Discussion document – Proposal on Thematic Working for 2020 - 2022

Part 2 - online in real time Friday 9th and Saturday 10th October
# INDEX

1. Background ........................................ 3
2. Rationale for a thematic approach that crosses all the WGS .... 4
3. Rationale for choice of themes ....................... 5
4. Proposal ............................................ 6
5. Objectives of the proposal ................................ 6
6. Appendix 1 - Advocacy and EU Matters Working Group .... 7
7. Appendix 2 - Education Matters Working Group ............. 9
8. Appendix 3 - Professional Practice Working Group ......... 11
9. Appendix 4 – Examples of relevant stakeholders ............. 12
Discussion document – Proposal on Thematic Working for 2020 - 2022

1. Background

Since their establishment, the Working Groups (WGs) of the Europe Region World Physiotherapy have served the Region well. They have developed and, where appropriate, revised policies, briefing papers and position statements, surveyed MOs and provided reports and recommendations to General Meetings. Work also included providing responses and information to MOs on EU policies and obligations as well as engaging with profession related organisations and the EU.

In keeping with good practice, the Executive Committee reviewed the structures and organisation of the WGs to ensure they remain ‘fit for purpose’ in the rapidly changing health environment.

Much of the major work, undertaken in the past, now needs only to be reviewed and updated as required. Information previously collected from surveys of the Member Organisations (MOs) has been transferred to the database which the MOs can update annually. In February 2019, the Professional Practice Working Group (PPWG) started to explore ways in which we could enhance the work of the Region and the Working Groups in the next term.

Initially the PPWG explored the professional challenges facing the profession. The idea of the WGs working on some common themes emerged from the discussions and a proposal was subsequently made to the Executive Committee. Following further discussion at executive level, in September 2019, the EC used the joint Working Groups’ meeting to test the proposal and seek the views of all three WGs. Overall there was broad acceptance of the proposal and it was agreed that the EC would propose to the General Meeting that Working Groups would focus on two common themes.

Each WG would maintain its core work and share the work from its respective perspectives on an agreed theme/s that would be common to all WGs. This is not intended to replace the core work of the WGs.
2. Rationale for a thematic approach that crosses all the WGS

1. Helps to maintain the Working Groups as ‘Fit for Purpose;’
2. It is acting strategically – developing a high-level aim (goal directed impact) such as Goal 3 of the UN Sustainable Development Goals 2030 and other related goals of WHO Europe and the EU;
3. It is in keeping with the Europe Region World Physiotherapy Strategic Objectives;
4. A theme-based agenda which focuses the workload would increase the impact;
5. Convergence of work with a common purpose, represents a joint effort on behalf of the MOs which would provide MOs with a body of work they could use in their respective countries;
6. Would maximise the collective potential of the WGs contributing to a single theme from their distinct and respective perspectives, knowledge and expertise (covering sourcing and collating the evidence, disseminating and promoting, advocating and influencing);
7. Would help to give added value/impact to profession in Europe;
8. Would enhance the promotion and recognition of physiotherapy in Europe; and
9. Working on themes has the potential to have physiotherapists with theme-specific expertise on the WGs. (The Europe Region World Physiotherapy Executive Committee could, in its call to the MOs for the next Working Groups (2020-2022), specifically state that ‘attributes related to each theme would be desirable).

Five themes were suggested and explored and Cancer (Ca) and Musculoskeletal Disorders (MSDs) were subsequently chosen.

In its document, Health systems respond to Noncommunicable diseases: time for ambition (2018), WHO Europe states the Region has made ‘great progress in reducing the burden of non-communicable diseases (NCDs) by taking intersectoral action and strengthening health systems, two key commitments in Health 2020, the European health policy, and the Sustainable Development Goals. The report states that the process needs to be accelerated and recommends health systems can be improved in order to respond more effectively to the challenges posed by NCDs. The report focuses on selected areas of health system strengthening, including (among others) continuous and integrated delivery of services (public health, primary care and specialist care), people-centeredness and the health workforce.
Regarding Cancer – the WHO states:

- The burden of non-communicable diseases in developing countries has increased.
- Every year, around 10 million people worldwide are newly-diagnosed with cancer.
- Approximately 7.5 million people die of cancer annually, (two-thirds in developing countries).
- If unchecked, another 84 million will die in the next decade.

