

Does UK entry-level Physiotherapy Education prepare graduates for a future in Pediatric Clinical Practice? A mixed-methods study

Abstract

Aims: Identify the perceptions and experiences of how UK entry-level programs educationally prepared pediatric physiotherapists for their first clinical role. Review the extent programs taught essential, recommended, and additional content as per the International Organisation of Physical Therapists in Pediatrics (IOPTP).

Methods: Mixed methods design involving qualified UK pediatric physiotherapists. Forty-two physiotherapist completed an online questionnaire and 9 (21%) completed a follow-up semi-structured interview. .

Results: All 42 respondents felt they were ‘Not Well’ (median 2, IQR 1.75-2.75) prepared for clinical practice. Not enough curricula emphasis was given to pediatric content (100%), with 31% (n=13, CI 95% 19 to 46) reporting no pediatric content throughout their program. Only 15 (36%, 23 to 51) respondents experienced a pediatric placement. Themes from the follow-up interviews were 1) UK programs are adult focussed, 2) placements are the only meaningful opportunity to develop competency, 3) programs lacked non-clinical content, and 4) experiencing pediatric patients was overwhelming due poor preparation. The majority of the IOPTP curriculum guidance is not embedded within UK curriculums.

Conclusions: Respondents reported they were not well prepared for pediatric clinical practice. Some entry-level programs did not include any pediatric teaching throughout the entirety of the course.

Keywords: Physiotherapy, Pediatric, Curriculum, Entry-level, University

Physiotherapy entry-level education is designed to prepare graduates with the knowledge and skills necessary to enter the profession as effective practitioners (Chesterton *et al.*, 2021; CSP 2020b). The transition from student to graduate professional is challenging and programs of study are encouraged to continually reflect upon how they are best preparing newly qualified physiotherapists for the challenges of contemporary practice (Chesterton *et al.*, 2021). Pediatric physiotherapy, a sub-discipline of the profession, involves the care and management of infants, children, adolescents, and young adults across a range of specialities (e.g., musculoskeletal, cardiorespiratory, neurology). To ensure high quality child and family-centred evidence-based care, qualified physiotherapists are required to acquire the knowledge of child development and childhood conditions (APCP, 2021; NICE, 2022).

Entry-level physiotherapy education within the United Kingdom (UK) typically involves students studying at a higher education institution for a minimum 3-year period. Student admission is based upon a range of pre-learning experiences and qualifications assessed against individual institutional application benchmarks. Admission criteria are individual to each institution, and may differ across the UK sector, but typically include applicant qualification screening and interview. A similar admissions process is common globally with applicants in Australia (Terry *et al.*, 2018), South Africa (Mabizela *et al.*, 2020) and the United States of America (Roman & Buman, 2019) having to meet set prerequisite criteria to be eligible for admission, nuanced to each locality. A total of 116 entry-level programs from 65 institutions are available in the UK (CSP, 2024). Courses are frequently blended with on-campus delivery and external clinical placements, which involve the supervised management of patients. A minimum of 1,000 hours of clinical placement is expected to meet qualification standards. The Chartered Society of Physiotherapy (CSP), the professional, educational and trade union body in the UK accredits courses. Through a nine key principle approach, the society provides program accreditation guidance which aims to ensure competency across a range of

physiotherapy sub-disciplines, offering direction on course design to facilitate graduate skill development and confidence (CSP, 2020a; CSP, 2020b).

The Physiotherapy Framework (CSP, 2020a) is a seminal accreditation resource for higher education institutions aiming to promote and develop physiotherapy practice, through its desired behaviours, underpinning values, knowledge and skills required for contemporary physiotherapy practice. In relation to entry-level education in pediatrics, no standardised approach to the content taught currently exists. To support consistency across pediatric education, the International Organisation of Physical Therapists in Pediatrics developed educational recommendations to drive standards and achieve a balanced curriculum across programs (IOPTP, 2019). These recommendations are not mandated as part of program accreditation within the UK.

