

2019

Report of 2nd Asian Physical Therapy Forum



11~12th, January, 2019

Tokyo, Japan



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Site visit for Panasonic Center Tokyo, Mega web, Pubic transportation services

About the organizers

Abbreviations

AFPPD : Asian Forum of Parliamentarians on Population and Development

AHWIN : Asia Health and Wellbeing Initiative

APEC : Asia-Pacific Economic Cooperation

ASEAN : Association of Southeast Asian Nations

ERIA : Economic Research Institute for ASEAN and East Asia

HRD: Human Resource Development

JCIE : Japan Center for International Exchange

JETRO : Japan External Trade Organization

JPTA : Japanese Physical Therapy Association

METI : Ministry of Economy, Trade and Industry, Japan

MEXT : Ministry of Education, Culture, Sports, Science and Technology, Japan

MHLW : Ministry of Health, Labour and Welfare, Japan

MOU : Memorandum of Understanding

UHC : Universal Health Coverage

WHO : World Health Organization

Executive Summary

The 2nd Asian Physical Therapy Forum was held together with related meetings and optional tours on 11th and 12th, January 2019 in Tokyo, Japan.

The forum was co-organized by the Economic Research Institute for ASEAN and East Asia (ERIA), Office of Health Care Policy, Cabinet Secretariat of Japan, and Japanese Physical Therapy Association (JPTA) with support of Japan Center for International Exchange (JCIE).

We had 43 participants from 17 countries and regions, outside of Japan, and they were representatives of Physical therapy associations and Government Officials who in charge of rehabilitation/physical therapy of each country. From Japan, two parliamentarians attended and delivered opening remarks as well as expert of long-term care policy and a government officials.

The forum was convened to respond to the challenges and opportunities of rapid population aging in the Asia, from the perspective of rehabilitation and physical therapy.

In Asia, where the elderly population is growing rapidly, effective measures and quick response to aging society are required. Japan is the country which aging goes ahead through most in the world and has been tackling with the issue of aging for many years and has much valuable experience, and lessons and learned.

Many other Asian countries have a similar tendency called the aging of population dynamics. Maintaining health of the elderly will be a common interest issue in the region. In July 2016, the Government of Japan launched “Asia Health and Wellbeing Initiative” (herein after referred to as “AHWIN”). AHWIN is shown in the official statements, such as ‘Japan-ASEAN Summit’, ‘the Mekong-Japan Summit’, ‘the East Asia Summit’, and ‘the ASEAN Plus Three Summit in 2017’.

Under such circumstances, through discussions held at the ‘1st Asian Physical Therapy Forum’ in Tokyo in September 2017, we realized that the first forum was the excellent opportunity to share Japan’s experiences in developing healthcare system as well as the importance of HRD in rehab, with national-level organizations of physical therapy practitioners in Asian countries which have the issues of rapid population aging. In order to promote healthy and active aging in ASEAN and East Asia, it is an urgent task to develop highly educated human resources and human resources with advanced knowledge and skills of clinical rehabilitation who can play an important part in the promotion of clinical practice of physical therapy in Asian countries.

Based on this background, ERIA and JPTA concluded an agreement of partnership to hold The 2nd Asian Physical

Therapy Forum which would promote policy dialogue on human resource development of rehabilitation and physical therapy field in the Asian region. ERIA and JPTA invited representatives of physical therapy association of 17 Asian countries, and officials who were in charge of national policies and measures related to rehabilitation and physical therapy in each country. The goal of this forum was to share the problems and strategies to promote the HRD in rehab with participants. We believe it can be achieved through public-private collaboration in whole Asia.

It is crucial to foster the coordination and cooperation between and within the public and private sectors including service providers, professional organization in the rehabilitation and physical therapy fields in all economies in Asia which has a great diversity of cultures, and the effort to promote bilateral and regional cooperation, including the Asia Health and Wellbeing Initiative, could contribute to furthering HRD. Key messages and future perspectives which are derived from the forum are the followings;

Key Messages

1. Regional cooperation is crucial for the “HRD” in the field of rehabilitation and physical therapy for coping with population aging.
2. Immediate action is needed to establish a mechanism and/or models to promote HRD with cooperation among public and private sectors including professional organizations
3. Community-based care system with appropriate rehabilitation and physical therapy service providers are key to some societies for preventive diseases and long-term care.

The Way Forward

Through HRD in the rehabilitation and physical therapy field, professional organizations of physical therapy contribute to create a vibrant and health society where people can enjoy long and productive lives, and to contribute the economic growth in Asia. In order to achieve this objectives, each country and physical therapy associations must develop the system of HRD of rehabilitation which could be indispensable to cope with population aging.

Agenda

Supporting the aging Asian society: the field of rehabilitation and physical therapy

A regional approach to promoting Human Resource Development

11th, 12th January, 2019 / Tokyo, Japan

CO-ORGANIZED and SUPPORTED BY :

The Economic Research Institute for ASEAN and East Asia (ERIA); Office of Health Care Policy, Cabinet Secretariat of Japan; Japanese Physical Therapy Association (JPTA) ; Japan Center for International Exchange (JCIE).

OPENING SESSION:

Opening	Kazuto HANDA, President, JPTA
Welcome Remarks	Shuichi NAKAMURA, Chair of Private Sector Consortium of AHWIN Masahiro SUZUKI, Vice-Minister for Health, MHLW
Congratulatory address	Keizo TAKEMI, Member, House of Councilors, Japan; Chairperson, AFPPD
Keynote Speech	Masahiro SASAKI, Counselor for Policy Planning Coordination, Office of Health Care Policy, Cabinet Secretariat of Japan

SESSION 1: Symposium

“The present situation of professional education in the field of rehabilitation”

Moderator, Kouji IHASHI, President, Japan Association for University Education in Physical Therapy

Panel, Daisuke JINNAI, Executive Director, Japanese Association of Occupational Therapists
Masako TATEISHI, Vice-President, Japanese Association of Speech-Language-Hearing Therapists
Tetsuya TAKAHASHI, Executive Board Member, JPTA, Prof. Juntendo University

SESSION 2: Welcome reception and meet up program for networking

“Physical activity is the essential for active aging”

Remarks Manabu YOSHIDA, Director General of Health Policy Bureau, MHLW

Norifumi NISHIDA, Director, Higher Education Bureau, MEXT

Kentaro KISHIMOTO, Director, Healthcare Industries Division, METI

Kuninori TAKAGI, President of President, Japan Rehabilitation School Association

SESSION 3: Informative session

“Various HRD cooperation by Japanese physical therapists in Asia”

Moderator and Panel, Yasushi Uchiyama, Vice-President of JPTA

Panel, Masaaki Sakamoto, Prof, Graduate School of Health Sciences, Gunma University
 Naoko Orito and Hidehiko Shirooka, National University Health System, Singapore
 Isao Otsuka, Aizawa Healthcare International Limited
 Kazuhito Matsui, CEO, HOT Rehabili Systems

SESSION 4: Roundtable discussion

Moderator, Kazuto HANDA, President, JPTA

- 1) HRD in the field of rehabilitation and physical therapy in Asia
- 2) Future cooperation
- 3) Next meeting

CLOSING OF THE MEETING

Kazuto HANDA, President, JPTA to all participants

OPTIONAL TOUR 1 & 2

Tour 1: Social Security System in Japan

Presenter, Yoshimitsu SASAKI, Assistant, MHLW

Site visit for Nursing and Preventive Care Center “Rakuccha” in Minato-city, Tokyo

Coordinator, Nahoko KOBAYASHI, Nagase SHINISHI,

Support Services for Senior Citizens Section, Minato-City

Presenter, Etsuko OISHI, Head of Nursing and Preventive Care Center “Rakuccha”

Tour 2: Accessibility Transportation Trip Odaiba, in Minato-city, Tokyo

Site visit for Panasonic Center Tokyo, Mega web, Pubic transportation services

Language Volunteers of JPTA for the Forum and Tours

Kenji IWATA, Kentaro NAGATA, Kyohei MIYAZAKI, Rieko YAMAMOTO, Rua BAN

Shigeharu TANAKA, Shinsuke MATSUMOTO, Takayuki HOTTA, Yuki ISHIHARA

Day 1

OPENING SESSION:

Opening	Kazuto HANDA, President, JPTA
Welcome Remarks	Shuichi NAKAMURA, Chair of Private Sector Consortium of AHWIN Masahiro SUZUKI, Vice-Minister for Health, MHLW Katsumi Ogawa, Member of the House of Councilors/Policy Advisor of JPTA
Congratulatory address	Keizo TAKEMI, Member, House of Councilors, Japan; Chairperson, AFPPD
Keynote Speech	Masahiro SASAKI, Counselor for Policy Planning Coordination, Office of Health Care Policy, Cabinet Secretariat of Japan

Opening Kazuto HANDA, President, JPTA



Everyone from all over from the 17 countries, I would like to thank you and please take my sincere welcome. Last year, in our first forum we had all the delegates from the 14 countries and we have three additional countries making it a total of 17 countries here with us in Japan.

We are really continuing with an aging society and there are so many issues, more than you can think. Something that the all the hardships we have had and any failures and any successes in Japan. I hope that you will learn from Japan's lesson learned and then when you go back all the elderly or the disabled population and hope that you will provide excellent, functional recovery services and hope that we have a very good discussion for 2 days so the rehabilitation and physical therapy will be the contribution to each of the countries.

Welcome Remarks

Shuichi NAKAMURA, Chair of Private Sector Consortium of AHWIN



I was engaged in planning policies related to healthcare and nursing care for the elderly from 1973 till 2014 at the Ministry of Health, Labor Welfare and Cabinet Secretariat. I engaged in planning policies related to healthcare and nursing care. In 1960, the aging rate in Japan was only 5%. So Japan was a young society then. In 1961, the universal health coverage and pension system under which all residents in Japan are obliged to join both public health insurance and public pension plans which were enacted. However, the benefit level was very low at that time. Twelve years later, in 1973, the year when I started work as a public servant a substantial improvement was implemented in healthcare and pension benefits. Since then, Japan has embarked on the path for a full-fledged welfare state. But the speed of population aging was faster than anticipated and in 1994, the aging rate exceeded 14% and so Japan has become an aged society. Since the aging rate has exceeded 28% last year, Japan is a super-super aged society now.

Over the period, the social security policy in Japan has focused first on how the healthcare system and pension system could be sustainable before facing a sharp increase in elderly people. In my 40-year career life as a public servant I had dedicated almost entirely the measures to address the aging population. Needless to say, enhancing rehabilitation is the most important subject of all. Up until the 1980s as the aging rate was higher in Western European countries than in Japan, they had proceeded as a welfare state and so we learned a lot from them, their experience – European countries' experiences – and made good use of them for developing the Japanese social security. Likewise, it will be a great pleasure if our experience could be of any help to people in Asian countries who will soon be facing a full-fledged aging of their populations.

