WORLD CONFEDERATION FOR PHYSICAL THERAPY

REPORT ON THE 13TH GENERAL MEETING AND 12TH INTERNATIONAL CONGRESS

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Over 10 000 physiotherapists, representing over 70 nations, met in Washington DC for the last week of June this year. This report covers both the General Meeting and the ensuing Congress, as well as the Regional Meeting of WCPT-Africa which was held on the day preceding the General Meeting of WCPT.

13TH GENERAL MEETING OF WCPT

This was attended by myself, as Voting Delegate, and Ashia Jamal as Alternate. It was pity that none of the other South Africans who attended the ensuing Congress managed to attend, as many interesting matters were discussed.

Altogether 61 countries were represented – 48 accredited voting delegations at the start of the Meeting being supplemented by representatives of 13 new member organisations. Three of the new member organisations were from the African Region - the Namibian Society of Physiotherapy, the Association of Physiotherapists in Tanzania and the Uganda Association of Physiotherapy. This brings membership of the African Region to a total of nine, all of whom were present at the General Meeting.

WCPT now represents more than 202 000 physiotherapists in 67 countries worldwide, with applications from a further ten countries pending.

From the Executive Committee Reports

WCPT’s status of Official Relationship with the WHO has been re-approved until 1997 and WCPT is represented by David Teager of the CSP on the International Council for Disability and by Pikke Kuurme of Finland on the Committee for Community Based Rehabilitation. Following the success of the manual on Promoting the Development of Young Children with Cerebral Palsy (developed jointly by WCPT, WFOT and WHO) two further manuals are planned for publication during 1995 – on spina bifida and on spinal cord injuries.

Advocacy with other international organisations has been improved with the advent of Regionalisation of WCPT, and regular contact is maintained with the WMA, ICN, WFOT, Rehabilitation International and UNICEF.

Grants made to member organisations from the Special Project Fund and from the Development Fund included grants to enable five SASP members to attend conference as official representatives of either the SASP or the Region. These were:

- Professor Jo Beenhakker, who was invited to take part in the Task Force on the Care of Elderly People, which met in Malta in January 1992 in order to set up a course on the care of the elderly.
- Subsequent to the work of the Task Force, a course on the Care of Elderly People was run jointly by WCPT and the International Institute for Aging. Solange Czerniewicz, who was the official SASP delegate, and Pamela Versfeld were both funded to attend the course which was designed to empower participants to make a significant contribution to the care of the elderly in their own country. Dele Amosun, formerly of Nigeria and Zimbabwe and now working in South Africa, also attended and is involved in the formal “one year on” evaluation of the results of the course.
- Lucy Bendle was selected by the Region to attend two Quality Assurance conferences held in the Netherlands. Since then Lucy has run a workshop on quality assurance for WCPT-Africa and has also been selected as the Regional Representative for Quality Assurance.
- Mary Faure represented the SASP at the course for physiotherapy teachers on the Rehabilitation of Torture Victims, held in Copenhagen under the auspices of WCPT, Danske Fysioterapeute and the International Rehabilitation Council for Torture Victims. A report on this was published in the SASP Journal recently. A report, with photos, also appears in the Congress issue of the WCPT Newsletter.

The Honorary Treasurer, Doreen Bauer, gave an excellent financial report. In an attempt to keep the level of subscriptions as low as possible, whilst improving services to members, capitation fees for the next four years have been linked to the UK inflation rate as at 30 December 1994. This agreement was an amendment of the original proposal to the General Meeting which would have allowed the capitation fees to rise by the UK inflation rate for each successive year.

It was also agreed unanimously by the General Meeting that, in countries where the per capita GNP is less than US$3000 at date of subscription, only 50% of the standard fee shall be paid per capita. This will reduce the financial outlay for the SASP.

At present the major portion of WCPT income is provided by subscriptions, with only some 10% accruing from Congress profits (WCPT, London 1991, 42 400 pound; PPIM, Hong Kong 1992, 11 000 pound). The 1995 Congresses, however, expected to generate a considerable profit.

From the Regional Evaluation Report it appeared that most member organisations felt that they had benefited from the regionalisation process, particularly in developing international contacts within the Region. All five Regions as well as 12 individual member organisations (including the SASP) had responded to the questionnaire. The most consistent negative response concerned the extra financial burden, but all respondents but one wished the regional system to continue.

Margaret O’Hare, who has been Secretary General for the last ten years, retired officially at the end of the General Meeting, when Brenda Myers was introduced as the new Secretary General. A function, to which all Voting Delegates were invited, was organised in Margaret’s honour during Congress week.