The new EU Health Commissioner (Stella Kyriakides, Cyprus) has made ‘Beating Cancer’ the major focus of her term and recently launched a Europe wide public consultation process on the plan. The Europe Region World Physiotherapy was represented at the launch.

Regarding Musculoskeletal Disorders – the WHO states:

- They are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally.
- They are not just conditions of older age – they are relevant across the life-course. Between one in three and one in five people live with a painful and disabling musculoskeletal condition.
- They significantly limit mobility and dexterity, leading to early retirement from work, reduced accumulated wealth and reduced ability to participate in social roles.
- They account for the greatest proportion of persistent pain conditions
- They are highly prevalent among multi-morbidity health states; prevalent in one third to one half of multi-morbidity presentations, and very commonly linked with depression.

The Work Foundation Europe states that the impact of (MSDs) on an individual’s ability to work in turn impacts on economies and society as a whole.

EU-OSHA the EU Agency for workplace safety and health is about to embark on a major two-year campaign to prevent MSDs in the workplace. The Europe Region World Physiotherapy has already engaged with the Agency about becoming a stakeholder partner in the campaign.

3. Rationale for choice of themes

1. They cover major physiotherapy practice issues;
2. There is strong evidence for physiotherapy in both themes;
3. Physiotherapy is a major profession involved in these two major health areas and makes an enormous contribution both in prevention and treatment;
4. They would align the work of the WGs to the future direction of health care;
5. We know there is a societal value of physiotherapy in Cancer and MSDs;
6. There are WCPT subgroups related to the themes and MOs with related Interest Groups;
7. There are several organisations (Appendix 4) within Europe related to the themes with which the Europe Region could link or join - to benefit from and/or contribute to;
8. Knowledge of the evidence and the role of physiotherapy is well known in MSDs but it is not as well known in Cancer; there is a need to demonstrate the evidence for physiotherapy in the care of the patient with Cancer;
9. The evidence can be used to influence the funders i.e. the politicians. To convince about the cost effectiveness of physiotherapy in these themes, in both prevention and treatment; and
10. They are politically important themes (‘hot topics’) in Europe and as such have a greater possibility of attracting support/funding and, of influencing, impacting /enhancing the profile of the profession.

4. Proposal

The Working Groups would focus on two significant themes during the next term; Cancer (Ca) and Musculoskeletal Disorders (MSDs), which would be covered from the different perspective of each group, in order to enhance the promotion, recognition and impact of the role of physiotherapy in both themes, and the profession as a consequence, in the European Region.

5. Objectives of the proposal

1. Enhance the promotion of physiotherapy (and the profession) in Europe by focusing on a concentrated approach to two health areas in which physiotherapy has a significant role.
2. Enhance the recognition of the role of physiotherapy in Cancer Care and MSDs
3. Ensure that every patient receives the physiotherapy to which they are entitled
4. Enhance and maximise the impact of the work of the WGs.
5. Align the core work of the Working Groups with the focus of global and European targets for health including the UN Sustainable Development Goals for 2030, the WHO 10 threats to global health 2019, the WHO 9 voluntary global NCD targets for 2025 and Health 2020, the European Policy for Health and Wellbeing.
The joint WGs identified six questions for the separate groups to consider in relation to their specific role in each theme. Please See Appendices 1,2 and 3 for the preliminary explorations by each group.

