



EUROPE REGION

World Confederation
for Physical Therapy

Physiotherapy Advocacy Getting the Message Out

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PHYSIOTHERAPY ADVOCACY – GETTING THE MESSAGE OUT

European Region of the World Confederation for Physiotherapy (ER-WCPT) EU Matters WG

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EXECUTIVE SUMMARY

This document has been developed following the recommendation presented to the EU matters working group stating during the ER-WCPT General Meeting in Denmark (2014):

“Establish a coalition / network within the ER-WCPT on advocacy so that the member organisations can share experiences and create common strategies at national or European level (e.g. set up a European Network on Direct Access / Self Referral, based on the different health systems)”.

Member Organisations (MOs) of the ER-WCPT are critical in creating the proactive approach to uphold the professional standards to address patients/clients needs. In order to implement these changes within the physiotherapy profession the MO's of the ER-WCPT have to engage into pursuing advocacy strategies. The EU Matters Working Group has used the Kruger Model, to describe vital steps to implement when undertaking an advocacy processes. This model includes three steps namely; 1) establishing the outcome of the advocacy measure; 2) assessing the context in which the advocacy process is implemented and 3) designing the whole strategy to present the message.

Following these steps the advocacy process includes preparing a general plan to set objectives of the advocacy process, developing a list of resources needed to implement it, present a timeline and a communication plan to get disseminate the message.

Therefore through the recommendation presented, the EU matters WG has developed this document, which outlines the basic and most important steps to implement an advocacy measure at organisational level. A matrix has been also developed to fulfil the final objective of the recommendation, which will eventually assist the MO's that are commencing an advocacy measure to consult another or various MO's that will provide information of their advocacy experience. The matrix is a living document and it can be accessed by sending an email to the ER-WCPT Secretariat.

To conclude the ER-WCPT Secretariat is inviting you to send examples of advocacy initiatives that are being implemented or were achieved in your Member State. The details of the person responsible for this matter in your MO should be sent (name and email). This will allow the MOs initiating similar advocacy measures to contact the experienced MOs through the information in this tool, last but not least this matrix could also lead to forming a future affiliation of MO's pertinent to that specific advocacy matter e.g. direct access, regulation.

The information sent to ER-WCPT will be included in a matrix, which will be available to other interested MO's upon request to the ER-WCPT Secretariat.

1. PURPOSE

This document will be a tool assisting Member Organisations (MOs) on the implementation of the recommendation of the EU Matters Working Group stating the following:

“Establish a coalition / network within the ER-WCPT on advocacy so that the member organisations can share experiences and create common strategies at national or European level (e.g. set up a European Network on Direct Access / Self Referral, based on the different health systems)”.

2. ADVOCACY OR LOBBYING

Advocacy: Action to try and transform “What is in” and “what should be” driving a particular idea, such as the need to establish a policy or law as public advocates and citizens.

Lobbying: Employing persons to influence legislators to sponsor laws that further one's own interest or inhibit those of one's opponents.

Stating your position on specific legislation to legislators or other government employees who participate in the formulation of legislation or urge your members to do so (direct lobbying).

3. ADVOCACY DEFINITION

“Advocacy is a planned process for influencing people, to achieve a specific outcome – most obviously, the process of getting decision-makers to make a policy or practice change. But advocacy might also be about changing individuals’ knowledge, attitudes and behaviours.”
ER-WCPT, 2014

Professional organisations and associations are critical for generating the energy, flow of ideas, and proactive work needed to maintain a healthy profession that advocates for the needs of its patients/clients and professionals, and the trust of society (Matthews, 2012). Despite the importance of this role, however, little is known about how it might be understood and developed within physiotherapy.

4. RATIONALE. WHY ARE ADVOCACY MEASURES FOR THE PHYSIOTHERAPY PROFESSION NEEDED?

1. To inform and make sure physiotherapists are currently and appropriate recognised for the services provided to individuals.
2. To inform and make sure that the physiotherapy workforce is addressing population needs to promote, maintain, develop and restore health, maximum movement and functional ability throughout the lifespan.
3. To ensure the scope of physiotherapy practice is dynamic and responsive to patients and society health needs.
4. At a national level, physiotherapy associations (Member Organisations) should be responsible for defining physiotherapy and physiotherapists' roles relevant to their country health service, delivery needs, ensuring that they are consistent and aligned with accepted international and European guidelines set out by WCPT, ER-WCPT and their Member Organisations (MOs).

