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REPORT



Advanced Physiotherapy Practice: A qualitative study on the potential challenges and barriers to implementation in Ghana

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ABSTRACT

Objective: To identify the potential challenges and barriers to the implementation of Advanced Physiotherapy Practice (APP) in Ghana. **Methods:** A basic interpretive qualitative study design was conducted, with a semi-structured focus group comprising eight physiotherapists and a one-to-one interview with the director of orthopedic surgery in the second largest hospital in Ghana. Participants were sampled purposefully to ensure they had a clear understanding of APP. Discussions were audio recorded, transcribed, coded and thematic analysis was performed. **Findings:** Four key themes were identified as potential challenges to the implementation of APP in Ghana. Theme 1 Jurisdictional Disputes: Physiotherapists believed doctors will not accept the practice, while the doctor interviewed was willing to accept the practice. Theme 2: Management Support: Support from management was identified as a potential barrier to APP implementation due to workplace culture and liability. Theme 3 Change in Law and Policy: APP could be hindered if there is no legislative support and policies in place. Theme 4 Postgraduate Training: This was identified as key to the implementation of APP since there is no such level of training in Ghana. **Conclusion:** Barriers to health-care programs are often not identified and addressed prior to their implementation in developing countries, leading to program failure. Addressing these four barriers and challenges could ensure the successful implementation of APP in Ghana. APP has the potential to improve access to rural health-care delivery and augment the shortage of health professionals in developing countries.

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Advanced physiotherapy practice; extended scope of practice; musculoskeletal practice; developing country; new model of care

Introduction

The workforce in the health sector has been rapidly changing across the developed world (Kersten et al., 2007; Stressing and Borthwick, 2014). Demand for access to services has resulted in various regulated health-care professionals expanding their scope of practice to take on tasks usually performed by other professionals. Examples include nurse practitioners taking on the prescribing of medications, physiotherapists taking on injection therapy and ordering of diagnostic imaging, podiatrists performing invasive surgery, and radiographers being trained to perform and interpret complex imaging procedures (Department of Health, 2004, 2009). The professionals performing these new roles are referred to as “Advanced Practice Practitioners” or “Extended Scope Practitioners.” These roles have been developed because of the rising prevalence of chronic diseases, increasing aging population, increasing expectation of patients to be treated on time, and the need to contain health-care costs (Stressing and Borthwick, 2014).

Introducing a new model of care into a clinical setting is not without its challenges. These challenges can serve as barriers to implementation and jeopardize the success and sustainability of the program. The current study seeks to explore the potential challenges to future implementation of Advanced Physiotherapy Practice (APP) in Ghana.

Advanced Physiotherapy Practice

According to the Chartered Society of Physiotherapy, advanced practice physiotherapists have the skills to address complex decision-making processes and manage risk in unpredictable contexts (Chartered Society of Physiotherapy, 2016a). Suitable definitions of APP could also include the terms “role enhancement” or “role substitution” (Sibbald, Shen, and McBride, 2004). Role enhancement is increasing the level of complexity of a job by extending the role or skills of a group of workers, whereas role substitution is expanding the

range of a job, particularly working across professional divides or exchanging one type of worker for another (Sibbald, Shen, and McBride, 2004). Thus, physiotherapists who use injection therapy in their practice can be classified as undertaking or undergoing role enhancement (Kersten et al., 2007) and those performing patient assessments traditionally carried out by medically qualified personnel can be classified as undertaking or undergoing role substitution (McClellan, Cramp, Powell, and Benger, 2010). However, advanced practitioners are viewed as the most appropriate practitioners to evaluate individuals who require conservative management for knee Osteoarthritis (OA) and also to determine if and when conservative management has failed (Desmeules et al., 2012).

The roles performed by advanced practitioners include performing assessments and triage in orthopedic outpatient clinics, prescribing controlled medications, working in accident and emergency departments, providing injection therapy, requesting and interpreting laboratory tests, and ordering magnetic resonance imaging and computed tomography scans (McClellan, Cramp, Powell, and Benger, 2010). APP roles have resulted in reduced patient waiting times, reduced direct and indirect hospital and patient costs, and freeing up consultant time, which have resulted in greater patient and consultant satisfaction (Kersten et al., 2007; McPherson et al., 2006; Morris et al., 2014). While implementation of APP roles in developed nations has resulted in such health-care system improvements, the value of introducing similar models of care in developing nations remains unknown.