A survey of physiotherapy program leaders identified that graduates from UK entry-level programmes may graduate and enter the profession with no exposure to pediatric teaching, assessment, or specialist clinical placement (Chesterton & Chesterton, 2023). The authors reported that, whilst academics considered the pediatric content an ‘important’ aspect of student development, an overcrowded curriculum, lack of prioritisation, and limited placement availability were barriers to pediatric curriculum development. Similar barriers have been reported in Australia, with an extensive variability amongst entry-level programs identified (Mistry *et al*, 2018; Queensland Physiotherapy Placement, 2016). A cross-sectional survey of physiotherapists from 47 countries have identified similar limitations in entry-level training with many physiotherapists graduating with insufficient clinical practice in pediatrics, impeding the acquisition of knowledge and skills, preventing the ability to meet the growing needs of this population (Camden *et al.*, 2023). Within the UK, the KNOWBEST project concluded a greater awareness and knowledge of all specialities, including pediatrics, was required within physiotherapy curriculums (Lowe *et al.*, 2022). A minimum set of pediatric

standards, rather than guidance, for students in relation to their knowledge, skills and attributes upon graduating would support UK education providers to develop a contemporary and fit-for-purpose paediatric curriculum (Chesterton and Chesterton, 2023).

The views of faculty in relation to paediatric curriculums have been reported (Chesterton & Chesterton, 2023; Mistry *et al.*, 2018) however, the views of UK physiotherapists entering their first paediatric role in relation to their perceived levels of competence are lacking. Physiotherapists should enter the profession with the skills to work safely and effectively with children and young people. Therefore, the aims of this study were to 1) identify the perceptions and experiences of how UK entry-level physiotherapy programs educationally prepared paediatric physiotherapists for their first clinical role (undertaken within the last 6 months) and; 2) review the extent entry-level programs taught essential, recommended, and additional paediatric content as a minimum standard as per the educational guidance of the International Organisation of Physical Therapists in Pediatrics (IOPTP, 2019).

Methods

Design

A mixed methods design comprised a cross-sectional online questionnaire of qualified UK physiotherapists. The survey was conducted between June 2023 and August 2023. As part of this survey, respondents were asked if they would consent to be contacted to participate in a follow-up semi-structured interview. Interviews took place between July and September 2023. The School of Health and Life Sciences ethics committee at Teesside University approved the study in accordance with the Helsinki Declaration (ID15804). This report is conducted with recommendations from CHERRIES (The Checklist for Reporting Results of Internet E-Surveys) and STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) (Eysenbach, 2004; Von Elm *et al.*, 2007).

Measures

The mixed methods approach aimed to allow respondents to share their experiences and facilitate the exploration of greater in-depth thought (Wisdom & Creswell, 2013). An online cross-sectional survey was developed to capture how pediatric physiotherapists perceived their readiness for clinical practice following their entry-level training. Through the lens of qualified physiotherapists, the study also aimed to explore how ‘well’ the essential, recommended, and additional content areas from the International Organisation of Physical Therapists in Pediatrics (IOPTP, 2019), were adopted in UK education. Quantitative questions were designed for an online format and included dichotomous, multiple choice or Likert scale, of which all scales were unipolar. Qualitative questions within the survey were open-ended aiming to capture respondents’ reflections in greater detail, with text boxes enabling respondents to write freely (Chesterton *et al.*, 2022a).

A pilot group of five UK clinical pediatric physiotherapists and four physiotherapy academics reviewed the initial questionnaire for content validity (Stoszkowski & Collins, 2016). The survey was independently assessed with comments on the format, content, wording, technical functionality, and overall ease of completion (Chesterton *et al.*, 2022b). This process resulted in modifications to specific questions; removed (one), additional questions (three), wording of questions simplified, and sequence altered. The pilot group reviewed these changes. The clinical physiotherapists within the pilot group were requested not to complete the published survey. The final online survey was hosted at Onlinesurveys.ac.uk and consisted of 27 main questions across 6 pages (Supplementary Material 1). The survey was split into three sections: 1) participant demographics, 2) education preparation, and 3) pediatric program curriculum (based upon the taught essential, recommended, and additional pediatric content

guidance produced by the International Organisation of Physical Therapists in Pediatrics) (IOPTP, 2019).

Respondents were asked if they would be willing to take part in an additional online semi-structured interview, reflecting on their thoughts and beliefs regarding their pediatric education experience. This was the only optional question with respondents able to leave the answer blank. The lead author contacted those respondents who had provided contact information directly and organised an online interview. The semi-structured interviews were based on a set of questions, listed below, agreed by the same pilot study group.

- 1) How well did your entry-level physiotherapy education prepare you for your current pediatric role? Please explain your answer.
- 2) Do you believe enough emphasis is given to pediatric teaching content on entry-level physiotherapy courses?
- 3) How have you found the transition from education into pediatric clinical practice?
- 4) What more, if anything, should be done to support graduates to be competent pediatric physiotherapists?
- 5) How do you see the future of pediatric entry-level education? Should this be a core consideration of pre-entry courses or a specialism upon graduation?

