Message from the chairperson.

Dear Colleagues,

We are still receiving very good feedback about IPTOP after the 15th WCPT Congress in Vancouver last year. The Congress gave us a chance to meet delegates from member countries and delegates willing to establish special interest groups in their country. There were representatives from new countries including Japan, Italy, Denmark, Singapore, Taiwan, Brazil, Latvia, Iran, Iraq and Israel in addition to delegates from member countries. Greece has since become an IPTOP member and Dr. Shinichi Shindo from Japan and Dr. Karim Karimi from Iran have sent official intention letters to initiate a group as a first stage to becoming a member of IPTOP. I have also had personal communication with delegates from Fiji, Hong Kong, Korea, South Korea, Estonia, France, Belgium, Spain, Portugal, Lebanon, Colombia, Uruguay, Chile, Mexico and Zambia.

We now have more than 8,000 delegates from 16 member countries. I hope we are going to have more new member countries from WCPT regions Africa and South America which we have particularly targeted. As we saw from the panel organized by IPTOP at WCPT Congress, ageing is very important for all countries in the World although some countries are more disadvantaged than others. Even those actively aware of the magnitude of the problems and opportunities of an aging society had not realized the extent of the issues for their own society. All delegates of IPTOP should work hard to educate people about ageing, especially “young countries”, for healthy ageing begins in childhood.

I would also like to remind you that the host country for the next Conference of IPTOP is still unclear. Please contact with me if any country would like to discuss enlarging their national conference to incorporate IPTOP as soon as possible (see p 8).

We are, as always, open to all kinds of recommendations and new ideas. We are currently working on a protocol and rate for advertisements and potential advertiser information is sought (see p11).

Yours Sincerely

Filiz Can  PT, PhD, MSc   chair@iptop.wcpt.org
I was fortunate enough to attend the first World Congress for Health Professions this March in the wonderful city of Perth. The Congress was the brainchild of a mixed group of health professionals who believed that to address issues of world health there needed to be an opportunity for representatives across the various professions and from across the globe to meet, explore innovations and provide what they considered ‘fresh approaches to old problems’.

I would say that this aspiration was realised as I shared ideas and had opportunity to network over the three days not only with the usual disciplines of nurses, therapists and medical staff, but with the not so usual like the health scientists, librarians and researchers. The latter groups are employed in hospitals in Australia to work alongside departments and ward staff enabling training of basic and newer technology; they strive to help staff of all abilities access databases to enhance evidence based practice and to review gaps in continuing professional development, education or research so as to evaluate what areas might be further addressed.

I also sat alongside Social Workers in a health conference; a novelty for me, as in most of the UK, health and social care retain an educational and political divide. It was inspiring to note that many countries view ‘health and well-being’ as one entity and thus approached issues in a far more holistic manner with shared budgets providing either or both according to the appropriateness of need(s) of the recipient.

The theme of the conference was ‘The Future now: Challenges and Opportunities in Health’, exploring topics in strands of:

1. Global challenges world wide
2. The impact of new technology on health care
3. Innovations in service delivery
4. Workforce and training
5. Demands and opportunities

These were delivered either as Keynote presentations or concurrent sessions; at times it was difficult to decide what to attend and I wished my body could split several ways! Although the sessions were delivered by people of a particular profession, most had been chosen for their merit in being transferable across other professions; these ideals are what I hope to share with members of the national and international community through the UK’s national group AGILE, and the IPTOP Newsletter.

**Highlights from inaugural keynote presentations:**

The first two inaugural lectures were on global health. Professor Flett, Director General of Western Australia, opened the conference by highlighting the fact that health needs are evolving models moving from mortality to dealing with morbidity of nations. He proposed that we are in an ‘era of unchartered territory’ with regard to:

- Innovation – through expansion of our health services and roles
- Technology – whether representative of equipment, information or education affecting both staff and health recipients
- Workforce challenges – with attrition of individual professions, towards more generic care or specialisations / divisions within the professions, plus the different perspective and attitude of the younger workforce toward lifestyle and work-life balance issues compared to the past generations.

