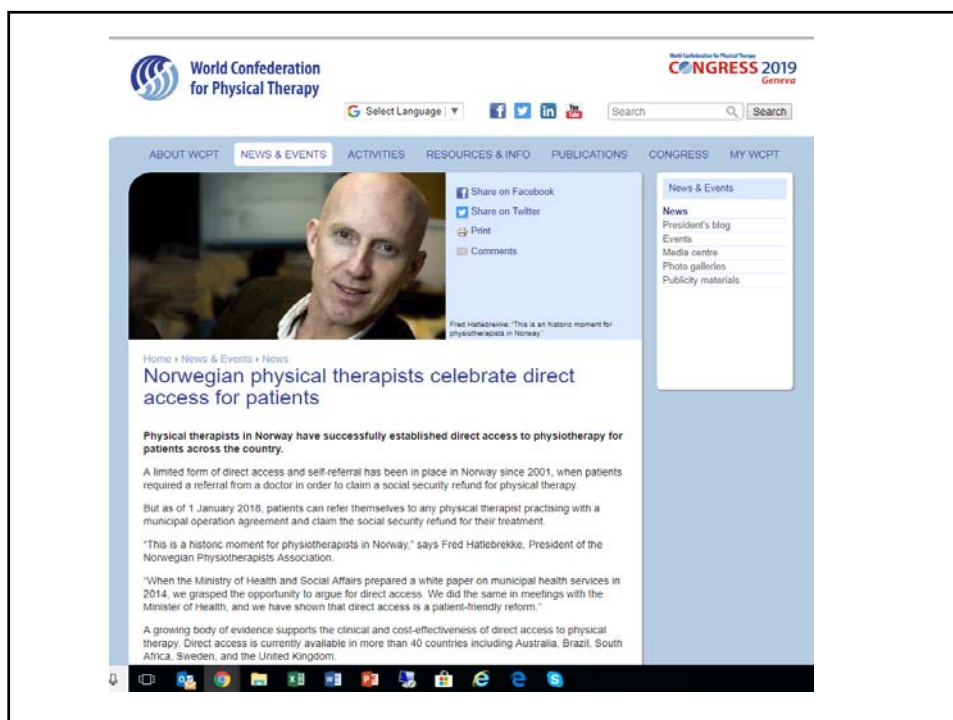




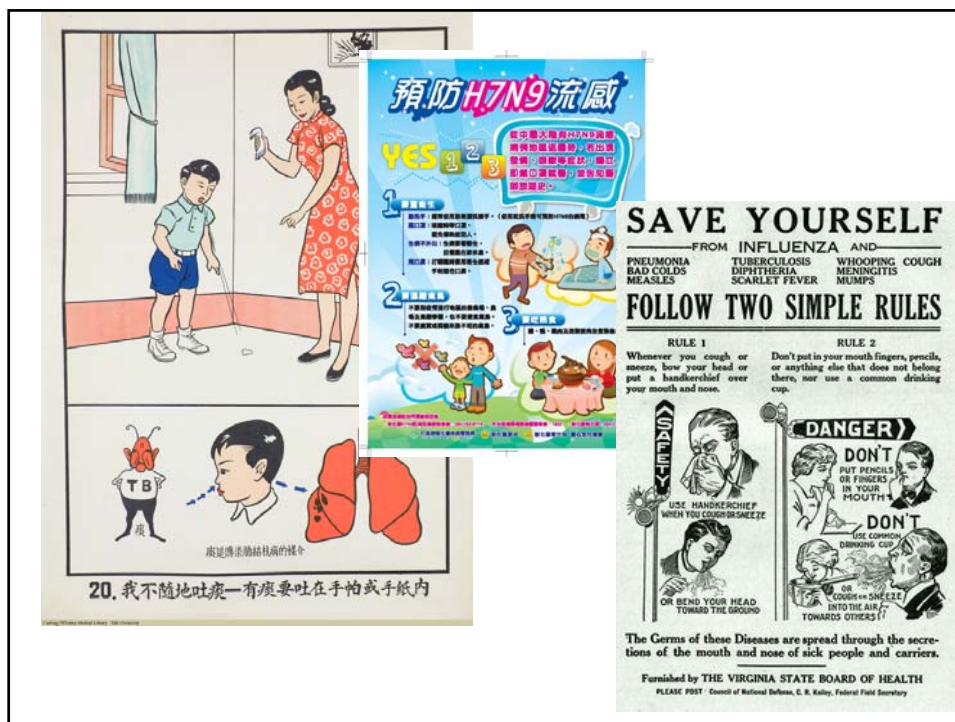
# Advocating to develop the physical therapy profession in Taiwan

Jonathon Kruger  
**Chief Executive Officer**  
*World Confederation for Physical Therapy*  
Twitter: @jkruger71



- What change was achieved?
- Who did the work?
- How did this happen?

