

Policy summit agreed on the benefits of direct access



At the policy summit, from left to right: Jonathan Warren, President of the New Zealand Society of Physiotherapy; John Barnes, CEO of the American Physical Therapy Association; Michael Brennan, CEO of the Canadian Physiotherapy Association.

A meeting co-sponsored by WCPT attracted 160 physical therapists from around the world. They heard that direct patient access and self-referral to physical therapy improves public health.

At the international policy summit on direct access and scope of practice in physical therapy, held in Washington DC, USA in October, professional representatives from 18 countries supported the findings of research which demonstrates that patient self-referral to physical therapy results in better health outcomes, more timely care, higher patient satisfaction and lower costs. Direct access, also known as self-referral, allows patients to access physical therapists without referral from a doctor.

The summit, jointly hosted by WCPT, American Physical Therapy Association (APTA) and Canadian Physiotherapy Association (CPA), included focused symposia, panel discussions and breakout sessions.

The opening keynote speaker was Marilyn Moffat, WCPT President. "Physical therapists are able to act as first contact practitioners, and patients may seek direct services without referral from another health care professional," she said. "The results of this wide body of research are clear: patients benefit from self-referral and direct access. Where these services don't already exist, we should encourage legislators and health administrators to consider these findings."

The event revealed enormous disparities from country to country in the field of direct access. "What was quite apparent early in the summit was that the ability of Australians to get access to physiotherapy was excellent by world standards," says Jonathon Kruger, Policy Manager at the Australian Physiotherapy Association, who spoke at the event. "This to a large extent is due to the fact that we have had primary contact status (direct access without

What's inside this issue?

News

- Summit supports direct access (p1)
- New landmines statement (p4)
- WHO child obesity meeting (p6)
- Major regulation event ahead (p8)
- News in brief (p9)

Features

- WCPT Congress sweetshop (p10)
- Health information for all (p12)
- International clinical guidelines (p15)

Member News

- Turkish association birthday (p16)

Subgroup News

- IFOMT name change (p17)
- Subgroups in the making (p18)

referral from a medical practitioner) for over 30 years.”

The situation in Israel is very different. “In Israel, we have just obtained direct access,” says Nirit Rotem of the Israeli Physiotherapy Society, who was one of the speakers. “As a small organisation it was informative and important to learn from other organisations’ experiences, learn of possible barriers in implementation and get ideas of how to overcome them. I think it will also help us in setting future goals.”

The section of the meeting on scope of practice again revealed the challenge presented by global variations – there was some discussion about where extended scope and specialisation ended, and advanced scope began.

A party of five UK physiotherapists attended, including speaker Ruth ten Hove from the Chartered Society of Physiotherapy. “Finding agreement around shared goals was challenging,” she said. “In some countries physiotherapists are at the beginning of their journey to develop autonomous practice. In the UK there is more flexibility for the development of practice.”

She said there was heated debate during the summit about the recognition of advanced practice across the world – including financial remuneration, credentialing and terminology of title. “In the UK we seem to have a particularly confused situation, with over 50 job titles used for describing physiotherapists working with an advanced scope. If we are confused how are the patients?”

The response to the meeting was positive. “The most valuable element of the meeting for me was the ability to network with other physiotherapists working in the policy and advocacy field and to realise that the commonality of the issues that we face is far greater than the differences,” said Jonathon Kruger. “There is a great opportunity for increased collaboration in the policy development and advocacy fields and I would like to see the world community work towards this outcome.”

Emma Stokes from the Irish Society of Chartered Physiotherapists and a member of WCPT’s Executive Committee, who was another speaker, said the summit was an “excellent opportunity to have a global conversation about the two topics. It was reassuring that common problems or challenges emerge in very different health systems and professional organisations, and the summit provided an opportunity to gain an understanding of the many ways in which these have been considered by different WCPT member organisations.”

“From an Irish perspective, there was overwhelming support from those at the meeting over our problems with the issue of the protection of title in Ireland, where direct access is available. Irish legislation protects just the title of physiotherapy, not physical therapy. There are a number of individuals who are not qualified as chartered physiotherapists calling themselves physical therapists. A number of colleagues expressed concern at the summit and followed up with letters urging the protection of both titles, which is essential for our ongoing work in trying to persuade the regulatory authority and the Minister for Health to protect both titles.”

