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Dear Commission,

On behalf of the Royal Dutch Society for Physical Therapy (KNGF), I send you our response to the consultation regarding Community Action on Health Services. Our response is also based on the outcome of a national discussion with health care professionals and consumers, organised by the Dutch Ministry of Health, Welfare and Sport in 2006.

Several trends are identified which influence physiotherapy practice in The Netherlands. Competition between physiotherapy practices along the borders of Germany and Belgium are increasing. The cost of physiotherapy treatment, availability of services and the need for specialised physiotherapy care, are factors that could influence the patients' decision to choose a physiotherapist in the Netherlands, Germany or Belgium. The consequences are so far relatively small but may increase in the future.

We also identify migration of physiotherapists. In the (recent) past, many Dutch physiotherapists migrated to Germany while currently quite a few Dutch physiotherapists are returning to The Netherlands. The schools for physiotherapy on the German border offer curricula for German students. Some of these German physiotherapists return to Germany while others find employment in The Netherlands.

Standards for quality of physiotherapy care in The Netherlands are high. Apart from requirements by law (BIG registration), KNGF operates a system for quality registration of physiotherapists which includes the use of evidence-based clinical guidelines, continuing



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education and clinical audit. At organisational level, physiotherapy practices can apply for HKZ-certification which also leads to ISO-certification. Physiotherapists who are specialised in certain areas (e.g. pediatrics, geriatric, sports, manual therapy) are currently educated at Masters level, leading to a Masters Degree in the specific area. Therefore we are confident that the physiotherapist can take full responsibility for his services within the Dutch (legal) system.

It is important for both patient and physiotherapist to be clear of, if and how the delivered care is insured and that reimbursement of physiotherapy services are facilitated to reduce administrative procedures. Also increase of (European) regulations should be avoided.

We would like to emphasise current initiatives within the European Region of the World Confederation for Physical Therapy (WCPT). One of the objectives of ER-WCPT is to increase (transparency of) the quality and educational level of physiotherapists in Europe. A taskforce has been installed to investigate possibilities to establish a common platform to compare and harmonise physiotherapy education in order to facilitate migration of physiotherapists within Europe.

At European level, harmonisation of physiotherapy practice can further increase comparability of physiotherapy services in Europe and transparency of the quality. In order to facilitate harmonisation, ER-WCPT has developed core standards for physiotherapy practice, physiotherapy service standards and a physiotherapy benchmark statement.

The documents are published on the website of ER-WCPT ([www.physio-europe.org](http://www.physio-europe.org)).

The results of the work carried out by WCPT may be of further assistance in the next steps for community action on health services.

I hope we have contributed to the discussion with our response and trust that the European Commission will be able to come forward with appropriate proposals.

Yours sincerely,

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Manager Strategy & Development

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