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Increases in in-Country Training in PRM: Workforce Development Through in-Country Fellowship

Topic: Education (Medical Student, Residency & Post-Graduate)

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BACKGROUND

Rehabilitation services are critically underdeveloped in Africa, with many countries having fewer than 0.5 rehabilitation professionals per 10,000 people. Additionally, the lack of Physical and Rehabilitation Medicine (PRM) residency programs limits workforce development. Establishing training programs within Africa is essential for sustainably growing PRM, expanding services, and raising awareness of their value. Since 2018, the International Rehabilitation Forum (IRF) has delivered a two-year PRM training program for board-certified physicians in Cameroon, Ethiopia, Ghana, Namibia, and South Africa. This Fellowship aims to train physicians within their local contexts and develop leaders to strengthen the rehabilitation workforce.

METHODS

The IRF launched the program in Ghana and Ethiopia with an initial cohort of four trainees. The curriculum includes online PRM lectures aligned with international competencies, hands-on clinical rotations, and interdisciplinary training with local rotations. The program has since evolved to include in-country leadership of monthly curriculum, local expert lectures, and interactive PRM-specific online classes. Fellows engage in weekly mentored discussions, case studies, and collaborations with international PRM experts, fostering connections among pioneering professionals across Sub-Saharan Africa.

RESULTS

Since its inception, the program has graduated multiple cohorts from Cameroon, Ethiopia, Ghana, and South Africa, with new trainees in Namibia. Currently, there are 22 graduates, nine second-year fellows, and 17 trainees who started in January 2025. Interest in the program has led to discussions with stakeholders in three additional African countries for future expansion. African transnational collaboration and advocacy have been growing. Challenges remain in securing hands-on training opportunities for procedures and access to fully operational PRM centers for observational learning.

CONCLUSION

The IRF's program has successfully trained the first in-country PRM physicians in multiple African nations, with growing interest across low- and middle-income countries (LMICs). This model can be replicated globally to build a foundational workforce. Increased funding, expert support, and hands-on training will further strengthen education and drive demand for formal residency programs.

Statement of Disclosures

None

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