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USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

ISWP Professional Standards Board (PSB) September 16, 2020 Meeting Recap

The ISWP Professional Standards Board (PSB) met by conference call on Wednesday, September 16, 2020 from 11:30 a.m. to 12:30 U. S. Eastern Daylight Saving Time/3:30 p.m. to 4:30 p.m. GMT. This provides a recap. Link to meeting recording: [link.](#)

Next Meeting: Nancy Augustine to send poll requesting availability for November 2020 meeting.

Discussion: Action items are shown in bold/underline.

1. **Approval of Agenda:** Agenda approved.
2. **Approval of July 30, 2020 Minutes:** No changes.
3. **Number of Certified Providers:** There currently are 95 certified providers from 24 countries, an increase of 10 from July 2020. This includes the Loh Medical pilot participants, as well as new certified providers in Costa Rica and Botswana. Participants who completed the English pilot in 2018 (n=26) are up for recertification this year; the first cohort is expected to complete in October.
4. **Website:** Traffic to ISWP's website, [WIN](#), varies based on social media and e-mail marketing promotions. Site had increased page views since July 2020.
5. **Collaboration with AATA:** Individuals in Argentina are taxed 30% for any U.S.-based transaction. ISWP team recommends the Argentine Assistive Technology Association (AATA) serve as a broker for the WSP certification. The six-month arrangement (October 1, 2020-March 31, 2021) would include AATA collecting up to \$2,000 in certification payments, promoting the certification and increasing the number of certified providers in Argentina. The arrangement could be extended pending PSB approval. This also would also enable AATA to become one of the first ISWP chapters.

PSB members' comments:

- Confirm that ISWP will continue to review and approve all applications. AATA will handle receipt of payments and promote the certification and ISWP initiatives.
- Consider that Argentina is not the only country to tax services from abroad, so the PSB is setting a precedent. There may be opportunities or obligations to do something similar with other countries. The six-month agreement is a great opportunity to learn how a brokerage type agreement will work and sets a precedent for future arrangements; e.g., whether there is significant uptake and a concern about not being able to recoup funds or whether ISWP is investing significant administrative time to process.

Professional Standards Board members to vote on AATA collaboration.

6. **Recertification:** The continuing professional development form was streamlined. New course content was added to the repository which are three Pitt SCI wheelchair safety courses – transfers, manual WC maintenance and power WC maintenance.

The PSB voted offline and agreed that passing the ISWP intermediate test (knowledge and skills) would count toward Basic continuing education. A test taker will need to score 70% in both knowledge and skills to qualify. ISWP notified those who are eligible for recertification. (Given COVID, it is not likely participants will be able to complete the skills portion.)

7. **ISWP Course Recognition Process:** The University of Montreal's course was approved for course recognition and is now listed in the website ([link](#)). Other interested instructors who would like their course to be recognized should complete an application form ([link](#)) which the PSB will approve. Once approved, the course will be added to the continuing education list and shared with certified providers.

Maria Toro Hernandez to update the course recognition form for an instructor to indicate whether it is a recurring course and to allow extended text entry for learning objectives.

PSB members' comments:

- Consider how course updates would be handled. The recognition is currently for six months, but Mary proposes a two-year cycle in line with

certification.

- Develop a list of criteria which would constitute a substantive change to the course and would require review.
- Consider setting a trainer-to-trainee ratio so that courses are effective.
Options:
 - Make the ratio in line with WHO's trainer/trainee ratio recommendation.
 - Consider that enrollment for courses in formal degree programs will be highly variable based on context.
 - Do not set a ratio for university-based courses; rather, provide recommendations which instructors would use to advocate for additional faculty members and additional staff to help with hands-on, lab-based courses. Specify different type of pedagogic approaches (lecture, lab based).
 - Create the trainer-to trainee ratio recommendation only for the skills part, not the knowledge part of the course.
- Create different recognition processes for:
 - Courses equivalent to WHO training, which a person needs to complete to be eligible for certification. Ensure that for practical sessions, there is an appropriate trainer-to-trainee ratio.
 - Shorter courses, like online modules which are knowledge based, which will require different recommendations based on how the courses are taught and course learning objectives.
- Recognize that some courses may only be offered once a year, so a two-year cycle may be appropriate. Or maybe do every year so that changes are approved.
- Define what is defined as "substantive change" and the process for informing ISWP. For example, after a course is delivered for the first time, if the instructor is making major changes, such as removing a lab and changing course objectives, it should be resubmitted.

