



INPTRA Request for Support from Kenya

Request:

“Our council (Physiotherapy Council of Kenya) is finalizing the development of rules that will govern registration, licensing, accreditation among other issues. I must say that information from our previous meeting in Singapore and also materials in your website have greatly enriched our documents. Am kindly seeking your advice on some issues.”

1. How do other countries manage registers for different levels of education and practice ie Bsc, Masters ,PhD etc and their titles where applicable?

Degree Requirements

In most countries, there is a minimum level of education established but no upper limitation. Typically the minimum level is the baccalaureate degree.

There is no regulatory distinction between a physical therapist based on level of education above the minimum level for most countries we are aware of. A physiotherapist is a physiotherapist irrespective of degree obtained.

In Australia where several doctoral programs have developed, the minimum requirement for the qualification under the Accreditation Standard (currently under review) is that it must be of sufficient duration and quality for graduates to demonstrate the competencies described in the binational physiotherapy practice threshold statements. This includes baccalaureate, graduate-entry Masters programs and graduate-entry Doctoral programs. Once accredited (regardless of the qualification type), they then need to be approved by the Board before applicants can use the qualification for the purposes of registration. Typically, the regulatory title which denotes licensure or registration is the same irrespective of college degree.

[Physiotherapy Board of Australia Accreditation](#) (Look for link to Physiotherapy Practice Threshold Statements.)

In Canada, while internationally-educated physiotherapists will be accepting into the licensing exam with the minimum of a bachelor’s degree, the requirement for entry-level for a Canadian graduate is now the two-year Master’s degree. However, as mentioned in the opening paragraph, there is no upper limit to education and all licensed physiotherapists practice under the same title regardless of educational level.

In the United States, the accrediting body had determined that the minimum education is the clinical doctorate (DPT). This requirement is fairly new so there are still physical therapists with each type of degree: baccalaureate, masters and clinical doctorate.

Titles

One distinction to note that can be confusing to the public is the differentiation between an academic degree and the registrant’s title. For example, in the United States, the title is “Physical Therapist” or “PT” but the degree is “Doctor of Physical Therapy” or “DPT.”

- It is important for the public to know what the regulatory title is.
- The regulatory title should be used first for clarity.



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Specialization or Advanced Practice

It is also important to differentiate between the entry-level degree and any specialization or advanced practice requirements.

In the United Kingdom, for example, physiotherapists who get advanced training and meet certain requirements are allowed to prescribe some categories of pharmaceuticals. More information can be found at www.hcpc-uk.org/aboutregistration/medicinesandprescribing/.

In Canada, a physiotherapy specialization program was recently launched by the Canadian Physiotherapy Association. It does not include advanced practice provisions as the UK program does. Rather, it is an indication of advanced study, research and practice within a particular area of physiotherapy. Only select provinces have regulatory provisions in place allowing for use of title “specialist.” (These currently include Alberta and Ontario. The plan is for all provinces to eventually recognize specialty.) However, as with the example given above, the standard physiotherapy designation must come first before the words “specialist”. For example, Jane Smith, PT, specialist, women’s health.

Education and Training Differ Around the World

And finally, it is probably good to mention that the education and training of physiotherapists is not equal around the globe. For this discussion we are describing a physiotherapist as someone who is not under supervision and has been trained to be an effective independent clinical decision maker. We recognize that independent practice is not universal around the globe.

2. Number of years post qualifications before one is issued with a license to operate as private clinic.

We are intrigued by this question as we are not aware of countries requiring a level of experience for physiotherapists to operate a private clinic. We would love to know what your experiences are in this area and some of your thoughts on why you think this might be a good idea in Kenya. Are there concerns related to adequate experiences in clinical education portion of the education and training? Is the concern related some of the remote areas within Kenya where practitioners might not have access to interaction with colleagues and peers?

3. How are the other allied professionals managed in other jurisdictions, e.g. fitness therapists, reflexologists, acupuncturists, massage therapists etc. Also regulation of fitness centers, gyms, etc.

We find a lot of variation around the globe, not only on who is regulated but also on titles and types of professions. In the United States and Canada there has been a lot of criticism of the regulation of too many professions. Although regulation is intended to protect the public versus protect the profession, many professions have sought regulation for reasons of status or reimbursement versus potential for harm to the public.



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In the United States, Canada, the United Kingdom and Australia, gyms/fitness centers/health clubs are not regulated. The following chart represents some of the regulated professions that most overlap in these four countries.

United States	Canada	Australia	United Kingdom
Physical Therapist	Physiotherapist, <i>Physiotherapeute (in Quebec)</i> . Both Physical Therapist and Physiotherapist are protected terms, as is physiotherapy and physical therapy.	Physiotherapist (“Physical Therapist” also a protected title)	Physiotherapist (“Physical Therapist” also a protected title)
Occupational Therapist	Occupational Therapist	Occupational Therapist	Occupational Therapist
Massage Therapist (not in all states)	Registered Massage Therapist	Not regulated.	Not regulated.
Acupuncturist	This is considered a technique in most provinces rather than a profession. Chiropractors, Physiotherapists and Traditional Chinese Medical Practitioners are all regulated professions that can use acupuncture in a therapeutic setting. Acupuncturist is not a protected title.	Chinese Medicine Practitioners and other registered practitioners with an endorsement can use the protected title “acupuncturist.”	Not statutory regulated.
Athletic Trainer - Not regulated in all states.	Not regulated.	Not regulated.	Not statutory regulated.

4. You could also add on the area of CPD. i.e minimum credit points annually, measuring criteria, etc.

This is a tough one. There are no easy answers. We would refer you to the INPTRA website:

<http://inptra.org/RegulatoryResources/RegulationAroundtheGlobe/ContinuingProfessionalDevelopment.aspx>



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There are so many different models and the research does not support any one model. You also may be interested in watching the last INPTRA webcast done by Professor Zubin Austin of Canada:

http://inptra.org/Events/Webinars.aspx#dnn_ctr756_ContentPane

This webinar is a great overview of some of the models and actions that are being taken by various professions in Ontario, Canada. In Canada, CPD requirements differ according to province and provincial legislation. As mentioned above, there is a great interest among several provinces in changing what is done for continuing competency. As Professor Austin's presentation indicates, there is some evidence that "engagement" may be more important, or at least a leading indicator/prerequisite, for true clinical competency.

Other researchers have focused on the importance of team-based communication and communicative competency (not just language proficiency) as the important leading indicators of clinical competency.

We are interested in exploring these ideas. In fact, they will be the focus of an upcoming Canadian Network of Agencies for Regulation conference taking place in Toronto in November 2016 (<http://www.cnnar.ca/en/events>).

Information on the CPD model in the UK can be found at <http://www.hcpc-uk.org/registrants/cpd/>

This includes videos explanations and examples of submitted CPD profiles from physiotherapists.

Our best advice related to CPD is to start simple and keep a lot of flexibility in your overarching laws that will allow you to change as new models are developed and evidence of various approaches becomes stronger.

We were delighted to provide this information! Please contact us as further issues and questions arise during the development of your physiotherapy rules.