The following decisions were taken at the General Meeting:

Bladys 66 November 1995
Approval of Sub-Groups

- The new constitution of IFOMT was ratified.
- The formation of the International Private Practitioners Association was approved. At the Inaugural Meeting of the IPPA, held just before the General Meeting, four Executive Committee members were elected. The SASP was elected to the fourth position and the PPA has nominated Margie Morrell to the Executive Committee.
- The proposed International Acupuncture Association of Physiotherapists was not recognised at this meeting as they have only acquired five of the requisite six member organisations. Two more member organisations are being processed and it is expected that the IAAPT will be approved in 1999.

Mildred Elson Award

Members of the OMTG will be delighted to hear that the 1995 Mildred Elson Award was made to Geoff Maitland. This is the first award to be made following the creation of the award (and its award to Mildred Elson herself) and Geoff Maitland was selected from six nominations. He and his wife were present to receive the award, which was kept a secret until the Opening Ceremony of Congress.

Articles of Association

Several amendments were accepted, which were largely editorial in nature. In order to facilitate acceptance of new member organisations, the clause requiring the organisation to have been in existence for at least three years prior to application was dropped. The Executive Committee was charged with presenting the complete revision in its entirety to the next General Meeting.

Declarations of Principle and Position Statements

Following discussions with Danske Fysioterapeuter, DF and the SASP proposed jointly amendments to the Guidelines Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. These were agreed unanimously by the General Meeting.

Following representation by the SASP as well as other countries in the African Region, the existing Declaration of Principle on Education was replaced by a Position Statement, with retention of the recommendation of a minimum of four years' education at university level.

All of the SASP’s original suggestions for amendments to the Declarations of Principle and the Position Statements had been included in the versions put to the General Meeting.

The remaining documents were all passed with only minor amendments. The WCPT now has a Mission Statement, Objectives, 14 Declarations of Principle (Education, Human Resource Planning, Protection of Title, Validation of Practice Techniques and Technology, Autonomy, Private Practice, Standards of Physical Therapy Practice, Informed Consent, Quality Care, Rights of the Client, Relationships with Medical Practitioners, Relationships with Other Health Professionals, Guidelines Concerning Torture, The Rights of the Child) and six Position Statements (Support Personnel for Physical Therapy Practice, Education for Entry-level Physical Therapists, Physical Therapy Care of Elderly Persons, Policy for Conduct in the Management of Patients with High Risk Infectious Diseases, Specialisation, Ethics of Physical Therapy Practice). These will be published, in groups of related items, in the SASP Journal and Forum over the next year.

Arising out of discussion, the Executive Committee agreed to carry out a review of specialisation programmes around the world, and also to formulate a clause on ethics in research (to be added to the Position Statement on Ethics of Physical Therapy Practice).

Other Resolutions

The creation of a Working Group on Quality Assurance was approved (see below).

The motion that future WCPT Congresses be hosted Regionally was defeated, so that individual member-organisations will be free to make a bid. Two related resolutions were, however, carried. The first of these was the establishment of an International Scientific Committee with responsibility for the scientific programme at future congresses consisting of a nominee from each Region and up to two ex officio nominees from the Executive Committee and the host member-organisation. At the Regional Meeting preceding the General Meeting, Sheena Irwin-Carruthers was approved as the Regional member on the Scientific Committee. The second resolution approved the creation of a Congress Fund, for which the Executive Committee will develop guidelines. Both these decisions will benefit the SASP should our bid for the 2003 Congress be successful.

The creation of a Regional Fund, the terms of reference to be determined by the Executive Committee, was also approved.

The WCPT logo will be redesigned, the Meeting having carried the SASP amendment to the original Australian motion. After a great deal of discussion, dissension and confusion, a motion to change the name of WCPT was defeated!

Our motion concerning aggressive recruitment of recent graduates was adopted, although not without some dissension from countries who wished to market their excess physiotherapists!

A Turkish proposal for an International Physical Therapy Day was adopted and the Executive Committee will make proposals for its implementation.

The Indian motion for the promotion of yoga as part of physiotherapy was defeated.

An additional resolution that WCPT endorse the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (UN Resolution 48/96) was adopted unanimously. An additional resolution from Israel that the Executive Committee should resume attempts to "describe" physiotherapy was also carried.

Elections

David Teager of the CSP was elected President for the next term of office, with Sally Edelsberg of APTA as Vice President. The Regional Representatives are:

- Europe – Asa Holmstrom (Sweden)
- Africa – Alfred Otieno (Kenya)
- Asia/Western Pacific – Isao Nara (Japan)
- North America/Caribbean – Catherine McGinley (Canada)
- South America –
12TH INTERNATIONAL CONGRESS

Approximately 10 000 delegates from over the world attended the Congress. At the Opening Ceremony the Voting Delegates, accompanied by an American "buddy" carried their respective national flags. Many delegates were in national dress.

