Transcript of annual membership census webinar

[00:00:09] Hello and welcome, everyone to this webinar on the annual membership census discussing how to report and use the data. We're just going to wait about one more minute to allow people to join, and then we'll get started. Okay. Once again, welcome to this webinar on the annual membership census discussing how to report and use the data. Thank you for joining. It's great to see a lot of familiar names in the attendees. I recognise some people who will definitely be the ones filling out the annual membership census. My name is Heidi Kozakowski and I'm head of membership and policy at World Physiotherapy. I am joined by my colleagues Pablo Davo Cabra, professional advisor, who will review the history and the logistics of filling out the annual membership census or the AMC. And Jonathon Kruger, CEO of World Physiotherapy, who will share the different ways that he uses AMC data when providing advocacy support to World Physiotherapy member organisations. We are also joined by Pei Yun Li from the Taiwan Physical Therapy Association, and she will share how to use data from the AMC in a study on the profession, where she also uses external global sources of data. This webinar is being recorded and will be shared later on the World Physiotherapy website. And if time allows, we can take some questions at the end of the presentations. So please write your questions in the chat and we'll get to as many as possible. So, Pablo is going to start us off over to you.

[00:02:53] Thank you Heidi. First of all, I'm just going to share my screen to start with my presentation. Can you see my screen? All is fine. Great. Okay, so there we go. My name is Pablo Davo Cabra. I'm part of World Physiotherapy staff team, and I've been involved in the annual membership census for the last five years. In the next few minutes, I'm going to briefly discuss on how the survey is set up, how the reporting process is, is done, and what are the main challenges that our member organisations encounter and report when, when filling in the survey. And finally, I will briefly mention about the reports that we produce with the information that we collect in these data sets. So, Jonathon can later on follow up on these on these topic. So, let's start with a little bit of a background. The annual membership census project began in 2017 on an annual basis. At that time, it was called as country profile. And once a year World Physiotherapy began collecting information provided by the member organisations on a different range of topics from the physiotherapy profession, and these data collection helps World Physiotherapy to first of all, coordinate data within the organisation and to

create report on the state of a profession. So, this is a snapshot of the profession on a yearly basis. And this provides rich reports that could be used later. I would like to highlight that for the last few years we've had over 90% of engagement from our member organisations. That makes this data set quite reliable and consistent. And also, the census date for these data is the 30th of June, Although the gathering data period, it's normally in September. We are currently inside this this period. That will end on this year, the 24th of September. So, what kind of information do we collect? We collect information on different parts of the profession, its membership, workforce, gender, education and so on that they are ordered in depending on if we expect this the responses to change or to be more or less stable around different years. So, let's go a little bit deep on these to talk about how the survey is set up. This is set up in four different areas. The first area, it's annual questions. These are the questions that we expect to change almost every year or nearly these are questions about membership demographics, education. And when I say education, I talk about entry level education programmes. We will talk about this later a little bit. And also, about governance from our member organisations. Then there is another area which is the core data about the Physiotherapy profession, which is probably the main the bigger part of this survey, most of the of the responses from these parts, this area of the survey is supposed to be stable from one year to other. So, what we do is to pre-populate most of these questions, as you can see here, that most of the responses have been already pre-populated. But we ask our member organisations to have a look and make sure that these responses are right. And it hasn't changed from last year. And also, to fill in those that we have slightly changed or that has been new added from previous years. Then there is another section that this it's about different topics that could be of interest for the profession. For example, you can see here for this year, we are, asking about the perception of the Physiotherapy profession. We've been asking about this for the last couple of years. But for example, from 2020 to 22, we were asking questions about the Covid pandemic and how it impacted into the into our profession. At the end, there is a little part about confirmation, so we can have information of the person who has filling the information so we can track in case we need some clarifications after the review process. So, what are the elements where normally organisations member organisations require assistance. We have to find out there are three elements in which member organisations could encounter some challenges to fill in the data. The first one is properly understanding the questions and I'm meaning for this about the language barrier. This survey is built in, in English. So, for those who are not English speakers, it

