

Update on Open Access to Physiotherapy in Hong Kong

Past

1. **Working Group to Review the Code of Practice under the Physiotherapy Board formed on 1st August, 2008**

MEMBERSHIP

Chairman	Eleanor Chan WONG Yee	(HA)
Members	Mr. Terence CHAU Kam-to	(Private)
	Ms. Violet CHOY Wai	(NGO)
	Mr. Victor FUNG Hok-bun	(Private)
	Prof. Alice JONES Yee-man	(Academic) later replaced by Dr. Stephanie AU YEUNG
	Mr. Peter POON King-kong	(NGO)
	Mrs. Joanne TSANG CHAN Fong-hung	(HA)
	Mr. Stephen WONG King- sun	(Private) later replaced by Mr. David SIU

2. **Working Group started to Review “Item13, Part III” regarding the Referral System for Physiotherapy (at the 4th meeting on 28th Aug, 2009)**

Based on the SMPC’s suggestion to consider accepting referrals from Chinese Medicine Practitioners (CMP) and Chiropractors (at the SMPC 37th meeting in **Feb, 2008**)

3. By **April 2013**, a revised version of Item 13, Part III of the Code of Practice under the Physiotherapy Board was compiled.
4. And was presented **on 27th June, 2013** at the 48th Meeting of Physiotherapy Board, for vigorous discussion.



Outline of Open
Access presented to

5. The Board Chairman, Prof. L.K. Hung, suggested to confined a “Working Group on the Implementation of the Modified Referral System” to focus on the follow-up action in the following 3 areas
- 5.1 To communicate extensively within profession
 - 5.2 To identify the implementation measures
 - 5.3 To find ways to monitor the “Modified Referral System”
6. The membership of the “Working Group on Modified Referral System for Physiotherapy” set up in July 2015 were,

<u>Capacity</u>	<u>Name</u>
-Chairman	Ms Violet CHOY Wai
-Members of the profession from different employment background	<u>Public sector</u> Dr. Rosanna CHAU Mei-wa
	<u>Private sector</u> Mr. Andy KWOK Chee-kin
	<u>Non-government organization</u> Ms. NG Yuk-mun
-Representative from education in physiotherapy	Dr. Margaret MAK Kit-yee
-Representative from HKPA	Dr. Polly LAU Mo-yee
-Representative from HKPU	Dr. Clement CHAN Kam-ming
-Representative specialized in Healthcare Management	Mrs. Eleanor CHAN WONG yee
-Representatives Specialized in Sports Medicine	Dr. Eric CHIEN Ping
-Medical Practitioner	Dr. Leung Man-fuk
-Lay members	Ms. WONG Chor-sar Ms. TONG Choi-ying

7. Prior to the 1st meeting of the working group, briefing on the summary of the last working group were delivered to the physiotherapists of the following Public, Private & NGO settings

Public Settings:

United Christian Hospital, Tsang Kwun O Hospital, Haven of Hope Hospital, Kwong Wah Hospital, Our Lady of Maryknoll Hospital, Wong Tai Sin Hospital, Yan Chai Hospital,

Princess Margaret Hospital, Lai King Hospital, Caritas Medical Center, North District Hospital, Tai Po Hospital, Prince of Wales Hospital, Pok Oi Hospital, Queen Mary Hospital(MLMRC, DKCH)

Private Settings:

St. Theresa Hospital, St. Paul's Hospital, The Sanatorium Hospital, The Baptist Hospital, Cannossa Hospital, Private Groups in Mongkok District

NGO Settings:

Heep Hong Society, Community Rehabilitation Network, The Spastic Association.

Hong Kong Polytechnic University:

Physiotherapy teaching Staff of the Department of Rehabilitation Science

8. An Open Forum was organized on 27th February, 2016 by HKPU to alert this concerned but unresolved professional issue,

Open Forum on Modified Referral System for Physiotherapy in Hong Kong - Are We Ready?

Despite the World Confederation of Physical Therapist (WCPT) advocated Physiotherapist as first contact practitioner, together with our professional advancement and the surging demand for physiotherapy in Hong Kong, the conventional referral system for physiotherapy which is confined to medical practitioners only, has remained unchanged since our professional registration in 1998.

