

Connecting with our physiotherapy neighbours: the Asia West Pacific Region

Gill Stotter, Greg Knight, Janet Copeland

Over the past 20 years the focus in New Zealand has changed from working with our traditional trading partners in Europe and North America to Asia and the Pacific. The same shift has occurred within the physiotherapy profession. Physiotherapy New Zealand is one of the 26 countries that form the Asia West Pacific (AWP) region of the World Confederation for Physical Therapy (WCPT). The sixth conference and 16th General Meeting for the region were recently held in Taiwan. As part of the General Meeting member organisations had the opportunity to present reports that identified some of the key issues relevant to physiotherapy in their country. While some issues were particular to countries many were remarkably similar despite the fact that we have such a wide geographic spread and diverse region.

In keeping with the theme of the conference, 'Health Promotion through Physical Therapy' global health issues and their impact on the region were a key focus for delegates. The WCPT President Dr Marilyn Moffat put forward the organisation's clear vision for the profession:

"Move physical therapy forward so the profession is recognised globally for its significant role in improving health and wellbeing."

It is recognised there are steps we need to take on the way.

Non-communicable diseases were identified as one of the main health priorities throughout the region. The World Health Report (Murray 2012) looked at trends in health patterns during the time period 1999 – 2010. Diabetes has increased dramatically in Oceania as people in the region struggle with the impact of changes from their traditional diet and decreased levels of physical activity. In the broader Asia/Pacific region, and the Middle East (most of whose national organisations are members of the AWP region) stroke and ischaemic heart disease are increasing in prevalence whilst infectious diseases are decreasing. In Australasia the pattern is slightly different with chronic musculoskeletal diseases rising in prominence along with the cardiovascular diseases. However the gradual increase in body mass index leading to obesity and type 2 diabetes is pervading even the poorer countries in the region, increasing burdens on already stretched health services.

Support to raise the standard of education and lobbying to obtain a system of national registration for physiotherapists were pressing concerns expressed by many member organisations. Australia and New Zealand are in the fortunate position of having our schools of physiotherapy committed to high quality entry level degree programmes, and registration authorities that require entry level competencies to be met for registration. Not only does every physiotherapist require an annual practising certificate but also they need to demonstrate ongoing learning as a requirement for an annual practicing certificate.

Some countries in the region are not so fortunate with standards of education being variable and many still struggling to meet the minimum standards published by the WCPT. Some countries in the region still do not have a recognised registration process and there is no legal requirement to obtain an annual practicing certificate or participate in any professional development. There is also the issue of shortages of physiotherapists and other health professionals as well as a lack of physiotherapists with higher qualifications who are able to teach on the four year bachelor degree programmes.

When looking at our education programmes we need to make certain they are fit for purpose in the 21st century. A major study looking at the training of health professionals (Frenk et al 2010) acknowledged that medical education in the 20th century equipped health professionals to make enormous changes in public health through the treatment of infectious diseases leading to a doubling of life expectancy over the century. We are now faced with new challenges with the rise in non-communicable diseases. Education for health professionals needs to change quickly to ensure practitioners have the skills needed to meet these challenges. Health professionals will need to work far more in interprofessional teams and across old professional boundaries, in order to integrate new models of ongoing care, more community based rehabilitation and wellness programmes for an ageing population.

At the Congress Dr Margot Skinner presented a New Zealand model of inter-professional education. The Tairāwhiti model, where physiotherapy students join other students from different health disciplines at the University of Otago, and the Eastern Institute of Technology in a rural environment with a high Māori population. The model helps the students gain a greater understanding of rural health needs, Hauora Māori objectives, chronic condition management and importantly the role of other health professionals thus leading to more collaborative practice and effective teamwork.

It is important that our practice is supported by robust research. We need to ensure the research is communicated through the profession by events such as the AWP conference and journals of member organisations. But we also need to publicise our research so other health professionals and government organisations are aware of the evidence we have supporting physical activity interventions in the prevention and treatment of non-communicable diseases.

Consequently to be recognised on the global scene and have an impact on improving global health issues the WCPT has recognised it is essential we collaborate with national and international organisations. The WCPT has been in official relations with the World Health Organisation (WHO) since 1952. One example of this relationship is the WCPT's active promotion of the use of the WHO's International Classification

of Functioning Disability and Health (ICF), as a strong framework for physiotherapy services.

Another important organisation WCPT is a partner in is the World Health Professions Alliance (WHPA). This an alliance of international bodies representing the world's international professional organisations for doctors, dentists, nurses, pharmacists, and physical therapists representing more than 26 million health professionals. The objectives of the alliance fit well with physiotherapy objectives:

Treatment and preventions of non-communicable diseases and the recognition of the link between these and the social determinants of health

Increasing human resources for the provision of health services

Embracing collaborative practice

Supporting regulation of health professions

The General Meeting brought a diverse region closer together and increased everyone's understanding of the issues individual countries face. There is still a big gap in the region, for example China is just establishing the physiotherapy profession and is not yet a member of WCPT. However the profession is beginning to get recognised in some communities in China and schools working towards the WCPT standards are being established.

At the conference there was a positive endorsement of the profession and its role in the prevention and treatment of non-communicable diseases and a strong desire to work together, building on the existing strengths each country has. In keeping with the direction of New Zealand's overseas policies and trade links, closer relations with the Asia Pacific region are a priority for physiotherapy.

Gill Stotter

President, Physiotherapy New Zealand

Greg Knight

Vice President Physiotherapy New Zealand

Janet Copeland

Senior Policy and Research Advisor, Physiotherapy New Zealand

REFERENCES

Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, Fineberg H, Garcia P, Ke Y, Kelley P, Kistnasamy B, Meleis A, Naylor D, Pablos-Mendez A, Reddy S, Scrimshaw S, Sepulveda J, Serwadda D (2010) Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 376: 1923 -1958.

Lee I-M, Shiroma EJ, Lobelo F, Puska P, Blaire SN, Katzmarzyk PT, Lancet Physical Activity Series Working Group (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet* 380.

Murray CJLea (2012) Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1999 -2010: a systematic analysis for the Global Burden of Disease study 2010. *Lancet* 380.