

Policy research for physiotherapy in Belgium and South Africa: A scoping review

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Abstract

Background: The legislative structure of South Africa is comparable to the structure in Belgium. There is a national government in both countries responsible for overarching nationwide legislation. Despite these changes that align the two regions in Belgium to the South African legislative environment, there are differences. The legislative structure for physiotherapy policy development in Belgium appears to be more challenging to physiotherapists when proposing adaptations.

Aims: This review aimed to identify from the literature policy research and policy related to physiotherapy (concerning actors, content processes, and context) in Belgium and South Africa.

Material and methods: The scoping review followed a five-step search strategy, namely: to identify the research question and relevant studies, to select documents for the study, to chart the data, to collate, summarise, and to report the results.

Results: A review of the titles and abstracts of the 84 articles identified from the databases Scopus, PubMed and Web of Science included three and excluded 81 articles. Subsequently, 99 referenced articles were identified from the initial articles. After removing duplicates and excluding articles

not meeting inclusion criteria, no additional articles were included in the analysis. The selected articles for both countries addressed physiotherapy policy. For Belgium, the emphasis is on the limited professional autonomy, and the scope of practice seems to be not protected. For South Africa, the article addressed the inadequate provincial policy development.

Conclusion: The literature review provided insight and confirmed the revealed paucity of studies on policy research in physiotherapy. Only three articles were found underpinning policy elements related to physiotherapists as stakeholders. Furthermore, we found no articles that addressed the physiotherapy policy development process in Belgium or South Africa.

Key words

Policy, physiotherapy, Belgium, South Africa.

Introduction

The legislative structure of South Africa is comparable to the structure in Belgium. There is a national government in both countries responsible for overarching nationwide legislation. In addition to the centralized government, South Africa has nine provinces which are, in structure and organization, similar to the two regions in Belgium. In South Africa, the provinces have self-regulation powers regarding health care policies [1]. After the sixth state reform [2], initiated on 11 October 2011, the changes made in the two Belgian regions, Flanders and Wallonia, resulted in similar regulatory powers to those described for the South African provinces. The issues that are similar and are affected by this reformation are “Gezondheidszorg en welzijn” (*Health Care and well-being*), “Arbeidsmarkt” (*Employment*), and “Andere” (*Others*). For Employment, the regions are now competent to set workforce activation rules and economic migration. Within Health Care and well-being, autonomous decisions relating to rehabilitation, mental health care, and geriatrics are in the sphere of the regions. Under the chapter Others, the executive decision-making relating to logistics regulation surrounding self-employed professionals is covered [3].

Despite these changes that align the two regions in Belgium to the South African legislative environment, there are differences. **Figure 1** outlines the legal procedure for introducing a new policy or policy adaptation in Belgium. The solid arrow lines indicate a connection between committees in the National Institute for Health and Disability Insurance (NIHDI) where physiotherapists are involved. The dotted arrow lines indicate interactions between committees or instances where physiotherapists are not involved. Finally, the striped arrow line indicates the federal government's connection with the regional government.

In South Africa, the Health Professions Council of South Africa (HPCSA) serves as the promotor of public health care and safeguards the public and health care professionals. This is done by guiding and regulating the health professions [4]. The

policy process in South Africa, shown in **Figure 2**, has a top-down structure. In South Africa, the starting point is the relevant minister, initiating the process. **Figure 2** also shows the possible ways for physiotherapists to influence the policy throughout the process. The small striped arrows indicate these possibilities. The solid arrows indicate the pathway of the policy adaptation process. The wide striped arrows indicate the start of the second possibility for physiotherapists to interact with the proposition.

In South Africa, physiotherapists have the opportunity to engage on several occasions in the policy development process. Furthermore, there is the opportunity to approach the Minister. The legislative structure for physiotherapy policy development in Belgium appears to be more challenging to physiotherapists when proposing adaptations. **Figure 3** illustrates how limited the physiotherapists' possible influence is on the executive decision-making levels in the policy development process. This influence is linked to the number of physiotherapists mandated in the different hierarchical National Institute for Health and Disability Insurance (NIHDI) structures [5]. This potential influence is placed against the executive powers of the structures.

Furthermore, the closed-envelope budgetary system [6] for each separate health care profession makes it impossible to introduce adaptations or new features that could have a negative financial impact. The closed-envelope system ensures that every Belgian healthcare sector has its own budget. However, this budget contains structural and yearly imposed governmental economizations. Therefore, all policy adaptations need to be within the fixed attributed sector budget. The report of the Commission of Budget Control [7] dealing with billed physiotherapy services in the year 2018 revealed a maximized utilization of available financial resources for physiotherapy services. Therefore, adaptations with financial implications are only considered if matching economizations in the budget are presented

alongside. The result is that the policy governing physiotherapy in Belgium is not as advanced as in South Africa [8,9].

As illustrated previously in **Figures 1** and **2**, policy governing physiotherapy services towards the community is often developed and reviewed without the full involvement of physiotherapists

as stakeholders. Therefore, this review aimed to identify from the literature policy research and policy related to physiotherapy (in relation to actors, content processes, and context) in Belgium and South Africa that could illuminate processes in which physiotherapists had been involved in policy formulation or review.