5. ADVOCACY STRATEGY

5.1 Advocacy Strategy Principles are:

- Change objectives / Evidence.
- Change targets.
- Change levers.
- Partners.
- Opponents.
- Variables.
- Risks.

5.2 Key issues to define an advocacy strategy:

1. Assess the value of your advocacy purpose on the target (patients/clients/professionals).
2. Consider the type of health system in which your organisation (MO) is operating (universal coverage, public, private, insurance, mixed system).
3. Stakeholders that would be addressed in the advocacy measure (politicians, patient's organizations, trade unions and voluntary organizations).
4. Position of the physiotherapists within the health system and how are they considered by other health professionals and public.
5. Content of the message to advocate supported by evidence based approach.
6. How to measure the impact of your actions on the target (patients/clients/professionals).

6. HOW TO DO IT? IMPLEMENTING AN ADVOCACY PROCESS

An advocacy process is constituted of three domains:

- 6.1) Outcome
- 6.2) Context
- 6.3) Strategy /Actions

Figure 1: Kruger Model (2014) describing the three domains constituting advocacy.



6.1 Outcome

Outcomes can range from organisational to individual levels. Organisational outcomes are policy and practice changes and individual outcomes are changes in knowledge, skills, attitudes (or beliefs) and behaviours (or actions).

Examples:

- i. Organisational outcomes – restructuring of the regulatory body.
- ii. Individual outcome – implementation of the guidelines in your physiotherapy practice¹.

6.2 Context

The context has to be determined to be able to analyze the factors that can act as barriers or facilitators to the implementation of the outcome. In the European Union there are various health systems amongst which are publically or privately funded. Advocacy measures have to be aligned with the financing system of the national health system meaning that an advocacy measure that is successful in one Member State should not necessarily be successful in another Member State. To be able to assess if an advocacy measure is adequate for a specific national health system a context analysis has to be performed.

The context analysis is performed via a PESTLE analysis that is:

Political
Economic
Social
Technological
Legal
Environmental

¹ An example is the application of the European Physiotherapy Guidelines for Parkinson's Disease as per link:<http://www.parkinsonnet.info/guidelines/european-guidelines>

6.3 Actions related to the strategy

Actions may include the following:

- Gather the evidence / undertake research.
- Prepare business case.
- Prepare for a submission (dossier/statement/business case).
- Meeting with stakeholders.
- Set up coalitions.
- Meeting with politicians.
- Meeting with governmental officer.
- Develop a communication strategy (e.g. campaigns, social media, posters / flyers or public demonstration).

The three domains are inter-related and therefore one is dependent on the other.

