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Future-proofing the Profession: Physiotherapists' perceptions of their current and emerging role

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ABSTRACT

Objectives As healthcare systems continue to modernise, physiotherapists are required to transform their practice to remain contemporary and meet future population needs. The study aims to gain an insight into physiotherapists' perceptions of their current and emerging future role. The intention is to develop an understanding of the physiotherapist's role and how it can continue to evolve to support populations' needs in more sustainable and innovative ways.

Design A qualitative design using semi-structured interviews was undertaken informed by Gadamerian hermeneutic philosophy.

Participants Participants were gained from a postgraduate physiotherapy programme in Northwest England that recruits physiotherapists from across the UK; via the research teams' professional networks and using snowball sampling. Interviews were digitally recorded and transcribed verbatim. Thematic analysis was undertaken. Ethical approval and informed consent was obtained.

Results 23 participants (15 female). 4 themes were identified: 'An underpinning philosophy of practice' that promotes holistic care and supports patient wellbeing. An 'evolving role broadening the scope of practice' with many 'agents of change shaping the profession'. When 'preparing the future workforce and their transition into practice', graduates were seen as more adaptable and resilient. However, more affiliation between the university and placement providers to enhance learning environments is needed.

Conclusions Physiotherapists need to re-evaluate their role so a clear vision for the future can be co-created to ensure they remain contemporary and continue to optimise their potential. An emerging role that re-envisages a holistic approach that incorporates health promotion as fundamental to this role could support physiotherapists' transformation in practice.

Contribution of the Paper

- This study provides contemporary insights into physiotherapists' perceptions of their role and emerging future role.
- A reconceptualization of a holistic approach that encompasses health promotion could be key to the transformation of the physiotherapy role.
- Holistic care including health promotion as a central tenet within pre-registration education would facilitate a shift towards wellness and positive health and wellbeing.

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Key words: Holistic care; Health promotion; Public health; Health and wellbeing; Integrated care

Introduction

The transitioning healthcare landscape is putting increasing demands on healthcare professionals not only to remain contemporary but also to continue to evolve to meet the future population needs [1,2]. This has largely been driven by the augmentation of non-communicable disorders due to an ageing society and the pursuit of unhealthy lifestyles [3]. More recently, COVID-19 has highlighted issues

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with health inequalities and the importance of the social determinants of health on people's health and wellbeing [4]. To respond to changing needs and new demands, more innovative and sustainable ways of working are needed.

Physiotherapists have already exploited opportunities to take on new roles including advanced and first contact practitioner roles [5]. However, it has been argued that the practitioner of the future needs to be more adaptable and multifaceted with the breadth of skills and knowledge to manage the complexities posed by the shift in population demographics [6,7]. Therefore, although physiotherapists are ideally placed to embrace the future healthcare challenges, collective support amongst the profession for radical change in practice is needed including a re-evaluation of their role [8].

Little is known about physiotherapists' views of their role within a modernising healthcare system. Thus, to inform practice, this study aims to gain an insight into physiotherapists' perceptions of their current and emerging future role. The intention is to develop an understanding of the role of the physiotherapist, how it is affected by the changes occurring in healthcare, and how practice can continue to evolve to support the populations' needs in more sustainable and innovative ways.

Methods

The study is reported in accordance with the consolidated criteria for reporting qualitative (COREQ) research [9]. A qualitative design informed by the theoretical perspective of Gadamerian hermeneutic philosophy was undertaken [10]. This approach enabled understanding and interpretation of participants' perceptions and feelings regarding the phenomenon of interest to address the research aim.

Semi-structured interviews with participants were employed. A purposive sample was obtained using a range of approaches including an advert on a postgraduate physiotherapy programme in Northwest England that recruits physiotherapists from across the UK; via the research teams' professional networks including the university twitter account and using snowball sampling. Recruitment continued until data saturation was achieved. All participants met the eligibility criteria (Table 1).