The issues raised at the conference will now be followed up. As WCPT News went to press, WCPT was holding a teleconference with the APTA and CPA to review the outcome and steps forward. WCPT’s European Region will be holding a one-day workshop on direct access before the region’s General Meeting in May and consideration is being given as to how the theme may

also have profile at WCPT's 2011 Congress in Amsterdam.

Marilyn Moffat, WCPT President, said: "I believe we need to continue these conversations, particularly in the areas of assuring retention of our scope of practice and incorporating into our practice the all-important aspects of prevention, wellness, and promotion of health. We need to be in the forefront of health practitioners helping to combat the ever-increasing lifestyle-related disease of obesity, diabetes, and cardiovascular and pulmonary diseases."

"These kinds of summits on key professional issues, organised by WCPT in collaboration with other organisations, are a great way to build understanding and coordinated action on international policy."

WCPT has a Declaration of Principle on Autonomy which states "Patients/clients should have direct access to physical therapist services". It can be found at www.wcpt.org/node/29028. Further updates will be provided as next steps are agreed.

WCPT calls on members to push for weapons ban



A mine risk education programme in Angola. Picture by Clube de Jovens, courtesy of the International Campaign to Ban Landmines

WCPT has set out its opposition to the use of landmines, nuclear, chemical and biological agents, and other weapons of armed violence in a new draft statement. WCPT encourages member organisations and their members to work towards the elimination of landmines, nuclear, chemical, biological and other weapons of armed violence.

The draft position statement, which has been put together following consultation with WCPT's member organisations, regions and subgroups, builds on an existing WCPT motion and will be subject to formal approval at the General Meeting in 2011. It points out that health service delivery systems in countries where significant violence has occurred are rarely able to respond to the demands placed on them.

Landmines, cluster munitions and remnants of weapons of war in particular pose a threat to health and continue to be triggered long after conflicts have ended. "Rehabilitation services and equipment provision are often poorly funded," says the statement. "Services are often inadequate to enable individuals to achieve the full functional recovery of which they have a right."

It says that physical therapists are instrumental to the "effective treatment, rehabilitation and social inclusion of civilian populations, refugees, evacuees, internally displaced people, returnees and wounded armed forces personnel". Where physical therapists practise in conflict zones, they have a right to be protected in carrying out their service provision.

Member organisations can work towards the elimination of weapons of armed violence by:

WCPT NEWS

January 2010

- encouraging governments to comply with international declarations, conventions and treaties
- taking an active role in providing physical therapy services to survivors of conflict
- raising awareness of the consequences of armed violence and weapons of war
- adopting an active role in disaster response and preparedness plans.

“WCPT member organisations have an important role to play in giving voice to the issues, and working towards national legislation to support a ban on landmines and other weapons of war,” says WCPT Secretary General Brenda Myers. “The new statement will provide them with a tool to put their case to governments and other national bodies.”

The draft statement is on the WCPT website: www.wcpt.org/node/32578

A new section with key facts and useful resources is available at www.wcpt.org/node/32597



WCPT speaks up for physical activity at WHO obesity meeting

WCPT was represented at a World Health Organization meeting on preventing childhood obesity, held in Geneva in December. The forum and technical meeting brought together academics and government officials from across all WHO regions, as a first step in developing recommendations on population-based strategies to prevent childhood obesity.

Anders Raustorp, senior lecturer in physical education at Linnaeus University Kalmar and a member of the Swedish Association of Registered Physiotherapists, attended all three days of the meeting on behalf of WCPT, alongside 50 other delegates. Many of the representatives were from the nutrition and public health side. "We few in the physical activity area were important," he says. "Speaking up for physical activity, and not just food, as a fundamental factor for weight control was necessary several times during these days."

The event was organised against a background of childhood obesity increasing worldwide, with more than 22 million children globally classified as overweight in 2005. Excessive weight is associated with many non-communicable diseases and also conditions such as depression and low self-esteem. The meeting aimed to discuss and review: the determinants for childhood obesity; current policies and programmes for population-based prevention of childhood obesity; roles and responsibilities for stakeholders in population-based strategies to prevent childhood obesity.