I feel certain that it is extremely important that all people gathered here exchange opinions on the common goal, which is to contribute to the improvement of public health and people's welfare of each country. Lastly, I sincerely hope that this 2-day forum will achieve great success.

Welcome Remarks

Masahiro SUZUKI, Vice-Minister for Health, MHLW



It is my great privilege to address the opening of the 2nd Asian Physical Therapy Forum. First and foremost, I would like to pay my cordial appreciation to all physical therapists for their sincere dedication and devotion to health and long-term care of the people.

As you might be aware, Japan is facing an unprecedented rapid pace of aging as Councilor Takemi mentioned and now welcoming an era of 100-year cycle of life. That is why we aim to materialize solid and robust social security system through dynamic engagement of our citizens and we firmly believe that we must sustain and further develop universal health coverage, which was established in this country in 1961.

Modern health systems consist of an interdisciplinary team approach with division of labor amongst various specialists. In that sense, physical therapists are the key specialists for rehabilitation and well-being of people with disability. Only with their full involvement to ensure self-reliant daily life of the elderly, outcome-based evaluation of care and prevention of serious conditions could be achieved.

It is indeed reassuring that the Japan Physical Therapy Association, hosting this forum in the last 2 years is paying its utmost efforts to empower physical therapists for better quality of life. I sincerely hope that this forum would bear plenty of tangible, successful results for the coming days.

Welcome Remarks

Katsumi Ogawa, Member of the House of Councilors/Policy Advisor of JPTA



Our industry, why one of us has to be the part of the policy makers? Japan's history of physical therapy just marked 53 years. During the 53 years scientific fields and academic fields, they made significant growth. However, domestic physical therapist's status is not there just yet. As we are facing an aging society, any area that we the PT, we can contribute, there are

many. However, because of the system there is a constraint because of those, we are not really giving our best – our contributions to society. So that is a current – we have to improve and solve the issue so our physical therapy would be required by the general public. That is the reason why I was sent as a policy maker.

Within Asian countries, I have visited China, South Korea, and recently, I went to Nepal. Yesterday we had a technical visit from Denmark and actually I had been to Denmark on a technical visit to learn about the social security system in Denmark and now we are looking at the social security systems in Asian countries. There is room for improvement and there is a need to really improve. This is a global issue of aging society. In order to solve that issue, the area that we as physical therapists are able to make a significant contribution not just one country but looking at the perspective of Asian countries hand-in-hand and so as a team we need to tackle the issues. That is the common understanding.

In that sense, this Asian Physical Therapist's Forum, this is our second time. At this forum we would like to acknowledge any issues and then we would like to have partnership in order to solve the issues and so I hope that this will be starting place to discuss. So I as a policy maker, anything I can be of any help, I am more than happy in my best efforts to support you and I would love to visit each one of your countries and have discussions and exchange inputs. In closing, I would like to wish a very prosperous meeting.

Congratulatory address Keizo TAKEMI, Member, House of Councilors, Japan; Chairperson, AFPPD



Health now has become a common issues beyond national boundaries, especially in Asia. Therefore, I am very glad having this wonderful occasion to talk about how Japan can collaborate with our counterparts in Asia, especially in this very important subject of physical therapist.

It is still an unfortunate thing that in Asia still we do not have enough experts in co-medical services, including physical therapists. Japan has the most advanced aging society, we have had so many experiences, which is a positive one and also a negative one – both. So I really hope that you can take some lessons from both sides and then please collaborate with us. Especially, aging issues is a common agenda. Looking at 2050, more than 60% of the aging population over 65 lives in Asia, our area.

The younger population under 40 hit the peak in 1994 and then consistently has declined. But on the other hand, the population over 65 which will be tripled by 2050. How can we cope with such a large, expecting elderly population in Asia? Only Japan or only your own country cannot overcome these issues. As you know, the dependency ratio shows to what extent the younger generation have to share the burden because of the increasing elderly population and also the younger population. We hit the peak of the dependency ratio in 1960 and it is really fortunate for us – we could keep the peak of the dependency ratio by 2000. So nearly 40 years we could have wonderful population dividends. Therefore, in 1961, we could achieve universal health coverage. And then in 2000, we could successfully introduce the long-term care insurance system.

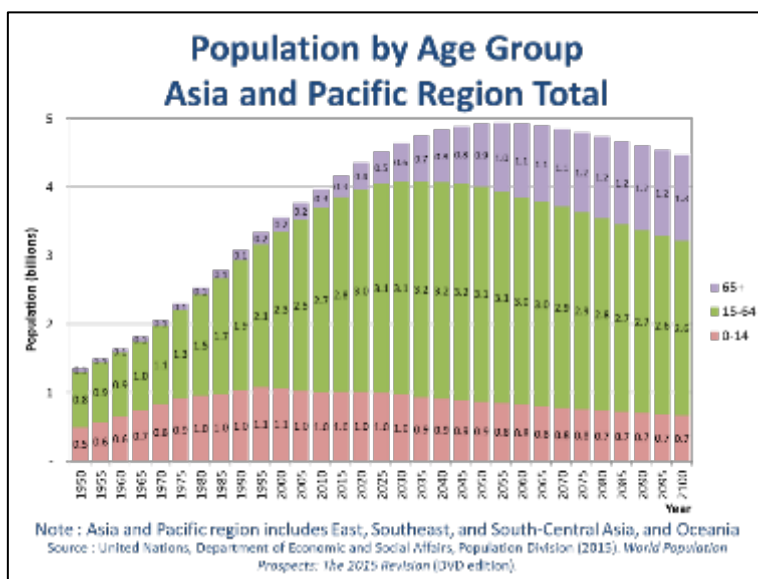
In these 40 years, we could have a large slice of the industry, we can produce those more sophisticated technologies and also the machines and several facilities for long-term care services, including physical therapist related issues. And also the providers we have had in these 40 years and we have had those educational systems for physical therapists and other co-medical services as well. So we have had 40 years to prepare for aging. However, unfortunately, the other Asian countries, they once hit the peak of the dependency ratio. Suddenly, their population of the elderly over 65 have started increasing in a very speedy manner. Can you imagine it is much speedier than Japan's speed of aging and you do not have such a long years such as 40 years of Japan to prepare for aging. This is a very serious common agenda in Asia as a whole.

Aging started in European countries around the 1940s but took very long years to be an aged society. According to the UN definition of aging, if the population over 65 share 70% of the whole population, we call it an aging society, and if it has become over 14%, we call it aged society. An aging society shows 7% and aged society shows 14% of the total population. And then the triple, 21% of the total population become over 65, we define it as a super-aged society. So in Japan's case, we can define it as a super-super-aged society.

How can we collaborate with each other? For example, in Japan, we are now facing very serious shortage of long-term care workers. Therefore, we want to invite well-qualified long-term care workers from Asian countries to care of our own elderly population with long-term care services. You are having the larger size of the long-term care needs of the elderly population in the future. Once those workers can work in Japan and can gain more sophisticated skills for the long-term care services and also those physical services and then, they will be back to their own countries and utilize their own, more qualified, sophisticated techniques of co-medical skills for their own elderly population in their own countries.

Therefore, if governments conclude those memorandums and then we can design those labor markets beyond national boundaries and create circle of labor in Asia as a whole. This shows that it is a win-win game for both of us. But the important thing is who and where the potential labor forces can take the educational services to be experts in co-medical services. Maybe this is one of the big subjects for you as expert physical therapists in Asia.

Now Asia has really become under one umbrella because of the interdependence and because of increasing elderly population but on the other hand, we do not have enough common systems beyond national boundaries to collaborate with each other. I really hope that you can give us really good ideas on how to do that. This is a wonderful occasion not only for Japan but also for other Asian countries as a whole.



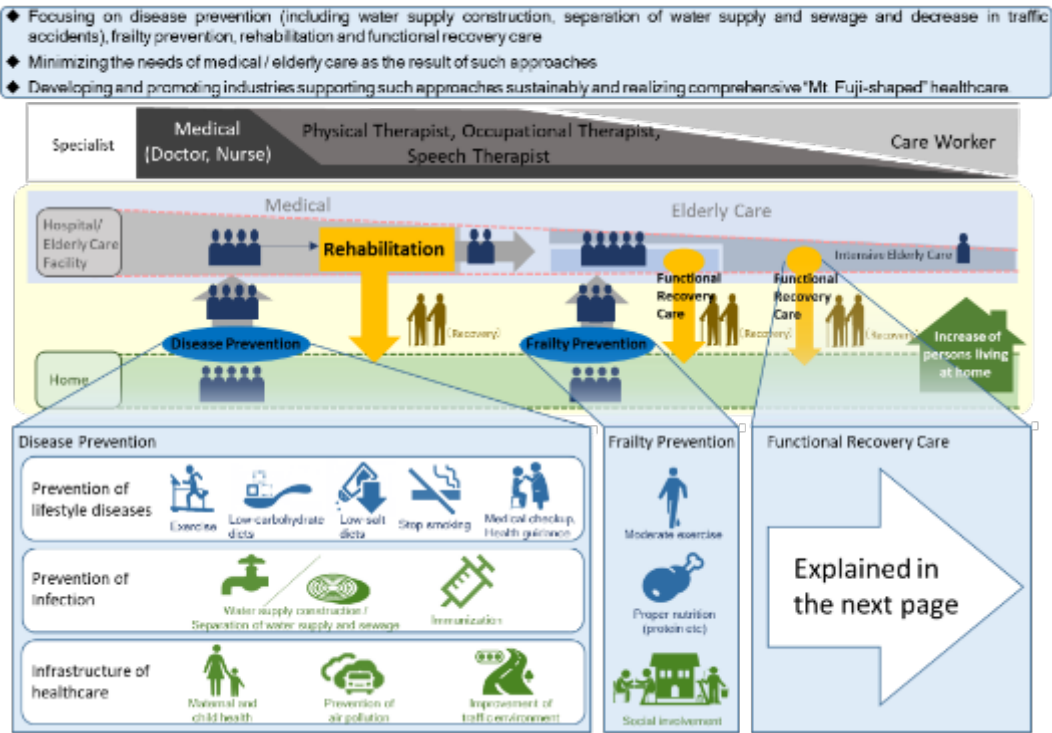
Keynote Speech Masahiro SASAKI, Counselor for Policy Planning Coordination, Office of Health Care Policy, Cabinet Secretariat of Japan



The aging population is not only a problem but also a chance. Market size of medical care, elderly care, prevention, rehabilitation, healthcare service, and consumer products for elderly people is expected to become large according to population aging in Asian countries.

If Asian workers acquire high skills in elderly care and rehabilitation, they are expected to be main provider of elderly care and rehabilitation in aging Asia. These workers will contribute to generate new industries in Asian countries. On the other hand, Japan has experience of adaptation to the aging, and necessary know-how in human resource development, education, and available technologies in order to provide various healthcare services including prevention.