The questions supplemented those included within the online survey, ensuring study aims could be met, whilst providing respondents with the opportunity to expand upon their submitted responses.

Participants

A total of 43 physiotherapists completed the questionnaire, with one excluded as they had practised pediatric physiotherapy for over 6 months, and therefore did not meet the eligibility criteria. From the other respondents (n=42), all data were included in the analysis. The average

age of participant age was 29 years (range 22-42; SD 5.7), and 31 (86%) respondents identifying as female. The average years of full qualification was 2.3 (range 1-9; SD 1.65), with the average time spent in their first pediatric physiotherapy role 3.5 months (range 1-6; SD 1.72). Entry-level education included undergraduate Bachelor of Science degree (n=26, 62%, CI 95% 47 to 75); postgraduate Master of Science degree (13, 31%, 19 to 46), with three respondents completing an apprenticeship (7%, 2 to 19). The UK apprenticeship model is equivalent to a full degree qualification with students gaining practical experience in the field through a healthcare specific employer. The 42 respondents worked across several pediatric physiotherapy subdisciplines (Table 1). Of the 42 respondents, 9 (21%) also participated in an online semi-structured interview.

INSERT TABLE 1 ABOUT HERE

For eligibility, physiotherapists were required to have recently started a pediatric clinical role (within the past 6 months) having qualified from a UK higher education institution on an entry-level physiotherapy program. A study recruitment message was posted via the Chartered Society of Physiotherapy's interactive community (iCSP), an online network where members can subscribe to topics of interest, consenting to receive messages posted within that forum. The lead author, as a member of the Chartered Society of Physiotherapy, posted a recruitment message on the 'Pediatrics' network explaining the study and providing the survey link. A snowball sampling technique was also employed, with respondents encouraged to share the survey amongst relevant peer groups, to facilitate the distribution of the survey (Heckathorn, 2011).

Procedure

Participants were instructed regarding the aims of the study, the time required for completion, and the storage of anonymised data (Chesterton *et al.*, 2022a). Respondents were requested to

complete the questionnaire only once and not submit multiple entries, however, this was not monitored or controlled by the online platform (i.e., via cookies, IP checks, registration). Responses could be reviewed and changed by selecting the ‘back’ option on the survey’s hosting platform. Instructions were provided stating that by completing and submitting the survey, participants were consenting to take part. No incentives were provided for survey completion.

The lead author contacted the 11 respondents who included a contact email address on the online survey, with 9 responding to the invitation. The online interviews were scheduled taking place at a time which suited the participant and lasted between 20-30 minutes. Interviews were conducted by a member of the authorship team and were recorded for transcription purposes only. A semi-structured question guide ensured all areas were covered in each interview but did not limit the flow of relevant information that arose (McEvoy *et al.*, 2018). A consent form was required to be completed prior to the interview.

Data Analysis

Following survey closure, the data were extracted from onlinesurveys.ac.uk into Microsoft Excel (Microsoft Corp, Redmond, WA), using the analyse function. As the survey was not designed to test for differences between respondents, no such analysis was performed.

Likert scale questions asking respondents to rate the detail of content covered within their entry-level curriculum were scored as; 1 = Not at all; 2 = Not very well; 3 = Somewhat; 4 = Well; 5 = Very Well. Likert scale questions were treated as numeric variables, with the median and inter-quartile range calculated for combined responses across each potential answer. Data from both the dichotomous and multiple-choice questions were converted into proportions with lower and upper limits of the 95% confidence interval, presenting the uncertainty around the estimates, calculated using the Wilson procedure (Greenland *et al.*, 2016; Newcombe, 1998).

Following anonymous verbatim transcription of the semi-structured interviews, two investigators (PC and JC) analysed the data separately, as part of an investigator process to reduce the risk of observer and other experimenter biases (Guion *et al.*, 2011). The responses to open-ended questions within the survey were analysed in the same way. Open coding identified themes, with both investigators generating a set of subthemes and main themes from their analysis. Hermeneutic revisiting of the data reduced researcher prejudices, which may have de-valued theme generation (Chesterton *et al.*, 2022a). Following individual analysis, a de-briefing session was held, with findings discussed and redefined. The triangulation process highlighted the similarity of both researchers' conclusions, increasing the credibility, validity, and trustworthiness of the findings (Carter *et al.*, 2014).

