THE FIRST LINE PRACTITIONER STATUS OF PHYSIOTHERAPISTS

GUIDING PRINCIPLES

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1. **ABBREVIATIONS**
   
   Health Professions Council of South Africa  
   World Confederation for Physical Therapy  
   First Line Practitioners  
   Health Care Professional  
   South African Society of Physiotherapy

2. **INTRODUCTION**
   All physiotherapists registered with the HPCSA are considered first line practitioners, working in open and equal partnership with medical and other health care practitioners, in the care of their patients.

3. **DEFINITIONS**
   For clarity the definitions of first contact status vs. first line practitioner are as follows:

3.1. **First Contact Status**
   This is merely the first person that the patient comes into contact with. It is
possible that this person may be able to assist, but would / can refer to the appropriate practitioners. An example would be an environmental health inspector who comes across a cholera outbreak.

3.2. **First Line status practitioner**

This is a person who can make an independent diagnosis and can treat such a condition, provided it falls within his / her scope of practice. Should the condition fall outside of their scope of practice, this practitioner will refer on. This person is autonomous in professional decision-making. It is acknowledged that with “first line practitioner status” come accountability and legal responsibilities.

There is thus a clear differentiation between “First Contact status” and “First Line status” and the terms are not interchangeable.

4. **ETHICAL STATUS**

Physiotherapists were first recognised as First Line Practitioners in the ‘Scope of Practice Document’ (1985), and were acknowledged as such by the then regulating body, the SAMDC (South African Medical and Dental Council).

The current regulating body of physiotherapists, the HPCSA, again verified the FLP status of physiotherapists in February 1997, at the Executive Meeting of the Physiotherapy Board, when a ruling was obtained upon request from the SASP.

The above confirms the ethical status of FLP status of physiotherapists.

5. **LEGAL STATUS**

5.1. The Tariff Committee of the SASP previously sought a legal opinion on this matter (see addendum 1).

5.2. An extract of a legal opinion given by Esmé Prins (then legal advisor to SAMA), is quoted:

1. *The ruling of the HPCSA (formerly the SAMDC) that you have attached to your request does make reference to the status of physiotherapists as first line practitioners.*
It would therefore appear that the ethical rules and the ruling are the only statutory references confirming the first line practitioner status of physiotherapists. These rules and ruling provide support for direct access of physiotherapists by patients and the clinical autonomy of physiotherapists to diagnose and treat patients within their scope of practice. It appears therefore to be legally and ethically acceptable for a patient to approach a physiotherapist for treatment without the intervention of another health care practitioner.

This confirms the legal standing of the first line practitioner status of physiotherapists.

6. **Implications of First Line Practitioner Status**

6.1. **Independent Judgment**

The FLP status accorded to physiotherapists is based on the principle of independent judgment. This implicates professional discretion to make a diagnosis and present solutions, based on sound verdicts, to proceed with management. Physiotherapists thus act independently on their own judgment, without supervision, as First Line Practitioners.

Physiotherapists practice and work in association with the patients’ health care team, and may, for example, refer patients for X-rays, refer to a specialist, write and issue sick notes and administer prescribed medicine. Physiotherapists examine, evaluate and treat or refer patients in their own right, within their scope of practice. Physiotherapists thus also carry a great deal of responsibility, and are responsible for their own practice, choice of treatment etc. Should the condition fall outside of their scope of practice, or the treatment given does not have the desired effect, this practitioner should refer the patient the relevant Health Care Professional (HCP).

Autonomy of action is based on professional standards, advanced knowledge and proficient skill. The physiotherapist is the final judge whether intervention is appropriate and, if so, the form it should take. This autonomy is usually
determined by the practitioner’s own predisposition and the attitudes of colleagues (peer review).

Professionals are expected to meet the following criteria in order to be afforded independent judgment:

- **Commitment to public good**;
- A distinctive attitude to professional work. A professional is never “off duty”;
- Thus the physiotherapist will be judged by the standards of the profession, regardless of the context or circumstances or whether advice or treatment is given;
- Good working relationships between related and/or ancillary professionals, and recognition of professional autonomy by all concerned. There should be role clarification (which may overlap to a certain extent), trust, channels of inter-referral and a specific code of conduct in the health care team;
- **Trustworthiness.** Professionals are accorded considerable trust, allowed to deal in fudity (trust/confidential/reliance) matters, to handle confidential information and are often officially consulted about professional matters.
- **Acknowledgement of social standing, status and prestige.** These are acknowledged if society is convinced that the members of the profession pursue their vocation honestly and disinterestedly, i.e. not purely for financial gain.