He stressed the need to recognise our similarities and differences and utilise these to form the future healthcare systems, plus the fact that we have a greater role in raising the profile and influencing the public health agenda.
Dr Norman Swan, an international award-winning health journalist and broadcaster, then raised the controversial question of whether we were actually training the correct people to deal with the health needs of the future. He presented global examples where the health professions actually acted as barriers to providing patient-centred / people focussed health care; he asked us to consider whether we would still require the plethora of professions with the divisions that exist now if we were able to rub out all health-based foundations and design health from a zero base, or would we plan health care differently based on the needs of the population with fewer barriers and with better access to care?

Dr Swan’s explored three main issues about current health practice, stressing that he could not even begin to address the effect of global warming on the population’s health in such a short time allocated. For each issue, he put forward the case for better overall health outcomes for the populations through the employment of non-health staff.

1. In terms of non-health intervention affecting outcome of the population’s health, female literacy has been proven a greater determinant of community health, well being and mortality than medical intervention, so he asked why is education of females, and the encouragement of the teaching professions not given higher global priority even though it is a World Health Organisation target?

2. Similarly, across the world, communities are beset with comparable, increasing non-communicable disorders such as cardio-vascular disease, obesity and mental health. Despite the predictions of demographic collapse of communities from such conditions, by looking at figures of Disability Accounted Life Years (DALY) in those who retain a degree of physical fitness, there is no greater mortality rate; the population is more expensive to upkeep however in terms of medication costs and developing complications. Dr Swan’s question, therefore was that if the single factor was improved / maintained fitness, why were we not producing better leisure facilities and fitness specialists, especially as (and therapists working with older people take note), the new global boom in population is the over 75 age groups.

3. He demonstrated how another health determinant was not the state of development of the country anymore as it used to be but the country’s gap of income. Hence in countries such as the UK and USA there is an obvious gap between mortality and health of the richest and the poorest members of the communities which also required solutions related to social and financial support e.g. housing, adaptation, care etc if the greying population was to retain independence and well-being.

The presentation was concluded by turning the question around to what the needs were of the patients. Through his work with the WHO, Dr Swan was able to determine that people across the world valued not just professional expertise and knowledge, but service design of a ‘one stop journey’ where the professional they saw knew previous history allowing the person to have trust in the professional. To realise this aspiration, he noted the fact that IT development would be the greatest determinant to ensure that data captured was available at point of access.

For the chronic disease agenda, he proposed:

1. A model with integrated teams inclusive of a diagnostician (not necessarily a doctor) at the primary point of contact with a community based team to provide interventions required; the teams would be cross discipline and with highly evolved communication skills to co-ordinate the needs of the recipient of care

2. That health professions should be integral to evidencing policy in areas such as town planning, community support, transport

3. Sustained finances were needed to oversee such innovation.

Dr Swan’s closing plea to the members of the conference was to stop the epidemic of ‘nations of pilot projects’! He bade us to only undertake pilot schemes if they had proven recurrent finances to ensure that those with successful health benefits / outcomes were sustained.

If anyone is interested in an email copy of short summaries of some of the other lectures I attended, they will be printed in AGILITY, the biannual publication of AGILE – UK’s clinical interest group for physiotherapists working with older people. The summaries include Karen Middleton’s address on ‘Shifting the balance of power’; a dietician’s qualitative research on whether we are actually trained to focus on patient centred care; an OT department’s collaborative efforts to set a programme to assess clinical competence; review of a dynamic model of occupational balance and finally, Dr Rosalie Boyce’s closing lecture with some thoughts about the future identity of AHPs.
World Roundup

Finland---Karin Stahl  Finland@iptop.wcpt.org
The Finnish Association has about 150 members. We have a newsletter twice a year where we collect new studies, new methods, give information about courses and congresses and other information about physiotherapy with older people. We also organize a one-day course once a year where we have different themes. This year the theme is exercise and nutrition. In Finland we have the same problem as the whole of Europe with a society where the population gets older and problems related to that increase. In Finland the strategy is to keep people at home as long as possible and that means that resources for physiotherapy and rehabilitation will increase. The problem is identified but until the laws change and the system is working it will take time.