could be a little bit challenges. So, to solve that, when we send out the communication of the opening of the gathering period, we also link we also include in that communication links to PDF versions of the survey in English, Spanish and French. That also can help our member organisations to have a better understanding. But also, we are very clear, and we try to encourage them to contact us in case they have any kind of issue or question when filling the data. Then the second issue would be about the difference between estimation and authoritative data. Always when authoritative data exists, please use it. This would be our gold standard. However, we understand that sometimes it's not easy to get these authoritative data, and sometimes it's needed to have some estimation. And this is where we ask our member organisations to give their best estimation for a certain question. The third issue or challenge we encounter. It's about the national context. That is how we understand and practice the physiotherapy profession in our own country. So okay to explain this one, I would like to note that the survey needs to be built to fit all our member organisations, and the physiotherapy profession could have some differences in terms of education, in terms of regulations, in terms of different aspects around the world. So sometimes this could create a little bit of issues or let's say misunderstanding from, from people. And I'm just going to try to illustrate that this with an example. So, let's see for example question three on the section A, which is about entry level education programmes. And when we talk about entry level education programmes, we are talking about those programmes to train people to be that allow people to practice the physiotherapy in a certain country, but depending on the country, this could be a bachelor's degree, or this could be a master's degree. And this is different to a postgraduate master's degree. Or this could be a doctorate in physical therapy, which is different from a PhD. And sometimes this could pretend present challenges because member organisations sometimes build this question when we are referring specifically to entry level education programmes with information about postgraduate. For this, there is another section on section D about postgraduate programmes post graduate education programmes, as you can see here, in which you can find out all the different postgraduate options, training options in a country. So, after that there is a and once leaving aside the filling in of the data, there is a second part which is review and clarification phase one. The information is submitted. We need to review all the profiles and make sure that there are no errors or there is consistency of data from previous years. If something that we are reviewing, it doesn't look right. We go back to our member organisations to clarify and to make sure that what they have, the data they have provided it's accurate. So little tip for those of you

who are feeling the information when you submit the data, the process is still not finished. Just wait until we go back a couple of weeks later letting you know that we have reviewed your profile. We are happy and there are no other clarifications needed. So, after that, after this clarification, review and clarification phase is done, we take all the data, we process it, we identify trends, we identify information that could be of interest to use it for advocacy purpose. And we produce reports. That could be at a national level, regional level and global level. So, this compares data. This illustrates what is the situation at national, regional or global level on a certain topic. And just give me a very brief three examples of each of them. The first one you can see here a national a couple of slides of a national report from Ghana in Africa where you can see some figures around membership and workforce, and also about entry level education programmes in the country compared to the regional level. Then another example at a regional level, that could be the report from the Asia Western Pacific region, in which you can see it slides on gender, how we talk about gender in relation to leadership. And if the leadership really reflects the gender of the workforce in that country or if there are any gaps. And also, I think something that it's interesting to reflect to highlight from these regional reports is that we started a couple of years ago to implement case studies for good practice at a regional level. In this case, you can see this one from the Philippine Physical Therapy Association and how they develop scientific magazine. And this could be used by other member organisations as an example of good practice. And finally, you can see quick snapshot of the global report in which again, we discuss in this case about membership growth, about the perception of the physiotherapy profession and so on. So just to finish for very quick take home messages, the first one is the importance of completing the census of on time. If we have all the information, all our models providing and filling the census on time, we will be able to review it on time and to this will help us with the review process. Then I think it's important to highlight that the more data we collect, the more reliable and useful this data set becomes. And also something that I have already mentioned. But it's also very important to make sure that you feel free to contact our staff team for any questions that may arise during the process, any issues you may have. For us, it's, we are more than happy to have a video call in which we can help you to fill in the survey to try to solve any questions you may have during the process and so on. So feel free to contact us as membership census at World.Physiotherapy. And then last but not least, please make sure that these reports are visible to your membership. I think this will really help you to advocate for the profession and also will become visible to some research teams that maybe could do

some further research in there in the future about the physiotherapy profession. That would again help in advocacy purpose. So, after that, just thank you for your time and for your attention. And I'm just going to stop sharing my screen and I will just pass on into Jonathon that will discuss on how these reports could be used in advocacy purposes.