Physiotherapy in Ghana

Early physiotherapists in Ghana were trained in eastern Europe during the period of the Cold War (Tinney, Chiodo, Haig, and Wiredu, 2007). Formal training of physiotherapists in Ghana only began in the early 2000s with over 200 physiotherapists now trained through the University of Ghana. According to the World Confederation for Physiotherapy (2017), about 150 physiotherapists are currently registered with the Ghana Physiotherapy Association. Ghana has a low number of health-care professionals with a doctor to patient ratio of 1:9043 (Ghana Health Service, 2014). Although the number of health-care professionals in Ghana is rising, it is below the minimum standard required to achieve the country's goals for the health sector in the coming years (Ghana Health Service, 2014). An equitable distribution of critical health staff, coupled with an overall improvement in the quality of care given at all levels, is not just necessary but urgent (Lowe and Prior, 2008). Health professionals will need

to take on different roles outside their scope or at least maximize their scope of practice. Physiotherapists in Ghana require extensive knowledge in pathology and good diagnostic and problem-solving as well as good clinical decision-making skills. In places with very limited access to other health professionals, these therapists have assumed more diverse roles, including educating patients, health promotion, counseling, supporting self-efficacy, and building community skills. Considering the demonstrated impact of APP roles in developed nations, and the diverse needs for health-care improvement in Ghana, it is important to explore the potential of implementing APP in Ghana. At the same time, the development of advanced clinical practitioner roles in Ghana, as elsewhere, is likely to be contingent upon the prior establishment of robust undergraduate education programs, as one is likely to underpin the other. In developed countries, most postgraduate academic programs, such as doctoral programs for example, require good grades and robust training at undergraduate level for entry. Equally, high levels of competency in clinical skills acquired at undergraduate level are likely to be relevant to the successful establishment of advanced practitioner roles and give great confidence that those assuming the roles are capable and equipped to extend their scope of practice.

Several studies have identified challenges and barriers to the implementation of APP in developed countries (Atkins, 2003; Chong et al., 2015; Dawson and Ghazi, 2004; Yardley et al., 2008). These studies identified that educational needs for the therapists, medical liability, and relationship with medical staff all served as challenges and barriers to APP. However, Chong et al. (2015) conducted a survey and therefore could not explore in-depth perceptions. The other studies were retrospective and thereby looked at the challenges and barriers after APP has already been implemented. Finally, these studies were all conducted in developed countries such as Canada, the United Kingdom, and Australia, where physiotherapy is widely recognized and has well-established policies and procedures. There is no study that examined the potential challenges and barriers to the future implementation of APP in any developing country. This present study hopes to fill that gap in literature and provides a platform for further discussion of APP among developing countries. The aim of this study was to understand the views and perceptions of physiotherapists and the head of orthopedic surgery, in an urban region of Ghana, on the potential challenges and barriers for the future implementation of APP in musculoskeletal (MSK) care. This study sought to address two main questions: (1) What do physiotherapists in Ghana perceive as

potential barriers and challenges to the future implementation of APP; and (2) What are the views and perceptions of the head of orthopedic surgery on the barriers and challenges to the future implementation of APP?

Methodology

Study design

For this qualitative study, we used a basic interpretive design (Merriam and Tisdell, 2016). This framework seeks to understand how people interpret their experiences or knowledge, how they construct their world, and what meaning they attribute to their experiences (Merriam and Tisdell, 2016). We sought to understand the views and perceptions of a group of physiotherapists who work in MSK care at a particular hospital in Ghana. This study design helped us to capture those views and understand the in-depth perception of the participants on APP. A semi-structured focus group and one-to-one interview were used to gather information. Thematic analysis of that information was then done to identify and explore common themes emerging from the participants' perspectives (Clarke and Braun, 2013).

Participants

This study was conducted in a specific region of Ghana, the third largest of 10 administrative regions. This region is a densely populated region with over 4.7 million inhabitants (~17% of the 27 million who live in Ghana), covering a large (24,389 km²) geographic land mass (~10.2% of the total land mass) in Ghana, where there is one teaching hospital serving its entire population. The hospital had a total of 15 physiotherapists who worked across all areas of physiotherapy practice (i.e. MSK, cardiorespiratory, and neurology) and 3 consultant orthopedic surgeons at the time when the study was conducted. Participant inclusion criteria were as follows: (1) Physiotherapists with at least 3-years of work experience in the orthopedic in- and outpatient units; (2) Physiotherapists with a basic understanding of advanced/extended scope of practice who have worked closely with a consultant orthopedic surgeon for at least one year; and (3) The orthopedic surgeon should have worked closely with physiotherapists and also have some level of administrative privileges.

