treat patients within their scope of

practice. However, World Physiotherapy informs that physiotherapists are not permitted to act as independent practitioners, to diagnose or to offer any form of primary preventive healthcare. In addition, DAP or self-referral by patients is not allowed in Belgium meaning that physiotherapeutic treatments can only be performed in the presence of a medical prescription written by a physician or dentist (World Physiotherapy, 2021).

2.2 France

In France, the minimum entry level to practice the physiotherapy profession is a master's degree whereby the required state diploma of 'Masseur-Kinésithérapeute' is obtained (World Physiotherapy, 2021b). The education program starts with one preparatory year for admission to the 'Institut de Formation en Masso-Kinésithérapie' (IFMK) and has a total duration of five years (University Paris Descartes, n.d.). The preparatory year, known as 'la Première Année Commune aux Études de Santé' (PACES) consists of a validated common year of health studies named with the French term 'Parcours Accès Santé Spécifique' (PASS) or a validated license in human and social sciences named 'Health Access Licence' (L.AS) (University Paris Descartes, n.d.). Both PASS and L.AS have a study load of 60 ECTS and include a more or less significant part of non-health education (University Paris Descartes, n.d.). Students are only admitted to the IFMK after validation of the imposed credits during PACES. The remaining four years consist of two cycles at the IFMK. The first cycle 'Scientific, methodological and fundamental professional lessons necessary for the understanding of health problems and clinical situations encountered in physiotherapy' has a study load of 180 ECTS and leads to a bachelor's degree (University Paris Descartes, n.d.). The second cycle 'Development of diagnostic skills and physiotherapy intervention from the base of acquired theoretical and practical knowledge' has a study load of 60 ECTS and leads to a master's degree (University Paris Descartes, n.d.).

Succeeding a five-year master's degree allows physiotherapists in France to assess and to treat patients within their scope of practice and to refer patients to other paramedics (World Physiotherapy, 2021b). Nevertheless, according to World Physiotherapy, physiotherapists are not permitted to act as independent practitioners, to diagnose or to offer any form of primary

preventive healthcare. Moreover, DAP or self-referral by patients is not allowed in France. Physiotherapeutic treatments can only be performed in the presence of a medical prescription written by a physician or dentist (World Physiotherapy, 2021b).

2.3 Germany

In Germany, the minimum entry level to practice the physiotherapy profession is a certificate that is obtained after completing a three-year education program at a vocational school (World Physiotherapy, 2021c). The education program is at polytechnic level and concludes with a state exam, named by the German term 'Staatliche Prüfung' (Physio-deutschland, n.d.). A vocational school aims for a continuous development of professional and practical competences. For this reason, the courses are divided into 2900 hours of theoretical and 1600 hours of practical education (Physio-deutschland, n.d.).

After receiving a certificate of recognition, physiotherapists are allowed to assess and to treat patients within their scope of practice and to refer patients to other medical specialists or services (World Physiotherapy, 2021c). Conversely, World Physiotherapy reports that physiotherapists are not permitted to act as independent practitioners, to diagnose or to offer any form of primary preventive healthcare. Finally, it is also mentioned that DAP or self-referral by patients is not allowed in Germany meaning that physiotherapeutic treatments can only be performed in the presence of a medical prescription written by a physician or dentist.

2.4 Ireland

In Ireland, the minimum entry level to practice the physiotherapy profession is a bachelor's honors degree (BSc Hons) (World Physiotherapy, 2021d). Commonly in Ireland, the UK and Wales, a distinction is made between a bachelor's ordinary degree and a BSc Hons. The main difference is the acquired study load and duration (Hossam, 2021). For example, a bachelor's ordinary degree can be obtained after two years whereas a BSc Hons has a minimum duration of three years (Hossam, 2021). As a result, Hossam states that a BSc Hons is comparable to a regular bachelor's degree of three to four years in other European countries.

The physiotherapy education in Ireland has a total duration of four years and is currently offered in five universities (Royal College of Surgeons in Ireland, n.d.) . The education program starts with a general foundation year that focuses on expanding basic scientific knowledge (Royal College of Surgeons in Ireland, n.d.). The foundation year continues with a ‘Bachelor of Science in Physiotherapy’ which lasts three years and has a total of 1000 hours of clinical practice (Royal College of Surgeons in Ireland, n.d.).

The many hours of practical experience aim to prepare students to enter the work field. In Ireland, physiotherapists are allowed to act as independent practitioners, to assess, to diagnose and to treat patients, to refer patients to other paramedics and to offer preventive healthcare (World Physiotherapy, 2021d). Additionally, DAP or self-referral by patients is allowed in Ireland (World Physiotherapy, 2021d).

2.5 Luxembourg

In Luxembourg, the minimum entry level to practice the physiotherapy profession is a five-year master’s degree completed at LUNEX University (World Physiotherapy, 2021e). The education program consists of a three-year bachelor’s degree of 180 ECTS followed by a two-year master’s degree of 120 ECTS (LUNEX University, n.d.). Furthermore, 1125 hours of clinical practice is required to attain a professional license (LUNEX University, n.d.).

A professional license gives physiotherapy graduates the authority to act as independent practitioners, to assess, to diagnose and to treat patients, to refer patients to other paramedics and to offer any form of preventive healthcare (World Physiotherapy, 2021e). Furthermore, DAP or self-referral by patients is allowed in Luxembourg (World Physiotherapy, 2021e).

2.6 The Netherlands

In the Netherlands, the minimum entry level to practice the profession of physiotherapy is a 'Hoger Beroeps Onderwijs' (HBO) education leading to a bachelor's degree (World Physiotherapy, 2021f). HBO-educations are regulated by several universities of applied sciences in the Netherlands (HBOstart, n.d.). The education program has a total duration of four years, each with a study load of 60 ECTS (HBOstart, n.d.).

When entering the work field after graduation, physiotherapists in the Netherlands are allowed to act as independent practitioners, to assess, to diagnose and to treat patients within their scope of practice, to refer patients to other medical specialists or services and to offer any form of preventive healthcare (World Physiotherapy, 2021f). In addition, DAP or self-referral by patients is allowed in the Netherlands (World Physiotherapy, 2021f).

2.7 United Kingdom (UK)

In the UK, the minimum entry level to practice the profession of physiotherapy is a bachelor's honors degree (BSc Hons) with a total duration of three years (World Physiotherapy, 2021g). In the UK, the Credit Accumulation and Transfer Scheme (CATS) operates instead of the ECST-system (University of Oxford, n.d.). These are comparable, although the study load of a CAT-credit is only ten hours instead of 25-30 for an ECTS-credit (University of Oxford n.d.). The university education includes a total study load of 360 CATS (University of Suffolk, n.d.).

After completing the three-year bachelor's program, physiotherapists are allowed to act as independent practitioners, to assess, to diagnose and to treat patients within their scope of practice, to refer patients to other medical specialists or services and to offer any form of preventive healthcare (World Physiotherapy, 2021g). Besides, DAP or self-referral by patients is allowed (World Physiotherapy, 2021g).

Table 1*Schematic Representation of the Educational Entry Level and the Degree of Professional Autonomy*

		Educational entry level	Professional autonomy	
Country		Required degree	Independent physiotherapist	Direct access to physiotherapy
Belgium	Flanders	5-year master's degree	O	O
	Wallonia	4-year master's degree		
France		5-year master's degree	O	O
Germany		certificate	O	O
Ireland		4-year bachelor's degree	X	X
Luxembourg		5-year master's degree	X	X
Netherlands		4-year bachelor's degree	X	X
UK		3-year bachelor's degree	X	X

Note. O = not allowed, X = allowed

2.8 Research question

According to the above information, it is important to identify the entry level and the degree of professional autonomy based on views and opinions of participants related to professional physiotherapy associations of different countries. To what extent do they consider physiotherapist graduates competent to practice the physiotherapy profession autonomously as compared to legal admission? What are the shortcomings or recommendations of/for the physiotherapy education in the country concerned? Is there a correlation between the ability to practice autonomously and educational attainment?

3. Methods

A qualitative research method was conducted using the data from a semi-structured interview that was performed as part of the study 'Analysis of frameworks for Continuous Professional Development for physiotherapists in the European Region'. A qualitative approach makes it possible to describe and interpret detailed expressions and experiences of participants in a specific context (Mortelmans, 2013).

3.1 Medical ethics committee

No approval from the medical ethics committee was required as this is a retrospective study where no patients are involved.

3.2 Participants and procedure

Selecting the participants, drafting the interview questions and conducting the interview had already been carried out as part of the previously mentioned study and were therefore not directly related to the subject of this master's thesis.

All included participants are involved within the boards of the professional physiotherapy associations of their country with knowledge of their own health system. Participants were interviewed to share their visions and experiences regarding the topic 'Continuing Professional Development' (CPD). However, the interviews were initiated by asking for the professional views and opinions of the participants regarding the physiotherapy education and the possibility to work autonomously after graduation in the country concerned.

The interviews were drafted and conducted by the mentor of this master's thesis, Tim Németh, who is affiliated to Hasselt University. The interview questions that were discussed in the interview can be found in appendix 1. The interviews took place via the platform Google Meet and were captured using an audio-video recording. The next section elaborates on how the data was analyzed.

3.2 Data-analyses

The digital audio-video recordings were transcribed, analyzed and interpreted by an independent reviewer LR. A literal transcribing method was chosen. This is the most accurate form of transcribing where the available audio is verbatim typed, including stop words and hesitations (Mortelmans, 2013). Moreover, words that were emphasized during the interview were highlighted in bold, short pauses were indicated by three dots and longer pauses by '(pause)'. Non-verbal and emotional expressions were also taken into account to be able to interpret the data in a comprehensive way. Transcripts of the used parts of the interviews can be found in the appendix 2.

After the transcription process, thematic analysis was conducted. The main themes were established by a deductive method. Based on the research question of this master's thesis, two main themes could be determined in advance namely 'independent practice' and 'direct access to physiotherapy'. The sub-themes 'uncertainty' and 'frustrations' were discovered through an inductive method, further explained in the next paragraph.

Three phases of coding were performed: open coding, axial coding and selective coding as described by Mortelmans (2013). Open coding aims to name or label pieces of text in the data. Then, via axial coding, separate codes are brought together into a whole. Finally, the different sub-themes were identified by selective coding. The main themes obtained are coded by means of a number: [1] for independent practice and [2] for direct access to physiotherapy. This coding is indicated per quote in the transcribed interview in appendix 2.

