Chiropractic Education in South Africa

By Editorial Staff

"DC" had the pleasure of speaking with Mario Milani, DC, about the state of chiropractic education in South Africa. Dr. Milani is chairman of the Chiropractic, Homeopathic Associated Health Professions Council of South Africa, a government regulatory body appointed by Parliament.

While the conversation with Dr. Milani was in the form of an interview, we’ve taken the liberty of editing out our questions and allowing Dr. Milani’s words to stand alone.

Some five years ago, the first course in chiropractic started at the Technikon Natal in Durban. The course work in South Africa is structured over six calendar years and is based on the curriculum, syllabus, and training of CCE colleges. The program is similar to the training of South African medical doctors, in that the first three calendar years are basic science training conducted by nonchiropractic personnel. During this period, the students learn all the basic sciences that they do at a CCE college and are trained by specialists in anatomy, physiology, chemistry, diagnosis, pathology, etc.

The next two calendar years of the six-year course delve into the chiropractic applied sciences with exclusive training by chiropractors. After five academic years of training, the students begin a full calendar year of internship. This internship has three characteristics: The first is that the chiropractic student is expected to establish a private practice in the clinic. The intern must draw patients from the community, which gives them an opportunity to build a private practice under supervision by clinic staff.

The second component, which differs slightly from CCE colleges, is that interns must work at a primary health care clinic, examining many, many patients and diagnosing their conditions, without treating patients chiropractically. This aspect of the internship training is for honing skills as a diagnostician. This is accomplished by examining and diagnosing a large number of patients with a wide range of conditions.

The third aspect of the internship training is the preceptorship, working for three weeks in a chiropractic clinic as an associate with a registered chiropractor, and on a rotating basis with other chiropractors in the field. This is the six-year training program in South Africa.
The Growing Pains of South Africa’s Second Chiropractic College

We are very pleased that Witwatersrand Technikon in Johannesburg has now started the second chiropractic faculty in South Africa. Witwatersrand Technikon faced a dilemma: The chiropractors in South Africa, who number 120, had raised 1.5 million rands to finance the first chiropractic course in Durban (Technikon Natal), but could not afford to finance a second course in Johannesburg. However, they advertised for students in 1992 and received some 200 applicants; 44 students were enrolled in January this year. The Technikon Witwatersrand is a tertiary training institute, like a university, but it emphasizes technical training. It has several faculties on campus: engineering; commerce and business; fine arts; and health.

There are 14,000 students on the Technikon Witwatersrand campus, engineering being one of the major faculties that produce very fine professionals. So we find our 44 or 45 students are a very small segment of the 14,000 student body on that campus. The department of chemistry and the department of health that they have on that faculty will make it very easy for them to do the three years of basic science.

They have a school of radiography, so x-rays and the teaching of x-ray techniques and also the interpretation of x-rays by radiologists will be easy to teach at this college. They have a podiatry faculty to teach chiropody or podiatry, and orthopedic technicians and other technology such as dental technology. They also have a faculty of ophthalmology. So utilizing some of the departments that already exist, we will get through the three years of basic sciences.

Our problem comes in the next two years when we do the clinical chiropractic applied sciences, and there are specific needs that this course will have. The first and foremost will be to have chiropractic educators. Of course, they are going to need massive amounts of finance. They will have to raise these from the public sector because the chiropractors do not have the monetary muscle to finance the quality of these instructors, so the Technikon is going to have to use its marketing division to try and raise finances for the course.

Yes, we have a resistance from the medical physicians in South Africa much like in the United States. While the medical council in South Africa allows medical doctors to lecture at the chiropractic college, they don’t allow us admitting rights to hospitals and they don’t allow going into partnership with medical doctors. That is the last frontier that we have to cross in South Africa: to get the medical council to change that ruling. We are in the process of doing that.
When I return home from my trip to the U.S., I will see the scientific committee of the medical council to try and persuade them to change that ruling. However, there is a long animosity between medicine and chiropractic in South Africa, and we have been slowly working at the challenges that lie before us to try and remove those animosities.

The basic complaint of the medical council over the past 50 years has been that chiropractors are untrained, unscientific, and cannot diagnose. Therefore, with the establishment of a government council controlling the provisions of chiropractic, we have set a scope of practice, we have set an ethical code of conduct, and we have set a course of training at a recognized tertiary training institute.

The medical establishment cannot say that chiropractors who graduate today are untrained because they are being trained inside Africa at a recognized institute. Secondly, they cannot say they are unscientific because all the course curriculum has been approved by the department of education in South Africa, so the content of what is being taught there is acceptable.