Exclusion criteria were as follows: (1) Physiotherapy interns and physiotherapists with less than 3-year clinical experience and (2) Physiotherapists who did not work in the orthopedic-related units. This resulted in a

pool of eight physiotherapists who worked in the area of orthopedic practice and met all inclusion criteria. Given the size of the available pool of physiotherapists eligible for the study, a decision was made to convene a focus group discussion of six to eight physiotherapists rather than to undertake one-to-one interviews with each physiotherapist. The focus group encouraged group members to communicate with one another, exchange ideas, and comment on each other's experiences. One-to-one interview with the orthopedic surgeon was also conducted. The orthopedic surgeon was interviewed because APP is predominantly in the area of orthopedic and MSK practice, and thus, support from these practitioners is vital. As the orthopedic surgeon also had administrative privileges as the head of orthopedics, we were able to ascertain the perspectives of both a surgeon and a hospital administrator.

Although this study was conducted at a single teaching hospital, Ghana has three major teaching hospitals situated across three regions. The number of physiotherapists within each teaching hospital is between 15 and 25, with 3–5 orthopedic consultants. These hospitals attend to a diverse range of patients. Our hospital of choice fairly represents other teaching hospitals within Ghana and therefore has a semblance of representativeness.

Sampling and methods

A purposeful sampling technique was used to recruit participants. Eight physiotherapists and three orthopedic surgeons were contacted about this study. All eight physiotherapists and one surgeon agreed to participate in the study. A participant information sheet was given to each participant, and a written informed consent form signed, before the focus group and interview. A semi-structured discussion guide and interview schedule were developed for the focus group and interview, respectively (Appendix). These guides helped to direct the discussions and interviews to achieve the study aims and address the research questions. The focus group lasted 60 min and the interview lasted 30 min. The discussion and interview were audio recorded. The audio file was transcribed and used to identify themes as identified by the participants. Ethics approval was granted by the Faculty of Health Sciences Ethics Committee of the University of Southampton. Participants were anonymized by use of pseudo initials as coding for data processing and analysis.

Data analysis

Data were audio recorded and transcribed "verbatim" by the lead principal investigator. The principal

researcher first familiarized himself with the data by reading the transcripts continuously. Transcriptions were then coded first with open coding and then with axial coding. This was to identify common patterns or themes recurring throughout the transcript. These patterns were then grouped into themes and potential subthemes. Two researchers then assessed the veracity of each theme and each theme was subsequently named. A quotation identification (QID) system was used to present verbatim English-translated text data. For example, the QID (PC: page 6, 128–131) refers to participant C and can be found on page 6 in line 128–131 of the transcript. Respondent validation was then conducted, where three participants reviewed and agreed with the study findings.

Findings

Participants included seven males and two females. All participants had completed an undergraduate degree in physiotherapy or medical education in Ghana. Four key themes were identified from the data. These themes were identified by participants as the potential challenges to the future implementation of APP in Ghana. The themes include (1) jurisdictional disputes, (2) management support, (3) changes in law and policy, and (4) postgraduate training.

Theme 1: jurisdictional disputes

Participants highlighted that possible jurisdictional disputes may arise when implementing new models of care including APP. The physiotherapists were of the view that extending their scope of practice could raise jurisdictional disputes due to the politics among health professions in Ghana. Professional politics is quite common, and often the medical profession dominates over other professional bodies. Participants described how this may hinder future implementation of such roles in the following two quotes:

It's all reduced to professional politics. Because somebody will think that you are taking his job, that's the bottom line. Especially with other health professionals, doctors inclusive. (PC: page 6, 126–128)

Because there is a lot of politics in the system, sometimes even what you are qualified to do, not even extended scope practice, they [Doctors] think you are not supposed to do. (PA: page 6, 122–124)