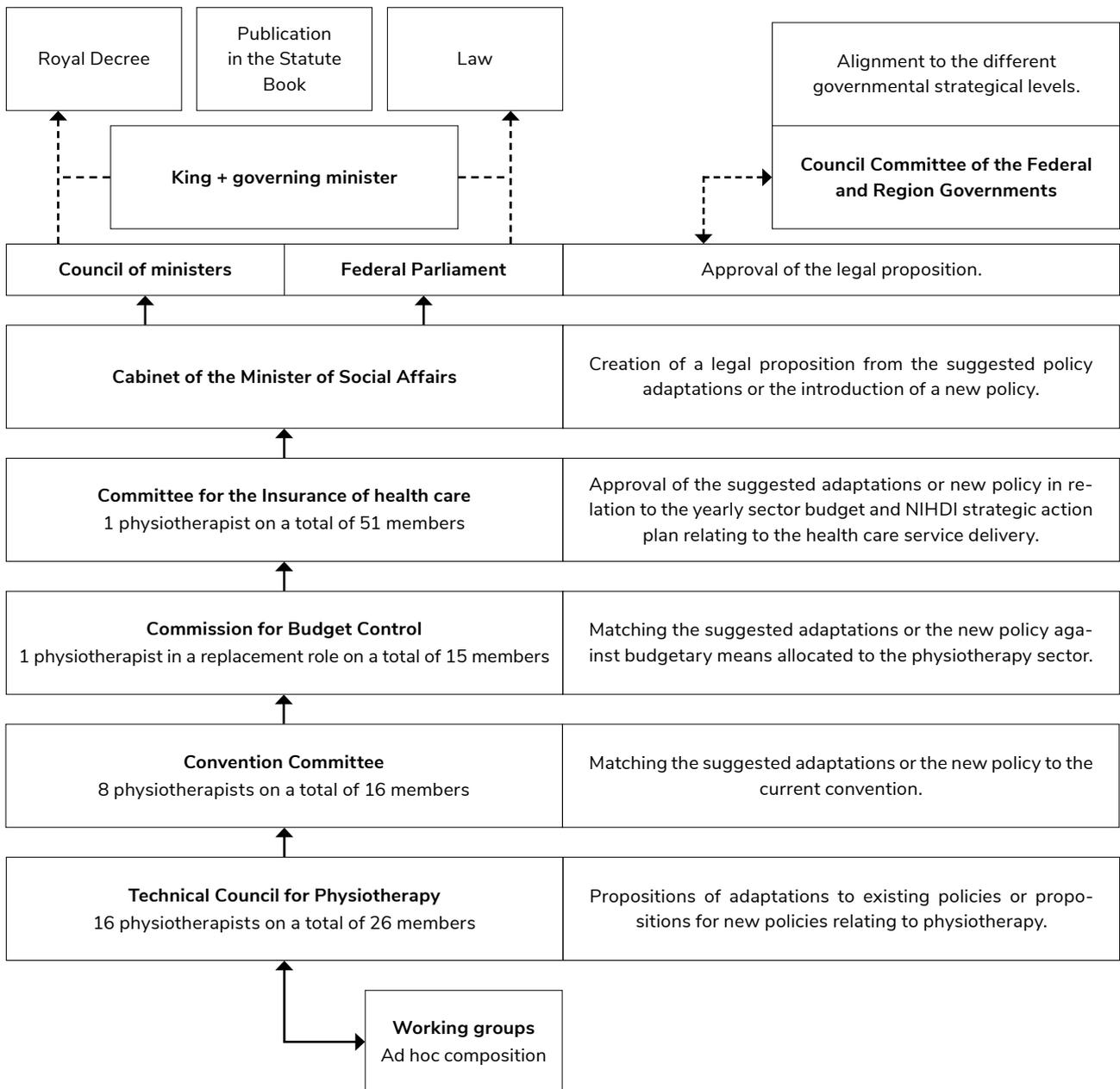


Figure 1. The legal procedure for policy development in Belgium adopted from the National Institute for Health and Disability Insurance (NIHDI) and Vlaams Parlement.

