# *立法會*
# *Legislative Council*

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**Bills Committee on Supplementary Medical Professions (Amendment) Bill 2025**

**Background brief**

## Purpose

This paper provides background information on the Supplementary Medical Professions (Amendment) Bill 2025 ("the Bill"). It also summarizes the major views and concerns expressed by Legislative Council ("LegCo") Members on the Bill and related issues.

## Background

2. In the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development ("Strategic Review Report") published in 2017, a number of recommendations were put forward, including the proposal to increase the lay membership of regulatory bodies of healthcare professionals.

3. In the 2021 Policy Address, the Government announced the need to strengthen the roles of healthcare professionals other than doctors in the local healthcare system (especially in the primary healthcare setting), and advised that it would follow up with the statutory councils and boards of various healthcare professions on the various recommendations set out in the Strategic Review Report. The Policy Address also mentioned: 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; legislating to make continuing professional education ("CPE") and/or continuing professional development ("CPD") a mandatory requirement for supplementary medical professionals ("SMProfs"); and exploring empowering Chinese medicine practitioners ("CMPs") to prescribe diagnostic radiology (such as X-ray) and laboratory tests for their patients.

4. Subsequently, the Government further announced in the 2023 Policy Address that it would explore amending the Supplementary Medical Professions Ordinance (Cap. 359) to provide new pathways for admitting qualified non-locally trained SMProfs. The relevant measures would be incorporated into the amendment bill to be introduced in due course.

**The Bill**

5. The Bill, gazetted on 21 March 2025 and introduced into LegCo on 26 March 2025, seeks to:

(a) rename "supplementary medical professions" ("SMPs") as "allied health professions" to recognize their enhanced role in the healthcare system;

(b) revamp the composition of the Supplementary Medical Professions Council ("SMP Council") and the Boards of individual SMPs [1] ("the Boards") and enhance the SMP Council's supervisory roles, in order to rationalize their relationship for the better performance of their respective roles and functions;

(c) enable physiotherapists ("PTs") and occupational therapists ("OTs") to provide services directly to patients without a doctor's referral under specified circumstances;

(d) enable PTs, OTs, radiographers ("RGs") and medical laboratory technologists ("MLTs") to accept referrals from registered CMPs under specified circumstances;

(e) provide new pathways for admitting qualified non-locally trained SMPs to practise under limited registration in the Hospital Authority, the Department of Health, the Primary Healthcare Commission, The Chinese Medicine Hospital of Hong Kong ("CMHHK"), institutes offering SMP training programmes, institutions specified by the Secretary for Health, etc.;

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[1] SMProfs governed by Cap. 359 currently include medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers.

(f) make CPD a mandatory requirement for all SMProfs upon renewal of their practising certificates; and

(g) introduce other technical amendments.

**Major views and concerns of Members**

6. The Administration briefed Members on the legislative proposals at the meetings of the Panel on Health Services on 9 September 2022 and 8 December 2023. **Some Members supported** the proposals. Members also expressed views and concerns on the following issues.

Direct access arrangement for physiotherapists and occupational therapists

7. Members noted that the direct access arrangement was mainly applicable to PTs and OTs practising in the private sector or non-government organizations. Having considered the views of the SMP Council and various healthcare professions while balancing the risks of patients' safety, the Government proposed providing clearly in Cap. 359 that PTs would be allowed to provide direct services to patients under the following **three specified circumstances**:

(a) patients could produce proof of diagnosis from a registered medical practitioner within the last 12 months;

(b) clinical protocols [2] or cross-disciplinary collaboration arrangement [3] promulgated by authorized bodies were complied with; and

(c) in emergencies and other circumstances endorsed by the SMP Council.

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[2] Members of the public could seek direct services from PTs for the health conditions specified by clinical protocols.

[3] It was proposed to enable PTs registered in the future Primary Care Register ("PCR") to provide direct services to patients in accordance with the clinical protocols issued by the Government and quality assurance requirements set out in PCR. They must notify the patient's conditions to his/her registered family doctor through the Electronic Health Record Sharing System.

*Overall views*

8. Members **held different views** on the direct access arrangement for PTs and OTs. **Some Members supported** the proposed direct access arrangement and urged the Administration to put it into implementation as early as possible, pointing out that PTs and OTs had their respective professional codes of practice, including the circumstances under which patients had to be referred to doctors for diagnosis. They would be held accountable for any incorrect judgements and therefore should be trusted.