- Direct access to physiotherapy for patients across Norway.
- Norwegian Physiotherapy Association
- Campaigns, meetings, response to government discussion papers.



- What is the aim of these campaigns?
- Who is target audience?
- What will success look like?

## Twenty-one Competencies for the Twenty-First Century

1. Embrace a personal ethic of social responsibility and service.
2. Exhibit ethical behavior in all professional activities.
3. Provide evidence-based, clinically competent care.
4. Incorporate the multiple determinants of health in clinical care.
5. Apply knowledge of the new sciences.
6. Demonstrate critical thinking, reflection, and problem-solving skills.
7. Understand the role of primary care.
8. Rigorously practice preventive health care.
9. Integrate population-based care and services into practice.
10. Improve access to health care for those with unmet health needs.
11. Practice relationship-centered care with individuals and families.
12. Provide culturally sensitive care to a diverse society.
13. Partner with communities in health care decisions.
14. Use communication and information technology effectively and appropriately.
15. Work in interdisciplinary teams.
16. Ensure care that balances individual, professional, system and societal needs.
17. Practice leadership.
18. Take responsibility for quality of care and health outcomes at all levels.
19. Contribute to continuous improvement of the health care system.
20. Advocate for public policy that promotes and protects the health of the public.
21. Continue to learn and help others learn.



*Recreating Health Professional Practice for a New Century - Pew Health Professions Commission December 1998*

## What is advocacy?



## What is advocacy?

**Advocacy** is a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or program.

(WHO, 1995)

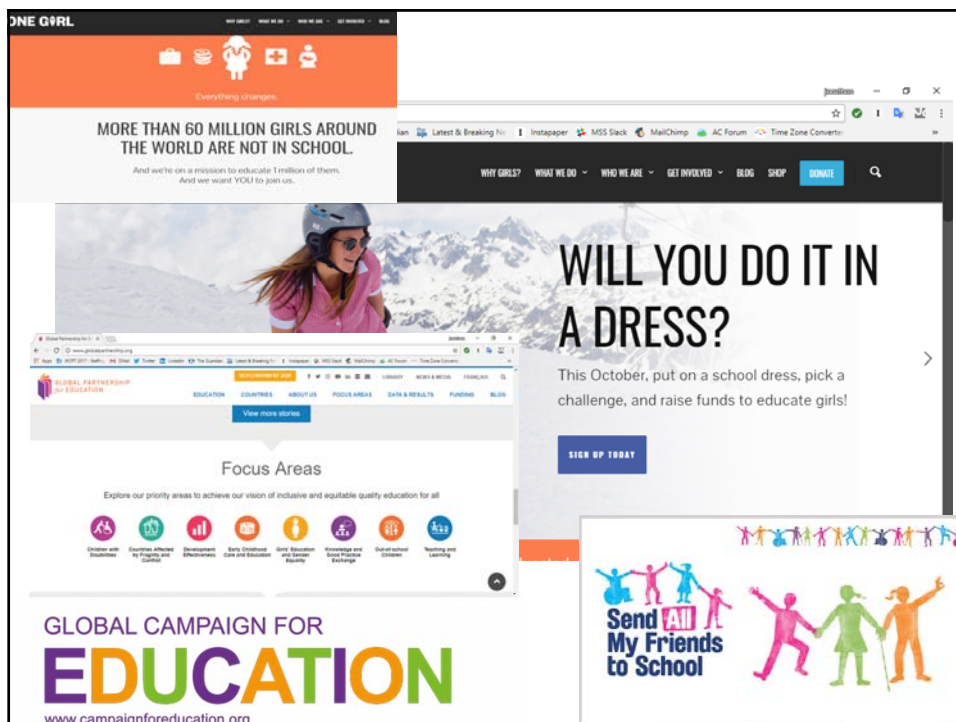


## What is advocacy?

**Advocacy** is active interventions by organisations on behalf of the collective interests they represent, that have the explicit goal of influencing public policy or the decisions of any institutional elite.

(Casey and Dalton 2006).





**Advocacy**  
is a  
**planned action**  
of influence undertaken to achieve a  
**specific outcome**



- Different organisations and 'experts' have their own more specific definitions of advocacy that promote their particular approach or understanding, but whichever interpretation we prefer, it is important to recognise the diversity of advocacy approaches that can be used.
- Each has its merits but each is also dependent on its context.
- An advocacy **campaign is a planned project over a given period of time in order to achieve some** specific advocacy goals.



## What is campaigning?

- **Campaigning** is the process of doing **advocacy**.
- Campaigning does not necessarily involve engaging with the public – that is a strategic decision.
- Some campaigning can use a completely **insider** approach, engaging solely with the decision makers and their immediate advisors.
- The process of engaging with the public to generate and/or mobilise support for your advocacy campaign can be called '**public campaigning**'.



