

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, Cap.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.