Interviews were undertaken by researchers trained in qualitative interviewing (SEH, HR, GY). The researchers were all qualified female physiotherapists with a range of experience across specialities including musculoskeletal and population health, chronic conditions, and professional matters. Two of the researchers were academics and one had been a postgraduate student at the university.

Interviews were conducted either face to face at the researchers' university, over the phone or using video conferencing technology. This facilitated recruitment of participants from across the UK and enabled interviews to be undertaken during restrictions to social mixing due to the

COVID-19 pandemic. Generally, relationships were not established between the researcher and the participants, however, there were occasions that the participant was known to the researcher as a professional colleague or a peer on the postgraduate programme. Although, this may have had some influence on participants' responses, a wide range of views were expressed which suggested that they were comfortable sharing their experiences. An interview guide was used as a prompt during the interview to facilitate discussion to enable the aim to be fully explored. The guide was developed from a review of the literature and the expertise of the research team and was refined following piloting (supplementary file). Subsequent questions drew on what the participant had said. This allowed flexibility in the interview for the exploration of new and unanticipated issues [12].

Reflexive memos were made following each interview including how the researcher's positionality may have impacted data generation and analysis. The memos along with the emerging findings from each interview iteratively fed into subsequent interviews [13]. Interviews lasted between 40 and 70 min and were digitally audio-recorded and transcribed verbatim. An inductive thematic analysis framework was used to iteratively analyse the data [14] with NVivo 12 software utilised to manage the data. The first step was familiarisation with the data. This involved all members of the research team independently reading and re-reading the transcripts. Initial open coding was then undertaken to identify data relevant to the aim. The dataset was then explored to identify sub-themes. Sub-themes that were conceptually similar were grouped together to form the main themes. Critical discussions took place amongst the researchers to modify and refine the themes. Respondent validation was used whereby the preliminary data analysis was shared with 10 of the participants, who confirmed the findings reflected their experiences.

Results

Twenty-three participants (15 females) took part in the study. Mean years qualified was 16.7 (range: 1–37; SD: 9.8). See Table 2 for demographic data.

Data saturation was confirmed from analysis of the data [12]. Four themes were identified: Underpinning philosophy of practice; Evolving role broadening the scope of practice; Agents of change shaping the profession; Preparing the future workforce and their transition into practice. Anonymised verbatim quotes have been included to support each theme (Table 3).

Underpinning philosophy of practice

An underpinning philosophy of practice that promotes holistic care and supports patient wellbeing was perceived by the participants to dictate the role of the physiotherapist.

Table 1
Eligibility criteria.

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Physiotherapists who have 12 months or more clinical experience working in the UK. • Work experience in the NHS, employed non-NHS, or self-employed. • Working in any clinical speciality • Working in any setting • Agenda for Change banding 5 and above* 	<ul style="list-style-type: none"> • Non-qualified physiotherapists

* Grading and pay system for NHS staff [11].

Table 2
Participant demographic summary.

	Participants (n = 23)
Agenda For Change (AFC) Banding	
AFC 5	1
AFC 6	7
AFC 7	5
AFC 8	6
Self-employed	4
Years qualified	
0–5	3
6–10	6
11–15	3
16–20	3
> 20	8
Work area	
Orthopaedics	1
Community	2
Military	1
Musculoskeletal	8
Neurology	5
Rotational	1
Respiratory	3
Paediatrics	2
Age banding	
21–30	4
31–40	9
41–50	7
51–60	2
> 60	1

This included working to maximise the potential of patients through assessments, treatment, and discharge planning with the increasing importance of functional restoration, goal setting and self-management. Participants highlighted that there was also a growing recognition of the role of physiotherapists as health promoters but there was inconsistency in perceptions of the extent to this role. Although, physical activity promotion was most likely to be embraced, some participants felt they did not have the time to undertake this nor the required skills or confidence, particularly in other areas of health promotion.