Ireland---Melissa Chavira  Ireland@iptop.wcpt.org
National stroke audit
The Irish Heart Foundation Council on Stroke, which includes physiotherapy members Dr Frances Horgan, Mary O'Mahoney and Helen Flynn, was set up in 1997 and is dedicated to furthering excellence of care for stroke in Ireland. In association with the Department of Health and Children, they are conducting a national audit of hospital and community stroke care in the Republic of Ireland. It is planned that the results of the study will inform a much-needed national strategy on stroke care. The project involves six separate surveys: hospital, clinical and organisational audits; and community-based surveys of General Practitioners (GPs), allied healthcare practitioners (AHPs), patients and carers, and nursing homes.

Work in underway on the development of a National Stroke Strategy, this work is being led by Dr Emer Shelley, Population Health Directorate HSE. She will give a presentation at the annual stroke conference and this will be followed by an open discussion on the following topics to be addressed in the Strategy - Emergency and acute care & early rehabilitation; Primary prevention; Rehabilitation, secondary prevention and ongoing care; and Information systems, measuring outcomes and quality of care. There will be a consultation phase but the timescale has yet to be decided.

Switzerland--- Catherine De Capitani Switzerland @iptop.wcpt.org
The two part, 3-day pilot course "Herausforderung Alter - Physiotherapie aus gerontologischer Sicht" (The challenges of Ageing - Physiotherapy from the gerontological point of view), addressing the challenges of working with older people took place in May and June 2008. The topics of the course included fundamentals of gerontology and their significance for work with older patients in physiotherapy. The course was filled quickly and a repeat is planned for 2009. We are hoping its popularity will grow to include not only those therapists working in geriatric institutions, but also those in general practice and acute hospitals as the average age of patients rises.

Our special interest group, FPG, has begun work on a new project - the development of a "Profile of the geriatric physiotherapist in Switzerland". This brochure or paper will be designed to support physiotherapists working with older people. We realize how difficult it is for our members to be recognized as specialists, especially as we have no qualifying requirements. Every interested physiotherapist working with older people is eligible to become a member.

The goals of this project are
1. to define the work environment of the geriatric physiotherapist
2. to identify the specialized field of geriatric physiotherapy using evidence based data where available
3. to provide a basis for the development of continuing education courses on the subject of ageing as pertaining to physiotherapy
4. to strengthen the position of the geriatric physiotherapist within the physiotherapy profession
5. to clarify the role of the geriatric physiotherapist in interdisciplinary teams

(If any other IPTOP members have undertaken similar projects, I'd appreciate hearing from them.)
The first thing for me to say is Happy Birthday to AGILE, which celebrates 30 years of existence this year! When I look back at what AGILE has achieved as a group, I hope our founder members (including Amanda Squires & Olwen Finlay who later founded IPTOP) are proud of the continued success of the role physiotherapists play in the lives of older people.

We continue to grow from strength to strength, and more recently in the wake of our previous President, Professor Ian Philp, Director of Older People’s Services for the Department of Health, many doors into national projects have been opened to the members of AGILE. Ian is seen here with past Chair, Jill McClintock (current IPTOP secretary).

We have been just as fortunate to appoint our new President, Bob Laventure. Bob is the Older People and Physical Activity Programme Lead for the British Heart Foundation National Centre working out of Loughborough University, and again, due to his position, has influence in many of the programmes promoting health and physical activity in the older population. It has therefore continued to be a busy time for the AGILE Committees both at national and regional levels.