In the processing of the results, a few standard sentences are used that refer to the personal interpretation of the researcher LR. These include: 'gives the impression that', 'gives a presumption that', 'seems to', 'appears to', 'it suggests' 'can be established that', 'can be assumed that'.

4. Results

A first theme that is described in the result section is 'independent practice' which is considered as the ability to practice the physiotherapy profession independently within the scope of practice (Hoogland & Jochemsen, 2000). A second theme is 'direct access to physiotherapy' and refers to the legal permission to perform the physiotherapy profession in the absence of a prescription written by a physician or dentist (World Physiotherapy, n.d.).

Participants were dedicated to an abbreviation whereby P1 stands for the interviewee from Belgium, P2 from France, P3 from Germany, P4 from Ireland, P5 from Luxembourg, P6 from the Netherlands and P7 from the UK. The line numbers (LN) of the analyzed quotes from the transcribed interviews were also presented.

4.1 Independent practice

4.1.1 Uncertainty

P1 indicates during the interview that a master's degree in Belgium normally consists of a two-year bachelor's program followed by a two-year master's program. However, a master's degree in Belgium always consists of a three to four-year bachelor's program followed by a master's program of one, two or three years (European Commission, 2017). Therefore, this statement suggests an error.

"(...) Een masteropleiding euh... zoals bij, bij... ja... ja ja een masteropleiding wat neerkomt op euh... normaal twee, twee jaar bachelor en twee jaar master (...)" (P1, LN29-30)

As already mentioned in the introduction, the physiotherapy education in Flanders differs from the one in Wallonia. By emphasizing that the master's degree in Flanders has a duration of five years, P1 already seems to reveal his preference for the Flemish physiotherapy education. More specifically, with this pronouncement, P1 appears to consider the five-year education superior to the four-year one.

"(...) Maar in Vlaanderen, de vijf Vlaamse universiteiten, euh is het een vijfjarige masteropleiding (...)" (P1, LN30-31)

Continuing, when asked about the professional opinion on the degree of autonomy for physiotherapist graduates in Belgium, a remarkably different answer is given for Flanders and Wallonia. Regarding the Flemish education, some uncertainty can be noted when P1 indicates

that he thinks graduates have the abilities to work autonomously. By way of explanation, the verb 'to think' gives a presumption of partial conviction. Furthermore, P1 highlights that ten years ago, the physiotherapy education should meet the requirements to work autonomously. However, P1 cannot speak with certainty because independent practice is not legally permitted in the work field in Belgium. The time span seems to refer to the disappearance of the four-year bachelor's program. Since the academic year 2013-2014, the education programs at the universities of applied sciences became completely integrated into the five universities of Flanders (Vlaams Parlement, n.d.).

*“Ik **denk** dat euh de laatste tien jaar, en ik spreek dan **vanuit Vlaanderen hé euh...**, dat de opleiding wel de kinesitherapeuten voorbereid (...)” (P1, LN44-45)*

The assumption that P1 attaches great importance to a two-year master's degree is further confirmed. More specially, when P1 clarifies his opinion on the physiotherapist graduates in Wallonia regarding the ability to work autonomously, uncertainty is blended with distrust. P1 gives the impression to distrust the abilities of a four-year educated physiotherapist by experiencing autonomous practice in Wallonia as a more difficult debate compared to Flanders.

*“Euh, ik denk in het Franstalig landsgedeelte dat dat **moelijker** ligt (...)” (P1, LN47-48)*

P1 devotes the main cause of distrust to the existence of a physiotherapy education offered by several universities of applied sciences alongside universities in Wallonia. P1 indirectly makes a comparison with Flanders, where the amalgamation took place ten years ago. Earlier in the results, P1 indicated that since then graduates might be able to practice the physiotherapy profession autonomously in Flanders.

“(...) Daar is geen inkanteling van hogescholen in de universiteiten en ge hebt daar nog een hogeschool opleiding naast een universitaire opleiding (...)” (P1, LN48-50)

Furthermore, P1 views independent diagnosing and independent treating of patients as two different functions of autonomous practice. P1 appears to particularly distrust the diagnostic process made by a physiotherapist graduate from Wallonia. As a result, it can be assumed that P1 considers both full autonomy and no autonomy as not suitable for Wallonia. The concept of partial autonomy seems to be making its appearance.

*“(...) Ik denk dat dat een beetje euh... ja probleem geeft om om daar te kunnen beslissen dat een kinesitherapeut zelf een diagnose kan... een diagnose kan stellen **en zelf** een*

behandelplan... ja dat kan hij wel opmaken, maar heeft hij wel de goeie diagnose gesteld? Ik denk dat dat wat gevaarlijk is.” (P1, LN50-53)

Similar results from the interview with P1 were noted with P2. Repeated from the introduction, a five-year master's degree is necessary in France to be allowed to practice the physiotherapy profession. When asked whether physiotherapists graduates are able to immediately start working as autonomous practitioners, P2 hesitantly explains that this is the aim of the education program. Because of this statement, theory does not seem to be translated into practice. More concretely, as in Belgium, there is an uncertainty regarding the possibility of autonomous practice after the physiotherapy education in France.

“... Bien...oui, c’est le but...” (P2, LN65)

Furthermore, P2 gives the impression that despite the ability to practice the physiotherapy profession autonomously being the aim of the education program, many graduates are not ready to enter the work field autonomously. After the obtained master's degree, graduates must continue to educate themselves by taking refresher courses and additional training. P2 seems to advocate this as a condition for qualitative autonomous practice.

“N'exclut évidemment... la possibilité de... poursuivre, de perfectionner ses connaissances dans un domaine ou dans un autre dans l'intérêt de la formation continue.” (P2, LN68-70)

Compared to P1, P3 and P5 give a more neutral answer when asked about the professional view on whether graduates can work autonomously. As mentioned in the introduction, Germany is the only country included where the minimum entry level to the physiotherapy profession is not a bachelor's or a master's degree. P3 expresses that graduates are not prepared to work autonomously after the three-year education. This empty statement is given without any intonation and suggests that P3 rests in the system as it is.

“(...) That does not prepare for autonomous education.” (P3, LN42-43)

Another possible reason for this unloaded answer is that in addition to the vocational school, there are also universities of applied sciences and universities that do lead to a bachelor's or master's degree and which do allow one to practice the physiotherapy profession autonomously. However, P3 seems to believe that students who opt for the vocational schools, choose to settle for less.

“There are institutes or schools euhm and also universities, as I said before, you can go on other pathways to become professional, and such may euhm... prepare for autonomous practice, but it's not euh a necessity (...)” (P3, LN43-45)

Likewise, P5 leaves visions and opinions out of the equation and refers to the legal permission of autonomous practice in Luxembourg.

“Yes, that’s the case. So as soon as you have finished your studies, you can work as an independent physiotherapist (...)” (P5, LN70-71)

From the interviews with P4, P6 and P7, opposite results can be observed as from the interview with P1. In Ireland, the Netherlands and the UK, a bachelor's degree is the minimum entry level to be allowed to practice the physiotherapy profession. P4, P6 and P7 express an absolute determination when answering the question about the ability for autonomous practice after completing the physiotherapy education. P4 and P7 resolutely state that physiotherapy students can graduate today and work autonomously tomorrow. The impression is given that the physiotherapy education of Ireland and the UK is in such a way preparatory that there is absolutely no doubt about the abilities of recent graduates.

*“**Absolutely.** Yes. From day one.” (P4, LN29)*

*“**Yes!** The three year program ensures that when the student qualifies (...), they can work autonomously immediately.” (P7 LN31-32)*

P6 is also determined that graduates are prepared for autonomous practice. Summarized, the physiotherapy education in the Netherlands seems to meet all the requirements necessary to practice the physiotherapy profession independently.

*“**Ja, ja,** dat is een duidelijk ja.” (P6, LN76)*

Furthermore, P6 points out clearly and without hesitation that the bachelor's degree lasts four years and can therefore not be compared to a three-year bachelor's degree. The four-year bachelor's program appears to be superior to the three-year one.

*“(...) Wij hebben een, zeg maar euh, entry level op bachelor niveau. En onze bacheloropleiding duurt **vier** jaar (...) dus, overal is een vierjarige bachelors programma aanwezig (...). Het verschilt nog, want volgens mij zijn er ook wel landen waar het drie jaar is in Europa, bachelor in drie jaar, dus nog een goed feit erbij.” (P6, LN30-LN35)*

4.2 Direct Access to Physiotherapy (DAP)

4.2.1. Frustrations

During the interview with P1, DAP was mentioned at a minimum, possibly because it was not asked for directly. Within primary health care, the demand for direct physiotherapeutic interventions, without a prior prescription from a physician, is steadily increasing (Bury & Stokes, 2013). From the interview with P1, currently in Belgium there seems to be a strict division of responsibilities between a physician and a physiotherapist whereby a physician assumes the role as prescriber and a physiotherapist the role as performer. By naming a physician a prescriber, a presumption can be made that P1 is frustrated about the current legislation on DAP in Belgium. These frustrations could possibly be related to the physiotherapy education which has a higher degree and duration compared to other countries where DAP is allowed.

“(…) Voorschrijvers, andere zorgverstrekkers.” (P1, LN67)

Similar to P1, P2 gives the impression that, as in Belgium, there is a lot of frustration around the binding legislation on DAP in France. Furthermore, P2 mentions that there are ongoing proposals to review the legislation. Because of this, the majority of physiotherapists in France seem to disagree with the mandatory law. However, it can also be reported that the recommendations are about partial autonomy, which is not corresponding with full autonomy nor with no autonomy. It can be concluded that French physiotherapists do not opt for full autonomy with the proposed amendment to the law.

*“Alors... non, aujourd’hui dans la loi c’est très clair. Dès lors qu’on agit dans un but thérapeutique les soins **doivent** être pratiqués sur prescription médicale. On est en train de travailler sur des possibilités dérogatoires à cette règle **impérative** par des des ... de l’accès direct dans certaines conditions (...)” (P2, LN73-77)*

In contrast to P1, P5 and P6 mentioned spontaneously and with satisfaction that DAP is legally permitted in Luxembourg and the Netherlands. Because of this, P4 and P5 seem to be aware that DAP is not evident in all countries. While expressing satisfaction, P4 and P5 appear to rely

on several benefits provided by DAP. It can be concluded from these statements that P4 and P5 see an important link between professional autonomy and DAP.