Ideal healthcare and human resources in aging society



Asia Health and Wellbeing Initiative (AHWIN)

Contributing to 3rd goal of SDGs, achievement of Universal Health Coverage (UHC)
 Promoting autonomous industries of medical / elderly care, healthcare services and other services which support healthy life and realizing comprehensive “Mt. Fuji-shaped” healthcare in respective Asian countries through mutually beneficial cooperation among Asian countries Minimizing the needs of medical / elderly care through enriching necessary healthcare services including business based approaches; (1) Promoting specific projects and clarifying the purpose of the projects and (2) building an environment to advance further cooperation on business basis by creating MOCs with each partner country which cover the projects contributing to AHWIN.

Ongoing projects under Asia Health and Wellbeing Initiative

Human resource exchange and development program in the field of emergency medical care (India)

- Osaka City University conducts human resource exchange such as providing opportunities for Indian medical personnel to take DMAT training in Japan and for Japanese medical personnel to take clinical training in India through cooperation with All India Institute of Medical Sciences. The relating academic societies are planning to take over these activities.
- Introducing Japanese medical equipment, infrastructure and systems for emergency medical care which meet India's needs is to be considered.

Icons: [Human resources] *1, [Products and services] *1, [Industrial infrastructure] *1

Hankun hospital (China)

- Japanese-style medical facility established in China, May 2018 by Trim Medical Holdings Inc.
- [Features]**
- General hospital for lifestyle disease treatment with a focus on diabetes, dialysis and rehabilitation.
- Providing not only medical care but also relating healthcare services such as:
 - Operating Japanese-style restaurant which conducts nutrition management and distributing special meals such as Chinese low-carbohydrate meals to surrounding area
 - Promoting and selling Japanese healthy foods, skin care products, etc.

Images: Dialysis bed, Water purification equipment, Rehabilitation equipment, Special meals (on table)

Icon: [Products and services] *1, 2, 3

Next-generation centralized management healthcare distribution center (India)

- Konoike Transport Co., Ltd considers to develop in Tamil Nadu, India "Next-generation centralized management healthcare distribution center" combining technologies such as clinical testing and sterilization into Japanese medical distribution model.
- Improving quality of hospital services and eliminating its disparities along with improving medical logistics efficiency.

Images: Current condition, New image

Icons: [Human resources] *1, [Products and services] *1, [Industrial infrastructure] *1

Asia rehabilitation center network (Viet Nam, Lao PDR and Cambodia)

- Medical facilities group in Viet Nam, Lao PDR and Cambodia being developed by Kitahara Neurosurgical Institute (Kitahara International Hospital)
- [Progress]**
- Viet Nam: Considering to develop a Japanese-style rehabilitation center at Viet Duc University Hospital in Ha Noi.
- Lao PDR: Considering to develop a stroke center at Mittaphab Hospital in Vientiane.
- Cambodia: Developed a life-saving emergency medical center, "Sunrise Japan Hospital" in Phnom Penh. Considering to provide meal delivery service.

Images: Rehabilitation in Viet Nam and Lao PDR, Sunrise Japan Hospital in Cambodia

Icons: [Human resources] *1, [Products and services] *1, [Industrial infrastructure] *2

*1 Medical / Elderly care, *2 Healthcare services, *3 Services supporting healthy life

SESSION 1: Symposium

“The present situation of professional education in the field of rehabilitation”

Moderator, Kouji IHASHI, President, Japan Association for University Education in Physical Therapy

Panel, Daisuke JINNAI, Executive Director, Japanese Association of Occupational Therapists

Masako TATEISHI, Vice-President, Japanese Association of Speech-Language-Hearing Therapists

Tetsuya TAKAHASHI, Executive Board Member, JPTA, Prof. Juntendo University

Moderator, Kouji IHASHI, President of Japan Association for University Education in Physical Therapy



Kouji Ihashi is a Professor, Fukushima Medical University, Preparing Section for New Faculty of Medical Science, registered as Physical Therapist in 1976. Received PhD in Medical Science, Tohoku University Graduate School of Medicine in 1995

Consultative and Advisory Positions Held:

- President of Japan Association for University Education in Physical Therapy, 2017-present
- Editor in Chief, Journal of Japanese Physical Therapy Association, 2007-2013

Membership in Scientific/Professional Organizations:

- Japanese Physical Therapy Association (JPTA), 1976-present
- Japanese Congress of Rehabilitation Medicine, 1995-present
- American Congress of Rehabilitation Medicine, 1999-present

Honors and Awards:

- Most valuable paper award, Tohoku J of Physical Therapy, 2008
 - JPTA Award, 2015
-

Panel, Daisuke JINNAI, Executive Director of Japanese Association of Occupational Therapists

Profession education of occupational Therapists



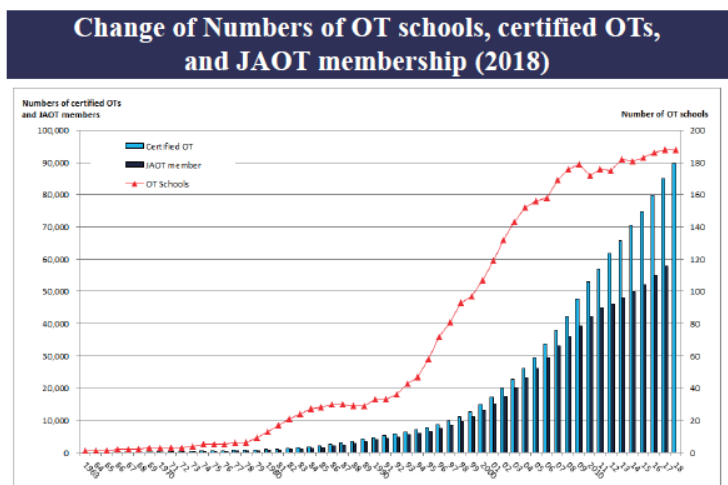
Daisuke Jinnai is an Associate Professor, International University of Health and Welfare, School of Health Sciences, Department of Occupational Therapy.

In 1985, he graduated from Kumamoto College of Medical Care & Rehabilitation, and a few years of experience in clinical setting. From 2013, he is in the current position in JAOT.

Education for developing occupational therapists had started at the same year with physical therapist in Japan. The Japanese Association of Occupational Therapists (JAOT) was established in 1966, having are some departments for Science, Education, Measures for the system, public relations, international relations and so on. Our mission is to work toward the improvement of professional skills and cultivation of the personal qualities of occupational therapists, promote the popularization of occupational therapy, and contribute to people’s health and welfare.

Number of OT schools, certified OTs and memberships of JAOT are rapidly increase and nearly 80 % members are under 40 years old. Facing to the social needs, such as aging society. Now, number of projects have implemented such as discussion of amendment the regulation for OTs entry-level education, the many training courses in the “Post-Qualification Education System for OTs” and so on.

There are 105 members certified across 10 fields of specialization these are Dementia, Hand Surgery Assistive Technology, Special Need Education, Higher Brain Function, Acute Psychiatry, Dysphagia, Visiting OT, Cancer and Employment Support.



*The number of JAOT members in 2018 will be revealed in March 2019

Panel, Masako TATEISHI, Vice-President, Japanese Association of Speech-Language-Hearing Therapists

Profession education of SHL Therapists



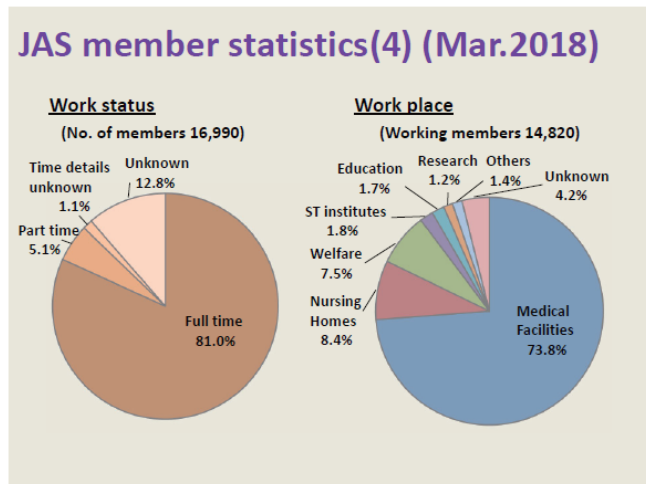
Masako Tateishi is a Professor, in the Department of Speech, Language and Hearing Therapy(SLHT), Faculty of Health Science, Mejiro University. She has received National qualification of SLHT, worked in the Department of Rehabilitation of Keio University and obtained PhD in Tokyo University.

Speech-Language-Hearing Therapists (SLHTs), or casually referred to as STs in Japan, is one of the health professionals serving persons who have communication disorders including speech, language or hearing disorders, and those who have swallowing disorders. System of National license in Japan has started in 1997, as Speech-Language-Hearing Therapists Act, and the total number of licensed SLHTs is approximately 31,200. Japanese Association of Speech-Language-Hearing Therapists (JAS).

Unlike PTs and OTs, total number of membership of JAS is approximately 17,000 in various work settings, gender ratio is 24% Male and 76% Female, there are 82 schools for entry-level of SLHT education is 82 in Japan. Facing to the aged society in Japan, the mid-term goals of JAS is 1) To increase the number of qualified SLHTs and 2) To make our professional service fully accessible.

What we are doing 1) Quality improvement of SLHTs; annual conference, continuing education programs, specialty recognition, publication of a professional journal

2. Adjustment to the social needs; “ Model Core Curriculum” responding to expanding scope of practice “Speech and Hearing Day” (Sept.1) expansion of SLHT employment and distribution.



Panels, Tetsuya TAKAHASHI, Executive Board Member, JPTA, Prof. Juntendo University
 Profession education of Physical Therapists



Professor Tetsuya Takahashi (PhD, MSc) is based in Tokyo, Japan, Department of Physiotherapy, Faculty of Health Science at Juntendo University. He is an author of national guidelines for Rehabilitation in Patients with Cardiovascular Disease (JCS 2012).

His clinical and research interests include cardiopulmonary rehabilitation for people with a variety of chronic heart diseases, postoperative physiotherapy in critical care, physiotherapy for frailty, and self-management of chronic heart disease. He has extensive teaching experience in undergraduate, postgraduate, international and clinical forums. He is an Editorial Board member for Physiotherapy Journal and Journal of the Japanese Physical Therapy Association.

Role of physiotherapists in Japan for persons after his/her discharge is varied in the each home care services. From the increase of expenses for medical and long-term care insurance, physiotherapist are expected to provide more home visit service.

In this situation, main issues of PT education in Japan are 1) 4- year University level education is Not mandatory, 2) Too many PT schools and students (Quantity > Quality), 3) Inadequate quality assurance of PT schools, 4) Inadequate quality assurance of clinical educations, 5) Excessive stress in clinical internship, 6) Physiotherapy fee is the same if PTs have national qualifications whichever school graduate (any quality of treatment).

It is a time to change from “quantity” to “quality”, for aiming to be an “independent Professional”. Japanese PT education should be 4 year university level to ensure patient safety.

