Title: Nigerian physiotherapists' perception of direct access and patients' self-referral

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Abstract

Background: The global advocacy for Direct Access (DA) and Patients' Self-Referral (PSR) to physiotherapy is consistent with the quest for promoting professional autonomy and recognition. It was hypothesized in this study that the attainment of this clarion call in Nigeria may be hamstrung by challenges similar or different from those reported in other climes.

Objective: This study assessed the perception of DA and PSR among Physiotherapists (PTs) in South-West, Nigeria.

Methods: One hundred PTs from ten purposely selected public-funded out-patient facilities from South-West, Nigeria responded in this cross-sectional study, yielding a response rate of 75% (100/150). A previously validated questionnaire for World Confederation of Physical Therapists (WCPT) on the global view of DA and PSR for physical therapy was used in this study. Data was analyzed using descriptive statistics.

Results: There was a high awareness on legislation regulating practice (91%) and scope (84%) of the profession. Respondents assert that the extant legislation allows for DA (49%) and PSR (97%). However, 40% of the respondents opined that the baccalaureate qualification of PTs was inadequate for competence in DA and PSR; and a post-professional residency programme was mostly recommended (52%). Public support for DA and PSR to physiotherapy was rated more than the advocacy role of the Nigeria Society of Physiotherapy (60% vs. 40%). Physicians' (71%) and politicians' (65%) views were rated the major barrier to achieving DA and PSR status in physiotherapy. Similarly, physicians' (90%) and politicians' (88%) support was perceived as the major facilitator.

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Conclusion: Physiotherapy practice in Nigeria has the semblance of autonomy in DA and PSR but is devoid of legislative support. Most Nigerian physiotherapists assume professional autonomy but were not aware of the lack of legal support for DA and PSR. The current entry-level academic curricula were considered to be deficient and inadequate for autonomous practice in Nigeria. Physicians and politicians were the most important barrier or facilitator to achieving legal support for DA and PSR in physiotherapy in Nigeria.

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Introduction

Advocacy for Direct Access (DA) in patients' care among health professionals has a long history, and it is often couched in the quest for promoting professional autonomy and recognition (Taylor and Domholdt, 1991; Massey, 2002; Boissonnault 2006a,b; Holdsworth and Webster, 2004; Leemrijse et al, 2008; Cooke et al, 2013). Professional advocacy for the right of patients/clients to consult and seek physiotherapists' care without having to obtain a physician referral is dated to as far back as 1977 in Australia (Galley, 1976) while in the United States of America, there has been a fight for the right for DA and Patients' Self-Referrals (PSR) by individual states since the early 1980s (Massey, 2002). Based on publications of the American Physical Therapy Association (APTA) and other independents studies, Crout et al (1998) summarized the advantages of DA to include "provision of an additional entry point into the health care system for consumers, reduction of health care costs by permitting patients to consult with physiotherapists without the cost of paying a physician to make a referral, decrease the time between the initial onset of symptoms and actual treatment thereby increasing treatment success, promote the prevention of health care problems because physiotherapists could serve as health care screeners, allow early intervention and on site treatment in both schools and industries resulting in decreases in lost wages, absenteeism and injuries, decrease the long term care of individuals due to easier access to necessary services and increase job satisfaction experienced by physiotherapists".

Contrary to the foregoing, opposition towards achieving unrestricted patient DA to physiotherapy largely by medical societies and associations is contingent upon real or apparent concerns for patient/public safety based on the perceived inability of physiotherapists to make medical diagnoses, which is a *sine qua non* of inadequate baccalaureate education in pathology

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and diagnosis (Rose, 1989; Boissonnault, 2006a,b; Ganiyu, 2008). Despite significant improvements in curricula contents and advances in physiotherapy clinical practices, there is still a persisting belief that some medical conditions will be left undetected under a physiotherapy DA regime, which may lead to providing inappropriate or contraindicated care (Rose, 1989; Medicare Payment Advisory Commission, 2004). Furthermore, there are some who opine that a DA regime in physiotherapy will ultimately lead to increased health care cost as patients may still eventually seek physicians' consultation (Crout, 1998). Contrarily, there is growing empirical evidence that DA and PSR to physiotherapy resulted in enhanced quality of care, fewer physician visits, and reduced health service costs with no undue risk to patients' safety (Leemrijse et al, 2008; Holdsworth et al, 2006, 2007; Pendergast et al, 2012; Shoemaker, 2012; Ojha et al, 2014).

