Challenges of Regulating the Scope of Practice of Physiotherapists in Africa when multiple Entry-Level Education Co-exist
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Regulating the Scope of Practice

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Multiple Entry-Level Education

- Physiotherapists started as Reconstruction Aids, WW I
- Physiotherapy profession – Certificate level training
- PT Education at Children Hospital LA, 1908, Now Chapman University
- PT Education became 4-years Bachelor degree
- In the US, upgraded to MSPT in the 90s; DPT now
Multiple Entry-Level Education in Africa

- Initial PT training in Africa was Certificate level training to be Physiotherapy Aids.
- Later, African PTs went to Europe to become MCSP or equivalent.
- Several African Universities started BSc programs.
- In Africa, MSc/PhD program is usually only pathway to increase knowledge and advance skills.
- Some African countries now have DPT entry-level or advocating for it: Egypt, Nigeria, Ethiopia.
Scope of Practice Challenge in Africa

- Several educational levels:
  - Entry-level education
    - Certificate/Diploma (equivalent of US Associate degree)
    - Bachelor of Physiotherapy
    - Master of Physiotherapy (not available in African Universities)
    - Doctor of Physiotherapy (Egypt, Ethiopia, soon to be in Nigeria)
  - Post-professional
    - Academic MSc/PhD
Several educational levels:
- Entry-level education
- Certificate/Diploma (equivalent of US Associate degree)
- Bachelor of Physiotherapy
- Master of Physiotherapy
- Doctor of Physiotherapy
- Post-professional
- Academic MSc/PhD

What stops a basic grade PT from practicing within ALL Scope of PT Practice
Misconception of DPT Entry-Level

- DPT as used here is an Entry-level degree
  - DPT is not an advanced Masters or Doctoral degrees which are academic degrees
  - DPT is an entry-level clinical degree
    - Other professions with entry level clinical doctorates are: MD, PharmD, Doctor of Optometry, Doctor of Nursing Practice, PsychD, etc.

- DPT elevates the basic knowledge base and skills of a physiotherapist to practice at entry-level, and a first contact practitioner, competent and highly skilled evidence-based practitioner, with advanced differential diagnosis and primary care skills
Occupational therapy and physiotherapy education and workforce in Anglophone sub-Saharan Africa countries

Augustine O. Agho and Emmanuel B. John

Abstract

Background: Sub-Saharan Africa (SSA) countries are faced with the challenge of educating a critical mass of occupational therapists (OTs) and physiotherapists (PTs) to meet the growing demand for health and rehabilitation services. The World Federation of Occupational Therapy (WFOT) and World Confederation of Physical Therapy (WCPT) have argued for the need of graduate-level training for OTs and PTs for decades. However, very few studies have been conducted to determine the availability of OT and PT training programs and practitioners in SSA countries.

Methods: Initial data were collected and compiled from an extensive literature search conducted using Medline and PubMed to examine the availability of OT and PT education and training programs in SSA countries. Additional data were collected, compiled, and collated from academic institutions, ministries of health, health professions associations, and licensing authorities in SSA countries. Secondary data were also collected from the websites of organizations such as the World Bank, World Health Organization (WHO), WFOT, and WCPT.

Results: This investigation revealed that there are limited number of OT and PT training programs and that these training programs in Anglophone SSA countries are offered at or below the bachelor’s level. More than half of the countries do not have OT or PT training programs. The number of qualified OTs and PTs appears to be insufficient to meet the demand for rehabilitation services. Nigeria and South Africa are the only countries offering post-entry-level masters and doctoral-level training programs in physiotherapy and occupational therapy.

Conclusions: Higher learning institutions in SSA countries need to collaborate and partner with other regional and foreign universities to elevate the educational training and increase the supply of PTs and OTs in the region.