On the contrary, the surgeon interviewed acknowledged that, although jurisdictional disputes exist, he would be willing to accept extension of the scope of physiotherapists' practice to achieve improved rural health-care

provision. He also described how physician assistants have been accepted by the medical profession owing to their enormous benefit in providing health care. He elaborated on this concept in the following quotes:

Ghana has shortage of specialists, especially in the rural setting... so if we are able to get more trained physiotherapists who can offer some of the services that are provided by specialists, I think it will go a long way to help patients and the country as a whole. (DK: page 26, 610–615)

Well I think we already have some, like physician assistants, who are prescribers and they are well accepted by other health professionals. (DK: page 25, 578–579)

Theme 2: management support

Participants highlighted that lack of support from management could serve as a potential challenge to the future implementation of APP in Ghana. They were of the view that support from management is vital due to disputes that could arise when a profession wants to extend its scope of practice. Issues include such concerns as access to patients, clinic set-up, and liability. Their views are highlighted in the following quotes:

Definitely you need support from administration because these things will come with issues among professionals and the administration has to come in to give us an idea or guide us in the way we are supposed to go about carrying out this thing. (PD: page 8, 190–193)

...with the progression plan, if you develop yourself and the environment you find yourself doesn't recognize that development, it also serves a problem. Like M [moderator] you could go and do this your extended scope thing and come back and if the hospital doesn't allow you to practice, it's like you are limited (PE: page 20, 480–483)

Theme 3: change in law and policy

Participants were of the view that there need to be changes to laws and policies within health-care delivery to ensure that advanced practitioners are well integrated into the system. APP could be hindered if there is no legislative support, and policies within health care are not geared towards the extension of roles:

So, we are hoping to move into other scope but the question is, are the policies [there], will they [legislate] change it to help the physios embrace those things that they have learnt? (PC: page 22, 529–531)

Participants discussed and explored ways in which possible legislative changes could be channeled through the Allied Health Professions Council. Professional regulatory bodies are positioned to support and drive legislative changes within a profession:

... everything is about the law, alright, so now that we have the allied health professional bill (...), it's a law, sorry, we can channel it through the Allied Health Professions Council and they can now give us that authority because they are the controlling body, so if we make a strong a case and we justify the need for ESP I think it will serve well for Ghana. (PE: page 23, 537–541)

Theme 4: postgraduate training

Participants acknowledge that the lack of postgraduate physiotherapy training in Ghana could serve as a potential challenge to the future implementation of APP. This was highlighted by participants expressing the need for advanced level of training which goes beyond the basic entry to practice level. Participant views are highlighted in the following quotes:

So I believe that if we really want to do extended scope, then we should look at them at the postgraduate level and also organizing like certified CPD programs.... (PG: page 9, 211–214)

I think he will need an extra training to undergo that because I think for most of these practices one has to understand the basics and understand the possible complications and how to mitigate the complications.... (DK: page 25, 590–593)

Discussion

This preliminary study explored the views and perceptions of physiotherapists and the head of orthopedic surgery as to the potential challenges to the future implementation of APP roles in Ghana. The study was conducted in one teaching hospital that serves the health-care needs of a large population. Due to geographical location, eight physiotherapists and one orthopedic surgeon were included in the study. Although we believe that this number of participants is adequate, given the location and type of study, care should be taken about generalizing the findings to other geographical locations or settings. To participate, physiotherapists needed to have some level of interdisciplinary work with an orthopedic surgeon as well as some level of understanding of extended scope of physiotherapy practice as evidenced by workshop attendance on this topic. The orthopedic surgeon interviewed had extensive knowledge in interdisciplinary work with

physiotherapists and had administrative privileges as the head of orthopedic surgery. This ensured that the findings reflected the perspectives of both a key surgeon and a hospital administrator. This study provided preliminary findings on APP in a developing country.

This qualitative study identified four key themes as potential challenges to the future implementation of APP in Ghana. Themes were coordinated based on the assumption that challenges should be adequately analyzed to ensure effective implementation of such a new model of care. Jurisdictional dispute was identified by participants as one of the potential challenges to the future implementation of APP in Ghana. This is evident in the theory of systems of professions by Abbott (1988), who explained that the key to understanding how professions develop over time is in the theory of “systems of professions”. Professional development and change occurs in a system of professions, wherein professions compete for jurisdiction, and an exclusive scope of practice (Abbott, 1988). This may be an obstacle to workforce development and change in health-care system delivery as conflict in the work place occurs when the activities of one profession can be affected or inhibited by the activities of another. Norris's (2001) study of the variety of practitioners including medical specialists, medical general practitioners, physiotherapists, chiropractors, osteopaths, and others who compete over the treatment of MSK problems found that claims of authority are central to all these conflicts. Who has the authority to determine treatment for MSK problems? One other challenge faced in the delivery of MSK care is that while in cardiology and neurology there is a cardiac surgeon/neurosurgeon and cardiologist/neurologist, respectively, in MSK there is only an orthopedic surgeon. This creates inefficiencies using a specialist to screen patients, especially as health-care costs rise.