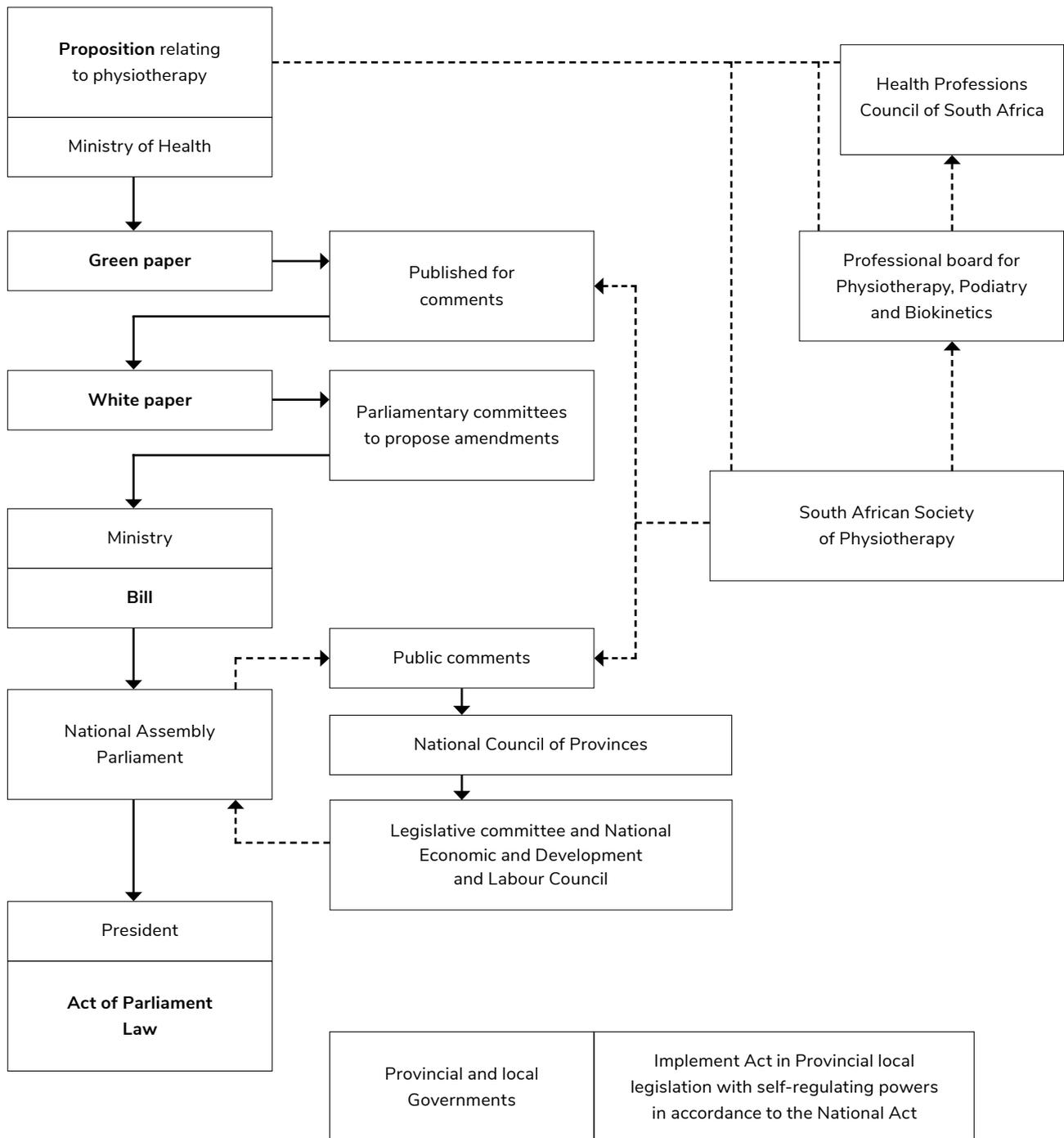


Figure 2. The legal procedure for policy development in South Africa adopted from Parliament of the Republic of South Africa.

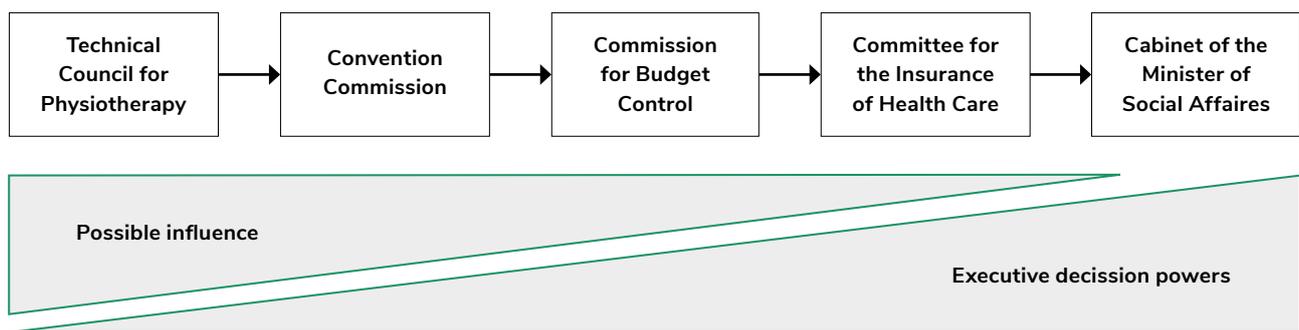


Figure 3. Physiotherapists influence in the National Institute for Health and Disability Insurance (NIHDI) structures.

Material and methods

For this research, we used a five-step search strategy [10]. The five subsequent steps are identifying the research question followed by identifying the relevant studies. After that we selected the documents for inclusion in this study. After the selection, the data was charted, and the information was collated and summarised. Finally, we reported the results.

Identifying the research question

The research question for this scoping review was derived from the perceived situation of a paucity of existing literature addressing the possible influence of physiotherapists on the policies related to physiotherapy practice in Belgium and South Africa. Therefore, through this scoping review, the question to answer was: "Which published articles addressed physiotherapy policy development in Belgium and in South Africa".

Identifying relevant articles

To identify the relevant articles, a search was made for the following databases: PubMed, Web of Science, and Scopus. The following search terms were employed in different combinations, in three languages:

- English: 'South Africa', 'Belgium', 'Physiotherapy', 'Physical Therapy', 'Physiotherapist', 'Physical Therapist', 'Health Care', 'Policy', 'Legislation', 'Influence', 'Stakeholder' and 'Framework'.

- Dutch: 'Zuid Afrika', 'België', 'Kinesithérapie', 'Kinesitherapeut', 'Gezondheidszorg', 'Beleid', 'Wetgeving', 'Invloed', 'Belanghebbende' and 'Kader'.
- French: 'Afrique du Sud', 'Belgique', 'Kinésithérapie', 'Kinésithérapeute', 'Soins de Santé', 'Politique', 'Législation', 'Influence', 'Partie Prenante' and 'Cadre'.

The combinations used followed the subsequent pattern, based on the Boolean search strategy:

- English: 'South Africa' AND 'Physiotherapy' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'South Africa' AND 'Physiotherapist' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'South Africa' AND 'Physical Therapy' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'South Africa' AND 'Physical Therapist' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'Belgium' AND 'Physiotherapy' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'Belgium' AND 'Physiotherapist' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'Belgium' AND 'Physical Therapy' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework')

- OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework') / 'Belgium' AND 'Physical Therapist' AND ('Health Care' OR 'Policy' OR 'Legislation' OR 'Influence' OR 'Stakeholder' OR 'Framework')
- Dutch: 'Zuid Afrika' AND 'Kinesitherapie' AND ('Gezondheidszorg' OR 'Beleid' OR 'Wetgeving' OR 'Invloed' OR 'Belanghebbende' OR 'Kader') / 'Zuid Afrika' AND 'Kinesitherapeut' AND ('Gezondheidszorg' OR 'Beleid' OR 'Wetgeving' OR 'Invloed' OR 'Belanghebbende' OR 'Kader') / 'België' AND 'Kinesitherapie' AND ('Gezondheidszorg' OR 'Beleid' OR 'Wetgeving' OR 'Invloed' OR 'Belanghebbende' OR 'Kader') / 'België' AND 'Kinesitherapeut' AND ('Gezondheidszorg' OR 'Beleid' OR 'Wetgeving' OR 'Invloed' OR 'Belanghebbende' OR 'Kader')
 - French: 'Afrique du Sud' AND 'Kinésithérapie' AND ('Soins de Santé' OR 'Politique' OR 'Législation' OR 'Influence' OR 'Partie Prenante' OR 'Cadre')

re') / 'Afrique du Sud' AND 'Kinésithérapeute' AND ('Soins de Santé' OR 'Politique' OR 'Législation' OR 'Influence' OR 'Partie Prenante' OR 'Cadre') / 'Belgique' AND 'Kinésithérapie' AND ('Soins de Santé' OR 'Politique' OR 'Législation' OR 'Influence' OR 'Partie Prenante' OR 'Cadre') / 'Belgique' AND 'Kinésithérapeute' AND ('Soins de Santé' OR 'Politique' OR 'Législation' OR 'Influence' OR 'Partie Prenante' OR 'Cadre')

Inclusion and exclusion criteria

All articles from January 2003 to August 2018, published in English, Dutch or French, were considered for inclusion in this scoping review. The year 2003 was the first year after major imposed reformations of physiotherapy service delivery in Belgium due to a substantial structural budget cut by the governing Minister of Social Affairs [11]. **Table 1** outlines the eligibility criteria of the studies.

