

# COMMUNITY SERVICE FOR PHYSIOTHERAPISTS

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The maldistribution of health care personnel in the urban population groups compared to the rural population group has existed for several generations. Fortunately especially after the advent of democracy, transformation in the health sector is fast becoming a reality.

Physiotherapy with its associated benefits is unknown to the vast majority of our people. Our urgent strategy therefore must be to put into preparation an effective programme geared to redressing this untenable imbalance. Viewed against this imbalance we should take a positive approach to the proposed extension of compulsory community service for physiotherapy graduates as from 2003. Physiotherapists, whose university education is heavily subsidized by the state, should welcome community service as an opportunity to repay the taxpayers contribution to his professional development.

Community service for physiotherapists is a positive move aimed at ameliorating the maldistribution of rehabilitation services by extending physiotherapy skills to the rural areas. The profession in general and the physiotherapy graduates in particular should view this as a move in the right direction, both to improve service delivery to the needy areas and as a challenge which will enhance the skills and scope of practice of the newly qualified graduates.

In addition all training institutions will have to re-examine urgently the undergraduate curriculum in order to ascertain whether their training programme adequately prepares the newly qualified graduate to cope with the

challenges of working in possibly remote locations without any supervision. Although there has been a significant move in recent years towards community skills in undergraduate training, the challenge now is to further sharpen this focus in order to make it more relevant to the reality of compulsory community service of all new graduates. Compulsory community placement for all future physiotherapy graduates is an exciting challenge. After all, and we can learn from the precedent set by the Medical, Dental and Pharmacy professions, which initially viewed community service with suspicion but later embraced the requirement as a positive contribution to perfecting the training of their graduates.

Finally, we must work together to urge the Department of Health to help implement community service by preparing the ground in several ways. They need to face up to thorny issues such as providing accommodation, and equipment, in areas where these do not exist. Most important of all, it should address the whole salary structure of physiotherapists. The salary scale of physiotherapists is definitely not on par with that of other graduates in the field of Health Sciences.

The encouraging signal is that government's decision to introduce compulsory community service for physiotherapists is in itself an indication that it is willing to bring the profession into the mainstream of health care in South Africa.

PROFESSOR GOUNDEN