6.2. **Advanced Expertise**

- Professional practice should be based upon a substantial body of advanced theoretical knowledge and skill;
- There is professional and legal obligation to update this knowledge and to keep abreast of new developments. This knowledge base should be substantiated by research;
- The professional organisation, i.e. the SASP, supports its members in maintaining and acquiring expertise and knowledge. Membership of the SASP is highly recommended, but not mandatory.
6.3. **Social Organization**

- The Board for Physiotherapy, Podiatry and Biokinetics of the HPCSA is a body that protects the public from professional misconduct and malpractice, and guides professionals. This body controls standards of entry into, and training/education for, the profession, as well as maintaining or ensuring high ethical standards of conduct and practice of the registered professionals.

- The professional association (SASP), on the other hand, acts as the authoritative voice in technical matters, reflecting its members’ unrivalled expertise. It affords considerable protection for its members, guarding their interests (politically, socially and legally) and promotes levels of appropriate remuneration. The professional association provides updating workshops/courses, and publishes a journal dedicated to disseminating knowledge and research findings namely the “South African Journal of Physiotherapy”, as well as an informal magazine called “Hands On” to inform members regarding matters that concern them and the profession.

6.4. **Conduct and Ethics**

Ethics represent morally desirable conduct, beliefs and character, resulting in a set of well-researched principles, policies, ideals, beliefs, attitudes and conduct.

Ethical rules have been laid down by HPCSA, as expressed in the Health Professions Act of 2006 (Refer to Department of Health website [www.doh.gov.za](http://www.doh.gov.za) or HPCSA website: [www.hpcs.co.za](http://www.hpcs.co.za)) and the SAP have approved a Code of Conduct and Ethical Principles (see SAP website: [www.physios.org.za](http://www.physios.org.za)) to which members are expected to adhere.

As a general guideline, most health professionals have accepted four basic ethical principles or criteria, namely:

- Beneficence (to do most good)
- Non-maleficence (to do no/least harm)
- Justice (to treat all persons fairly and equally)
- Autonomy (each person has the right to make his/her own decisions)
7. **WORLD CONFEDERATION FOR PHYSICAL THERAPISTS (WCPT)**

The 13th General Meeting of WCPT, June 1995, accepted the declarations of Principle of Autonomy and of Principal of Private Practice. Amendments to this were approved at the WCPT General Meeting in Amsterdam June 2011. At the General Meeting in June 2011 in Amsterdam, a further policy was adopted, entitled the “Principle of self referral, direct access”.

7.1. **Declaration of Principle of Autonomy**

The central element of professional autonomy is the assurance that individual Physical Therapists have the freedom to exercise professional judgment in health promotion, prevention and the care and treatment of clients within the limits of the therapist's prevailing knowledge and competence.

In so far as the actions of the physical therapists are the responsibility of the individual therapists, it follows that their professional decisions cannot be controlled or compromised by employers, persons from other professions or others.

As a corollary to the right of professional autonomy, the physical therapy profession has a continuing responsibility to be self-regulating:

- The professional ethics and conduct of physical therapists must always be within the bounds of the Professional Code of Ethics governing physical therapists in each country.
- National Associations must have a procedure for dealing with members who breach the Code, and a procedure through which the public may recognize the authority of the profession to regulate itself.

7.2. **Principle of Private Practice**

Since physical therapy is an autonomous and independent profession, there should be no impediment to physical therapists entering into a service delivery system designated as private practice, in which individual therapists contract to deliver services to the public in accord with Government health care policies or market forces.
Government health care policies or market forces will determine methods of payment which involve third parties, the physical therapy association being involved in negotiations on behalf of physical therapists.

7.3. **Principle of self referral, direct access**

The World Confederation for Physical Therapy (WCPT) advocates that direct access to physical therapy and patient/client self-referral will allow service users to meet their physical therapy goals. Physical therapy professional entry-level education prepares physical therapists to be first contact autonomous practitioners, able to assess/examine, evaluate, diagnose, treat/intervene, evaluate outcomes and discharge patients/clients without referral from another health professional (eg medical practitioner) or other third party.

7.3.1. Further, WCPT advocates for service developments and delivery models that allow patients/clients improved access to physical therapy services through the ability to refer themselves directly to a physical therapist. The terms direct access* and patient self-referral refer to the circumstances where physical therapy services are available to patients/clients without the requirement of a referral.