**JAIL NOT BAIL**

**JUSTICE FOR RHINOS**

**FIGHT BACK**

33,000 elephants are gunned down every year for their tusks to satisfy demand for ivory trinkets in China, Thailand and other Asian countries. More than 1,000 rhinos are brutally murdered every year for their horns which are wrongly believed to have medicinal value in China and Vietnam. Join the march to save Africa's elephants and rhinos. **HANDS OFF OUR ELEPHANTS AND OUR RHINOS. GLOBAL MARCH FOR ELEPHANTS AND RHINOS. ON OCTOBER 4, 2014. KICC 10 KWS HQ AT 8 AM.**

**HANDS OFF OUR ELEPHANTS**

**IL N'Y A JAMAIS EU DE MEILLEUR MOMENT**

*pour sauver les rhinocéros*

change.org Start a petition Browse Search Log in

Petitioning HEALTH MINISTER

**Do justice to physiotherapy professional... Respected modiji and naddaji**

sanjay.pamar (sharwad Karnataka, India)

**Sign this petition**

1,840 supporters

660 needed to reach 2,500

Tarun Mitta signed this petition

First name

Last name

Email

Australia

Postal code

I'm signing because... (optional)

Share with Facebook friends

**Sign**

Display my name and comment on this petition

Physiotherapy profession is 60 year old in india ..the course is about 4.6 year and than master for two years and than PHD ..after having so long years of education and lakhs of Physiotherapy students are coming out and want to make life ..but the reality since many years is no central regulatory authority ..in 2007 parliament passed bill to give physiotherapy council but no progress with each government the rules changes ..now allied health council bill is put up where physiotherapist are included in it ..but physiotherapist are against it ..its high time ministry gives us our right of independent council ..we strongly condemn the allied health council bill inclusion of Physiotherapy. Pi make



**VS.**  
PAIN RELIEF PAIN RELIEF  
**CHOOSE THE SAFER WAY TO MANAGE PAIN.**  
**#ChoosePT**  
MoveForwardPT.com

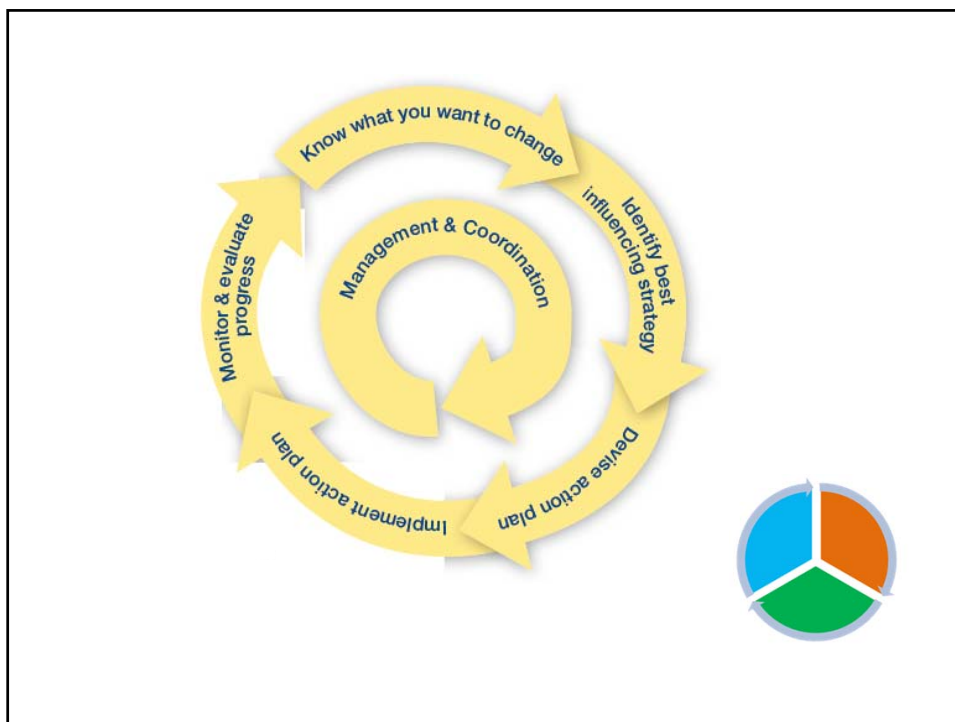
75% of heroin users first abuse prescription opioids.  
There are safer ways to manage pain.  
**#ChoosePT**  
MoveForwardPT.com

Ask a physical therapist about safer ways to manage pain.  
While the choice is in your hands.  
**#ChoosePT**  
MoveForwardPT.com

<http://www.moveforwardpt.com/ChoosePT/Toolkit>

- Advocacy is not a specialist art. All of us have the potential to become powerful advocates.
- Good advocacy requires clarity of purpose, thorough preparation, imagination, and the occasional spot of luck.





Physiotherapists and  
other health  
professionals advocate  
every day.