For some participants, promoting health also seemed to be influenced by the physiotherapist's perception of its applicability for addressing the patient's condition and therefore not always seen as necessary to undertake if it was not directly linked to the problem that their patient presented with. In

addition, the belief amongst participants that it may affect the “therapeutic relationship” if it was felt that the patient did not see the relevancy of including it as part of their management, led to hesitancy from engaging with health promotion.

The setting and the context in which physiotherapy takes place was perceived by participants to influence the philosophy of practice. Working in an acute setting, for some, made the provision of holistic care difficult due to time constraints and being concerned more with the short-term management of their patients. Whereas in other areas where there was the time to develop relationships with their patients and it was deemed easier to approach patients with health promotion messages, holistic care seemed to have greater focus.

Evolving role broadening the scope of practice

It was clear that the participants' perceived their role to be evolving. They felt their scope of practice was broadening in the sense that there were increasing opportunities available including more specialist roles but also diversification into other areas that were not clinically focussed. There was also the perception amongst the participants that physiotherapists were generally able and versatile, with the skills to continue to evolve and take on different roles. Some felt that professional boundaries were becoming more blurred, leading to physiotherapists having to digress from what would be traditionally identified as their role to encompass duties of other professionals. COVID-19 was seen to have accelerated this. Although, it was generally felt that this had helped to develop both the physiotherapists' skills and their scope of practice, there was also the feeling that physiotherapists needed to be mindful that they were not losing their distinct craft and, hence, their professional identity. Conversely, there were also concerns raised by some that blurring of professional boundaries could create the risk of stepping outside their scope of practice.

Integrated care and working with other members of the team was seen by participants as an important part of the role. Not only had these helped physiotherapists to learn from team members but also supported them to undertake holistic care. Having knowledge about other services where people could be signposted to was highlighted as essential to support their role as health promoters.

Participants highlighted a great deal of change had occurred over the years. It was also acknowledged that this

Table 3

Themes with anonymised quotes.

Theme 1: Underpinning philosophy of practice

The first thing that I would say is we're totally unique. Because we're so holistic, because we know every inch of the body, we can piece a puzzle together and get someone back to as normal life as possible after an injury, or after an illness, or learning to deal with a long-term condition. P5

... the role is becoming less passive and more empowering for the patient. So, we're seeing people less often - we teach them a lot more how to look after themselves. P16

I think with regards to physical activity, we are well placed to do that. In terms of other areas of health promotion, they're not really our speciality, and we would need to refer on to the specialist to promote that behavioural change. But, as for physical activity, I think we have the knowledge and the expertise to motivate people, and to explain the reasoning behind why it is so important. But, I'm not sure whether we have the current capacity to provide it. P7

Sometimes that conversation about that general health just needs to be in the context of what you're actually there to treat them for... if they're coming for the knee and they're significantly overweight, it's very valid to be talking to them about losing weight ...it helps with general health as well, but if somebody has come in for something that is unrelated to their weight then it's more difficult to steer the conversation that way. P16

With some cases it might be really beneficial to the overall well-being and health of your patient, but by I think that challenging somebody on what they have not come to see you about might cause conflict, and might really disrupt your therapeutic relationship. P6

I think initial conversations around some health promotions are hard within the acute sector. I think this challenges the acute sector, in [terms of its] demands and capacity, so we don't action things like health promotion. That tends to be more a goal for the community sector to address. P7

If you've just met that person at that one session, it would be really hard to say 'you're a bit overweight, so what are we going to do about that'.