**Key Issues faced by
Physiotherapy Profession in Japan**

Due to Aging, medical expenses and long-term care insurance costs increase

↓

Longest length of stay in acute care hospital in OECD
(Length of stay has declined, but still remains very high)

↓

Patients are often discharged from hospital directly to their home
 Physiotherapists are expected to visit patients' houses for Physiotherapy
Physiotherapists need...

- Advanced Communication skill
- Advanced knowledge and expertise
- Total management skill



Discussion and report from representatives from each association



Taiwan

Thailand



Vietnam

Sri Lanka



Singapore

Republic of Korea



Philippine



Pakistan



Malaysia



Mongolia



Myanmar



Nepal



Macau



Indonesia



Hong Kong



Cambodia



Bangladesh



Profiles of participated countries and regions in the field of Physical Therapy/Rehabilitation

*12th, Jan, 2019 : Round table discussion at 2nd Asian Physical Therapy Association

	Name of title in your language	Organization's Member	Practising physical therapists	Academic journals	CPD Events	Recognised special interest groups	Starting education level(minimum)	ISCED 1997 levels	Post professional degree programmes	Recognised specialisation	Standards of practice	PTs are permitted to	Registration required to practice	CPD* required for re-registration	CPD* required for membership
Bangladesh	-Physiotherapist -Prefix Dr. and Suffix PT e.g. Dr. Md. Fazal PT	836	1,500	✓	✓	0	Upper secondary	✓	Masters degree	0	Yes	-Act as first contact/autonomous practitioners -Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	No	No	No
Cambodia	-វិទ្យាសាស្ត្រសម្រោច -Physiotherapy Standard at Physical Rehabilitation Center -Physiotherapy Standard of Ministry of Health -Law of the health professional practice	155	381	■	✓	0	Upper secondary	✓	None	0	Yes	-Act as first contact/autonomous practitioners -Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Unknown	N/A	No
Hong Kong	物理治療師	1,064	3,198	✓	✓	10	Upper secondary	✓	Masters degree, Professional doctorate, Research doctorate	1	Yes	-Assess patients/clients -Treat (interventions, advice and evaluation of outcome) -Offer preventative advice/services	Yes	No	No
Indonesia	Fisioterapis	1,697	10,000	Is to be added	✓	4	Upper secondary	✓	None	2	Yes	-Assess patients/clients -Treat (interventions, advice and evaluation of outcome) -Offer preventative advice/services	Yes	Yes	No
Macau	-物理治療 -Fisioterapia	133	150	■	■	0	Unknown	Unknown	None	0	Yes	-Act as first contact/autonomous practitioners -Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Yes	No	No
Malaysia	Pegawai Pemulihan Perubatan Fisioterapi	980	2,900	■	■	0	Upper secondary	✓	Masters degree	0	Yes	-Assess patients/clients -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Unknown	Yes	No
Mongolia	Хөдөлмөн з а в а л ч	147	147	✓	■	0	Upper secondary	✓	Masters degree	4	Yes	-Assess patients/clients -Treat (interventions, advice and evaluation of outcome)	Yes	Yes	Yes
Myanmar	ကုသမှုပညာရှင် (အထူးကု) ကုသမှုပညာရှင် (အထူးကု) အထူးကုအထူးကုပညာရှင်	806	1,569	■	■	0	Upper secondary	✓	Masters degree	0	Yes	-Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	No	No	No
Nepal	-योग विज्ञान -Physiotherapist -Yauk Chikitsak	370	1,500	■	■	0	Secondary	✓	None	0	No	-Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Yes	No	No
Pakistan	-Physiotherapist -Physical Therapist	1,270	15,000	■	■	1	Upper secondary	✓	Masters degree, Professional doctorate, Research doctorate	10	Yes	-Act as first contact/autonomous practitioners -Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	No	No	Yes
Philippines	-Physical Therapist -Physical Therapist, Registered, Philippines -Piskal Terapist or Piskal Terapi	4,961	13,000	■	■	5	Upper secondary	✓	Masters degree	0	Yes	-Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Yes	Yes	No
Republic of Korea	물리치료사	20,093	35,600	✓	✓	11	Upper secondary	✓	Masters degree, Research doctorate	0	No	-Assess patients/clients -Treat (interventions, advice and evaluation of outcome)	Yes	Yes	No
Singapore	-Physiotherapist/Physical Therapist -物理治療師	344	1,814	■	✓	4	Upper secondary	✓	Bachelors degree	0	Yes	-Act as first contact/autonomous practitioners -Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Yes	No	No
Sri Lanka	-Physiotherapist -වෛද්‍ය චිකිත්සා Shawthachikitsaka	203	440	■	✓	19	Upper secondary	✓	Bachelors degree	2	Yes	-Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Yes	No	No
Taiwan	物理治療師	1,088	6,405	✓	✓	8	Upper secondary	✓	Bachelors degree, Graduate diploma, Masters degree, Research doctorate	1	Yes	-Act as first contact/autonomous practitioners -Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Offer preventative advice/services	Yes	Yes	No
Thailand	-วิชาบำบัดร่างกาย -rn.	1,430	4,400	✓	✓	2	Bachelors degree	✓	Bachelors degree, Masters degree, Research doctorate	0	Yes	-Assess patients/clients -Make a diagnosis -Treat (interventions, advice and evaluation of outcome) -Refer to other specialists/services -Offer preventative advice/services	Yes	Yes	No
Viet Nam	Cử nhân Phục Hồi Chức Năng chuyên ngành Vật lý trị liệu	800	800	✓	✓	5	Bachelor of PT		Not yet	5	yes	* Assess patients * setting goals and planning of treatment * Making the programme of treatment, prevention * Giving advice/ services in community. * Reassess and evaluate	Yes	No	No
Japan	理学療法士	83,552	127,000	✓	✓	18	Upper secondary	✓	Masters degree, Research doctorate	19	Yes	-Assess patients/clients -Treat (interventions, advice and evaluation of outcome) -Offer preventative advice/services	Yes	No	No

SESSION 2: Welcome reception and meet up program for networking
“Physical activity is the essential for active aging”

Remarks Manabu YOSHIDA, Director General of Health Policy Bureau, MHLW

Hiroto ARAKI, Director, Higher Education Bureau, MEXT

Kentaro KISHIMOTO, Director, Healthcare Industries Division, METI

Kuninori TAKAGI, President of Japan Rehabilitation School Association

Aiming at feeling together closely each other more, the Welcome reception and meet up program for international guest was held at the night of day 1. Theme of the reception was “Physical activity is the essential for active aging” and participants got an experience of physical exercise within the atmosphere traditional Japanese art.

Manabu YOSHIDA, Director General of Health Policy Bureau, MHLW



Hiroto Araki, Director for Medical Education Planning, Medical Education Division, Higher Education Bureau, MEXT



In this reception, several Government Officers from MHLW, MEXT, METI included Director General, and President of Japan Rehabilitation School Association attended.

Before the networking activity, they presented remarks for international guests, focused about social situation in Japan and this appreciated occasion for interacting experience and cooperation in the field of physical therapy and rehabilitation.

Kentaro KISHIMOTO, Director, Healthcare Industries Division, METI



Kuninori TAKAGI, President of Japan Rehabilitation School Association



Physical active workshop in the traditional way

1) Rising hands for prepare physical activity



2) Setting a position at one leg standing



Day 2

Informative session

Various Human Resource Development (HRD) cooperation by Japanese Physical Therapists in Asia

Moderator and Panel, Yasushi Uchiyama, Vice-President of JPTA

Panel, Masaaki Sakamoto, Prof, Graduate School of Health Sciences, Gunma University
 Naoko Orito and Hidehiko Shirooka, National University Health System, Singapore
 Isao Otsuka, Aizawa Healthcare International Limited
 Kazuhito Matsui, CEO, HOT Rehabili Systems

Moderator and Panel, Yasushi Uchiyama, Vice-President of JPTA



Yasushi UCHIYAMA is PT, PhD and Vice President of Japanese Physical Therapy Association (JPTA), also a Professor at Graduate School of Nagoya University.

Professional Affiliations and Activities :

- 2015 Chair of 50st anniversary national congress of Physical Therapy in Japan
- 2007-present Vice President of Japanese Physical Therapy Association (JPTA)
- 2006 Chair of 41st national congress of Physical Therapy in Japan
- 2003-2011 Alternative to E.C., AWP region of WCPT
- 2001-present Member of Executive Committee, JPTA
- 1994-present Editor of Journal of Physical Therapy
- 1985-present Ordinary Member, Japanese Physical Therapy Association

Awards :

- 2004 The Best of Research Presentation Award by 38th Annual Congress of Physical Therapy in Japan
 - 2003 The Best of Research Paper Award by The Japan Geriatric Society
 - 2003 The Best of Research Paper Award of Sogo Rehabilitation by Kanehara Ichiro Foundation
-

Panel, Masaaki Sakamoto, Prof, Graduate School of Health Sciences, Gunma University
Human Resource Development (HRD) cooperation with Mongolia



Masaaki Sakamoto is a licensed PT and Professor in the Graduate School of Health Sciences, Gunma University. He received a PhD in the Showa University.

Based on the academic exchange agreement contracted between Faculty of Mongolian National University of Medical Science (MNUMS) and Graduate School of Health Sciences, Gunma University in 2007, support has initialized as follows; to develop the curriculum, human resource development such as instructors included rehabilitation doctor and sport doctor, holding workshops for faculty and staff of Ministry of Health, accepting international students, special lectures practicum in Gunma University approximately 90 Mongolian students, and providing postgraduate education (more than 6 students until now).

Future task for Mongolian physical therapy education would be, 1) Basic Knowledge and skill, 2) Education of graduate students, 3) Cooperative research, 4) Preparation of physical therapy textbook in Mongolian language in this project and also we may see the possibility of distance education. What we were doing was “Support” until now but it wouldn’t be appropriate from now on. We may focus more for cooperation each other.

FUTURE TASK

Continuing supports:

- 1) Basic knowledge and skill: Clinical reasoning, PT skill
- 2) Education of graduate students: Research, Knowledge
- 3) Cooperative research
- 4) Preparation of physical therapy textbook in Mongolian language

Possibility of distance education:

Support → Cooperation

Panels, National University Health System, Singapore

Human Resource Development (HRD) cooperation with Singapore

Naoko Orito



Hidehiko Shirooka



Naoko Orito is a qualified PT, and graduated her MPH of the Nagasaki University in 2016. Hidehiko Shirooka is also PT and he received his Msc in Koto University.

Physical therapy in care prevention in Japan has been recognized in the field for Care, Fall, Frailty Prevention and recently health promotion, and Sport activities. To prevent dementia, physical therapists can organized exercise class with “Dual-Task Exercise” which is scientifically effective for brain atrophy as research indicates. For example, stepping together with telling a name of fruits which is different one in the group around 5 - 6 people.