Table 1. Eligibility criteria.

	Inclusion criteria	Exclusion
Country	All studies conducted on policy addressing the legal framework in Belgium or the legal framework in South Africa.	<ul style="list-style-type: none"> • Studies addressing policy frameworks in other countries. • Studies not addressing not addressing policy research in Belgium or South Africa.
Subject	All articles from January 2003 to August 2018 on policy addressing: <ul style="list-style-type: none"> • Context – What is physiotherapy in Belgium and South Africa? • Actors – All issues relating to stakeholders in the policy framework. • Content – The framework of the physiotherapy scope of practice in the legislative framework. • Process – The structure of processes installed, providing physiotherapists with the possibility of engagement in the policy framework. 	Literature preceding 2003 and all other documents not addressing the physiotherapy framework in Belgium or in South Africa.
Study type	All qualitative, quantitative, and mixed method studies published in peer-reviewed literature.	

Data extraction

The search on the Web of Science database conducted on 21 October 2018, in English matched 15 reviews with the criteria. The same search conducted in Dutch and French matched zero reviews. None of the reviews addressed physiotherapy policy development. **Figure 4** provides an overview of the search.

The search in the PubMed database conducted on 27 October 2018, in English matched 21 articles with the criteria. The same search conducted in Dutch and French matched zero articles. Out of the 21 articles, two articles addressed issues related to physiotherapy policies. **Figure 5** outlines the search.

The search in the Scopus database conducted on 28 October 2018, in English matched 31 articles with the criteria. The same search conducted in Dutch and in French matched zero articles. Out of the 31 articles, one review addressed issues related to physiotherapy policies. For the search in Scopus, some of the search terms in English needed to be adapted. ‘Health Care’ is treated by the search engine of the database as ‘Health’ and ‘Care’. The search term ‘Health Care’ was replaced by ‘Healthcare’. The search with ‘Physical Therapy’ was left out as the search engine of the database treated ‘Physical Therapy’ as ‘Physical’ and ‘Therapy’. **Figure 6** outlines the search.

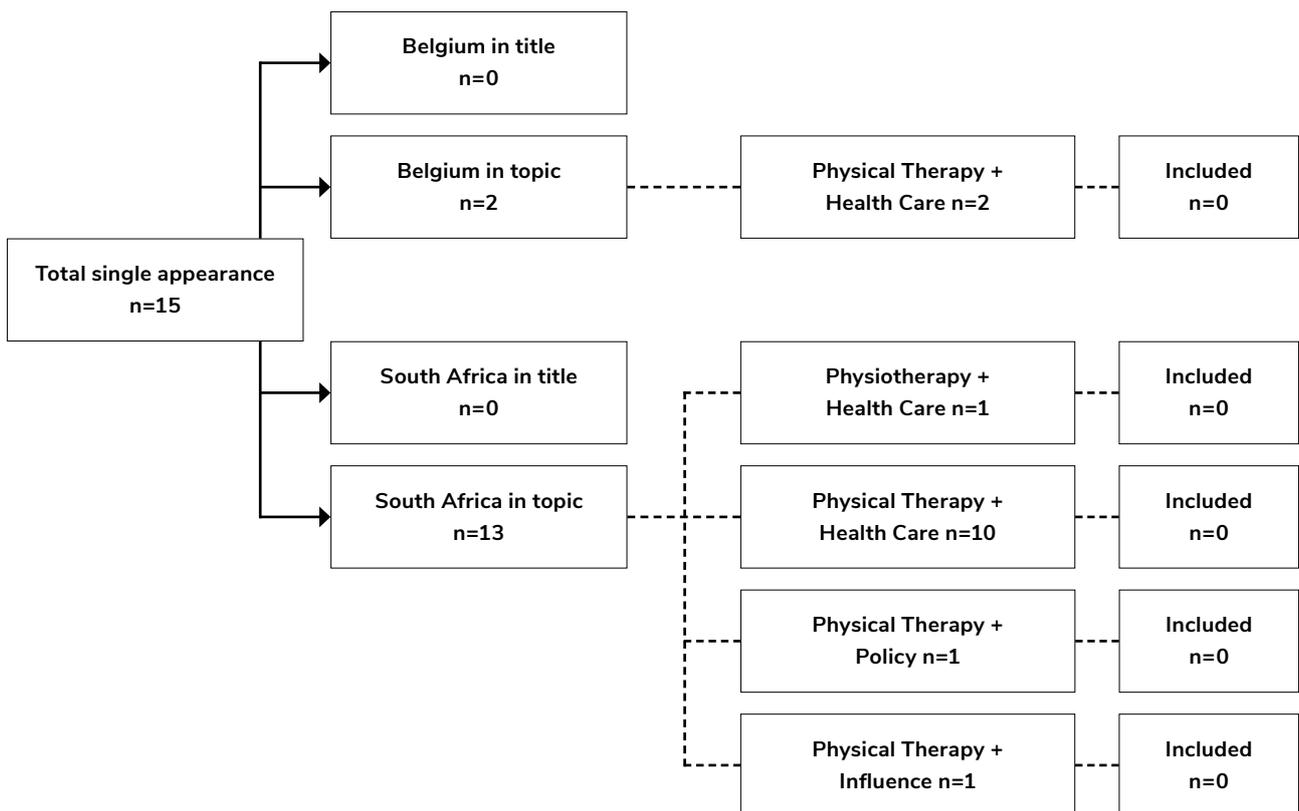


Figure 4. Web of Science search outline.