Participants were of the view that professional politics could hinder APP, in that doctors may not be willing to allow them to undertake activities that are within their exclusive domain. On the contrary, the surgeon interviewed was of the view that given the potential benefits of extending the scope of practice for MSK physiotherapists, particularly in rural health-care provision, he would be willing to embrace APP. This is contrary to the theory of systems of professions, but supports the findings by O'Sullivan and Doody (2014), who identified that consultants and specialist registrar members of the Irish Institute of Trauma and Orthopaedic Surgery expressed a high level of support for extended scope practice roles. Although O'Sullivan and Doody conducted a survey, our findings highlight the potential for APP to be accepted by orthopedic

surgeons in developing countries. The orthopedic surgeon also highlighted how other disciplines in the medical profession, such as physician assistants, have been embraced because of their benefits to health-care delivery. This also underpins the need for existing physiotherapy education, at undergraduate level, to demonstrate its value and its capacity to enable the further step to advanced clinical practice, in that medical and health management audiences must be assured that undergraduate programs provide a robust and effective clinical skill set. Clearly, a strong undergraduate program with assured competencies would serve to support the case for the development of advanced practice, as both are inextricably linked. Without a convincing academic and clinical underpinning, the case for advanced practice would be weaker.

Support from management was identified by participants as another potential challenge to the future implementation of APP in Ghana. This was thought to be an issue as hospital management usually sets targets and aides in the implementation of new models of care. Physiotherapists discussed how, without the support of management, extending scope of a discipline's practice becomes virtually impossible because management is necessary in providing the right environment to support therapists. Issues surrounding access to patients, clinic set-up, remuneration, and liability would need to be addressed by management. Hence, management's support is vital to extension of a discipline's scope of practice within any hospital. Management support is also evident in APP in countries such as the United Kingdom, Australia, and Canada. In the United Kingdom, a formal support and engagement of the employer is required before a physiotherapist may undertake advanced level of training programs, such as injection therapy (Chartered Society of Physiotherapy, 2016b). A study examining the views of stakeholders in Australia (Lizarondo et al., 2016; Morris et al., 2014) also identified management support as one of the key challenges and areas requiring improvement in extending health-care practitioner's scope of practice. Robarts et al. (2008) also highlighted how support from management has aided in establishing advanced practitioner roles, by developing Central Intake and Assessment Clinics for total joint arthroplasty patients in Ontario, Canada.

Changes to laws and policies were also identified by participants as a potential challenge to the future implementation of APP in Ghana. Ghana has no legislation regarding the extension of scope for other health practitioners, which might hinder developing the scope of practice for advanced physiotherapy practitioners. Policies and laws have been implemented in the

United Kingdom to help physiotherapists and other allied health professionals extend their scope (Department of Health, Social Services and Public Safety and the Department of Agriculture and Rural Development, 2005). This challenge is also evident in Canada, where legislation may restrict the scope of practice for physiotherapists in some provinces (Millette, 2014). Advanced practitioners require special medical delegation under the health professions' acts in provinces where physiotherapists are not permitted to order X-rays (Millette, 2014).

Postgraduate training was also identified by participants as a potential challenge to the future implementation of APP in Ghana. Participants acknowledged the need for advanced training that goes beyond the basic entry to practice-level training. This concern was also raised by the surgeon interviewed. This is a very real challenge as there is a lack of postgraduate physiotherapy training programs available in Ghana. Postgraduate training is the standard for most advanced practitioners in the United Kingdom, Australia, and Canada (Chartered Society of Physiotherapy, 2016b; Robarts et al., 2008). Advanced practitioners are also expected to engage in service redesign, research, and evaluation of services, all skills that require advanced level of training.