Direct access and PSR are important ingredients of professional autonomy and recognition of clinical competence in assessment and treatment (Ganiyu, 2008). Consequently, the WCPT (2013) has issued a global policy statement to its constituent bodies to rise up to the challenge of making physiotherapy attain its pride of place among other health professions by advocating for relevant legislation that will emphasize DA and PSR. Unfortunately, it seems that Nigerian physiotherapists are not fully aware of the extant legislation on physiotherapy regulation and the current health policy with regards to DA and PSR practices. Ganiyu (2008) highlighted the legislation that established the Nigeria Medical Rehabilitation Therapists' Board, which stipulates that "by the law that guides physiotherapy practice, without a doctor's order, physiotherapists are not allowed to see any patient even if the patient were an excellent candidate for physiotherapy" (MRTB, 2014). Ganiyu (2008) submitted that "this unnecessary clause in the laws establishing the regulatory body of the profession has significantly weakened the efficient

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delivery of physiotherapy services to its service users who would have greatly benefitted in a DA environment." This study assessed the perception of DA and PSR among physiotherapists in South-West Nigeria.

Methods

One hundred physiotherapists (comprising 62 males (62%) and 38 females (38%)) from ten purposely selected publicly funded out-patient facilities from South-West, Nigeria responded in this cross-sectional study, yielding a response rate of 75% (100/150). The selected facilities were spread around state government public hospitals, state government university teaching hospitals, federal medical centers and federal university teaching hospitals in different states in South-West, Nigeria, namely, the Lagos State University Teaching Hospital (LASUTH), Ikeja Lagos; Lagos University Teaching Hospital (LUTH) Lagos; University College Hospital (UCH), Ibadan; Obafemi Awolowo University Teaching Hospitals Complex, (OAUTHC), Ife Hospital Unit, Ile – Ife; OAUTHC Westley Guild Hospital, Ilesa; Osun State University Teaching Hospital, Osogbo; Ladoke Akintola University Teaching Hospital, Osogbo; General Hospital, Marina Lagos; General Hospital, Oke- Odo, Lagos; and Federal Medical Centre, Abeokuta. The choice of South-West Nigeria for the survey, apart from convenience, was due to the higher concentration of registered physiotherapists in the region compared with other sections of the country.

In the absence of a sampling frame of all physiotherapists, lists of practicing physiotherapists (excluding interns and physiotherapists on the National Youth Service Corp) were obtained from a contact physiotherapist in each clinic. Simple random sampling was used to select respondents from the list drawn in each clinic, and questionnaires were administered accordingly. 150 physiotherapists were invited for the study; however, only 100 responded and fully completed

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the questionnaire, yielding a response rate of 75%. Ethical approval for the study was obtained from the Health Research Ethics Committee of the Institute of Public Health, Obafemi Awolowo University (OAU), Ile-Ife, Nigeria. Permission to carry out the research was obtained from the head of department of each of the selected clinics. Informed consent of all respondents was required for participation in the study.

A questionnaire designed by Bury and Stokes (2013) for the World Confederation of Physical Therapists (WCPT) to assess the member organization's perception on DA and PSR was used in this study. The survey instrument contained twelve sections with forty-two items that the respondents were required to fill, tick or comment where appropriate. Data was also obtained on occupational characteristics of the respondents. Data was analyzed using the Statistical Package for Social Sciences (SPSS) version 16.0 (SPSS Inc., Chicago, USA). Descriptive analysis of mean, standard deviation and percentages was used to summarize the data.