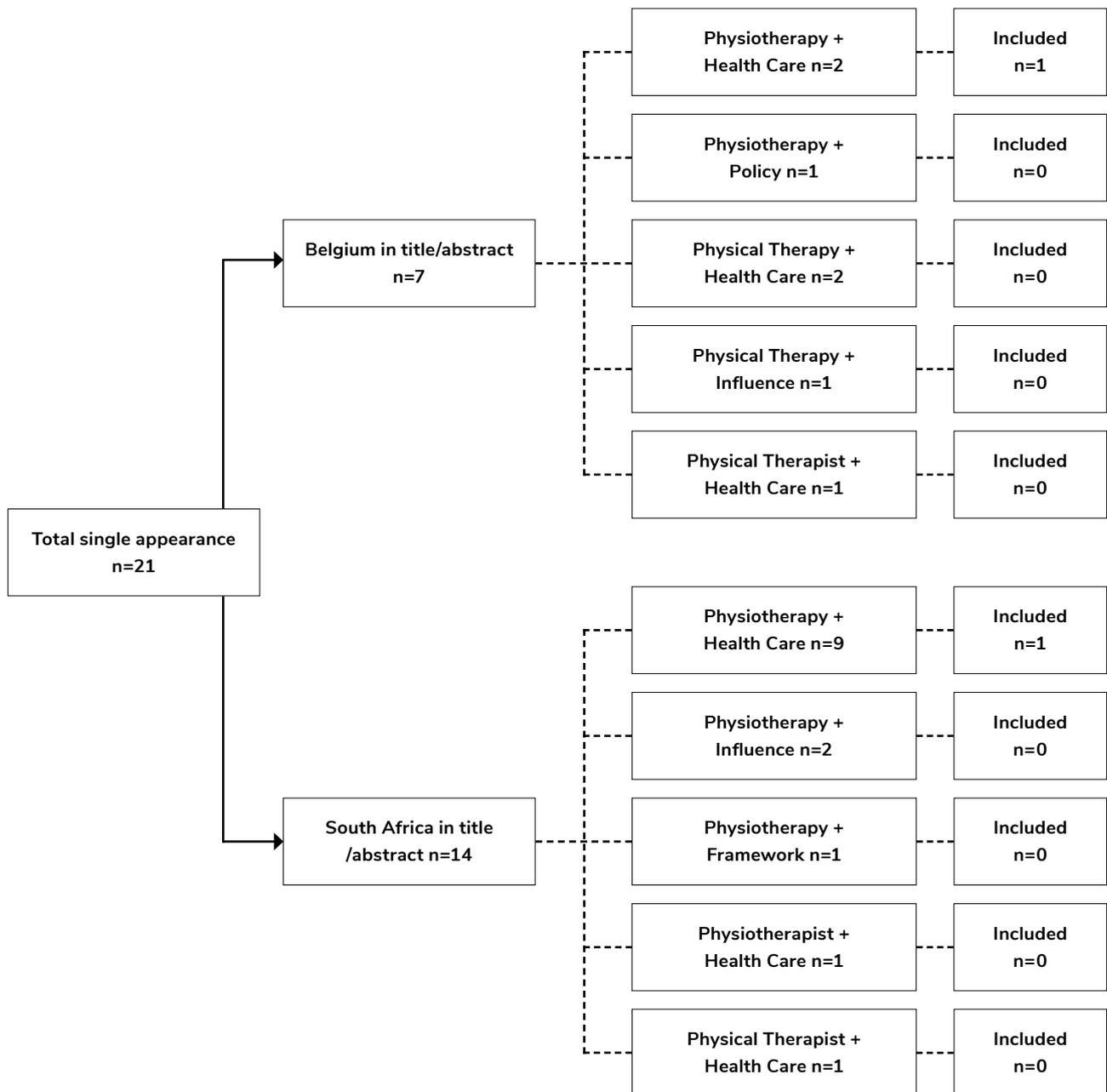


Figure 5. PubMed search outline.

