

PHYSIOTHERAPY EDUCATION IN AFRICA

THE EXPERIENCE IN NIGERIA

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INTRODUCTION

The curricula of physiotherapy education programmes vary from one country to another. The contents of the curricula are also influenced by the socio-cultural tenets of each society¹. In addition, because of the continuous developments in the area of health care, there is a constant evaluation of the curricula to reflect the many changes occurring in the philosophy, knowledge and practice of physiotherapy. However, a recent development affecting the physiotherapy profession was the directive of the European Economic Community Council of Ministers, a geopolitical group. The directive was designed to make it easier for professionals, including physiotherapists, to practise in member states other than their own "home" state by 1992². It therefore became necessary that the education and training of physiotherapists in one state be equivalent to that required for membership of related professional bodies in other states. An education subcommittee of the Standing Liaison Committee of Physiotherapists (SLCP) in the European Economic Community (EEC) was established in 1989 to draw up a report on physiotherapy education within the European Community³. All member states were represented on the subcommittee, and the recommendations are expected to be implemented by the nations in the EEC.

Due to the downward socio-economic trends in Africa and the high cost of medical care, Brew-Graves¹ had recommended that members of the Organisation of African Unity (OAU) should pool their scarce resources to provide basic medical education relevant to the needs of the continent. The African Rehabilitation Institute (ARI), an arm of the OAU, had similar objectives in organising a series of workshops, between 1988 and 1989, to develop a curriculum for physiotherapy education in Africa⁴. Ten African nations, namely Egypt, Botswana, Malawi, Lesotho, Swaziland, Zimbabwe, Ethiopia, Kenya, Tanzania and Zambia, were invited to these workshops. Apart from the curriculum developed, it was also recommended that physiotherapy education in Africa should be a four year University degree. These recommendations have been passed to the governments of African states for implementation⁵.

While the objectives of ARI in organising the workshops are highly commendable, it would appear that the geo-political spread of

the invited countries did not include West Africa, a major economic sub-region. The report by ARI stated that two African states, Egypt and Zimbabwe, offered physiotherapy education as a university degree. However, records show that in 1983, Nigeria had three separate physiotherapy education programmes at university level⁶. It is therefore considered that information on physiotherapy education in Nigeria would be beneficial in assessing the recommendations in the report of ARI.

The Physiotherapy profession came into being in Nigeria in 1959⁷. In 1967, the Nigeria Society of Physiotherapy (NSP) became a member of the World Confederation for Physical Therapy (WCPT), the second physiotherapy association in Africa after South Africa to be so registered. In order to meet the growing demands for physiotherapists, there was the need to begin a training programme locally. The NSP expressed the opinion that the knowledge, skills and capabilities expected of the graduates of the proposed programme would best be developed through university education. Therefore, the first physiotherapy educational programme in Nigeria started in 1966 at the University of Ibadan, Nigeria. The number of the physiotherapy educational programmes has increased from one in 1966 to five at present. Four of the programmes offer a university degree, while one offers a diploma. One of the degree awarding institutions also offers masters and doctoral programmes in physiotherapy.

Since the development of the curricula of the physiotherapy education programmes started after 1966 were influenced by the curriculum developed for the programme at the University of Ibadan, it is assumed that a review of the oldest programme will give a reflection of physiotherapy education in Nigeria. Therefore, the aim of this paper is to review the physiotherapy education programme of the University of Ibadan, in order to assess the value of the recommendations of ARI on physiotherapy education in Africa.

PHYSIOTHERAPY EDUCATION AT THE UNIVERSITY OF IBADAN

The major course objectives of the programme have been:

1. To produce physiotherapists with knowledge and clinical skills, who will contribute significantly, as members of the health care team, to the health and welfare of the sick and physically disabled, as well as preventing such health problems that may lead to disabilities.
2. To produce physiotherapists who will not only practice in hospitals but also work in rehabilitation centres, sports medicine centres, industries and as academicians in the universities.

Pre-entry Requirements

The candidates were required to be at least 18 years old on admission to the programme,

ABSTRACT

The African Rehabilitation Institute, an arm of the Organisation of African Unity, recently designed a physiotherapy education programme for implementation in African countries. The West African sub-region, having one of the oldest physiotherapy education programmes in the continent, was not directly involved in the formulation of the programme. A review of physiotherapy education in Nigeria, the first African nation after South Africa to be admitted into the membership of the World Confederation for Physical Therapy, shows that the programme recommended by the African Rehabilitation Institute is highly commendable.

UITREKSEL

Die Afrika Rehabilitasie Inrigting, 'n tak van die Organisasie van Afrika Eenheid, het onlangs 'n fisioterapie opleidingsprogram beplan vir implementering in Afrika gebiede. Die Wes Afrika sub-streek, wat een van die oudste fisioterapie opleidingsprogramme in die kontinent het, was nie direk betrokke in die formulering van dié program nie. 'n Hersiening van fisioterapie onderwys in Nigerië, die eerste Afrika land ná Suid Afrika wat toegelaat is in die lidmaatskap van die World Confederation for Physical Therapy wys dat die program aanbeveel deur die Afrika Rehabilitasie Inrigting prysenswaardig is.

with credit pass in the West African School Certificate (WASC) examination in five compulsory subjects, namely English, Mathematics, Physics, Chemistry and Biology.

From 1978, admission into any degree programme in Nigerian universities was controlled by the Joint Admission Matriculation Board (JAMB). The JAMB annually conducts a national examination for all candidates seeking admission into the universities. From the results, the admission committee in each programme then determines the "cut-off" points for selecting students.