Through various representatives, AGILE continues to have involvement into the Older Persons Specialist Forum, the Royal College of Physicians Falls and Bone Health Steering Group, the Falls and Bone Health section of the British Geriatrics Society, the National Coalition for Active Ageing and the European Network for Action on Ageing and Physical Activity, as well as providing national and regional Conferences, plus clinically relevant publications for the membership and undergraduate students.

Conferences
2007: Last year, the National Conference was held in Newcastle (in the north of England) on 14-15 September; the theme was ‘Dementia and confusion’. The programme proved very interesting with some excellent speakers either leading discussions on topics of relevance to therapists, or exploring more practical aspects that clinicians could transfer to their work places. It was good to see many eyes opened about the added quality of care they could ensure their patients and clients had as the Conference enabled most of us to develop a better understanding of the differences in types of dementia and how management differed.

The conference theme for 2008 will be around management of chronic stroke, looking at multidisciplinary provision. It will be held 4 - 5 October in the south of England in Reading. To celebrate AGILE’s 30th Birthday, a Gala Dinner is also being planned, so watch out for details to be circulated on the Interactive CSP and the IPTOP websites.

Another major change is that the AGILE Committee are considering a national re-organisation. This topic caused quite a stir and debate amongst members as the future of regions in AGILE is under consideration. There are positives and negatives; the main issues being that more communication is taking place through electronic media, so some of the tasks assigned to officers on the committees are no longer necessary, plus with the change to the way the UK health systems are working, it has become difficult to recruit regional representatives. AGILE members are being provided with information and opportunities to discuss regional re-organisations which will impact on the way the National Executive committee works. Options will be voted on at the National Annual General Meeting in October.

The AGILE publications of Exercise Programmes and the Outcome Measures Manuals have been well received and are almost sold out. Soon, these publications will be available on CD so that they can be distributed, accessed and stored more easily. If anyone is interested in finding out about previous and future publications, they can contact the current distributor, Julie Ansell at julieansell@nhs.net.

Finally, the use of an Interactive site for physiotherapists who wish to network about Older People issues is proving successful. Although hosted by the CSP, AGILE provides the team who moderate the site, with an officially voted Officer on the National Executive Committee. They have worked tirelessly to provide documents of interest, encourage discussion and promote study days of relevance to the membership. We welcome international contributions, and if you wish to register and contribute, please log in at http://www.interactivecsp.org.uk/.

So, we hope to see you at the Birthday celebrations this October (details to be circulated on the Interactive CSP and the IPTOP websites), and we look forward to building more international relationships in the future.
General Information

IPTOP web page (please send your comments on this item to Neva Greenwald (treasurer@iptop.wcpt.org)
We now have our own web page within the WCPT website. It can be accessed direct through www.iptop.wcpt.org or via the WCPT website www.wcpt.org. Each officer (eg chair@iptop.wcpt.org) and each member organisation representative (e.g. germany@iptop.wcpt.org) has an IPTOP address with mail automatically redirected to personal e-mails. These are all listed on the front page of the site. Our web page has 5 sections: contact details; about IPTOP (our leaflet); Newsletters---current and past; Meeting notes; and Conferences. Please encourage members to visit the IPTOP and WCPT websites.

Officers and member organisation representatives are advised to install a Spam Catcher to block unwanted use of our IPTOP e-mail addresses.

IPTOP resources (please send your comments on this item to Leah Weinberg (Canada@iptop.wcpt.org)
During the IPTOP general meeting in Vancouver, the subject of resources for members was explored. I was appointed to lead this work. The objective is to build up an electronic resource base accessible from the IPTOP web site and advertised in the newsletter. I would be grateful to hear from anyone wishing to contribute to this work. We aim to transfer these e-resource links to our web page after each newsletter---look out for Useful Resources for Working with Older Adults on our web page in the future.