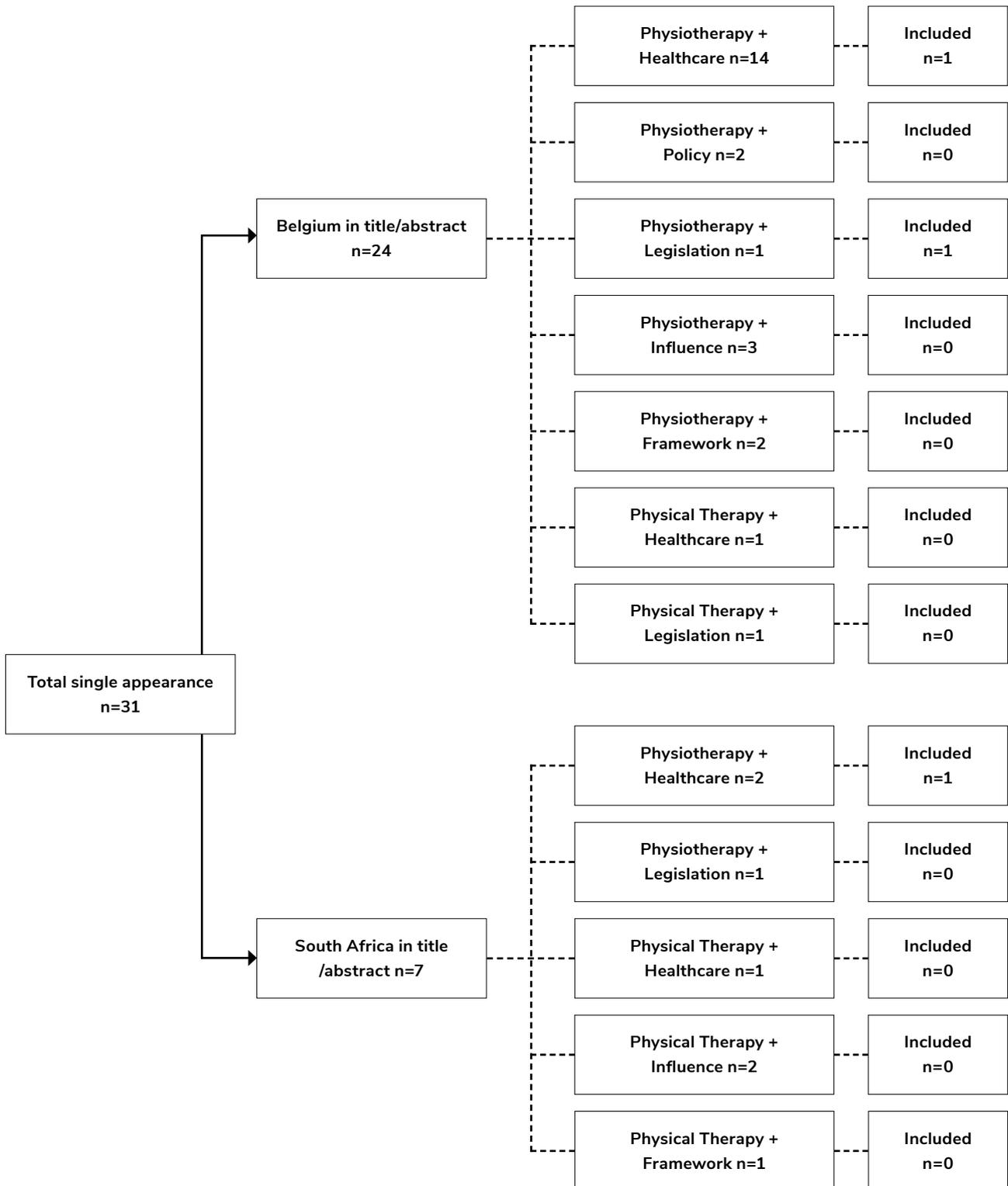


Figure 6. Scopus search outline.

Results

A total of 84 documents were identified from the databases. 17 duplicates were removed. A review of the titles and abstracts included three studies and excluded 81 articles. References cited in the three selected articles were searched for additional information related to the study. A total of 99 references were identified. Next, 72 references addressed studies within the year range set in the inclusion criteria. One duplicate was removed.

Ten referenced documents were not retrievable, and three references pointed to documents other than policy articles. The remaining 58 articles were excluded after a review of the titles and/or the abstracts for not meeting the inclusion criteria, leaving zero additional articles. Three articles were thus included in the scoping review. **Figure 7** outlines the flowchart of the article selection process.

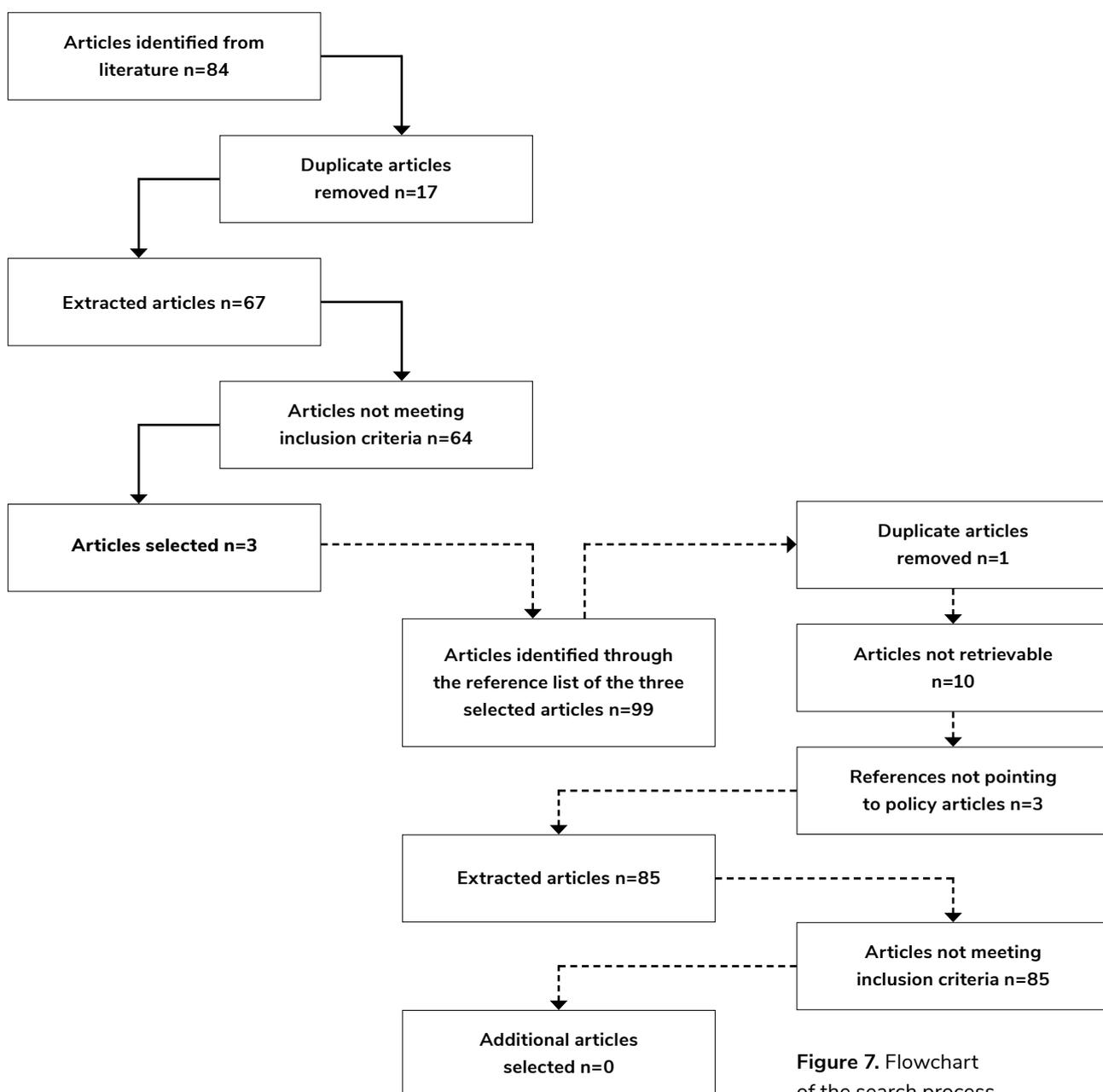


Figure 7. Flowchart of the search process.

Description of the selected published literature

Table 2 charts the specifics of the data extracted from the selected literature, including the references towards the policy framework components and policy stakeholders.

