



Evidence Based Practice - An International Perspective

Report of an Expert Meeting of WCPT Member Organisations

13-15 October 2001

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Evidence Based Practice: An International Perspective Report of an Expert Meeting Organised by WCPT in October 2001

Executive Summary

- The forum of an Expert Meeting on Evidence Based Practice (EBP) provided the ideal opportunity for learning and information sharing in a way which valued diversity and appreciated the different stages of development in different countries in a positive way.
- The three core themes of synthesising, accessing and implementing the evidence gave a good structure to the meeting programme.
- The commitment and enthusiasm of all those who took part were vital to the success of the meeting and needs to be maintained.
- The development of EBP in physical therapy is a goal to which all delegates and their Member Organisations were committed. This should be made explicit in a WCPT Declaration of Principle or Position Statement on EBP.
- A planning group needs to be established to take forward the recommendations for action, to prioritise the work programme and to develop detailed action plans, co-ordinated and managed by WCPT.
- Life long learning was viewed as essential in making EBP a reality and in providing the opportunities for EBP skills acquisition and knowledge transference. This should be formalised within pre and post qualifying education programmes, whilst also recognising the different ways and environments in which learning can take place.
- Significant progress has already been made in developing the initiatives, resources and tools necessary for EBP, such as the PEDro database. International collaboration is seen as vital for the continued development of these, capitalising on the expertise that exists, providing opportunity for others to learn and avoiding inappropriate duplication of effort.
- While advances in information technology (IT) have made it easier to access information worldwide, not all countries have appropriate IT systems and infrastructure in place. Even for those where IT is well advanced access remains a problem for physical therapists, both in terms of physical resources and the skills necessary for EBP.
- Any work undertaken by WCPT needs to explore the potential to produce resources that are easily accessible in a variety of formats and languages. However, the Internet was seen as the leading media for facilitating access to resources in the future and efforts should be made to support those without access to appropriate IT to lobby for this.
- It is important for the physical therapy profession to maintain breadth in its focus on EBP, embracing different perspectives and theories on the generation of evidence and its application, as well as developing methodological debates about the production of 'best evidence'.
- Efforts need to be made to harmonise the language used within physical therapy when referring to EBP related activities to promote common levels of understanding and application. WCPT has a role in facilitating this.

- The establishment of virtual networks could usefully be set up to facilitate international collaboration and debate.
- WCPT Congress 2003, in Barcelona, was seen as another important milestone in furthering the progress made at the Expert Meeting in October 2001, providing a platform to demonstrate the progress made, a further information sharing and learning opportunity and scope for methodological debate.
- Many of the action plans and recommendations set out in this report are not possible for WCPT to deliver alone. Much of the responsibility lies with individual Member Organisations, facilitated and supported by the efforts of WCPT, providing leadership and co-ordination where it is feasible to do so.
- Efforts should be made in developing the action plans to seek opportunities for partnerships and alliances with other organisations and access to external funding sources.

Evidence Based Practice: An International Perspective

Report of an Expert Meeting Organised by WCPT in October 2001

1.0 Introduction

1.1 Background to the Initiative

In 1995, the WCPT 13th General Meeting adopted a motion to further international interest in the area of quality in physical therapy. They also agreed a Declaration of Principle on quality care, declaring that “clients, governments and third-party funding agencies have a right to expect that the care provided by physical therapists will be consistent with prevailing national quality standards.”¹

By the 14th General Meeting in Yokohama Japan in 1999, evidence based practice (EBP) had emerged as the priority within the broad area of quality. An informal meeting was held during the 13th Congress in Japan to discuss WCPT’s quality project and the role WCPT could play in supporting international initiatives in EBP. The WCPT Executive Committee subsequently decided that it would organise an international meeting of Member Organisations on EBP.

WCPT is involved in EBP for a number of reasons:

- It is consistent with WCPT’s mission of improving global health care by enabling information exchange and co-operation among physical therapists across the world and encouraging high standards of research, education and practice.
- The issue is important to the future of the profession internationally – interest is not restricted by national boundaries.
- It addresses a need raised by Member Organisations.
- Involvement will enhance the profile of WCPT and the profession among international bodies.

1.2 Aims and Objectives

The World Confederation for Physical Therapy works to improve global health by:

- **Representing** physical therapy and physical therapists internationally;
- **Collaborating** with international and national organisations;
- **Encouraging** high standards of physical therapy research, education and practice;
- **Supporting** communication and exchange of information among Regions and Member Organisations of WCPT.

The primary objective of WCPT’s expert meeting on EBP was to build on the profession’s commitment to EBP, by providing a forum where WCPT and Member Organisations could:

¹ WCPT (1997) *Declarations of Principle and Position Statements*. London: WCPT.

- Share information about their work related to and resources available for EBP.
- Identify national and international needs and priorities related to EBP.
- Develop an international vision to guide work in EBP and plans for collaborative work.

1.3 Organisation and Planning

The international planning group (appendix 1) consisted of members chosen from among those who attended the discussion in Yokohama and a network of individuals with EBP expertise and/or a mandate to further EBP within their Member Organisations. The planning work was carried out via e-mail and telephone conferencing. Additional individuals were consulted during the planning process.

Prior to the three-day expert meeting a one-day introductory workshop to EBP was run and this was followed up with a one-day intermediate workshop after the meeting. These were open to those attending the meeting and any other physical therapists.

Delegates attending the meeting were not supported by WCPT. The meeting and workshops were designed to be self-supporting. Planning activities were supported by WCPT and the meeting was hosted at the headquarters of the Chartered Society of Physiotherapy in London, UK.

All Member Organisations, Regions and Subgroups of WCPT were invited to send a delegate to the meeting. The following guidelines were provided to help them decide who their delegate should be:

- The person who is providing leadership to the association's work in EBP. This may be the staff member responsible for EBP, the chair of a committee, or perhaps an academic or clinician known for their work in EBP.
- Someone who understands how the organisation works, and how decisions are made. It will be helpful if they understand the extent to which they can commit to collaborative projects (i.e. philosophically, with resources, provide leadership).
- Someone who will be comfortable sharing expertise and work with others at the meeting, and who will bring information back to the association.