"There was information of ongoing projects in the world dealing with childhood obesity prevention, with presenters from Oman, France, UK, Benin, Caribbean, Vanatu and Chile," says Anders Raustorp.

There was background information to the meeting and lectures on the social and environmental determinants of childhood obesity, and the documents and resolutions supporting the meeting. Working group discussions examined surveillance planning for programmes, planning, working with non-governmental stakeholders, and obesity and social inequality.

In the surveillance group session, Anders Raustorp supported the use of objective measurement, rather than questionnaires, to measure activity level.

"Children with disabilities were also discussed in plenary sessions since they are especially vulnerable to develop obesity," he says. "We made very clear that physiotherapists have to be involved in these children's obesity prevention by adapting physical activity, stressing the need for physical educators to work with physiotherapists where possible."

Anders Raustorp also participated in a working group on the supportive school environment. Against a background of evidence that schools are a very important arena for obesity prevention, he stated that physical activity interventions had to be well balanced.

Finally, the delegates decided on priority actions. They will be consulted on the final versions of these actions, and when accepted they will inform WHO draft guidelines for population-based approaches to childhood obesity

WCPT NEWS

January 2010

prevention.

“These were intensive but interesting days,” says Anders Raustorp. “I did my best to emphasise physical activity and the importance of health professionals with expertise in physical activity when it comes to prevention of childhood obesity. It was an honour to represent WCPT.”



Regulation specialists prepare to pass on their expertise

It's not too late to book for the Second World Health Professions Conference on Regulation (WHPCR 2010), organised by WCPT and the World Health Professions' Alliance. The aim of the event, to be held on 18th and 19th February in Geneva, Switzerland, is to shape the future of health profession regulation.

Regulation is becoming an increasingly important topic around the world. The WHPCR 2010 will open with a presentation by Franz Knieps, Director General for Health Care and Long Term Care Insurance at Germany's Federal Ministry of Health. It will include regulation experts from across the health professions including Margaret Grant, Chief Executive Officer of the Australian Physiotherapy Council in Australia, and Lesley Bainbridge, physiotherapist and Associate Principal College of Health Disciplines at the University of British Columbia in Vancouver.

In addition to the main programming aimed at all those working in health professional regulation, there will be an opportunity to network with physical therapy colleagues from around the world at a profession-specific workshop where the relevance of the issues raised for each discipline at the main conference will be considered.

The conference will debate the future control and direction of health professionals' regulation, examine the regulatory issues related to the international migration of health professionals and critically evaluate the relationship between health professional education, regulation and standards of practice.

For further details and to book your place, go to www.whpa.org/whpcr2010/registration.htm

News in brief

Haiti earthquake

Physical therapists are in the thick of helping survivors of the Haiti earthquake. You can read about the experiences of some volunteer physical therapists working at the Hôpital Albert Schweitzer at <http://drgulas.com>. Handicap International is calling for volunteer physical therapists to help at the disaster zone. If you are interested and available for a quick start, contact them at emergency@handicap.be. Keep your eye on the WCPT website www.wcpt.org for further news and updates in the coming weeks.

Comments please

Don't forget that you can respond to any article in WCPT News. Just login or register via the links below, and then tell us what you think. How about telling us about any work that you're doing that is relevant to the article? It might be useful information to physical therapists around the world.

Visas – prepare early

With the WCPT Congress in Amsterdam now just 18 months away, WCPT is urging those who wish to attend to check their visa requirements, and to start their applications for visas as soon as possible. In 2007, around 50 delegates due to attend the WCPT Congress in Vancouver were unable to make it because their visa requests were turned down. Representatives from Nigeria, Afghanistan, Iran and other countries were affected.

Pubmed success

The journal of the Canadian Physiotherapy Association, Physiotherapy Canada, has been accepted into the PubMed Central (PMC) index. PMC is managed by the prestigious National Institutes of Health as a free digital archive of the best available biomedical and life sciences journals. To be accepted into PMC, Physiotherapy Canada had to meet strict scientific quality standards and demonstrate its relevance as an essential evidence-based journal in physical therapy.