6.4 Practical Examples of Professional Advocacy

Protection of “physiotherapy” professional title Ireland

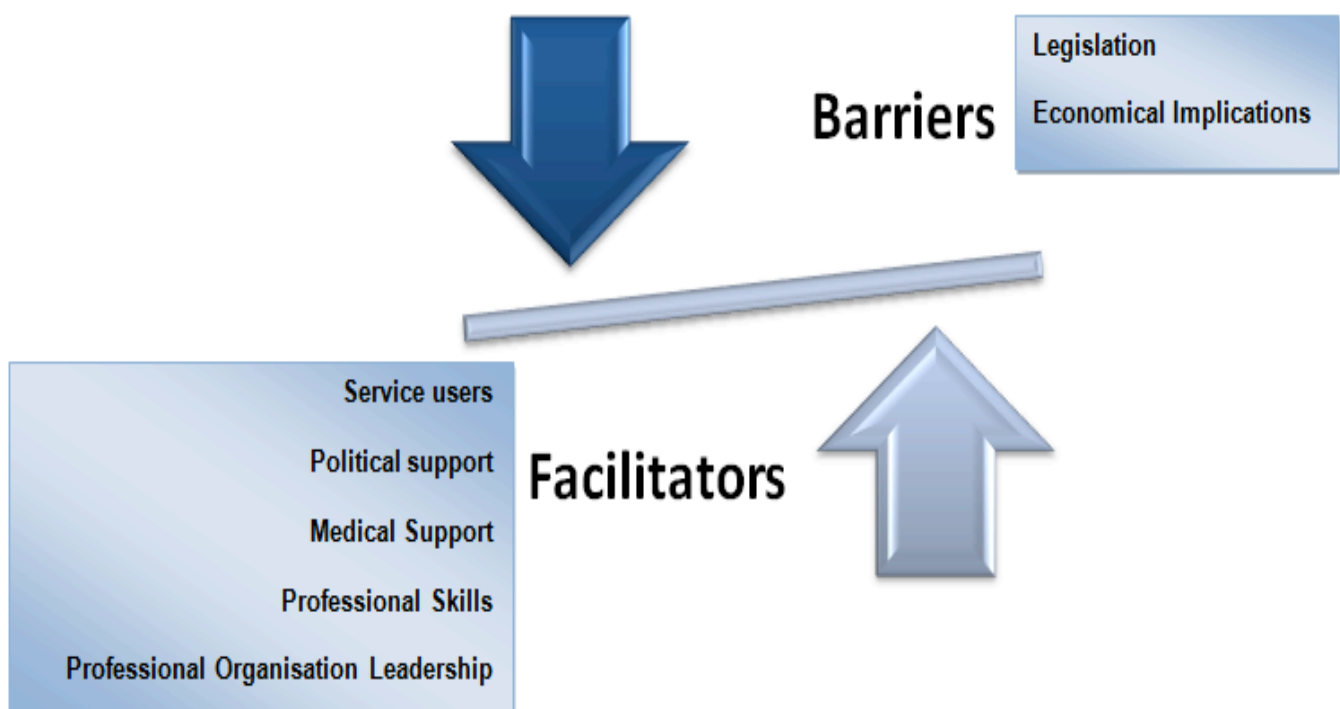


Figure 1: The factors that influenced the regulation of the professional titled in Ireland.