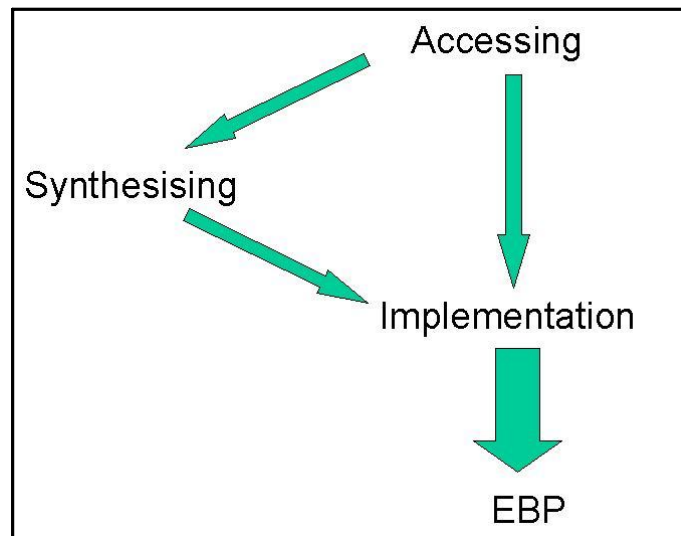
All participating delegates were provided with a comprehensive meeting folder, handouts and supplementary material to ensure they had a valuable resource to take away and use further.

1.4 Programme Outline

To give structure to the programme and potential action plans, and to reflect essential elements of EBP, the meeting was organised around three key themes:

- Synthesising the evidence
- Accessing the evidence
- Implementing the evidence

Figure 1 Integrated themes for EBP



Each theme was structured to allow consideration of three key questions:

- What is happening now?
- Where do we want to be?
- How will we get there?

The format of the meeting provided presentations grouped around the themes, facilitated small and large discussion groups, opportunity for questions, plenary and action planning sessions.

The presentations were designed to review what is happening now and the lessons learnt to date, providing some practical examples of work underway, as well as theoretical challenges. Speakers were drawn from a range of countries to share experience.

Discussion groups allowed the opportunity to consider where the profession would like to get to and what it would like to see on a 'wish list' under the three themes. Thoughts from these sessions were fed back in the larger group and stimulated further debate. On the last day delegates were able to sign up to a planning group under one of the three themes, to reflect their main interest.

Opportunity was provided for all meeting participants to actively contribute in a manner that acknowledged and embraced diversity and cultural differences. On the last day there was an opportunity for any delegate to make a short presentation about a project or initiative they wanted to share with everyone.

1.5 Purpose of this Report

This report has been produced to provide a record of this first international Expert Meeting on EBP. It also aims to provide the stimulus for the development of further debate and the production of detailed work plans. It should act as a resource for delegates who attended the meeting and their Member Organisations, as well as those Organisations not represented at the meeting.

1.6 Structure of the Report

Under each of the three themes the presentations made by the speakers are summarised. The points arising from the first discussion sessions on where the profession would like to be are then presented. The action plans designed to move the profession to where it wants to be are identified. A degree of overlap emerged across the three themes and therefore sections 7.0 and 8.0 aim to bring the action plans together in an integrated way to facilitate the development of WCPT's EBP initiative.

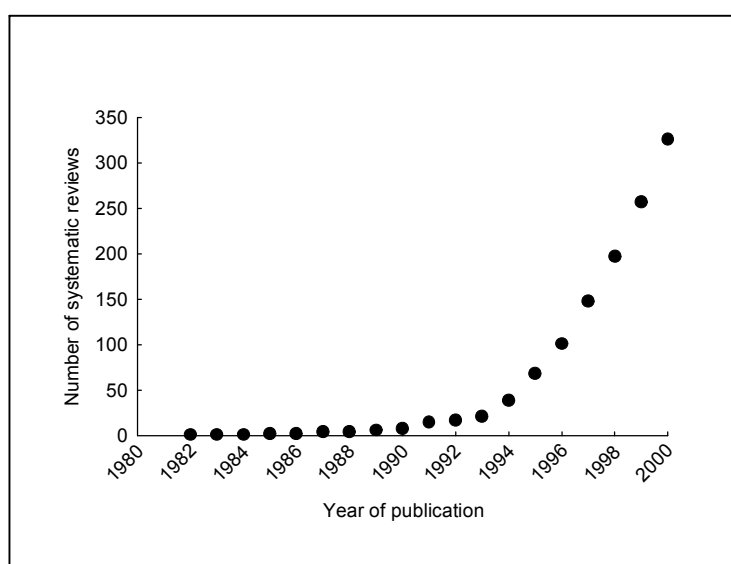
2.0 Theme 1: Synthesising the Evidence

2.1 Sub-Theme 1: Tools

2.1.1 Systematic Reviews

Rob Herbert gave an overview of the development of systematic reviews, with particular reference to their proliferation in physical therapy (figure 2), identified from the Physiotherapy Evidence Database (PEDro).²

Figure 2 Growth of systematic reviews in physical therapy



The musculoskeletal area has seen the largest number of reviews with 134 as at 25/9/1. Rob showed that systematic reviews do not always provided the clear answers we hope for. Of a random sample of 30 systematic reviews held on the PEDro database, 10 concluded that the effect of the intervention was not clear, in 2 the conclusion was not clear and 18 demonstrated that the intervention was effective. Rob then went on to reflect on the quality and quantity of research that impacts on this and the method of meta-analysis. Systematic reviews have outperformed narrative reviews through greater transparency, although there is still inconsistency among systematic reviews. Analysis of the PEDro database has been published.³

² PEDro <http://ptwww.cchs.usyd.edu.au/pedro>

³ Moseley AM, Herbert RD, Sherrington C and Maher CG (2002) Evidence for physiotherapy practice: A survey of the Physiotherapy Evidence Database (PEDro). *Australian Journal of Physiotherapy* **48**: 43-49.

2.1.2 Clinical Guidelines

Judy Mead and Philip van der Wees gave an overview of experience in guideline development in the UK and Netherlands. Clinical guidelines were introduced as 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances.'⁴ Guidelines provide a clear picture of the best available evidence with recommendations for practice about the most effective interventions in particular circumstances. Guideline development mechanisms, format, presentation and endorsement processes (where they exist) vary among countries. A need for international collaboration was highlighted with benefits in avoiding duplication of effort and contradictions in interpreting the evidence.

2.1.3 Outcome Measures

Dianne Parker-Taillon reflected on how outcome measures can provide another source of evidence and gave an overview of the Canadian Outcome Measures Initiative. She highlighted the place of outcome measures in clinical practice, program evaluation and clinical research. Through the outcome measures initiative physical therapists are expected to consistently use standardised outcome measures in their daily practice. The development of physical rehabilitation outcome measures has led to a shift in focus from impairment to activity and performance measures. A national database program provides clinics with the option to submit patient data, including outcomes, which can be compared with national norms. The system utilises seven main outcome measurement instruments. Healthcare payers have expressed an interest in the database.