The first references are as follows:
http://www.ipe.utoronto.ca
http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/chap-10_e.html
http://www.umanitoba.ca/outreach/iegc/index.html

These resources have links to information about interprofessional education for collaborative patient-centred practice. The one for the University of Manitoba is focussed on geriatric care. These sites are very informative about the growing movement on interprofessional education for collaborative patient-centred practice.

There is also a Canadian Interprofessional Health Collaborative http://www.chic.ca/ that is of interest and a similar organization in the United Kingdom http://www.caipe.org.uk

REPORT ON SENIORS FALLS IN CANADA (www.phac-aspc.gc.ca/seniors-aines)
This report presents a comprehensive analysis of national data—for Canadians age 65 and over—on fall injuries and deaths, as well as evidence on risk factors and best practices for the prevention of injuries to seniors living in both community and institutional settings. The principles are applicable worldwide.

- Falls are the second leading cause, after motor vehicle collisions, of injury-related hospitalizations for all ages, accounting for 29% of injury admissions
- Almost 62% of injury-related hospitalizations for seniors are the result of falls.
- The fall-related injury rate is nine times greater among seniors than among those less than 65 years of age.
- Almost half of seniors who fall experience a minor injury, and 5% to 25% sustain a serious injury such as a fracture or a sprain.
- Falls cause more than 90% of all hip fractures in seniors and 20% die within a year of the fracture.
- Families are often unable to provide care, and 40% of all nursing home admissions occur as a result of falls by older people.
- Even without an injury, a fall can cause a loss in confidence and a curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes.
- A 20% reduction in falls would translate to an estimated 7,500 fewer hospitalizations and 1,800 fewer permanently disabled seniors. The overall national savings could amount to $138 million annually.
- The magnitude of the problem of falls among older adults is reflected in the 300% increase in publications on the issue between 1985 and 2005.

The report also examines: information on multifaceted risks for falls among seniors; evidence-based best practices for the prevention of falls and injury from falls; and issues surrounding the development and sustainability of fall prevention initiatives.

6
There is also a **Canadian Falls Prevention Curriculum website** which provides workshops on how to structure and evaluate fall prevention projects for older adults. There are many good links to this website for injury prevention as well. [www.injuryresearch.bc.ca/categorypages.aspx?catid=1&subcatid=7](http://www.injuryresearch.bc.ca/categorypages.aspx?catid=1&subcatid=7)

**Try This** ([http://www.nursingcenter.com](http://www.nursingcenter.com)), a publication of the Hartford Institute for Geriatric Nursing, is a series of assessment tools where each issue focuses on a topic specific to the older adult population.

The content is directed to orient and encourage all nurses to understand the special needs of older adults and utilize the highest standards of practice in caring for the elderly. They are equally applicable to physiotherapists.

Each **Try This** issue is a 2-page document with a description of why the topic is important when caring for older patients on the first page, and an assessment tool that can be administered in 20 minutes or less on the second page. The series is accessible here online and also as hard copy.

**IPTOP research** (please send your comments on this item to Jennifer Bottomley (vicechair@iptop.wcpt.org)

Progress is slow but sure in the area of research opportunities being explored in geriatric physical therapy worldwide. I was appointed to lead this work for IPTOP at the Vancouver Conference and have enjoyed working to establish an International Data Collection. Progress has occurred to the point of being prepared to form a task force or research committee to review the articles and research in progress being reviewed for inclusion in this data base. I would now like to facilitate the formation of a “research committee” to assist me in completing the foundation work of this important project. This work will be ongoing as new research continues to occur and one of our goals is to provide the latest available evidence-based research information to the members of IPTOP. Two areas of discussion for future activities in the area of research include:

1. The establishment of an International Data Collection Research Committee
2. The provision of international research opportunities for individuals pursuing a PhD, DPT (U.S), or advanced Masters degrees.