7.3.2. In many health service delivery systems throughout the world, the users of physical therapy services do not require such a referral. In these instances, direct access to physical therapy services is supported by national/provincial/regional/state legislative frameworks and by the standards of professional practice of physical therapists. A growing body of research evidence supports the clinical and cost effectiveness of such services and their acceptability among service users.

7.3.3. WCPT advocates for the right of users of physical therapy services to self-refer to services if they so desire and believes that this right promotes the autonomy of users of physical therapy services and enables fair and equitable access to such services.

WCPT advocates for health insurance reimbursement models that do not require the referral of a medical practitioner before a patient/client may seek the services of a physical therapist.
7.3.4. WCPT encourages member organisations to:

- advocate for direct access and patient/client self-referral with national/provincial/regional/state health departments, health professions and other organisations, such as those that provide reimbursement for physical therapy expenses and those that represent service user groups;
- ensure that physical therapist professional entry level education programmes prepare physical therapists as independent autonomous practitioners able to see patients/clients without a third-party referral;
- provide where necessary post-qualifying continuing professional development opportunities to ensure that physical therapists are equipped for direct access and patient/client self-referral support research efforts aimed at evaluating direct access and patient/ client self referral services;
- make their members aware of resources to support the implementation of direct access and patient/ client self-referral services;
- make their members aware of their responsibilities when providing direct access to physical therapy services;
- share the outcome of direct access and patient/ client self-referral services with other member organisations to develop the global evidence base promote to the public that direct access to physical therapist services can assist patients /clients to address their health care needs and remain independent in their homes and communities.

8. **HEALTH PROFESSION COUNCIL OF SOUTH AFRICA (HPCSA)**

The earlier version of this document – the First Line Position Statement Document (Rev 2) 2008) document was tabled at the Board Meeting, held on the 15 October 2008, for the Physiotherapy, Podiatry and Biokinetics (PPB) Professional Board of the HPCSA. The meeting was attended by PPB Board Members, as well as the Registrar of the HPCSA, Advocate Boyce Mkhize, representing the HPCSA Executive Board. The contents of this SASP Position Paper were acknowledged and accepted and as such, approval of this document and by inference the first line practitioner status and implications thereof for physiotherapists was granted by both the PPB Board and the
Executive Board. Refer to Addendum 2 for the official letter from HPCSA.

9. REFERENCES

9.1. Health Professions Act of 1974, amended in 2007:

9.2. WCPT policy on Direct access:


10. REVIEW HISTORY

(SASP policy to review every 3 years)

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<th>Critical Events model</th>
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ADDENDUM 1

Healthcare Navigator cc
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MS MELANIE SKEEN TARIFF CHAIRMAN
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2002-10-03

Dear Melanie

OPINION: PHYSIOTHERAPISTSASFIRSTLINE PRACTITIONERS

I have reviewed your request of 24 September 2002 for an opinion on the course of action to be taken by the SA Society of Physiotherapy in respect of medical schemes or medical scheme administrators that ignore the first line practitioner status of physiotherapists. After consideration of this matter and discussion with Mr Johan Coetzer from the Health Professions Council of SA (HPCSA) (Professional Board for Physiotherapy), I wish to advise as follows:

1. A ‘first line practitioner’ is a practitioner capable of making a diagnosis and being able to treat. The practitioner must refer if the problem is outside of his/her scope of practice; (Definition supplied)

2. The definition of a first line practitioner does not state that a patient must at all times have the right of direct access to such a practitioner. It merely indicates that the
practitioner is competent to make a diagnosis and by implication would permit direct access to such practitioner by patients;

3. The ethical rules pertaining to the profession of physiotherapy do not state specifically that physiotherapists are regarded as first line practitioners. An interpretation of these rules, however, does lead to such a conclusion. In terms of these rules, physiotherapists are allowed to independently diagnose and treat patients for conditions, which fall within their scope of practice. The Professional Board for Physiotherapy supports this position as confirmed by Mr. Coetzer;

4. The ruling of the HPCSA (formerly the SAMDC) that you have attached to your request does make reference to the status of physiotherapists as first line practitioners;

5. It would therefore appear that the ethical rules and the ruling are the only statutory references confirming the first line practitioner status of physiotherapists. These rules and ruling provide support for direct access of physiotherapists by patients and the clinical autonomy of physiotherapists to diagnose and treat patients within their scope of practice. It appears therefore to be legally and ethically acceptable for a patient to approach a physiotherapist for treatment without the intervention of another health care practitioner.

