

**For discussion on
9 September 2022**

Legislative Council Panel on Health Services

**Legislative proposal to amend
the Supplementary Medical Professions Ordinance (Cap. 359)**

PURPOSE

This paper briefs Members on the latest progress of the legislative exercise to amend the Supplementary Medical Professions Ordinance (Cap. 359) (the Ordinance), which serves to (1) enable direct provision of services by physiotherapists and occupational therapists to patients without a doctor's referral; (2) make continuing professional education (CPE) a mandatory requirement for renewal of registration for the five categories of supplementary medical professionals under the Ordinance (i.e. optometrists, physiotherapists, occupational therapists, radiographers and medical laboratory technologists); and (3) enable Chinese medicine practitioners (CMPs) to refer patients to radiographers and medical laboratory technologists for diagnostic imaging and laboratory tests.

BACKGROUND

2. The 2021 Policy Address mentions the need to strengthen the roles of healthcare professionals other than doctors in the local healthcare system (especially in the primary healthcare setting). The Health Bureau (formerly Food and Health Bureau) will follow up with the statutory Councils and Boards of various healthcare professions on the recommendations in the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development (the Report) promulgated in 2017, including proposing legislative amendments to allow patients to have direct access to healthcare professional services (e.g. physiotherapy and occupational therapy) without a doctor's referral. Furthermore, in order to ensure the professional competency of healthcare

personnel, the Government will legislate to make CPE and/or continuing professional development (CPD) a mandatory requirement for supplementary medical professionals under the Ordinance, as well as nurses, dentists, etc. The Government has also agreed to explore a proposal set out in the Report put forward by the Chinese medicine (CM) sector, namely empowering CMPs to prescribe diagnostic imaging (such as X-ray) and laboratory tests for their patients.

3. To follow up on the above-mentioned matters, the former Food and Health Bureau wrote to the Supplementary Medical Professions Council (the SMP Council) in October and December 2021 respectively, urging the SMP Council and its Boards of supplementary medical professions (the Boards) to accord priority to discussing the above-mentioned three matters, to work out feasible proposals for implementation after communicating with relevant stakeholders, including amending the relevant Codes of Practice, and to report their work progress by end June 2022, so that the Government could take forward the relevant legislative amendment exercise in due course.

LATEST PROGRESS

4. After discussions at the SMP Council and its Boards, the SMP Council replied to the Government in late June 2022 that they supported the policy direction of strengthening the roles of supplementary medical professionals in the local healthcare system; however, the expected timeframe (i.e. end June 2022) to submit proposals with consolidated views from different parties was difficult to achieve, given the complexity of relevant matters and the engagement of most members of the SMP Council and its Boards from various healthcare professions in combating the fifth wave of the COVID-19 epidemic. Specific work progress is as follows -

(1) Enabling direct provision of services by physiotherapists and occupational therapists to patients without a doctor's referral

5. According to the existing Ordinance, the Boards of the SMP Council may prepare and revise Codes of Practice which shall not be inconsistent with the Ordinance for their supplementary medical

professions. As currently stipulated in the Code of Practice for the Guidance of Registered Physiotherapists and the Code of Practice for the Guidance of Registered Occupational Therapists promulgated by the Physiotherapists Board and the Occupational Therapists Board of the SMP Council respectively, except in emergencies or under certain other circumstances, physiotherapists and occupational therapists should only provide treatment to a patient on referral 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) (see relevant provisions of the Codes of Practice at **Annex 1**).

6. On physiotherapists, the SMP Council indicated that the Physiotherapists Board had set up a dedicated working group, comprising representatives from relevant sectors including physiotherapists, doctors and patient groups, to review the current requirements on patient referrals. The Hong Kong Physiotherapy Association and the Hong Kong Physiotherapists' Union were invited to formulate a proposal for submission to the working group in order to expedite the discussion. Members of the working group held different views on issues such as the circumstances under which physiotherapists should be allowed to provide services directly to patients without a doctor's referral, the circumstances under which physiotherapists should refer patients to doctors for treatment, as well as the monitoring mechanism. Some members were concerned whether a pilot scheme should be explored to first allow physiotherapists to directly treat the symptoms of patients which had been previously diagnosed by doctors.

7. According to the SMP Council, the working group still needs time to consolidate different views of its members (including how to avoid delay in referrals, what circumstances should be defined as inappropriate for direct provision of services by physiotherapists, and how to ensure sufficient public awareness on the scope of services offered by physiotherapists). The Physiotherapists Board has noted the progress of the working group. At present, the Physiotherapists Board and the working group are actively building consensus, with a view to finalising the proposal and submitting it to the SMP Council for deliberation as early as practicable within 2022.