Results

The mean age and years of experience of the respondents was 33.9± 8.13 and 7.8±6.4 years, respectively. Table 1 shows the socio-demographic and occupational characteristics of the respondents.

Table 1: Socio-demographic and occupational characteristics of the respondents

Variable	Frequency, %
Sex	
Male / Female	62 / 38
Specialty	
Cardiopulmonary	6
General Practice	35
Neurology	18
Orthopaedics	30
Paediatrics	11

The mode of payment or reimbursement for physiotherapy in private and public setting is presented in Figure 1.

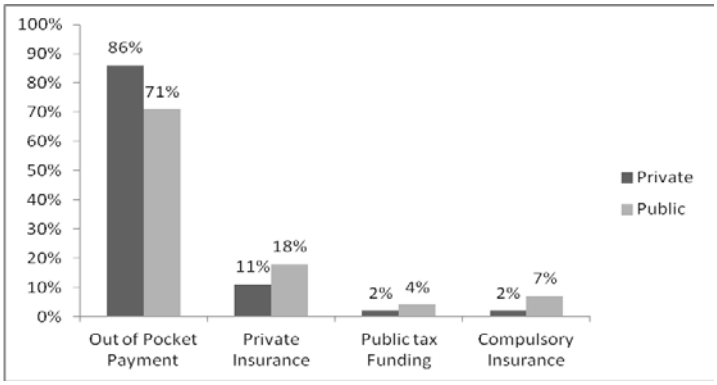

Figure 1: Method of payment for physical therapy in private and public setting

The result showed that out-of-pocket payment was the most practiced method of reimbursement in both private (81%) and public (76%) settings. The awareness of the respondents on legislation regulating the profession is presented in Table 2. 91% of the respondents reported to be aware of national legislation that regulates the profession. 84% of the respondents reported that national legislation defines the scope of practice of physiotherapy. The respondents believed that the extant legislation allows for first contact/autonomous practice (49%) and PSR (97%). Ninety five percent of the respondents believed that the existing legislation permits physiotherapists to assess, diagnose, treat patients and refer patients to other specialties/services without referral from a physician.

Table 2: Respondents' awareness of what the legislation and the body regulating physiotherapy in Nigeria allows

Category	Legislation, %	Professional regulating body, %
Assess, yes / no	95 / 5	62 / 38
Treat, yes / no	97 / 3	95 / 5
Diagnose, yes /no	58 / 42	94 / 6
Refer, yes / no	93 / 7	96 / 4

Table 3 shows the physiotherapists' perception of service users' access to physiotherapy. Ninety one percent of the respondents reported that patients can self-refer to physiotherapists in private practice. Eighty three percent of the respondents reported that there was no limitation barring

patients/service users from accessing physiotherapy services in private settings. However, some respondents opined that red flags (11%) and neuro-musculoskeletal conditions (5%) limit service users from accessing physiotherapy services in private settings.

Table 3: Physiotherapists' perception of service users' access to physiotherapy

Physiotherapists' perception of Service users' access to physiotherapy	Private setting %	Public setting %
Service user access to PT, yes/no	91/9	98/2
Limitation of service user access to PT		
None	83	90
Neuro-musculoskeletal	5	2
Red Flag	11	8
All Conditions	1	1

Key: PT - physiotherapy

Figure 2 shows the physiotherapists' perception on reimbursement for physiotherapy service in private settings. 33% of the respondents reported that physiotherapists in the private setting were not reimbursed by insurance companies.