IPTOP’s Executive Committee discussed establishing a mechanism for creating this International Data Base and means of providing information/research data base to those interested. The goals of the current research initiatives are as follows to:

**Facilitate the member’s ability to identify and integrate best evidence in clinical geriatric practice.**
- Work with each representative countries research committees to help identify geriatric related priorities
- List to be developed for IPTOP members

**Positively influence the direction of IPTOP and each country represented in addressing the research needs for the older adult.**
- Increase member participation in establishing international research data base
- Increase IPTOP participation presenting research initiatives in the efforts towards evidence-based practice throughout the world
- Suggestion: Identify an international task force to develop an international data base in research for the older adult
- Increase international outreach to increase member awareness and participation in International Organizations of IPTOP research projects
- Promote IPTOP member participation (as speakers/presenters) in the next WCPT Conference.

I would be very grateful to hear from anyone wishing to contribute to this work.
Conferences (contributions to editor@iptop.wcpt.org)

X1Xth IAGG World Congress of Gerontology and Geriatrics, Paris, 5-9 July 2009
(Leah Weinberg from IPTOP hoping to attend---contact her to meet up (Canada@iptop.wcpt.org)

IPTOP Conference 2009 linked to Member Organisation Conferences
(offers please to Filiz chair@iptop.wcpt.org) (see below “IPTOP conferences – links to Member Organisation Conferences”)

To date we have had excellent joint conferences with Irish, Australian and Turkish member associations.

IPTOP conferences – linked to Member Organisation Conferences

IPTOP as an International organisation of Physical Therapists working with Older People encourages collaboration between its member organisations. Member organisations come from each of the World Confederation of Physical Therapists Regions and represent member organisations at differing stages of development when working with older people. The constitution requires a four yearly meeting to be held in conjunction with the WCPT congress.

To facilitate business progress and ensure members organisations in all regions have an opportunity to cost effectively participate in the organisation, IPTOP seeks invitations from member organisations willing to collaborate with IPTOP to include a meeting within their programme so members can attend a local annual conference and an IPTOP meeting.

The Purpose of this briefing: To provide guidance to member Organisations interested in adding an international dimension to their congress by holding it in collaboration with IPTOP.

Collaboration means: Some IPTOP involvement in the programme planning; Time for an IPTOP delegate meeting; IPTOP assistance in promotion.

Organisation: The organisation, funding and profit from the national conference remain that of the organising country. However, IPTOP may be able to provide help with organisation and will negotiate in advance a pro rata share of any profit.

Benefits to Host Organisation; increased participation---international delegates attend on same basis and for the same fee as national delegates; international profile; possibility of increased national profile; opportunity for local members to expand international contacts.

Benefits to IPTOP: Expand awareness of, and increase participation in, IPTOP; facilitates progress of business; helps to build the financial resources of IPTOP; IPTOP members may be international experts. National members also have the unique opportunity to meet and share professional knowledge both formally and informally with international colleagues.

Financial issues: negotiate a pro rata organisation fee to IPTOP e.g. % of the delegate fee (or perhaps the international delegate fee); seek sources of funding to assist delegates from organisations that would not otherwise be represented. Any financial help that the national organisers can obtain to enable IPTOP members from organisations, which normally could not afford to sponsor a delegate within its region to attend the conference, would be much appreciated, and equitable allocation would be managed by IPTOP.

