European Congress on Physiotherapy Education –

Latest News

The Executive Committee encourages all physiotherapists from the European Region of WCPT to participate in the European Congress on Physiotherapy Education that will be held in Estoril, Portugal, on 4-5 November 2004 and in the ER - WCPT’s Post-Congress seminar on 6 November. We are glad to inform you that participants from thirty countries have registered. On the congress website www.apfisio.pt/ecpe you can find the list of participants already registered, with their contacts addresses. If you are not registered yet, the registration form is available on the website.

Please note that the congress is not aimed only at teachers and students, but all involved in the issues related to clinical education, recruitment and employment or accreditation, and/or continuous professional development. It is possibility to learn and share ideas. An International Students Forum will be held on the 6th of November.

The final programme of the Congress is now available on the webpage. Now you can start planning the sessions that you are interested in attending.
http://www.apfisio.pt/ecpe

First meeting of the Working Groups. Distribution of responsibilities among their members for the period 2004-2006.

The three working groups had their first meeting after the appointment of members for the period 2004 – 2006 (see newsletter 5). They revised the priority activities which were suggested in the discussion sessions at the General Meeting 2004.

The working groups have distributed work responsibilities related to priority actions as follows:
Education Matters Working Group

- European Physiotherapy Benchmark Statement – Charlotte Hager-Ross and Nina Holten
- Policy Statement on Physiotherapy Education – Eric Pastor
- Quality assurance measures in higher education - Charlotte Hager-Ross and Grahame Pope
- Specialisation for Physiotherapists – Nina Holten and Regina Jetzinger
- Continuous Professional Development and Life Long Learning Issues – Nina Holten and Grahame Pope
- Monitoring the developments of the need for re-registration/re-certification – Grahame Pope
- Monitoring of the accessing countries
- ER-WCPT Website – Education button and Collect data from the Member Organisations regarding Information on Education – Regina Jetzinger and Eric Pastor

Professional Issues Working Group

- To implement a “Framework on Clinical Guidelines” as a tool used in the Member organisations in the European Region of WCPT - Philip van der Wees
- To create a network on prevention and promotion of healthy lifestyles - Natalie Beswetherick
- EU funding in the field of public health - Philip van der Wees
- To collect data about member organisations involvement in ICF and Bone and Joint Decade - Malene Haneborg
- Annual Update of information on standards of practice

EU Matters Working Group

- Migration – Elisabeth Haase and Liz Carrington
- Enlargement – Maria Suwalska and Sigrún Knútsdóttir
- Health issues in the EU – Hans de Boer and Pedro Vergara
- EU Legislation - Sigrún Knútsdóttir

Recognition of Professional Qualifications

The Directive on Mutual Recognition of Professional Qualifications adopted by The European Parliament at first reading, on 11 February 2004, in Strasbourg was not agreed to by the European Commission. It presented a new proposal to the Council. The Council reached political agreement by a qualified majority, with the German and Greek delegations voting against, on the proposal for a Directive on the recognition of professional qualifications. Once the text has been formally adopted it will be submitted to the European Parliament for second reading. The working groups are waiting for the new text to evaluate it.

"The Bone and Joint Decade 2000-2010"

On January 13th, 2000, the Bone and Joint Decade was formally launched at the headquarters of the World Health Organization in Geneva, Switzerland. The goal of the Bone and Joint Decade is to improve the health-related quality of life for people with musculoskeletal disorders throughout the world. These disorders are the most notorious and common causes of severe long-term pain and physical disability, affecting hundreds of millions of people across the world. The Decade aims to raise awareness and promote positive actions to combat the suffering and costs to society
associated with musculoskeletal disorders such as joint diseases, osteoporosis, spinal disorders, severe trauma to the extremities and crippling diseases and deformities in children.

The goal of the Bone and Joint Decade is to improve the health-related quality of life for people with, or at risk of musculoskeletal conditions throughout the world. This will be achieved by:

- Raising awareness of the growing burden of musculoskeletal conditions on society.
- Empowering patients to participate in their own care.
- Promoting cost-effective prevention and treatment.
- Advancing understanding of musculoskeletal conditions through research to improve prevention and treatment.

No one single organisation alone can accomplish the desired benefits for the patient or his or her family. The Decade is a multi-disciplinary, global campaign that will implement and promote initiatives in all parts of the world. These will be developed in partnership with appropriate patient, professional and scientific organisations, companies, healthcare providers, governments and non-government organisations in consultation with global and regional stakeholders.

All the goals effect Physiotherapy. It is highly important for us as a professional group involved in treating musculoskeletal disorders to be a member of the National Action Network to meet with national governments and public health authorities to seek their endorsement and continuous support to recognize, document and remediate the burdens of musculoskeletal disorders.

If possible a representative from the national professional organisation should be appointed in the National Steering Committee. This is the only way to get influence in the BJD and their campaign on national level.

Objectives of the strategy
Musculoskeletal diseases are influenced by many factors both genetic and environmental. The WHO has worked in collaboration with the BJD in identifying the global burden of musculoskeletal conditions to facilitate the development of priorities and strategies for their prevention and treatment. The BJD is working with the WHO and World Bank to develop evidence-based strategies for reducing musculoskeletal disability in developing countries, and with the European Community to develop strategies for prevention and treatment across Europe. Specific evidence-based recommendations for primary, secondary and tertiary prevention have been identified by the European Bone and Joint Health Strategies Project and Disease Control Priorities Project. This gives the knowledge base of what the problems are, and what can and should be achieved. The challenge, for the Physiotherapists too now, is how to implement these recommendations and overcome the barriers at national and local level.