“Teaching ourselves and patients to use anti-retrovirals is doable as long as we have a reliable supply of quality affordable drugs”

*Zambian Nurse*

“Teaching our children to cross the street safely is fine but slowing traffic by their school would really reduce the risk of accidents”

*Hungarian physiotherapist*

“Moving patients out of the hospital to the community is great as long as there are facilities and services available there”

*Australian doctor*



WCPT Model (*aka Kruger Model*)



- Outcome
- Context
- Strategy



**OUTCOME**



## Outcome

- Change in policy?
- Change in practice?
- Change in funding?
- Change in attitude?
- Other change?



## Change in policy?



## Change in policy



## Change in practice?



## Change in practice



## Change in funding?



## Change in funding



## Change in attitude?





## Change in attitude



## CONTEXT



## Context

### PESTLE

**P**olitical  
**E**conomic  
**S**ocial  
**T**echnological  
**L**egal  
Environmental



## Context

### Political

- Regulatory policies
- Government changes
- Citizen demands
- Governmental leadership
- Lobbying
- State versus Federal issues
- Conflicts in the political arena



## Context

### Economic

- Foreign exchange / Interest and Inflation rates
- Taxation changes specific to industry
- Global economic situation and trends
- Local economic situation and trends
- Disposable income
- Unemployment level



## Context

### Social

- Ethnic/religious factors
- Ethical issues
- Consumer buying patterns
- Major world events
- Shifts in population / Demographics
- Health consumer opinions and attitudes
- Views of the media
- Law changes affecting social factors
- Change in Lifestyle
- Brand preferences
- Working attitude of people
- Education
- Trends
- History



## Context

### Technological

- E-health
- Social media tools and trends
- Sector Research and development
- Trends in global technological advancements - automation / robotics
- Associated technologies
- Legislations in technological fields
- Patents and licensing
- Intellectual property and the law



## Context

### Legal

- Regulatory bodies and their processes
- Industry-specific regulations
- Competitive regulations
- Current legislation / Future legislation
- Employment law
- Consumer protection
- Environmental regulations



## Context

### Environmental

- Ecological
- Environmental issues
  - International
  - National
- Staff attitudes
- Management style
- Environmental regulations
- Customer values
- Market value



## STRATEGY



## Strategy

- Each separate outcome requires its own strategy that fits the context.
- It is very unlikely that the decision maker(s) will be persuaded by your arguments and evidence alone.
- While it is likely that a clear argument supported by credible evidence will be a necessary foundation for your advocacy, you still need to identify the best strategy for influencing the decision maker(s) and achieving your objectives.



## Strategy

- Meeting with Ministers
- Meeting with government bureaucrats
- Meeting with other stakeholders
- Media release
- Social media – twitter campaign, Facebook page, YouTube video
- Posters / flyers
- Demonstration
- Form coalitions
- Prepare business case
- Prepare submission
- Gather the evidence / undertake research
- Campaigns . . .



## Understand the change process

- If you are to find the best route to influencing change, the first and most important thing you must do is to understand the change process that you are trying to influence.
- If you don't understand how the change could happen, it is impossible to develop an influencing strategy to promote that change.
- The questions that you need to be able to answer will vary according to what you are trying to change – institutional policy, institutional practice or individual behaviour.



## Strategy

| Institutional Policy   | Institutional Practice  | Individual Behaviour  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• <b>Where</b> is the decision made?</li> <li>• <b>Who</b> makes the decision?</li> <li>• <b>How</b> is the decision made?</li> <li>• <b>When</b> will/could the decision be made?</li> <li>• <b>What</b> influences the decision?</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Who</b> is responsible for that practice?</li> <li>• <b>Why</b> does this practice take place? What factors influence that practice?</li> <li>• <b>What</b> are the incentives and barriers to adopting the change that you are promoting?</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Why</b> do they practice the behaviour that you want to change? What needs do they have that this behaviour meets?</li> <li>• <b>What</b> are the incentives and barriers to adopting the change that you are promoting?</li> </ul> |





Effective advocacy is when these  
3 components  
come together perfectly



Sometimes advocacy doesn't work because the **OUTCOME** is unclear.

Sometimes you analyse the context well and you have a good strategy but you are unclear about the outcome you are trying to achieve.

An example is meeting with the health minister to get them to improve public access to physiotherapy but being unclear about what outcome you want them to implement – more physiotherapists? Longer clinical hours? Direct access physiotherapy?





Sometimes advocacy doesn't work because you haven't analysed the **CONTEXT**.

Sometimes you are clear about the outcome you want and you have a good strategy but it is wrong for the current context.

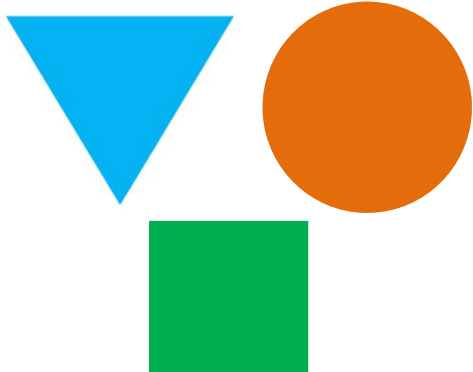
An example is trying to influence the social care budget by meeting with politicians the week before the budget is announced. At this time is too late it should have happened earlier.