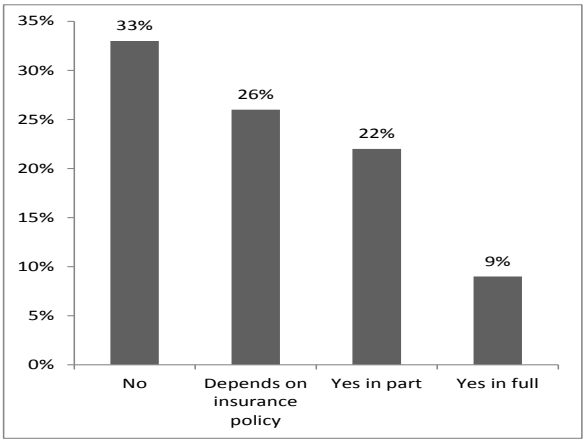

Figure 2: Reimbursement for physical therapy service in private setting

Twenty six percent reported that insurance companies reimbursed physiotherapists in private settings but that depends on the insurance policy of the patient.

Table 4: Perception of physiotherapists on the entry-level education preparedness of newly qualified physiotherapists

Perception of entry-level education	%
Adequacy of entry-level education qualification, yes/no	60/40
Limitation of entry-level education, yes/no	14/86
Limitations	
Limited experience	11
Deficient curriculum	2
Lack of CPD	1
Measures to be taken by physiotherapists	
Residency	52
Supervised service	28
CPD	11
MSc	4
DPT	4

Key: CPD - Continuing Professional Development; DPT – Doctor of Physical Therapy

Table 4 shows the perception of physiotherapists on the entry-level education preparedness of newly qualified physiotherapists and measures to be taken in order to accept self-referral if entry-level education is deficient. Forty percent of the respondents reported that the entry-level education qualification of the physiotherapists did not prepare them to accept patient self-referral. Eighty six percent of the respondents reported that there was no limitation restricting newly qualified entry-level physiotherapists from accepting PSR while 11% reported that lack of experience of the newly qualified physiotherapists could be a significant limitation in accepting PSR. Fifty two percent of the respondents reported that physiotherapists need to go through the post-professional residency programme before they can act in DA capacity and accept PSR, 28% reported that newly qualified physiotherapists need to undergo a period of supervised practice service under experienced physiotherapists, while 11% reported that newly qualified physiotherapists need to go through a period of continuous professional development before they can accept PSR. Four percent of the respondents reported that only masters' level physiotherapists were adequately prepared to accept self-referral and only physiotherapists that

went through the Doctor of Physical Therapy (DPT) programme were adequately prepared to act in DA capacity.

Table 5: Perceptions on Nigeria Society of Physiotherapy (NSP), public and physicians' support for direct access

NSP support, %	Evidence to support the views, %
Unsure, 41	Opinion, 33
Completely against, 40	None, 49
Limited support, 12	Discussion, 7
Not supportive, 5	News item, 4
Completely against, 2	Organization policy, 6
Public support, %	**Evidence to support the views, %**
Yes, 60	Patient Request, 45
No, 7	None, 43
Don`t know, 33	Awareness, 5
	Experience, 4
	News Item, 4
	Unaware, 2
Physicians' support, %	**Evidence to support the views, %**
Yes, 44	None, 47
No, 8	Discussion, 37
Don`t know, 48	Clinical experience, 3
	News item, 3
	No evidence, 2
	Opinion, 2
	Publication, 5
	Unaware, 1

Almost half of the respondents (40%) reported that the NSP was not in support of DA in physiotherapy while 41% of the respondents reported that they are unsure if the NSP supports DA/PSR to physiotherapy (Table 5). Half of the respondents (49%) opined that they had no evidence to support this view while a large percentage of the respondents (33%) reported that the views they expressed were purely their opinion. Sixty percent of the respondents reported that the public was in support of DA to physiotherapy while 33% reported that they were not aware if

the public was in support of DA to physiotherapy. Forty four percent of the respondents opined that physicians were in support of DA in physiotherapy.