Results

Perceptions of Participant Preparedness for Clinical Practice

Overall, respondents who completed the survey felt they were 'Not Well' (median 2, interquartile range [IQR] 1.75-2.75) prepared for their current pediatric role. Themes from the qualitative survey data suggested: 1) important clinical topics were not covered, 2) no specific module was allocated to pediatric teaching, and 3) programs were largely adult focused. All 42 respondents felt not enough emphasis was given to pediatric teaching content on their entry-level program. When asked to expand upon their answer, only students who had placements in a pediatric setting felt they gained any of the core skills or necessary experience to feel competent in the area. One theme indicated some programs did integrate pediatric content into modules but respondents suggested this was minimal and only theoretical in nature. Whilst some respondents didn't experience any pediatric content (n=13, 31%, CI 95% 19 to 46), those who did engaged with content via interprofessional learning (IPL) (23, 55%, 40 to 69), lectures

(20, 48%, 33 to 62) or independent study (19, 45, 31 to 60). Only 14% (n=6, 7 to 28) had practical techniques of relevant pediatric assessment or treatment skills taught within their curriculum.

In total, 28 (68%) respondents reported their program did not have teaching staff with specific pediatric experience. In the main, programs with pediatric content relied on external clinicians for provision or clinical placements. When contextualising their current role, and reflecting upon their degree, respondents identified a range of areas of pediatric topics as being worthy of an increased focus within entry-level curriculums. Broadly, these included: 1) clinical content across what was deemed key subdisciplines (respiratory, neurological, musculoskeletal), 2) child development (e.g., anatomy, developmental milestones, 3) overall management (e.g., communication, consent, carer/guardian interaction) and 4) equipment provision (e.g., wheelchair services, orthotics).

Only 15 (36%, 95% CI 23 to 51) respondents experienced a specific external pediatric learning placement. From those who did, all agreed that this experience supported their preparation for practice, exposing them to a range of opportunities to interact with service users with a range of diagnoses. The placements were noted to be extremely beneficial for developing confidence and beginning the journey of autonomy in the management of children and young people. Three respondents noted their placements occurred remotely because of the COVID-19 pandemic, which limited their practical experience.

Clinical placements were considered the most effective way in which entry-level education had prepared respondents for clinical practice. Secondly, the taught content some participants received as part of their curriculum was valuable. Respondents also identified interprofessional learning (IPL) as having a positive influence on their ability to transition into autonomous

practice. Those respondents who experienced IPL as part of their entry-level training (n=23), felt the process was a ‘Very Useful’ (Median 4; IRQ 4-4) aspect of their degree.

Program Content

Respondents were asked if their entry-level program included the essential, recommended, and additional content areas identified by the International Organisation of Physical Therapist in Pediatrics (IOPTP, 2019). Figure 1 displays the Median, IQR and response distribution of program content related to typical and atypical pediatric development suggested as essential by the International Organisation of Physical Therapist in Pediatrics guidance. Respondents ‘Disagreed’ that typical and atypical sensory, cardiorespiratory, cognitive, and social-emotional function had been a component of their education. Respondents ‘Neither Agreed nor Disagreed’ that typical and atypical motor function had been a component of their education.

INSERT FIGURE 1 ABOUT HERE

A range of age-appropriate pediatric examination (Figure 2) and intervention techniques (Figure 3) were suggested to be essential components of education adopted by physiotherapy programs, to sufficiently prepare students for clinical practice. Respondents were asked if their program included this content. When asked if any of the examination or intervention techniques had been covered, respondents largely ‘Disagreed’ or ‘Strongly Disagreed’. Respondents neither ‘Agreed nor Disagreed’ that global development examination techniques (Median 3, IRQ 1-4] had been covered within their curriculum.

INSERT FIGURE 2 ABOUT HERE

INSERT FIGURE 3 ABOUT HERE

The educational recommendations of the International Organisation of Physical Therapists in Pediatrics include a range of further content to assist physiotherapists to successfully interact

and effectively work with infants, children, adolescents and their families. Figure 4 displays respondents' agreement in relation to the inclusion of such content within their program. Respondents 'Agreed' (Median 4; IRQ 2.5-4) that culturally competent care had been covered within their entry-level program. In relation to all other recommendations, respondents either 'Disagreed' or Strongly Disagreed' that the content had been included within their program.

