



28 December 2022

Direct Access for Physiotherapy

“The Blueprint” in Primary Healthcare

Introduction

Hong Kong Physiotherapy Association and Hong Kong Physiotherapists' Union have been deeply involved with the Physiotherapists Board (PTB) right from the beginning of the captioned issue as an important part of reform in primary healthcare. This document provides a progress update.

Background

Both the Chief Executive's Policy Address 2021 and 2022 specified the need to allow the public to access direct services provided by physiotherapists and occupational therapists without a doctor's referral, as part of the initiatives to strengthen primary healthcare.

Actions taken

Based on the issues raised in the Policy Address, in October 2021, the Working Group on Implementation of Modified Referral System for PT Services (the Working Group) under the PTB started to formulate the direct access model for implementation.

The Working Group

The Working Group consists of representatives from the following organizations:

1. The Hong Kong College of Orthopaedic Surgeons,
2. Hong Kong Medical Association,
3. Li Ka Shing Faculty of Medicine of the University of Hong Kong,
4. Faculty of Medicine of the Chinese University of Hong Kong,
5. Hong Kong Physiotherapy Association,
6. Hong Kong Physiotherapists' Union,

7. Physiotherapists from different sectors (Hospital Authority, private sector, non-government organization, academic, respectively),
8. Three Patient Representatives (長期病患者關注醫療改革聯席 representing more than 30 patient groups),
9. A lawyer.

The Proposal

A proposal on “Direct Access Model for Physiotherapy Service in Hong Kong” was compiled by the Working Group after thorough deliberation and taking references from the views of different stakeholders and overseas experience. Key issues such as patient safety, canvassing and documentation are fully covered in the final version which was then submitted to the PTB in September 2022 for comments and endorsement. The proposal was eventually endorsed by PTB in October 2022.

Subsequently, the endorsed proposal was submitted to the Supplementary Medical Professions Council (SMPC) for discussion and endorsement in the upcoming meeting to be held on **1 February 2023**.

The key features of the proposed direct access model are summarised in the following table.

Inclusion settings	<ul style="list-style-type: none"> • Primary Healthcare settings.
Exclusion settings	<ul style="list-style-type: none"> • Secondary, Tertiary and Quaternary Healthcare settings.
Clients with pre-existing medical diagnosis	<ul style="list-style-type: none"> • A signed written consent; • Refer the patient/client to a medical practitioner if the patient/client exhibits signs or symptoms that are beyond the scope of physiotherapy practice; • No restriction in duration or number of visits for physiotherapy; • Progress report and discharge summary should be uploaded to eHRSS and should be available upon appropriate request.
Without pre-existing medical diagnosis	<ul style="list-style-type: none"> • A signed written consent; • Refer the patient/client to a medical practitioner if the patient/client exhibits signs or symptoms that are beyond the scope of physiotherapy practice; • A medical referral is required when physiotherapy intervention needs to be continued after 30 calendar days or 10 visits, whichever occurs first.

	<ul style="list-style-type: none"> • A medical referral is required for any recurrent health condition within 6 months post discharge from physiotherapy; • Progress report and discharge summary should be uploaded to eHRSS and should be available upon appropriate request.
Pre-requisite physiotherapist requirement	<ul style="list-style-type: none"> • Successful completion of a special training programme; • 2000 hours post-graduate clinical experience for enrollment of the special training programme; • The special training program is provided by organizations recognized by the PT Board.
Insurance	<ul style="list-style-type: none"> • Local insurance companies have been consulted; • The risk level is considered to be equivalent to existing practice; • The premium is therefore unlikely to substantially increase
Mandatory Continuing Professional Development	<ul style="list-style-type: none"> • Minimum of 45 CPD points in the 3-year CPD cycle and a minimum of 5 CPD points in each year during the cycle; • 23 CPD points or above out of 45 CPD points are required to attain from core CPD activities in every 3-year CPD cycle.

The Way Forward

- Upon the proposal endorsement by SMPC, it is expected that Health Bureau will submit the agenda for the amendment of Supplementary Medical Professions Ordinance, Chapter 359 to the Legislative Council accordingly.
- Being the key physiotherapy professional organisations, both Hong Kong Physiotherapy Association and Hong Kong Physiotherapists' Union are striving to work intensively to attain physiotherapy direct access for the health and wellness of people in Hong Kong, thereby enhancing the cost effectiveness and efficiency in primary healthcare.