From 2017, Naoko Orito and Hidehiko Shirooka had started to establish multi-component intervention program based on the agreement of JPTA and National University Health System in Singapore. Now over 50 localized exercises have been developed and more than 80 certified volunteers are operation in Singapore.

Design Localised Exercises

- Develop 50+ localised dual-task exercises to fit Singapore culture
- Use Singapore slang, Singapore food name...

Train Volunteer Instructors

- Conduct 10-session volunteer training
- 80+ certified volunteer trainers are operational

Set up Prevention Movement

- Conduct exercises in public spaces
- Facilitate demonstration to the extended community
- Create exercise manual for public consumption

Exercise all across Asia to Stay Happy!

Panels, Isao Otsuka, Aizawa Healthcare International Limited Human Resource Development (HRD) cooperation with China



Isao Otsuka is the PT and Director of Aizawa Hospital, and Chairman of Aizawa (Beijing) Healthcare international Limited, who received his Master degree in Shinshu University.

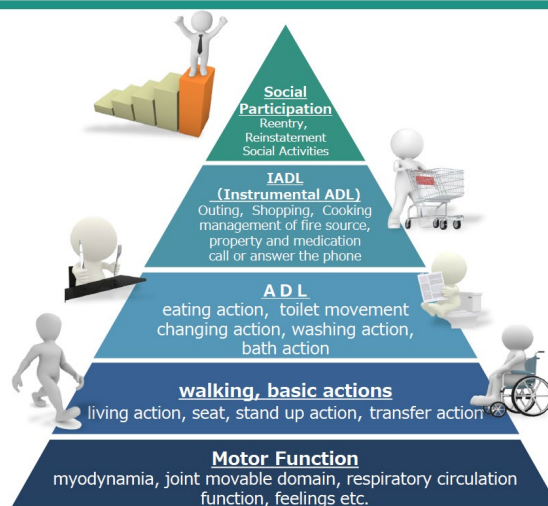
Aizawa Healthcare International Limited had two hospitals in Beijing, Beijing Puhua International Hospital and Beijing Hankun Hospital.

There are differences between China and Japan, about development of therapy in the field rehabilitation and number of rehabilitation beds (approximately 60 beds/10,000 in Japan, 7 beds/10,000 in China), also workforce in the rehabilitation. In Japan, rehabilitation professions are PTs, OTs and STs, number those specialists are approximately 230,000. If we see that in China, total number of “rehabilitation therapists” is around 20,000, that Traditional Chinese Medical doctors are not included.

There is a huge gap such as competency and professionalism which Japanese rehabilitation professions have and rehabilitation therapists.

For cooperating HRD in this field, we consistently and continuously put effort for quality of rehabilitation care for patients.

The Field and Professionalism of Rehabilitation



Panels, Kazuhito Matsui, CEO, HOT Rehabili Systems

Human Resource Development (HRD) cooperation with Republic of Korea



Kazuhito is the CEO of Hot Rehabili Systems (Ltd.) and licensed PT in Japan. After he had clinical experience in a hospital and work experience in a Municipal office, he established HOT Rehabili Systems in 1998. In 2017, HOT Rehabili Systems Korea has established.

Main businesses of HOT Rehabili Systems are, Home-visit nursing, Home-visit care, In home care support, Day care, Short-stay life care, Private residential home with nursing care, Elderly-only housing with services, Nursing Small-scale · Multifunctional business, Group home for people with dementia, Welfare equipment lending and selling, Municipal preventive care business as of 2018, and number staff is 345 people. Put rehabilitation as the axis of business, comprehensive home support system in the community has developed. Not only just experienced care for customers, scientifically, utilizing objective indicators, goal set and appropriate intervention had been generated and implemented.

Aging society itself would be barrier of economic grows, so it would be a timing for preparing of business to support long-term care not only in the Republic of Korea but also in other Asian countries sharing knowledge and having a collaboration work.

Business's significance and purpose of Hot Rehabili Systems in Korea

- **Establishment and standardization of Korean-style self-support's long-term care**
 - In Japan where long-term care insurance was institutionalized 30 years earlier, we will upgrade the independence support care as handled by Hot Rehabili Systems for Korean style and play the role of a "Think tank" to standardize Korea's independent self-support care.
 - We think verify high quality care services objectively from the viewpoint of academics, on the axis of staff who studied care in both Japan and Korea.
- **Establishment of consortium business and service provider which can practice independent support care**
 - Collaborating with symbolic companies that have rich capital, expanding service providers which can independent support care.
 - Increasing service users with achieving business.
- **Revitalize this industry**
 - In the care industry, motivating young staffs and they work in this business by implementing global activities with fulfilling joint business development between Japan and Korea.
 - Further development will be obtained by supporting human resource who have high motivation and care ability in Korea.

SESSION 4: Roundtable discussion

Moderator, Kazuto HANDA, President, JPTA

- 1) HRD in the field of rehabilitation and physical therapy in Asia
- 2) Future cooperation
- 3) Next meeting



(Chair, Kazuto Handa) I believe that we have been able to confirm the situations and this time for you together, we requested some administrative officials to come also.

(Bangladesh, Rajib Hasan) I am working in my country as Deputy Director, Planning in the Ministry of Social Welfare. These I found was totally new in the concept of rehabilitation services comparing in Bangladesh aspects. I am hopeful these subjects I can easily implement and I will try to endorse the issues in the government structure.

I was former president of the Bangladesh Physiotherapy Association, 7 years back, Bangladesh was not so well deputed with the physiotherapy and rehabilitation services. Within last 10 years, our government is trying to improve the rehabilitation services well in a platform so that the mass population in our country can get at least quality services. Now government of Bangladesh has implemented 103 integrated disability service centers in my country, in all the subdistrict level with 32 mobile therapy rehabilitation vans in cooperation with the World Bank and government program.

We have completed the act, the Bangladesh Rehabilitation Council Act 2018 in the last parliament, last bill. In that rehabilitation council, 18 health professionals will be regulated in our country. Whether physical therapy, is the number 1 profession in out of 18 professionals, and there are other professionals like occupational therapy, speech and language therapy, 5 different types of psychology, starting with clinical psychology, social psychology, counselling psychology, school psychology and development psychology, and there are special education and the other area.



In our council, we have got the act passed as all the rehabilitation professionals with other technologists who are working in the rehabilitation side, also with the technician with short course, all will be registered but only the rehabilitation professionals will get the license. This is a good landmark in my country to stop the malpractice over there.

(Mongol, Oidov Batgerel) These 2 days, it has been informative, There is so much we can learn from all of you, not just Japan, but also all the other 17 countries, all the delegation and we benefitted so much from your expertise and your input. It has been very productive forum for our delegation in Mongolia. For Mongolia, we adapted the Japanese style curriculum and at the University we set the department and then provide a 4-year education. Then MEXT and the Ministry of Finance support us to comply.

However, Mongolia is still the developing country and we have many lifestyle disease. There is prevalence, how the PT is going to intervene in the lifestyle disease. In the lecture yesterday, there was a revision of the Japanese curriculum, I thought that was very interesting. For instance, he talked about the imaging or for the pharmacology or nutrition, so those are the new course in the module, in Japanese curriculum. I thought that was a good movement in Mongolian since we adapt curriculum from Japan so that we can follow suit. For instance, in our PT, perhaps there is imaging diagnosis because I believe that we need to learn about the imaging so that we can need to revise our Mongolian curriculum.

Japan with such a long history in PT area, especially for the instructors, so I wish, I do hope that the Mongolian instructor will go to as a researcher in Japan and then they learn in Japan and then when they come back to Mongolia, hope that they can make the best use in Mongolian field. There are other Japanese universities have some programs to receive the overseas program, not only the Gunma University but other Japanese Universities will also welcome the Mongolian students. We need the postgraduate as we are not there just yet, so Mongolia's again lifestyle disease, especially for the myocardial infarction and some stroke for specific PT, that is what we would like to learn.

(Singapore, Yong Limin)

I am an administrator in Singapore Ministry of Health. We form our Life Health Office just last year because we see the importance of the representations of Life Health profession in the ministry. We have very limited resources in Singapore. We face the biggest challenge that is



actually the manpower shortage. We have so many things that we actually need to do in preventative care, in rehabilitations and also palliative care. We need to learn from every one of you to have better solutions to overcome our challenges. I really appreciate JPTA, Office of Healthcare Policy Cabinet Secretariat and ERIA to have this initiative and also to actually take the leadership in having this forum, gathering all of us, to have this sharing and learning together so deeply appreciate.

What is going to happen to the Singapore Life Health Professional is really since the start of having our Life Health Professional Act, so physiotherapy is essentially covered under this act and with this act, we are actually the first to assess and also actually being recognized as full independent professionals in Singapore and also the emphasis on the education and training. We are now actually trying to further explore how we can actually bring our life health professional to higher level of competency so that we can achieve our objective to the outcome-based evaluation, especially the justification for funding. Moving forward the funding is going to based on the outcome in Singapore Healthcare System. This is actually a very important pivot point for us because that will really help us to justify further why do we actually need to spend so much resources for certain services. If with very solid outcome, I believe that physiotherapy profession can really contribute our value and also to actually help in solving the healthcare problem at a national level or even at international level.

(Thailand, Somjai Luevisadpaibul)

My name is Somjai Luevisadpaibul. Thailand divides public healthcare into 12 regions. Each region covered 5 million people. Each region has a committee which consists of representative from 3 major sectors; one academia sector, people sector and the government sector. I have responsibility for region 10.

(Thailand, Wichai Eungpinichpong) I would represent our country officers, Ms. Somjai Luevisadpaibul, I will speak for her. Here is the National Council of Security Office of Thailand, for the Thai government and at the same time, here is the President of PT Council, currently at the same time. It is good opportunity for her to participate in this conference. First of all, she would like to thank the ERIA, JPTA and Office of Healthcare Policy Cabinet Secretariat for good opportunity for her to learn from all other countries regarding the elderly care and role of PT in terms of prevention, promotion, apart from the rehabilitation that we used to be cover in the rehabilitation field.

Nowadays, we are looking forward to work more and more on prevention and promotion role of the PT especially in the elderly throughout the Thailand. What she thinks after this good experience to put forward the role of the physical therapy as well as the healthcare providers and healthcare professionals for prevention and promotion in the elderly. More specifically, she wishes that after this conference, she would like to conduct a pilot study in many important places, province and prefecture in Thailand, probably we will start off with some study regarding the role of rehabilitation, personal focusing on the physical therapy and exercise for the elderly people. We might do the screening first to see whether they have any other problem physically and mentally. We plan to execute this project very soon after this hopefully.

(Nepal, Smriti Suwal) First of all, I would like to thank organizers for providing Nepal Physiotherapy Association to be the part of this dynamic platform, and it is very good opportunity to have a very interesting, learning and sharing opportunity as well.

I am a sub-treasurer of Nepal Physiotherapy Association and I am also associated working for humanity and inclusion, the new name of Handicap International (HI) Nepal Program. I am also associated with Ministry of Health to provide Ministry of Health the technical support to design the training curriculum, to design the disability, introduction to the health workers and female community health volunteers.

