

ISWP Training Working Group

April 15, 2015 Meeting Recap

The ISWP Training Working Group (WG) met by conference call on Wednesday, April 15, 2015 from 11:40 a.m. to 1:00 p.m. U.S. Eastern Time. A participant's list follows. This provides a recap.

Meeting link: <https://meet89974719.adobeconnect.com/p7xe9kgdgm/>

Upcoming WG calls: Call times are staggered due to time zone differences and to allow WG members to attend at least one-half of the calls held this year.

- Wednesday, April 29, 2:00 p.m. U.S. Eastern time.
- Wednesday, May 27, 9:00 a.m. U.S. Eastern time.

Action Items:

1. **By Friday, April 24, Training WG members** to:
 - a. Provide input on draft ToR; copy provided in this document as Appendix A.
 - b. Review priorities identified during April 1 call and those discussed on April 15 call. Priorities discussed during April 1 call are provided as Appendix B.
 - c. Respond to a poll regarding: 1) Training WG priorities which will be the foundation for sub-groups to develop action plans. 2) Your plans for attending ISPO in June and other industry conferences to determine the feasibility of holding an in-person WG meeting. (Mary and Tamsin discussed this after the call.) Click here to participate: <https://pitt.wufoo.com/forms/followup-from-416-meeting/>.

Discussion:

Draft Terms of Reference document: Participants provided additions/changes:

1. *Working Group Objectives:*
 - a. **Change** overall tone: Catherine suggested objectives be oriented toward wheelchair community. Example: Objective #1, WC users are provided with properly fitted wheelchairs through competent training and delivery. Mary agreed final objectives should represent ISWP as a consumer driven, focused organization.
 - b. **Expand** Objective #2 to include: Implement data collection/reporting process to demonstrate: Impact of training and testing on WC sector; number of wheelchair

provisions; location and number of trained providers; which organizations are involved locally and internationally and other factors.

Catherine suggested integrating with existing data collections using international standard classifications and metadata and linking with Model Disability Survey. This objective would be accomplished in collaboration with other WGs.

- c. **Add** bullet to WG Objective #3: Create Basic skills assessment as part of hybrid course development. This is a natural extension of ISWP's current development of Intermediate skills assessment.
 - d. **Add** Objective: Have discussion with WHO to encourage establishing revision plan for WSTP and involve ISWP in process. (This initiative would need to be included in 2017 ISWP work plan.)
 - e. **Add** Objective: Develop communications strategy by identifying stakeholders and appropriate methods and content for each stakeholder. Will be done in conjunction with Advocacy and Membership & Coordination WGs.
2. *Priority and action plans for each objective:* Call participants identified these priorities and sub-groups following review of objectives discussed on April 1 and new objectives identified during the call:
- a. Hybrid course development**
 - b. Knowledge/skills assessments for Basic and Intermediate tests**
 - c. Collaboration with WHO on WSTP training materials revisions**
 - d. Curriculum integration**
 - e. Communications strategy
 - f. Data collection and reporting (in conjunction with other ISWP WGs.)

**Top subcommittees/priorities based on 4/15/15 WG meeting participants' input.

Update on Resources Available for Supporting Activities: At April 28, 2015 meeting, ISWP Advisory Board will provide input on allocation of funds for each Working Group. Recommendations will be submitted to USAID for approval.

Upcoming Events/Member Updates: WCPT Congress is May 1-4, 2015 in Singapore.
<http://www.wcpt.org/congress>.

Following the call, Mary and Tamsin discussed polling WG members regarding their plans to attend ISPO in June and other industry conferences in 2015.

Dates/Times for Training WG calls: Some members feel that 12 meetings per year is too frequent – too much time preparing for meetings and less on preparing the work. An option is to have subcommittees meet regularly and report to full WG periodically. An informal poll among call participants showed 1 person interested in meeting every 2 weeks; 3, every 4 weeks; and 2, every 6 weeks.

Also, because of time zone differences and our desire to involve as many WG members as possible, meeting start times will alternate. Next meeting: Wednesday, April 29, 2:00 p.m. U.S. Eastern time. Following meeting: Wednesday, May 27, 9:00 a.m. U.S. Eastern time.