### 6. Appendix 1 - Advocacy and EU Matters Working Group

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<thead>
<tr>
<th>A&amp;EUMWG</th>
<th>Cancer</th>
<th>MSDs</th>
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<tbody>
<tr>
<td><strong>1. Objective</strong>&lt;br&gt;What do we want to achieve?</td>
<td>Enhance recognition of the role of physiotherapy in cancer prevention and the care of people living with cancer&lt;br&gt;Position the physiotherapist:&lt;br&gt;- in the comprehensive and individual care throughout the entire treatment pathway from the diagnosis to recovery;&lt;br&gt;- as stakeholders in the process of pre- and post- oncology treatment and in the process of pain and lymphoedema management;&lt;br&gt;- as a critical reinforcement element in supporting the patient to adhere to the cancer treatment; and&lt;br&gt;- as partners in the process of health education and assessment during and after the treatment.&lt;br&gt;<strong>Ensure</strong> the role of physiotherapy in rehabilitation is recognised as enhancing both physical and psychological well-being&lt;br&gt;<strong>Promote</strong>&lt;br&gt;- the role of physiotherapy in cancer survivorship;&lt;br&gt;- the inclusion of physiotherapy led exercise within cancer pathways;&lt;br&gt;- the value of physiotherapy led exercise as a preventative intervention for cancer recurrence, mortality and rate of disease progression; and&lt;br&gt;- the economic benefit of physiotherapy e.g. the positive impact on an individual’s potential to return to work.&lt;br&gt;<strong>Embed</strong> specialised and general physiotherapy services in European and national cancer care policy.&lt;br&gt;<strong>Showcase</strong> physiotherapists as stakeholders in the process of post-therapy physical and mental well-being in both inpatient and outpatient settings.</td>
<td>Enhance recognition of the role of physiotherapy in;&lt;br&gt;MSD prevention and the care of people living with MSD at all ages (starting in early childhood) and in being the experts for MSD and possible first contact for patients&lt;br&gt;<strong>Position physiotherapists</strong> - as stakeholders in the process of pain management; in the role in cost-effective management and treatment of MSDs; and in relevant campaigns i.e. OSHA&lt;br&gt;<strong>Promote physiotherapists in</strong> -&lt;br&gt;- self-management through educational materials;&lt;br&gt;- their role as enablers of a personalised approach to MSD management (including use of skills such as motivational interviewing, patient activation, shared decision making, social prescribing);&lt;br&gt;- the economic value of physiotherapy in the management of MSDs as it positively impacts on an individual’s ability to return to work; and&lt;br&gt;- their role as communicators and the importance of improving patient’s health literacy via empowerment to reduce risk of suffering from MSD.</td>
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<td><strong>2. Target audience</strong>&lt;br&gt;Who are the relevant stakeholders?</td>
<td>- MOs and physiotherapists&lt;br&gt;- Other relevant health professionals&lt;br&gt;- Patients and patient organisations&lt;br&gt;- Relevant regulators and policy decision makers&lt;br&gt;- National Advisory Committees for Cancer Treatment at government agencies (e.g. Ministry of Health)</td>
<td>Primary Audience:&lt;br&gt;- Member Organisations&lt;br&gt;- Strategic partners&lt;br&gt;- Policy makers&lt;br&gt;Secondary Audience:&lt;br&gt;- Patients&lt;br&gt;- Public&lt;br&gt;- Physiotherapists</td>
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### 3. Who can/may assist us?

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<tr>
<th>Europe Region World Physiotherapy Executive Committee; (Patient) Cancer Organisations; World Physiotherapy Subgroup - International Physical Therapists for HIV/AIDS, Oncology, Hospice and Palliative Care (IPT-HOPE); MOs' special interest groups; Oncology-related Journals (special issues/ editorials to cover)</th>
<th>Special interest groups at international (World Physiotherapy) and national (MO) level; Academics and researchers; Relevant employer &amp; employee orgs; Medical Professions (national level); International student orgs and Organizations focusing on workplace quality (including healthcare facilities) i.e. OSHA</th>
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<tbody>
<tr>
<td>See Appendix 4 for more</td>
<td>- There is strong evidence; - There are strategic documents; - There are new ways of delivery in certain regions; - The implementation of interventions based on this evidence and strategic documents is not known; - The access to physiotherapy is not equal across Europe; - The model of delivery of rehabilitation and survivorship cancer services is not equal across Europe; - Generic: explore and promote working programmes, CPD, post-graduate education in MOs e.g. Bulgaria: working programme for cancer rehabilitation &quot;Victoria;&quot; and - Review the relevant WHO publications &amp; guidelines</td>
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### 4. What is the current state of the theme?

| European Level: - Participation in the European Commission's Horizon 2020 on Cancer; the discussions and polls on social media; & citizens events and specialised conferences discussing the focus of the missions. - Establishing link with information / documents / infographics on the ER-WCPT website; database on possible partners and alliances from both medical and political fields with possible ways of contact; and database of models or rehabilitation and survivorship that can be used to promote best and emerging practice. National Level: Review available scientific data in terms of publications on physiotherapy and cancer and identify existing gaps; Follow-up on research focusing on the possible role of PT in the process of cancer care (pre- and post-radiotherapy, surgery, chemotherapy); Communicate with national professional organisations on latest developments on the PT’s role in the process of cancer care; and Collect: evidence and strategic documents that underpin the role of physiotherapy in the care of people with an MSD; a database of models of MSD services across Europe that highlights best and emerging practice; and a database on possible allies and assess the most strategic partnerships available. Promote the implementation of the evidence Advocate for equal access to physiotherapy for people with an MSD Encourage and support MOs to promote the implementation of the evidence and to advocate for equal access | - There is strong evidence; - There are strategic documents; - There are new ways of delivery (including E-health, group work, etc.); The implementation of interventions based on this evidence and strategic documents is low; The access to physiotherapy is not equal across Europe; and The model of delivery of MSD services is not equal across Europe. |
7. Appendix 2 - Education Matters Working Group