INSERT FIGURE 4 ABOUT HERE

Qualitative Interviews

Of the 42 respondents included in the analysis, 11 (26%) indicated they would be willing to participate in an online semi-structured interview. All 11 were contacted via an email address they submitted as part of the online survey. Nine (21%) responded to the follow-up invitation and were interviewed. Of these, five respondents had undertaken an undergraduate Bachelor of Science degree and four a postgraduate Master of Science degree. Table 2 displays the major themes reflecting the experiences of respondents during entry-level physiotherapy education. These themes identified that; 1) entry-level programs are adult focussed with little to almost no Pediatric teaching, 2) placements were the only meaningful opportunities to develop Pediatric competency, 3) programs lacked non-clinical teaching content (e.g., Pediatric consent/communication with parents and guardians), and 4) experiencing Pediatric patients in clinic was overwhelming due to a lack of perceived preparation.

INSERT TABLE 2 ABOUT HERE

When asked how programs could facilitate pediatric content and student understanding, several suggestions were endorsed: 1) greater content within the taught curriculum including specific pediatric modules, 2) all students to have the option to experience a pediatric placement; and 3) greater engagement with service users within the curriculum with opportunities to experience pediatrics within the community (e.g., special schools/nursery's).

Discussion

This is the first study to identify the perceptions of UK physiotherapists, undertaking their first pediatric clinical role within the past 6 months, on how well they were prepared for clinical practice by their entry-level curriculum. Findings suggest that all respondents did not feel they were well prepared for pediatric clinical practice. All respondents felt that not enough emphasis was given to pediatric content, with 31% reporting no pediatric content throughout the entirety of their entry-level program. Despite external clinical placements being perceived as the most effective way to prepare graduates for clinical practice, only 36% of respondents had experienced a clinical pediatric placement.

Perceptions of Participant Preparedness for Clinical Practice

Besides feeling 'Not Well' prepared for pediatric clinical practice, respondents felt a lack of emphasis was given to pediatric teaching throughout the lifespan of their program. UK physiotherapy program leaders have previously identified that pediatric content should be an important element of entry-level learning, but an overcrowded curriculum, lack of prioritisation for pediatric content, limited staff expertise, and decreased placement availability were identified as institutional barriers to curriculum development (Chesterton & Chesterton, 2023). For those respondents who received specific pediatric content, a range of learning methods were utilised including IPL, lectures, and self-directed study. Whilst stand-alone pediatric modules within an entry-level program are effective in preparing graduates for clinical practice (Birkmeier *et al.*, 2017), only 14% of respondents in our study were exposed to practical seminars to develop an understanding of relevant assessment and treatment skills.

Placements were considered by respondents are the most 'effective' way to be prepared for clinical practice. Placements create the most meaningful opportunities to understand the physiotherapy skills required as individuals but also those needed to integrate as part of a

successful collaborative team (Harman *et al.*, 2019). Canadian students identified how placements are a critical plotline to their story of becoming a graduate physiotherapist by grounding theoretical teachings in reality (Harman *et al.*, 2019). Respondents in this study also considered placements as the ‘only meaningful pediatric learning experience’ from qualitative interviews. Practical pediatric clinical experiences engaging with young people with disability have been reported to provide physiotherapy students with opportunities to learn clinical skills, develop generic professional skills, and better understand disability (Shields *et al.*, 2013). Despite the obvious benefit of a specific pediatric placement, only 15 respondents experienced an external clinical placement in the discipline. These results are comparable to those globally, with an international survey of qualified pediatric physiotherapists reporting an absence of clinical placements provides insufficient experience for new graduates (Camden *et al.*, 2023). Sparse opportunities for clinical placements ultimately impact graduate rehabilitation skills and consequently, the level of service offered to patients (Camden *et al.*, 2023). Only 7% of physical therapy education programs in the United States mandate pediatric placements (Schreiber *et al.*, 2011), with delivery models variable across programs (Anderson *et al.*, 2020). Students in Australia may never undertake a clinical placement with the same level of external assessment in a pediatric setting (Mistry *et al.*, 2018). Clinical environments promote a rich learning experience for students (Lewthwaite *et al.*, 2023). Students who are not provided an opportunity to integrate with pediatric service users are disadvantaged through the absence of an essential learning activity. In this instance, entry-level programs need to develop innovative and appropriate learning opportunities, including practical experience, to ensure the safe, effective and efficient practice of graduates (Mistry *et al.*, 2018).