In June 2013, a revised version on Part III Article 13 of the Code of Practice for Physiotherapists was adopted by the Physiotherapy Board to be worked on for a more desirable "Modified Referral System for Physiotherapy" to all parties concerned.

Hong Kong Physiotherapists' Union (HKPU) is therefore obliged to organize an open forum for discussion and input to align and to reflect our intra-professional points of views in facing the associated challenges ahead!

We are delighted to invite the following honorable guest participants from different related settings to share their views and give their valuable words of wisdom at the forum,

Ms Violet CHOY Chairlady of the Working Group on “Modified Referral System for Physiotherapy, Physiotherapist Board.

Prof. Gabriel NG Head of Department of Rehabilitation Science, Hong Kong Polytechnic University.

Dr. Ivan SU Director, SAHK, Institute of Rehabilitation Practice

Mr. Victor FUNG Experienced Private Physiotherapy Practitioner

Mr. Terence Chow Physiotherapy Department In-charge, Canossa Hospital

Mrs. Anna Young Physiotherapy Department Manager, Union Hospital

We have also invited our Legal Adviser and Insurance partner as our observers.

Date :	February 27 th , 2016 (Saturday)
Time :	4pm – 6pm
Venue :	PQ 303, 3/F. Core P, Hong Kong Polytechnic University, Hung Hum, Kln.
Target Audience:	All Registered Physiotherapists (HKPU members and non-HKPU members are welcome)
Fees:	Free of charge (Seat Reservation required)
Deadline:	February 20 th , 2016
CPD Points:	1 point
Reservation:	By Email only Send your <u>Name</u> , <u>Phone Number</u> , <u>PT Registration Number</u> to HKPU: hkphysiounion@gmail.com

9. Open discussion with Mr. Philip TSAI, current Chairman of PT Board (2017-2020) on this concerned issue during three requested special meetings on 15/03/2018, 22/11/2018 & 20/03/2019

10. Commercial Radio II Interview on 4th September, 2018

在專業自主的原則下，現時輔助醫療業管理局轄下五個管理委員會（即職業治療師、物理治療師、醫務化驗師、視光師和放射技師管理委員會）透過專業守則訂定各專業的實際醫療作業程序及轉介機制。

1. 該委員會過去規定病人須經醫生轉介才能接受物理治療師治療的理據為何？

為確保病人能夠在接受合法醫療診斷後有合理的醫學轉介原因，根據現行的專業守則，物理治療師在一般情況下所檢查或治療的病人，應是經由訂明人士例如醫生轉介，否則可被視為違反專業守則而導致物理治療師管理委員會採取紀律行動。然而，轉介機制具有彈性，例如在緊急情況及某些情況下，物理治療師可能需要向非轉介的病人進行治療，但在該等情況下，物理治療師必須確保所作出的診斷和治療是絕對局限於物理治療從業員曾受訓練從事的工作。

2. 工作小組的組成為何？有甚麼結論？作出了甚麼建議？如果未有結論，小組將何時完成檢討工作？

物理治療師管理委員會已成立工作小組，專責檢討現時轉介病人的規定。工作小組共 12 人，當中包括前委員會成員、於政府/非政府/私人機構工作及專責不同物理治療範疇的物理治療師、學者、物理治療專業團體代表、醫生代表及業外人士。檢討工作仍在進行中，包括諮詢相關持份者對修改轉介機制的意見，然後工作小組會向物理治療師管理委員會及輔助醫療業管理局匯報檢討進展。

3. 對於學會的建議，貴局有甚麼回應？落實公開轉介有沒有甚麼困難或障礙？有甚麼好處或壞處？

食物及衛生局在年前進行醫療人力規劃和專業發展進行策略檢討時，留意到有關專業包括物理治療師提出病人無需經醫生轉介可直接使用其醫療服務。就此，食物及衛生局已邀請輔助醫療業管理局，考慮業界的建議，並檢視現時專業守則下轉介病人的機制，諮詢相關持份者（包括業界及其他醫療專業的規管機構）。