Sometimes advocacy doesn't work because the **STRATEGY** is wrong.


Sometimes you are clear about the outcome you want and you have analysed the context well but you have chosen the wrong strategy

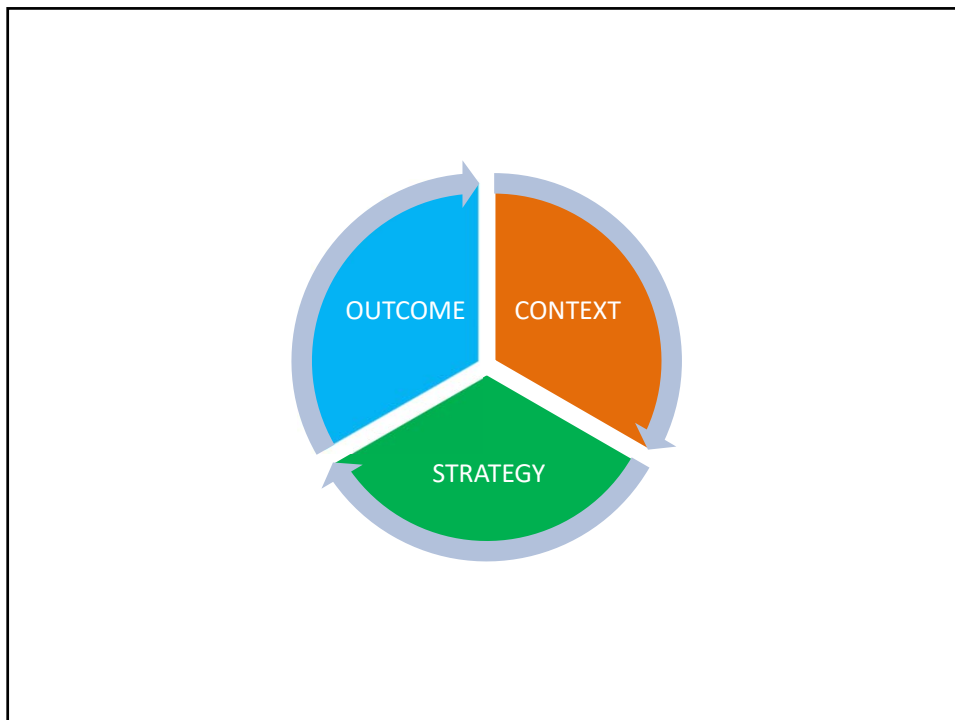
An example is trying to get a new domestic violence support service established in the community and implementing a social media campaign to try and influence their decision. A better strategy would be meeting with the Minister.




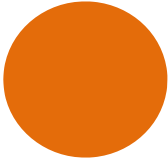

Sometimes advocacy doesn't work.  
Sometimes every part is wrong.  
Unclear **OUTCOMES**.  
Poorly understood **CONTEXT**.  
Wrong **STRATEGY**.

- **Outcome**
- **Context**
- **Strategy**



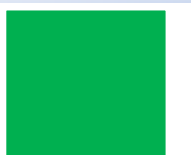







### Case Study 1: WCPT Direct Access

|   |   |
|---|---|
|  | <b>Outcome</b> <ul style="list-style-type: none"><li>• Physiotherapists become primary contact professionals.</li></ul> |
|  | <b>Context</b>  |
|  | <b>Strategy</b>   |

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|  | <p><b>Strategy</b></p> <ul style="list-style-type: none"> <li>• Australia sent the right representatives to the WCPT meeting.</li> <li>• Those representatives had the right skills to argue the case.</li> <li>• Pre-meetings were held.</li> <li>• Arguments were practiced and re-practiced.</li> <li>• Articles had been published in magazines and journals arguing the case</li> </ul> |

ER-WCPT @ERWCPT · 4 de may.

#Physiotherapy #Directaccess is not only independent from doctors but also autonomous & differenced from all #healthprofessionals #wcpt2015



**YOU CAN GET PHYSICAL THERAPY WITHOUT A DOCTOR'S PRESCRIPTION**

**Direct Access: No Physician Referral Required**

**Direct Access Physical Therapy**  
No Prescription Required

**State Direct Access: Current status of treatment laws**

Editorial

Legend:  
 ■ Unrestricted  
 ■ Some provisions  
 ■ Limited direct access  
 ■ Evaluation only

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**Patient referral and the physiotherapist: three decades later**

**Jonathon Kruger**  
 Manager, Policy and Professional Standards Division, Australian Physiotherapy Association

Thirty-four years ago *Australian Journal of Physiotherapy* published an article by Prue Galley, a dynamic and passionate physiotherapist, entitled 'Patient referral and the physiotherapist' (Galley 1976). This article was a synthesis of the current status of direct access to physiotherapy in other WCPT member nations at various stages of this journey to independence.