One method entry-level programs attempt to provide innovative learning activity is through interprofessional learning (IPL). The opportunities afforded by IPL were considered ‘Very Useful’ for developing competencies by respondents. IPL is perceived to be an important

aspect of improving the quality of patient care, patient safety, and ultimately overall service delivery (Tran *et al.*, 2018). Enhancing the knowledge, attitudes, values, skills, and behaviours of collaborative health disciplines through IPL should be a focus of entry-level curriculums worldwide (Reeves *et al.*, 2016). IPL together with simulation practices may offer opportunities for overcrowded physiotherapy curriculums to inject direct pediatric learning opportunities (Andrea *et al.*, 2022; Lowe *et al.*, 2022). No evidence exists to assess if IPL opportunities negate the absence of clinical placements in pediatric education.

From qualitative interviews, a lack of non-clinical pediatric education content was identified. Topics including informed consent, navigating patient/adult guardian relationships, and pediatric engagement in management were largely absent. Non-clinical skill development is an important aspect of physiotherapy education and can be effective through direct clinical supervision (Snowdon *et al.*, 2020). Considering the particularities of ethical situations, a common occurrence within pediatric care, programs are required to develop suitable learning models for students to facilitate future reasoning skills in this area (Aguilar-Rodríguez *et al.*, 2019). Supporting graduates by developing their non-clinical knowledge, understanding and problem-solving skills within pediatric care should be considered by curriculum designers and accreditation bodies.

Program Content

The perceptions and experiences of respondents in this study indicate that the majority of the International Organisation of Physical Therapists in Pediatrics curriculum guidance is not embedded within UK programs. Of the seven main essential content areas outlined in the guidance respondents only 'Agreed' that culturally competent care was included within their curriculum. Respondents either 'Disagreed' or 'Strongly Disagreed' that the recommended and additional content areas were included. The only exception indicated that respondents 'Neither

Agreed' nor 'Disagreed' that health promotion, wellness, fitness, and injury prevention were covered in their entry-level program. The findings suggest that respondents perceived that the content areas outlined by the International Organisation of Physical Therapists in Pediatrics are not represented within UK physiotherapy entry-level programs. Whilst this does not imply that programs do not cover these topic areas, it highlights the experiences of recent graduate pediatric physiotherapists. These graduate perceptions suggest that higher education institutions either need to include greater pediatric content or make this content more explicit.

A theme from the qualitative interviews indicated that UK entry-level curriculums were 'adult' focussed, despite numerous potential opportunities to integrate a pediatric curriculum through service user engagement, IPL, and external guest lectures. The aforementioned barriers to pediatric curriculum development (Chesterton & Chesterton, 2023) are likely reasons for these omissions throughout the taught curriculum. These challenges are not unique to the UK and were mirrored by an audit and survey of Australian entry-level physiotherapy programs (Mistry *et al.*, 2019). A survey from 151 programs in the United States also distinguished the variability which exists across programs, with the total hours devoted to pediatric education ranging from 35-210 (Schreiber *et al.*, 2011). Despite the published educational guidelines, physiotherapy students within the UK are exposed to large variation in terms of the pediatric content offered by entry-level programs.

Due to responder/non-response bias, we acknowledge this survey does not represent the views of all physiotherapists who have been recently appointed to a pediatric role (Chesterton *et al.*, 2020a). Due to the anonymous nature of the survey, it is not possible to identify how many of the UK physiotherapy entry-level programs are represented. This UK study may also not reflect the nuances and experiences of those working globally, who may operate in a different educational and clinical context (Chesterton *et al.*, 2022b). Further research is warranted to understand the global picture of entry-level pediatric education through the lens

of qualified physiotherapists. Whilst this study has limitations, based upon the perceptions and experiences of participants, the authors recommend that UK stakeholders from governing body accreditation panels, higher educational providers, students, and qualified physiotherapists work together to re-consider entry-level pediatric education.

Conclusion

All 42 respondents in our survey did not feel they were well prepared for pediatric clinical practice. It was perceived that not enough emphasis was given to pediatric content throughout the duration of the programs. Courses were considered adult-focused and lacking pediatric clinical knowledge and skills. Pediatric placements were the most effective way for respondents to develop confidence and autonomy in the management of children and young people preparing them for clinical practice. Despite this, over half of the respondents did not experience a pediatric placement. The majority of programs did not include the essential, recommended, and additional pediatric content as per the International Organisation of Physical Therapists in Pediatrics guidance. With the competing agendas and abundant content required to prepare students for entry-level physiotherapy competency, our study suggests that key stakeholders need to reconsider how pediatric education is taught within the UK.

Data availability statement

Data available upon reasonable request to the authors.

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Conflict of Interest Statement

None declared.

Ethical Approval Statement

The School of Health and Life Sciences at Teesside University approved the study in accordance with the Helsinki Declaration (ID15804).

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