We do not teach the original Palmer philosophy. We teach Palmer philosophy as a historical development and we use Dr. Virgil Strang’s textbook on philosophy so that the students have a working knowledge of it. The aspect of philosophy has long been contentious between medicine and chiropractic and by utilizing it in the course as an historical development in chiropractic, it is an acceptable way to teach the students. So unscientific, untrained we have handled, and then comes the aspect of unable to diagnose.

In the past, many chiropractors have tended to take a short cut and examine the spine and find a subluxation and adjust it. The current demands for registration in South Africa is that you must make two diagnoses. You must take the case history, do the physical exam, and make a differential diagnosis on that patient’s condition; thereafter, you make your biomechanical chiropractic specific diagnosis and the therapy or the adjusting technique to relate to that. So, we are addressing the question of diagnosis.

The chiropractic profession in South Africa will maintain its independence. It has a separate training institute, now it has a separate council. When we say we want to remove the lost values between chiropractic and the medical profession, it is not that we want to be absorbed by medicine in any way. We find that the referrals in South Africa come mainly from chiropractors to orthopedic surgeons and urologists for specific conditions, but very few referrals from orthopedic surgeons and urologists to chiropractors, because of the ruling of the medical council in South Africa. As soon as we can get that ruling changed, it will lead to better cooperation between the two professions, and that is what we are aiming for.
There are 25 million blacks in South Africa who don’t have chiropractors to treat them, except the 120 white chiropractors in South Africa, and they are mainly situated in white up-market suburbs. So there is a tremendous demand to train Indian and also South Africans to fill this void.

As far as the rest of Africa is concerned, we are certainly well within distance for them to come and study and they are certainly invited to do so. However, the problem we have is that we get about 200 applicants for 40 seats in Johannesburg and 150 applicants for 33 seats in Durban, so obviously it is not very easy to get into these colleges.

The number of seats available has been determined by the teaching staff, the actual physical facilities, and the budgets available to train the chiropractors. At this stage, we haven’t been able to grant scholarship for foreign students, but that will be the next phase of our development.

I think that darkest Africa has not yet been exposed to chiropractic. There is tremendous potential up and down the continent for chiropractic services. Chiropractic has existed for some 60 to 70 years in South Africa, yet we have only 120 chiropractors. One reason for that is the extreme expense of training in Europe or North America. Our monetary unit, the rand, is very weak against other currencies, and thus very costly to go abroad. Only the very wealthiest of people can send their sons to study chiropractic overseas.

In South Africa, the rand is on a relatively equal footing with the other African continent currencies, making it within the grasp of the average parent to send their son to study in South Africa.

Now with the physiotherapists moving more and more into manipulation, it seems logical to me that we should continue to develop as many chiropractors at home as possible. Because we have had so few chiropractors, we have allowed a market to exist where physiotherapists are in a position to manipulate and to directly take the services that chiropractors provide.

The medical council has encouraged the physiotherapists to take manipulative courses in the hope that they would replace chiropractors, but I don’t believe that will ever happen for one significant reason: The medical profession in South Africa does not allow physiotherapists to be a primary diagnostic physician; they do not allow physiotherapists to make a differential diagnosis. The medical council doesn’t mind if the physiotherapist sees a patient at portal of entry and biomechanically examines that patient and applies physiotherapy, but they withhold the physiotherapist the right to examine a wide range of conditions and to make diagnoses. The chiropractor has that right in South Africa, so that will determine the status and
direction in the future. This is why the diagnostic component of the training of chiropractic is so terribly important. If we become manipulative or adjusting technologists or technicians, as the state colleges in the past have attempted to do, we will find ourselves in the same paramedical sphere as the physiotherapists.

However, by continuing to upgrade our education and announce our diagnostic skills, we will be primary contact physicians. The future of chiropractic will be assured, especially with the worldwide phenomena that we experience today of the educated, aware, and informed members of the public, wanting to move away from dramatic medicine and invasive surgery. Because of this, there is an increasing number of patients going to chiropractors and homeopaths in South Africa.

If I were asked how chiropractors in North America or elsewhere around the world could help this fledgling college, I would say first by donations of dollars. With the exchange rate of 20 rand to the dollar, every dollar donated goes three times as far in South Africa. Any donation of money would be gratefully received. Secondly, there is a great shortage of chiropractic equipment. Any equipment a chiropractor would have and wish to donate to this college would be most welcome. Books are also needed. Unused books that have been sitting on the shelf could well be donated and shipped to the Technikon Natal.

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