9. On the other hand, **Members expressed the following views or concerns**:

(a) Members held 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 proposals;

(b) some Members were concerned that patients might not be able to make informed decisions given that PTs and OTs might not be trained to diagnose diseases, while some other Members pointed out that PTs and OTs had also received relevant professional training and foreign studies indicated that related misdiagnosis cases were not common;

(c) Members were concerned whether the Administration would consider allowing PTs to provide direct treatment for members of the public with pains not caused by serious illnesses and from degenerative health conditions, etc. at District Health Centres ("DHCs") without a doctor's referral;

(d) Members were concerned whether the practice settings of PTs were adequately equipped and had the capacity to handle unexpected situations that might arise from patients' conditions;

(e) Members held that the Administration should consider whether all newly graduated PTs could provide services for patients without a doctor's referral;

(f) Members were concerned that the proposed legislative amendments might prompt PTs to shift to the private sector or overseas practice, which would not be conducive to retaining talents in Hong Kong, particularly in the public sector. Some

other Members considered that the sector's proposal of allowing only PTs with at least 2 000 hours of clinical experience to deliver physiotherapy service under direct access was more conducive to talent retention; and

(g) Members were concerned about the review arrangements after the commencement of the legislative amendments.

10. **The Administration's overall response** was as follows:

(a) the legislative proposals would allow members of the public to seek direct services from PTs (including those in DHCs) without a doctor's referral for the health conditions specified by clinical protocols, which were to be issued by the authorized bodies. These health conditions should generally fulfil certain criteria, such as being highly prevalent in the community; mostly degenerative with non-pharmaceutical treatment proven to be effective; and unlikely to develop into acute conditions that warranted specialist doctors' immediate attention, etc. (see paragraph 12(d) below);

(b) direct access arrangement would be implemented on the premise of proper risk management. Patients would normally be confirmed to be suitable for physiotherapy treatment in the relevant practice settings after diagnosis by a doctor, while clinical protocols would be drawn up by the Primary Healthcare Office, the Department of Health and the Hospital Authority to set out the health conditions applicable to the direct access arrangement;

(c) the Administration would closely monitor the impact of the arrangement on the healthcare services and manpower situation in both the public and private sectors in future; and

(d) the legislative proposals involved the collaboration among various healthcare professions, and thus their implementation would require the councils and boards of relevant healthcare professions to make corresponding amendments to the Codes of Practice. The Government reckoned that various healthcare professions could proceed with the relevant arrangements first, so that subsequent reviews could be made based on actual operational experience.

*Views on the three specified circumstances*

11. Regarding **the three specified circumstances** (see paragraph 7(a) to (c) above), the following concerns/enquiries were raised:

(a) on the requirement under the proposed legislative amendments that patients under the direct access arrangement had to produce documentary proof of diagnosis from a doctor within the last 12 months, some Members enquired whether it could instead be PTs checking the electronic medical records of patients;

(b) Members enquired how the public could substantiate verbal diagnoses given by doctors during voluntary medical consultations;

(c) on the requirement under the proposed legislative amendments that patients had to produce documentary proof of diagnosis from a doctor and to register with their own family doctors, Members held that this would impose additional restrictions on the direct access arrangement;

(d) Members asked whether the health conditions listed in the clinical protocols would include injuries or individual symptoms, and whether the public could have direct access to physiotherapy services for pain treatment;

(e) pointing out possible cases of multiple charging if a patient seeking physiotherapy service directly found that his/her health condition was not included in the clinical protocols and had to be referred by a doctor first, Members suggested formulating guidelines to stipulate that PTs should not charge fees under such circumstances; and

(f) on allowing patients to have direct access to physiotherapy services in "emergencies and other circumstances endorsed by the SMP Council" under the proposed legislative amendments, some Members considered that "other circumstances" could not be exhaustively listed, and they suggested that only broad principles, rather than a list, could be drawn up.