Whereas when you're seeing the child and their families regularly, it seems to somehow just drop into conversations so naturally. P23

Theme 2: An evolving role broadening the scope of practice

It's [the role] very broad. It's not limited to the clinical therapists/patient role but can be much broader in terms of participating in development of policy to promote healthy ageing, or to promote healthier lifestyles. P14

Physiotherapists are very good at changing their practice. I think they're very adaptable and they're very resilient. ...I think we are the adaptable interface profession that is able to change with healthcare demands. P17

We already are bleeding into the other professions. So, there's a big change there, because I think a lot of people don't expect that much of a blurred edge with some of the professions. Sometimes it does get to the stage where you're feeling, are you the OT or the physio. But there are defined parameters. It's using your knowledge and knowledge from other professions to make yourself a more rounded profession. And, by that, I think you're going to give the patients a better patient experience, better patient care. P2

I think some physios, there's a danger of stepping outside of our remit as well into other areas where we're not qualified and with good intentions trying to help people, but not necessarily being helpful. P19

I wouldn't say that I've had the training to give specific advice on that [all aspects of health promotion]. But I would know where they could get help with that. I don't think it would be right for me to give specific advice on those kinds of topics. P20

I think the next level of holistic care, is integration with other practitioners and healthcare providers. We're very much about our networks of connections with sports and exercise medicine physicians and orthopaedic surgeons and working very closely together so that again, it's [healthcare] not siloed or well, we can't help you, good luck. P19

I've got the opportunities to work with the psychologists and the OTs a lot more closely than I have in any other job, so they changed my role in that way to build my skills ... so that my patient gets the best out of that

Table 3 (Continued)

treatment. P12

I think the rate of change within the physiotherapy profession is huge when you think where we were 20 years ago. If anything, I think we need to slow down a bit in terms of our role changing and evaluate what we are doing ...

I think we are forgetting that at the root of it we are clinicians who can provide effective evidence-based management. P17

Theme 3: Agents of change shaping the profession

Sometimes it's hard because we get one initiative and then it's only two years before somebody else has come out with another initiative ... but to get something embedded into practice can sometimes take five years [but by then] then that initiative has gone. P9

No, I don't think it is happening [health promotion], that's because health care is reactive rather than proactive. So, we generally wait for a condition to happen and then try and deal with it rather than prevent it. P16

I think I may have heard of it [MECC] and the Moving Medicine website ... but I've not had anything come through to the clinic or had any promotions through that. P19

I don't know, are you talking about - every contact with a patient counts? I don't think I've heard of the initiative [MECC] but I think I understand what you mean. P3

I think this new world that has been imposed on all of us [due to Covid 19], people may not have thought that this way of implementing physiotherapy practice [virtually] would've been effective. I think, how we implement clinics and how we can give people information and people's willingness or acceptance of [this has changed]. P18

There's always a percentile of the population that will always want to be seen face to face. P21

And it's actually positive, seeing people in their own environment [via video link] at home ... rather than seeing somebody in a controlled clinical environment. You find out what their problems are and solve them at home. P19

If I'm seeing somebody over a screen, it's an artificial set-up, the room has been cleared so that I don't see what's going on in the other part of the room. I don't know who else is in the room that they're not showing me, I don't know what's gone on, what the dynamic is really like because they're just literally sitting in front of me, prepared as best as possible. P23

People need to come on board and be more standardised with regards to prevention or else it's going to end up meaning that you have got pockets of health prevention going on versus other areas that haven't embraced it. P11

When you are asked to do something new, you don't necessarily feel confident in doing it. So, having the correct training and supervision that's important. P8

We've got all the resources for conversations around the more difficult areas of health prevention, but people choose not to access it and choose not to have the discussions about it. So, people can blame [not engaging with health promotion as part of their role] on time, but if you haven't got any ownership of wanting to learn about that, it becomes difficult. P11

I know they [CSP] try and be proactive, from what they put in Frontline [bimonthly magazine for the physiotherapy profession], but I just don't think they pack enough punch. P6

Theme 4: Preparing the future workforce and their transition into practice

I think in some ways they're a lot fitter [for role] than we were, because they have a lot more to do with health economics, use of technology, the ability to bring some of their governance structures into what they do. I think the depth of anatomy and physiology isn't always there and that's probably something we need to build on. P9

