At the BHMI a tendency towards the above results was experienced. Unfortunately because of the aforementioned problems, completed results cannot be quoted.

Suggestions:

Prior to opening a rehabilitation centre which will provide the necessary service, all the legalistic and financial implications must be cleared. This includes permission being granted from the ruling bodies allowing therapists to be employed by hospitals. (Permission can be obtained if motivated - Editor).

Approval must be gained for a composite fee for a rehabilitation package, that will be carried out in an approved rehabilitation environment that provides all the necessary equipment. A package could be worked out depending on the amount and type of therapies required.

The allied medical staff structure should run parallel to the nursing staff with its own hierarchy, thus having a rehabilitation coordinator, senior, junior staff and assistants.

Considering the facilities currently available at the BHMI, patients admitted for rehabilitation could be separated into diagnostic groups. Each group differentiated into its own specialised units/wards allowing for optimal use of these available facilities (eg hydrotherapy pool and ADL centre).

Conclusions:

Due to these financial and personnel problems, the institute has, of necessity, adapted in order to continue providing this specific service. The institute has established gerontology and general rehabilitation wards. The therapists are no longer employed by the institute and are registered with their specific professional bodies as individual private practitioners.

Liaison between team members has remained high, the cornerstone of which is the weekly team meeting during which goals of treatment, social and economic matters pertaining to the patient are discussed.

It should be noted that with the restructuring of medical aid regulations, in 1994, provision for the establishment of rehabilitation units will hopefully be made, either as separate clinics or as specific units within existing hospitals. The recognition of the need for such units and acknowledgment of the benefit to patients who are treated in these establishments must be brought to the attention of those at government level as well as the general population.

References


WORLD CONFEDERATION FOR PHYSICAL THERAPY

Sheena Irwin-Carruthers

WORLD CONGRESS

The most exciting news at present relates to plans for the 1995 Congress and General Meeting, to be held in Washington DC from 25-30 June next year.

Various types of presentations are planned:

- Research reports or special interest reports, both of which may be given either as platform presentations or poster presentations.
- Computer programs, which must be original designs and may not be for sale commercially.
- Materials display tables, which may contain small pieces of equipment, models, graphic material, booklets or data forms. Again these must have been designed by the presenter and must not be available for sale.
- Audiovisual presentations of videotapes, motion pictures, synchronised slide-sound programmes or slides with an instructional leaflet. These must also be original designs and may not be commercially produced.

The deadline for submission of abstracts is 1 September 1994.

In addition, invited speakers will take part in an international clinical lecture series and in case conferences.

Morning round-tables (over continental breakfast) and special interest meetings are planned on a variety of subjects. There is a wide choice of pre- and post-congress CPE courses and there will also be opportunity to visit renowned health care facilities.

Social activities range from official ceremonies and receptions to jazz concerts and picnics - all very tempting!

NOTE TO SASP MEMBERS

If you are thinking of presenting a paper or poster at Congress, please ensure that the abstract is submitted to the National Executive Committee by 6 June 1994. This is standard operating procedure for WCPT members, so that high standards may be maintained. The NEC will not be able to consider financial assistance to members delivering papers if their abstracts have not been seen.

The “early bird” registration fee of $275, to be paid by 21 April 1995, is surprisingly reasonable for a Congress which will offer a choice of over 1,000 presentations and is expected to attract no fewer than 12,000 participants.

POLICY PAPERS

The Standard Task Force of WCPT has circulated a series of policy papers, requesting the comments of member-organisations. NEC will be circulating these to the Branches and to appropriate Groups, Committees, portfolio holders and individuals for their comments, and it is hoped that place will have been found for their discussion during Council. The papers fall into two groups:

Declaration of principle

A Declaration of Principle records the Confederation’s agreed stance on an issue affecting the practice of physical therapy internationally.

A Declaration of Principle requires a two-thirds majority vote and should become policy for all member organisations. Declaration received to date are:

- Education
- Autonomy
- Standards of physical therapy practice
- Protection of title
- Private practice
- Support personnel for physical therapy practice
- Quality care
- The rights of the Patient/client
- Validation of practice techniques and technology
- Personnel resources planning
- Relationships with other health professionals
- Relationships with medical practitioners

Declarations on Children, Torture, and Physical Therapy and Aged Care Services have already been adopted. The Code of Ethics is being re-drafted at present, having previously been circulated to member-organisations for comment.

Position statement

A Position Statement reflects the Confederation’s preferred opinion on an issue affecting the practice of physical therapy internationally, recognising the fact that individual member organisations may be at different stages of development.

A Position Statement requires a simple majority vote and may be adopted fully by a member-organisation or may be used when debating the issue at a national level. Two have been received:

- Describing physical therapy
- Curriculum guidelines for entry level physical therapy education