4. 物理治療師管理委員會中，負責檢討轉介病人規定的工作小組，曾經開過多少次會？每次開會日期為何？維時多久？

物理治療師管理委員會("委員會")於 2013 年 6 月決定成立一個工作小組，專責檢討現時轉介病人的規定。工作小組共 12 人，當中包括前委員會成員、於政府/非政府/私人機構工作 及專責不同物理治療範疇的物理治療師、學者、物理治療專業團體代表、醫生代表及業外人士。小組成員名單如下：蔡衛女士(主席)、陳錦明博士、陳黃怡女士、周美華博士、錢平醫生、郭志堅先生、劉慕儀博士、梁萬福醫生、麥潔儀博士、吳玉敏女士、唐彩瑩女士及黃楚沙女士。

5. 承上次電郵，有見物理治療師管理委員會的工作小組，正檢討轉介病人的規定，茲補充查詢，該工作小組的成員名單為何？檢討範圍為何？小組將何時完成檢討工作？工作小組完成

檢討，向物理治療師管理委員會及輔助醫療業管理局匯報檢討進展後，會有甚麼跟進工作？

小組的工作包括檢視現行專業守則中有關轉介病人的條文，以及諮詢相關持份者對修改轉介機制的意見等。小組於 2017 年 5 月在委員會會議上匯報了工作進度。小組現時正進行諮詢相關持份者的工作，並會檢視和分析他們對修改轉介機制的意見，然後再向委員會及輔助醫療業管理局("管理局")作出報告及提出跟進建議。小組將視乎委員會及管理局的意見，再行決定之後的工作方向。

11. During the latest meeting with PT Board Chairman, it was agreed that the "Working Group for the Modified Referral System" should summarize a report to the Supplementary Medical Profession Council for endorsement.

12. Report from the Working Group was submitted to SMPC on 22 July, 2019 by Violet Choy as the following,

Implementation of the Modified Referral System for Physiotherapy Services

This paper reports the progress of the implementation of the modified referral system for physiotherapy services by the Working Group on Implementation of Modified Referral System for Physiotherapy Services (“Working Group”).

History and Development of the Working group:

The initiation of modifying the physiotherapy referral system was arisen from the Council’s suggestion to the Physiotherapy(PT) board in 2008 to consider the suitability and feasibility of accepting referrals from Chinese medicine practitioners and chiropractors.

At the 48th PT Board meeting in June 2013, the Board proposed amendments to section 13 of Part III of the Code on “Relationships with the medical and other health professions” for the purpose of allowing direct access of physiotherapy services (para 15-32 of Minutes of the 48th PT Board meeting)

At the 49th PT Board meeting in Feb 2015, a working group was formed to consult various stake holders on the proposed amendments and to advise whether a monitoring mechanism should be implemented.
(para 5 of Minutes of the 49th PT Board meeting)

At the 50th PT Board meeting in Mar 2016, progress report of the group was submitted for discussion.

Summary of the Working Group's deliberations:

1. PT Training at local tertiary education

After reviewing the curriculum of the current entry-level education programme offered by The Hong Kong Polytechnic University, the Working Group was satisfied that registered physiotherapists were competent in making physical diagnosis, clinical reasoning and clinical decision making. They were also trained to refer patients to other health care professions when the patients’ problem was found to be outside the scope of a physiotherapist’s knowledge or expertise.

2. Readiness of the profession for the modified referral system

Members of the working group had paid visits to Physiotherapy Department in various settings to solicit views from the PT profession.

The Working Group was of the view that the majority of registered physiotherapists would support the modified referral system for physiotherapy services.

3. The community knowledge and acceptance of physiotherapy treatment in the local community

Two surveys were done by Hong Kong Physiotherapy Association in April 2017 and Jun-Aug 2018, out of 1004 and 1749 respondents respectively, over 50% had personally received PT and 80% had friends or relatives who received PT. Out of those who received PT interventions, large majority finds PT helpful (80%) and support direct access to PT service (90%).

The Working Group considered that this high community familiarity and well acceptance of physiotherapy treatment in Hong Kong reflect that the public has adequate knowledge and reasonable expectation to monitor delivery of PT service.