2.1.4 Evidence-Based Patient Information

Ceri Sedgley, from the UK, gave an overview of the literature in this area. Patients face enormous problems in accessing high quality healthcare information that is reliable and presented in an accessible format that reflects the best available evidence with treatment options clearly set out. Yet, increasing patient knowledge has been reported to be a vital step in achieving compliance and influencing the success of rehabilitation. All healthcare professionals use information designed for patients, however, it is of variable quality and often fails to include users in its preparation. Like any other evidence-based material dissemination alone is not sufficient to bring about change and active implementation strategies are necessary to provide patients with opportunities to consider the consequences of the information in the context of their life circumstances and preferences.

2.2 Sub-Theme 2: Methodological Issues

2.2.1 Meta-Analysis: Problems with Heterogeneity

Valuable lessons have been learnt through the international efforts of the Cochrane Collaboration.⁵ Kari Bø, from Norway, talked about her experiences as a member of the Cochrane Incontinence Review Group. She outlined the differences between systematic and unsystematic reviews and the role of the randomised controlled trial (RCT) in intervention studies. Using the example of electrical stimulation and strength training for female stress urinary incontinence she discussed the problems of heterogeneity and what constitutes a high quality RCT. Significant problems exist with the extent of variation in outcome measures and interventions used in individual studies. Her final messages were to get high quality studies of sufficient power done in the first place and to use qualitative summaries in reviewing different studies.

⁴ Institute of Medicine (Field MJ, Lohr KN eds). *Guidelines for Clinical Practice. From Development to Use*. Washington, DC: National Academy Press, 1992.

⁵ Cochrane Collaboration www.cochrane.org also provides link to Cochrane Library

2.2.2 Limitations of RCTs

Not all questions in physical therapy are about the effectiveness of different interventions. Kåre Birger Hagen from Norway categorised questions as relating to prevalence, aetiology, prognosis, diagnosis and experience, stressing that the research design must be suited to the question. The role of prognostic studies in guiding clinical decision making, improving understanding of disease processes, improving design and analysis of clinical trials and non-randomised studies, defining risk groups based on prognosis and predicting disease outcome were discussed. Kåre set out the criteria for assessing the internal validity of studies. Methodological weaknesses of individual prognostic studies impact on the ability to carry out meta-analyses, just as in intervention studies.

2.2.3 Including non-RCTs in Systematic Reviews of Healthcare Interventions

There are a number of research designs that relate to healthcare interventions. Gro Jamtvedt from Norway argued the case for non-RCTs. Generally non-randomised studies are likely to provide less reliable information on effectiveness due to a higher risk of bias and confounding. There is, however, no consensus on the relative merits and abilities of the different study designs to produce reliable evidence. Uncertainty exists about how best to critically appraise the quality of non-randomised studies. Within the Cochrane Collaboration there is a methodology group looking at this issue and another network established on qualitative methods. The establishment of the Campbell Collaboration to facilitate and prepare systematic reviews of research on the effects of social and educational policies and practice is another welcome addition.⁶

2.3 Future Direction

All delegates felt that the issues raised in the presentations were of interest to everyone. They did not want to lose the continuity and breadth of debate by breaking into small groups. A large group discussion therefore took place to explore the issues arising.

- Clinical guidelines
 - Who should be involved in clinical guideline development – researchers and clinicians?
- Research
 - What was the role of qualitative research, non-RCTs and n=1 studies in EBP and how could they be integrated?
 - What role should clinicians play in research? There is a need to distinguish between the research ‘doer’ and the research user. The latter being the principal focus of the meeting. However, the nature of the research undertaken is an essential element to EBP. There is a spectrum of activity in research awareness and generation.
- Status / development
 - No one view on where we are now, representing the diversity across nations, with very different stages of development.
 - A need to acknowledge that while there is a lot of work to be done, there is already much being done.
- Member Organisations
 - It would be good to see ‘products’ as products for the whole profession of physical therapy, rather than for individual countries.
 - Need to acknowledge that there may be some needs that are specific to some countries.

⁶ Campbell Collaboration <http://campbell.gse.upenn.edu/>

- Co-ordination
 - An international EBPT network.
 - Need to amass information and 'tools' together to assist clinicians and then market them appropriately.
 - Translation of important material would be a very valuable undertaking. Need to consider cultural relevance of translated material and work undertaken in other countries.
- Education
 - Vital to the success of any initiative.

2.4 Action Plans

2.4.1 Language

That efforts are made to translate key non-English articles into English for inclusion in PEDro and the Cochrane Library. Focusing on clinical guidelines, abstracts of systematic reviews and high quality RCTs.

2.4.2 Databases

That WCPT encourages PEDro and the Cochrane Rehabilitation and Related Therapies Field to work together to integrate evidence based clinical guidelines into current databases.

2.4.3 Electronic Journal Access

That WCPT lobby large publishing companies to provide free full text electronic access to key journals for developing countries.

2.4.4 Guideline Endorsement

That an international mechanism is established, through WCPT, to endorse clinical guidelines using the AGREE instrument.

2.4.5 Research Methodologies

That there is opportunity within the WCPT Congress in 2003 to discuss and debate research methodological issues.

3.0 Theme 2: Accessing the Evidence

3.1 Sub-Theme 1: Where to Find the Evidence

3.1.1 Cochrane Collaboration

Tracy Bury gave an overview of the structure and organisation of the Cochrane Collaboration, the Cochrane Rehabilitation and Related Therapies Field⁷ and its database, and an outline of the Cochrane Library. She highlighted the factors that appear to have contributed to the success of this international collaboration that relies principally on the good will of contributors, in furthering the development and production of systematic reviews. Factors for success were: good communication, quality assurance processes, open and transparent decision-making and feedback, enthusiasm harnessed, activity co-ordinated, end products relevant to end users, outputs were promoted and accessible and there was a commitment to maintenance and updating.

⁷ Cochrane Rehabilitation and Related Therapies Field www.fdg.unimaas.nl/epid/

3.1.2 PEDro and Critically Appraised Papers

Rob Herbert gave a detailed overview of the PEDro database. This database aims to archive the bibliographic details and abstracts of all RCTs and systematic reviews in physical therapy, to be easily searched, to rate trials on quality and to be freely available to all via the web. A variety of means are used to identify and track trials and reviews. A rating scale is used to assess trials, but not reviews. During a day there are over 150 visitors and in the space of a month the site is used by visitors from over 40 countries. Plans are in hand to complete the retrospective archiving and identify publications prospectively, as well as include clinical practice guidelines. Rob also discussed Critically Appraised Papers (CAPs), published in the *Australian Journal of Physiotherapy*, which were introduced as a mechanism of communicating the findings of high quality clinically important research to clinicians.

3.1.3 “Hooked on Evidence”

Barriers to EBP have been well documented. Chris Powers, from the USA, introduced a project in development aimed at overcoming two of the key barriers to EBP, namely access and interpretation. “Hooked on evidence” will be a database available only to members of the American Physical Therapy Association, as a benefit of membership.⁸ It will provide access to critiques of individual articles provided by experts in the field, not just RCTs, providing a brief synopsis of the evidence in a particular area. It is being developed using ‘grass-roots effort’ at a national level. Some groups are carrying out the searching and others have been used to form expert review panels.