<table>
<thead>
<tr>
<th>EMWG</th>
<th>Cancer – Education Matters WG</th>
<th>MSDs – Education Matters WG</th>
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<tbody>
<tr>
<td>1. Objective What do we want to achieve?</td>
<td>Describe the PT management of the patient with cancer; Detail appropriate assessment of patients living with cancer; Examine the role of exercise for cancer prevention, during cancer treatment and the role of exercise for cancer survivors; Understand the common psychological and physical side-effects of different cancer treatments; and More awareness of the PT’s role and importance in the prevention of cancer and in different stages of rehabilitation of patients with cancer</td>
<td>- Raise awareness about MSDs in society and provide education programmes for protection and prevention; - Play an educational role in preventing MSDs and help early diagnosis by screening programmes, especially in the schools, factories and other workplaces, nursing homes or other public areas; - Educate other health professionals on prevention of MSDs; - Make educational projects on MSDs with local governmental organs, ministries and policy makers at national and EU level to increase the power and advocacy of PTs in policy making; - Research the cost effectiveness of MSD prevention and show the importance of the educational role of PTs; - Develop policies and legislative studies with the other actors on increasing global health and health promotion and in terms of chronic MSDs- especially in the elderly; - Inform students about new conservative and surgical treatments in MSDs; and - Educate students on issues such as back and neck schools, especially on protection and prevention,</td>
</tr>
<tr>
<td>2. Who is the target audience</td>
<td>PTs in clinical practice and education, PT managers and PTs working in research Patients, local public health services—the patients are referred back to community based health services, but the health services might not have the necessary competence, doctors who often advise patients to different services</td>
<td>Physiotherapy students, - Clinical physiotherapists, - Universities, academic staff and teachers, - All age groups of individuals in Society (especially older people), - Professional associations, - Non-governmental civic organisations, - Schools, workplaces and industry</td>
</tr>
<tr>
<td>3. Who are the relevant stakeholders?</td>
<td>National Cancer Societies (e.g. Irish Cancer Society), Cancer Institutes or Cancer Centres (any member of the Organisation of European Cancer Institutes), patient advocates/groups, exercise oncology/cancer rehabilitation research groups e.g. Association of Chartered Physiotherapists in Oncology and Palliative Care (CSP)</td>
<td>-Physiotherapy schools and other universities, researchers and academic staff; - Other health professionals (medical doctors such as family physicians, orthopaedic surgeons, rheumatologists, nurses, social workers etc.); - Health ministry and other relevant ministries and policy makers; -Other local and national level government departments;</td>
</tr>
</tbody>
</table>
4. What is the current state of the theme?

There is a growing awareness that PTs have a vital role to play in the management of patients during and after cancer treatment, particularly in the early detection and prevention of treatment side-effects e.g. Lymphoedema and peripheral neuropathy;

Despite research which demonstrates that exercise/physical activity interventions can improve quality of life, fatigue, fitness, and physical function for people living with cancer, few PTs work in this area; and More training programmes and jobs are needed which would allow PTs to prescribe safe and appropriate exercise programmes to people living with cancer.

- Preventive physiotherapy for MSDs is not represented sufficiently among the preventive health care programmes or preventive medicine in many countries;
- There are not enough PTs working in primary health care for MSDs in many European countries;
- PTs do not work in every school and workplace for prevention and screening such as screening programmes for scoliosis, knee problems or postural abnormalities;
- Health and other ministries or policy makers do not use the professional knowledge of PTs on MSD prevention in society;
- Local and WHO and other EU Departments do not often seek expert opinion from PTs and do not include permanent PT members on their consulate meetings for health promotion and prevention;
- The educational role of PTs is still not well emphasised in physiotherapy schools and is not adequately covered in the education programme in some countries; and
- The educational role of PTs is not well-known in Society and governmental organs.