In late 2009 there was an international summit in Washington DC when representatives from across WCPT

## RESULT

- The meeting passed the Australian resolution that **'the issue of primary practitioner status be interpreted by each country in terms of their own standards'**.
- In 1995 this belief was strengthened by the WCPT Declaration of Principle on Autonomy which states **'Patients/clients should have direct access to physical therapist services'**.



**Case Study 2: *International ketamine Campaign***

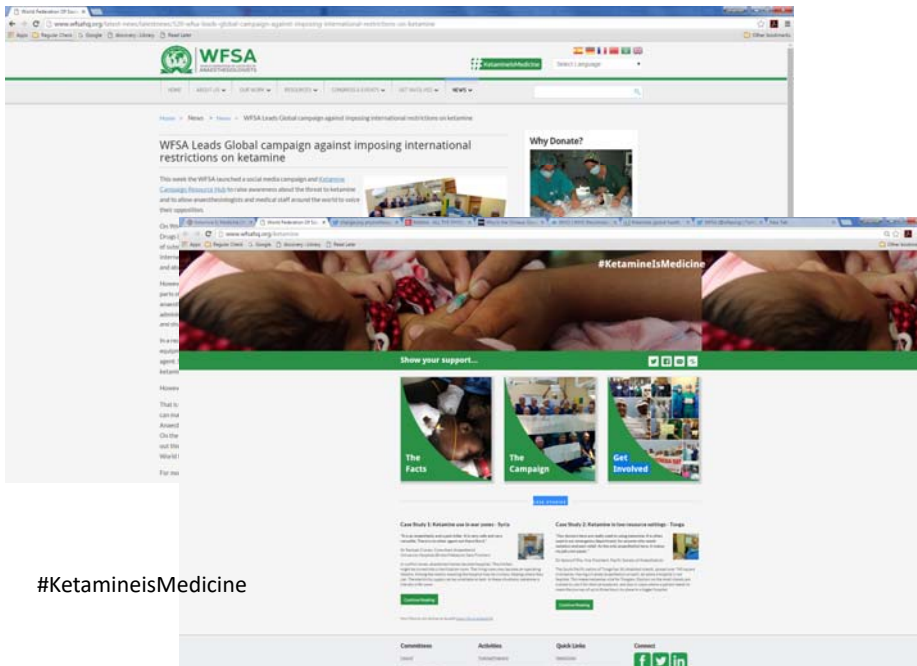
|  |   |
|--|---|
|  | <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Campaign to stop UN's Commission on Narcotic Drugs classifying ketamine in schedule 1, alongside psychedelic drugs such as LSD.</li> </ul> |
|  | <p><b>Context</b></p>   |
|  | <p><b>Strategy</b></p>  |

**Case Study 2: *International ketamine Campaign***

|  |   |
|--|---|
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|  | <p><b>Context</b></p> <ul style="list-style-type: none"> <li>• Ketamine is subject to significant misuse globally.</li> <li>• Growing problem in China where there is domestic pressure to be seen to be tough on drugs.</li> <li>• UN Commission is a global framework.</li> <li>• Reclassification would be a global public health crisis and lead increase the risk of surgery in developing countries.</li> </ul> |
|  | <p><b>Strategy</b></p>  |

## Case Study 2: *International ketamine Campaign*

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|  | <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Campaign to stop UN's Commission on Narcotic Drugs classifying ketamine in schedule 1, alongside psychedelic drugs such as LSD.</li> </ul>   |
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|  | <p><b>Strategy</b></p> <ul style="list-style-type: none"> <li>• The WFSA coordinated a response to Governments and the World Health Organisation to limit a potential threat</li> <li>• Correspondence to Health Minister / WHO</li> <li>• Engagement of ANZCA Fellows / trainees</li> <li>• Campaign web presence<br/><a href="http://www.anzca.edu.au/communications/advocacy">http://www.anzca.edu.au/communications/advocacy</a></li> <li>• Social media +++ #KetamineisMedicine</li> </ul> |



