

Minutes of the third IPTOP general meeting held in Dublin on 6 May 2004

Present

Australia---Annette Brown
Finland---Tuula Ekholm, Jaana Sikkila
Germany---Christriane Roehling
Iceland---Bryndis Erlingsdottir, Bergthora Baldursdottir, Heba Magnusdottir
Ireland---Aine O'Riordan
UK---Jill McClintock, Olwen Finlay (Chair), Amanda Squires (Secretary)
Malta---Mary Lou Greech
Norway---Sue Maun
Turkey---Feliz Can, Nuray Kirdi
USA---Nancy Prickett (Treasurer)

In attendance, Inger Bronstead, WCPT Vice President

1. Apologies

Netherlands, Sri Lanka, Switzerland

2. Welcome

Olwen Finlay opened the meeting by welcoming Inger Brondsted, WCPT Vice President who responded with thanks for the invitation and was looking forward to the conference.

3. Correspondence

WCPT Europe had made links and with IPTOP were pursuing mutual knowledge.

4. Minutes of second meeting held in Barcelona, 2003

These had been circulated with Newsletter No 4. No comments had been received.

5. Matters arising

a. National contacts who might sponsor the newsletter or advertise were welcome. Olwen reported that Cosyfeet had sponsored the Conference for £500. A second £500 donation had been made to IPTOP from CSP.

b. Information leaflets had been developed and were available for members pursuing sponsorship.

c. Staffing level review. Annette had received information from Sri Lanka and Australia. Amanda promised to send an article and booklet. Annette to continue to work on this especially on definitions to enable members to review international articles using terminology differently.

d. Web page progress had begun with WCPT making development of a new web site a priority and offering SIGs an independent facility within it. This would cost £400 to set up and £150 pa. It was felt to be a cost effective approach which IPTOP has funds to support and subject to answers to the following questions IPTOP unanimously agreed to proceed:

- i. clarification of capping/increase formula for ongoing costs
- ii. contingency plans for web company failure
- iii. contract clarification

Amanda to contact Brenda Myers and report answers in the newsletter.

6. Annual Report

This was presented by the chair and copies are available from Olwen. The key points were:

- the logo designed by Iceland was now in use
- the newsletter is being distributed electronically wherever possible
- information leaflets are now available
- Policy Manual has commenced to form a central record for members

7. Proposed strategy

Communication and support (deferred)

CPD and education. In response to international requests for IPTOP to provide training based on the 1993 and 1997 WCPT/UN courses held in Malta, Amanda had produced a response sheet for requesters to consider before proceeding further (attached, Appendix 1). This was accepted and Olwen would send to those who had already made contact.

Finance. Nancy presented the financial report showing a balance at 31 December 2003 of \$1847.62, various expenses for the meeting had yet to be paid. There had been one enquiry for membership information from Spain. Finance policies has been included in the Policy Manual.

It was proposed that a donation be made to WCPT as no subscription is paid by SIGs for the considerable services provided. Inger explained that such donations were used for awards and grants, the criteria for which were currently being revised. It was proposed and unanimously accepted that the revised criteria should be considered at the next meeting when a more stable funding position would enable consideration of a donation.

It was proposed that a small memento with IPTOP logo should be purchased for exceptional service to IPTOP. A globe paperweight was agreed and Amanda would pursue purchase of 10. Criteria for presentation to be agreed by a proposed IPTOP awards committee.

Research---(deferred)

8. Principles

Christiane presented a paper (attached, Appendix 2) and it was agreed that members would send her similar statements from their countries and WCPT for inclusion.

9. Feedback from members on progress since the last meeting in Barcelona 2003.

Germany

The Zentralverband der Krankengymnastik – Physiotherapeuten (ZVK) with 33,000 members is the largest of four PT-associations in Germany. There are 97,000 Physiotherapists and masseurs working in Germany. In 2003 almost 10 Mill. Euro were spent for all therapeutic efforts, which is a very small portion out of the 22,1520 Mill. Euro, spent in the whole health system.