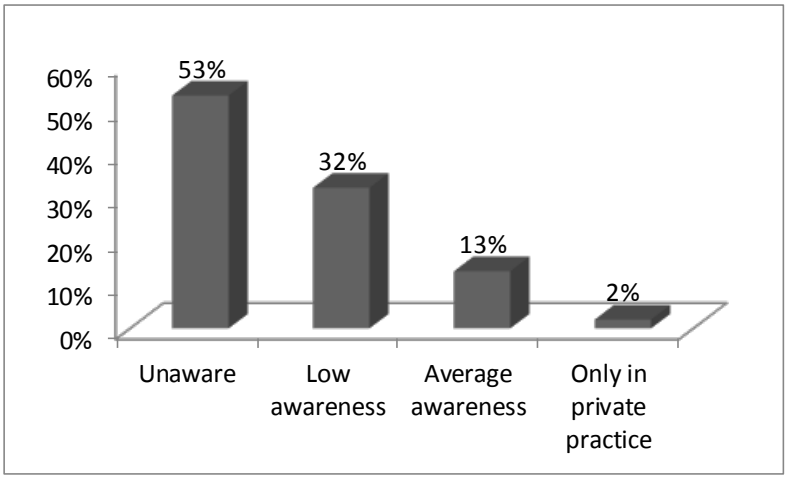

Figure 3: Extent of direct access/self-referral service in Nigeria

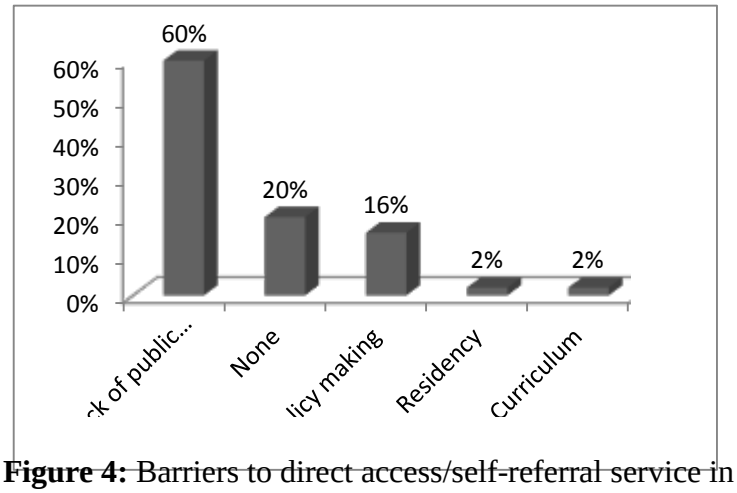

Figure 4: Barriers to direct access/self-referral service in physiotherapy

Figure 3 shows the extent of DA/PSR in Nigeria. Fifty three percent of the respondents reported that they were unaware of the extent of DA/PSR in physiotherapy in Nigeria while 30% reported that there is low awareness of DA/PSR in physiotherapy in Nigeria. Figure 4 shows barriers to DA in physiotherapy. 60% of the respondents reported that lack of public awareness was one of the major barriers to advancing DA services in physiotherapy. 16% reported that government health policies were the major constraints limiting the advancement of DA.

Table 6: Major facilitators and barriers to direct access in physiotherapy

Facilitator	n (%)	Barrier	n (%)
Medical support	90	Medical views	71
Political support	88	Political views	65
Professional autonomy	85	Economic views	60
Economic consideration	84	Legislation	53
Evidence supporting effectiveness	80	Lack of support	49
Service user	78	Skills of PTs	52
Skill of physical therapist	78	Lack of evidence	49
Scope of practice	77	Long waiting list	49
Legislation	76	Entry-level education	45
Entry-level education	76	Scope of practice	48
Waiting list	76	Reimbursement	39
Reimbursement	62		

Seventy one percent of the respondents identified medical views as a strong barrier to DA, and 65% reported that political view was a major barrier limiting DA practice (Table 6). Lack of evidence was identified as a barrier to DA by 49% of the respondents. Entry-level education was highlighted by 45% of the respondents to be a barrier to DA practice in the country as it does not equip graduates of the physiotherapy programme for DA practice. Medical support was perceived as a major facilitator of DA by 90% of the respondents, and 88% reported that political support is a major facilitator of DA practice. Change of the extant legislation was identified as a major factor that can facilitate DA in physiotherapy by 76% of the respondents while 77% and 72% of the respondents reported that the scope of practice and reimbursement models are major facilitators of DA practice, respectively.