“So as soon as you have finished your studies, (...) you can open your own euh... place and euh... even work without the permission from a doctor.” (P5, LN71-72)

Although P5 states that physiotherapists in the Netherlands can work completely autonomously and with legally permitted DAP, only the ability to treat patients independently is emphasized. Moreover, no statement is made about diagnosis independently, which is an important function of professional autonomy for the physiotherapy profession. However, a wrong choice of words may have occurred.

*“Waarbij wij ook directe toegankelijkheid hebben en ook bachelor-opgeleide, net startende fysiotherapeuten kunnen via de (...) DTF, euhm, **behandelen**.” (P6, LN76-78)*

During the interviews with P3, P4 and P7, the topic DAP is not mentioned. Frustrations, as in Belgium, can be perceived through small comments or thoughts (Nummenmaa, Hari, Hietanen, & Glerean, 2018). However, this is not the case for subjects that are evident for participants. When giving a vision or opinion, they are often forgotten. The impression is given that the legislation on DAP in Germany, Ireland and the UK has been unchanged for years and is therefore no longer a talking point.

5. Discussion

In the discussion section results are interpreted, strengths and limitations are described and recommendations for future research are indicated.

5.1 Independent practice and direct access to physiotherapy (DAP)

The results of the data analysis showed that in Belgium, contrary to Ireland, the Netherlands and the UK where a bachelor's degree is required to practice the physiotherapy profession, an uncertainty exists regarding the abilities of physiotherapists graduates with a four to five-year master's degree to work autonomously. Furthermore, according to the interviewee from Belgium, physiotherapists who graduate in Flanders are possibly more competent for autonomous practice than graduates from Wallonia due to the integration of the universities of applied sciences into the universities. As a result, the identified uncertainty for graduates in Belgium mainly stems from structural limitations authorized by the regional governments and not from the quality of the education offered by the universities of applied sciences or the universities. Also, in the practice, actual competencies and skills often seem to be ignored. A discussion paper by Vermeulen et al. (2021) states that the degree of autonomy for midwives in Belgium is limited due to the hierarchical structure in hospital settings where midwives are most commonly employed. Nevertheless, the entry level for the midwifery profession in Belgium is a three-year bachelor's degree after which midwives are legally permitted to guide childbearing women with uncomplicated pregnancies autonomously (Federale Raad van de Vroedvrouwen, 2016). Furthermore, a study by Vermeulen, Swinnen, D'Haenens, Buyl, and Beeckman (2016) shows that 91.1% of women prefer a gynecologist for an uncomplicated delivery due to the low knowledge regarding the legal competencies of a midwife. Hence, the government, competent for the structuring of health professions, plays a role in the limited recognition and publication of competencies and skills of health care professionals other than physicians.

Continuing, political legislation on DAP seems to be directly connected to the ability to practice the physiotherapy profession autonomously. In Belgium, frustrations could be

determined because independent practice is limited by refusing DAP on a Federal level. However, a qualitative research by Coppens (2021) on the views and opinions of physicians regarding DAP in Belgium demonstrates that physicians enable physiotherapists to act as first contact under certain conditions. A first mentioned condition is the necessity of interdisciplinary cooperation between physicians and physiotherapists whereby both focus on their own qualifications with mutual respect. This also includes reciprocal communication, more specified, physicians expect on a regular basis a follow-up report on the physiotherapeutic interventions and evolutions. A second listed condition is the introduction of a quality register in which requirements such as obtaining refresher courses and additional training are imposed and monitored. Also, in this master's thesis, more specifically from the results of the interview with the participant from France, the essence of continuing education was mentioned. As a result, a quality register appears to be an accepted condition in exchange for admission to DAP. However, another research by Deyle (2006) indicates that physicians prefer not to relinquish their authority to diagnose patients. The recognition of red flags during a diagnosing process is very important for which physiotherapists may not be adequately educated according to physicians (Ferguson, Holdsworth, & Rafferty, 2010). However, a retrospective research by Moore, McMillian, Rosenthal, and Weishaar (2005) shows that no adverse effects were reported either in diagnosis or treatment between two experimental groups where one was treated via DAP and the other via referrals on a prescription written by a doctor. In addition, in a trial design by Durant, Lord, and Domholdt (1989) experienced half of the sample population a better examination when performed by a physiotherapist. Despite these results, in this master's thesis, there also appears to be some uncertainty about the competences for diagnosis of graduate physiotherapists in Belgium, especially in Wallonia.

Furthermore, Sandstrom (2007) confirms that not attributing DAP leads to frustration and dissatisfaction. Due to the current politically determined structure in Belgium it is not possible to make optimal use of the competences, scientifically substantiated knowledge and clinical skills that physiotherapists have acquired during their education (Karin, Filip, Jo, & Bert, 2009). Moreover, from the point of view of physiotherapists, physicians are insufficiently aware of

the possibilities of physiotherapy resulting in stereotypical prescribing behavior (Clemence & Seamark, 2003). The scope of practice is limited because the physiotherapeutic indications are not used sufficiently. Consequently, not making DAP legal harms the competencies, clinical skills and experience of the physiotherapist leading (Bury & Stokes, 2013). In the Netherlands and Luxembourg, it was spontaneously mentioned that DAP is allowed. The research article by Leemrijse, Swinkels, and Veenhof (2008) shows that there are many advantages in assigning DAP and this may explain the spontaneous report. According to the previously mentioned article, DAP would be an improvement for patients and physicians whereby patients would experience better and faster access to physiotherapy. Furthermore, physicians can work more efficiently by the ability to focus on necessary elements without being consulted to prepare a prescription for a qualified physiotherapist.

5.2 Strengths and limitations

A strength of this study is that all included participants are involved within the boards of the professional physiotherapy associations of their country with knowledge of their own health system. They can therefore make a good estimate of the functioning of the profession in their country. Besides that, all included participants have a background as a physiotherapist which is also an advantage. There is a lot of scientific research about the views and opinions of other health care providers, but not of physiotherapists themselves. Therefore, further research is recommended.

The main limitation of this qualitative study is that only a small number of results are available. The interviews were conducted as part of a study on CPD whereby therapists were not questioned in depth and a complete picture of their perceptions and experiences on autonomous practice as an extension on the education is lacking. As a result, too few results are available to draw general conclusions.

Furthermore, an interviewer bias may be present in this qualitative research because the moderator of the interviews is a licensed physiotherapist who worked on a European level with the participants. Although an objective topic list and pre-prepared interview questions

were used, a minimal form of subjectivity cannot be ruled out. It would have been better to appoint a fully objective interviewer who has no connection with the physiotherapy profession or with the included participants.

5.3 Recommendations for future research

Although there is a significant amount of literature around visions and opinions of physicians regarding autonomous practice by physiotherapists, only a few can be found around perceptions and experiences of physiotherapists themselves. As a result, extra qualitative research is essential to gain new insights. A recommendation for future research is to conduct qualitative research with a topic list and interview questions specifically tailored for autonomous practice after following an education program in a certain country. Only in this way, a complete and comparative conclusion can be formed of the countries concerned.

6. Conclusion

From the results of the data analyses and the comparative study performed in the discussion, it can be concluded that there is no direct correlation between the ability to work independently and the degree of education including study duration. The views and opinions that arise around autonomous practice and DAP are more likely to be the result of political decisions regarding legalization.

However, physicians enable physiotherapists to act as first contact under certain conditions. A condition that has also become apparent from the results of this master's thesis is the need for a quality register through which continuing education is mandatory and monitored. Ultimately, the government is authorized to revise the legal provisions regarding autonomous practice and DAP (Bury & Stokes, 2013). However, these results provide additional deliberation with regard to the recognition of the competences of physiotherapists.

For future research, a qualitative research with a topic list and interview questions specifically tailored for physiotherapy education and autonomous practice is highly recommended. Only in this way, a complete and comparative conclusion can be formed of the countries concerned.

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8. Appendices

Appendix 1: Template semi-structured interview

1. Introduction

- Welcome to the online interview.
- Explanation of the recording and analysis procedure.
- Additional questions from the participant before the start of the interview.
- Pseudonymization explanation.
- Definition of CPD according the World Physiotherapy.

2. General information – physiotherapy education and practice

- What is the entry level education for physiotherapists in your country?
- Does the education prepare physiotherapists for autonomous practice?
- Are there subsequent education programs leading to higher degrees than the entry level?
- What are the benefits of such higher degrees relating to the exercise of the profession in your country?

3. General information – physiotherapy policy and legislation

- Are physiotherapist represented at decision making levels for physiotherapy policy and legislation regulating:
 - Entry level education and/or subsequent education if applicable?
 - Physiotherapy practice in general?
 - Continuing professional development in particular?

4. CPD - specific

Depending on the answer provided in the survey.

In case of no CPD:

- Do physiotherapists in your country keep up with evolving scientific insights relating to physiotherapy practice?

- How do the physiotherapists in your country keep up with evolving scientific insights relating to physiotherapy practice?
- Is a CPD system for physiotherapists something that will be implemented in the future in your country as far as you know at this stage?

In case of voluntary CPD:

- For how long does the voluntary system of CPD exist?
- What was the main purpose of installing a voluntary system for physiotherapists?
- What is the percentage of practicing physiotherapists engaging in voluntary compared to all practicing physiotherapists?
- Which consequences could physiotherapists face in the mandatory CPD system?
 - Positive incentives?
 - Negative consequences?
 - No positive incentives / negative consequences.

In case of mandatory CPD:

- For how long the mandatory system of CPD exists?
- What was the main purpose of installing a mandatory system for physiotherapists?
- Who supervises the adherence to the mandatory CPD standards?
- Which consequences could physiotherapists face in the mandatory CPD system?
 - Positive incentives?
 - Negative consequences?