In context of Nepal, rehabilitation and the need of assistive device was not that much in the priority list of Ministry of Health and Population until 2015 Nepal Earthquake. After the earthquake, there was a huge demand for rehabilitation and the needs of physiotherapy and then the division for rehabilitation and disability was also announced under the Ministry of



Health. We know that the need is very high in our country and even in Asia obviously but the demand and supply is not yet to be fulfilled. I think every one of us should think that how can we fulfill the demand and the supply to meet the need. Can be identified the cases from the community level and then refer those cases to physiotherapy rehabilitation centers. This kind of approach can also create a big impact in the community.

In Nepal, most of the physiotherapists are focused at the central level and very less are in the community level because there are only 23 seats provided from the government quota. NEPTA along with Humanity & Inclusion, HI, we do advocacy in Ministry of Health to form much more quota in rural part of Nepal because the demand is much higher there. I am also associated with one small project called 'Early Detection' where I train government health workers and female community health volunteers to early identify children with birth defect.

This is a pilot project in rural Nepal which has created a big demand for the need of physiotherapy because it is in the rural part and there is no any physiotherapy rehab center. People should come at least they have to walk for 2 whole days to reach the center. Lots of people with disability and children with disability have been identified and they are now going to set a physiotherapy rehabilitation center and recruit one physiotherapist in that rural part of Nepal. I think this kind of approach is also very important in the community to advocate.

There is a very huge gap in data collection and research in our country and what I think is we have to also link rehabilitation with opportunities of education and livelihood because these are the cross-cutting issues in disability. At the same time, we also to be a part of Rehab 2030. After the care and rehabilitation package is formed, it will be very much interesting and a very strong tool to have a proper advocacy.

(Cambodia, Lak Muy Seang) I am from Ministry of Health, Cambodia. First of all, I would like to say thank you to JPTA, ERIA and Cabinet Secretariat Japan, invited us to join this forum. It is very interesting forum that this is the first time I have joined.

Ministry of Health in Cambodia, we have created so many strategies, for example, PT standard. We collaborated with Ministry of Social Affair and facilitated by associations and ICRC to develop



standard management in our country for PT. We have developed some guidelines for example, stroke management. We have developed rehabilitation action plan for our system in our country. We have like some doctors for ST and OT and PT. We have like human development on PT standard. I would like the forum and JPTA in Japan to help us on develop curriculum. We have curriculum for 4 year's bachelor's PT, but we need teacher from overseas to help us. For clarifying more, I would like to invite Dr. Song Sit for clarify this.

(Cambodia, Song Sit) Just make a short narrative on Dr. Lak Muy Seang. It is lack the number of physiotherapy enroll in the physiotherapy course, so the main action for us with going to do more advocacy with University of Health Science, especially make awareness in the community to attract more physiotherapist students to enroll to the course because every year we have only 15 students per year to enroll for the physiotherapy course and we have only one school. So, if we continue to do, we will lack of human resource to support our elderly or non-communicable disease who need physiotherapy and rehabilitation. In addition to that, we are going to improve our education system and the 4-year bachelor's degree. But at the moment, we have only 32 bachelor's degree physiotherapists local, so we need to go to overseas to get master's degree. That is why we would like to announce for further support again to different countries, not only Japan but can be from Hong Kong, Taiwan, and also Thailand and other country, Singapore as well. That we would like to have our local physiotherapy to obtain a master degree, they can manage our 4-year bachelor's degree program after they back to Cambodia. Otherwise, we will rely on external support and we will face future human resource development for the Cambodian physiotherapists.



(Chair, JPTA) There are some issues that are popping up since yesterday and I would like to just summarize. There was a delegate from Mongolia. There is any research after postgraduate in Japan, we have all the policy for the elderly people. If they can come to Japan and receive training, would that be possible if there is a program, training program available, so one of the advanced facilities in



PT? Advance PT facility, they are welcoming. They say yes to receive the overseas students.

Number one, will you be able to come to Japan to receive the training? If the answer is yes, we are going to prepare. For instance, dual-task exercise is one of the examples and then there are different types of the exercise, so anything that you can learn in Japan. Can you come to Japan and can we just learn together? Is it feasible? That I would like to ask you. If the answer is yes, that means that we, JPTA, are going to start preparing for that project. Anyone? How we are going to shape the project? Of course, that is we need to consider further but in Japan so we are going to find some facilities that can accept overseas students. Do you have any requires about the condition? Of course, you may face difficulties about the language. Anything else? If you have any request for us to develop this project? Any request or condition you would like to have aside from language barrier?

(Bangladesh, Mohammad Shahadat Hossain) The people, the professional, the policymaker who are in the good position in the South Asia, they come forward to get the voluntarily or just give the proposal willingly to come forward and discuss with the JPTA, I think. This is my proposal to you. Everybody should give the proposal to come forward because they are receiving us, they are calling us to discuss about the issue. Everybody should come forward and discuss about the issue. It is an excellent program, I think not only in the student, but teachers also will be happy to come for the training in the various sides.

(Chair, JPTA) We, JPTA, what type of the system that we have? Especially for the – we have some acute facility or the chronic type of the facility, or we have disability facility, this is the number and this is for the elderly care and many will be able to receive. We are going to just summarize and then how many those facilities are available. So, that is also our proposal on our end. We would like to make a proposal to you. How does that sound?



(Mongolia, Oidov Batgerel) There is no ending. This is one of the starting from the acute to chronic and then maintenance phase, so there is never ending. There are all different functions, acute and chronic, recovery, so if you will have any kind of holistic really training from end to end. That is my request and perhaps not just Mongolia, economically there was no fund to come to Japan because of the situation in economics in certain – because it is very expensive in Japan. If possible any funding or aids that will be able to provide for stay, not just to observation or technical visit but for us really substance time that we can learn more in Japan, so those are our requests.

(Chair, JPTA) According to Japan law, anyone who has PT license in overseas can come and work with the Japanese patients as long as there is a practical, more like a purpose, yes. All the overseas PT licensed individual will be able to work on the Japanese. But if that practice is really going prolong for many, many long time, so that will be treated as a medical intervention, this means they will have to be under the supervision of the MHLW in Japan. Duration itself – so there are all the different zones training available, that is what we would like to establish and for the cost, as you mentioned, but that may be the hinder, so the language, because we are the professional. When I went to Netherland and studied there, among the PTs, somehow we could communicate it. For example, acute to prevention not from the first to third level prevention, including them all. Hope that we can provide those holistic or comprehensive training to you.

(Singapore, Muhammad Jazimin Bin Haron)

We have agreed that sharing of information and knowledge is very important across the regions in Asia. I think we also have to look at technology and leverage on technology. So far, Singapore Physio Association, we are talking to the Australian Physio Association to collaborate in terms of sharing webinars. By having webinars, we can actually be in our homelands and still have live podcasts or webinars from overseas. If we ourselves can find a solution to that, we do not need to travel overseas just to learn something. We

can actually still be in our home. That will save a lot of time and we can just listen to the podcast, listen to the webinar and learn something. If language is a barrier at backend, we can add some subtitles to the webinars and that really solves a lot of issues also. I think we should also look at technology and leverage on this to be able to move forward and improve all of our knowledge in this Asia region.

(Chair, JPTA) As was proposed or suggested from Singapore, we do not have to limit our activities to just face to face meetings or trainings. In Asia, there are countries and areas that will be advancing forward the degree is different, therefore, those who are advanced then if the overall team or countries and regions could advance forward, it would be good. So, not just JPTA but Singapore, Taiwan and Korea, those who have advanced, everyone could participate in, I have high expectations for this project.

I want to discuss what we are going to specifically do. One is the Japan Domestic training structure and also participation for that. That was what I asked you first. Regarding the second agenda item, yesterday from each country, regarding education to foster PTs in various difficulties. Going forward how education could be possibly supported or which countries are requesting the support, I would like to confirm that and listen to your opinions about that.

From Cambodia earlier those requests were mentioned and yesterday from several countries, regarding education requests or opinions were raised but further in those countries or other countries, if there are any requests regarding education in addition to yesterday's opinions, if you could raise them please.

(Pakistan, Sulman Malik Kamboh)

In Pakistan, the basic graduate degree is DPT, doctor of physiotherapy, 5-year degree program. It has been started from last 10 years, but unfortunately we have very less, only one program for Ph.D. and we have not a single supervisor locally in Pakistan. Higher Education of Commission of Pakistan has designed a modular system in which the universities are inviting foreign supervisors, and they have to pay very high charges to them and in return they are taking the huge amount of the fees from the students. It is very difficult for Ph.D. students to study.

It is a request from us that as we are talking about the strengthening of the



physiotherapy profession in the Asia, so all the countries which are senior to us and doing started Ph.D. programs previously, they should encourage and urge the students from those countries where the Ph.D. is fresh. It is our request from Pakistan to upgrade the faculty of physiotherapy profession in Pakistan by giving and by signing MoUs from our association and our government and faculty.

(Chair, JPTA) Education in the graduate schools is more academic and practitioner parts of joint research could be advanced mutually, and I think that is quite fruitful. How the mutual compatibility of the credits are possible and also the remote, kind of lectures, how to deal with that? We have quite high motivation and momentum for it right now. A discussion from Pakistan earlier to set the curriculum and curriculum management including that as well if you could propose and suggest your needs, then we could serve as your contact and nationwide universities, PT organizations, we do have intimate relationships with them, and there are such organizations in existence.



(Taiwan, Chung-Liang Shi) Actually, we can provide the scholarship for students including master's program or Ph.D. program as well. In addition, we have over 20 medical centers where to provide the PT training including short and comprehensive physical therapy training as well. We are happy to join this platform and Taiwan PTA would also like

to provide a contact window for all of you. We are talking about in these 2 days the PT diverse development is a global trend so not only providing the elder population, we also have to consider the other population such as the child and disability patient and so on. I would like to suggest we have to consider to develop the specialty or sub-specialty training curriculum through the panel discussion, maybe, this is our issue we can consider. Besides the sustainability is another important issue, even we can provide the project shortly. How to cope with the healthcare reform in every country, incorporating the finance support, so this is our second suggestion for you to consider.

(Chair, JPTA) We have called joint degree system, so this is the overseas credit accreditation and the Japan's accreditation too. One-fourth of the required credit, they can earn from the exchanged score. There is also some scholarship programs, so we would like to really set this forward to official level. This is a top-level individual or the next

generation leadership, so the purpose of this program is for those who need to be developed in the future. Not just a traditional PT technique or knowledge, that for public health and social security's area, so would be extensive higher education, so more like the master's degree education should be implemented in an extensive way.

Perhaps, there may be a PT be able to work as administrative officer or the private sector or the country's economics, something as a policymaker, a lawmaker would be from our among PT individual.