Welcome to the sweet shop



Delegates attending the forthcoming WCPT Congress, to be held in Amsterdam next year, will have a new flexibility in selecting which sessions to attend to suit their needs best. The programmes within the congress, and in related activities, are being dovetailed so that delegates can select a combination of scientific sessions, such as focused symposia and discussion sessions, practical courses and visits, all within their area of interest.

There will also be the full congress package that past delegates will be used to. Tracy Bury, WCPT's Professional Policy Consultant, likens the new approach to "pick and mix" sweet stalls – where customers grab a bag and fill it with a selection of their favourite confectionary. She has been working closely with the International Scientific Committee on planning a programme that will appeal to as many clinicians, researchers, educationalists and managers as possible, and allow them to use their time at the congress to more effectively meet their interests.

"It's designed to allow delegates to build anything from a two-day to a five-day portfolio of activities embracing the scientific programme and more practical or issue-based activities," she said. The main details of the programme, including the focused symposium subjects and presenters, will begin to be announced next month. In June, the satellite programme's workshops and courses will be announced.

How will it work? Imagine you are a physical therapist working in paediatrics in a general hospital, who has three days to spend at the congress, and wants to find as much information as possible to improve everyday practice. The main scientific programme will include focused symposia that have been challenged to identify the implications of research for the everyday practice of clinicians, managers, educators and policy makers.

There will be other types of session in the main scientific programme – platform papers, posters and discussion panels for example – which will cover topics relevant to a paediatric physical therapist. But there will also be sessions outside the main scientific programme in a satellite programme

January 2010

which will allow new insights into services and practice – through clinical courses for example. A paediatric physical therapist will be able to plan her visit so that she can easily fill three days with a variety of options, for example:

- Day1: Pre-congress course
- Day 2: Congress scientific programme – symposia, discussion panels, posters, platform abstracts, exhibition
- Day 3: Congress scientific programme

If she registers for the full congress, she will also be able to access the clinical visit options. “We want people to attend the congress and find sessions on offer that are relevant to their areas of interest and balance scientific knowledge with practical application,” says Tracy Bury. “We also want them to see things that are new and hopefully challenge them to look at their practice in different ways. This may come from some of the professional issues topics that cut across all areas of practice.”

More details are available at www.wcpt.org/congress

Thousands dying every day for lack of health information



Neil Pakenham-Walsh speaking at the launch of HIFA2015-Portuguese in Mozambique in November.

Information isn't just power – it can save lives too. But how do you get vital information about quality research, resources and treatment options to frontline health workers wherever they may be in the world? Simon Crompton talks to the founder of a campaign that is addressing just that.

Some words spoken by the late James Grant of Unicef have been the inspiration for Neil Pakenham-Walsh, founder of the Healthcare Information for All by 2015 (HIFA2015) campaign. "The most urgent task before us is to get medical and health knowledge to those most in need of that knowledge," said Grant in 1993. "Of the approximately 50 million people who were dying each year in the late 1980s, fully two thirds could have been saved through the application of that knowledge."

That statistic is still shocking, and still holds. "Tens of thousands of people die every day, often for the simple reason that the parent, carer or health worker lacks the information and knowledge they need to save them," says Pakenham-Walsh. "Basic healthcare knowledge isn't being implemented. But in the past few years, for the first time, it's become technologically possible to bring together large numbers of people from different countries all over the world, so that they can explore how to change things, and make the available information better used."

In October 2006 he launched HIFA 2015 – a web-based campaign and knowledge network. Its members – more than 3000 in 150 countries –

interact and communicate with the aim of bringing about the HIFA 2015 goal: "By 2015, every person worldwide will have access to an informed healthcare provider." It has support from 77 leading health and development organisations, including the British Medical Association, its main funder.

The campaign itself does not act as a provider of healthcare information – instead it wants to enable providers and users of healthcare to find ways to make information more widely available and implemented. One recently posted comment, for example, came from a charity which sends information about health to workers in under-resourced regions, requesting addresses of libraries of nursing schools and other professional training programmes in Africa. Another pointed out studies indicating the reduced mortality rates in villages if trained midwives were on hand to provide information.

