

立法會

Legislative Council

LC Paper No. CB(4)1053/2023(02)

Ref: CB4/PL/HS

Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 8 December 2023**

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

Purpose

This paper gives background information on the legislative proposal to amend the Supplementary Medical Professions Ordinance (Cap. 359) and summarizes the concerns raised by members of the Panel on Health Services (“the Panel”) in this regard.

Background

2. It was announced in the 2022 Policy Address that the Administration would consider legislative amendments to allow patients to have direct access to healthcare professional services (e.g. physiotherapy and occupational therapy) without a doctor’s referral to strengthen the roles of healthcare professionals other than doctors in the local healthcare system (especially in the primary healthcare setting). Besides, it was mentioned in the Policy Address that the Administration would legislate to make continuing professional education (“CPE”) and/or continuing professional development a mandatory requirement for supplementary medical professionals under Cap. 359, etc. On the other hand, the Administration also agreed to explore empowering Chinese medicine practitioners (“CMPs”) to prescribe diagnostic imaging (such as X-ray) and laboratory tests for their patients.

3. In this connection, the Administration wrote to the Supplementary Medical Professions Council (“the SMP Council”) in 2021 urging it to accord priority to discussing the above-mentioned matters and report their work progress by end June 2022, so that the Administration could take forward the relevant legislative amendment exercise in due

course. However, given the complexity of the relevant matters and the impact of the fifth wave of the COVID-19 epidemic, the SMP Council was unable to submit proposals with consolidated views from different parties within the expected timeframe. Hence, the progress of the legislative exercise was delayed.

4. Subsequently, it was announced in the 2023 Policy Address that the Administration would also explore amending Cap. 359 to provide new pathways for admitting qualified non-locally trained supplementary medical professionals. The relevant measures would be incorporated into the amendment bill to be proposed by the Administration.

5. Against the above background, the Administration intended to pursue the preparation of a draft amendment bill to Cap. 359 in 2024. The legislative proposal concerned would include:

- (a) enabling physiotherapists and occupational therapists to provide direct services to patients under specified circumstances without a doctor's referral;
- (b) making CPE as a mandatory requirement for all five supplementary medical professions (i.e. physiotherapists, occupational therapists, optometrists, radiographers and medical laboratory technologists);
- (c) enabling CMPs to make referrals to radiographers and medical laboratory technologists under specified circumstances;
- (d) as a follow up on the 2023 Policy Address, providing new pathways for admitting qualified non-locally trained supplementary medical professionals to serve in the Hospital Authority and the Department of Health; and
- (e) introducing other technical amendments, including renaming "supplementary medical professions" as "allied health professions" to recognize the enhanced role of these professions in the healthcare system.

Deliberations of the Panel

6. The Panel discussed the legislative proposal to amend Cap. 359 at its meeting on 9 September 2022. The deliberations and concerns of members are summarized in the ensuing paragraphs.

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

7. Expressing support for the preliminary legislative proposal enabling direct provision of services by physiotherapists and occupational therapists to patients without a doctor's referral, some members urged for expeditious implementation of the proposal by the Administration. Moreover, some members stressed that the Administration should strike a balance between shortening the waiting time of patients and their safety, and contemplate the details when putting forward the legislative proposal. Some members enquired when the SMP Council would submit a specific implementation plan to the Administration as well as the legislative timetable. The Administration advised that implementing the proposal would require a certain legislative process and that the legislative work would commence as soon as possible upon submission of a specific plan by the SMP Council.

8. Some other members suggested that the Administration could explore the implementation of a pilot scheme to first allow physiotherapists and occupational therapists to directly treat the patients' symptoms which had been previously diagnosed by doctors. The Administration agreed that the above pilot scheme could be considered first, and would take corresponding follow up actions in the light of the specific proposals discussed by SMP Council and its boards.

9. Some members raised concern that physiotherapists and occupational therapists might not have received training in diagnosing diseases, and considered that doctors, after diagnosis, could analyse the pros and cons of different treatments for patients to make informed decisions, thus reflecting patients' discretionary right to choose. However, some other members pointed out that physiotherapists and occupational therapists had also received relevant professional training and foreign studies confirmed that related misdiagnosis cases were not common. The Administration advised that the sectors were developing a mechanism for preventing misdiagnosis, and the details would be finalized upon discussion by the boards and working groups under the SMP Council.

10. Some members were of the view that the Administration should consider whether all newly graduated physiotherapists could provide services for patients without doctors' referral and the types of treatments to which the referral-free arrangement could be applied.

Making continuing professional education a mandatory requirement for supplementary medical professionals

11. Some members expressed support for the preliminary legislative proposal which made CPE a mandatory requirement for supplementary

medical professionals. Some other Members enquired whether the Administration would require supplementary medical professionals to have relevant clinical experience when renewing practising certificates in the future, in addition to complying with the mandatory CPE requirement.

12. The Administration advised that in light of the rapid development of medical technology, supplementary medical professionals had to equip themselves with updated professional knowledge and skill level. Therefore, it proposed that supplementary medical professionals had to comply with the mandatory CPE requirement when renewing their practising certificates.

Enabling Chinese medicine practitioners to refer patients to radiographers and medical laboratory technologists for diagnostic imaging and laboratory tests

13. Some members expressed support for the preliminary legislative proposal enabling CMPs to refer patients to radiographers and medical laboratory technologists for diagnostic imaging and laboratory tests. They pointed out that some CMPs of orthopedics and traumatology (commonly known as bone-setting) would make use of X-rays to understand patients' condition, but they found the prohibition on direct referral hampering them from conveying the imaging requirements (such as the imaging area, angle, etc.) in a precise manner.

14. Some members pointed out that currently the syllabi of many undergraduate degree courses in Chinese medicine already included knowledge such as imaging and radiology, while some other members suggested that continuing training courses could be provided for CMPs as a threshold for allowing them to refer patients.

15. Holding the view that it would be easier to reach a consensus over the legislative proposal enabling CMPs to refer patients for diagnostic imaging and laboratory tests than the legislative proposal on referral-free physiotherapy and occupational therapy services, some members thus enquired whether the Administration would first start the legislative work relating to the former proposal. The Administration advised that while the direction of the preliminary legislative proposal was supported by the Government and the sector, its details had yet to be finalized through further discussion among the relevant medical professions. For example, instead of referring patients directly to a radiographer, the normal practice of Western medical practitioners was to refer patients to a radiologist who would interpret and analyse radiological reports. The Administration would give thorough consideration of comments from various parties to ensure that patients' safety was protected during the diagnostic and treatment process.

Recent developments

16. The Administration will brief the Panel on 8 December 2023 on the progress update on legislative proposal to amend Cap. 359.

Relevant papers

17. A list of the relevant papers on the LegCo website is in the **Appendix**.

Council Business Division 4
Legislative Council Secretariat
5 December 2023

**Relevant papers on the legislative proposal to amend the
Supplementary Medical Professions Ordinance (Cap. 359)**

List of relevant papers

Committee	Date of meeting	Paper
Panel on Health Services	9 September 2022	Agenda Item IV: Legislative proposal to amend the Supplementary Medical Professions Ordinance (Cap. 359) Minutes

Council meeting	Paper
15 November 2023	Question 7 : Proposal to amend the Supplementary Medical Professions Ordinance
7 June 2017	Question 3 : Regulation and development of healthcare professions

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