3.1.4 Other Sources of Reviews and Research in Progress

If all we had to do was access one database to get to the evidence, EBP would be a lot easier, but that is not the case as Tracy Bury, from the UK, highlighted. Trying to identify other high quality systematic reviews is a first step for busy clinicians. These can be found on specialist review databases, such as the Database of Abstracts of Reviews of Effectiveness (DARE)⁹, and mainstream bibliographic databases, such as PUBMED¹⁰ and CINAHL. Identifying clinical guidelines is also important and requires the use of other databases, such as eGuidelines and country specific databases. A UK initiative called the National electronic Library for Health (NeLH), aims to provide a gateway to all this information through one website point.¹¹ Tracy then introduced the need to focus on research in progress, something she termed ‘evidence on the horizon’, and the variety of databases that exist.

3.2 Sub-Theme 2: Assessing the Quality of the Evidence

3.2.1 Critical Appraisal of Systematic Reviews and Clinical Guidelines

Gro Jamtvedt discussed the need to critically appraise systematic reviews for validity, reliability and applicability, drawing on the work of the UK’s Critical Appraisal Skills Programme.¹² She gave an overview of the questions that should be used in a checklist. She also discussed the different ways in which data could be pooled and the ‘bottom line’ presented. Clinical guidelines should also be critically appraised, said Judy Mead in her presentation. She gave an introduction to the “AGREE” appraisal instrument, which has been developed in Europe, through international collaboration.¹³ The tool has been designed for use by guideline producers, health care providers and policy makers. The Chartered

⁸ “Hooked on evidence” www.ccapta.org and www.apta.org/hookedonevidence/index.cfm

⁹ DARE www.york.ac.uk/inst/crd/welcome.htm

¹⁰ PUBMED www.ncbi.nlm.nih.gov/entrez/query.fcgi

¹¹ NeLH www.nelh.nhs.uk and www.nelh.nhs.uk/physio/default.asp for physiotherapy portal

¹² Critical Appraisal Skills Programme (CASP) www.casp.org.uk/

¹³ AGREE instrument www.sghms.ac.uk/depts/phs/hceu/draft2.pdf

Society of Physiotherapy, in the UK, currently uses it to assess guidelines submitted to its endorsement process. Appraisal tools should also be used to provide a framework for guideline development and research methodology.

3.3 Future Direction

Following the small group discussion and plenary delegates agreed that there were a number of common wishes:

- Clinical Guidelines
 - International collaboration in development and endorsement.
 - Freely accessible.
- Scope
 - A clear definition of what constitutes 'evidence'.
 - The role of basic science in guiding clinical practice is not lost.
- WCPT
 - Maintains a focus on EBP through a working group.
 - Facilitate central source of EBP information.
 - Statement on EBP in its Declarations of Principle.
 - Further opportunities to share international physical therapy experience.
- Infrastructure / Environment
 - Access to appropriate Information Technology (IT) and resources for all.
 - Efforts made to eliminate inequalities in EBP, specifically with reference to access, IT, implementation and language.
 - Information to support EBP should be made available in a number of languages and in a variety of formats.
 - EBP impacts on private practitioners and their relationship with payers.
 - A clinically orientated database related to patients that could have the potential to fuel the research agenda by collecting routine patient data.
- Education
 - The importance of necessary skills for EBP is recognised by all physical therapists.
 - EBP seen as part of life long learning.
- Member Organisations
 - There is a dilemma in how materials and products are produced, as they are labour intensive and require resources, which usually have to be recouped by the organisation.
 - Avoid duplication in effort.
 - Explore the potential for Member Organisations (MOs) to obtain a category of membership of other MOs, in order to access their resources.

In addition, the large group discussion provided the opportunity for one of the delegates, Elias Maigeh from Tanzania, to reflect on what he saw as diversity among WCPT Member Organisations (MOs) in relation to EBP. This was a welcome and valuable contribution (Box 1).

Box 1: A perspective on EBP

The meeting provided a wonderful opportunity to share experiences internationally and thanks were extended to WCPT for organising it. The presentations and discussions demonstrated that there were different needs among members.

1st World Countries	3rd World Countries
<p><i>UK / Norway / USA / Netherlands / Canada / Australia and others</i></p> <p><i>The professional within these countries:</i></p> <ul style="list-style-type: none"> ▪ <i>Is well recognised and developed in terms of training</i> ▪ <i>Is in high demand</i> ▪ <i>Has access to a lot of resources</i> <p><i>Striving for quality in their services substantiated with scientific evidence.</i></p>	<p><i>Tanzania / Kenya / Uganda / Ethiopia / Namibia and others</i></p> <p><i>The profession:</i></p> <ul style="list-style-type: none"> ▪ <i>Is not well recognised and hence striving for recognition</i> ▪ <i>Is striving for educational training to university standards</i> ▪ <i>Does not have many resources</i> ▪ <i>Is not necessarily part of primary health care packages</i> ▪ <i>Is not in high demand</i> <p><i>For these countries the standard of care is not the crucial issue.</i></p>

Some countries were seen to be aspiring and moving towards the status and development attained in the 1st World Countries. It was considered important that individual countries were able to set their own objectives and priorities to reflect the needs within their country. That EBP was the way forward, integrating experience, clinical findings, investigations and research to change and improve practice. All of which should be documented properly.

3.4 Action Plans

3.4.1 Accessible Resource Material

That an international resource is developed, accessible in a variety of languages, both via the web and in hard copy, detailing material and resources for EBP. This should cover material for educational activities, databases, guidelines, and support material for effective searching. Mechanisms would need to be established for maintenance and updating. Also, that a database could be developed to log resources and projects of international interest.

4.0 Theme 3: Implementing the Evidence

4.1 National Development to Local Implementation

Drawing on experiences in guideline development, audit and standard setting in the UK and the Netherlands, Judy Mead and Philip van der Wees discussed the advantages and disadvantages of national and local development and the impact on implementation. Generally work developed nationally is of a higher quality and has greater professional credibility. Nationally developed audit tools and advice on Continuing Professional Development and implementation strategies can facilitate local implementation. National bodies have to make a significant effort to facilitate local implementation. The Netherlands experience of implementing their low back pain clinical guideline was used to illustrate a framework for implementation. This utilised strategies to inform, enthuse, enhance expertise,

change routine, maintain change and evaluate. Effective communication and publicity tailored to different audiences was seen as essential.

