

GUIDELINES FOR CONDUCTING IACP CONFERENCES,CME PROGRAMS FOR ANNUAL CONFERENCES :

1. The Annual conference dates will preferably be set for the yearend - 3rd week of November or December taking care to avoid clashing with major medical conference & festival dates to ensure local fraternity participation in the chosen city .
2. Annual conferences will primarily carry Academy's name & the local group as co hosts even if it is another Academy or their subchapters.
3. The local Organizing committee should have at least one permanent life member of IACP at the decision making level to ensure that its aims & policies are being reflected in conference Program.
4. As on date, IACP will not be able to fund any conference except offer a token seed Amount of Rs.25,000/only which will have to be returned at the end of the conference. Local Organizing committee will function transparently & will share the profits equally with the Academy. To ensure this, IACP treasurer will be a part of the finance committee of the organizing group in absentia & will assist them in raising funds from any known source,if possible. The conference committee of IACP will also help them in all matters including suggestions on the program as also the president & secretary all through.
5. No IACP member will demand travel allowances even if invited as a faculty & this would be entirely the prerogative of the local organizers .However, all EB members should be given local hospitality by the organizers so that annual GBM can be attended by them, which should be compulsorily arranged by the local organizers. In the event of any EB member being a part of the organizing committee, he or she will automatically be a member of the next conference committee of IACP so as to help the subsequent conference conduct with his experience.
6. As IACP is a multidisciplinary body, every conference must cater to the needs of all specialties apart from considering local needs in drawing up the program.
7. The conference duration will be for three days starting with pre conference workshop or workshops on Friday. The number of pcws are left to the local convenience & topics chosen should be based on local as well as IACP need assessment. It is extremely important to highlight the advantages of pcws which will help leisurely and interactive treatment of the topics chosen to mentor as well as train younger members , facilitate inter disciplinary learning & develop guidelines & protocols to implement uniform quality of developmental services by members. Such programs must compulsorily distribute handouts of presented information. Every conference must at least come up with one preliminary guidelines on one of the need based or priority topics or have a discussion & arrive at consensus on the guidelines earlier made which should be discussed in subsequent conferences & consensus protocols published in our News letter for improving the knowledge base of our members & evolve clinical best practice guide lines.

8. IACP conferences must award CME credits for participating delegates as per existing norms. of MCI & RCI.

9. During every conference, we must compulsorily conduct family forum meetings in the prime time schedule and allow interactive participation of parents and adult Persons with cerebral palsy to get feedback on their perceptions of existing Service models ,felt needs and suggestions for developing inclusive health , social Policies & research initiatives rather than having mere Q&A sessions.

It has been observed that many guest faculties and delegates do not attend these meetings. Listening to the opinions of care receivers is an extremely important learning experience for service providers in the evolutionary process of sensitivehealth & developmental care as long as care is taken to avoid indulging in blame game from either sides. Felicitations should be confined to 1 or 2 persons to recognize their courage in fighting the disadvantage or to support their ongoing efforts.Care should be exercised in minimizing accessibility barriers at the venue which are rampant in our environment. Utmost sensitivity needs to be brought into these programs so that feelings of parents and mainly challenged person are not hurt. What we need to celebrate is their monumental courage and not their disabilities or achievements in an effort to NORMALIZE them.

10. The field of Disability is a poor cousin of general health education & employment initiatives and is cash starved. Recognising this fact, our conferences need to be less pretentious, high on scientific content, policy molding efforts & inculcating innovative teaching modules like debates on controversies & issues, Hands on workshops, role plays rather than using stereotyped didactic lecture & symposia format. We need to give information rich books & booklets & articles made by persons with disabilities instead of mementoes & conference bags.

11. If the organizers cannot accommodate 3 days, we can call the program as a CME and have 2 days of training for new members and graduate entrants to improve their professional training & quality of service provision. Such programs must compulsorily provide hand outs on all the topics covered.

12. The organizing secretary must submit a short but comprehensive proceedings report within three months after the program for publication in the next news letter of IACP along with the summary of evaluation forms compulsorily given & collected from delegates to improve our conference content as well as conduct wise.

13. During the annual GBM, the venue, theme & tentative program of the next conference should be announced to provide advance information to members to plan their participation.

14. Free papers presentations are compulsory in conferences. Papers should be made according to EBM guidelines. Poster demonstrations are also to be encouraged. At least one IACP scientific committee member must be one of the selectors. Guidelines are available on the website for free paper & poster format. Papers presented will be judged by a committee of experts & two prizes will be awarded based on the decision of experts. The awarded papers will

be published in the newsletter & website. Presenters will not submit papers elsewhere without approval of the board of Directors & EB.

CONFERENCE FORMAT;

1] PCWS on Friday

2] Free paper & poster presentations on Saturday & Sunday mornings from 8.30 to 10am & depending on no of papers. Parallely, family forums should be conducted on both the days in a separate hall. Parents are not permitted to attend scientific proceedings unless they are professionals also. Invited international & national faculty must address or answer q& a session in family forum compulsorily. No parental consultations are to be done in the conference premises. No patient camps are to be organized during the conference & in the conference premises. Parent donations will not entitle them to seek consultations from visiting faculty during the conference. If patient demonstrations are planned, prior permission from parents is mandatory. Case scenarios / videos are preferred unless it is a clinical exam/ therapy method demonstration session.

3] There will be a compulsory pre GBM meeting of the EB in the evening time & venue to be arranged by the organizers for these academy business meetings, if necessary on Saturday morning also.

3] The main conference programme will consist of Presidential symposium of 2hrs duration or oration of 45 minutes as per the decision of the EB. Compulsory discussions of guidelines or theme will be adhered to.

4] Compulsory key note address of 45 minutes by any one of the invited faculty is a must.

5] Other programs can be instructional courses of 90 minutes duration, symposia & plenary discussions or debates, clinical consensus sessions or invited faculty lectures. Propose a national quiz prior to the conference