Strengths and limitations

This qualitative study has some limitations as with most studies providing preliminary data. First, the study had low sample size and was limited to only one region in Ghana. Due to the geographical location and resource constraints, the study was limited to just one focus group discussion comprising eight physiotherapists and an interview with one orthopedic surgeon. Furthermore, physiotherapists in the focus group were from one hospital, and this could influence their responses. A future expanded study that includes physiotherapists and orthopedic surgeons from other geographical locations and physiotherapists in private practice or working more independently is recommended to build on these findings. Considering the lack of data on APP from developing countries, these preliminary findings can also help to provide a clear definition for further expanded studies and drive the discussion surrounding the practice in developing countries.

Another limitation is that only three respondents were available to formerly validate the transcripts and their interpretation. Although the hospital sampled has a semblance to other teaching hospitals in Ghana, this study did not aim to achieve generalization; therefore, caution should be taken in an attempt to generalize

findings to other geographical locations or other countries.

One strength of this qualitative study is its preemptive nature, trying to identify potential challenges before any implementation of APP. Often, potential challenges to health-care programs in developing countries are not adequately identified and addressed before they are implemented. This is largely due to the urgent need to introduce new health-care programs and, unfortunately, often leads to failure of full-scale implementation of such programs. The current study identified barriers and challenges to a potentially beneficial program with the view that, if the challenges can be adequately addressed, APP can be implemented more effectively in Ghana.

Conclusion

This qualitative study identified four potential challenges that could hinder the future implementation of APP in Ghana. The perceptions of physiotherapists and the head of orthopedic surgery are that jurisdictional disputes among professionals, management support for advanced practitioners, legislative and health policy changes, and the need for postgraduate-level education are challenges that must be addressed for the successful implementation of APP in Ghana. Despite these challenges, the head of orthopedic surgery was willing to embrace APP because of the potential to improve health-care delivery, particularly in rural areas of Ghana. Considering the increasing patients' needs in Ghana, the need to improve health-care delivery, and the need to improve access to rural health-care delivery, extending the scope of physiotherapists could be one of the potential ways of addressing some of these challenges.

Declaration of interest

The authors report no conflict of interest.

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Appendix. Discussion guide for focus group and interview schedule for one-to-one interviews

Focus group

Ground rules

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking, but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you.
- You do not have to agree with the views of other people in the group.
- All discussions here are strictly confidential and should not be discussed outside this group.
- Does anyone have any questions? (Answers).
- OK, let's begin.

Discussion guide

- (1) How do you describe Advanced Physiotherapy Practice (APP) or Extended Scope Practice (ESP)?
- (2) What will be the effects be of implementing APP for physiotherapy in Ghana?
How do you think patients will react?
How do you think doctors and other health-care professionals will react?
- (3) What barriers or challenges to the implementation of APP may exist?
Support or opposition from doctors
Support or opposition from hospital administrators
- (4) What would you consider to be the appropriate educational requirements physiotherapist will require before they can practice as APP?
At the undergraduate and postgraduate level
More advanced CPD programs
- (5) What kind of aspirations do you think the physiotherapy profession should have?
Policy makers
Research performance and implementation
- (6) Overall, what impact do you think APP would have in Ghana?
- (7) Are there any other issues you would like to raise?

Conclusion

Thank you for participating. This has been a very successful discussion.

Your opinions will be a valuable asset to the study.

We hope you have found the discussion interesting.

If there is anything you are unhappy with or wish to complain about, please contact me or my supervisor later.

I would like to remind you that any comments featuring in this report will be anonymous.

Interview schedule for one-to-one interviews

Ground rules

- There are no right or wrong answers
- You do not have to speak in any particular order
- You should not be pressured to give a particular answer
- All answers given are strictly confidential and will not be disclosed to anyone else.
- Do you have any questions? (Answers).
- OK, let's begin.

Interview schedule

- (1) How do you describe Advanced Physiotherapy Practice (APP) or Extended Scope Practice (ESP)?
- (2) What will be the effects be of implementing APP for physiotherapy in Ghana?
How do you think patients will react?
How do you think doctors and other health-care professionals will react?
- (3) What barriers or challenges to the implementation of APP may exist?
Support or opposition from doctors
Support or opposition from hospital administrators
- (4) What would you consider to be the appropriate educational requirements physiotherapist will require before they can practice as APP?
At the undergraduate and postgraduate level
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