I do think they come out fit to practice, but I don't think the undergraduate courses prepare you at all for like real life patients, although you go on placements, you're kind of sheltered on your placement, because you've got your clinical educators with you all the time. P12

I think we prepare them a lot more than we used to. I'm thinking about when I came out. I don't think I knew what I was coming out into P5

Table 3 (Continued)

I don't think it's possible to learn it all within university. I think a lot of it you learn through experience, and that's how you develop as a clinician. But there is definitely a role to set those expectations, to inform them of the increasing holistic role and sharing that this is now in current practice. P7
I think a lot more of that health promotion, as a unit of study [in university] would be very beneficial. P20

I think in the universities they discuss it [health promotion] ...and I think the students have got a basic idea of what it is, but I think it's how we foster what it means when they are in placement as to whether that will make their understanding of Making Every Contact Count more worthwhile. P11

So as much as we [placement providers] try and be flexible with the universities and vice versa there still is a bit of a gap in what students' perceptions are and what they want and what they get told [by the university] and what we can provide. P1

The university and the placement, I don't think they're as closely connected as what they could be... I feel that they [placement providers] feel pressurised to take students ... whereas I think that being able to create an environment for a student to help them learn and develop their practice would be very good for our working environment because it will help to develop practice, and it'll help both sides. P18

was now time to put the brakes on and evaluate what was being undertaken. What was deemed to be important was not to lose sight of what the role should be, which was a clinician keeping abreast of the current evidence to ensure the best approach to management of their patients.

Agents of change shaping the profession

It was perceived by the participants that the government and its ambitions for healthcare influenced the role of the physiotherapist. Consequently, the profession was seen to be always in transition dependent on the government in power. Physiotherapists perceived that the NHS was more reactive than proactive and therefore focused on dealing with problems as they occurred rather than anticipating the future healthcare landscape and this was impacting their role in promoting health as a preventative measure. Interestingly, some participants were unaware of, or unsure of the UK Government's initiative, 'Make Every Contact Count' (MECC), which champions healthcare professions to undertake conversations about health promotion.

COVID-19 appeared to have re-shaped physiotherapists' perceptions of their role and its undertaking. Some participants felt that COVID had accelerated the use of technology and using virtual platforms for patient management and made its use more acceptable in what people may have otherwise objected to. Participants highlighted the opportunities with technology to improve efficiency and there was the feeling that the COVID experience made people more open to discuss factors such as "loneliness and isolation", as well as bringing "health" and "wellbeing" to the forefront. However, there was diversity in viewpoints amongst the participants on the use of technology, with some raising concerns that there may be too much reliance on online appointments, and that many patients still

preferred face to face contact. Although, there was a perception that online appointments provided a good opportunity to see people in their own setting and the reality of their lives, not all saw the authenticity in this as it was also perceived that the setting could be staged with people just showing what they want you to see.

Therefore, although there were opportunities to be had, particularly with health promotion, there was an awareness that not everyone was on board, and this could lead to a postcode lottery with inconsistency in care. To support change, it was highlighted that training or mentoring was necessary to help build confidence and provide capacity. However, there was also the perception that training opportunities were already available, but some physiotherapists did not prioritise these or lacked motivation to undertake them. Furthermore, the professional body for physiotherapy in the UK, the Chartered Society of Physiotherapy (CSP), was seen to influence the physiotherapist's role. Although, it was acknowledged that the CSP were forward thinking in promoting some aspects of the profession, there was a feeling that it could be more forceful and play a greater role in this.

Preparing the future workforce and their transition into practice

When exploring the future physiotherapy workforce, participants perceived that physiotherapy students' skill set had changed from one where they had more detailed knowledge of the human body to now being less precise anatomically but more adaptable with the capability to transform. It was also felt that more could be done to prepare graduates for their role in the real world as they were often protected by educators from the complexities faced by "real life patients".