8. Regarding occupational therapists, the Occupational Therapists Board has also set up a dedicated working group. While supporting the general direction of enabling occupational therapists to provide services directly to patients in primary healthcare setting, the working group considers that, given the variety of occupational therapy services, further deliberations are required on the scope of services which can be provided directly to patients without a doctor's referral, during which extensive consultation with relevant stakeholders would be necessary. The Occupational Therapists Board has also noted the progress of the working group.

9. The Government respects that the SMP Council and its Boards need time to consider the matters in a holistic manner, balance the views of different healthcare professions and patients, and formulate appropriate measures to address the concerns or worries of stakeholders. Enabling physiotherapists and occupational therapists to provide services directly to patients without a doctor's referral concerns the lives and safety of the citizens. In particular, it is essential to ensure that the new initiatives will not result in patients focusing on seeking relief for their symptoms only (e.g. localised body pain) and in turn delaying the early detection of potential serious diseases (e.g. cancer) through consultation with doctors. We agree that the SMP Council and its Boards should properly define the scope of the proposed initiatives, monitoring mechanism as well as detailed arrangements for protecting patients' interests (say, considering to specify certain circumstances under which physiotherapists and occupational therapists should refer their cases to doctors for handling as soon as possible).

10. When the proposals of the SMP Council and its Boards become ready, the Government will propose legislative amendments to the Ordinance to enable physiotherapists and occupational therapists to provide services directly to patients without a doctor's referral, subject to the suitable conditions imposed by the SMP Council and its Boards. The specific implementation details will be provided for through amendments to the respective Codes of Practice by the SMP Council and its Boards. The relevant legislative proposal aims to offer choices for patients, rather than mandating provision of physiotherapy and occupational therapy services without a doctor's referral. Members of the public or providers

of medical services/products (e.g. the Hospital Authority and medical insurance companies) may still continue to request for doctors' referrals to access such services based on individuals' needs, clinical procedures or insurance policies.

(2) Making CPE a mandatory requirement for supplementary medical professionals

11. To sustain Hong Kong's high standards of medical services, healthcare professionals are required to maintain and develop their expertise, skills and professional competency. As such, the Boards of the SMP Council successively implemented their own voluntary CPD schemes from 2004 to 2006, with a view to encouraging relevant supplementary medical professionals to enhance their professional competency and skills through participating in CPD activities. The respective CPD schemes implemented by the Boards are detailed at **Annex 2**.

12. The Report promulgated in 2017 recommended that CPD should be made a mandatory requirement. The SMP Council accepted the recommendation, and its Boards have been following up on the implementation plans and details. The progress of various Boards is as follows -

- (a) the Optometrists Board has implemented its mandatory CPD scheme through revising its Code of Practice since 1 July 2021;
- (b) the Physiotherapists Board and the Occupational Therapists Board have planned to revise their Codes of Practice within 2022 and in the first half of 2023 respectively to incorporate the mandatory CPD requirement; and
- (c) the Radiographers Board and the Medical Laboratory Technologists Board support the general direction of mandatory CPD and have canvassed views from the providers of CPD programmes. The two Boards will further deliberate on their implementation plans.

13. Over the years, the Boards of the SMP Council have been implementing CPD in accordance with their respective manuals for the CPD schemes, and have accumulated relevant experience in accreditation and management. The accredited programmes/activities can also meet the demand. The Government proposes deferring to the Boards of the SMP Council to draw up the implementation details of mandatory CPD schemes (e.g. CPD credit point requirements and audit mechanisms), and to appoint relevant professional associations as accredited bodies to serve as CPD administrators and programme/activity providers which are responsible for managing CPD records of the supplementary medical professionals, including certification of registered personnel who have satisfied the CPD requirement.

14. To ensure effective implementation of the initiative, the Government proposes amending the Ordinance such that CPD will become a requirement for all registered supplementary medical professionals for renewal of their practising certificates, and those who do not meet the requirement will not be issued with practising certificates. The exact commencement date will depend on the progress of deliberation and preparatory work by the Boards of the SMP Council in respect of implementing their mandatory CPD schemes.

(3) Enabling CMPs to refer patients to radiographers and medical laboratory technologists for diagnostic imaging and laboratory tests

15. According to the Radiographers (Registration and Disciplinary Procedure) Regulation (Cap. 359H) and the Code of Practice for Registered Radiographers, in general, a radiographer may perform radiological examination for a patient only on referral from a registered medical or dental practitioner, or a chiropractor. Pursuant to the Code of Practice for Medical Laboratory Technologists, a medical laboratory technologist may perform tests on specimens for the purpose of medical diagnosis and treatment of disease and make reporting on such analysis or examination for a patient only on referral from a registered medical, dental or veterinary practitioner.