5. What actions need to be identified for implementation (Strategic Actions by each WG)

Greater awareness of the role of PTs in cancer among all stakeholders;
Greater advocacy for grant funding/funding for clinical posts in this area; and
Shared learning and education among PTs working in this area on how to implement research findings and establish new services.

Survey of MOs;
Develop a paper that explores the current literature in this area with examples of innovation to share best practice;
Develop action planning to educate society against chronic MSDs - using social media and collaborative work with the civic organisations, policy makers and governmental organs;
- Collaborate or make agreements with schools, workplace or industries to educate individuals on MSD prevention related to poor posture, abnormal body mechanics or abnormal weight distribution of the joints, overuse problems;
- Develop new strategies and projects for prevention of chronic MSDs and present them to the local & national level government departments;
- Develop new programmes in physiotherapy schools in order to emphasise education of the preventive role of the PT in MSDs in addition to treatment and to improve students’ skills and knowledge in raising social awareness;
- Develop continuing education programme on current concept of conservative and surgical treatment of MSD pathologies for PTs; and
- Collaborate with the other disciplines
### 6. Evaluate and present to GM

Develop indicators of achievement to measure the impact of the work

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### 8. Appendix 3 - Professional Practice Working Group

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<tr>
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<td>Enhance recognition of the role of physiotherapy in cancer prevention and the care of people living with cancer</td>
<td>Enhance recognition of the role of physiotherapy in MSD prevention and the care of people living with MSD</td>
</tr>
<tr>
<td>2. Who is the target audience?</td>
<td>Primary: MOs, strategic partners &amp; public, policy makers Secondary: PTs, public &amp; other HPs</td>
<td>Same</td>
</tr>
<tr>
<td>3. Who are the relevant stakeholders?</td>
<td>Special Interest Groups @international (World Physiotherapy) and national (MO), academics &amp; researchers</td>
<td>Same</td>
</tr>
<tr>
<td>4. What is the current state of the theme?</td>
<td>There is strong evidence There are strategic documents The awareness of the evidence and of the strategic documents is low The implementation of interventions based on this evidence and strategic documents is low The access to physiotherapy is not equal across Europe</td>
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<tr>
<td>5. What actions need to be identified for implementation? (Strategic Actions by each WG)</td>
<td>Collect the evidence and documents that underpin the role of the PT in the care of people living with Ca Raise awareness of the evidence supporting PT for people living with Ca Advocate for equal access to physiotherapy for people living with Ca Encourage and support MOs to promote the implementation of the evidence and to advocate for equal access</td>
<td>Collect the evidence and documents that underpin the role of the PT in the care of people living with MSD Promote the implementation of the evidence Advocate for equal access to Physiotherapy for people living with MSDs Encourage and support MOs to promote the implementation of the evidence and to advocate for equal access</td>
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<td>6. Evaluate and present to GM</td>
<td>Develop indicators of achievement to measure impact of work</td>
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9. Appendix 4 – Examples of relevant stakeholders

This is a preliminary list of relevant stakeholders, related to the Cancer theme, as an example.

- Clinical/academic/research/management
- World Physiotherapy subgroup International Physical Therapy for HIV/AIDS, Oncology, Hospice and Palliative Care (IPT-HOPE) https://www.wcpt.org/ipt-hope
- EU – (EPIC. EFPC, CPME, Platform on Diet & Exercise, already engaged with all of these)
- Patient groups
- Professional organisations
- World Health Organisation Regional Office for Europe (http://www.euro.who.int/en/home)
- European Society for Medical Oncologists https://www.esmo.org/about-esmo/esmo-mission
- Student organisations – European Confederation of Physiotherapy Students http://ecpts.weebly.com/

As part of the scoping for this proposal, the PPWG identified a list of networks/organisations related to the cancer theme. It then assessed and scored each for relevance/value of joining. They are listed below in descending order of relevance.

- ECCO – European coalition of Ca orgs - patients and professionals (27 MOs) www.ecco-org.eu
- ECL - Association of European Cancer Leagues (including MEPs against Ca),
- EAPC – European Association of Palliative Care
- ECPC - European Cancer Patient Coalition -Umbrella org for CA Pt orgs www.ecpc.org
- EORTC European Organisation for research and treatment of CA www.eortc.org
- EACR -European Agency for research on cancer (has a European code for CA)
- IARC – International Agency for Research on Cancer