

What is the WCPT?

The WCPT is a non-governmental international confederation of physiotherapy associations and is solely concerned with physiotherapy and physiotherapists. The initial planning which led to the formation of the confederation took place in 1948 and fifteen countries were represented. Those present at the meeting were Australia, Belgium, Canada, Denmark, Finland, France, Germany, Great Britain, Holland, Norway, South Africa, Sweden and the United States.

The Inaugural meeting of WCPT was held in Copenhagen in 1951 and South Africa was one of the eleven countries approved as a Founder member. The WCPT is therefore celebrating its 40th anniversary this year.

The Mission of the WCPT

To improve the quality of global health by:

1. Representing physical therapy internationally through communication, exchange of information and co-operation with international and national organisations.
2. Encouraging high standards of physical therapy through research, education and practice, by continuing to organise international congresses and other educational meetings, and by encouraging the achievement of appropriate staffing levels.
3. Encouraging the development of Regions and the communication and exchange of information between the Regions and WCPT.

Over the past 40 years General Meetings and Congresses have been arranged in order to fulfil the broad aims and objectives of the confederation. The General Meeting is the legislative body of WCPT at which delegates from the various Member Organisations establish the policies of the WCPT and elect the Executive Committee for the following four years. The congresses held at the time of the General Meeting promote communication and the exchange of ideas between all Member Organisations both formally and informally.

Twelfth General Meeting of WCPT

The Twelfth General Meeting was held in the Garden Room of the Barbican Centre, London, on 27 and 28 July. Delegates had already had the opportunity of meeting one another at a very pleasant reception held at the new headquarters of the Chartered Society of Physiotherapy on the evening of the 26th.

Delegates of forty-four Member Organisations attended the meeting. South Africa was represented by Sheena Irwin-Carruthers (voting delegate) and Jo Beenhakker and Ashia Jamal who were alternates. At present the Member Organisations of fifty-four countries are represented on WCPT, six of these being admitted to full membership this year.

In his report the outgoing President, Brian Davey of the Australian Physiotherapy Association, discussed some of the highlights of his term of office. These included the regionalisation of WCPT, increasing numbers of organisations wishing to join WCPT, the formulation of a long-term plan for the period 1991-1995, the acquisition of property for the WCPT Headquarters in London and the visits of members of the Executive Committee to Africa and to South America. The joint WCPT/WHO project on the role of physical therapy in the care of elderly people had culminated in the publication of a report which proved to be in great demand, and the Secretary-General was awarded an "outstanding paper" medal for the presentation of this project at the International Congress of Gerontology.

The visit of the Executive Committee to Africa had resulted in a very successful programme of workshops on the treatment of cerebral palsied children, the workshops being conceived, planned and executed within a year of the visit. Although the need in South America was less clear-cut, plans were launched to provide a paediatric

respiratory workshop in Chile and to assist Colombia in a radical alteration of the entire physiotherapy education system.

The President also congratulated the SASP on their actions against discrimination and wished us all success in our continuing efforts for integration. WHO had also recognised the stance taken by the SASP and had renewed its affiliation with WCPT.

Margaret O'Hare, Secretary-General, gave further details of the publications and projects undertaken by the WCPT. The report on the role of physical therapy in the care of elderly people had generated two recommendations - that Special Interest Groups should be set up where none already existed and that primary and continuing physiotherapy education programmes should include elements directed towards the care of elderly people. A meeting of representatives nominated by the Regions is planned in the near future to address the latter recommendation, and will be held at the United Nations Institute of Aging, in Malta early next year.

Additional matters of interest raised in the report of the Executive committee included liaison with the WHO. The Past President, Margrit List, had represented WCPT at meetings held with WHO in Geneva on their world wide Community Based Rehabilitation Programme and a representative from the WHO CBR unit would be attending the follow-up discussion on the cerebral palsy workshops which were presented in Africa. Ms Kuurne, a member of the Executive Committee, had also spent a period as "physiotherapist in residence" at WHO Headquarters, and in September 1991 will be attending a WHO Consultative Meeting on the education of mid-level rehabilitation workers.

Following the reports, the Meeting went into informal session for the discussion of two items - regionalisation and the proposed long-term plan.

Regionalisation

Four of the six Regions initially proposed had been formed since the Special Meeting held in 1988. These were Europe, North America, Western Pacific/Asia and Africa. Attempts were still being made to find a formula to form the South America Region. The proposed Eastern Mediterranean/Asia Region had not materialised and the member-organisations in this area had been allocated to other regions, with Egypt joining the Africa Region.

As a result of the discussions on regionalisation, several resolutions relating to the Regions were carried at the appropriate point in the agenda. These included the following:

1. The insertion of a new Article 14 covering all matters relating to the formation and administration of Regions.
2. Delineation of the aims of a Region as
 - The overall aim of a Region is to assist in the development of physical therapy within that Region.
 - Specific activities of the Region will be determined by the Region based on its needs and resources. These activities must be consistent with the objectives of WCPT.
3. Provision for non-physiotherapist members of member organisations to attend Regional Meetings.
4. A clause stating that expenses incurred by the Region are the responsibility of the member organisations of that Region.

Long-term plan

The 1988 Special Meeting made two significant decisions concerning the future of WCPT - firstly the advent of regionalisation and secondly the change back to a single vote per member-organisation. It was felt essential to define the mission and goals of this "new" WCPT and to incorporate them in a long-term plan. The Mission of the WCPT as proposed by the Committee, under the leadership of A J Fernando, was approved.