An increasing part of that has to be paid by the patients themselves, whereas they had been used to getting almost 100 % paid by the insurance companies. Every employee and every employer pays a certain amount of money into the obligatory health insurance according to the income. The employee would get the same regulated contributions out of it. The government would pay into the insurance company for people without income.

This is or was a system of solidarity which works as long as there are enough people paying. In times of high unemployment and increasing numbers of old people this system does not work efficiently. So the solidarity-system is about to change to cope with the decreasing numbers employed and the increasing costs.

PTs who in the past could rely on the doctors prescriptions and their well defined place in the system determined by more or less autonomous insurance companies, are now obliged to find a new field of work. They have to learn a lot about quality management and marketing.

One of these new fields is easily found in geriatrics---the upcoming people to work with are older people. In Germany there are 400,000 woman and 120,000 men of 80 years of age or more. The prognosis says that in 2050 the 80 years-old group is just as big as the 40 years old and even bigger than the 10 years old, the working group of the future. In relation to the rest of the population the 80 years-group is increasing enormously.

PTs try to handle these changes making special programmes for older people: fitness, falls prevention, groups for osteoporosis- and incontinence- and dizziness-groups, groups for dementia, home treatments, home adaptations, even travels and courses for older people. Different from those countries with public health systems, this is to be done by individual initiatives: hospitals, therapists, doctors, nursing homes, commercial presenters, sport clubs, insurance companies etc.

Hospitals try to prove with total quality management programmes that their clinical pathways, treatments and procedures are the most efficient ones. This upcoming and relatively tough competition between the different presenters is relatively new in Germany. It costs enormous effort, which were better used for patient treatment and care. For PTs it means big efforts in science, documentation and commercial know how. We, being used to more practical hands-on-work, have to learn a lot about that.

Looking for new working fields within a changing society (especially in the health system) is a big challenge which we have to take. Besides that we have to take care that the rights and the contributions for old people are not cut in times of less money, especially those older people not having a lobby and a loud voice to look after their interests.

Iceland

Two guests from Denmark, Vibeke Pilmark (physiotherapist) and Kirstini Langergard (sportsphysiotherapist) in association with the Interest Group for Sports for the Elderly held a weekend course on training and exercise for the elderly. It is very valuable to exchange ideas and such courses with guest lecturers from other countries are an ideal way of achieving this.

One of our members went to Odense in Denmark for an extended course on geriatric rehabilitation. The course was divided into four sections (three to five days per section) and took place from November 2003 to February 2004 and entailed a written paper and oral presentation in the final section.

The feature article in the 5th IPTOP newsletter came from Iceland. It presented the geriatric services and rehabilitation options for the elderly in Iceland.

There is an increasing demand for nursing home places in Iceland. Several establishments are building on to their facilities. Staffing, especially with physiotherapists, is very varied and it is important that IPTOP established guidelines in this area.

Questions arising: Cutbacks in healthcare funding. Cutbacks in government/local funding of hospitals and healthcare centres are having a detrimental effect on the availability of rehabilitation of the elderly. Political policy seems to be to the effect that rehabilitation services should be addressed in the private sector. We are interested in hearing whether there are cutbacks in other countries and how physiotherapists are responding/addressing the problem.

Public health and preventive measures are an area that is receiving increasingly more attention and the members of IPTOP in Iceland are aware of the necessity of regular exercise, good nutrition and habits to enhance well being in the senior years. We are interested in commencing research in this area, perhaps in corporation with the recently established Icelandic Public Health Association.

Education: The University of Iceland has the option for physiotherapists to take Masters and Doctorate degrees but there is a limited variety of courses. It is invaluable for Iceland to have access to information regarding post graduate courses in other countries and even the possibility of distance learning in collaboration with the UI. We support wholeheartedly that IPTOP collects and forwards information pertaining to this topic and keeps members updated on websites regarding courses in various countries.

Norway

Membership remains stable at c.300 members from all counties in Norway with local representatives in about 75% of the counties. The number of committee members has been reduced from 7 to 6. This fact plus the use of telephone meetings has been instigated to aid a strained economy in a land where settlement is dispersed. We run a policy which encourages committee representatives from all parts of the country.