There are three strands to the HIFA strategy. The first is an already well-established network of like-minded people who contribute thoughts and ideas to all other HIFA members by email. The other two strands are, by Pakenham-Walsh's own admission, still awaiting development because of lack of resources. One is to harness all the expertise in the network into an online knowledge base about the information needs of different healthcare providers and how to meet them: "It's the sort of information that appears in our online discussions, but disappears too quickly" says Pakenham-Walsh.

The other aim is to obtain a commitment to support the spread of health information from a major funding agency. The campaign needs money to take it to the next level.

Pakenham-Walsh, a doctor by training, has worked for various organisations which support international health information since 1990, but became increasingly aware that the emphasis was often on improving access to information among researchers and policy makers. What needed more attention was the lack of information getting to frontline health care providers.

In 2004, he was asked to help write a report on global access to health information for the World Health Organization. A short version was published in the medical journal *The Lancet* laying down the challenge: "Can we Achieve Health Information for All by 2015?" The enthusiastic response led to Pakenham-Walsh, along with a Kenyan cardiologist and a software expert, setting up the website and the campaign, which launched in Mombassa in October 2006.

Now he wants physical therapists around the world to become more involved in the campaign. He's very aware, he says, that continents like Africa are chronically underserved with physical therapy due to lack of resources. Their scarcity makes it even more important that these individuals' information and learning needs are met effectively. "We'd certainly like to complement our existing membership of physical therapists with more from developing countries. There's already discussion about developing open access resources for physical therapists, such as Physiopedia."

But doesn't Pakenham-Walsh worry that information overload is increasingly becoming a problem as much as information deprivation? Joining HIFA's network results in sometimes as many as a dozen emails arriving in your in-box every day.

"Yes, information overload is a really important problem. But the issue is not so much about how many emails you might receive through HIFA2015 - at least I hope not. HIFA members receive an average of two or three a day,

WCPT NEWS

January 2010

and very few people choose to unsubscribe once they have joined. Also, members in developing countries are least likely to unsubscribe, despite their slower and more expensive internet connections, and many of them write to us to say how useful the messages are, how they feel less isolated.”

“The real issue of information overload is increased exposure to irrelevant or unreliable healthcare information. HIFA2015 members are very aware that this is an increasingly big issue. The difficulty of sorting reliable from unreliable sources of information is key. We hope that through our networks, we will help people to know where to go to find the information they really need. It’s not our job to police the information available, but we can help people discuss how to address these issues.”

Why PTs need to get involved with clinical guidelines

One of physical therapy's world experts on clinical guidelines is now a leading name in the major international association for guidelines. It's increasingly important that physical therapists – and WCPT – are involved in the field, he tells Simon Crompton.

Philip van der Wees, Director of the Centre for Evidence Based Physiotherapy in Maastricht, the Netherlands, has been elected a member of the Board of Trustees of the Guidelines International Network (G-I-N), an international not-for-profit association of organisations and individuals involved in clinical practice guidelines. He is also representing WCPT's European Region in G-I-N.

"My objective is to improve the participation of health professionals such as physical therapists and nurses in guideline development," he says. "You tend to find that the process is often quite medically orientated."

Founded in November 2002, G-I-N has grown to 51 member organisations from 26 countries, including the European Region of WCPT and the World Health Organization. It seeks to improve the quality of health care by promoting the systematic development and implementation of clinical practice guidelines, and to do this by supporting international collaboration.

Traditionally, says Philip van der Wees, the guidelines had been put together by doctors, focusing on immediate physical problems. "For a fracture of the ankle, for example, they would look at surgery and other medical treatments. But now we are moving towards looking at rehabilitation and function too. This aspect needs to be stressed more in all the guidelines – they need to look at the full process, from prevention to aftercare and rehabilitation."

With a globally ageing population and growing multi-morbidity, there is a special need for the guidelines to be multi-disciplinary, and to look at function and quality of life, he says. There needs to be a focus on chronic disease management, with input from many professions.

Philip van der Wees has already contributed to much of WCPT's work on clinical guideline development, having jointly written two WCPT Keynotes on the subject and made presentations at various WCPT conferences.