As far as can be worked out, at least 18 SASP members attended, 16 of whom between them presented 23 papers, posters or workshops. Four South Africans were invited speakers - Sielie Eales, Jenny Hendry, Sheena Irwin-Carruthers and Marge Steffen, whilst Sheena also presented a session on hemiplegic gait during a Post-Congress Course. Although concurrent sessions made it difficult for us to attend each other's sessions, from feedback received it would appear that the standard of the South African presentations was high.

The Congress was well arranged, with a selection of clinical lecture series, case conferences, paper presentations and posters on each day. In general it was always possible to attend the clinical lecture or case conference of your choice, although there were frequently concurrent sessions on the same interest theme for the paper presentations. Adequate tea and lunch breaks made it possible to view the posters as well as the very extensive professional and trade exhibits.

Washington proved a very pleasant venue for the Congress and we enjoyed numerous social occasions according to our own preferences. The opening reception featured different ethnic North American foods, whilst the closing reception was held in the Smithsonian Institute Museums of American History and Natural History - and allowed the opportunity of viewing some of the more spectacular of the exhibits. We were also able to enjoy a choice of concerts and either a dinner cruise or an extremely energetic (and noisy) evening of American line dancing which was much enjoyed by those of us who braved it!

OTHER MEETINGS

Twinning

The SASP Voting Delegates had a meeting with Joke van Duyn, Chairman of the Netherlands Association which has offered twinning to the SASP. Discussions were fruitful and the KNBF offered to bring us up to date with relevant documentation from the UN, WHO and other NGO's, as well as information on unionisation and labour practices. They have offered to send us copies of all documentation received by them in the future.

They would also be willing to consider proposals for assisting in running CPE workshops on, in the first instance, quality assurance and research procedures. The possibility of collaborative research projects on outcomes in stroke and cerebral palsy was also discussed. Joke van Duyn will put all these proposals to her Committee and will contact us with their suggestions.

Quality Assurance

I attended the Special Interest Session on Quality Assurance on behalf of Lucy Bendle. Joke van Duyn-van der Pol of the Netherlands, who is also the WCPT-Europe Quality Assurance Representative, took the Chair. The speakers were Doreen Bauer of Australia on the need for quality assurance, Ann Hunter of the UK on standards, Hanke Timmermans of the Netherlands on peer review and John McIntosh of Canada on local c/f national approach to the setting of standards.

The current move appears to be away from standards and towards outcomes measurement supplemented by clinical guidelines and protocols which assist in clinical decision making. Peer review should be embodied in the wider framework of QA and should not stand on its own, although it is a simple first step.

My observation from attending both this session and a morning round-table on QA is that there appears to be a dichotomy in the approach to QA, with patient needs competing with economic considerations.

Joke van Duyn-van der Pol will act as interim Chairman of the WCPT Resource Group on Quality Assurance, whilst Lucy Bendle is both the Representative for WCPT-Africa and the SASP QA portfolio holder.

2003 Congress and General Meeting

Frances Glauber and Sheena Irwin-Carruthers had a meeting with the New President and Secretary-General of WCPT to discuss the possibility of hosting the 2003 Congress and General Meeting in Cape Town. Bids will be called for shortly and, in view of the SASP's proposed bid, WCPT has accepted our invitation to host the 1996 Executive Committee Meeting. This Executive Committee Meeting will be held in Cape Town, so that the Committee will be able to make a preliminary assessment of possibilities before an official site visit. Once the bids have closed, the Executive Committee will make its decision known during 1997.

Other items of interest

The monograph "International Dimensions of Excellence" - published by WCPT to coincide with the Congress - contained contributions from IFOMT, two Regions (Asia/Western Pacific and Europe) and 16 member organisations, including South Africa. The SASP essay was written by Sheena Irwin-Carruthers and included a photo of Joyce Morton, Chairman of the ad hoc committee on the restructuring of the SASP, as well as photos taken at the Rehabilitation Centre in Cape Town.

Many ex-South Africans were present at the Congress and an enjoyable get-together for coffee between the SASP delegates and about 15 expatriates was organised by Thubi Kolobe and Naomi Pollak.