The Critical Appraisal Skills Programme (CASP) was used to critique the articles. The CASP uses a checklist with ten questions appraising three categories: rigor, credibility, and relevance [12]. Questions 1-10 analyzed the areas:

1. A clear statement of research aims
2. Appropriate qualitative methodology
3. How to research design addresses research aims
4. Recruiting strategy to address aims of the research
5. Data collection to address research issues
6. Consideration of the relationship between researcher and participants
7. Consideration of ethical issues
8. Sufficiently rigorous data analysis
9. A clear statement of findings
10. Value of the research

Table 3 outlines the appraisal of the selected articles to the CASP criteria. Question 6 was irrelevant for the article of the author Demoulin et al. [19] as it is a qualitative description, and the study does not involve participants. Therefore, the total score for this article is 5 / 9 in relation to the other articles' scores against a maximum of ten.

The three selected articles were all included in the analysis. The inclusion was based on the following criteria:

1. Converting the CASP appraisal for each article to a percentage, all three articles arrive at a score above 50%.
2. The selected articles are published and peer-reviewed.
3. The selected articles are cited at least once [13-15].

Table 2. Characteristics of the incorporated articles.

Title	Obstacles to the implementation of evidence-based physiotherapy in practice: A focus group-based study in Belgium (Flanders)
Author / Year of publication	Hannes K, Staes F, Goedhuys J, Aertgeerts B. (2009)
Country	Belgium
Aim of the study	Identify the obstacles amongst Belgian physiotherapists to implementing evidence-based practice (EPB) in clinical work.
Objective of the study	Suggest solutions to the found obstacles in the developed problem tree.
Reference to the policy framework	Revealed links between the lack of autonomy of physiotherapists and the dominant position of the physicians having impact on the boundaries of the profession and the weight of physiotherapists in governmental advisory boards.
Reference to stakeholder	Physiotherapists, Physicians, Insurance company, Government

Title	Mapping South Africa allied health primary care clinical guideline activity: establishing a stakeholder reference sample
Author / Year of publication	Dizon JM, Grimmer K, Machingaidze S, McLaren P, Louw Q. (2016)
Country	South Africa
Aim of the study	Establish a stakeholder reference sample by mapping South African allied primary care clinical guideline activity.
Objective of the study	Identify allied health engagement in primary care clinical practice guidelines.
Reference to the policy framework	The composition of the Provincial boards in South Africa as key role players in the South African physiotherapy policy framework.
Reference to stakeholder	National Government, Provincial Government, Physiotherapists, Private and compensable insurers

Title	La thérapie manuelle orthopédique: définition, caractéristiques et mis au point sur la situation en Belgique
Author / Year of publication	Demoulin, C. et al. (2017)
Country	Belgium
Aim of the study	Provide a summary of the definition, the characteristics, and the current situation in Belgium regarding patient's access and reimbursement.
Objective of the study	To summarise the history of manual therapy, in relation with the Belgium system. To describe and summarise the concepts, the techniques and the possibilities of treatment. To describe the current Belgian situation relating to manual therapy physiotherapy.
Reference to the policy framework	Lack of recognition from the general population and a majority of the medical community of manual therapy, making it very difficult to advance.
Reference to stakeholder	Physiotherapists, Patients, Government, Physicians

Table 3. Outline of the Critical Appraisal Skills Programme (CASP) appraisal.

Article	Responses	1	2	3	4	5	6	7	8	9	10	Total
Hannes K. et al. 2009	Yes	✓	✓	✓		✓				✓	✓	6
	Can't tell				✓		✓	✓	✓			
	No											
Dizon JM. et al. 2016	Yes	✓	✓	✓	✓	✓		✓	✓	✓	✓	9
	Can't tell						✓					
	No											
Demoulin C. et al. 2017	Yes	✓		✓		✓				✓	✓	5
	Can't tell		✓		✓			✓	✓			
	No											

Analysis of the selected articles

The software MAXQDA Plus (release 28.2.0) Copyright © 1995-2018, was used to code the policy documents. The quotes derived from the articles are matched to codes linked to the categories in the Walt and Gilson [16] framework. The analysis is presented per article. Key issues are in italics.

Table 4 provides the content analysis for article 1: Obstacles to implementing evidence-based physiotherapy in practice: A focus group-based study

in Belgium (Flanders) [17]. The review of article 1 underscores the lack of autonomy for physiotherapists in Belgium, illustrated by the mandatory prescription. Furthermore, the article highlights that physicians are given a dominant position, and physiotherapists have little power in the processes that govern them. Finally, the government provides little support for protecting the physiotherapy scope of practice is also addressed.

Table 4. Results of content analysis using Walt and Gilson matrix Hannes et al. 2009 [17].

Theme	Subtheme	Category	Code	Quote
Actors	Influence and power	Professional collaboration	One-way referral relation	The one-way relationship in which the physician decides whether a patient is referred to a physiotherapist.
	Interest and concerns	Scope of practice	Professional autonomy	Belgian physiotherapists do not have professional autonomy.
		Legal requirements	Physicians obliged prescription	A physician is obliged to provide the patients with a prescription.
			Not allowed to deviate from physician's referral	Physiotherapists are bound to physician's referrals and are officially not allowed to deviate from those.

Theme	Subtheme	Category	Code	Quote
Context	Cultural	Professional collaboration	Advisory physiotherapists	Why the health insurance companies still don't have advisory physiotherapists is beyond me.
		Commercial influence	Believed commercial influence	Some doctors are believed to be influenced by commercial firms who promote certain products with incentives.
		Professional collaboration	Lack of autonomy	A lack of autonomy and authority as opposed to the dominant position of physicians.
			Limited negotiation powers	Compared to doctors, they have only limited power in negotiations.
		Scope of practice	Comparable physiotherapy care for outpatients	The boundaries of the physiotherapy profession are not well defined. Hospitals, rehabilitation centers, and centers for mental health care provide outpatient physiotherapy care comparable to what is offered by private practitioners.
	Structural	Professional collaboration	Referral with a limited number of treatment sessions	Physicians tend to refer patients for a limited number of treatments at a time, forcing them to visit their physician for a new prescription repeatedly, which is considered a waste of money.
			Little government support	The government provides little support to grant physiotherapists legal monopoly over their sphere of work.