(Malaysia, Yew Su Fen) We have urgent needs for our physiotherapist students in final year to do postings in the hospitals and because we have about 30 universities and colleges in a country that is providing physiotherapy education, there is a great shortage for these students to actually be posted to hospitals where they can learn all the



different disciplines. Some just posted to clinics in the rural areas where they can really not learn anything, so it is a disappointment for the students when they were not posted to hospitals. Because the hospitals only accept 2 or 3 postings, but we have more than that you see, so they actually speak to me and ask me and see whether we can ask Japan, maybe Taiwan, Korea, Philippines or whoever can help us to provide postings for these students so that they can really learn proper physiotherapy instead of just going to a clinic with one physiotherapy working there and they hardly learn anything because it is not a hospital postings. Since we the association is here today on this platform, we should be able to hope we can work together and going through our association, we can help these students to find appropriate postings to be posted to all your countries. I think this will greatly help us especially Malaysia, since we are very short of area of clinical postings.

(Malaysia, Che Ruhani Binti Che Ja'afar)

Thank you very much ERIA, JPTA and Cabinet Secretariat in Japan for inviting us from Malaysia. I am Ruhani from Ministry of Health, Director of Allied Health Divisions.

Allied Divisions in Malaysia is trying to process some project which has already started in 2016, now we are in process doing the regulations could affect these and also other criteria for registration. We hope we can enforce the act in 2019. If we see other

professions, for example, medical, pharmacies, and dentistry, so they all go towards experts and also specialists. I think the association can think of to bring up the competencies of physiotherapist. We need a leadership because to upgrade physiotherapist to be a policymaker because Asia is going to be aged society, so one of the topics now, the sustainability, SDGs, UHC, and also the strategy planning for the Ministry also, we are going to go to the preventive and also health promotion.

In this case, I will propose that JPTA also can collaborate with University to make the program that can be recognized by whole country and also I mean the curriculum should be accredited by the accreditation body so that later on we can recognize that as a specialist, especially for the geriatric. You can upgrade all the health profession to a higher competency. I would like to share in Malaysia, we are working together with doctors and also other specialists. We are doing the credentialing, so those who do not have the special qualification when they practice for certain years and then they carry book and they can improve, they are competent for certain then we credential them.



(Chair, JPTA) You mentioned the team of medical care, for the public health or all the science in the graduate university school, the scientific pharmacological knowledge and the technology aspect, we need to have very abundant curriculum. Especially for not just Japan and other countries whether the universities or the facilities, they will be provider of accreditation for instance, Hong

Kong Polytech. There was state-of-the-art technology that supports, I think Hong Kong is possible, feasible and also the other, there is a very country specific or the academia specific support.

We see the shortage of number of the PT within Asian country. This is a realistic issue, especially at certain region to carry out prevention or primary care, so the PTs work with OT, SLHT or perhaps that the PT has to carry what the OT, SLHT would do, I think it is very difficult to put in the word. Sometimes, PT has to wear different hat for OT, SLHT so that we can really provide all our profession in an extensive way, and this is what I heard when I visited other country and regions. There was a limited amount of the social security, how we are going to manage and use efficiently and that is high expectation from administration. From that perspective, your own country, what type of direction you would like to take or JPTA or among association, how we are going to

share the information, the postgraduate training aspect?

(Thailand, Wichai Eungpinichpong) I am PT, not OT, but my suggestion might cover the OT and ST as well. Regarding the postgraduate education, I think probably to myself Japan is the best model of Asia. This would be a good opportunity to create the specialist model regarding healthcare or health promotion and prevention, possibly start with short course training, could be 1 month or 3 months training. This is not master's degree yet, should be more flexible. After we can move forward to the postgraduate, master's or doctorate afterwards. I think this should be possible for the JPTA to handle



the training or the education like this. By doing this, we can put forward the manpower and the vision that experience so that people who come for the training they can get the experience back, their vision back to their home country.

(Myanmar, Moe Ko Ko Kyaw) What I saw HRD cooperation in Mongolia, the curriculum textbook to be written in their own mother language. I really do not what is the pros and cons for studying physiotherapy in mother language because in our country, physiotherapy started from 1959, English only. That is quite interesting for us and is one thing. Another thing is just now as mentioned about OT and ST. Sometime we PT, and sometime we need to wear the OT hat, and sometime we need to wear ST shoes on us because especially in our country we do not have, totally zero number of OT and ST. How can you support of human resource. We have a plan to open a new department in our medical technology university, but we still need to wait very long time to get that just OT and PT. So hopefully these countries will help us out something us for developing rehabilitation program in our country.

(Chair, JPTA) In your curriculum, which language do you use your mother languages or English or universal another language? In Japan, there is also dominancy of Japanese language but for graduate schools, especially in our university, we use English. Any other comments regarding education, CPD program and informal topics, training program and formal level graduate school education dividing into several stages to respond to various

needs respective countries and associations to collaborate with each other.

(Hong Kong, Pang Marco Yiu Chung)

For working physiotherapists, our association offers a lot of continuing education courses throughout the year and CPD points are given. If this is something that we want to work on, we could distribute information to the respective associations of our region, so if someone is interested in taking these courses, they could come or we could think about teaching these courses in your country.

(Nepal, Laxman Adhikari) Our country Nepal is facing, we have no master's level course our Nepalese students, most of the Nepalese students went foreign countries for higher education. We requested all the Asian countries to providing us if possible for scholarship to us. Second thing is we all Asian countries' physios should have conducted knowledge exchange program like this forum. We have to exchange our knowledge and experiences among the Asian PTs. It should be good for us to enhance our profession.

Second things, if possible JPTA can help our government worker to provide 1-2 month training for them. It is good for us and we also expect JPTA has more experience to develop a curriculum for the higher education, bachelor's level education and others.

We have to conduct this forum in other countries or other Asian countries, also it would be good and we have to collaborate work to all of us with good cooperation.

(Nepal, Shamed Katila Shrestha) The Second Asian Physical Therapy Forum has been a great platform for sharing knowledge and ideas, organized by JPTA, ERIA and Cabinet Secretariat. I did not know that there were so many physical therapists in Taiwan, Malaysia and Japan, we recently have only two universities and at the present only one university is giving the education of Bachelor of Physiotherapy. When I graduated in 2011, all the physiotherapists are studying outside and most of them go to India and there are very few physios. They go to Belgium and other countries but I think there is lack of information that in the Asian country that there are universities in and around the Asia itself, so it is better for all the students of Asia that they get to study in the Asia



itself. And they can work for people in Asia not the other region in the world.

We may get to know about the university that you have, the kind of education that you provide either it may be inter level or bachelor's or master's or Ph.D., so that all of us can contact and circulate that message to all the interested students or participants and they can know about the fee structure, the living style, the language in which they are going to study so that it will be best platform for all. All interested students who want to study physiotherapy in Asia itself rather than travelling to long distance country and so many difficult outside.

(Nepal, Smriti Suwal) I just would like to add a very short point on that. Along with our physiotherapist from Nepal, maybe, we can also send some policymakers, decision makers from Ministry of Health, just for the short-term courses like what is the importance of rehabilitation and this kind of small course. That will be very much helpful for us to advocate at the same time.



(Chair, JPTA) We have a delegate comment from Nepal. What we are going to do? This is our second forum. How we are going to shape the third forum? Would you like to give us a very short one message from each country plan, please?

(Bangladesh, Mohammad Shahadat Hossain) I think we are really happy to see the JPTA's performance. The AWP congress was fine but I think here this platform is important for developing countries like Bangladesh. This is my proposal that 4 or 5 countries can arrange this type of program for the future.

(Cambodia, Song Sit) Actually, this kind of meeting is very useful and for the third meeting, we would like to follow up what we are doing here, especially submit the proposal for some short course trainings that JPTA is going to provide and related to some support of education, future scholarships providing, especially master's degree with different country should be followed up. We would like to continue with similar agenda related to the sharing the experience with education within the whole Asian countries putting the impact of continuous professional development within the Asia for the next forum meeting.

(Hong Kong, Pang Marco Yiu Chung) For the next forum, I think it would be nice if we can follow up on the PT education and training, if we could come up with some solid proposals and how we move forward. I would like to hear more about the other countries' request or needs and for other countries, what we can offer and so we could come up with something more solid.

(Indonesia, Moh. Ali Imron) We learned much upon this forum and hopefully will continue in next year in more specific area maybe. We should put a lot of time to discuss about the education and then for the clinical setting, I think will be useful. I believe it will be held in the next year.

(Macau, Kit Man Ao) We can collect all the data about education, either like entry level or CPD courses that we can share online and maybe some like online courses or some like materials that we can get together and then we can share to those like the country or the regions like us that we do not have academic background or some country that it may not easy to go out to study and also the time cost. I think we can put something online and then try to make it easy to everybody to assess that would help about the education and also the human resources.

(Malaysia, Yew Su Fen) Malaysia thinks that what Japan has done is indeed very useful for us. We have learned a lot and another great imminent problem that is facing not only Malaysia but the whole country is NCDs. We know that obesity is one of the biggest problems even for growing children, 5-6 years old now, very obese and Asian countries is I think second one after Europe. We are physiotherapies, experts in exercise, should actually play a role in helping, in combating NCDs. We can include NCDs adapt from what Japan is doing so that it will be easier for us to implement our policy into our primary healthcare where we can look into what we can do for the community, adult obesity and children obesity and even diabetic and heart disease. We hope that maybe by next year Japan can help us by supplying us with knowledge on what you have been doing and we hope to learn from you.





(Mongolia, Oidov Batgerel) Here, all the PT associations in each country, with government officials who are in-charge of the PT development, so this forum was quite meaningful for us. This is the PT and then other related rehabilitation disciplines; OT, ST, and we learned about the situation in different disciplines and that was informative.

About the next forum proposal, we would like to study about acute or recovery stage in Japan. Japanese PT, they were the really forerunner in Asian countries for instance for the acute recovery stage, so those PT in that specific stage what type of activities, would you please introduce what the acute PT and recovery or chronic stage PT are doing in Japan. We need to share about ICF in the medical setting for teaching to students.

(Myanmar, Moe Ko Ko Kyaw) The Japanese curriculum for physiotherapy is acknowledged by WCPT. We also want to be like that. What are the Japanese Physical Therapy Association really takes a leading role not only one country, maybe Taiwan or something like that? Leading role to standardize curriculum for local physiotherapy schools. Like our country, it is very hard for us to do that kind of job, we do not have the human resource and we do not have the budget. It is like developed country like Japan or other countries will do that. This may be good for all the countries in this region.

(Nepal, Shamed Katila Shrestha) I think we can have discussions on physiotherapy education and the kind of education system, university and practice that we have in different countries, we could have a common platform now. I think we can talk on more about our questions on autonomous because I find it that it is very much prominent in countries like Asia that the questions on our independent practice has been raised once. It is truly our right that only physiotherapists prescribe exercise. I find this is very major problem in countries like Asia that you know the patient when comes to already have got physiotherapy treatment mentioned by some other profession, so this has to be looked upon. On behalf of all Nepal physiotherapy association, I would once again like to thank all the organizers, ERIA, Cabinet Secretariat in Japan and JPTA.

