Report on the activities undertaken on Clinical Guidelines

ADOPTED at the General Meeting 22-24 May 2008 Athens, Greece
REPORT ON THE ACTIVITIES UNDERTAKEN ON CLINICAL GUIDELINES

European Region of the World Confederation for Physical Therapy (WCPT)

Professional Issues WG

Introduction

Based on the strategic plan of ER-WCPT the Professional Issues Working Group worked in the period 2006-2008 on three objectives in relation to the development and implementation of clinical guidelines:

1. To promote further development and implementation of clinical guidelines within ER-WCPT.
2. To update the database of clinical guideline development in ER-WCPT
3. To develop tools for the implementation of clinical guidelines

To promote further development and implementation of clinical guidelines

On 10 and 11 November 2006 ER-WCPT organised an invitational conference about clinical guidelines in Amsterdam, the Netherlands. The conference was held during the annual congress of the Royal Dutch Society for Physical Therapy (KNGF). The full report of the conference can be found in Annex 1.

One of the results of the invitational conference was the recommendation to become a member of the Guidelines International Network (G-I-N). The Guidelines International Network is a major international initiative involving organisations from around the world. G-I-N seeks to improve the quality of health care by promoting systematic development of clinical practice guidelines and their application into practice.

In 2007 ER-WCPT became a full member of G-I-N and presented itself at the General Meeting and Congress of G-I-N in Toronto, Canada in August 2007. ER-WCPT is currently discussing the possibility to get full access to the G-I-N database for every Member Organisation of ER-WCPT.

One of the topics discussed at the G-I-N conference was the adaptation of existing guidelines. The ADAPTE Collaboration has developed a systematic approach for the adaptation of guidelines produced for use in one cultural and organisational context to be used in a different cultural and organisational context. The manual for this systematic approach can be obtained from the website of ADAPTE, if one is willing to participate in a project to test the manual.

Websites: www.g-i-n.net | www.adapte.org
Database of clinical guideline development
The first version of the database of clinical guideline development was presented at the General Meeting in 2006 in Sibenik, Croatia. The database has been updated based on information from the contact persons within the network of clinical guideline developers. It must be noticed that the database is a ‘living’ document which will be updated continuously. The General Meeting in Athens Greece in 2008 will be used to check the current database among the Member Organisations of ER-WCPT. The second version of the database is shown in Annex 2.

Tools for the implementation of clinical guidelines
Grimshaw et al. (2004) conducted a systematic review of effectiveness and costs of different guideline dissemination and implementation strategies in health care from studies published up to 1998. Within the Cochrane Collaboration, the Effective Practice and Organisation of Care Group (EPOC) has published many systematic reviews about the effects of guideline implementation. No reviews have been published to specifically review the effects of guideline implementation strategies in physiotherapy. Currently, a review of the effectiveness of clinical guideline development in physical therapy is under construction.

We have listed three relevant publications about the development and implementation of clinical guidelines. The full text articles can be obtained from the website of Biomed Central (www.biomedcentral.com):

van der Wees PJ, Hendriks EJ, Custers JW, Burgers JS, Dekker J, de Bie R Comparison of international guideline programs to evaluate and update the Dutch program for clinical guideline development in physical therapy. BMC Health Serv Res. 2007 Nov 23;7(1):191


Annex:
• Report of invitational conference, 10 and 11 November 2006
Annex

Report of Invitational Conference Clinical Guidelines
REPORT OF INVITATIONAL CONFERENCE CLINICAL GUIDELINES

European Region of the World Confederation for Physical Therapy (WCPT)

Professional Issues

Introduction

On Friday November 10 the working group Professional Issues of the European Region of WCPT organised an invitational conference about clinical guidelines in Amsterdam, the Netherlands. The conference was held during the annual congress of the Royal Dutch Society for Physical Therapy (KNGF). On Saturday November 11 an international program about challenges for the future in physiotherapy was part of the congress theme. Around 50 representatives of Member Organisations of the European Region of WCPT were present.

The objectives of the conference were:

1. To strengthen the existing network on Clinical Guidelines developers in the European region of WCPT
2. To facilitate involvement of Member Organisations of WCPT in multi-disciplinary guideline development within their country.
3. To promote adaptation of existing (international) guidelines for national or local use

Friday November 10

The conference was opened by Antonio Lopes, chairman of the European Region of WCPT. He stressed the importance of clinical guideline development and collaboration between Member Organisations of the European region.

Low back pain guidelines

On Friday morning similarities and differences between existing clinical guidelines Low Back Pain were discussed. Professor Maurits van Tulder introduced the multi-disciplinary European guidelines for acute low back pain, while Dr. Erik Hendriks and dr. Anne Jackson presented the physiotherapy specific low back pain guidelines in the Netherlands and UK respectively.