WCPT-Africa

A somewhat informal Regional Meeting was held on the day preceding the General Meeting. The meeting was attended by delegates from the member organisations in Kenya, South Africa, Zambia and Zimbabwe, as well as by observers from Namibia, Tanzania and Uganda (who at that stage of the week had not yet been admitted as members of WCPT). Nigeria and Egypt were again absent.

Concern was expressed regarding the non-payment of regional dues by Nigeria and Egypt since the formation of the Region, as well as at the failure of Kenya to supply a satisfactory breakdown of income and expenditure for the first Regional Congress held in Nairobi last year. In accordance with motions submitted by the SASP it was emphasised that all income must in future be paid direct to the Treasurer, and all payments made by the Treasurer.

Only three member organisations (including the SASP) had
LETTER TO THE EDITOR

Those of us privileged to attend and contribute to the tremendously exciting 12th International Congress of the World Confederation for Physical Therapy “Dimensions of Excellence” discovered first hand that the New South Africa is indeed re-integrated in the world body again.

What was unmistakable is that we all share the same challenges—diminishing resources, too few therapists and an ever increasing challenge to work together to devise means both of meeting the growing needs especially of the previously underserved members of the population and of promoting our profession pro-actively. Furthermore, all of the countries who most need to develop innovative approaches, are all losing members of the profession to the countries who can afford to offer them more money and better service conditions.

I have three reasons for writing this letter.

First, I would like to offer a vote of thanks to our WCPT representatives, Sheena Irwin-Carruthers (and Molly Levy before her) who managed to motivate our continuous inclusion in the WCPT through the years, in spite of the fact that many countries wanted us excluded. Much work went into maintaining membership and they and the other physiotherapists who managed this feat deserve our congratulations and thanks.

Secondly, I would like to propose an enormous collective vote of thanks to all the therapists from around the world who visited us during the time that contact with South Africa was discouraged. They helped us develop a fund of knowledge, expertise and skills which we are now translating into ways of meeting the needs of the people of South Africa. It will come as no surprise to discover that those that visited us and became our role models and mentors are in fact among the true leaders of the world body—people who evaluate for themselves what is important, act on their beliefs and support and encourage the efforts of others.

Finally I would like to offer a verbatim transcription of outgoing WCPT President A J Fernando’s brief farewell speech for your enjoyment and in response to Muriel Goodman’s guest editorial of the May edition of your Journal which she calls “Challenges Facing the New South Africa”.

Few people express their ideas so accurately, succinctly and with such warmth and humour as does President Fernando. This brief address was presented at the initial plenary session before Dr Hellen Hislop’s inspirational keynote address “In Common Cause” which deals most excellently with the challenges facing our profession. President A J Fernando said:

“Let me start by quoting Thoreau who said ‘Some things are obvious … like a trout in your milk.’

“What is obvious is that as a profession today we are facing governments progressively intolerant of professional arrogance, societies intolerant of professional elitism. What is obvious, is that as a profession in strangulating health care economies, we are not looking at bad times that will go away, we can not afford to wait for the good times—they are never coming back.

“To the profession, I would say, the only challenge we face is credibility, and where do you look for that credibility? I don’t think it is in educational elitism or in credential arrogance. I don’t think it’s in technology. I think it will start at home—whether it is in Lahore of Balarat, Des Moines or in Winnipeg. Each and every one of us will have to start and rethink credibility for ourselves so that at the end of the next day’s work we can sit back and say: That was good, that was a credible thing I did today. I profess to serve. I profess to care. I did that—and my patient was the source of my credibility. I knew when I went in there that I could explain to my patient what I anticipated as the outcome of whatever intervention that we had discussed. I feel good. It’s credible because I can account for the outcome. I can measure it.

“That is the starting point of rethinking. If you take the obvious step further, I would like to suggest to you that it’s time we said ‘We need to do the job in your society, in your economy’. When you can answer that, you have credibility within that context.

“It’s time, I think, that we re-focused. There are many influences as work, that are leading us astray, tempting us, seducing us, like technology that would have us believe that our skilled hands guided by intelligent reasoning minds (which we have always had) are suddenly not enough and that technology is more than tools. I don’t think so. Within our profession there are people who would have us believe that before long neither you nor I would be permitted to move a patient’s arm in a particular direction unless we had paid a few hundred dollars and taken a course with a name that has now been patented.

“We constantly have to be vigilant that we ourselves are not the enemy. That within the profession we are not creating problems because there is enough trouble out there. So I would say to you, let’s rethink, let’s look for the obvious, and the obvious is what is staring you in the face. Forget the trout in the milk, and the next time you hear the sound of galloping hooves, at least promise me you’ll think horses first, before antelopes”.

Pamela K Hansford, Physiotherapist

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