16. CM is an integral part of Hong Kong's healthcare system. The proposal enables CMPs registered under the Chinese Medicine Ordinance

(Cap. 549) to refer patients to radiographers and medical laboratory technologists for diagnostic imaging and laboratory tests, which aims to promote inter-disciplinary collaboration between CMPs and supplementary healthcare professionals while making good use of modern medical technologies for providing comprehensive clinical services to patients. As the first Chinese Medicine Hospital (CMH) in Hong Kong will commence services in phases from 2025, CMPs will work with other healthcare professions to provide in-patient and out-patient clinical services under the CMH operation model with CM playing a predominant role. The proposal will help rationalise the clinical workflow in the CMH, thereby enabling CMPs to directly prescribe diagnostic imaging and laboratory tests for patients according to their clinical needs without referrals from prescribed persons (e.g. doctors).

17. To dovetail with the long-term development of CM, the CM sector considers it necessary for enabling CMPs to use modern supplementary medical equipment which facilitates more accurate diagnosis for the practicing need of CMPs and serves the best interest of patients. The Chinese Medicine Practitioners Board under the Chinese Medicine Council of Hong Kong previously explored the issue on allowing CMs to refer patients for X-ray inspection and laboratory tests with the SMP Council and its relevant Boards, but no consensus could be reached for further follow-up. Some Western medical practitioner bodies also have reservations about the proposal. They opine that such examination involves different areas of medical expertise, and thus it should be for the persons who have received comprehensive, in-depth and structured training to make referrals and interpret the examination results to ensure comprehensive and professional clinical judgment for the protection of patients' rights and interests.

18. The Government considers that the proposal merits further consideration, though relevant healthcare professions need to conduct further consultation with various stakeholders with a view to forming a consensual proposal. The need for amending the relevant ordinances and Codes of Practice will be reviewed thereafter.

ADVICE SOUGHT

19. Members are invited to note the contents of this paper, and provide comments on the preliminary legislative proposal to amend the Supplementary Medical Professions Ordinance (Cap. 359).

Health Bureau
September 2022

**Provisions relevant to patient referral under the current
Codes of Practice for Physiotherapists and Occupational Therapists**

Code of Practice for the Guidance of Registered Physiotherapists

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.

Code of Practice for the Guidance of Registered Occupational Therapists

13. Treating patients without appropriate referral

- 13.1 An occupational therapist should treat patients referred 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.
(Please note that the above-mentioned persons registered in respect of exempted medical clinics are permitted, under the Medical Clinics Ordinance, to provide medical service to the public in exempted clinics under restricted conditions. Their

clinics are subject to inspection and registration control by the Registrar of Clinics, and their practice is regulated by way of a Code of Practice.)

- 13.2 In emergency and under certain other circumstances such as in community services, an occupational therapist may undertake treatment without a medical referral.
- 13.3 The above points serve only to illustrate that the occupational therapist is required to maintain the normal conventionally observed codes of behaviour in this regard.

Continuing Professional Development Schemes Implemented by the Supplementary Medical Professions**(1) Optometrists**

The Optometrists Board has implemented its mandatory Continuing Professional Development (CPD) Scheme since 1 July 2021. It has commissioned four accredited CPD programme/activity providers to provide dozens of accredited CPD programmes/activities per year. All optometrists are required to attain not less than 30 credit points in each three-year cycle, otherwise they may be deemed to have committed professional misconduct.

Year[#]	No. of registrants[@]	No. of persons meeting CPD requirement	No. of accredited CPD programme/activity providers	No. of accredited CPD programmes/activities⁺
2021/22	2 240	Not applicable*	4	Around 50 [^]
2020/21	2 237	60	4	30
2019/20	2 224	115	4	39
2018/19	2 208	171	4	39

The CPD Scheme for optometrists is run on a three-year cycle, commencing from 1 July of the first year and ending on 30 June of the fourth year

@ Number of registrants as at 30 June of the year

* As the Optometrists Board has implemented its mandatory CPD Scheme on a three-year cycle with effect from 1 July 2021, statistics on the number of persons meeting the CPD requirement are no longer collated on an annual basis

+ Including CPD programmes/activities organised by non-accredited providers but have been accredited by the Optometrists Board

^ Pending confirmation upon receipt of information from individual accredited providers

(2) Physiotherapists

Under the existing voluntary CPD Scheme, the Physiotherapists Board has commissioned a programme accreditor (i.e. the Hong Kong Physiotherapy Association) and five accredited CPD programme/activity providers to provide over 1 000 programmes/activities per year. All physiotherapists are required to attain not less than 45 credit points in each three-year cycle. Those who have attained a minimum of 15 credit points in a year will be issued with a CPD certificate.