The multi-disciplinary guideline appeared to be described at a general level, to be used by all health care professionals. The physiotherapy guidelines were more specific and closer to daily practice for the physiotherapist. The physiotherapy guidelines showed for the most part similarities in recommendations, although some (smaller) differences were apparent, due to
differences in current practice between UK and the Netherlands, but may also be caused by
different interpretation of the evidence.

Professor Rob de Bie, as chair of the session, showed some of the benefits and pitfalls of
using evidence in clinical guidelines. Although evidence from research is essential for
developing guidelines, only relative small parts of guidelines are really based on evidence.
More research is needed to fill the gaps. Also, the use of evidence to formulate
recommendations may be different due to national and or local circumstances. Part of
discussion was about the difficulty to implement clinical guidelines. Physiotherapists are not
always eager to use evidence to change their treatment of patients.

Conclusion of the morning session was that multi-disciplinary guidelines, as general ‘mother’
guideline for all health care professionals are useful instruments to describe the full range of
care and to stimulate collaboration between professionals. Physiotherapy specific guidelines
are very useful to support and guide daily physiotherapy practice.
Implementation of guidelines is still a major issue in most countries, because to change
professional behaviour towards evidence-based practice requires much effort.

Collaboration and implementation
During the afternoon session short presentations were used to introduce involvement of
physiotherapists in multi-disciplinary guideline development (Judy Mead), a plan of action for
guideline development in Nordic countries (Heidi Anttila), Review of CSP guideline
development programme in the UK (Ralph Hammond), adaptation of existing guidelines
(Philip van der Wees), and implementation of existing guidelines in Lebanon (Claude
Maroun).

The introductions were used as warming-up for interactive discussion in subgroups. Three
themes were discussed:

  a. Collaboration between guideline developers in the European Region of WCPT

The subgroup recommended that information should be available about development of
clinical guidelines by member organisations of the European Region of WCPT. When
information is available, Member Organisations may be able to agree to share work, primarily
by doing joint systematic reviews. Based on the collected evidence, each Member
Organisation can use the evidence to formulate recommendations for their own specific
national circumstances.
b. Adoption and implementation of clinical guidelines for use at national or local level.

The recommendations from the subgroup were to prepare a position paper about the use of clinical guidelines by Member Organisations of WCPT, individual physiotherapists and government. The position paper can be used to facilitate the understanding and implementation of clinical guidelines. Furthermore the European region of WCPT should seek collaboration with the ADAPTE group (for a project to test their protocol for adaptation of guidelines). Possible projects are testing the ADAPTE manual in Germany (by ZVK), and to explore the use of the manual by the Nordic countries.

c. Involvement of member Organisations in multi-disciplinary guideline development at national level.

To enhance physiotherapy involvement in multi-disciplinary guideline development, the subgroup recommended facilitating access to clinical guideline across Europe by keeping the database of the European Region of WCPT up to date. The European Region of WCPT should become a member of the Guidelines International Network (GIN).

**Saturday November 11**

The theme of the Saturday program was ‘challenges for the future’. Brenda Myers (secretary general of WCPT) opened the session and noticed that to support Member Organisations will be the main challenge for WCPT. Worldwide several topics need to be addressed: level of education, stimulation of direct access, relation with other medical professions.

Professor Paul Helders (Netherlands) gave an overview of developments in physiotherapy claiming that ‘you don’t have a future if you don’t have a past’. He showed the paradigm shift in physiotherapy from disablement to enablement, leading to a focus on daily functioning of the patient. Physiotherapists should be proud of their profession and should read, publish and discuss the developments.

The swift developments in physiotherapy were confirmed by professor Ann Moore (UK) who showed the increase of PhD physiotherapists from 6 in 1996, while UK has currently 200 PhD’s. The future of physiotherapy in the UK will depend on a good level of education for both professional and scientific performance.
In the afternoon Dr. Lisa Saladin (USA) showed some of the current problems in the USA. Although direct access is regulated by law in most states, many insurance companies do not reimburse direct access. Also collaboration between physicians and physiotherapists is becoming more difficult, because many physicians are owner of physiotherapy clinics which reduces the autonomy of the physiotherapists.

The lack of evidence in physiotherapy and bias of published evidence was topic of discussion in the presentation of Professor Rob de Bie (Netherlands). Research is expensive and physiotherapy is not sexy enough for financiers. Research is not always of high quality and may be difficult to apply. Continuing education is essential for implementation of evidence in daily practice.

Dr. Gro Jamtvedt (Norway) showed the massive amount of research in the field of physiotherapy. Almost 8,000 RCT are currently available, compared to 2,500 in 2002. But the availability of evidence does not necessarily reflect daily practice. Her statement was that the patient should be more involved in clinical decision making, based on the definition of evidence based practice.

The last presenter of the day was dr. Bas Haring (Netherlands), who showed his views for the future as a philosopher. He hypothesised that developments in physiotherapy will be gradually, and not in huge steps. Physiotherapy is not about dramatic developments like cardiac surgery, but more like a growing body of knowledge as in psychiatry.