5. CPD – general

- Who organizes the CPD for physiotherapists in your country?
- Who collects the (CPD) data from the physiotherapists in your country?
- Who owns the collected data?
- How is the CPD data collected?
- What data is collected in the CPD system?
- Is the CPD data being analyzed and used for:
 1. Establishing a local, regional or nationwide overview on CPD for physiotherapists;
 2. informing physiotherapists / patients / governments / funders on the CPD status of individual physiotherapists;

3. Benchmarking physiotherapists against peers in the local, regional or national health care system?

6. Quality in physiotherapy care

- Do physiotherapists in your country have a quality standard defined for practice?
- Are physiotherapists legally bound to live up to quality standards?
- Depending on the answers on CPD:
 - How does the system of CPD fit in the concept of quality of care? (Only if CPD exists)
 - Do you think a system of CPD can contribute to maintain / enhance the quality of care? (Countries with and without CPD)

7. End of the interview

- Any additional remarks?
- Thank you for participating.

Appendix 2: Transcripts of the used parts of the interviews

1. Belgium

I: Goodmorning, welcome in this interview. Euh, if I understood you correctly, you wanted to conduct this interview in Dutch. Is that correct?

P1: That's correct euh... I think it is a... a (laughs) little bit stupid when we both speak Dutch that we do it in English euh.

I: Oké dan euh springen (interrupted by P).

P1: For the nua (word not finished) nuancing of the the words it is better that we do it in Dutch, I think.

I: Oké dan springen we nu onmiddellijk over naar het Nederlands. Euh, nog eens een keer welkom in dit online interview als een euh opvolging van de survey die u gedaan heeft over con (word not finished) euh continue professionele euh... studies voor kinesitherapeuten. Euh, ik wil voordat we beginnen eventjes zeggen dat het interview zal opgenomen worden maar de persoonlijke data zal worden gepseudonimiseerd, dat wilt zeggen dat uw naam euh aan een nummer wordt toegewezen euh en alleen ik en een andere onderzoeker kent de link tussen de naam en de nummer. Is dat oké voor u?

P1: Dat vind ik oké.

I: Prima.

P1: En de andere onderzoeker da zal waarschijnlijk Raf zijn.

I: Euh, tot nu toe wel ja.

P1: The interviewee laughs out loud.

I: In de chat van het programma plaats ik ook eventjes terug opnieuw de definitie van CPD zoals die door World Physiotherapy euh wordt gebezigd, die zat ook in de survey, euh het is gewoon om eventjes uw aandacht erop te vestigen dat alle antwoorden die u geeft in relatie tot levenslang leren, altijd worden getoetst aan deze definitie doorheen heel mijn euh studie. Zijn er nog vragen van u voordat we beginnen met het interview?

P1: Nee, no, I don't think so.

I: Oké, dan euh zullen we starten. Voordat we gaan naar de kern van het interview, wat het levenslang leren is, zou ik eventjes willen een situatieschets krijgen over euh het onderwijs en de klinische praktijk. Dus kan u mij eventjes zeggen wat het euh basis euh level onderwijs in euh, is voor de kinesitherapeuten in België?

P1: In euh, in België is dit een, een masteropleiding euh... zoals bij, bij... ja... ja ja een masteropleiding wat neerkomt op euh... normaal twee, twee jaar bachelor en twee jaar master [1], **maar in Vlaanderen**, de vijf Vlaamse universiteiten, euh is het een **vijfjarige** masteropleiding [1] met een euh afstudeer euh... met een ja... een, een, een afstudeerrichting oftewel musculoskeletale, pediatische kinesitherapie, inwendige kinesitherapie, maar het diploma is van iedereen gelijk.

I: Uhu, dus als ik het goed begrijp, dan is het officiële euh minimum entry level, een een vierjarige masteropleiding, maar in het Vlaamse gedeelte euh breiden ze er een jaartje aan?

P1: **Ja!**

I: Ja oke, dus dat wil zeggen officieel twee bachelor twee master en in Vlaanderen drie bachelor en twee master dan?

P1: **Ja!**

I: Oke, danku. Euh in, in uw professionele opinie, euh, is deze opleiding euh, bereidt die de studenten voor om als euh euh autonome practicus in het werkveld te kunnen staan? En met

autonome practicus bedoel ik dat ze zouden kunnen werken zonder een een voorschrift of verwijzing van een andere euh zorgverstreker?

P1: Ik **denk** dat euh de laatste tien jaar, en ik spreek dan **vanuit Vlaanderen hé** euh..., dat de opleiding wel de kinesitherapeuten voorbereid [1] om een euh zelfst (word not finished)... om om eigen... een euh... dia (word not finished)... een kinesitherapeutische diagnose te stellen en een behandelplan op te maken en dan de behandeling euh, de revalidatiebehandeling, uit te voeren. Euh, ik denk in het Franstalig landsgedeelte dat dat iets **moeilijker** ligt [1] euh... omdat we daar nog met, daar is geen inkanteling van hogescholen in de universiteiten en ge hebt daar nog een hogeschool opleiding naast een universitaire opleiding [1] en ik denk dat dat een beetje euh... ja probleem geeft om om daar te kunnen beslissen dat een kinesitherapeut zelf een diagnose kan, een kinesitherapeutische diagnose kan stellen **en zelf** een behandelplan... ja dat kan hij wel opmaken, **maar heeft hij wel de goeie diagnose gesteld?** Ik denk dat dat wat gevaarlijk is [1].

I: Oke, dus als ik u begrijp, een licht genuanceerd antwoord waar dat u vindt dat in Vlaanderen met de vijfjarige opleiding, zeker in het curriculum, een heel aantal elementen vervat zitten om als autonome practicus aan de slag te kunnen gaan. Maar in het Franstalige landsgedeelte zouden er eventueel, omwille van de niet-inkanteling van de hogere onderwijsinstellingen, nog wat praktische problemen kunnen zijn op dat gebied.

P1: Correct!

I: Oke, danku.

(PART OF THE INTERVIEW LEFT OUT)

I: Dus, de positieve voordelen, of de voordelen voor de kinesitherapeut is vooral een intrinsieke motivatie om als beste kinesitherapeut voor de patiënt te kunnen zorgen, er zit een financieel aspect aan maar er is ook een publiek aspect waardat de kinesitherapeuten die zowel de bijzondere bekwaamheden of die de navormingseenheden halen op een publieke lijst komen te staan, zichtbaar zijn voor patiënten en overheid neem ik aan dan?

P1: En voorschrijvers, andere zorgverstrekkers [2]. Euh, ik denk niet dat we naar een systeem van euh Google moeten gaan waardat euh... de patiënt na de behandeling buiten komt en de vraag krijgt van "hoe was uw bezoek aan Bruynooghe Peter kinesitherapeut op een score van, op vijf", dat systeem, ik denk dat we daar niet naartoe moeten alhoewel er bepaalde politieke euh... stakeholders, daar wel anders over denken en wel naar zo'n systeem willen gaan. Zoals dat da nu wel bij ziekenhuizen is, maar ale, ziekenhuizen krijgen een score, ten minste krijgen geen score maar zeggen wel indien u borstkanker hebt, dan zijn dit de beste ziekenhuizen... voor uw probleem. Maar ik denk dat we daar als individuele zorgverstrekker eigenlijk niet naartoe moeten gaan. Van ik heb euh nek, lu (word not finished), klachten C7, ja dan is die kinesitherapeut de beste, op individueel niveau kunde da nie, op groepsniveau kunde da wel.

I: Oke, danku.

2. France

I: Bonjour et bienvenu dans l'interview qui est un follow-up d'un Survey online que vous avez rempli en la formation professionnel continue. Avant de commencer je veux vous expliquer que l'interview va être enregistrée mais toutes les coordonnées personnelles vont être pseudonimisées, ce qui veut dire que votre nom va être attribué à un numéro et seulement moi et un autre rechercher connaissent la connexion, le lien du numéro avec votre nom. C'est OK pour vous de continuer comme ça?

P2: D'accord.

I: Ok très bien. Une autre annonce: dans le chat j'ai mis la définition de la formation professionnelle continue selon le World Physiotherapy qui était aussi dans le Survey. Toutes vos réponses sur ce sujet vont être placées contre cette définition dans toute mon étude. C'est juste pour vous informer. Avez-vous des questions avant nous commençons avec l'interview?

P2: Alors oui, une petite question pratique. Donc la présidente du conseil national de l'ordre m'a demandé de répondre à cette interview donc je ne sais pas ce qui a été fait avant par elle. Est ce qu'elle a déjà répondu à un certain nombre de questions ou l'interview est seulement oral ou est-ce qu'il y a eu un support en écrit par elle?

I: Non cette interview c'est juste en oral mais avant l'interview j'ai envoyé un online Survey aux tous pays européens et je pense c'était elle qui a répondu aux questions. Ce sont des questions générales sur le système de la formation continues professionnelle. Si vous avez des questions ou si vous ne pouvez pas répondre à une question je vous laisse la liberté de répondre après si vous recevez la transcription de cette interview.

P2: Parfait.

I: Alors commençons. Avant de faire des questions sur la formation professionnelle continue je veux d'abord avoir des informations générales sur l'éducation et la pratique. Et la première question est: quelle est la formation minimum pour les kinésithérapeutes dans votre pays?

P2: Alors à ce jour la formation vient d'être validée par le ministre en master 2 donc ... bac plus 5.

I: Et le bachelier c'est trois ans avec deux ans en plus pour le master?

P2: Non un an plus quatre ans.

I: Un an plus quatre ans?

P2: C'est un an de sélection initiale par différentes voies ce qui vient d'être un peu modifié plus quatre années dans une école de kinésithérapie spécialisée en kinésithérapie sur les quatre années.

I: Et les écoles dont vous parlez ce sont des hautes écoles ou des universités ou une combinaison?

P2: Alors ce n'est ni hautes écoles ni université ... pas comme en Belgique par exemple. Ce sont soit des écoles ... privées ... à but lucrative, du privé pur, soit des écoles privées à but non lucrative soit des écoles faut dire publiques.

I: OK mais toutes ces écoles sont (interrupted by P2)

P2: Mais toutes ces écoles ont dû ... passer une convention avec une université pour pouvoir faire valider le diplôme de fin d'études diplômé universitaire.

I: Et elles sont toutes agréés par le minister?

P2: Toutes oui.

I: OK merci.

P2: Celles qui ne le sont pas n'ont pas le droit de délivrer des diplômes.

I: OK

P2: Mais il n'y en pas en France. Il y en a eu il y a eu des procès menés notamment par l'ordre et les syndicats contre une école qui ... du coup ... a fermé en France.

I: Et vous m'avez dit que maintenant c'est le cas que le diplôme de base est un master, c'était depuis quand?