6. However, the rules and ruling referred to do not compel any person or institution (funder) to allow for visits by patients to physiotherapists without referral from another practitioner or to provide benefits for direct access by patients to physiotherapists;

7. Mr Coetzer indicated that the Professional Board's position on this matter has also been communicated to the Board of Healthcare Funders of Southern Africa (BHF). I have confirmed with BHF that their members are not specifically advised to acknowledge the first line practitioner status of physiotherapists and that they are free to determine in their rules how they wish to offer benefits in respect of physiotherapy treatment;

8. There are no specific rules or legislative provisions that oblige medical schemes to determine their benefits with reference to the categories of professionals that qualify as first line practitioners. One would expect funders to offer benefits that reward quality and cost- effectiveness of treatment;

9. Furthermore, medical schemes only pay benefits and not fees/tariffs for procedures. This allows for significant flexibility on the side of funders as to the type and value of benefits offered;
10. With the advent of managed health care and in particular the pressure emanating from medical schemes and medical scheme administrators to contain costs, efforts will be made by funders to restrict and disincentivise access to certain health care services. The best response in such an instance would be to demonstrate that quality care could be delivered in the most cost-effective manner in the best interest of the patient only if unrestricted access was granted to certain health care services such as physiotherapy;

11. It is worth mentioning that in terms of the regulations to the Health Professions Act, patients may also access medical specialists directly. However, practice within certain medical specialties requires referrals from general practitioners (or other health care professionals) before patients are consulted. On an increasing basis medical schemes also require referrals from at least a general practitioner before benefits are paid in respect of specialist medical services;

12. I would recommend that the way to approach this thorny issue, would be to consider the following course of action:

- Approach BHF for their assistance in resolving this matter and preferably ensure that BHF at least issues a recommendation to their members in this regard;

- Request the Professional Board for Physiotherapy (Secretary: Adele Taljaard) to supply you with a letter for the 'defaulting' medical scheme to support the first line practitioner status of physiotherapists (Mr Coetzer indicated that they would be willing to support you in this way);

- Request the Professional Board for Physiotherapy to support you in other ways to have your clinical independence recognised by funders;

- Demonstrate cost-effectiveness and if possible, outcomes, in instances where physiotherapists act as first line practitioners;

- Through continued discussions with the relevant medical schemes attempt to convince them to respect the clinical autonomy of physiotherapists within their scope of practice;

- If medical schemes are not prepared to recognise your first line practitioner status in general, attempt to agree on a list of conditions for which they would be willing to acknowledge this status. This may require your Society to prepare treatment protocols for such a list of conditions;
Focus on patient interest (cost-effectiveness and quality of care) in discussions with the relevant parties.

I trust that the aforementioned guidelines provide you with some direction in this matter. Please advise if I could be of further assistance or provide further clarity to any aspect raised in this opinion.

Thank you for the kind instruction.
Yours sincerely

ESMé PRINS
HEALTHCARENAVIGATORCC

ADDENDUM 2
LETTER FROM HPCSA DATED 26 NOVEMBER 2008
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

Mrs M Fourie
Deputy President:
South African Society of Physiotherapy
P O Box 92125
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Dear Mrs Fourie

FIRST LINE PRACTITIONER STATUS OF PHYSIOTHERAPISTS

I wish to confirm that the Professional Board recently considered the SASP Position Paper on the First Line Practitioner Status of physiotherapists as well as your e-mail pertaining to the matter.

The Board then resolved that -

a. you be advised that principles contained in the submission found support from the Board and principles enunciated in the document were confirmed by the Board including the fact that Physiotherapists were regarded as first line practitioners;

b. the Department of Labour, the Competition Commission and the Board of Healthcare Funders of Southern Africa be advised that -

1. It recently came to the attention of the Professional Board that the status of Physiotherapists as “first line” practitioners was not recognised in terms of regulations of certain medical schemes, the Road Accident Fund and the Compensation Commissioner in that they require medical practitioners to determine when the treatment of patients by physiotherapists could be terminated and the patient discharged;

2. Physiotherapists are first line practitioners, which entitles them to determine when a patient could be discharged and, therefore, do not require a medical practitioner or chiropractor to discharge the patient;

3. the Professional Board had reiterated that Physiotherapists who perform professional acts in the field of physiotherapy were regarded as first line practitioners and were, therefore, not required to be supervised by Medical Practitioners, Chiropractors or any other practitioner.

/2...

Protecting the public and guiding the professions
President: Dr Nicky Fadzayidawhe, Vice President: Prof Lehtoja Maja, Registrar/CEO: Adv Boyce MHnke