The aims envisaged for the period 1991-1995 are:

1. to continue to improve services to membership,
2. to effect advocacy for physical therapy and physical therapists worldwide,
3. to promote and evaluate regionalisation of WCPT,
4. to improve WCPT's financial base.

Activities proposed towards the achievement of these aims included the development of a policy on minimum standards for physical therapy education and practice, policy forums on crucial matters such as manpower planning and the use of aides and helpers, the definition of the scope of physiotherapy, gathering and publishing data and statistics on physiotherapy practice worldwide, developing further joint projects with international organisations, developing publications, providing documentation to assist member organisations in their interaction with Government bodies and advising countries without a tradition of physiotherapy services.

The plan also provided for the evaluation of regionalisation on a regular basis.

On the resumption of the agenda the long-term plan was adopted in principle and the identification of priorities was delegated to the incoming Executive Committee.

Following the informal discussion sessions the Meeting reverted to the agenda, covering the items detailed below.

Amendments to the Articles of Association

Articles relating to regionalisation have been discussed above.

An additional objective was approved: to comment on social and political issues affecting health.

The "good standing" of a member organisation was defined as complying with all duties found in the Article listing the duties of member organisations.

Several amendments were passed concerning the formation of Subsections (such as IFOMT) in order to ensure that such Subsections were composed only of members of member organisations and enjoyed international support. In this connection the authorisation of IFOMT as a Subgroup of WCPT was reconfirmed later in the Meeting.

Finance

The Honorary Treasurer, Mr E Boehle presented his report. As reported earlier this year, it would be necessary to increase subscriptions incrementally over the next four years to the sum of 64p (Sterling) per capita in 1995. Investment income, however, had improved as a result of consolidation of smaller WCPT accounts into one large fund placed with professional investment managers.

Fairly major income was expected from the Private Practitioners' Congress in Hong Kong in 1992 and from the 1995 Congress in the USA. It was doubtful whether this year's Congress would make any profit and both the USA and Australia queried why this should be so. It seems that the high registration fees discouraged many potential participants.

Motions

The following resolutions were carried:

1. That WCPT endorse the United Nations Convention on the Rights of the Child. (It will be recalled that the SASP had already taken this step during the 1991 Council Meeting.
2. That the General Meeting of WCPT adopt guidelines concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment. These guidelines are presented on page 62.
3. That the Ethical Principles for Physical Therapists of WCPT (1982) be brought up to date by the Executive Committee, to be endorsed at the General Meeting in 1995.
4. That WCPT will work out principles of quality standards for physical therapy.

5. That WCPT recommends to its member associations to promote in their own countries physical therapy education based on university or university-level studies to the equivalent of four years' full time study.

It is interesting that all these issues are ones on which the SASP has already taken action. Three other motions of concern to South African physiotherapists were withdrawn and referred to the Executive Committee for consideration as, although the Meeting supported the principle of each motion, it was felt that it might be prejudicial to the interests of WCPT and/or some of its member countries to adopt them in their present form. The first of these concerned advertising related to a business selling services or products related to physiotherapy. It was felt that this was not at present forbidden by WCPT, dependent upon the ethical rules of each member organisation, and that rules concerning advertising might better be stated as the rights of a physiotherapist with regard to advertising. The second resolution asked the WCPT to agree on a description of physiotherapy. In support of this resolution Norway had submitted a suggested description which covered some areas well but, as the SASP delegate pointed out, made no reference to assessment or to diagnosis. The last of these motions concerned the acceptance of acupuncture as a physical therapy modality. The Meeting recognised the right of physiotherapists to perform acupuncture but did not want to pass a resolution singling out one modality when no other modalities are at present listed by WCPT. The inclusion of acupuncture would be addressed by the Executive Committee when compiling the description/scope of physical therapy.

Election of Executive Committee

Although nominated for President, Brian Davey did not wish to stand for re-election and Professor A J Fernando was elected in his stead. "A J" (as he is usually known) is currently Associate Professor at the School of Medical Rehabilitation of the University of Manitoba, Canada. He has been President of the Association of Chartered Physiotherapists of Sri Lanka and of the Canadian Physiotherapy Association and has served on the Executive Committee of WCPT since 1978. He has delivered several papers on professional issues and led the committee which formulated WCPT's long-term plan. He was a recipient of the Queen's Silver Jubilee Medal.

David Teager of the CSP, who is well-known to many SASP members, was elected Vice-President. He is Director of the North London School of Physiotherapy and has worked as an educational consultant with the EEC. Mr Teager has served on the Executive Committee of WCPT since 1984.

The six Regional Representatives were elected as follows:

Europe – P Kuurne (Finland); Alt – A Lopez (Portugal)

N America – S Edelsberg (USA); Alt – J Mathews (USA)

S America – P Mancilla (Chile); Alt – Not yet announced

Africa – G Moya (Zambia); Alt – D Egbedeyi (Nigeria)

W Pacific – D Bauer (Australia) (Honorary Treasurer); Alt – B Baines (Malaysia)

The General Meeting went smoothly under the chairmanship of Brian Davey and the meticulous preparation by the General Secretary, Margaret O'Hare, and members of the Executive Committee, in particular Ruth Wood of the USA. The SASP would like to thank all the members of the outgoing Executive for their tireless work in developing the "new look" WCPT in the short space of three years which has elapsed since the Special Meeting held in London in 1988. We wish the incoming President and his committee everything of the best for the forthcoming term of office.

S H IRWIN-CARRUTHERS
(SASP VOTING DELEGATE)
J C BEENHAKKER ♦