[00:16:37] Awesome. So thank you very much. Pablo. And as Pablo sort of described the best way in which we can use the AMCs in is when we get the best data. So good data in means we can do some great things with that data, because then we're then if it's good data, then we know that it's quite reliable. And so, what I'm going to do in this presentation is just go through a few different examples of how I might use the data. So, in this next slide here, what you will see is just some information about direct access. So direct access the ability of individuals to come up to come and see a physiotherapist directly without having to get a referral from a physiotherapist. This is one of the biggest advocacy issues for physiotherapists physiotherapy organisations across the globe, and so often when we're providing some advocacy support for our member organisations they want to know how do we compare? So how do we compare to maybe countries in the region or countries in the world. And what you can see in the next slide is that what we do is we can start to form maps and start to form sort of nice, neat infographics. So, you can see here on the right-hand side is the countries that are coloured in dark. Yes. They have direct access. The countries that are greyed out, either they're not a member of World Physiotherapy or they didn't provide data for this for this for the AMC, the light blue is. No. And then as it gets darker there's a bit in the public service and in the public sector and then the sort of partly shaded blue is in the private sector. So, what this does, it allows us to if we're working with a member organisation to provide this data for them and say, okay do we want to drill down? So, do we want to know a bit more about Europe because you're from Europe? Do we want to know a bit more about South America because you're from South America, etc.? And we can do that. But this is just the global picture. We also have different ways of presenting the information, such as in the next slide which shows you know, in three different ways. So, a third of the country's 33% have full direct access. 28% of our member organisation countries have no direct access and then 37% in the middle. So again, the AMC allows us to do maps to present things in a sort of graphical way. It also allows us to do things like this, which is some infographics. And again, depending we provide, at the end of each year we develop a couple of standard sort of presentations that we can then use the various bits of that

during the year. But equally, if a member organisation needed a particular statistic presented in a particular way, then the AMC would allow us to do that. And some countries it's interesting because some countries the advocacy depends on what countries around them are doing. So, if we're talking about France, for example, they're very interested in what's happening in Spain, in Germany, in Austria in the UK, etc. but for other countries such as we've done some advocacy on direct access in the UAE. So, in the Emirates, they're more interested in what's happening in the US or how does it work in, in Australia. So again, sometimes it's very local and it's a neighbourhood. And other times people are more interested in how it works in maybe countries where their health ministry might look to that as a higher standard that they're trying to aim towards. So that's direct access. Another example that we've used is around advocacy for education standards. So, this is a picture of myself, the World Physiotherapy president, Sidy, who works with us within the programmes and development division of World Physiotherapy. We're here with VMPTA, the Vietnam Physical Therapy Association, as well as we're meeting with the deputy prime minister of Vietnam. And this meeting, which was held at the middle of June, was an opportunity to really do some advocacy to encourage education standards to rise within Vietnam. So again, we're using the AMC data to show, okay, Vietnam is maybe not quite meeting international benchmarks in a few of these areas and really push to ensure that physiotherapists or physical therapists only get educated in the university environment. So again, trying to encourage the Vietnam government not to allow you know, diploma courses, etc. The next slide just sort of illustrates in a different way how you might look at education programmes and use it within an advocacy perspective. So, we know the average number of entry level education programmes is 1.81 per 5 million population. What that allows us to do, and that's across the whole of the Asia Western Pacific region. What that allows us to do is enter to narrow down to a country and go, okay, is this country meeting the local benchmark or is this country maybe a little bit below it? So, you can see here Vietnam has significantly less education programmes than the average within the Asia Western Pacific region. So here it's 0.51 entry-level education programmes for 5 million population. So about one for every 10 million population, compared to 1.81 for every 5 million population elsewhere. So, this was an opportunity for us to encourage the government to increase the number of education programmes, to increase the number of university programmes that are teaching physiotherapy in Vietnam. And that was one of the key points that we tried to make with the deputy prime minister. So again, moving on now to another country, which is closer to home here in Europe, and that's Germany.