The Curriculum

The curriculum is divided into three phases, which cover four academic years.

Phase 1: The first year is referred to as the pre-professional or preliminary year. Initially, the year had been devoted exclusively to basic science courses. Later, courses in humanities were added to the curriculum.

Phase 2: The second year is the pre-clinical year, in which the main subjects were anatomy, physiology, biochemistry and electrophysics. Additional courses in humanities

and statistics have been included.

Phase 3: The third and fourth years are the clinical years in which students receive instructions in all facets of physiotherapy. The fourth year focused on the principles of physiotherapy in various medical and surgical conditions. In addition, there were speciality lectures in anaesthesia, psychiatry, pathology, radiology, occupational therapy and medical social work. The student was also required to carry out a research project under staff supervision. Lastly, the curriculum allotted much time for clinical practice. Experience in general nursing was a prerequisite before the students commenced with clinical practice. The major objective for the nursing experience was that the student would be able to perform simple nursing tasks in the general care of the patient.

The curriculum was later modified to include statistics and research methodology because it was believed that research training is invaluable for our students and for the physiotherapy profession.

The resolution by the World Health Organisation (WHO) that by the year 2000, all peoples of all countries should attain a level of health that will permit them to lead socially and economically productive lives⁸, led to the establishment of the primary health care programme. This resulted in the modification of the physiotherapy education curriculum, with greater focus on community based physiotherapy. Courses in humanities were included in the curriculum for the preliminary and preclinical years. Also, courses in Physiotherapy administration and management were included in the clinical years.

Deficiencies

Increasing pressure is put on different physiotherapy education programmes to transform their curricula to focus on the needs of the majority of the people in their countries⁹. Much of our training has been hospital based and clinically oriented, with little emphasis on the culture and socioeconomic background of the society. Our students are most competent and able to work in well equipped hospitals, which give them a licence to practice outside the country. It is necessary to modify the clinical training further to orientate the students to the health needs and problems in the community, as well as provide the skills attuned to management within the limited available resources. There is the need to allocate more time for community based physiotherapy, as was recommended by Amosun¹⁰, and it should include a period for rural attachment. Introduction of clinical elective posting into the curriculum could be also helpful too.

An essential aspect of the physiotherapy education programme at the University of Ibadan, is the lack of adequate funding for development. Any increase in the intake of students, from the present estimated average of 20 students per academic year, is limited by the need for support personnel. Funds are needed to train the academic staff, to update the library with current reading materials, and to equip the research laboratory. Computers with appropriate software, equipment and other teaching aids are needed for teaching, research and secretarial uses. Space is also a critical factor as the present physical

layout may not be able to accommodate the needed development.

The main objectives of the recommended programme by ARI are to produce physiotherapists who:

- are capable of performing therapeutic skills in varying capacities in solving health problems of individuals and groups.
- are capable of relevant scientific research, administration and participation in continuing education to improve performance.
- have a wider concept of rehabilitation in Africa.

Similarities are observed, when comparing the ARI programme with that of the University of Ibadan, regarding programme objectives, pre-entry requirements, length of course, subjects essential for theoretical and clinical education, and clinical practice. One major difference is the fact that ARI has prepared different and distinct programmes for physiotherapy and occupational therapy education. However, Nigeria has no occupational therapy education programme, and the physiotherapy students are trained to assume some of the responsibilities of the occupational therapist.

Another difference is that the University of Ibadan programme has focused on gerontology, which is in line with the recommendation of the WCPT that gerontology be stressed throughout the training¹¹. The ARI curriculum has focused only on diseases of old age in the psychiatry course. The care of the elderly is of particular importance in African culture. The elderly person is not institutionalised but rather occupies a respected position in the community. It is also important that the ARI should be emphatic on whether the physiotherapy educational programme should be an integral part of the Faculty of Medicine of the university or be run by schools of physiotherapy outside the Faculties of Medicine, as in some schools in Britain¹².

Two of the conclusions from the SLCP report¹³ are that:

1. The SLCP supports four year educational programmes for the profession of physiotherapy in order to meet the developments of the society.
2. The professional education should include elements of self and corporate analysis for the objective assessment of effectiveness of the individual and the efficiency of physiotherapy services.

On comparison, it would seem that the physiotherapy education programme of the University of Ibadan has many similarities with the programmes offered in most countries of the European Community, especially in the subjects included in their curricula³.

CONCLUSIONS

Physiotherapy has evolved over the years from the initial role of providing technical care, to providing primary care. Thus the curriculum has moved from focusing solely on technical skills to incorporating elements of thought and rationalisation for actions taken. The trend today is to supplement the curative approach with that of prevention.

While physiotherapy education in Africa may not be as developed as in some countries like Canada and the United States of America^{6,14}, there is evidence to show that a university degree in physiotherapy education had been started in Africa many decades ago. The first BSc Physiotherapy degrees in South Africa were awarded in the late nineteen-forties¹⁵, while the BSc Physiotherapy degree programme was started in Nigeria in 1966⁷. However, global socioeconomic changes have made it necessary for some geo-political blocks to pool resources in the training of physiotherapists. With similar aims in mind, the physiotherapy education programme recommended by ARI for African countries, compares favourably with that of the University of Ibadan, although Nigeria was not represented at the planning workshops. The aims of ARI are highly commendable, and the benefits in the physiotherapy education programme designed for Africa, if given the necessary support, will soon be manifested.

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