"It's important that the profession keeps up with international developments in this field, and WCPT has a role in this," he says. "We often have to fight for our place to be involved in clinical guidelines. In some countries, it's been pretty good – physiotherapists in the UK, for example, have been involved in guidelines produced by the National Institute for Health and Clinical Excellence. But in other countries the profession has no involvement at all. That's why WCPT has produced its Keynote papers, so that the profession has more knowledge in this field, which will help them have more input."

The WCPT Keynotes on clinical guidelines can be found at www.wcpt.org/node/27527

Turkish Physiotherapy Association celebrates its 40th birthday

The Turkish Physiotherapy Association was established at Hacettepe University in 1969. It held a ball on 24th October to celebrate its 40th anniversary. Many founders, and those completing their 40th year in the profession, attended, and were presented with commemorative plaques.

The profession of physiotherapy has not yet been defined by laws in Turkey, according to President Bulent Elbasan. "So concentrated efforts are being made by the association on this issue at the Ministry of Health, Ministry of National Education and the Turkish Grand National Assembly. We have gathered comments from medical associations in Turkey, and physicians involved in all the fields of medicine share the opinion that they have to work directly with physical therapy professionals."

The Turkish Physiotherapy Association organises many in-service training courses and seminars to increase its members' knowledge and skills. "These training activities, courses and seminars, are given by well-trained and experienced instructors both from the country and abroad," says Bulent Elbasan.

One word, big difference for IFOMT



Pictured during the recent Nordic Conference on Manipulative Therapy and Medicine held in Sweden (left to right): Ken Olson, IFOMT Executive member; Annalie Basson, IFOMT President; and Alison Rushton, Chair of the Standards Committee.

The WCPT subgroup formerly known as the International Federation of Orthopaedic Manipulative Therapists has changed its name – by the addition of one word. It is now formally called the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT).

The change was made following a member vote in July. The organisation wanted to reflect more accurately that IFOMPT is comprised of physiotherapists/physical therapists.

“The Executive Committee felt a need to better express the common bond that all subgroups of WCPT share - that our roots lie in our original training as physical therapists,” said IFOMPT President Annalie Basson. “No matter what our specific areas of interest are, and what expertise we promote, we assess and work with our patients and clients from the fundamental perspective of being a physical therapist. Our member organisations felt the same way too.”

IFOMPT will be holding a Teachers Meeting and Education Committee Europe (ECE) Meeting in Zaragoza, Spain on 25th and 26th November 2010. Further details will be announced on the IFOMPT website later:

www.ifomt.org

Subgroups in the making need to hear from special interest groups

Six global organisations for physical therapists are working towards recognition as official WCPT subgroups. But to achieve their aim, some need to make contact with special interest groups linked with WCPT Member Organisations around the world.

The organisations seeking recognition as WCPT subgroups cover:

- animal therapy
- cardiothoracic physiotherapy
- occupational health
- neuroscience
- electrophysical agents
- education.

The International Society of Educators in Physiotherapy (ISEP), for example, is a network that aims to encourage global communication between educators to promote excellence in physiotherapy education and practice. But to gain subgroup status, it needs to change its constitution, so that its membership consists of groups affiliated to WCPT member organisations. Any such organisations, or WCPT member organisations, that wish to become involved with the ISEP should contact its President Gillian Webb at g.webb@unimelb.edu.au

The International Cardiothoracic Physiotherapy Confederation is also calling on WCPT member organisations to contact it. After the WCPT Congress in 2007 a number of representatives of national cardiorespiratory groups expressed a desire to form an international confederation and a steering group was formed including representatives from bodies in Australia, Brazil, Canada, Colombia, Denmark, Hong Kong, Ireland, Japan, New Zealand, South Africa, Sweden, Taiwan, United Kingdom and the United States of America.

Now it would like to ensure as comprehensive representation as possible, and is inviting WCPT member organisations to forward details of the national cardiorespiratory group which may be operating within their organisation. This information can be sent to the steering group Chair, Shane Patman at spatman1@nd.edu.au

Details of these and the other organisations seeking to be recognised as a WCPT subgroup can be found at www.wcpt.org/ptgroups