So, the situation in Germany is that they currently have a number of diploma programmes where you can train to be a physiotherapist in Germany, as well as degree programmes. And we were providing advocacy support to ZVK, our member organisation in Germany, to really advocate for all of the education in Germany, to move, to be just at a degree level. So, to get rid of the lower level education. So, we wrote letters of support which used the AMC data. And this led to a meeting between SSC and representatives from the Austrian Physiotherapy Association physio Austria, who are a neighbouring country, but they're definitely a country where the education standard is higher than what it is in Germany. So again, we use the data we compare to how does it work in the other countries. And what we found when we were doing our advocacy letter was that Germany was the only country that left in the European Union where there was a diploma level, entry level, diploma programme. And so that was quite compelling, I think, for the government. And that ZVK could take to the government to say, hang on, you know, what's going on here, where significantly below the European benchmark for education. And that's been a quite compelling advocacy activity for them. Interestingly, in the next slide, you will see that the actual number of programmes in Germany is quite high. So, it's about two times the average within the Europe region of World Physiotherapy. So it's not the number of programmes here that is the issue. It's the quality of the programme or the level of the programme. So again, as I said it's a useful statistic to look at. Say you don't just need to grow the number of programmes, but rather you need to switch the diploma programmes into degree programmes. So that's what we did in, in Germany. Just moving on. World Physiotherapy is part of the World Health Professions Alliance, and this is made up of five organisations World Physiotherapy, the World Medical Association, FDI, the World Dental Federation, FIP that represents the pharmacists, and ICN, which is the International Council of Nurses. And Pablo mentioned that over the course of the pandemic, we asked a number of questions around the response of member organisations and the impact on physiotherapists of the pandemic. And because we're part of this alliance, we were able to use all that data to collate into a report which is presented on the next slide. So this report, the five organisations in conjunction with the World Health Organisation, aggregated all our data, so we put in all the data that our members had provided through the AMC and each of the other associations did as well. And this provided a very rich and detailed report around the impact of the Covid-19 pandemic on the health workforce. Covered by these five countries. And just in the next slide here, you'll see some of the key findings, which was that you know, none of these are going to be a

surprise for people. But, you know, we need more healthcare workers in high level planning. There was poor protection of healthcare workers. There was inequality in relation to access to PPE and vaccines and the data collection and monitoring was very poor. So again, if you're interested in this it's all in the report. But again, this is just another example of how we've used our AMC data to advocate for the profession on a global scale. Finally, we often use the AMC data working in those countries where there is no physiotherapy yet. So, this is an example of where we work with the WHO Europe as well as colleagues when in the World Federation of Occupational Therapy and ISPO, which represents prosthetics and orthotics, to look at how we start up rehabilitation or how we start up Physiotherapy in the Central Asian Republic. So, Tajikistan, Kazakhstan, Turkmenistan etc., as well as places like Georgia, where we do have a physiotherapy association, but Armenia and Azerbaijan as well. So again, places where physiotherapy doesn't exist, we can actually use some of our data to compare and contrast against what we would expect. So, would we expect any of those countries to be at the level of you know, Germany or the UK any time soon? No, but we might be able to say, well, maybe they're more likely to be like a different country where physiotherapy is more in its infancy. So again, we can look at that and talk about strategies in terms of, well, how many education programmes do you need? How quickly could you scale up? What is a way in which you can do that? So that's just a short snapshot of how you might use the AMC data. But Heidi, I will hand it over to you, maybe to introduce Pei Yun.