Participants: (check indicates participation)

	Dave Calver, UCP Wheels, <i>U.S</i>
✓	Laura Cohen, Rehabilitation and Technology Consultants, <i>U.S.</i>
✓	Barbara Crane, University of Hartford, <i>U.S.</i> (part-time)
✓	Eliana Ferretti, Federal University of Sao Paulo (UNIFESP), <i>Brazil</i>
✓	Lauren Flaherty, Motivation Australia, <i>Samoa</i> (part-time)
	Ritu Ghosh, Mobility India, <i>India</i>
✓	Lee Kirby, Dalhousie University, <i>Canada</i>
	Tamsin Langford, Motivation UK, Chair , <i>United Kingdom</i>
	Longini Mtalo, TATCOT, <i>Tanzania</i>
	Abdullah Munish, Motivation Africa, <i>Africa</i>
	Brenda Myers, World Confederation for Physical Therapy, <i>United Kingdom</i>
	Jamie Noon, Consultant, <i>U.S.</i>
✓	Elsje Scheffler, DARE Consult, <i>South Africa</i>
	Samantha Shan, Northumbria University, <i>England</i>
✓	Catherine Sykes, World Confederation for Physical Therapy, <i>United Kingdom</i>
✓	Eric Wunderlich, LDS, <i>U.S.</i>
	Tchai Xavier, Consultant, <i>Phillippines</i>
	Marc Zlot, ICRC, <i>Switzerland</i>
✓	Mary Goldberg, University of Pittsburgh
✓	Alexandria Miles, University of Pittsburgh
✓	Nancy Augustine, University of Pittsburgh

Prepared by: Tamsin Langford, Mary Goldberg and Nancy Augustine

APPENDIX A

ISWP Training Working Group

Draft version 4/14/15

Persons with disabilities are:

2 x more likely to find health care providers' skills and facilities inadequate

3 x more likely to be denied health care

4 x more likely to be treated badly in the healthcare system

WHO

In many low-income and middle income countries, only 5 to 15% of people requiring assistive devices/technologies receive them

World Health Organization, 2006. Assistive devices/Technologies

An estimated 70 million people in developing countries are in need of a wheelchair. Approximately 6.7 million of these are children. The global demand for wheelchairs exceeds the availability of appropriate products, and surpasses the number of personnel trained to provide quality services. WHO estimates that only 5-15% of the 70 million people who rely on wheelchairs for basic mobility have access to appropriate devices. More recent research by JHPIEGO puts the figure at just 3%. Some key challenges in the sector are highlighted below:

- **Lack of standardization:** Awareness of the WHO Guidelines remains low, even amongst some WHO country offices, and they are not fully understood or embraced by the sector, let alone the broader medical profession, wider disability arena and government bodies. We need everyone to sign up to the guidelines and work in accordance with the 8 steps. Similarly there is no single tool for the comprehensive assessment of wheelchair service delivery.
- **No coordinated approach to training roll-out:** One of the biggest gaps is training. WHO Basic, Intermediate and Trainer training packages are available. Some have assessments already, some are planned, and some, not planned. Also, they are not widely delivered or integrated into mainstream learning programmes, and there is currently no strategy for their roll-out. Similarly, the need for trained personnel is not currently recognised by Governments.
- **Lack of buy in from the medical sector:** In many countries, rehabilitation services are inadequate, inexistent or inappropriate. Data from four Southern African countries found that only 26–55% of people received the medical rehabilitation they needed, while only 17–37% received the assistive devices they needed (e.g. wheelchairs, prostheses, hearing aids). For too long wheelchair provision has been regarded as the responsibility of the NGO sector, rather than the Healthcare profession. This is in part due to the high level of wheelchairs that have been donated directly to the developing world to meet increasing needs. The result is that wheelchair provision has become 'de-medicalised' and is not integrated into a holistic approach to rehabilitation.
- **Lack of knowledge & understanding:** There is a huge amount of goodwill within the sector, as evidenced by the sheer scale of wheelchairs being distributed; however, knowledge of how the sector should be professionalised and standardised on a global scale is limited.
- **Momentum for change is building:** The sector has come a long way and is in a much stronger and vibrant state than ten years ago. Where once the number of wheelchairs being donated was the priority, the tide has now turned, and most recognise that the supply of appropriate wheelchairs in the right way is crucial. One size does not fit all. Equally good work is taking place, but it is often undertaken by practitioners working in isolation without a network of support or the resources to share best practice and promote a cohesive approach. The ISWP recognises the importance of building a platform for creating a virtual community for sharing experiences,

collaboration and bringing inspiration to others. The challenge remains, therefore, to turn this goodwill into practice so that we can implement change on a global scale. The ISWP is the opportunity to build on this momentum and continue the work that the Consensus Conference began in 2006.