4.2 Teaching EBP Skills

Teaching skills for EBP generally utilises a number of learning styles that are problem-based, interactive and self-directed, as outlined by Gro Jamtvedt. The aims of teaching EBP activities are to initiate reflection on practice, raise awareness of research, change attitudes, improve knowledge, change behaviour and improve health care outcomes. Trying to be clear about the types of questions that are asked in practice is an important step in seeking answers. It is also important to understand that different research designs suit different questions and that in seeking the best evidence an RCT may not be the best design. This has implications for where and how to search for the evidence. Gro also gave an overview of the evidence for successful implementation and change.

4.3 Integrating Evidence into Clinical Practice

Sue Lord reflected on the lessons learnt during the last 5 years in New Zealand. Between 1997 and 2001 there had been a three-fold increase in research activities in New Zealand, from a very limited base, and an emerging interest in EBP. The production of national multi-professional guidelines for acute low back pain, which had involved physical therapists on the expert panel, had met with resistance among the membership. It was seen to have taken a top-down approach, with inadequate consultation, that had failed to secure 'buy-in' from the profession at the outset. This was against a background of mistrust against the EBP movement. The Director-General of Health, as a result of research showing that an innovative percussive technique for neonates may have harmful effects, launched the Neonatal Chest Physiotherapy Inquiry. A more positive experience had been gained from the development of physical therapy treatment profiles nationally for defined diagnoses.

4.4 Role of Professional Standards in Promoting EBP

Dianne Parker-Taillon outlined the way in which professional standards are used across a range of EBP initiatives operated by the Canadian Physiotherapy Association. This starts with the entry-level curriculum and standards for academic accreditation. They are also integrated into the physical therapy services accreditation program. A number of standards promote EBP within this program. For example, physical therapists are required to use evidence-based information in guiding treatment plans and to routinely collect outcome data. Continuing Professional Development outcomes are also seen as essential. Lessons learnt show that partnerships are key to success and that change takes time.

4.5 Future Direction

Following small group discussion delegates agreed that there were a number of common wishes:

- Education
 - EBP integrated into all educational activities, commencing with entry-level courses and running through continuing professional development courses.
 - Educational tools for EBP readily available.
 - EBP courses running alongside conferences.
 - Basic educational training programme available that could be used by different countries without much experience in EBP.

- Collaboration
 - Greater collaboration between clinicians, researchers and educators.
 - Collaboration with other professions essential.
 - Interpreting the evidence is well suited to international collaboration.
- Clinicians
 - EBP included in criteria for clinical specialists.
 - EBP seen as essential to the development of the profession.
 - Clinicians empowered to implement EBP and feel ownership of change.
 - The interaction between the physical therapist and patient must be valued.
- Change management
 - EBP effectively marketed to all.
 - Information on effective implementation strategies more readily available and research in physical therapy focused on this.
 - Implementation to lead to right treatment for right patient at the right time and in the right place.
- Resources
 - Professional organisations with the tools to support members adapting to EBP.
 - International process for guideline endorsement.
 - Information available in a number of languages.
 - The possibility of agreeing 'gold standards' for outcome measures.
- Research
 - More multi-centred RCTs of clinical relevance.
 - Greater co-operation among researchers.
 - Researchers working in clinical settings alongside clinicians.
 - Research should encompass the theoretical basis of physical therapy.
- WCPT
 - Support giving physical therapists a mandate to undertake EBP.
 - Platform to share EBP information.
 - EBP presence in WCPT Congress Barcelona 2003.
 - Funding to support scientific conferences within WCPT regions.
 - The term evidence based physical therapy more widely used.

4.6 Action Plans

4.6.1 WCPT Develop EBP Declaration of Principle / Position Statement

That WCPT develop an EBP statement including the following principles:

1. Overall goal of Evidence Based Physical Therapy (EBPT) is to improve health for all (philosophy of WHO).
2. EBPT should be implemented locally with international collaboration, support and input. Avoid duplication.
3. Recognition of the diversity of needs but also importance of shared goals and clearly defined outcomes.
4. Development of EBPT internationally will be an on going process with feedback and exchange of information between local and international levels as it evolves.
5. Recognition of the need for an interdisciplinary approach to EBPT as appropriate.
6. The use of research, clinical judgement, patient goals and preferences and the health care context are integrated.

4.6.2 Life Long Learning

That all professional organisations encourage the incorporation of the principles and philosophy of EBP into pre and post qualifying education programs. That WCPT review its Declaration of Principle on Education to reflect developments in EBP.

4.6.3 Learning Resources

That a web-based tutorial on EBP be developed and made accessible via WCPT suitable for those whose first language is not English. Other material should be produced in hard copy and workshops organised to facilitate the development of EBP leaders in each country. A glossary of key terms would be beneficial (e.g. guidelines, standards).

4.6.4 Networks

That international networks be encouraged to develop and support collaboration in outcome measures, clinical guidelines development and endorsement, research and implementation.

4.6.5 Research

That research is encouraged into effective implementation strategies for change management in physical therapy, which are able to demonstrate changes in practice and health outcomes.

4.6.6 Communication and Sharing

That a platform be created to facilitate the ongoing sharing of information and methodological development, avoiding unnecessary duplication. The development of the WCPT website was seen as an important tool for this.

4.6.7 Outcome Measures

That WCPT develop a task force on outcome measures, which could look at developing criteria to evaluate the quality of measures, make recommendations on 'best' measures, validate a methodological framework to undertake cross-cultural adaptation of measures.

4.6.8 Clinical Guidelines

That a framework for the international development of clinical guidelines be established and a database of guidelines be produced. That a process to assess and validate clinical guidelines internationally is set up.

5.0 Open Floor Presentations

There was one presentation on the last day by Jean Kelly of the International Private Practitioners Association. She gave a brief overview of the accreditation system used by the Organisation of Chartered Physiotherapists in Private Practice (OCPPP) in the UK. The overall objective of the programme is to improve the quality of care in private physiotherapy practice by actively promoting high professional standards, the safe use of resources and a comprehensive approach towards patient management. The programme offers OCPPT practitioners the opportunity to measure their own practices against an agreed set of standards in the areas of:

- *Practice management to meet patient needs:* accredited practices are organised and administered to meet the patient's needs, in accordance with recognised standards of practice.
- *Safety of facilities and equipment:* accredited practices are maintained to a high standard to ensure the comfort of patients and staff. Regular servicing and safety checks of equipment are carried out.
- *Continuing education programmes:* chartered physiotherapists working in accredited practices are committed to participating in continuing education programmes to enhance their knowledge and clinical skills for the benefit of the patient.
- *Staff development:* accredited practices are managed to ensure that patients will benefit from an integrated approach from all the staff towards meeting practice goals.

- *Quality assurance*: accredited practices review their services annually to ensure continuous improvement in the standards of patient care in order to provide quality physiotherapy services.