Dutch Presidency – Shaping the EU Health Community
The Dutch Presidency of the European Union organised an informal Health Council on 9-10 September 2004 in Noordwijk, the Netherlands, which was focused on the theme of ‘Health and the Internal Market’. In conjunction with the Health Council, an international conference was held in The Hague, Netherlands on 7-9 September 2004, entitled Shaping the EU Health Community: Balancing
Health, Social Development and Internal Market. The conference was organised by the Netherlands Institute for Care and Welfare (NIZW). The objectives of the conference were:

- To focus the EU internal market on improving citizen’s health;
- To highlight the effects of varying contexts and perceptions of health across Europe and to make the effects of health, social development and internal market / public private mix in the EU health community explicit;
- To identify shared interests and challenges and to identify opportunities to exchange best practices and experience;
- To offer information, data and policy suggestions for an EU health strategy to the European institutions (Council and Parliament) as well as national policy-makers.

Further Information: [http://www.euhealthcommunity.org/default.aspx](http://www.euhealthcommunity.org/default.aspx)

**EU wants to promote good mental health among young people**

Suicide is the third largest cause of death among adolescents worldwide and the leading cause of death amongst teenage girls. What can the EU and its Member States do to deal with the growing burden caused by mental illness? A conference held in Luxembourg on 20-21 September, organised by the European Commission, the WHO Regional Office for Europe and the Health Ministry of Luxembourg, paved the way for the ministerial conference on mental health due to take place in Helsinki in January 2005. Experts gathered at the conference said that mental illness is, to a large degree, preventable, especially if preventive actions take place in the early phases of life and involve primary care doctors, community groups, patients, their families and the general public. However, there are many gaps between what could be done and what is being done, both in prevention and in care. Further information: [http://europa.eu.int/comm/health/ph_determinants/lifestyle/mental/ev_20040921_en.htm](http://europa.eu.int/comm/health/ph_determinants/lifestyle/mental/ev_20040921_en.htm)

**Good health for all – the future of health in Europe**

Boosting the economy through better health: Commissioner Byrne launched a reflection process on the future of EU health policy

A healthier and more competitive Europe: On 15 July, Health and Consumer Protection Commissioner David Byrne set out his vision on how to achieve this goal. Speaking at the European Policy Centre in Brussels, he outlined his view of the key principles that ought to guide the development of EU health policy over the coming years. These include the role of good health as a driver of economic growth, the need to promote good health and prevent disease, rather than just treating illness, and the urgency of addressing health inequalities both between Member States and within them.

Making health a shared responsibility of citizens, national governments and the EU is at the heart of this reflection. The EU has a crucial role to play here by fostering synergies and partnerships between Member States and between governments and civil society. It can also foster the networking of Europe’s health expertise. Commissioner Byrne’s reflections on future policy developments have been made available on the Commission’s Public Health website. Public bodies, interest
groups and individual citizens are invited to contribute to the reflection process by 15 October. Further information: http://europa.eu.int/comm/health/ph_overview/strategy/health_strategy_en.htm

Markos Kyprianou proposed as next Commissioner for Health and Consumer Protection
On 12 August, José Manuel Barroso, President-designate of the European Commission, announced the division of responsibilities among the team of Commissioners due to take up office on 1 November. He appointed Cypriot Markos Kyprianou as the next Commissioner responsible for Health and Consumer Protection. Further Information: http://www.europarl.eu.int/hearings/commission/2004_comm/pdf/speca_kyprianou_en.pdf

Overview of European Parliament groups
The newly elected European Parliament numbers 732 representatives from all 25 EU Member States. In the 1999-2004 Parliament there were 7 political groups which are now being revised as a result of the electoral success or failure of certain parties.
1) PPEDE (Group of the European Peoples Party and European Democrats)

2) PSE (Group of the Party of European Socialists)
Website: http://www.socialistgroup.org

3) ALDE (Group of the Alliance of Liberals and Democrats for Europe)
Website: http://eld.europarl.eu.int/

4) GREENS/EFA (Group of the Greens/European Free Alliance)
Website: http://www.greensefa.org

5) GUE/NGL (Confederal Group of the European United Left/Nordic Green Left)
Website: http://www2.europarl.eu.int/gue/showPage.jsp

6) UEN (Union for a Europe of Nations Group)
Website: http://www.europarl.eu.int/uen/

7) ID (Independence and Democracy Group)
Website: http://www.europarl.eu.int/edd/

New European Parliament committees
The number of EP committees has increased from 17, in the 1999-2004 terms, to 20 in the new Parliament, 2004-2009. The committees most relevant to Health are:
- Environment, Public Health and Food Safety (63 members)
  Chair: Karl-Heinz FLORENZ, Group of the European People’s Party (Christian Democrats) and European Democrats, Germany.
- Internal Market and Consumer Protection (40 members)
  Chair: Philip WHITEHEAD, Socialist Group, UK.

119 Boulevard Louis Schmidt, B 1040 Brussels
Tel: +32 2 7438232 Fax: +32 2 736 8251
Email: physio.europe@tiscali.be Web-site: www.physi.eu.org