[00:29:30] Great. Thank you so much, Jonathon and Pablo, for giving more information on what AMC is and how we use it internally at World Physiotherapy. So next we're going to hear from Pei Yun Li from the Taiwan Physical Therapy Association. And how she used the data in a research study. A really interesting way. So let me share my screen.

[00:30:10] Hello everyone. This is Pei Yun Li from Taiwan Physical Therapy Association. In this talk, I'm going to share the preliminary analysis and results of the annual census data of World Physiotherapy I did so far. Every year World Physiotherapy conducts annual membership census which contains information collected from all member organisations. The information generally includes three main domains. Membership core data about the physiotherapy profession and perception of the physiotherapy profession. In order to have a better understanding of the

demographics of physiotherapists in member organisations, the answers of physiotherapist numbers in part A were used for the current analysis. Considering the development of the physiotherapy profession is a multi-factor issue, interactions between different factors might provide us valuable information such as expenditure on the health care system. Economic condition of a country or territory, or even the need for rehabilitation. Expenditure on the health care system could affect the physiotherapist workforce. A country or territory's economic condition is the prerequisite of the amount of investment on the health care system. Income level could roughly represent a country or a territory's economic condition. However, the relationship between physiotherapist workforce and income level is unclear. Furthermore, the number of people that could benefit from rehabilitation could also be associated with the amount of physiotherapist workforce. However, this relationship is unclear and also warrants analysis. Therefore, we also acquired various external data to identify these questions, including national population, income level and estimated need for rehabilitation in each member organisation. With regards to the income level, it was used to indicate the economic condition of a country or a territory. Here the member organisations were divided into four income levels according to the classification defined by the World Bank in 2021, which were high, upper, middle, lower, middle and lower income level. The estimated need for rehabilitation services in an individual member organisation was obtained from the Institute for Health Metrics and Evaluation website. On the web page shows a global estimate of the need for rehabilitation services. Different regions or countries can be chosen showing the estimated need for rehabilitation in that specific area. The figure on top left shows that as many as 1 in 3 people globally experience a health condition over the course of their life that would benefit from rehabilitation. This number of an individual country was then calculated representing the estimated need for rehabilitation in a member organisation. Physiotherapist workforce was then calculated, which was defined as the number of physiotherapists per 10,000 population in a member organisation. That is, the physiotherapist number obtained from the annual census data divided by the national population and then times 10,000. Based on the aforementioned data, we try to investigate differences of physiotherapists workforce across member organisations with different income levels from year 2019 to 2021, and also relationship between physiotherapist workforce and estimated need for rehabilitation services in all member organisations in 2021. The following are the preliminary results from the analysis. This figure shows physiotherapy workforce in member organisations with different income levels. The horizontal axis is the years and the vertical axis is the