6.0 Profile of Delegates

Of the 83 Member Organisations of WCPT, 26 were represented at the meeting. Others expressed an interest and desire to be kept informed of developments. All Regions were represented. All four sub-groups sent delegates. In total there were 44 people. The meeting was attended throughout by Brenda Myers, Secretary General of WCPT and Sandra Mercer-Moore, President of WCPT. Further details of meeting participants are provided in appendix 2.

7.0 Next Steps

7.1 Core Elements to Plans

Throughout the action plans identified by the participants there appeared to be six core elements that recurred: access, education, networks, language, tools and the role of WCPT. It was felt important that these should be considered and incorporated into the detailed planning and objectives that needed to follow. All of these were viewed as essential in maximising the opportunities that could and should arise from the Expert Meeting. The principle areas of activity identified in the three theme areas of synthesising, accessing and implementing have been mapped to these core elements in table 1. This illustrates how an area of activity could integrate a number of these core elements.

Table 1 Activities and core elements

Core elements						
Activity	Access	Education	Networks	Language	Tools	WCPT
WCPT Position Statement	For use by MOs to lobby for access to appropriate resources	Integration of EBP into pre and post qualifying education				For presentation to General Meeting in 2003 Review of Education Declaration of Principles
Translation	Widen access to non-English literature			Improve use of non-English publications such as clinical guidelines, systematic reviews and RCTs		
Information generation and access	Simplify access to core resources	Identify learning resources Production of material	Project database to promote sharing / collaboration of EBP projects from MOs	Material produced / accessible in different formats Suitable for those whose first language is not English Explains terms used in EBP	Improve content of core resources e.g. clinical guidelines on PEDro database	Website as key resource providing access to range of material and links Website discussion forum
Electronic journal access	Remove inequalities Provide gateway to access	Improves use of material in educational activities				Website as link to resources Develop partnerships / alliances to lobby with
Clinical Guidelines	Inclusion in a core database e.g. PEDro	Resource material	Forum for collaboration in guideline development	Need for translation	✓	Role in facilitating international endorsement for quality assurance
Research			Forum to promote research into implementation / change management strategies Methodological debate			Methodological debate included in WCPT 2003
Outcome measures			Forum for assessing quality of measures Recommendations on 'best' measures		✓	Facilitation

7.2 Advisory Group

It was proposed that a WCPT advisory group be set up to take forward the recommendations arising from the Expert Meeting.

It was agreed that advisory group members should be selected using the following criteria:

1. Include other suitable networks
2. Regional representation
3. Keep workable in size
4. Diversity of language
5. Clinicians /Researchers
6. Attended the Meeting
7. Representatives from a range of levels of development (countries)
8. Experience with databases

It was agreed that the advisory group's terms of reference should include responsibility to:

1. Refine and develop the action plans
2. Look at the feasibility of the plans
3. Assess priorities for action
4. Seek partnerships / linkages to other sources
5. Provide feedback / communicate with WCPT EBP network through a variety of means

An invitation to join the advisory group on EBP was distributed in May 2002 to all delegates who attended the meeting. It will take forward the objectives arising from the Expert Meeting on EBP, under the auspices and co-ordination of WCPT. This group will be in place by July 2002 with a one-year term of office, in the first instance.

8.0 A Strategic Framework for EBP

8.1 WCPT Objectives

WCPT already has objectives derived from its Articles of Association.¹⁴

1. Encourage high standards of physical therapy education and practice

Desired outcome: WCPT leads Member Organisations in the development of international professional guidelines and supports them in developing and raising national educational and practice standards.

2. Encourage communication and exchange of information

Desired outcome: WCPT is the primary international source of information and trends in physical therapy. It supports a variety of mechanisms to encourage communication and is innovative in its efforts to ensure all stakeholders are involved.

3. Encourage scientific research

Desired outcome: WCPT's research involvement complements the role of national Member Organisations and its congress is the premier opportunity for the international exchange of research knowledge and expertise.

¹⁴ WCPT (1999) *Articles of Association*. Approved at the 14th General Meeting.

4. Encourage the development of associations of physical therapists and support the efforts of appropriate national organisations to improve the situation of physical therapists.

Desired outcome: The network of Member Organisations continues to expand and WCPT's plans for membership development recognise the variation in needs and the changing global political context.

5. Organise international congresses of physical therapists

Desired outcome: Policies and structure are in place to support the organisation of an international congress that supports the growth and development of WCPT, meets revenue and participation targets and is accessible to physical therapists from around the world.

6. Represent physical therapy internationally.

Desired Outcome: WCPT has developed a plan for international representation including target groups and clear messages/objectives for each group and it has data readily available to support its messages.

7. Co-operate with appropriate national or international organisations.

Desired outcome: Collaboration with other organisations where interests and desired outcomes are shared.

8.2 EBP Action Plan

In providing a strategic framework for taking forwards the EBP initiative the areas of activity previously highlighted have been integrated and mapped to the relevant corporate objectives identified above. They have not been presented in any priority order; this will be for the advisory group to pursue.

Action	Timescale	WCPT Objectives
1. WCPT develop a Declaration of Principle or Position Statement on EBP, whichever is most appropriate. <ul style="list-style-type: none"> ▪ Review and revise as necessary the Declaration of Principle and Position Statement on Education. 	For consideration at the General Meeting in June 2003	1, 3, 6
2. WCPT produce a resource directory for EBP <ul style="list-style-type: none"> ▪ WCPT to collate and evaluate existing EBP learning resources and materials for inclusion in a resource directory. ▪ Gaps identified and material produced to support the needs of Member Organisations. ▪ Consideration given to a workshop program that could be run in different countries, facilitating cascade training 	First version of directory to be produced by end of 2002 / early 2003 for ongoing development & revision. Workshop program to be reviewed by advisory group	1,2, 7

Action	Timescale	WCPT Objectives
3. WCPT website has dedicated section on EBP. <ul style="list-style-type: none"> ▪ Links to other sites / resources (not limited to English Language). ▪ Materials hosted for use by MOs. ▪ E-mail discussion forum on EBP. 	Website already exists with ongoing development. In 2002 focus on Congress and follow-up to EBP meeting.	2, 3, 7
4. Develop database of EBP projects being undertaken by MOs to promote collaboration and information sharing.	During 2002.	2, 4, 7
5. WCPT 14 th International Congress program to include a number of EBP initiatives <ul style="list-style-type: none"> ▪ Pre and post congress workshops ▪ Follow-up to Expert Meeting ▪ Forum to debate methodological issues 	Planning for 2003 Congress on target. Call for papers distributed via website and post. Panel discussion program, workshops and meetings to be organised by August 2002.	3, 5, 7
6. Develop partnerships and alliances with individual MOs or other organisations where their expertise and leadership will add value to WCPT's strategy for EBP and to the work of the organisation. <ul style="list-style-type: none"> ▪ Free access to full text on-line journals for physical therapists and other health care professionals in developing countries. 	Opportunities to be explored on an ongoing basis	2, 4, 6, 7
7. Further the development, endorsement and accessibility of clinical guidelines <ul style="list-style-type: none"> ▪ Inclusion of existing guidelines on core databases - PEDro and the Cochrane Rehabilitation and Related Therapies Field to collaborate. ▪ Set up a clinical guidelines network / group 	Commence in 2002 with ongoing review and updating	1, 2, 7
8. Translation of non-English language publications through partnership with Member Organisations of WCPT.	Efforts made in 2002 to establish a network of translators to be developed on an ongoing basis.	2, 4, 7