The geronto-geriatric physiotherapy special interest group (G/G) celebrated its 20 years jubilee with a 2 day seminar on components necessary for successful rehabilitation, followed by a celebratory dinner, entertainment and contributions from founder and more recent members.

An interesting process for postgraduate education is in its starting phase. The possibilities of integrating postgraduate specialisation in physiotherapy for older people into the college/University education system are being explored. The question (pertaining to all special interest groups) is on the agenda for the annual meeting of our parent organisation later this year. In an advisory capacity, all special interest groups have been involved in the initial fact-finding stages of the process.

---the school of physiotherapy in Oslo has already started to build a postgraduate course in physiotherapy for older people which, on completion, will be submitted for approval by the state education board. Our committee and some members are being consulted in this process.

---G/G special interests group has currently 10 members with the title "specialist in rehabilitation with an in depth study in geronto-geriatric physiotherapy", authorised by our parent organisation. There is still work to be done to ensure quality and quantity of content, related to the treatment of older people, in the various physiotherapy colleges at both graduate and postgraduate levels.

Where funds allow, the G/G special interest group awards varying sums of money to members who apply for financial support in order to complete post graduate education shorter courses related to the treatment of older people.

A new incentive to stimulate local branches to organise their own seminars is being planned. Here, local branches may receive help in the form of guidelines for setting up seminars and possibly a small contribution towards e.g. lecturers fees. In this way local initiative can be stimulated and knowledge spread more effectively throughout Norway, where distance and communication difficulties can present problems.

Currently SIGs have no direct advisory function at departmental or governmental level. However, our parent organisation contributes expert advice after consultation with relevant SIGs.

G/G SIG as a body and through the initiative of individual members, liaises with our parent organisation regarding content and structure of society run courses on physiotherapy for older people. In this way the group promotes existing gold standards in physiotherapy practice based on relevant research.

G/G SIG is in the process of revising its plan for long term and short term goals for the next 5 year period.

Switzerland

Internal activities of the Fachgruppe Physiotherapie in der Geriatrie (FPG) this past year have been in the following areas:

- a new **steering committee** was elected.
- a **new sub-group** was founded, dealing with the specific problems in extended care and longterm care facilities
- the **quality guidelines** for geriatric physical therapists were accepted by our members at the general meeting in fall 2003 - The sub-group Quality Assurance attempts to aid the members in implementing these guidelines and those of the Swiss Physiotherapy Association.
- **4 Workshops** were organised - the topics were: Dementia; Dizziness and Balance Disorders; Triggerpoint use in Geriatric Patients; and Geriatric Management in Physiotherapy

Our special interest group continues to increase the acknowledgement of the geriatric physical therapist through participating as much as possible in the different projects of our national organisations (physical therapy and gerontology). We are working with the Swiss Physiotherapy Association on a number of areas:

- research project on use of **ICF** to classify patients
- project to clarify **reimbursement** situation for work with complex geriatric cases.
- representation in the special interest group conference. This is currently developing **educational strategies** necessary to cope with the new political position of the physical therapy initial and continuing education.
- promoting the participation in the **Outcome project** (qualifying results of physical therapy treatment) of the Swiss Physical Therapy Association

We are present as a non-voting member at the steering committee meetings of the interdisciplinary Swiss Gerontology Association. In October 2003 at the bi-yearly Conference we were represented by a presentation on fall prevention in the elderly - an interdisciplinary outpatient program initiated and practiced by one of our members. We are working with the Swiss special interest group "Geriatric Rehabilitation" to develop a certification program for geriatric physical therapists.

10 Establishment of an awards committee

Nominations were requested for a group which would consider Honorary and Special Fellows and criteria for IPTOP Globe memento.

11. AOB None

Appendix 1---item 7---CPD and Education

International continuing professional development for physical therapists working with older people.