Keywords: Occupational therapy education, Physiotherapy education, Sub-Saharan Africa, Health workforce
THE DIFFERENT LEVELS OF QUALIFICATIONS FOR PHYSIOTHERAPY IN AFRICA: THE NIGERIAN PROFESSIONAL REGULATOR’S PERSPECTIVE

PRESENTED BY

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REGISTRAR/CEO,
MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA
HISTORICAL BACKGROUND OF PHYSIOTHERAPY IN NIGERIA

- Physiotherapy was introduced into Nigeria in 1945 by two British Chartered Physiotherapists: Miss Manfield and Mr. Williams. They were employed by the government of Nigeria and attached to the Orthopaedic Hospital, Igbobi, Lagos to treat wounded and disabled Nigerian soldiers & start training programme in Physiotherapy.

- Historical reviews reveals that the program was a University-based rather than hospital based, from policy standpoint, DR. RICHARDS, a British orthopaedic surgeon at the University College Hospital, was designated the academic head of the new Physiotherapy program while Professor Godwin Eni became the first university certified Physiotherapist, trained and educated in Nigeria in 1969.

- There was also a graduate of the same degree in 1970-Alani Egbedeyi, and three of four others in 1971

- The unique milestone in the eventful history of the world of Medical Rehabilitation on the continent of Africa was made on Tuesday, December 29, 1992 when the then Honourable Minister of Health, Late Professor Olikoye Ransome-Kuti inaugurated the Medical Rehabilitation Therapists (Registration) Board of Nigeria.
The Medical Rehabilitation Therapists (Registration) Board (MRTBN) of Nigeria

- The Medical Rehabilitation Therapists (Registration) Board of Nigeria was established by decree 38 of 1988 now Act M9 LFN 2004 for the regulation and control of training and practice of Physiotherapy, Occupational Therapy, Speech Therapy, Clinical Audiology, Osteopathic Medicine, Chiropractic Medicine, Prosthetic & Orthotic Professions in the Health Sector in Nigeria.

- The MRTB can be seen as a heterogeneous regulatory agency saddled with statutory responsibility of the training and practice of these professions.

- Physiotherapy practitioners constitute 90% of the Board’s registrants.
  
a. The gazette/enabling law/regulations with which the Board was established. These are the core documents that spell out the structure, mode of operation and the expectations about the registrants in the training and the practice of the professions and the practitioners.
  
b. The professional code of ethics.
  
c. Standard of practice
Physiotherapy started as and are awarded

- **Diploma in Physiotherapy** - Three years programme later upgraded to
- **Bachelor of Science (B Sc) in Physiotherapy** - Four years programme
- **Bachelor of Physiotherapy (B. Physiotherapy)** - Five year programme
- Currently pursuing approval of NUC for the Doctor of Physiotherapy (D.PT) - Six years programme
- The Transition Doctor of Physiotherapy (TDPT) prepared for, submitted to the NUC is yet to be approved.
- The entry level for any prospective student for physiotherapy must have been satisfied as per the minimum entrance requirements of each university offering the course
- The diploma programme is not presently disposably run in any institution in Nigeria except for the Military training basically for their consumption, it is not allowed for the product to seek employment as technician outside the Military health care services and they must work under supervision.
The Board has two types of Code of conducts;

1. Professional code of conduct for the full practitioners with at least a Degree certificate in Physiotherapy, they are regarded as professionals while

2. Code of ethics for technicians i.e Diploma holders. They regarded as Physiotherapy Technicians/Assistants.

- The category 2 are referred to as middle level manpower which are meant to practice under supervision. In Nigeria context as far as Physiotherapy Technician is concerned, they are being trained in the military for their consumption alone.

- In West Africa Health Organization, Nigeria happens to have the largest training programmes for Physiotherapy at degree level & above while Anglophone and francophone countries run diploma programme in Physiotherapy
The scope of physiotherapy practice includes the provision of clinical services to clients, education of the public and students, research, consulting, administration, advisory and other professional services as may be required.

Regulation Depends on the area of practice

Clinical

The clinicians who graduated as a diploma holder can only attained the level of Chief Physiotherapists and those with either B.Sc & B.Physiotherapy attains of Physiotherapist, Senior Physiotherapist, Principal Physiotherapist, Chief Physiotherapist, Assistant Director, Deputy Director and Director level.