Contact Filiz Can (chair@iptop.wcpt.org) for more information.
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 ageing 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
- Ageing---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:
1. The programme is delivered in the country/region requesting it.
2. Allow 2 years set up time from IPTOP agreement to proceed. Consider pre/post WCPT/IPTOP conference.
3. Presentations will be by an international core tutor group with local academic and physiotherapy specialist tutors
4. Educational credits may be pursued locally by the requesting country/region
5. A local “clerk to the course” is required to liaise with the IPTOP course organiser
6. Advertising is the responsibility of the requesting country
7. Consider joining with another relevant profession (eg OT) to increase numbers, expertise and impact
8. 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)
9. 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.
10. A telephone conference call with core tutors and steering group will be needed at the early planning stage
11. Steering group will meet with core tutors preferably AT the facility 3 months prior to the event to finalise programme and participants.
12. 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.
13. The programme should include professional and cultural visits and opening/closing by a “high level” figure
14. 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.
15. All costs (e.g. bullets) are born by the requesting country. Costs to participants should cover their accommodation and all meals plus apportioned full conference overheads (i.e. administration, tutor travel/accommodation/meals etc).
16. Grants and bursaries may be sought by the requesting country/region from e.g. professional bodies, government departments, and charities.
17. The requesting country may wish to consider a feedback presentation at next WCPT/IPTOP conference.

*Further information from IPTOP editor, Amanda Squires, editor@iptop.wcpt.org*
## Summary of IPTOP objectives

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<th>Objective</th>
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<th>Detail</th>
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<td>1</td>
<td>Objectives</td>
<td>Amanda and Jill</td>
<td>Develop objectives for each member of executive</td>
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<td>1a</td>
<td></td>
<td>Jill</td>
<td>Update quarterly</td>
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<td>2</td>
<td>Communication sheet</td>
<td>Jill</td>
<td>First draft 15/6/07 (Olwen)</td>
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<tr>
<td>2a</td>
<td></td>
<td>Jill</td>
<td>Update web contact list</td>
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<td></td>
<td>Jill</td>
<td>Provide definitive list to executive</td>
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<td>Conference 2008</td>
<td>Filiz</td>
<td>To seek agreement from a member organisation to include IPTOP</td>
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<td>4</td>
<td>WCPT link</td>
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<td>Establish links with WCPT</td>
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<td>Minutes</td>
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<td>6</td>
<td>Sponsorship/advertising</td>
<td>Jennifer &amp; Neva</td>
<td>Assemble a list of potential sponsors/ advertisers from membership through Exec Committee. Act as the sole liaison with these bodies regarding advertising</td>
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<td>6a</td>
<td></td>
<td>Jennifer &amp; Neva</td>
<td>Obtain adverts ready for inclusion in next Newsletter</td>
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<td>6b</td>
<td></td>
<td>Jennifer &amp; Neva</td>
<td>Build an electronic resource base accessible from web site and advertised in newsletter</td>
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<td>International resource</td>
<td>Leah</td>
<td>Publish twice yearly Autumn and Spring</td>
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<td>8</td>
<td>Newsletter</td>
<td>Amanda</td>
<td>Review/ liaise with WCPT re updates of membership names.</td>
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<td>9</td>
<td>Website</td>
<td>Neva</td>
<td>To encourage the setting up of new member organisations. Priority countries to target are India, China, Africa</td>
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<tr>
<td>10</td>
<td>New member organisation</td>
<td>Neva</td>
<td>Consider 2 Vice Presidents and prepare for agreement at next IPTOP general meeting</td>
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<tr>
<td>11</td>
<td>CPD/Education</td>
<td>Jennifer &amp; Nancy</td>
<td>To establish liaison/cooperation with similar international bodies especially: International OT; International nursing; International medical; INIA (nb WCPT link)</td>
</tr>
<tr>
<td>12</td>
<td>Promotion of IPTOP and Services it provides</td>
<td>Filiz</td>
<td>Members commitment document US version to be circulated to Exec Committee. Sign off at next IPTOP general meeting</td>
</tr>
<tr>
<td>13</td>
<td>Newsletter policy</td>
<td>Jennifer</td>
<td>In line with WCPT requirements. Consider 2 Vice Presidents and prepare for agreement at next IPTOP general meeting</td>
</tr>
<tr>
<td>14</td>
<td>Constitution</td>
<td>Filiz &amp; Olwen</td>
<td>To collate examples of Standards of Practice in member counties for PT with older People</td>
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<tr>
<td>15</td>
<td>Other international disciplines</td>
<td>Jennie &amp; Leah</td>
<td>Examples of EBP</td>
</tr>
<tr>
<td>16</td>
<td>Research</td>
<td>Jennifer</td>
<td>Specialisation is it working or not in member countries?</td>
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<td>17</td>
<td>EBP/Specialisation</td>
<td>Bhanu</td>
<td>To establish contact with international organisations representing elders and carers UN has standards and organisational outline to ensure the IPTOP principles conform</td>
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<tr>
<td>17a</td>
<td></td>
<td></td>
<td>Ensure a timely and high quality annual report</td>
</tr>
<tr>
<td>17b</td>
<td></td>
<td></td>
<td>Update current leaflet and place on webpage and provide hard copies for general membership use</td>
</tr>
<tr>
<td>18</td>
<td>Carers and elders</td>
<td>Filiz</td>
<td>Provide timeless cards. Olwen to send examples to Amanda and decision to be made for future format</td>
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<td>19</td>
<td>2008 Annual report</td>
<td>Filiz and Jill</td>
<td>Plan IPTOP programme within WCPT schedule</td>
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<td>20</td>
<td>Leaflet</td>
<td>Amanda and Jill</td>
<td>Organise an IPTOP Business meeting. Exec Committee meeting</td>
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<td>21</td>
<td>Business cards</td>
<td>Olwen, Amanda and Jill</td>
<td>A possible Pre conference course</td>
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<tr>
<td>22</td>
<td>Conference 2009</td>
<td>Filiz</td>
<td>An IPTOP Social event</td>
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<td>23</td>
<td>Conference 2010</td>
<td>Filiz</td>
<td>To become involved with Conference planning (WCPT)</td>
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<tr>
<td>24</td>
<td>Conference 2011---WCPT Amsterdam</td>
<td>Filiz</td>
<td>Plan IPTOP programme within WCPT schedule</td>
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<td>24d</td>
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<td>To send to Brenda Myers IPTOP documentation</td>
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The full version together with timescales and quarterly progress is available from secretary@iptop.wcpt.org
2008 communication sheet  (please contact secretary@iptop.wcpt.org regarding any changes/problems)