Year[#]	No. of registrants[@]	No. of persons meeting CPD requirement	No. of accredited CPD programme/activity providers	No. of accredited CPD programmes/activities⁺
2021/22	3 949	154	5	Around 1 330 [^]
2020/21	3 784	171	5	1 364
2019/20	3 528	146	5	1 271
2018/19	3 331	156	5	1 425

[#] The CPD Scheme for physiotherapists is run on a three-year cycle, commencing on 1 July of the first year and ending on 30 June of the fourth year. The Physiotherapist Board counts the number of physiotherapists who have met the CPD requirement on an annual basis, instead of a three-year cycle, for the issue of CPD certificates

[@] Number of registrants as at 30 June of the year

⁺ Including CPD programmes/activities organised by non-accredited providers but have been accredited by the programme accreditor

[^] Pending confirmation upon receipt of information from individual accredited providers

(3) Occupational Therapists

Under the existing voluntary CPD Scheme, the Occupational Therapists Board has commissioned five accredited CPD programme/activity providers to provide some 1 000 programmes/activities per year. All occupational therapists are required to attain not less than 45 credit points in each three-year cycle. Those who have attained a minimum of 15 credit points in a year will be issued with a CPD certificate.

Year[#]	No. of registrants[@]	No. of persons meeting CPD requirement	No. of accredited CPD programme/activity providers	No. of accredited CPD programmes/activities⁺
2021/22	2 790	63	4*	Around 1 110 [^]
2020/21	2 625	94	4	1 064
2019/20	2 415	58	4	1 279
2018/19	2 258	87	4	1 465

The CPD Scheme for occupational therapists is run on a three-year cycle, commencing from 1 July of the first year and ending on 30 June of the fourth year. The Occupational Therapists Board counts the number of occupational therapists who have met the CPD requirement on an annual basis, instead of a three-year cycle, for the issue of CPD certificates

@ Number of registrants as at 30 June of the year

* Number of accredited CPD programme/activity providers has been increased from four to five since 6 June 2022

+ Including CPD programmes/activities organised by non-accredited providers but have been accredited by the Occupational Therapists Board

^ Pending confirmation upon receipt of information from individual accredited providers

(4) Radiographers

Under the existing voluntary CPD Scheme, the Radiographers Board has commissioned 13 accredited CPD programme/activity providers to provide at least several hundreds of programmes/activities per year. All radiographers are required to attain not less than 45 credit points in each three-year cycle. Those who have attained a minimum of 15 credit points in a year will be issued with a CPD certificate.

Year[#]	No. of registrants[@]	No. of persons meeting CPD requirement	No. of accredited CPD programme/activity providers	No. of accredited CPD programmes/activities⁺
2021	2 673	29	13	1 341
2020	2 554	27	13	454
2019	2 479	18	13	923
2018	2 393	31	13	949

The CPD Scheme for radiographers is run on a three-year cycle commencing on 1 January of the first year and ending on 31 December of the third year. The Radiographers Board counts the number of radiographers who have met the CPD requirement on an annual basis, instead of a three-year cycle, for the issue of CPD certificates

@ Number of registrants as at 31 December of the year

+ Including CPD programmes/activities organised by non-accredited providers but have been accredited by the Radiographers Board

(5) Medical Laboratory Technologists

Under the existing voluntary CPD Scheme, the Medical Laboratory Technologists Board has commissioned 21 accredited CPD programme/activity providers to provide several hundreds of programmes/activities per year. In each annual cycle, all Part I and Part II medical laboratory technologists (the former requires at least three years of recognised experience, two years of which should be gained in Hong Kong; the latter does not require relevant work experience) are required to attain not less than 15 credit points. Part III medical laboratory technologists (those issued with a certificate of provisional registration) are required to attain not less than 10 credit points. Those who have fulfilled the requirement will be issued with a CPD certificate.

Year[#]	No. of registrants[@]	No. of persons meeting CPD requirement	No. of accredited CPD programme/activity providers	No. of accredited CPD programmes/activities⁺
2021/22	4 210	36	21	486
2020/21	4 041	49	21	351
2019/20	3 830	52	21	588
2018/19	3 744	80	21	730

The CPD Scheme for medical laboratory technologists is run on an annual cycle, commencing from 1 May of a year and ending on 30 April of the following year

@ Number of registrants as at 30 April of the year

+ Including CPD programmes/activities organised by non-accredited providers but have been accredited by the Medical Laboratory Technologists Board