number of physiotherapist workforce per 10,000 populations. Different lines represent different income levels. The blue, orange, grey and yellow line represents high, upper, middle, lower, middle, and lower income levels respectively. The results showed that there was no significant change on physiotherapist workforce across the three years in all the income levels. However, a significantly higher physiotherapist workforce was found in member organisations with high income level than those with upper, middle, lower, middle or lower income levels. If we look at the physiotherapist workforce distribution on a world map, the colour shades are in proportion of physiotherapist workforce in a member organisation. The darker the colour is, the more physiotherapist workforce there was in that area. Here only those low income member organisations are shown. Then the lower middle income member organisations are added. The colours are slightly darker than the low income member organisations, which means that there were slightly more physiotherapist workforce in lower middle income than in low income member organisations. When the upper middle income member organisations are added, the colour becomes even bluer. Finally, the high income member organisations are have the darkest blue, indicating a higher number of physiotherapists workforce. This figure shows the relationship between the physiotherapist workforce and estimated need for rehabilitation service in 2021. The vertical axis is the workforce. The horizontal axis is the estimated need for rehabilitation. The higher percentage indicates a higher number of people who could benefit from rehabilitation. There was a significant positive correlation between the physiotherapist workforce and the estimated need for rehabilitation services. From the results, a larger physiotherapist workforce was observed in member organisations with high income levels. It was also found that the estimated need for rehabilitation services was positively associated with the physiotherapist workforce. However, a standard number of physiotherapist workforce has not been established. Who, with a guide for rehabilitation workforce evaluation tool, is attempting to provide some support for this activity. Therefore, understanding the interaction between the physiotherapist, workforce and income level of a country or territory can help identify where to target advocacy efforts and prioritise health care expenditures. In conclusion, the larger the physiotherapist workforce in a country or territory is, the greater the number of individuals could benefit from physiotherapist services. By understanding interactions between the physiotherapist workforce, income level of a country or territory and estimated need for rehabilitation. Member organisations can identify and prioritise areas that need strengthening. Thank you.

[00:39:35] Great. Thank you so much. Pei Yun. It's such an interesting way to use the AMC data to do some analysis. And one thing I just want to highlight what Pei Yun said, what Jonathon said about use and the reports that we generate, we're not necessarily we're not creating standards that there must be this many programmes, there must be this many physiotherapists. I just want to make that clear because we sometimes get inquiries on that. You know, how many do you think we should or how many should we have? But it's really more just that snapshot of the profession and that different analysis can be made maybe comparing an ML member organisation to those surrounding it, like Jonathon discussed, we're looking at workforce and a kind of bigger scale regionally and globally as painted. So, I just wanted to throw that out there. I don't know if there's any comments that Jonathon or Pablo has. I see that we have a question to go over in the chat, but if there's any other comments.

[00:40:38] I think my comment is just that there is a rich data set that we use internally, and that the data is available on the website and that so you don't even necessarily need to contact us to use it. We make it freely available. So, if you're interested in your country then go to the member organisation from that country or territory that's on our website, and you can have a look at any of the reports. But I think that you know, and then you might use them for your own purposes which might be unrelated to what the member organisation does. But I just think encourage once more that the best utility we can get out of this data is when we get good data in. So, you know, please, if you're responsible for giving us the data, then take your time and make sure that it is as accurate and reliable as possible.

[00:41:35] Great. And if you are going to use it for another purpose, please let us know. I mean, we're very interested to hear all of the great uses for it. So, we do have one question in the chat that it was a really good question that we should probably go over right now. And it's regarding one of the questions that you shared, Pablo in your example on education. It says by further training after the entry level education, does the postgraduate diploma or master's training have to be specific to physiotherapy or can it be any other programme in health care? So, Pablo, do you want to provide an answer to this?

[00:42:15] Sure. First of all, I think that's a very pertinent question for this. And my short answer would be no. In terms of postgraduate training for AMC purposes we only

consider physiotherapy postgraduate programmes, although we know that there could be other options and also something that we have encountered in from our member organisations is that sometimes in some countries and I'm going back into the entry level education programmes, we've got a some of programmes that lead into an entry level, for example diploma plus master's that get you into the entry level programme. So, at this at this point, it would be the highest programme, the one that you need to include in the in the entry in the entry level question section. A.

[00:43:18] Great. Thank you. Pablo. So just please, again, as Pablo said email us with any questions. You might not be the only one who had that question. We do see a lot of kind of common trends in in questions. So, it's always going to be really easy to send an email and we will answer you right away. So, this is it for our questions. I'm just going to share my screen one more time. And just say to everyone, you know, thank you for attending this webinar and just a little reminder that we have our World Physiotherapy Congress 2025 on the 29th to the 31st of May in Tokyo, Japan. And we hope to see everyone there. And thank you again for your time. Have a great day.