Seventy eight percent of the respondents reported that they had no experience of promoting DA practice either with NSP or as individuals in physiotherapy (Table 7). The majority (68%) of the respondents reported that they had no experience in implementing DA in Nigeria. Thirty four percent reported that they had no resources that may help take DA forward in physical therapy.

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Table 7: Views on experience implementing direct access by Nigeria Society of Physiotherapy and resources that may help take direct access forward

Implementing direct access	%	Resources that may advance direct access	%
NSP`s experience of implementation			
None	78	Public awareness	31
Legislation	1	CPD	9
		Curriculum review	6
Individual`s experience of implementation		DPT	1
None	68	Evidence based practice	1
Awareness	24	Improved clinical practice	1
Public campaign	2	Legislation	16
Confrontation	1	Public awareness	6
Curriculum review	2	Residency	1

Key: CPD – Continuing Professional Development; DPT – Doctor of Physical Therapy

Discussion

This study assessed the perception of DA and PSR among physiotherapists in South-West, Nigeria. The respondents were relatively young physiotherapists (mean age 33.9 years) with an average of eight years of post-qualification clinical experience. The majority of the physiotherapists who participated in this study were involved in general practice and orthopaedics sub-specialty. This is an indicator of the fact that most physiotherapists in Nigeria are involved in general practice (35%). On the other hand, the orthopaedic subspecialty seems to be the most developed specialty in physiotherapy in Nigeria (30%).

The findings of this study revealed that the majority of Nigerian physiotherapists were aware of national legislation regulating the profession in the country. In addition, they reported that the extant legislation in Nigeria defines the scope of practice allowing for autonomy without physician's referral. However, the legislation establishing the Medical Rehabilitation Therapist Board of Nigeria, which is the regulatory agency for physical therapy in Nigeria, only provided for the regulation and control of physical therapy practice in the country as provided in the

establishing decree (decree 38 of 1988/M9) and later amended as an act (NMTB, 2004) and not a direct law enabling DA in physiotherapy on qualification. From the finding of this study, there appears to be wide-spread DA practices among physiotherapists although without any legislative support. This finding confirms the anecdotal observations that physiotherapists often act in DA capacity but without legislative regulations to guide this practice pattern and protect service users. The foregoing mirrors the weakness of implementation of law in the Nigerian state. Moreover, this study shows that most Nigerian physiotherapists were not aware of the lack of legal support for DA in the profession. The near absence of medico-legal cases and scenarios in Nigeria may have weakened the drive for advocacy for amendment of legislation that is not in favour of professional autonomy for physiotherapy in Nigeria.

Nevertheless, it is still important for the physiotherapy professional body (NSP) to vigorously advocate for legislative backing for DA practice in the country. Bury and Stoke`s research on DA came to the conclusion that regulatory legislation that allows physiotherapists to assess, diagnose, treat and refer patients to other specialties and also recognizes physical therapy as an autonomous profession, able to accept patients via DA and PSR is perceived as a significant facilitator and a barrier when it is absent (WCPT, 2011).

Physiotherapy professional bodies and associations have played dominant roles in advocacy for professional autonomy and promoting DA. The influence of professional bodies in instigating policy changes and implementation is exemplified by the Australia Physiotherapy Association's advocacy for referral policy change and the subsequent change of referral principle to DA in 1976 (Galley, 1976). The Chartered Society of Physiotherapy`s influence in the promotion of the law that made physiotherapists supplementary drug prescribers (WCPT, 2012; CSP, 2013) and the American Physical Therapy Association`s continuous advocacy for DA (APTA, 2014a,b) are

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a few examples of the power of professional bodies to influence policy changes. Unfortunately, more needs to be done by the NSP by the way of advocacy and action to achieve DA in physiotherapy and in turn improve the professional image and status of physiotherapy in Nigeria.