While there was the perception amongst participants that students could be more holistically focussed, views on the acceptability of this were contrasting. Some physiotherapists felt that this was expected as experience both in life and in the clinical arena was needed to develop holistic skills whereas others perceived the need for students to have more teaching in the university on their role in holistic care and health promotion. Clinical placements were seen by most as the prime location to learn about the physiotherapist's role, but also fundamental for cultivating students' knowledge of health promotion and prevention.

Nevertheless, it was highlighted that there was a disparity in expectations between the university and placements providers on what needs to be learnt and known about the physiotherapy role and the type of placements where this learning can take place. It was also perceived that there could be a greater affiliation between the university and placement providers to enhance the learning environment for the students.

Discussion

The study findings provide an insight into how physiotherapists perceive their role and emerging future role. A philosophy of practice that promotes holistic care and supports patient wellbeing was deemed to dictate the role. As healthcare continues to shift its focus from disease specific to patient-centred care and away from ill-health towards wellness and positive health [1,2], this philosophy would seem fundamental to guide the emerging role of the physiotherapist.

Holistic care recognises that health is determined by the inter-relationship between the individual's physical, psychological, social, and spiritual wellbeing [15]. Health promotion would therefore seem pertinent to support the holistic approach as its aim is to facilitate people to take control over the wider determinants that impact their health and wellbeing [16]. Yet, barriers to health promotion highlighted both in this study and previous research [17,18], would preclude, for some, its engagement. Indeed, incorporating health promotion by focusing on the patient's medical condition rather than the whole person negates the holistic approach [18]. A re-framing of holistic care including health promotion within the context of the role of the physiotherapy could provide the impetus to undertake both.

Consistent with previous research, developing the therapeutic relationship was found to support the holistic approach and health promotion [19]. Conversely, incorporating health promotion was seen to be deleterious to the therapeutic relationship if the patient did not perceive it to be relevant to their management. Feeling part of a collaborative process has been highlighted as an important part of the therapeutic relationship [8,20]. Communicating the need for and developing a shared understanding of the importance of health promotion with patients, may therefore enhance its acceptability to the patient and help to develop rather than hinder the relationship. However, due to the highlighted barriers distinct to the setting, tailoring the holistic approach including the implementation of health promotion to the context in which it is going to take place may also enhance the practical application [21].

The perception that the physiotherapy role was changing is reflective of the constant flux of the healthcare landscape as it transforms to meet changing population needs [1,2]. Therefore, it would seem essential for the role to continually evolve for physiotherapists to remain contemporary. Indeed, the shift towards boundary blurring highlighted in this study and the opportunities this affords to develop skills and knowledge, could assist career progression, and push the physiotherapy profession forward [22]. Sharing knowledge and skills across professional and organisational boundaries also offers a more holistic approach by facilitating partnerships and a more system wide integration of care around the patient's needs [23,24]. Nevertheless, to inform the future direction of the role,

physiotherapists should regularly evaluate their practice to ensure patient management is optimised.

Integrated care and sharing resources by signposting to other relevant team members was seen to support physiotherapists in fulfilling their role as health promoters. Yet, previous research found that signposting to support health promotion is not being optimised by physiotherapists [25]. The potential of effective system-wide collaborations for offering a sustainable way to support population health has already been highlighted [26]. Therefore, the ability to seek out and develop cross-sector partnerships would seem an essential component of the role to foster a more sustainable way to promote population health.

COVID-19 was seen as providing an impetus for change with more acceptance of the use of technology by both by physiotherapists and patients. Previous research has identified patient and clinician satisfaction with the use of telehealth [27] and a positive effect of technology on patient outcomes [28] and thus has been seen as a practical alternative [27]. As highlighted in this study, it may offer more opportunities to consider the impact of wider determinants on the person's health such as their home circumstances and support networks [29]. However, there is a need to be discerning about who to engage with technology as it may not always reflect the full situation and some patients may prefer face to face consultations. Technology is seen as a key player in the healthcare of the future offering both an innovative and sustainable option [1,30]. Physiotherapists will therefore need to embrace it. Consideration of ways to harness the potential of technology to support the role of the physiotherapists would seem essential.