- Ensure the renewal process is quick and easy for courses that do not change; if the process is time intensive, the instructor won't resubmit.
- Evaluate ISWP administrative resources involved in offering this service and consider charging a fee for the service at some future date. The course recognition also could be considered a benefit for member organizations.
- Consider including language that indicates instructors must demonstrate product use, not a specific brand, and that product promotions are not permitted in courses.

Need to consider organizations using WHO curriculum in contexts where they receive donations from only one NGO which has two or three different types of products. It would not be fair or right to say the course would not be recognized by ISWP if the trainers and learning objectives are on point.

Also consider that a barrier to recertification is that there are not many continuing education opportunities beyond what is offered by manufacturers/suppliers. This could be an opportunity to support vendors which are raising the bar on clinical skills in their contexts. Maria Toro Hernandez explained that in Colombia, the bar was raised by the private sector, not by NGOs or universities. Vendors started training PTs and OTs because they didn't have enough training to provide the products in the market. Recognize there is a potential COI but be flexible enough to collaborate so providers are trained appropriately and serve clients in the best way possible. There needs to be an opportunity for those who are doing wheelchair education to work with ISWP to set minimum standards.

Add recommendation around variety of product exposure and how to manage conflict while adhering to evidence-based practice. Ensure conflict language is centered on appropriate services than commercial interests.

Professional Standards Board members to vote on what constitutes substantive course changes, an appropriate trainer-to-trainee ratio and proposed conflict language regarding use of branded products.

8. **Basic Skills Test:** The PSB previously discussed whether the Basic Skills Test should be incorporated into the certification process. A challenge is that it

takes an evaluator, on average, 2 hours to assess each test, and there are expenses and logistics associated with compensating evaluator, identifying a wheelchair user, communicating the details and arranging/gathering tools and other resources.

The goal is to identify a way to raise funds to support evaluators and coordination time without increasing the certification fee. Some considerations: Promote the evaluator's organization through social media, invite evaluators to speak at webinars, and provide discounts on certification. Those serving as evaluators should be certified, but that should not be limiting initially.

PSB members' comments:

- Consider whether basic skills would be equivalent to knowledge test. (Goal is to provide an alternative in contexts where facilitating the online test after training might be challenging. A skills test could be incorporated at the end of the training to justify they have the skills (not necessarily knowledge) to serve as a WSP. The overarching challenge in either case is related to investment on ISWP side without increasing certification cost.
- Automate the evaluation process to reduce the time spent from two hours to 15-30 minutes. Examples: Have the test taker talk through the steps and how he/she would manage them versus demonstrating every step.
- Have the test taker create the skills process asynchronously using video, PowerPoint and other resources and submit.
- Consider having previously certified providers assist with the evaluation and receive 1-2 hours of continuing education credit in return. The provider would submit a report or presentation with highlights of the skills test taker's capabilities and areas of concern.

Next step: Map how the skills test compares to the knowledge test, brainstorm with the group on a future call. Identify a university course that might be able to replicate what has been done and pilot with a group of students.

A paper on the Basic Skills test was published in Disability and Rehabilitation: Assistive Technology: [link](#).

Participants (check mark indicates participation on call):

✓	Sharmini Constantinescu, DDO
	Robertangelo Ciccone, ICRC
✓	Rosemary Joan Gowran, University of Limerick
✓	Perry Loh, Loh Medical
	Patience Mutiti, Motivation
✓	Paula Rushton, University of Montreal
	Jeff Spohr, Canadian Provincial Government
✓	CJ Stanfill, Pencils of Promise
✓	Mary Goldberg, ISWP
	Krithika Kandavel, ISWP
✓	Maria Toro Hernandez, ISWP
✓	Nancy Augustine, ISWP