Executive Committee

<table>
<thead>
<tr>
<th>Chair</th>
<th>E-mail: <a href="mailto:chair@iptop.wcpt.org">chair@iptop.wcpt.org</a></th>
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<tbody>
<tr>
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<td>Secretary</td>
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<td>Treasurer</td>
<td>Neva F. Greenwald E-mail: <a href="mailto:treasurer@iptop.wcpt.org">treasurer@iptop.wcpt.org</a></td>
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<td>Amanda Squires, Email: <a href="mailto:editor@iptop.wcpt.org">editor@iptop.wcpt.org</a></td>
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</tbody>
</table>

Europe

| Bhanu Ramaswamy Email: europe@iptop.wcpt.org |

S W Pacific

| Jennie Delaney, Email: swpacific@iptop.wcpt.org |

N America and Carribean

| Jennifer Bottomley E-mail: namericaandcarribean@iptop.wcpt.org |

South America

| No member in this region |

Africa

| No member in this region |

National representatives

<table>
<thead>
<tr>
<th>Australia---Primary contact</th>
<th>Email: <a href="mailto:Australia@iptop.wcpt.org">Australia@iptop.wcpt.org</a></th>
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Editor---Professor Amanda Squires (UK) (editor@iptop.wcpt.org)

Next edition details Copy date for the next edition is November 2008. The editorial board retains editorial rights. Length for a “feature” article is 1,000 words. We welcome world news (200 words) from member countries, conference information and contributions from the Committee as relevant. Contributions should be in English language and WORD format with references in Harvard Style and sent by e-mail to the editor

Advertisements

We are in the process of developing an advertisement protocol and rate. In the meantime suggestions from members of potential advertisers would be welcome to Jennifer Bottomley (vicechair@iptop.wcpt.org)