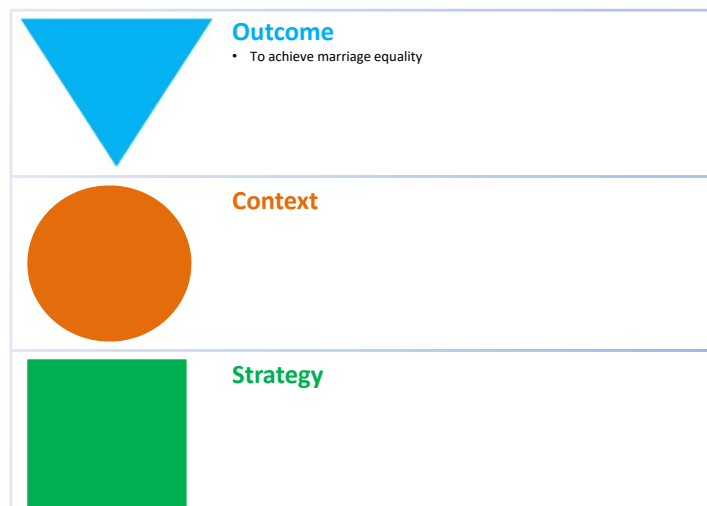
#KetamineisMedicine

## RESULT

- 11 December 2015 the World Health Organization (WHO) recommended that ketamine should not be placed under international control after review of the latest evidence by the WHO Expert Committee on Drug Dependence.
- The Committee concluded that ketamine abuse does not pose a global public health threat, while controlling it could limit access to the only anaesthetic and pain killer available in large areas of the developing world.






### Case Study 3: *Marriage Equality (Malta)*


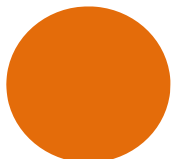



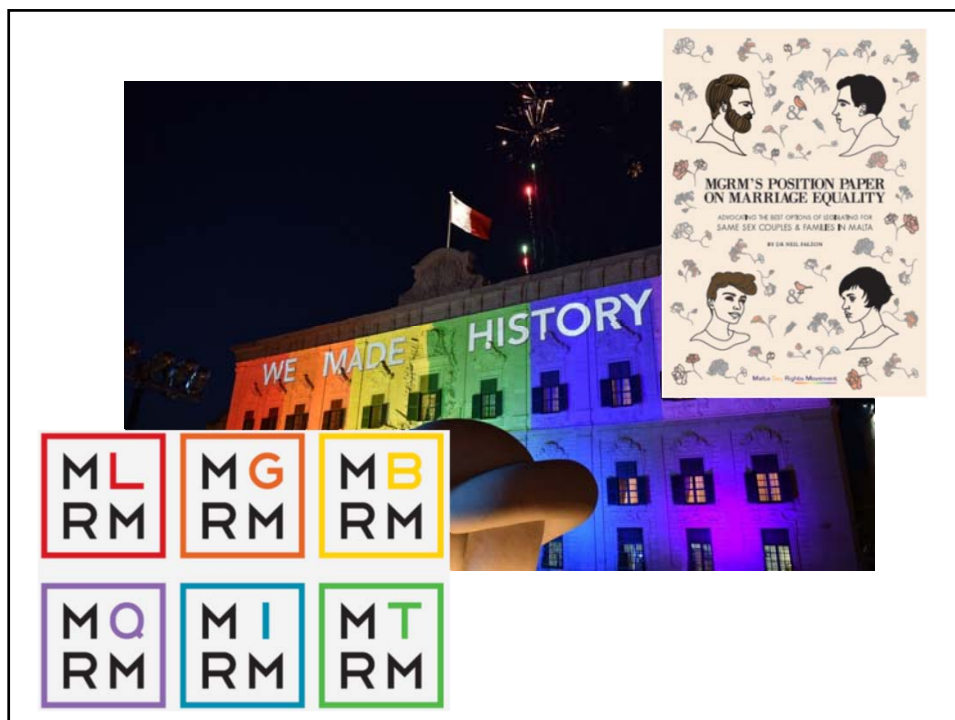


### Case Study 3: *Marriage Equality (Malta)*

|   |  |
|---|--|
|  | <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>To achieve marriage equality</li> </ul>   |
|  | <p><b>Context</b></p> <ul style="list-style-type: none"> <li>Political climate conducive to change – locally and internationally</li> <li>CHOGM / EU Presidency and V18</li> <li>Bipartisan support?</li> <li>Local human rights at equivalent to EU and international norms.</li> <li>Stigma? / Socio / religious change</li> <li>public awareness and opposition to for example same-sex parenting;</li> </ul> |
|  | <p><b>Strategy</b></p>   |

### Case Study 3: *Marriage Equality (Malta)*


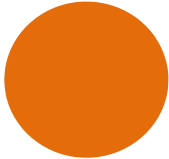

|   |  |
|---|--|
|  | <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>To achieve marriage equality</li> </ul>   |
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|  | <p><b>Strategy</b></p> <ul style="list-style-type: none"> <li>Publishing of position papers on marriage equality and legal gender recognition.</li> <li>Participation in the LGBTIQ consultative council set up in 2013.</li> <li>agreed positions between all LGBTIQ NGO's to create one common voice.</li> <li>Meeting between politicians and rainbow families.</li> </ul>                                    |




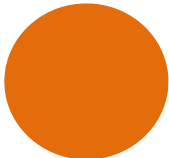

## RESULT

- A strong legal framework which puts Malta as the top country among Council of Europe Member States where LGBTIQ legislation is concerned.
- A shift in public perception.
- LGBTIQ movement positioned as a strong lobby group with influence on voters.
- Some backlash from the extreme right?