P2: Depuis quand? Là depuis le mois de juin.

I: Ah OK, c'est très récent.

P2: **Oui oui** ... c'est depuis les diplômés du mois de juin 2021 que le ministre a donné la reconnaissance en master 2 ... pour la première promotion qui est sorti donc au mois de juin 2021.

I: Et avant c'était quoi?

P2: Master 1.

I: Master 1, OK. Et ça pour cette étude combien d'années étaient les élèves dans l'école?

P2: Avant?

I: Avant oui.

P2: **Mais c'était déjà 5 ans** mais les premières années de sélection, orientation n'étaient pas vraiment reconnues.

I: Ah OK, merci. Je comprends maintenant. Le diplôme était toujours le master mais depuis juin 2021...

P2: C'était sur 60 ECTS de cette première année ... d'étude, d'orientation triage etcétera plus les 240 ECTS dans une école de kinésithérapie mais l'addition n'était pas faite. Tout le monde avait 300 ECTS mais on n'était pas au 300 ECTS mais seulement 240.

I: Et ça c'est réglé depuis juin 2021?

P2: Oui début juillet.

I: OK merci. Dans votre opinion professionnelle est-ce que l'éducation comme elle est maintenant est-ce que le contenu prépare les étudiants d'être capable de travailler autonome?

P2: ... Bien... oui, c'est le but [1].

I: Dans le contenu les élèves ont vraiment une éducation qui les prépare?

P2: Oui.

P2: Et ce dans tous les domaines du champ de compétences de la kinésithérapie. Ce qui **n'exclut** pas évidemment ... la possibilité de ... poursuivre, de perfectionner ses connaissances dans un domaine ou dans un autre dans l'intérêt de la formation continue [1].

I: OK, et dans la loi ? Est-ce que c'est prévu par exemple qu'un patient peut aller chez un kiné sans une prescription?

P2: Alors... non, aujourd'hui dans la loi c'est très clair. Dès lors qu'on agit dans un but thérapeutique les soins **doivent** être pratiqués sur prescription médicale. On est en train de travailler sur des possibilités dérogatoires à cette règle **impérative** par des des ... de l'accès direct dans certaines conditions mais aujourd'hui la loi c'est dès lors qu'on intervient dans un but thérapeutique, c'est sur prescription médicale [2].

I: Merci.

3. Germany

I: Almost there... (long pause)... I think it's a slow internet connection. Okay... Okay, good morning and euh welcome to this euh online interview following the survey that you filled in on euh continuing professional development for physiotherapy. Euh before we begin, I will euh explain to you that this interview will be recorded, euh but that euh the the personal data will be pseudonymized, which means that your name will be assigned a number and only me and another researcher will know the link between the name and the number. Are you okay with me to proceed euh with this euh regard?

P3: Yes, absolutely.

I: Okay, thank you. Euh in the chat, I will euh place the definition of CPD, which was also euh placed on top of the survey. And euh please remember that all of your answers in relation to

the CPD in this interview will be taken into account euh to that definition. Euh, before we euh continue with the interview, do you have any additional questions or remarks that you wish to euh make?

P3: No.

I: Okay, let's start then. Euh, first euh, before euh focusing on the CPD, I would like to guare some general information on physiotherapy, education and practice and we will start with the education. So can you please tell me what the entry level education for physiotherapists is in your country?

P3: Yes, I'm not sure what is the correct English term. It's a vocational school education level euhm... if that makes any sense.

I: Euh, can you please elaborate on euh... let me say, for instance, do the physiotherapists then get a bachelor's degree, a bachelor's honours degree, a master's degree? What is the, the entry level diploma?

P3: Euhm, it's neither of those. It's what we call a state exam.

I: Uhu

P3: Euh, it's a three-year education that concludes with the state exam. There are other pathways, but this is the euhm, the minimum entry level education.

I: Okay, and the, the three years euh, is that euh exclusively in the university or do you get, can follow it in another euh... educational services as well?

P3: It is not, not euh based at a university or, or other academic institution, so it's a vocational school euhm... and euhm... it is, well, it is school based and also practice based education... in, in a mixed form.

I: Okay, or three years as I understand you correctly.

P3: Yes.

I: Okay and the three years is euh subsequent to euh an education euh in high school, so until your 18th euh... until your 18th birthday, you're on the high school and then you can proceed into this vocational school and become a physiotherapist?

P3: That is correct... euhm, yeah, you do not necessarily have to finish euhm... euhm... well, there are different levels of, of euhm... in this, in the school system in Germany. So it's not necessarily high school you have to finish, but it's like, yeah, you have to finish the school and then euhm, you move on... yeah.

I: Okay, thanks. Euhm, second question in this regard, does this euh three years euh education prepare the students euh for autonomous practice?

P3: Not necessarily. So the, this, it's... if I answer this question, I think I have to, I have to refer to the minimum entry level requirement. So they are a, there's a legislative euhm regulation on the, the minimum qualification that physiotherapist needs to achieve to become a professional and that does not prepare for autonomous education [1]. There are institutes or schools euhm and also universities, as I said before, you can go on other pathways to become professional, and such may euhm... prepare for autonomous practice, but it's not euh a necessity, so you can become a physio without being prepared for that [1].

I: Okay, so for the, the basic entry level, euh your answer was that it, in general does not prepare the physiotherapist for autonomous practice?

P3: That is correct.

I: Okay, thank you.

4. Ireland

I: Good morning and thank you for participating in this interview following the online survey on professional development for physiotherapists in Europe. This interview will be recorded and that personal data will be pseudonymised. This means that your name will be assigned a number and only I and one other researcher will know the link. Are you okay with proceeding in this manner?

P4: Yes, that is fine with me.

I: I am going to place the definition of CPD in the chat. This same definition also was included in the online survey you took prior to this interview. Please keep in mind that all answers you provide in relation to CPD will be put against this definition. And I will use this definition throughout the entire study. Do you have any questions before we start the interview?

P4: No.

I: Firstly, I want to get a broad overview on the physiotherapy education, practice and the advocacy. We will start with the education. Can you please tell me what the entry level education is?

P4: The entry level is a bachelor's honours physiotherapy degree in the five universities. We have two ... two entry master levels as well in two of those universities.

I: How long does this bachelor level education take?

P4: It's four years.

I: You also said that there are two universities that are delivering an entry level master's degree. Can you please elaborate on this?

P4: It is a ... two years study based on a four-year primary degree. It is an accelerated master. It is run by the same universities that run the bachelors. ... It facilitates anyone who has an

undergraduate primary degree in a related science ... science programme. It's called ... two years accelerated. Which means that they don't have any summer holidays. They work right through the summer. They do not keep to the academic semesters.

I: Do I understand you correctly that the normal entry level education is a four years honorary bachelors.

P4: Yes.

I: Does this entry level education prepare the students to practice as autonomous practitioners?

P4: **Absolutely.** Yes. From day one. [1]

I: That was a very stern and affirmative answer.

5. Luxembourg

I: Good evening and euh thank you for participating in my euh, in my interview as a follow up of the survey you filled in on euh... continuing professional development for physiotherapists. Euh, before we get started, I just want to say to you that this euh interview will be recorded, but all personal data will be pseudonymized, which means that your name will be assigned a number and only I and another researcher will know the link between your name and the number. Are you okay with that?

P5: Yes.

I: Okay, thank you. Euh, another euh, announcement, in the chat, I've placed the definition of CPD, this was also placed in the survey, this is the definition from euh World Physiotherapy, so please keep in mind that every answer that you give in this interview relating to CPD is euh hold against that definition of World Physiotherapy.

P5: Okay.

I: Okay, do you have any euh additional questions before we start the interview?

P5: Euh, I just take my time to read it again. So... that we are clear about that.

I: Okay... cool. (Leaves a pause for the interviewee to read the definition)

P5: Okay.

I: Okay, let's start then. Euh, before we euh dig into the core of the interview, the CPD, I just want to euh get a good picture of how education and euh the practice of physiotherapy is structured in your country, so my first question is regard this, can you please tell me what the entry level of education for physiotherapist is in Luxembourg?

P5: Uhu, so, at the moment, if you study physiotherapy in Luxembourg you have to do euh master degrees, euh, so 300 euh ECTM's and euh if you come from another country and you want to work as a physiotherapist in Luxemburg euh, you need euhm either a master degree or euhm a diploma which is equal to a master degree.

I: Uhu, okay, so the entry level in Luxembourg is a master's degree and for how long do physiotherapists need to study?

P5: Euhm, so in Luxembourg it's euh... five years... yeah.

I: Uhu okay, euh and you said now it's a master's degree, did it, dit it recently change or, or has it been for a long time a master's degree?

P5: It changed only in 2000... (connection is lost) ... so before euhm we... had no school in Luxembourg euhm... for physiotherapy, so everybody who came to Luxembourg to work as a physiotherapist had an euhm... degree from another country. And euhm... then, I think the school only opened in 2017 euhm, or maybe more '16, I can't remember and euhm, we

changed their euhm... euhm... the roof the ministry (connection is lost) because the school offered euhm... the program as a bachelor degree and we wanted to have a higher euh... entry level, so we changed it to master degree. But I think when you come now from another country and you are a physiotherapist euhm, you need to get (connection is lost) ... asked by the law of euhm... I can't remember the number but euhm... euh... Europe, so the European region, not region...the...

I: European commission?

P5: Yes, euhm, they say if you have the permission to work in another country, you also need, in Europe, you need to get a permission in every country, so that's what they, euh, do here in Luxembourg.

I: Okay, so if I understood you correctly then euhm, since 2017, the master's degree was, was set up so actually in 2022, the the first students will be, will be graduating as masters that are educated in Luxembourg themselves and before there was a bachelor's degree euh, but that wasn't euh obtained in the school in Luxembourg, that was, you had to study abroad to become a physiotherapist before 2017? Is, is that correct?

P5: Yes, it's correct, but the school also, here in Luxembourg, since 2017, they only offered euh the bachelor and we wanted to avoid that students come out of school only with a bachelor degree so we euh... rised the level before they finished school.

I: Ah, okay, okay, thank you, now I understand. Euhm, so euh, okay, the entry level now a days in Luxembourg is this master's degree, is there any other subsequence education that physiotherapist can, can embark on to reach a higher level?

P5: No.