Table 5 provides the content analysis for article 2: Mapping South African allied health primary care clinical guideline activity: establishing a stakeholder reference sample [18]. The review of article

2 underscores the lack of uniformity in the organization of Primary Health Care Allied Health (PHC AH) services and indicates to the important reflective selection of Provincial governments.

Table 5. Content analysis results using Walt and Gilson matrix Dizon et al. 2016 [18].

Theme	Subtheme	Category	Code	Quote
Context	Cultural	Health care system	no uniformity in organization of support for PHC AH services	There were disability/rehabilitation portfolios at national and provincial governments, but no uniformity in provincial government organization of, or support for, PHC AH services.
	Structural	Health care system	selection of Provincial governments	Provincial governments should be selected to reflect heterogeneity in local economics, population demographics, and availability of university AH training programs.

Table 6 provides the content analysis for the article 3: La thérapie manuelle orthopédique: définition, caractéristiques et mis au point sur la situation en Belgique [19]. (*Orthopaedic manual therapy: definition, characteristics, and focus on the situation*

in Belgium.) The review of article 3 underscores the legal necessity of a medical prescription for manual therapy services. The lack of recognition for manual therapy is also highlighted.

Table 6. Results of content analysis using Walt and Gilson matrix Demoulin et al. 2017 [19].

Theme	Subtheme	Category	Code	French code	Quote	French quote
Context	Cultural	Scope of practice	Lack of recognition for manual therapy	Une méconnaissance au sujet de la TMO	Despite numerous scientific publications relating to Orthopaedic Manual Therapy and the significant growth of the number of manual therapists ... possessing international recognition, an enormous lack of knowledge from the general public and the majority of the medical world persists on the topic of Orthopaedic Manual Therapy.	Malgré les nombreuses publications scientifiques relatives à la TMO ainsi que la croissance importante du nombre de thérapeutes manuels ... disposant d'une reconnaissance internationale, une méconnaissance majeure de la part de la population générale et de la majorité du monde médical demeure au sujet de la TMO.
		Legal requirements	Mandatory physiotherapy prescription	Une prescription médicale demeure nécessaire	a medical prescription is still necessary today in Belgium for patients to access Orthopaedic Manual Therapy services.	une prescription médicale demeure actuellement nécessaire en Belgique pour pouvoir bénéficier d'une prise en charge en TMO.

Discussion

The two selected articles addressing Belgian policy highlight the lack of professional autonomy for physiotherapists because of the mandatory medical prescription. Professional autonomy is essential for growth and effective delivery of service. Changes have been shown in other professions, such as nursing. Salhani and Coulter [20] found that nurses working in Canadian mental health teams gained more administrative, organizational, and content control over their work. Canadian nurses succeeded through both simultaneous and sequential micro-political advocacy. The nurs-

es established political tactics and strategies to (re)organize themselves and other professionals through interprofessional collaboration. Belgian physiotherapists could adapt similar strategies for more professional autonomy advocacy.

Physicians, in their role as prescribers of physiotherapy services, have a dominant position. The review on *factors influencing prescribing decisions of physicians* concluded that valid, and practice guidelines could promote rational prescribing effectively [21]. In relation to the Belgian legal out-

line, providing guidelines to physicians prescribing physiotherapy could better direct prescription behavior towards the patient benefit and proper use of physiotherapy.

Physicians also play an important role as appointed representatives for insurance companies in the physiotherapy policy development process. In relation to physicians appointed as representatives for the insurance companies for physiotherapy policy development, we can refer to a paper issued by the National Council of State Boards of Nursing (NCSBN) in the United States. NCSBN [22] found that if one profession estimates that policy change on scope of practice encroaches on their scope of practice, they are more likely to oppose the legislative efforts to change the scope. Therefore, Belgian physiotherapists should strive for positions as representatives of insurance companies. Turf battles on physiotherapy scope of practice would be countered, preventing costly legislative battles.

The legal protection by the government relating to the physiotherapy scope of practice in Belgium is missing, according to one article. The Belgian physiotherapists are battling an invasion of their scope of practice by, for instance, midwives when dealing with women's health and pelvic rehabilitation. Instead, Belgian physiotherapists should perhaps direct more efforts towards advocacy for a broader scope of practice. The statement is supported by nurses in the United States that have argued that reducing the scope of practice restrictions is in line with more value-based care [23]. Belgian physiotherapists should invest their advocacy time in expanding the scope of physiotherapy practice, backed up by quality education, rather than only looking at possibilities of preserving the current scope of practice outlines.

The article addressing South African policy highlights the lack of uniformity in PHC AH services and stresses the importance of adequately selected Provincial Governments. The author concluded that the Provincial Governments should be composed of a relevant heterogeneity reflecting

all involved stakeholders. Only such a composition would assure a wide-range and comprehensive reference framework. After the initial scoping review was finished, the authors of the selected South African article published another article relating to South African primary health care allied services. Dizon et al. [24] found that using clinical practice guidelines (CPGs) would dismiss frustration, duplication, and fragmentation of efforts. South African physiotherapists should investigate the standardized framework provided by the researchers to weigh in on uniformity issues in primary health care.

The identified key stakeholders in the articles addressing physiotherapy policy are physiotherapists, physicians, insurance companies, and the government. The articles also mentioned other people or instances involved, namely: patients, other health professions, hospitals, and rehab centers.

Conclusion

The literature review provided insight confirming the perceived paucity of studies underpinning the research on possibilities for physiotherapists as stakeholders to influence policy. The paucity of available studies is demonstrated by the fact that only three articles were found eligible for analysing in this scoping review. These three articles were selected out of 84 initial articles, and an additional search through the 99 references found in the three selected articles. The fact that none of the selected articles addressed the physiotherapy policy development process is eye-opening. The sample size of the retrieved studies matching the inclusion criteria is very small, so generalization is difficult. For the key stakeholders, however, the selected articles provide an overview of people involved in the processes in South Africa and Belgium. This review confirmed the non-involvement of physiotherapists and their specific knowledge towards physiotherapy policy development in Belgium.

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