Health service funding models and reimbursement policies appear to have an impact on the availability of DA. Although some private physiotherapy services accept patients via self-referral, the majority of the physiotherapists reported that insurance companies will not reimburse physiotherapists for services rendered without a physician referral. From this study, the mode of reimbursement seems to be a better reflection of the status of physiotherapy in Nigeria. Non-reimbursement of physiotherapy services in a DA environment by insurance companies buttresses the need for change in the existing law on DA in physiotherapy in Nigeria. The case for DA and PSR to physiotherapy in other countries is supported by growing evidence that shows that patient safety is not put at risk and that DA is likely to result in reduced health service costs as a result of less physician care and that quality of care is likely to be enhanced (Leemrijse et al, 2008; Holdsworth et al, 2006; 2007; 2008; Shoemaker, 2012). However, as part of the effort for the globalization of physiotherapy, the application of these findings for Nigeria needs to be put in empirical perspective.

Education plays a prominent and vital role in adequately equipping newly qualified physiotherapists with the requisite competencies in accepting PSR and acting in DA capacity. The importance of entry-level education in preparing physiotherapists for autonomous practice was further enunciated by the WCPT's policy statement on DA that stated that entry-level education of physiotherapists must prepare them to act as autonomous practitioners able to see patients without a third party referral (WCPT, 2011). Nigerian physiotherapists surveyed in the current study identified deficiencies in the educational curricula as reasons why they believed

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new graduates are unprepared to practice in a DA milieu on qualification. It was recognized that the newly qualified physiotherapists need to go through a post-professional residency programme before they can be appropriately equipped to accept PSR and act in a DA environment. Bury and Stokes (2013) in their findings came to the conclusion that additional measures such as continuing professional development are required if the newly qualified physiotherapists` entry-level education has not adequately prepared the physiotherapist to accept PSR.

The views of politicians, policy makers, dominance of the medical profession, and lack of support from the professional body with the absence of legislative backing are opined as being barriers to achieving DA/PSR. The medical profession has a far reaching influence as far as policy formulation and implementation in the health sector in Nigeria are concerned. Support of the medical profession gained through dialogue is viewed as a significant facilitator in encouraging DA in physical therapy, and lack of it therefore is viewed as a significant barrier. The hegemonic predisposition of the medical profession in the healthcare sector came to the fore with the recent conflict between the Nigeria Medical Association and other health workers union in Nigeria on the disproportionate salary scale between physicians and other health workers in the health sector. Physicians' insistence in maintaining the status quo ante as far as the salary scale in the healthcare sector is concerned, by virtue of their influence in the upper echelon of power, further points to the degree of their influence and dominance in the healthcare sector (The Nations Newspaper, 2012; NAN, 2014). The dominance and hegemony of physicians in the healthcare sector has a long history, and most of them have been favourably positioned in government circles. Furthermore, respondents from this study opined that politicians and policy makers` awareness of the importance of physiotherapy may help facilitate DA in the profession.

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Overall, a potential limitation of the findings of this study border on the seeming ignorance of most respondents on the accomplishments and current activities of the NSP, which may have affected their opinions and depiction of the NSP as ineffective with regards to relevant policy advocacy for DA in Nigeria. This assertion is supported by the fact that many of the respondents in this study reported that they have no evidence to buttress their opinion.

Conclusion

Physical therapy practice in Nigeria has the semblance of autonomy in DA and PSR but it is devoid of legislative support for such practices. Most Nigerian physiotherapists assume professional autonomy but were not aware of the lack of legal support for DA and PSR. The current entry-level academic curricula are considered to be deficient and inadequate for autonomous practice in Nigeria. Physicians and politicians are likely to be the most important facilitator or barrier to achieving legal support for DA and PSR in physical therapy in Nigeria.

Conflict of interest: None declared.

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