The Headship of Physiotherapy Centre at tertiary level should be the most Senior Physiotherapist who could rise to the level of a Director.

Academic

B.Sc./B. Physiotherapy holder can proceed to M.Sc. Ph.D & Professor of Physiotherapy. B.Sc. with M.Sc. in view can be considered as graduate assistant. M.Sc. with Ph.D in view can be considered as Lecturer II. Ph.D is allowed an entry of Lecturer I. A minimum requirement for the Head of Department training programme is Ph.D
The Board publishes the register of the registrants annually; this reflects registrants’
- License status, (either active, inactive, defaulters or an absconder)
- Place /state of practice
- Qualification/ Areas of specialisation
- All of these are contained in the bulletin as well as on the Board website to make it accessible to the public.
- Physiotherapists are mandated to conspicuously display their practising licence in the centre or place of practice.
- Every graduate of Physiotherapy are expected to undergo compulsory 12 calender month internship programmes in Board accredited institutions in at least five areas of specialisation.
- These are Orthopeadics Physio/ musculoskeletals/ sport Physio; Neuro-physiotheraqpy; Physiotherapy in womens health; cardiopulmonary physiotherapy; community physiotherapy; paediatrics physiotherapy etc.
- while the diploma holders spend six months on clinical posting.
- Board is presently pursuing a residency programmes in Physiotherapy to enable the practionners to formally specialise in an area of interest.
- Currently individuals develop themselves based on their interest group and continuing development programmes attended in an areas of interest
Academic

- B.Sc./B. Physiotherapy holder can proceed to M.Sc. Ph.D & Professor of Physiotherapy.
- B.Sc. with M.Sc. in view can be employed as graduate assistant.
- M.Sc. with Ph.D in view can be employed as Lecturer II. Ph.D is allowed an entry of Lecturer I.
- A minimum requirement for the Head of Department training programme is Ph.D.
- One important aspect of accreditation to the Board is Student/lecturers ratio
DIFFERENT LEVELS OF QUALIFICATION FOR PHYSIOTHERAPY

- From inception Physiotherapy started as a three years programme and are awarded Diploma in Physiotherapy which was later upgraded to a four years programme (B.Sc. Physiotherapy) to the Five year Bachelor of Physiotherapy (B. Physiotherapy). There is a submission of the Transition Doctor of physiotherapy to NUC which is yet to be approved.

- The Board employs two types of Code of conducts;
There has been a tremendous improvement in the training and practice of Physiotherapy in the last five decades compared to other African countries however there is an urgent need for the profession to experience rapid movement in order to meet up with global practices.

The regulations of Physiotherapy profession in Nigeria has metamorphosed in recent time as some stringent conditions are being put in place to guide against quackery.
Establishing and Upgrading Physical Therapist Education in Developing Countries: Four Case Examples of Service by Japan and United States Physical Therapist Programs to Nigeria, Suriname, Mongolia, and Jordan

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John et al

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Open Invitation

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INTERNATIONAL CONFERENCE OF MEDICAL REHABILITATION PROFESSIONALS (ICMRP) 2017

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SUB-THEME:
- To remove barriers and improve access to health and Rehabilitation services and programmes for persons living with disabilities (PLWDs)
- Medical Rehabilitation in Disaster Management
- Prevention and Management of Musculoskeletal injuries among IDPs
- Medical Rehabilitation in Prevention of Disabling Conditions
- Overcoming the Malady of Quackery in Medical Rehabilitation

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Lagos State Commissioner for Health

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Registrar/CEO, MRTB

GUEST SPEAKER:
Professor Emmanuel B. John, PT, DPT, PhD, MBA

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Challenges with varying degree requirements in Africa (impact on Jurisdictional Scope of Practice)
Introduction

- Many counties (apart from those in the African and Asian continents) have clear and defined scope for the practice of physiotherapy.

- The scope of practice is well defined and clear in the United States, Canada, New Zealand and Australia through the statues governing the practice of physiotherapy as a profession.