Action	Timescale	WCPT Objectives
<p>9. Outcome measures</p> <ul style="list-style-type: none"> ▪ Set up an outcome measures network / group ▪ Development of criteria to evaluate the quality of measures ▪ Make recommendations on 'best' measures ▪ Recommend a mechanism for the cross-cultural adaptation of measures. 	<p>Commence in 2002 with ongoing review and updating</p>	<p>1, 2, 7</p>

8.3 Project Management

It was recognised at the expert meeting that some work could progress quite quickly given the work already being undertaken by WCPT and some MOs. However, it was acknowledged that additional resources and the establishment of working partnerships and alliances would be required to progress many areas of activity. In addition, consideration will need to be given to how projects fit with other WCPT initiatives and work programmes. This will influence priorities for action.

Progress has already been made since the meeting, with a part-time project manager being appointed from April 2002 for 16 months. Plans are being developed for an EBP area of the WCPT website and an EBP programme of events for Congress 2003.

WCPT works in partnership with its MOs and will look to develop partnerships both within and external to the profession in taking forwards this area of work. It will be important that MOs who are already leading work in certain areas continue to do so, but it is hoped they will do so through greater international collaboration.

9.0 Conclusion

The first WCPT Expert Meeting on EBP was heralded a success by all delegates, planning group, WCPT Secretary General and President. Enthusiasm and a commitment to international collaboration and support were evident throughout the meeting. This now needs harnessing to maximise the potential that can be gained following the meeting. In developing this work further, careful consideration will need to be given to how the work is managed and configured to ensure the needs of all MOs considered and represented, embracing the diversity that exists within WCPT MOs.

An EBP advisory group to take forward the recommendations, in conjunction with the project officer will be established in the first instance to provide direction and focus to the work and to assist in prioritising what is potentially an ambitious programme of work. This will ensure that the leadership and momentum required to carry forward this work are not lost. WCPT's roles will primarily be those of facilitation, providing access to information and co-ordination. WCPT will look to MOs who are already leading work in some of the areas of activity identified to continue through working in partnership with others. The development of

partnerships / alliances within the profession and externally will be vital in delivering on the advancement of EBP in physical therapy.

Acknowledgements

The enthusiasm and commitment of all those involved in this Expert Meeting is gratefully acknowledged. The meeting's success was dependent upon this. We are very grateful to the Member Organisations who supported delegates in attending and for their commitment to further developing evidence based physical therapy globally. Special thanks are due to the planning group, WCPT Secretariat and the Chartered Society of Physiotherapy (CSP) and the staff from these organisations who worked behind the scenes to ensure the smooth running of the meeting. The CSP is thanked for hosting a welcome reception and *Physiobase.com* for providing sponsorship of the event. Members of the planning group are thanked for commenting on a draft version of this report. The report has been written by Tracy Bury, WCPT Project Manager.

APPENDICES

Appendix 1

WCPT EBP Expert Meeting Planning Group

Dianne Parker-Taillon (Convenor)	Canadian Physiotherapy Association
Tracy Bury	Chartered Society of Physiotherapy, UK
Gro Jamtvedt	Norwegian Physiotherapist Association
Rob Herbert	Australian Physiotherapy Association
Judy Mead	Chartered Society of Physiotherapy, UK
WCPT Secretariat	
Brenda Myers	Secretary General

Appendix 2

Participating Member Organisations / Subgroups and Delegates

Country

Delegates

Region: Africa

Association of Physiotherapists in Tanzania	Elias Peterson Maigeh
The South African Society of Physiotherapy	Ina Diener Aimee Stewart
Zimbabwe Physiotherapy Association	Dorcas Madzivire (Vice-President WCPT)

Region: Asia Western Pacific

Australian Physiotherapy Association	Rob Herbert (speaker)
Iranian Physiotherapy Association	Siamak Bashardoust Tajali
Japanese Physical Therapy Association	Yasushi Uchiyama
The New Zealand Society of Physiotherapy	Sue Lord (speaker)

Region: Europe

Asociacion Espanola de Fisioterapeutas	Pedro Borrego
Associação Portuguesa de Fisioterapeutas	Antonio Lopes
Association des Kinesitherapeutes de Belgique	Daniel Despiegelaere
Association of Hungarian Physiotherapists	Edina Sziraki
Associazione Italiana Terapisti Della Riabilitazione	Bozzolan Michela Pier Giorgio Benaglia
Austrian Physiotherapy Association	Silvia Mériaux-Kratochvila
Chartered Society of Physiotherapy, UK	Tracy Bury (speaker) Judy Mead (speaker)
Deutscher Verband Fuer Physiotherapie (Germany)	Eckhardt Boehle
Finnish Association of Physiotherapy	Camilla Wikstrom-Grotell
Irish Society of Chartered Physiotherapists	Emma Stokes Marese Cooney

Country	Delegates
Region: Europe (contd)	
Koninklijk Nederlands Genootschap Voor	Philip van der Wees Rian Veldhuizen
Norwegian Physiotherapist Association	Kåre Birger Hagen (speaker) Gro Jamtvedt (speaker)
Order of Physiotherapists in Lebanon	Georges Louis Boueiri Krikor Hagop Kassabian
Swedish Association of Registered Physiotherapists	Raija Tyni-Lenne
The Association of Danish Physiotherapists	Annette Wandel Nina Schriver
Region: North America Caribbean	
American Physical Therapy Association	Chris Powers (speaker)
Canadian Physiotherapy Association	Dianne Parker-Taillon (speaker)
WCPT North America Caribbean Region	Mary McCabe
Region: South America	
Asociacion de Fisioterapeutas del Uruguay	Noemi Fremd Wulf
Colegio de Kinesiologos de Chile	Sergio Enriquez Lopez (registered but unable to attend)
Subgroups	
International Acupuncture Association of Physical Therapists (IAAPT)	Sara Mokone
International Federation of Orthopaedic Manipulative Therapists (IFOMT)	Jane Greening Ann Moore
International Organisation of Physical Therapists in Women's Health (IOPTWH)	Kari Bø (speaker)
International Private Practitioners Association (IPPA)	Jean Kelly

Appendix 3

Feedback from Delegates

All delegates had the opportunity to complete an evaluation form. Feedback was overwhelmingly positive.