(PART OF THE INTERVIEW LEFT OUT)

I: Well, euh, good that you're referring to this euh... because I see that I skipped a question in my first section euh, in regards to your euh... educational level euh... I forgot to, to ask if the educational level is preparing the physiotherapists at this stage for autonomous practice?

P5: Euhm, I wasn't sure if I understood that question correctly, so, you mean, when you had the... when you finished your studies, you can work immediately as a physiotherapist? You are able to or?

I: No, I actually mean that, if the curriculum of the studies, the entry level, the five years master now, if in that curriculum euh, all the elements are there so that when a physiotherapist graduates that he or she can euh work as an independent participant so that he doesn't have to rely on other health care professionals euh for referral or something like that. So that's, the, the level, the entry level actually prepares the physiotherapist to be an independent participant?

P5: Yes, that's the case. So as soon as you have finished your studies, you can work as an independent physiotherapist [1], you can open your own euh... place and euh... **even** work without the permission from a doctor [2].

I: Okay, thank you. I, I, I, forgot to ask it but since you mentioned the, the, the scope, I circled back so thank you for that clarification.

6. The Netherlands

I: Hi good morning and thank you for participating in this interview. As I understood you would like to continue this interview in Dutch?

P6: Yes, please Tim.

I: Oke euh, dan switchen nu over naar het Nederlands en euh (interviewee says "mooi zo") opnieuw welkom euh om deel te nemen aan dit interview als een euh opvolging naar het, euh, naar de survey die je invulde online over CPD voor kinesitherapeuten euh in, in Europa.

Euhm, voor dat we daarin verder gaan met dit interview wil ik eventjes zeggen dat het zal opgenomen worden maar dat alle persoonlijke data zullen gepseudonimiseerd worden wat wil zeggen dat jouw naam wordt toegewezen aan een nummer of een nummer wordt toegewezen aan jouw naam, en alleen ik en andere onderzoeker kennen de link tussen jouw naam en jouw nummer. Is dat oké voor jou om zo door te gaan?

P6: Ja, geen probleem.

I: Prima, oké, dan euh ook nog een dienstmededeling, in de chat plaats ik eventjes de definitie van CPD volgens euh World Physiotherapy, die stond ook euh in de survey, 't is maar gewoon om jou eraan te helpen herinneren dat elk antwoord dat je geeft in relatie tot CPD of levenslang leren, altijd zal afgetoetst worden aan deze definitie die ik doorheen heel mijn studie zal euh gebruiken.

P6: Ja, akkoord!

I: Heb jij nog vragen voor wij starten met dit interview?

P6: Nee, de instructie was helder, daar kon ik goed mee uit voeten en euh ik kijk er naar uit. Ik kijk met name natuurlijk uit naar de resultaten van andere landen want ik euh, ik denk dat het super interessant is dat je dit onderzoek doet en dat het van toegevoegde waarde is om een euh, nou ja euh, anno 2021 een beeld te krijgen van wat we nu allemaal wel en niet doen binnen euh de Europese context. Dus euh nee, superleuk en ik euh, doe graag mee.

I: Oké, prima. Dan gaan we van start. Euh, voordat wij naar de kern van het euh interview gaan, het levenslang leven, zou ik eventjes een beeld willen krijgen over euh het onderwijssysteem en het werken als kinesitherapeut in Nederland. Dus mijn eerste vraag voor jou in, in, in deze context is: kan je mij eventjes zeggen wat het basis opleidingsniveau is van een kinesitherapeut in, of een fysiotherapeut, in Nederland?

P6: Ja, zeker, dat kan ik. Wij hebben een, zeg maar euh, entry level op bachelor niveau. En onze bacheloropleiding duurt vier jaar (clears his throat). Euh, en ja wij hebben... der (word not finished), 13 hogescholen in de Nederland euh waarbij euh, euh, ja dus, overal een vierjarige bachelors programma aanwezig is en, euh, daarmee is dus de basis instap bachelor. Het verschilt nog, want volgens mij zijn er ook wel landen waar het drie jaar is in Europa, bachelor in drie jaar, dus nog een goed feit erbij [1].

I: Uhu, euh, dus je spreekt over vierjarige bachelor en je sprak ook over hogescholen, wilt dat zeggen dat die hogescholen op hetzelfde niveau staat als bijvoorbeeld een universiteit of zijn dat andere onderwijsinstellingen?

P6: Nee, dat zijn wel andere onderwijsinstellingen en als je in het Engels vertaalt is het volgens mij Universities of ap (word not finished) of Applied Sciences, en sinds euhm... ja nou daar weet ik de precieze datum niet hoor, maar volgens mij euh... iets van 2000 ... nnnn...nou ergens tussen 2007 en 2010 is die, euhm... euh... is bij ons de, is de, de titulatuur veranderd want het was eerst dat je dan bij ons werd je... euh doctorandus als je je universiteit euh had afgerond en eigenlijk had je, euh... moet ik eens goed denken, nee, er was geen euh..., titel zozeer aan de, aan de HBO gekoppeld behalve dat dan in Nederland was je dan HBO euh hoger beroeps onderwijs euhm afgestudeerd en in, in dat tijdsgewricht dus zeg maar rondom 2010 net iets ervoor volgens mij euhm is er overgegaan naar meer de internationale standaard waarbij we dus euh het bachelor en masterprogramma introduceerde en in theorie loopt die bachelor natuurlijk vlekkeloos over in die master, maar dat, je ziet dat dat vanuit de historie, dus euhm, euh, dus in theorie is daarmee zeg maar de University of of Applied Sciences direct gekoppeld en heeft een overgang naar de universiteit. Alleen dat is meer een theoretische werkelijkheid want in de praktijk euhm was dat niet gelijk zo. Euhm en wat je dan ziet ontstaan, en dat is al de link naar ook de masters die wij hebben is dat, oké, alle HBO hoger beroepsopleidingen van toen ter tijd die zijn omgezet in bachelor degree van vier jaar en dat was ook al vier jaar en daar is nu de titulatuur bachelor aan toegevoegd en euhm de link naar een master en der zijn natuurlijke diverse masters in de fysiotherapie, euhm, die, die, die mastertitel euh in die euhm, euh post-HBO opleiding zeg maar die, die, die, ja die post-bachelor opleiding of bij ons heet dat post-HBO opleiding dat dat heeft wat langer op zich laten wachten, ik weet dat ik manuele therapie studeerde dat was in 2013, en dat omstreeks die 2013 periode, euhm, de master titel werd toegekend aan, euhm, nou in dit geval dan de, de manuele therapie euhm en ik heb zelf dan nog om, om, die link toe te lichten, ik heb zelf bewegingswetenschappen, Human Movement Sciences, gedaan, en dat is ook een masterstudie, en in theorie zou je dan, he, want ik, ik, ik, ik ben ongeveer in die periode ook euh, ben ik, was ik aan het studeren nog zou ik vanuit mijn bachelor zo door kunnen stromen naar de master, bewegingswetenschappen, maar daar zie je ook dat dat niet helemaal paste

en dat er dan gewerkt met schakeljaren, dus euhm, om even een beeld te schetsen waaruit het vandaan komt en hoe het nu georganiseerd is.

I: Oké euh, dank je voor dit euh ruim geschetste beeld. In, in dit kader als we nu teruggaan, dus we spreken niet meer over de masteropleiding maar echt het entry level dus het bachelorniveau (P says “ja”) euh, binnen het curriculum van het bachelor niveau euh, worden de euh studenten fysiotherapie euh voorbereid om als autonoom euh, zelfstandig, praktiserend fysiotherapeut te kunnen werken in het gezondheidssysteem in Nederland?

P6: **Ja, ja**, dat is een duidelijk ja! [1] Waarbij wij ook directe toegankelijkheid hebben en ook bachelor opgeleide, net startende fysiotherapeuten kunnen via de directe toegankelijkheid fysiotherapie DTF, euhm, **behandelen** [2].

I: Uhu, dus zowel in het... want in sommige landen verschilt da nog wel eens. Het zit wel in het curriculum maar het is wettelijk niet toegelaten. Maar in jouw land zit het zowel in het curriculum als het is wettelijk toegelaten?

P6: **Ja!**

7. United Kingdom

I: Hello, good morning, and euh thank you for participating in my interview on CPD in euh Europe. Euh, before we get started, I want to just explain that this interview will be recorded, but that all personal data euh will be pseudonymized, which means that your name will be assigned a number and only I and another researcher will know the link between the number. Are you okay with me in proceeding in that, in this manner?

P7: Yeah, I consent.

I: Ok, thank you. Euh, another euh thing I want to say is I will place in the chat the definition of CPD, which also figured in the survey. This is a definition of World Physiotherapy and please keep in mind that euh every answer that you give in this interview regarding to CPD is placed

against this definition euh provided by World Physiotherapy. Do you have any questions before we start the interview?

P7: No, no, I don't, thank you Tim.

I: Ok, let's start, before we focus on the CPD, I want to euh gather some general information euh firstly on education and then we move on to the practice. So can you please tell me what the entry level of education for physiotherapists is in your country?

P7: Entry level for physiotherapists in the UK is a BSc Honors degree.

I: And euh can you please elaborate a little bit more on the years of study that takes for physiotherapy to graduate?

P7: It takes three years.

I: And the three years are euh... euh solely provided at the university or are there euh other educational institutes that can deliver a BSc Honors?

P7: Euhm, the, only universities can euhm provide the BSc Honors degree and classifications. Euhm, but during the euh the three year curriculum, euh there is requirement in the UK to undertake euhm 1000 hours of clinical practice in euh the workplace, which can be done in any sector. It could be done in the public sector, private sector or voluntary sector, but that's to ensure that the practical application of their learning is in real time and in real situations of practice. And during that period of time when they are on a clinical placement, they will be supervised by a clinical educator in the working environment.

I: Okay, thank you for that. And that's actually a, a nice bridge to my next question. Euh, does the education prepare the physiotherapists then also for autonomous practice?

P7: **Yes!** The three year program ensures that when the student qualifies and is then registered with our regulator, they can work autonomously immediately [1].