- According to the American Physical Therapy Association (APTA), physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function.
Nonetheless, WCPT guidelines clearly stipulates that the physiotherapy profession deals with movement and functions throughout lifespan.

Physical therapy is provided for individuals of all ages who have or may develop impairments, activity limitations, and participation restrictions related to:

1. Conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems or

2. The negative effects attributable to unique personal and environmental factors as they relate to human performance.
- It is expected that different countries should enact laws at the national level to govern the practice of physiotherapy.

- In South Africa, the Health Professions Council of South Africa has this mandate with guidance from the professional bodies.

- This is different in other countries in Africa.
The purpose of Healthcare professional practice Acts includes amongst others are the enacting of regulations and laws which enable the various health professions to define their areas of expertise, as delineated in state scope of practice statutes.
The different regulatory bodies also assist with the recognition and enforcing of the individual profession’s scope of practice to ensure that healthcare services are rendered by suitably licensed and/or certified and qualified professionals.
In many African countries including South Africa, there is no jurisdictional description of the scope of physiotherapy.

The regulatory of the different African countries reviewed were of Botswana, Ghana, Nigeria, Namibia, Kenya, Rwanda, South Africa, Zambia, and Zimbabwe.
Jurisdictional scope of practice

- The legal or jurisdictional description of physiotherapy in these countries was using the APTA definition of scope of physical therapy which includes the jurisdictional scope of practice.

- The professional scope of practice of physical therapy is defined as practice that is grounded in the profession’s unique body of knowledge, supported by educational preparation, based on a body of evidence, and linked to existing or emerging practice frameworks.

- The different educational curriculum might have had an impact on the jurisdictional scope of practice of physical Therapy in Africa.
Education & Scope

- The difficulty with jurisdictional scope in the statutes that govern physiotherapy in many African countries might be related to the fact that:

  - Most laws governing the practice of physical therapy in Africa, (except Kenya) are enacted for a group of professions defined as allied health (sometimes with very different professional and theoretical body of knowledge base)
Challenges with varying degree requirements in Africa

Seyi Ladele Amosun
Regulation of the physical therapy profession - WCPT Policy statement

- Models of professional regulation vary between countries, and influenced by many factors. To be effective, any system of regulation must take into account the economic, political and cultural context in which the system is being implemented.
- One of the four key elements characterising effective regulation is “assurance that educational programmes have met the professional entry-level education standards for practice”.

WCPT recommendation - Entry level education should be based on university or university level courses of at least four years.

- In Africa, all the ≃ 40 PT programs in ≃ 15 countries meet WCPT requirements, though there are increasing encounters for establishment of DPT programs!
Any evidence to justify a shift to DPT in Africa?  

PT Summits on Global Health$^{5-7}$

- **Take home messages** – “PTs are leading, established, non pharmacologic health professionals and have a primary role in addressing the health priorities of the day, i.e., lifestyle-related non-communicable diseases”. $^5$

  “WCPT regions have unique needs that were reflected in regional Action Plans designed to promote health in daily practice and reduce the burden of lifestyle-related non-communicable diseases”. $^6$

- 3$^{rd}$ global summit concluded that “the prioritization of health-based competencies in physiotherapy practice and **entry-level curricula** would enable practitioners and students alike to effectively address the health threats related to adverse lifestyle behaviours”. $^7$
Feedback from existing DPT programs
[Including initiative for “upgrading and strengthening” the programs in Nigeria (Africa)]

- Differences of opinion between academic and clinical PTs on what should be added to the curriculum.  

- Inconclusive evidence of value added to PT practice.  

Proposal for a “post-professional” credentialing is worth considering
References


2. WCPT guideline for physical therapist professional entry level education. [http://www.wcpt.org/guidelines/entry-level-education](http://www.wcpt.org/guidelines/entry-level-education)


Summary

- Multiple Entry-Level Education exist, and single Scope of Practice for all cadre of practitioners is a challenge in Africa.
- There is a need to examine current laws guiding scope of practice when multiple entry-level education exists.
- Harmonization of Education of Physiotherapists in Africa.
- Evaluation of needs for Doctorate entry-level education in Africa.