**Case Study 4: *Physiotherapy Specialist Registration***

|   |  |
|---|--|
|  | <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>To gain specialist registration for physiotherapists in Australia.</li> </ul> |
|  | <p><b>Context</b></p>  |
|  | <p><b>Strategy</b></p>   |

**Case Study 4: *Physiotherapy Specialist Registration***

|   |   |
|---|---|
|  | <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>To gain specialist registration for physiotherapists in Australia.</li> </ul>  |
|  | <p><b>Context</b></p> <ul style="list-style-type: none"> <li>Introduction of National registration in 2010.</li> <li>Limited time period</li> <li>Sympathetic government(s)</li> <li>Increased consumer demand for informed choice</li> </ul> |
|  | <p><b>Strategy</b></p>  |

## Case Study 4: *Physiotherapy Specialist Registration*

|   |   |
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|  | <p><b>Strategy</b></p> <ul style="list-style-type: none"> <li>Meeting with key decision makers</li> <li>Letter campaign to all parliamentarians</li> <li>Production of lobbying kit for members</li> <li>Articles</li> <li>Media releases</li> <li>Develop coalition of allies</li> </ul> |



**Specialist Registration FAQs**

With the new National Registration and Accreditation Scheme looming, the Australian Physiotherapy Association has mounted a nation-wide campaign to lobby key decision-makers on the topic of registration of specialist physiotherapists. Go to [www.physiotherapy.asn.au/campaign2010](http://www.physiotherapy.asn.au/campaign2010) for more information.

**1 What is the issue?**  
 Within the next few weeks, health ministers from across the country will meet to decide the fate of specialist physiotherapists.  
 The new Physiotherapy Board of Australia recommends that specialist physiotherapists be recognised under the National Registration and Accreditation Scheme. However, the AFA is aware that some state and territory governments are reluctant to meet their support to be proposed.  
 If the critics get their way and physiotherapists are prevented from using their own specialist, then with the serious implications for the career of every physiotherapist, as well as considerable obstacles for the public in identifying expertise within the profession.

**2 What implications does specialist registration have for physiotherapists?**  
 Specialisation provides physiotherapists with a way to develop and demonstrate expertise. It plays an integral role in evolving and broadening the profession, it pushes the boundaries of physiotherapy practice and influence.  
 Because of this, specialisation creates opportunities for all physiotherapists—specialist and non-specialist alike.

**Who are the key decision makers?**



## RESULT

- Still ongoing !



## Framework to monitor and evaluate

(Based on Kotter's 8-Step Change Model for Leading Change)

How effective were you at:

1. Establish a sense of urgency
2. Creating the guiding coalition
3. *Developing and maintaining influential relationships*
4. Developing a change vision
5. Communicating the vision for Buy-in
6. Empowering broad based action
7. *Being opportunistic*
8. Generating short term wins
9. Never letting up
10. Incorporating change into the culture



## 7 things to avoid . . .

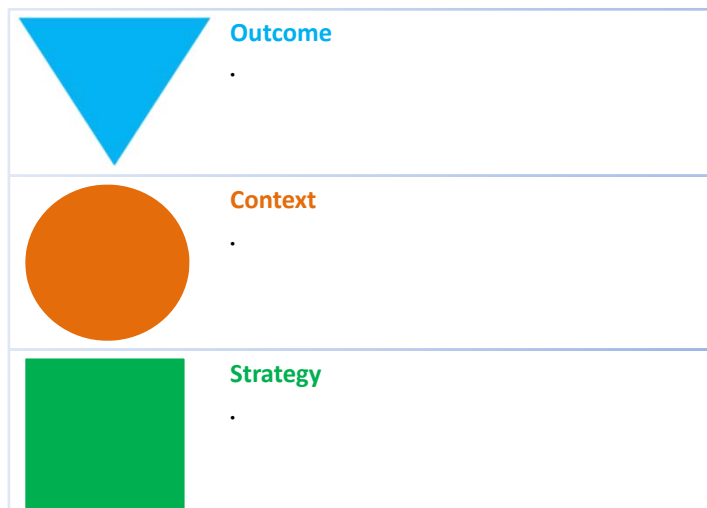
1. Unclear aims and objectives
2. Activity planning happening before(or without) developing a strategy
3. Action plans that run to an internal timetable
4. Lack of innovation
5. Messages that don't get noticed and move people
6. Poor monitoring & evaluation
7. Failing to focus



## Exercise: Development of Campaign

- Discuss and develop an advocacy plan



**Example:** *Direct Access PT in Taiwan*

## References

- Promoting Health – Advocacy Guide for Health Professionals (WHPA)  
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- Advocacy for Eye Health: A Practical Guide (IAPB)  
[http://www.iapb.org/sites/iapb.org/files/Advocacy\\_Guide\\_6%202020.pdf](http://www.iapb.org/sites/iapb.org/files/Advocacy_Guide_6%202020.pdf)
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