1. Objectives

1.1 ISWP Objectives

Objective 1: Expand and professionalize efforts related to the wheelchair sector

Objective 2: Collect and share data related to wheelchair provision

Objective 3: Promote coordination within the wheelchair sector and among related professional associations and bodies

Objective 4: Improve and facilitate the supply of wheelchairs for qualified service providers

Objective 5: Advocate for recognition and resource allocation for appropriate wheelchair services

1.2 Working Group objectives

1. Act as a global expert in the design, development and implementation of training related to wheelchair provision;
2. Provide forum for coordination and sharing of trainings related to wheelchair provision – where training happening; gathering learning from training delivery, understanding the impact of the trainings - as well as identifying gaps in training based on learning needs;
3. Provide input and advice on ISWP training deliverables, specifically:
 - Promote the WSTPb test amongst our networks and feedback on test roll-out;
 - Set up a sub-committee to feedback on WSTPi test development and roll-out.
 - Support the sub-committee which is developing the Training of Trainers (ToT) package, as well as advising on where ToTs are needed and who would be good participants. Help develop system of mentoring for newly trained trainers.
 - Advise on development of hybrid course development (possibly through development of sub-committee)
4. Lead discussion on integration of training of wheelchair provision into other training curriculum focusing on mapping what is happening where; identifying good practice and sharing with others;
5. Connect with other relevant sectors to increase the network of people included in wheelchair provision, as well as keeping global community updated on relevant information.

2. Methodology of work

2.1 Participants

Working group made up of the following:

Tamsin Langford	Chair
Samantha Shann	Representative from WFOT
Brenda Myers/Catherine Sykes	Representative from WCPT
Mr Mtalo	Representative from ISPO
Elsje Scheffler; Lauren Flaherty; and Barb Crane	3 people with clinical background working in field/delivering training
Jamie Noon and Abdullah Munish	2 people with technical background working in field/delivering training
Lee Kirby	Someone from wheelchair skills background
Mary Goldberg	Someone from educational background/training development
Elian Feretti and Ritu Ghosh (and Mr Mtalo)	2 representatives from training institutions in low income settings
Marc Zlot; Dave Calver and Xavier Lemire	3 INGO representatives

Total number of members: 16

2.2 Meetings

2.2.1 WG Meetings

At least 12 virtual meetings (via Adobe Connect) per year, each running for 1.5 hours. We will aim to have one face-to-face meeting each year.

Members are asked to commit to monthly online meetings, as well as around 1 hour per week for related tasks.

2.2.2 Coordination with ISWP

Coordination with the ISWP board will be facilitated by Mary Goldberg

2.2.3 Coordination with other ISWP Working Group

Coordination with other ISWP working groups will be done by chairs of WGs. These are with Advocacy WG (Michael Allen, UCP), Standards WG (Mark Sullivan) and Membership & Coordination WG (Simon Hall).

APPENDIX B

Potential Training Working Group Priorities/Objectives Discussed during April 1, 2015 Training WG Call

- a. Promote Basic test through Training WG networks.
- b. Create subcommittee on Intermediate testing.
- c. Support the ToT subcommittee (a stakeholder group was formed in fall 2014 and worked over the holidays) by sharing updates between the subcommittee and working group. (Dr. Goldberg and several WG members serve on both.)
- d. Advise on integration agenda and hybrid course development.
- e. Create forum for sharing and coordination on training activities. Identify gaps and solutions.
- f. Document training best practices.
- g. Identify what needs to be changed in current courses; e.g., Basic training may need to be revised in next two years.
- h. Act as a global expert on training.
- i. Develop data and coordination efforts. For example, provide information on who is training, where training is occurring, where trainers are available. ISWP would be able to coordinate across companies and continents.