This study highlighted physiotherapists' concerns about stepping outside their scope of practice. This could be a reality unless upskilling of staff is seen as a priority to fulfil these emergent roles [23,31]. Including informal learning opportunities that offers ongoing support for physiotherapists could offer sustainable way to train physiotherapists in their roles. For example, the MECC initiative provides many resources to support healthcare professionals to undertake health promotion [32]. Yet, in this study some physiotherapists were unfamiliar with MECC, which could impact on physiotherapists' role as health promoters. Uncertainty about the degree to which MECC is communicated to physiotherapists has previously been highlighted [33]. Accessing resources such as these could provide additional and more sustainable means to enhance physiotherapists' knowledge and ability and hence confidence. For instance, the CSP [34] and e-Learning for Healthcare [35] offer a plethora of information to support continuous professional development. Therefore, additional ways to disseminate this information needs to be identified.

Student physiotherapists' characteristics were perceived to be changing to be more adaptable and resilient with a broader rather than specific knowledge base. Certainly, future physiotherapists will need the capacity to manage the complexities faced due to an ageing society and the

challenges of managing diseases because of unhealthy lifestyles [3] and more recently, multi-system failure due to COVID-19 [36]. A broader skill set and versatility that provides the breadth and flexibility to meet diverse population needs would therefore seem more apt to support the role of the future generation of physiotherapists [5,6,37].

There was no consensus on the extent to which holistic care is incorporated into pre-registration education or where the main responsibility for this lies. However, as holistic care was seen as one of the guiding principles for the physiotherapy role in this study and an expected competency of the newly qualified physiotherapist [38] logically it should be a central tenet within pre-registration education. Health promotion, as a component of this, would support the shift towards wellness and positive health and wellbeing [39,40]. Clinical placements have previously been found to have the greatest impact on physiotherapy students' ability and confidence to undertake patient education when qualified [41]. Nevertheless, providing situations to learn through experience in other parts of the curricular, have also been found to be effective in developing physiotherapy students' knowledge of health promotion [42]. Therefore, developing learning opportunities that support holistic care and health promotion throughout the curricula would help to re-enforce their importance and to optimise its adoption. As highlighted in this study developing a greater affiliation between the university and clinical placements would seem essential [37,43] to ensure what is seeded in the universities is supported and hence transferred into clinical practice.

Limitations

Physiotherapists self-selected and those who had fewer than 12 months clinical experience were excluded, which may have influenced perceptions. However, there was a range of years of experience represented that could mitigate this. Future research could focus on recently qualified physiotherapists' perceptions of the future role as well as views of university colleagues to determine the extent to which health promotion is taught at the pre-registration level. As an interview guide was used with a priori topics to be explored, this may have influenced the final themes. Nevertheless, a broad question asking participants' perceptions of the role of the physiotherapist was initially asked with further questions based on participants' responses. Future research with a reframed interview guide could further support the exploration of the role of the physiotherapist.

Conclusion

An evolving healthcare system requires new ways of working that are innovative and sustainable. To rise to the challenge, physiotherapists need to reflect on their role so a

clear vision for the future can be co-created to ensure physiotherapists remain contemporary and continue to optimise their potential. An emerging role that re-envisages a holistic approach that incorporates health promotion as fundamental to this role seems essential to support physiotherapists' transformation in practice.

Ethical Approval

Ethical approval for the study was granted by Manchester Metropolitan University Faculty Ethics and Governance Committee Ref: 7518; 33166. All participants gave either written or verbal consent. All verbal consent was recorded prior to the interview and stored separate to the interview recording.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.physio.2022.11.007](https://doi.org/10.1016/j.physio.2022.11.007).

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