



HONG KONG CHINESE MEDICAL ASSOCIATION LTD.  
香港中華醫學會有限公司



8 May 2025

Dr. Hon David Lam

Chairman

Bills Committee on Supplementary Medical Professions (Amendment) Bill 2025

Legislative Council

Hong Kong SAR

Dear Dr. Hon. David Lam,

**Re: Legislative Council proposed amendments to the Supplementary Medical Professions Ordinance (Cap. 359)**

We appreciate the Legislative Council plans to amend the Supplementary Medical Professions Ordinance (Cap. 359) (“SMPO”) in order to strengthen the roles of supplementary medical professions (“SMP”) in the local healthcare system (especially in the primary healthcare setting), including enabling direct access to physiotherapy and occupational therapy services without a doctor’s referral, enabling SMPs to accept referrals from Chinese medicine practitioners to further strengthen inter-disciplinary collaborations, and the introduction of new pathways to admit non-locally trained SMPs to address the manpower shortage in the public healthcare sector.

However, we have the following opinions on the proposed measures in order to safe guard the health care of the people of Hong Kong.

**A. Opinion on Direct Access to Physiotherapists and Occupational Therapists**

We appreciate the ongoing efforts to amend the Supplementary Medical Professions Ordinance and would like to provide our input regarding the proposal for direct access to physiotherapists and occupational therapists.

**1. Clinical Protocols**

We support the proposal to allow direct access based on clinical protocols developed by the Department of Health, Hospital Authority, Primary HealthCare Commission, and Chinese Medicine Hospital.

**2. Patients with Recent Diagnoses**

For patients diagnosed by a medical doctor or Chinese Medical Practitioners (CMPs) within the last 12 months, we suggest the following:

- (a) Implement a cap on the number of treatment sessions permitted under this arrangement. Without proper supervision, there may be oversight on patient progress, potentially leading to delays in management.
- (b) Establish a network between primary care doctors and SMPs to ensure an adequate feedback loop, facilitating better communication and continuity of care.

### **3. Emergency Situations in Care Homes and Sheltered Workshops**

We support the provision for direct access in emergency situations within care homes or sheltered workshops.

## **B. Opinion on Direct Referral by Chinese Medical Practitioners to Medical Laboratory Technologists and Radiographers**

The body of knowledge regarding diseases and their management by Chinese Medical Practitioners (CMPs) differs significantly from that of the mainstream medical system. Currently, effective communication between these two systems is not feasible. Therefore, we find the proposed referral of patients to radiology and medical technology by CMPs lacking in utility, as the diagnostic terminology of Traditional Chinese Medicine (TCM) does not align with the mainstream medical language. This disconnect could lead to misunderstandings and potentially disastrous clinical outcomes. While we support the integration of TCM into mainstream medicine as a national strategy, allowing direct referrals is not the appropriate approach.

Before the government advances this proposal, we must address the following concerns to safeguard patient and public safety:

### **1. Standard of Knowledge**

It is crucial to assess the level of knowledge that CMPs possess in this area of medicine. We question whether CMPs fully possess the discretionary ability to refer patients for laboratory testing and radiography for effective diagnosis and management.

### **2. Curriculum and Monitoring**

If the ability to refer is deemed necessary, a clear and robust curriculum should be established for CMP training in this area. Only those CMPs with adequate exposure to Western medicine should be permitted to make referrals. Additionally, reputable mainstream medical practitioners should be appointed to the professional body of CMPs to adjudicate complaints involving radiology and medical technology reports.

### 3. Continuity of Care

In cases of successful referral, the case should be directed to appropriate medical specialists for continued care where necessary.

### 4. Potential Risks

Without proper guidelines, there is a risk that referrals could be made indiscriminately, resulting in delays for patients who genuinely need these services and overwhelming the system with unnecessary referrals.

### C. Conclusion

We urge the Legislative Council to consider our suggestions to ensure that the proposed changes enhance patient care while maintaining high standards of practice among all involved medical professionals.

Thank you for considering our submission.

This open letter is jointly submitted by the following medical organisations:

Hong Kong Chinese Medical Association, HKCMA (first draft prepared by Dr. Henry Yeung, Vice President of HKCMA)

Association of Private Medical Specialists of Hong Kong, APMSHK

Medical Conscience, MC

Association of Medical Practitioners of Societies' Clinics, AMPSC

Yours faithfully,



Dr. Jane Chan  
President, HKCMA

Dr. Samuel Kwok  
President, APMSHK

Dr. Charas Ong  
Chair, MC

Dr. Law Yim-kwai  
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