Independent prescribing of medicines by physiotherapists in the UK

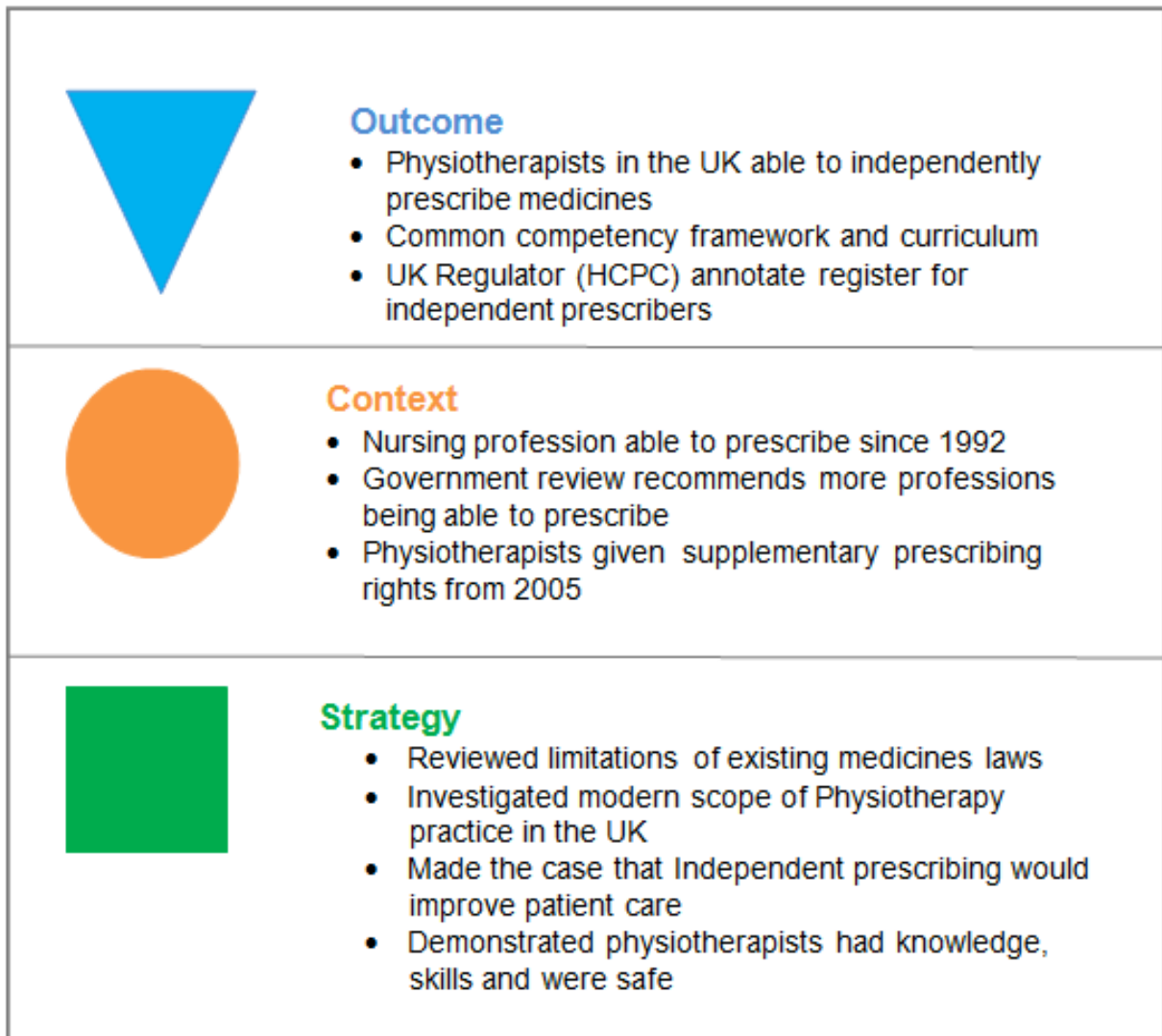


Figure 2: Kruger Model adapted for Independent prescribing of medicines by physiotherapists in the UK

7. PUTTING THEORY INTO PRACTICE

STEP 1) Prepare a general plan and set objectives.

- A well-defined plan with various strategic options should be presented.
- Objectives should be realistic and transparent.
- Coalition building and strategic alliances take into account other possible interests and stakeholders.
- Be ready to negotiate!

STEP 2) Develop a strategy by listing the resources needed, present a timeline and a communication structure.

- Who?
- What?
- Which approach?
 - Direct approach / contact – with the decision makers.
 - Indirect approach/contact – through others.
 - Top-down approach / contact – with the authority over the decision.
 - Bottom-up or indirect approach / contact – with public opinion².
- How?

Direct approach / Top-down approach / contact:

- Position paper.
- Personal contacts and networking.
- Formal and informal meetings.
- Open letter.
- White paper (specific measures) and green paper (situation points).

Bottom-up or outside approach / contact:

- Social Media
- Events, such as seminars, workshops, exhibitions
- Why?
- When?
 - The earlier the better, it is cost-effective.
- Where?

STEP 3) Evaluate all these stages in your process.

- I. To measure the level of success.
- II. To identify lessons learnt (we need to learn from what did not work as well as from successes).
- III. To do follow up activities after the action.
- IV. **To thank all of those contacted.**

8. CHECKLIST

8.1 Checklist 1

Define what you want.

- Ultimate goal.
- Short-term objectives.
- Define it with your members' ownership.
- Areas for negotiation and red flags.

² All of the mentioned approaches could be used separately or simultaneously.

8.2 Checklist 2

Define your messages (3 max. ideally!)

- Facts and figures – to back them up.
- To convince people to take action!
- By stating why your actions will make this change or by stating why should people act on them?
- Keep it Simple.

Know your landscape and your actors.

- Situational and stakeholder assessments.
- Who takes the decisions (people and organisations)?
- Who are your allies and your opponents? What are their positions?
- How can you access decision makers? Who influences your primary targets?
- Who are your champions of change?

8.3 Checklist 3

Know your processes.

Know your timing.

Select your vehicle and strategies.

Resource planning.

Monitor, assess and adapt if necessary.

9. FINAL REMARKS

Advocacy is a process. Although being time consuming and plenty of resources are need to be allocated for its implementation, a proactive approach is one of the key factors to success therefore the earlier you start, the better the results!

Will it be easy?NO
Will it be worth it?.....Absolutely

10. REFERENCES

Matthews, J.H. (2012) *Role of professional organisations in advocating the nursing profession. OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 3. Retrieved on 30th August 2015

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