Collaboration between WCPT and the United Nations Institute on Ageing has resulted in a two week residential course curriculum with the following aims, objectives and themes:

Aims

1. To improve the healthcare of older persons by developing relevant PT attitudes, knowledge and skills
2. To develop PT skills to influence policy both locally and nationally

Objectives

1. To increase awareness of and sensitivity to the process of aging and its implications
2. To adopt realistic and professional attitudes
3. To highlight the need for
 - a. a comprehensive approach to the care of older persons
 - b. a multidisciplinary approach
 - c. community oriented health services
4. To promote the value of physical therapy services for older persons.

Themes

Demography and epidemiology

Aging--biological, psychological, social,

Health services, health promotion, illness prevention, community and government support

Physiotherapy specific including legal and ethical issues

Leadership, communication, negotiation, education and training skills.

The course is presented as formal lectures and facilitated learning followed by small group work. It is not a clinical practice course. Participants are encouraged to share their own areas of expertise formally and informally. Each course ends with each participant presenting their action plan for a work based project which is followed up by the tutors.

Two courses have been held (1993 for physiotherapists, 1997 for physiotherapists and occupational therapists) both hosted by Malta. All students found it beneficial, especially the opportunity to be with colleagues from the same specialty for an extended period. Students stated "*it was enriching, inspiring and confidence building*".

Further courses for can be arranged by IPTOP. Requesting countries should consider the following:

- The programme is delivered in the country/region requesting it.
- Allow 2 years set up time from IPTOP agreement to proceed. Consider pre/post WCPT conference.
- Presentations will be by an international core tutor group with local academic and physiotherapy specialist tutors
- Educational credits may be pursued locally by the requesting country/region
- A local "clerk to the course" is required to liaise with the IPTOP course organiser
- Advertising is the responsibility of the requesting country
- Consider joining with another relevant profession (eg OT) to increase numbers, expertise and impact
- The language is English in which participants must be fluent in both understanding and speaking (a comprehensive interpretation service to be included in costs might be considered)
- A steering group (IPTOP course leader, course clerk and representative of joining profession if relevant) agree a course plan with dates, tasks and responsibilities; adapt the course length to meet local needs *although the full course is internationally recommended*; revise the curriculum; select tutors; manage the course.
- A telephone conference call with core tutors and steering group will be needed at the early planning stage
- Steering group will meet with core tutors preferably AT the facility 3 months prior to the event to finalise programme and participants.
- The minimum 20/maximum 30 participants are chosen on level of experience, international (work/leisure) experience, active participation, ability to cascade knowledge, ability to influence policy makers and/or teach other physical therapists, and geographical coverage.
- The programme should include professional and cultural visits and opening/closing by a "high level" figure
- Accommodation should have individual study bedrooms, restaurant, main conference room with full a/v facilities and 6 break out rooms (number dependent on course size), photocopy facilities, recreation facilities.
- All costs (eg ➤bullets) are born by the requesting country. Costs to participants should cover their accommodation and all meals plus apportioned full conference overheads (ie administration, tutor travel/accommodation/meals etc).
- Grants and bursaries may be sought by the requesting country/region from eg professional bodies, government departments, charities.
- The requesting country may wish to consider a feedback presentation at next WCPT/IPTOP conference.

Further information from IPTOP Chair, Olwen Finlay, 24, Sion Road, Landsdown, Bath, BA1 5SG, UK

Appendix 2 (Item 8) IPTOP Principles

1. IPTOP members respect Human Rights of their clients in all areas as individuals. They support them to make choices about their own care in dignity
2. IPTOP members play an active role in rooting out age discrimination
3. IPTOP members must harbour knowledge and understanding of the ageing process and multiple age related diseases. They practice evidence based physical therapy.
4. IPTOP members are part of coordinated services and make physical therapy accessible to the elderly
5. IPTOP members strive to reach maximum physical and mental ability for each individual in their care through prevention and therapy in accordance with their present capability.
6. IPTOP members play an active role in increasing awareness of the importance of quality of life. They take care that geriatric aspects are taken into consideration in home care, hospitals and the community.
7. IPTOP members encourage their clients to be responsible for their own healthy and active life.
8. IPTOP members foster and offer special educational courses regarding prevention and therapy for the elderly, their relatives and colleagues respectively.

Draft proposal---May 2004