4. Overseas experience/ other regions' situation and experiences.

A research report in 2013 mapped the presence of direct access to PT services in the member organizations of the World Confederation for Physical Therapy. Out of the 69 member organizations, which completed the survey, 40 (58%) reported that direct access and self-referral were permitted in their countries. These include countries like Australia, New Zealand, United Kingdom, United States, Singapore, Indonesia, South Africa, Brazil, Saudi Arabia....

5. Self monitoring and restraint

In order to enhance protection for patients and the public, the Working Group has proposed further amendments of the Code of Practice Part III 13 to employ more stringent and explicit rules to ensure timely refer-out of patients who need medical attention.

Please refer to the attached proposed version (Appendix 1) for details.

Advice sought

Board Members are invited to discuss the implementation of the modified referral system for physiotherapy services in the light of the Working Group's deliberations.

Thank you Chairman for leading our profession to meet this new challenge and the Chairlady of the Working Group wants to thank all members of the Board and the Working Group for contributing to this process.

Appendix 1

Different proposed versions of Part III 13 of the Code of Practice

THE PHYSIOTHERAPISTS BOARD OF HONG KONG: CODE OF PRACTICE

Newest proposed version (2019)

PART III 13. Relationships with the medical and other health professions

13.1 Any patient/client can receive physiotherapy service directly. In any event the

physiotherapist should ensure that there is no contraindication to his/her treatment, and such assessment and treatment as is undertaken be strictly limited to what he/she has been trained to do.

13.2.1 Any patient who appears to the physiotherapist to have underlying illness which might require medical attention should be referred, without delay, to a registered medical practitioner, or a person registered in respect of a medical clinic exempted under section 8(1) of the Medical Clinics Ordinance, Cap.343.

13.2.2 Wherever practical, a written description on the patient's condition should be sent to the registered medical practitioner to whom the patient is referred.

13.2.3 If a person, who in the opinion of the physiotherapist requires specialized treatment, is unwilling to consult a registered medical practitioner, the physiotherapist shall record that fact and the grounds which the person gives for his unwillingness in the person's records.

13.3 Under no circumstances should a physiotherapist hold himself or herself out to be a person who is by training, experience or other skills, capable of independently providing medical treatment.

Existing version(since 1998)

PART III 13. Relationships with the medical and other health professions

13.1 In broad terms a patient's illness should be assessed or treated on referral from, or while having direct access to, a registered medical practitioner, or a person registered in respect of a medical clinic exempted under section 8(1) of the Medical Clinics Ordinance, Cap. 343.

13.2 In emergencies and under certain other circumstances, a physiotherapist may be obliged to undertake some treatment without such previous referral. In such an eventuality the physiotherapist should ensure that such assessment and treatment as is undertaken be strictly limited to what the practitioner of physiotherapy has been trained to do.

13.3 Under no circumstances should a physiotherapist hold himself or herself out to be a person who is by training, experience or other skills, capable of independently providing medical treatment.

13.4 The above points serve only to illustrate that the physiotherapist is required to maintain the normal conventionally observed codes of behaviour in this regard.

Proposed version by the Board (2013)

PART III 13. Relationships with the medical and other health professions

13.1 In broad terms, a physiotherapist may provide service to his clients/patients directly. In any event the physiotherapist should ensure that there is no contraindication to his treatment, and such assessment and treatment as is undertaken be strictly limited to what he has been trained -

13.2 For patients with suspected or underlying illness, the physiotherapist should ensure that the client/patient could provide relevant medical history including diagnosis and/or management from a registered medical practitioner, or a person registered in respect of a medical clinic exempted under section 8(1) of the Medical Clinics Ordinance, Cao.343. In the absence of such, the physiotherapist should refer the patient for a proper and updated assessment by a registered medical practitioner.

13.3 Under no circumstances should a physiotherapist hold himself out to be a person who is by training, experience or other skills, capable of providing treatment as carried out by that of a medical practitioner, or that his assessment and treatment is the only or the best treatment the patient requires. In the interest of the patient/client, whenever necessary, the therapist should refer/advise the patient/client to consult medical or other health care professions for management. His continual management of the patient should not interfere the patient from receiving such additional assessment /treatment.

13. A post SMPC submission meeting was held on 7/8/2019 with HKPA, PA, HKPU and Violet