Positives

- Well planned
- Excellent speakers and facilitation – knowledge, delivery and support and encouragement for all participants to contribute
- Plenary and feedback handled well with flexibility
- Stimulating and challenging – at right level
- International contribution vital and valued – acknowledging diversity and different stages of development
- Provided a validity check for developments underway already in some countries
- Different stage of development in different countries emerged through the meeting
- Common approaches and problems reassuring – should facilitate shared problem-solving
- Practical advice to take away
- Introductory and intermediate workshops very much valued

Suggestions

- More debate about different perspectives from researchers, clinicians, managers, etc
- Follow-up meeting
- Need to find ways to engage more Member Organisations
- Develop a common agreement on terminology

Appendix 4

EBP Expert Meeting Programme

Programme Day 1: Saturday 13th October 2001

TIME	TOPIC	SPEAKERS, MODERATORS & FORMAT
0900-0930	WCPT Welcome/purpose of meeting Introduction of Planning Group	Sandra Mercer-Moore, President Brenda Myers, Secretary General
0930-1000	What is Evidence-based Practice in Physical Therapy? Introduction to the three themes.	Large Group Discussion Facilitator: Dianne Parker Taillon
	THEME 1: SYNTHESISING THE EVIDENCE: What is happening now? SUB THEME 1.1 Tools	Plenary Moderator: Gro Jamtvedt
1000-1020	Systematic reviews	Rob Herbert
1020-1050	Clinical guidelines	Phillip van der Wees & Judy Mead
1050-1120	BREAK	
1120-1140	Other Sources of evidence – Outcome Measures	Dianne Parker-Taillon
1140-1200	Evidence-based patient information	Ceri Sedgley
1200-1300	LUNCH	
	THEME 1: SYNTHESISING THE EVIDENCE: What is happening now? SUB THEME 1.2: Methodological issues	Plenary Moderator: Rob Herbert
1300-1320	Meta analysis: problems with heterogeneity	Kari Bo
1320-1340	Limitations of Randomised Controlled Trials (RCT's)/Pragmatic RCT's When are RCT's not feasible and why do we need other types of studies (i.e. observational, qualitative)	Kare Birger Hagen
1340-1400	Systematic reviews using non-RCT's	Gro Jamtvedt
1400-1430	BREAK	
1430-1520	Why are we discussing methodology here?	Panel discussion Moderator: Dianne Parker Taillon Panel Members: Rob Herbert, Judy Mead, Gro Jamtvedt, Kari Bo.
1520-1620	Discussion Theme 1: Where do we want to be? Participants will discuss and report back on what needs to be done to improve the quality and quantity of the evidence.	Small group discussion 5 groups of 8 each facilitated by members of the Planning Group.
1620-1700	Small Group reports	

Programme Day 2: Sunday 14th October 2001

TIME	TOPIC	SPEAKERS, MODERATORS, FORMAT
	THEME 2: ACCESSING THE EVIDENCE: What is happening now? SUB THEME 2.1: Where to find the Evidence	Plenary Moderator: Judy Mead
0900-0920	Cochrane Collaboration	Tracy Bury
0920-0940	Pedro Critically appraised papers	Rob Herbert
0940-1000	"Hooked on Evidence"	Chris Powers
1000-1020	Research in progress Other sources of Reviews	Tracy Bury
1020-1040	BREAK	
	THEME 2: ACCESSING THE EVIDENCE: What is happening now? SUB THEME 2.2: Assessing the Quality of the Evidence	Plenary Moderator: Dianne Parker Taillon
1040-1110	Critical Appraisal of Clinical Guidelines & Systematic Reviews	Judy Mead, Gro Jamtvedt
1110-1200	Discussion Theme 2: Where do we want to be? Participants will discuss and report back on what is needed in terms of information systems to support EBP?	Small group discussion 5 groups of 8, facilitated by Planning Group members.
1200-1245	Small Group Reports	
1245-1330	LUNCH	
	THEME 3: IMPLEMENTING THE EVIDENCE: What is happening now?	Plenary Moderator: Tracy Bury
1330-1350	National development to local implementation	Judy Mead & Philip van der Wees
1350-1410	Teaching EBP skills	Gro Jamveltd
1410-1430	Integrating Evidence into Clinical Practice	Sue Lord
1430-1500	Role of professional standards in promoting EBP	Dianne Parker-Taillon
1500-1520	Break	
1520-1620	Discussion Theme 3: Where do we want to be? Participants will discuss and report back on how evidence-based practice in physical therapists can be encouraged.	Small group discussion 5 groups of 8 each facilitated by Planning Group members.
1620-1700	Small Group Reports	

Programme Day 3: Monday 15th October 2001

TIME	TOPIC	SPEAKERS, MODERATORS & FORMAT
0900-1200	<p>PLANNING</p> <p>How can WCPT and Member Organisations move the EBP agenda forward from here?</p> <p>Participants will sign up to work in groups related to one of the three themes based on their interest and expertise.</p> <p>The themes:</p> <ul style="list-style-type: none"> • Synthesising the Evidence • Accessing the Evidence • Implementing the Evidence <p>The job:</p> <ul style="list-style-type: none"> • Groups will review and refine the results of the “where do we want to be” small group discussions • Groups will develop action plans using worksheets provided • Action plans will target areas for action and opportunities for collaboration 	<p>Small groups</p> <p>6 groups of approximately 7 people. Two groups will discuss each theme.</p>
1200-1300	LUNCH	
1300-1645	<p>PLANNING</p> <p>How can WCPT and its Member Organisations move the EBP agenda forward from here?</p> <ul style="list-style-type: none"> • Groups will report back • Summary of agreed actions and next steps 	<p>Plenary</p> <p>Facilitator: Dianne Parker Taillon</p>
1645-1700	CLOSING	

Appendix 5

Acronyms Used in the Report

AGREE	Appraisal of Guidelines for Research and Evaluation
CAPs	Critically Appraised Papers
CINAHL	Cumulative Index to Nursing and Allied Health Literature
DARE	Database of Abstracts of Reviews of Effectiveness
EBP	Evidence Based Practice
EBPT	Evidence Based Physical Therapy
IT	Information Technology
MO	Member Organisation
NeLH	National electronic Library for Health
OCPPP	Organisation of Chartered Physiotherapists in Private Practice
PEDro	Physiotherapy Evidence Database
RCT	Randomised Controlled Trial
WCPT	World Confederation for Physical Therapy