Verklaring op Eer

Ondergetekende, student aan de Universiteit Hasselt (UHasselt), faculteit Revalidatiewetenschappen aanvaardt de volgende voorwaarden en bepalingen van deze verklaring:

1. Ik ben ingeschreven als student aan de UHasselt in de opleiding Revalidatiewetenschappen en kinesitherapie, waarbij ik de kans krijg om in het kader van mijn opleiding mee te werken aan onderzoek van de faculteit Revalidatiewetenschappen aan de UHasselt. Dit onderzoek wordt beleid door Kim van Dun en Raf Meesen en kadert binnen het opleidingsonderdeel Wetenschappelijke stage/ masterproef deel 1. Ik zal in het kader van dit onderzoek creaties, schetsen, ontwerpen, prototypes en/of onderzoeksresultaten tot stand brengen in het domein van Fundamentele mechanismen van sensorimotorische controle (hierna: "De Onderzoeksresultaten").
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¹ Vertrouwelijke informatie betekent alle informatie en data door de UHasselt meegedeeld aan de student voor de uitvoering van deze overeenkomst, inclusief alle persoonsgegevens in de zin van de Algemene Verordening Gegevensbescherming (EU 2016/679), met uitzondering van de informatie die (a) reeds algemeen bekend is; (b) reeds in het bezit was van de student voor de mededeling ervan door de UHasselt; (c) de student verkregen heeft van een derde zonder enige geheimhoudingsplicht; (d) de student onafhankelijk heeft ontwikkeld zonder gebruik te maken van de vertrouwelijke informatie van de UHasselt; (e) wettelijk of als gevolg van een rechterlijke beslissing moet worden bekendgemaakt, op voorwaarde dat de student de UHasselt hiervan schriftelijk en zo snel mogelijk op de hoogte brengt.

- het recht om De Onderzoeksresultaten te (laten) verspreiden en mee te (laten) delen aan het publiek door alle technieken met inbegrip van de kabel, de satelliet, het internet en alle vormen van computernetwerken;
- het recht De Onderzoeksresultaten geheel of gedeeltelijk te (laten) bewerken of te (laten) vertalen en het (laten) reproduceren van die bewerkingen of vertalingen;
- het recht De Onderzoeksresultaten te (laten) bewerken of (laten) wijzigen, onder meer door het reproduceren van bepaalde elementen door alle technieken en/of door het wijzigen van bepaalde parameters (zoals de kleuren en de afmetingen).

De overdracht van rechten voor deze exploitatiewijzen heeft ook betrekking op toekomstige onderzoeksresultaten tot stand gekomen tijdens het onderzoek aan UHasselT, eveneens voor de hele beschermingsduur, voor de gehele wereld en zonder vergoeding.

Ik behoud daarbij steeds het recht op naamvermelding als (mede)auteur van de betreffende Onderzoeksresultaten.

7. Ik zal alle onderzoeksdata, ideeën en uitvoeringen neerschrijven in een "laboratory notebook" en deze gegevens niet vrijgeven, tenzij met uitdrukkelijke toestemming van mijn UHasselTbegeleider Kim van Dun en Raf Meesen.
8. Na de eindevaluatie van mijn onderzoek aan de UHasselT zal ik alle verkregen vertrouwelijke informatie, materialen, en kopieën daarvan, die nog in mijn bezit zouden zijn, aan UHasselT terugbezorgen.

Gelezen voor akkoord en goedgekeurd,

Naam: Lara Rectem

Adres: Overwindenstraat 177, 3400 Landen

Geboortedatum en -plaats: 04/11/1997, Sint-Truiden

Datum: 08/11/2020

Handtekening:

A handwritten signature in black ink, appearing to be 'Lara Rectem', written over a horizontal line.



Inschrijvingsformulier verdediging masterproef academiejaar 2021-2022,
Registration form jury Master's thesis academic year 2021-2022,

GEGEVENS STUDENT - INFORMATION STUDENT

Faculteit/School: **Faculteit Revalidatiewetenschappen**

Faculty/School: **Rehabilitation Sciences**

Stamnummer + naam: **1541558 Rectem Lara**

Student number + name

Opleiding/Programme: **2 ma revalid. & kine kinderen**

INSTRUCTIES - INSTRUCTIONS

Neem onderstaande informatie grondig door.

Print dit document en vul het aan met DRUKLETTERS.

In tijden van van online onderwijs door COVID-19 verstuur je het document (scan of leesbare foto) ingevuld via mail naar je promotor. Je promotor bezorgt het aan de juiste dienst voor verdere afhandeling.

Vul luik A aan. Bezorg het formulier aan je promotoren voor de aanvullingen in luik B. Zorg dat het formulier ondertekend en gedateerd wordt door jezelf en je promotoren in luik D en dien het in bij de juiste dienst volgens de afspraken in jouw opleiding.

Zonder dit inschrijvingsformulier krijg je geen toegang tot upload/verdediging van je masterproef.

Please read the information below carefully.

Print this document and complete it by hand writing, using CAPITAL LETTERS.

In times of COVID-19 and during the online courses you send the document (scan or readable photo) by email to your supervisor. Your supervisor delivers the document to the appropriate department.

Fill out part A. Send the form to your supervisors for the additions in part B. Make sure that the form is signed and dated by yourself and your supervisors in part D and submit it to the appropriate department in accordance with the agreements in your study programme.

Without this registration form, you will not have access to the upload/defense of your master's thesis.

LUIK A - VERPLICHT - IN TE VULLEN DOOR DE STUDENT

PART A - MANDATORY - TO BE FILLED OUT BY THE STUDENT

Titel van Masterproef/*Title of Master's thesis:* A qualitative study on the educational entry level and the degree of professional autonomy for the physiotherapy profession in Belgium and its neighboring countries

behouden - keep

wijzigen - change to:

/:

behouden - *keep*

wijzigen - *change to:*

In geval van samenwerking tussen studenten, naam van de medestudent(en)/*In case of group work, name of fellow student(s):* Lara Rectem

behouden - *keep*

wijzigen - *change to:*

LUIK B - VERPLICHT - IN TE VULLEN DOOR DE PROMOTOR(EN)
PART B - MANDATORY - TO BE FILLED OUT BY THE SUPERVISOR(S)

Wijziging gegevens masterproef in luik A/*Change information Master's thesis in part A:*

goedgekeurd - *approved*

goedgekeurd mits wijziging van - *approved if modification of:*

Scriptie/*Thesis:*

openbaar (beschikbaar in de document server van de universiteit)- *public (available in document server of university)*

vertrouwelijk (niet beschikbaar in de document server van de universiteit) - *confidential (not available in document server of university)*

Juryverdediging/*Jury Defense:*

De promotor(en) geeft (geven) de student(en) het niet-bindend advies om de bovenvermelde masterproef in de bovenvermelde periode/*The supervisor(s) give(s) the student(s) the non-binding advice:*

te verdedigen/*to defend the aforementioned Master's thesis within the aforementioned period of time*

de verdediging is openbaar/*in public*

de verdediging is niet openbaar/*not in public*

niet te verdedigen/*not to defend the aforementioned Master's thesis within the aforementioned period of time*

LUIK C - OPTIONEEL - IN TE VULLEN DOOR STUDENT, alleen als hij luik B wil overrulen
PART C - OPTIONAL - TO BE FILLED OUT BY THE STUDENT, only if he wants to overrule part B

In tegenstelling tot het niet-bindend advies van de promotor(en) wenst de student de bovenvermelde masterproef in de bovenvermelde periode/*In contrast to the non-binding advice put forward by the supervisor(s), the student wishes:*

niet te verdedigen/*not to defend the aforementioned Master's thesis within the aforementioned period of time*

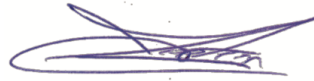
te verdedigen/*to defend the aforementioned Master's thesis within the aforementioned period of time*

LUIK D - VERPLICHT - IN TE VULLEN DOOR DE STUDENT EN DE PROMOTOR(EN)
PART D - MANDATORY - TO BE FILLED OUT BY THE STUDENT AND THE SUPERVISOR(S)

Datum en handtekening student(en)
Date and signature student(s)

A handwritten signature in black ink, consisting of several overlapping, slanted strokes.

Datum en handtekening promotor(en)
Date and signature supervisor(s)

A handwritten signature in purple ink, featuring a large, sweeping loop followed by several horizontal strokes.

STAGEOVEREENKOMST

De stage wordt uitgeoefend in het kader van het opleidingsonderdeel: Wetenschappelijke Stage Deel 2

Tussen de ondergetekenden :

Universiteit Hasselt, een publiekrechtelijke instelling *sui generis* gevestigd te Martelarenlaan 42, 3500 Hasselt,

hierna genoemd "de UHasselt";

en [Lara Rectem]

student aan de UHasselt, ingeschreven in de opleiding Bachelor/master in de revalidatiewetenschappen en kinesitherapie, wonende te [Overwindenstraat 177 3400 Landen]

hierna genoemd "de stagiair";

wordt overeengekomen hetgeen volgt:

1. De stagiair wordt door de stagegever opgenomen voor een stageperiode vanaf [01 / 09 / 2022] tot en met 30 / 08 / 2022 teneinde de stagiair toe te laten een aantal stage-uren te volbrengen die vereist zijn voor het bekomen van het diploma. Deze stage vindt wel/niet* plaats in het kader van een bachelor-/masterproef. (*schrappen wat niet past)
2. De UHasselt begeleider is mevrouw/de heer [Raf Meesen]. De stagiair wordt tijdens de stage begeleid door mevrouw/de heer Raf Meesen in de hoedanigheid van stagebegeleider.
3. De stagiair, de UHasselt begeleider en de stagebegeleider volgen steeds het stageprogramma, zoals vastgelegd in een bijlage bij deze overeenkomst, en voor akkoord ondertekend door alle partijen.
4. De stagiair volbrengt deze stage als student van de UHasselt en kan op geen enkele wijze beschouwd worden als werknemer in dienst van de stagegever. Er bestaat geen arbeidsovereenkomst tussen de stagiair en de stagegever. De stagiair wordt niet bezoldigd door de stagegever en is niet onderworpen aan de sociale zekerheid.
5. UHasselt heeft voor de betrokken stagiair een verzekering afgesloten tegen arbeidsongevallen, tegen lichamelijke ongevallen alsook tegen de burgerlijke aansprakelijkheid die de stagiair of de UHasselt ten laste zou kunnen gelegd worden in het kader van de uitvoering van de stage.

Conform art. 355/1 Codex Hoger Onderwijs is de stagiair enkel aansprakelijk voor schade berokkend aan derden of de stagegever in geval van bedrog en zware schuld. Voor lichte

schuld is de stagiair enkel aansprakelijk als die bij hem eerder gewoonlijk dan toevallig voorkomt.