(Pakistan, Sulman Malik Kamboh) I simply endorse the statement of senior colleague from the Hong Kong. The agenda of the next meeting should be the physiotherapy education and training.

(Philippines, Michael Pereyra Gabilo) This is the vital role of physical therapy in the Asian people when we face aging population. Now, we are looking at the human resources.

Probably the third forum, I would highly recommend education and research because I believe that is a good mixture, a good fusion, two good topics that we can discuss especially that we need to somehow look at the best practices from different countries, not just only on how to deliver or the teaching, learning strategies. More importantly, let us look at the clinical education, not just only in the classroom setting.

But we also need to highlight how do other countries perform clinical education because of course as an entry level PT or we are looking at the future PT graduates, we should be able to train them because that is the very crucial portion in their education, the clinical education part as well as of course probably looking into the different best evidences that we have.

(Korea, Wootae Lim) In shortly to answer come from issues and request what we discussed today, we recently made a guideline for education including curriculum and clinical practice and number of professors requested, this was working with American Physical Therapy Association and WCPT as well. Those can be shared in the next forum I think. In case of scholarship and so forth for students from other countries, we KPTA can have connect come from other countries to university in Korea directly so that they can get a scholarship, so just let me know if you need help.

Before closing the forum, we would like to propose to other countries to make one foundation or organization for research. We can call this Asian Research Center. Based on the research center, we can support PT researchers and make great leaders. This can be helpful for PT when we act the law or regulation to expand our boundary and develop expertise.

There are already numerous researchers about exercise performed by PTs, but it would be great if we can act more systematically and will be organized. When you have a certain person which is common in all



countries, like aging, we can get data to support it and it would be great if we can have many results from published papers, not just opinion from PTs. That is objective and more powerful and can be effective response against the challenges. This is other issue but I think today is a great place to discuss this as well. We, Korean Physical Therapy Association, are currently trying to enact Physical Therapy Regulation Act. In South Korea, there is only Health Professional Act including occupational therapist and speech therapist. It is similar to other country when I checked other countries' law. So, hope every country has a specific Physical Therapy Regulation Act to promote right of the PTs and expand the scope of PT practice. We are currently collecting the relevant data which can be helpful. We share these results with other association once we got. Please tell me your law or regulation, which defines who is PT and the scope of PT.



(Singapore, Muhammad Jazimin Bin Haron) I believe Hong Kong, we need to have a solid proposal for education training. I think for example, like a portal, calendar, and a list of events that is happening across Asia and the events could be face to face courses that you can fly over to attend or even some webinars or online lectures that you can just attend live or even just

download the podcast. Since a lot of us are struggling because we have members in association, this can also be made especially only for our own association members so that means if you are a physio and you want access to all these materials, perhaps you need to join your association. Therefore, you can access to all these materials and that will actually help us a lot.

We also need to look at with all of this training how exactly does it affect patient's outcomes, does the increase in physiotherapy knowledge lead to better outcomes of patients or are we just learning and nothing changes to the patients, that will be a very interesting thing to take note. With regards to Malaysia talking about NCDs, actually Singapore is also very keen in addressing NCDs. As you know, Singapore has a very high rate of diabetes, the government has also declared the battle on diabetes, so the government is very interested and we have come up with many resources from the doctors, the dietitians, the physios with regards to multi-pronged approach towards lifestyle management for diabetes.

Although I can't promise with you at this moment, we are keen to share our resources. It looks like we should be able to share some resources, but let me take this back to my council and my executive committee to see how we can collaborate with everyone.



(Sri Lanka, S.K.D.D.Padmasiri) We have so many sportsmen retire untimely because of the poor rehabilitation, because we have no proper process for onsite and long-term rehabilitation and there are other problems coming up, this is related to NCDs, myocardial infarctions due to the change of the lifestyle. If you can develop a program for conditions, such as body ailments due to poor ergonomics and some ailments in the muscular systems, it will be very useful. Next is a program to exchange students, the undergraduates and the postgraduates and on the other hand if you can give training to master's programs, two or three people can be trained and then they can go to their local country and start their own master's programs training two or three people. This type of program will be very effective.

(Taiwan, Jau-Yih Tsauo) About next forum, I would suggest to discuss about professional development in each country such as how to fight for the law and license and for those areas without physician and even direct assess, all about the professional autonomy. TPTA will collect the information of all universities for the foreign students and we can share to all of you. Our officer said he can find some budgets for short-term training in hospital for countries, maybe you need it.

(Thailand, Wichai Eungpinichpong) For the next forum, we still want to keep on follow up the elderly healthcare because this is a big issue, not just now even in the near 20 years future, I think probably is good opportunity for PT to be well known by the communities, not just the medical but for the social community. We should keep on and for next meeting we should follow up for each country.

I also agree with the topic about autonomous practice of physical therapists is very

important for us too. In Thailand, we have overcome this. We can have direct access. Probably next time, we can share how we obtain our autonomous.



(Vietnam, Nguyen Thi Huong)

Currently, in my country, we have two main curricular. That is in PT level, bachelor's in PT level, a full time 4-year for student in high school, second is at least 3-year for the PT working in hospital. In the future, I want to develop master's level in physical therapy. Therefore, we need educational cooperation between the countries and other countries. Also, we think about a different model for education and training in master's level. We think we can have 3-month in overseas and 3-month in our country. We can have an online training or the volunteer can come in our country and give lecture for 1 or 2 weeks and after that we translate in Vietnamese for the students. There is different model. For the next meeting, we need to talk about more than the high quality education for master's level and doctor, we will talk about PT for dementia, diabetic, and heart disease and cancer.

(Chair, JPTA) For our third forum, we do continue to work on to develop more.

CLOSING OF THE MEETING

From Kazuto HANDA, President, JPTA to all participants (Cambodian Physical therapy Association represented for all)



At the 2nd Asian Physical Therapy Forum, we declare the followings;

- 1. We, physical therapists of each country in Asia, will dedicate to the public benefit by progressing physical therapy.*
- 2. Countries where physical therapy well developed are going to cooperate together to support the other Asian countries.*
- 3. Not only for elderlies but also children and adult persons with disability, we will organize the system to provide the sufficient service as an essential role of physical therapy.*

12th, January, 2019

OPTIONAL TOUR 1 & 2

Tour 1: Social Security System in Japan

Presenter, Yoshimitsu SASAKI, Assistant, MHLW

Site visit for Nursing and Preventive Care Center “Rakuccha” in Minato-city, Tokyo
Coordinator, Nahoko KOBAYASHI, Nagase SHINISHI,

Support Services for Senior Citizens Section, Minato-City

Presenter, Etsuko OISHI, Head of Nursing and Preventive Care Center “Rakuccha”



Tour 2: Accessibility Transportation Trip Odaiba, in Minato-city, Tokyo

Site visit for Panasonic Center Tokyo, Mega web, Pubic transportation services



Thanks for language volunteers of JPTA for the forum and tours

Kenji IWATA, Kentaro NAGATA, Kyohei MIYAZAKI, Rieko YAMAMOTO, Rua BAN
Shigeharu TANAKA, Shinsuke MATSUMOTO, Takayuki HOTTA, Yuki ISHIHARA

About the organizers and supporters

Office of Healthcare Policy, Cabinet Secretariat, Japan

In promoting a society of health and longevity, the government of Japan enacted the Healthcare Strategy Promotion Act in May 2014; followed by the establishment of the Headquarters for Healthcare Policy in June, and the Cabinet approval of the Healthcare Policy in July, of the same year. One of the objectives stated in the Healthcare Policy is to promote overseas activities of the healthcare sectors by building mutually beneficial relationships with foreign countries, especially, in fields of medicine and elderly care. Based on the Healthcare Policy, the Office of Healthcare Policy, Cabinet Secretariat, Japan is promoting an initiative called the “Asia Health and Wellbeing Initiative (AHWIN)”, which launched in 2016, that aims to amass bilateral and regional cooperation on healthcare-related efforts in Asia in order to attain both making ideal healthy and vibrant societies and sustainable economic growth through reciprocal and mutually beneficial approaches. In August 2017, The Cabinet Secretariat of Japan co-hosted the Multi-stakeholder forum in Ho Chi Minh city, Vietnam, where started cooperation with Asian countries regarding AHWIN.

Economic Research Institute for ASEAN and East Asia (ERIA)

The Economic Research Institute for ASEAN and East Asia is an international organization based in Jakarta. Since its founding in 2008, ERIA, through its research, supports the regional economic integration process among ASEAN member countries. As the leading economic think tank in the region and the Sherpa institution for the East Asia and ASEAN Summit process, ERIA’s research and policy recommendations have influenced the policymaking process in the region. ERIA conducts research under three pillars: (1) deepening economic integration; (2) narrowing development gaps; and (3) sustainable economic development. ERIA’s studies cover a wide range of areas such as trade and investment, human resource and infrastructure development, globalization, and energy issues. ERIA publishes books, reports, discussion papers, and policy briefs that present the key recommendations of its studies. In partnership with regional research institutes, ERIA regularly conducts capacity-building seminars and workshops for policymakers, administrators, researchers, and business managers of the CLMV countries (Cambodia, Laos, Myanmar, and Viet Nam) and other developing areas in East Asia to strengthen the link between research and policymaking.

Japanese Physical Therapy Association

Japanese Physical Therapy Association (JPTA) was formed on July 17, 1966, by 110 licensed physical therapists. It was approved as an incorporated association by the predecessor of the Ministry of Health, Labour, and Welfare in January 1972 and became a member of the World Confederation for Physical Therapy (WCPT) in 1974. In 1990, it was recognized by the Science Council of Japan as an academic research organization. More than 50 years have passed since the association's foundation, and physical therapists today are involved in a wide range of professional areas. The association meets a variety of social needs and is proud to go about its work as the only academic and professional association performing physical therapy in Japan.

Japan Center for International Exchange (JCIE) *Supporter

Founded in 1970, JCIE is one of the leading independent, nongovernmental organizations in the field of international affairs in Japan. It organizes policy-oriented studies, dialogues, and exchange programs that bring together key figures from diverse sectors of society, both in Japan and overseas. JCIE is headquartered in Tokyo, and it operates with an American affiliate, JCIE/USA, in New York. For more than a decade, JCIE has been a leader in policy research and dialogue in the health sector through its Global Health and Human Security Program, which seeks to develop a better understanding of the critical value of human security to global health and aims to explore ways for Japan to enhance its leadership role in global health over the long term and to build domestic and international support for such a role. As an extension of that work, in 2017 it began looking at the critical impact of aging on Japanese and other societies. Partnering with ERIA, it has launched a program on Healthy and Active Aging in Asia, which will work in close consultation with the government of Japan's AHWIN initiative and will contribute to the promotion of bilateral and regional cooperation on aging-related challenges in Asia.