12. **The Administration's overall response** was as follows:

(a) a patient could produce any information as a proof of diagnosis from a doctor, which did not necessarily have to be in paper form or a doctor's referral letter;

(b) verbal diagnoses given by doctors during voluntary medical consultations were informal diagnoses;

(c) there was no overlap between the requirements of proof of diagnosis and registration with a family doctor. Patients could receive services under the direct access arrangement with the production of proof of diagnosis from a doctor even if they did not register with a family doctor;

(d) the health conditions listed in the clinical protocols might include common chronic conditions, degenerative conditions such as degenerative knee osteoarthritis, and conditions that were unlikely to change acutely. As pain could be caused by a variety of reasons or could be a symptom of individual serious illnesses, it was not feasible to judge the suitability of a patient to receive physiotherapy treatment directly solely based on the pain; and

(e) DHCs could help the public understand the health conditions in the clinical protocols and advise whether they could receive physiotherapy treatment directly. As regards the charging of fees, it would be up to the SMP Council and its relevant Boards to draw up professional guidelines to rationalize the process.

<u>Making continuing professional development a mandatory requirement for supplementary medical professionals</u>

13. Members **generally supported** the preliminary legislative proposal of making CPE a mandatory requirement for SMProfs. Some Members enquired **whether SMProfs would be required to have relevant clinical experience when renewing practising certificates** in the future, in addition to complying with the mandatory CPE requirement. There were also concerns about **how to monitor the implementation of the mandatory CPD**.

14. The Administration advised that similar requirement was already put in place in other medical professions. In light of the rapid development of medical technology, SMProfs had to equip themselves with updated

professional knowledge and skill level. Therefore, it was proposed that SMProfs be required to comply with the mandatory CPE requirement when renewing their practising certificates.

Enabling radiographers and medical laboratory technologists to accept referrals from Chinese medicine practitioners under specified circumstances

15. Members **generally supported** the preliminary legislative proposal to enable CMPs to refer patients to RGs and MLTs 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. Some Members **suggested that continuing training courses could be provided for CMPs** as a threshold for allowing them to refer patients.

16. 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 an RG, the normal practice of Western medical practitioners was to refer patients to a radiologist who would interpret and analyze 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.

17. On the Administration's proposal to merely enable, in the first phase, RGs and MLTs working in CMHHK to accept referrals from CMPs also working therein, some Members considered that such differential treatment might lead to public misunderstanding and doubts about the professional qualifications of CMPs in private practice, and **considered that all RGs and MLTs should be allowed to accept referrals from all CMPs**.

18. In response, the Administration pointed out that the legislative proposal was a reform. Full consideration should be given to the ability of CMPs, as well as the mode of cooperation and referral among different medical professions. The first Chinese Medicine Hospital in Hong Kong would adopt a different governance structure and a new service delivery model led by CMPs, providing services such as collaboration between Chinese and Western medicine, diagnostic radiology and laboratory services, thus making it an ideal institution to implement the proposal.

19. In response to a Member's question on 15 January 2025, the Administration also clarified that when the legislative amendments took effect, relevant medical professionals, such as RGs and MLTs, would be allowed to accept referrals from CMPs. However, timing-wise, how RGs and MLTs as a whole would accept referrals from CMPs in Hong Kong was a matter to be jointly discussed by CMPs, RGs and MLTs regarding the entire process, actual requirements, and particularly the responsibilities involved. Having said that, as CMHHK had already put in place corresponding mechanisms in terms of its organization, facilities and management, CMHHK would be allowed to determine the mode of referral, interdisciplinary collaboration, as well as clinical guidelines and responsibilities based on its own governance once the legislative amendments took effect, without having to wait for the discussions of the three professional bodies aforementioned.

## Latest development

20. At the House Committee meeting on 28 March 2025, Members agreed to form a Bills Committee to scrutinize the Bill.

## Relevant papers

21. A list of relevant papers is set out in the **Appendix.**

Council Business Divisions
Legislative Council Secretariat
14 April 2025

**Appendix**

**Bills Committee on Supplementary Medical Professions (Amendment) Bill 2025**

**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)<br>Minutes |
| | 8 December 2023 | Agenda Item II: Progress update on legislative proposal to amend the Supplementary Medical Professions Ordinance (Cap. 359)<br>Minutes<br>Follow-up paper |
| | 14 December 2023 and 31 January 2024 | Letter dated 13 December 2023 from Dr Hon David LAM on "有關開放註冊放射技師和註冊醫務化驗師接受中醫師轉介事宜" (Chinese only)<br><br>Administration's response |
| Bills Committee on Supplementary Medical Professions (Amendment) Bill 2025 | - | The Bill<br>Legislative Council Brief<br>Legal Service Division Report |

| Council meeting | Paper |
|---|---|
| 15 January 2025 | Question 6: Legislative proposal to amend the Supplementary Medical Professions Ordinance |