De stagegever is verantwoordelijk voor de eigen fouten of nalatigheden waardoor de stagiair lichamelijke of materiële schade zou worden berokkend.

Deze verzekeringspolissen zijn geldig voor alle stageactiviteiten. Echter, tijdens verplaatsingen tussen de UHasselT en de stageplaats en tijdens verplaatsingen tussen zijn verblijfplaats en de stageplaats is de stagiair enkel gedekt door de verzekering tegen lichamelijke ongevallen.

6. Na contact te hebben opgenomen met de stagegever, kan de UHasselT-begeleider de stagiair en/of de stagebegeleider tijdens de werkzaamheden van de stagiair bezoeken bij de stagegever. De normale arbeidsgang wordt hierbij niet gestoord.
7. De stagiair leeft alle reglementen van de stagegever na die voor de gang van zaken en voor de tucht noodzakelijk zijn. Hij/zij zal de opdrachten die hem/haar worden gegeven met gepaste zorg uitvoeren. De UHasselT kan evenwel niet aansprakelijk gesteld worden indien het stageproject niet volgens de verwachtingen van de stagegever wordt opgeleverd, noch zal de UHasselT het stageproject in de plaats van een student afwerken. De stagiair is tijdens de normale werkuren stipt aanwezig. Indien de stagiair om persoonlijke redenen afwezig is gedurende de afgesproken arbeidsperiode, stelt de stagiair onmiddellijk de UHasselT begeleider en stagebegeleider daarvan op de hoogte. Dit gebeurt schriftelijk met toevoeging van medische attesten of andere documenten.
8. De stagiair mag onder geen beding de plaats innemen van een erkende kinesitherapeut. Geen enkel getuigschrift van verstrekte hulp mag opgemaakt worden voor de verstrekkingen waarbij de stagiair de plaats zou innemen van een erkend kinesitherapeut, zelfs niet voor verstrekkingen die verricht zouden zijn door de stagiair in aanwezigheid van een erkend kinesitherapeut. De erkende kinesitherapeut die bij de stagegever belast is met de praktijkopleiding van de stagiair mag evenwel de verstrekkingen attesteren die onder zijn leiding verricht zijn en waaraan hij de hele tijd van de uitvoering ervan door een stagiair meegewerkt heeft; die mogelijkheid is beperkt tot één stagiair per erkende kinesitherapeut per uitgevoerde of geattesteerde verstrekking.
9. De stagiair verbindt zich ertoe tijdens de stageperiode geen bewuste handelingen te verrichten die de stagegever op enigerlei wijze kunnen schaden.
10. De stagegever erkent zijn verplichtingen opgelegd door het Algemeen Reglement op de Arbeidsbescherming (ARAB), de wet betreffende het welzijn van de werknemers bij de uitvoering van hun werk(welzijnswet werknemers) en haar uitvoeringsbesluiten.

De stageplaats erkent eveneens zijn verplichtingen betreffende de informatie en onthaal van de studenten in overeenstemming met de ARAB en de welzijnswet werknemers.
11. De stagiair stemt er in toe dat de onderwijsinstelling en de stagegever informatie uitwisselen voor de begeleiding en de evaluatie van de stagiair. Het Bedrijf en de UHasselT nemen alle passende maatregelen en waarborgen om de persoonsgegevens van de stagiair conform de Algemene Verordening Gegevensbescherming (EU 2016/679) te verwerken. De stagegever verbindt zich tot een discretieplicht omtrent alle informatie die hij over de stagiair verneemt. Deze verplichting van de stagegever blijft bestaan na afloop van deze overeenkomst.

De stagiair erkent vertrouwelijke informatie¹ van de stagegever te ontvangen en verbindt zich ertoe om in geen geval, tijdens de stageperiode noch na het beëindigen daarvan, deze vertrouwelijke informatie mee te delen aan derden² of anderszins openbaar te maken. Vertrouwelijke informatie mag door de stagiair enkel gebruikt worden voor de uitvoering van deze overeenkomst en blijft eigendom van de stagegever. Als de stagiair werkt met vertrouwelijke informatie van de stagegever zal de stagiair elke publicatie over de behaalde resultaten onder deze overeenkomst voorleggen aan de stagegever. De stagegever heeft een termijn van 14 kalenderdagen om bemerkingen te maken op de publicatie met het oog op het verwijderen of anonimiseren van vertrouwelijke informatie.

Wanneer geen bemerkingen worden ontvangen door de stagiair binnen deze termijn wordt de publicatie geacht te zijn goedgekeurd. De stagiair zal verder handelen overeenkomstig de deontologie van toepassing op het beroep waarvoor hij opgeleid wordt en vervult zijn taken met de noodzakelijke discretie.

Indien de vertrouwelijke gegevens ook persoonsgegevens bevatten, dient de stagiair hiertoe steeds de Algemene Verordening Gegevensbescherming (EU 2016/679) na te leven en bij elke verwerking het advies van de Data Protection Officer van het bedrijf en/of van de UHasselT in te winnen.

12. De stagegever deelt elke eventuele inbreuk op de punten 7, 8, 9 en 11 van deze overeenkomst en elk eventueel ongeval onmiddellijk mee aan de UHasselT.
13. De stagiair brengt op het einde van de stage schriftelijk verslag uit over de stage.
14. De stagebegeleider stelt op het einde van de stageperiode een attest op voor de UHasselT begeleider dat bevestigt in hoeverre de stage behoorlijk is uitgevoerd. Dit attest wordt onder gesloten omslag aan de stagiair meegegeven. Ofwel wordt het attest per e-mail en het originele attest per post verzonden aan de UHasselT begeleider.
15. UHasselT staat in voor de organisatie van het arbeidsgeneeskundig onderzoek van de stagiair(e) met inbegrip van de vaccinatie tegen Hepatitis B en de tuberculostest. De stagiair heeft een dubbel van het attest van medische geschiktheid in zijn bezit. De stageplaats kan het attest van medische geschiktheid op elk moment opvragen bij UHasselT.
16. De stagiair en de stagegever verbinden zich ertoe alle problemen met betrekking tot de overeengekomen verplichtingen, het verloop, de voortijdige beëindiging of de evaluatie van de stage met elkaar te bespreken. Als de stagiair of de stagegever zijn verplichtingen niet nakomt, zal de andere partij de UHasselT hiervan schriftelijk op de hoogte brengen.

Geen van de partijen kan de stage zonder voorafgaand overleg met de andere partijen voortijdig afbreken. De stageovereenkomst kan beëindigd worden:

A. Door de stagegever:

¹ Vertrouwelijke informatie betekent alle informatie en data door de organisatie voor de uitvoering van deze overeenkomst als vertrouwelijk meegedeeld aan de student, met uitzondering van de informatie die (a) reeds algemeen bekend is; (b) reeds in het bezit was van de stagiair voor de mededeling ervan door de organisatie; (c) de stagiair verkregen heeft van een derde zonder enige geheimhoudingsplicht; (d) de stagiair onafhankelijk heeft ontwikkeld zonder gebruik te maken van de vertrouwelijke informatie van de organisatie; (e) wettelijk of als gevolg van een rechterlijke beslissing moet worden bekendgemaakt, op voorwaarde dat de stagiair de stagegever hiervan op de hoogte brengt. Onder vertrouwelijke data wordt in deze overeenkomst ook verstaan alle persoonsgegevens in de zin van de Algemene Verordening Gegevensbescherming (EU 2016/679).

² Met uitzondering van de bekendmaking aan de stagebegeleider van de UHasselT indien deze op de hoogte dient te zijn in het kader van een adequate begeleiding/beoordeling van de stagiair.

- indien de stagiair de verplichtingen uit art. 7, 8, 9 en 11 niet nakomt;
- bij wangedrag van de stagiair.

B. Door de UHasselT:

- wanneer de stagiair door zijn gedragingen blijkt heeft gegeven van ongeschiktheid voor de uitoefening van een beroep waartoe de opleiding die hij volgt, hem opleidt;
- in geval van onbeschikbaarheid van de stagiair;
- in geval van wanverhouding tussen de wensen van de stagegever en de doelstellingen van de opleiding;
- wanneer de fysieke of psychische gezondheid van de stagiair gevaar loopt.

De partij die de overeenkomst voortijdig beëindigt, stelt de andere partijen schriftelijk in kennis van de beëindiging van de overeenkomst.

17. Voor alle betwistingen die voortvloeien uit deze overeenkomst, zijn enkel de rechtbanken van Hasselt bevoegd. Alle geschillen worden beslecht naar Belgisch recht.

18. Contactgegevens:

UHasselT begeleider: Raf Meesen

Contactadres:

e-mail:

telefoon:

Student: Lara Rectem

e-mail: lara.rectem@student.uhasselt.be

telefoon: 0493792545]

Aldus opgesteld in drie originele exemplaren waarvan elke partij verklaart één origineel exemplaar ontvangen te hebben.³ Een gescande of gedigitaliseerde handtekening van een Partij (bv. scan in PDF formaat) of een elektronische handtekening (bv. via DocuSign) zal dezelfde rechtsgevolgen ressorteren als een originele handtekening voor wat betreft de geldigheid, afdwingbaarheid en toelaatbaarheid van deze Overeenkomst. Elke Partij ontvangt steeds een volledig ondertekend exemplaar van deze Overeenkomst. De ontvangst van een volledig ondertekend exemplaar via e-

³ Bijlagen: stageprogramma, risicopostenformulier, medisch attest in drievoud (enkel wanneer dit noodzakelijk wordt geacht door de bedrijfsarts)



mail of andere elektronische platformen zal even rechtsgeldig zijn als de ontvangst van een origineel exemplaar.

Voor de **UHasselT**

[Naam decaan]
Decaan [faculteit]
Datum :
Handtekening:

Naam.....
UHasselT begeleider
Datum :
Handtekening:

Voor de **stagegever**

Naam Raf Meessen
Functie.....
Datum : 01/01/2021
Handtekening:

Naam.....
Stagebegeleider
Datum :
Handtekening:

De **stagiair**

Naam Lara Rectem

Datum: 01/01/2021

Handtekening:]

A handwritten signature in black ink, appearing to be "Lara Rectem", written over a horizontal line.