



THE FIRST LINE PRACTITIONER STATUS OF PHYSIOTHERAPISTS

GUIDING PRINCIPLES

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CONTENTS

1. ABBREVIATIONS	4
2. DEFINITIONS: FIRST CONTACT STATUS vs FIRST LINE PRACTITIONER STATUS....	4
2.1. First Contact Status	4
2.2. First Line Practitioner Status.....	4
3. INTRODUCTION.....	5
4. ETHICAL RULES	5
5. HEALTH PROFESSIONS COUNCIL OF SA.....	6
6. WORLD CONFEDERATION FOR PHYSICAL THERAPISTS	7
6.1. Principle of Autonomy	7
6.2. Principle of Practice	7
6.3. Principles of Self-Referral and Direct Access.....	8
7. MEDICAL CERTIFICATES	10
8. COLLABORATION WITH OTHER PRACTITIONERS.....	10
9. IMPLICATIONS OF FIRST LINE PRACTITIONER STATUS	11
9.1. Direct Access	11
9.2. Independent Judgment	11
9.3. Expertise	13
9.4. Social Organisation.....	13
9.5. Conduct and Ethics.....	14
10. REFERENCES.....	14

11. REVIEW HISTORY 15

ADDENDUM A..... 16

1. ABBREVIATIONS

FLP	First Line Practitioners
HPCSA	Health Professions Council of South Africa
PPB	Physiotherapy, Podiatry and Biokinetics
SASP	South African Society of Physiotherapy
WCPT	World Confederation for Physical Therapy

2. DEFINITIONS: FIRST CONTACT STATUS vs FIRST LINE PRACTITIONER STATUS

There is a difference between “First Contact Status” and “First Line Practitioner Status”. These terms are not interchangeable and are defined as follows:

2.1. FIRST CONTACT STATUS

First contact status refers to the first person with whom the patient comes into contact. It is possible that this person may be able to assist the patient, but he/she can also refer the patient to other appropriate practitioners for evaluation and treatment. An example would be a physiotherapist attending to an injured player at a soccer match or motor vehicle accident.

2.2. FIRST LINE PRACTITIONER STATUS

First Line Practitioner (FLP) status refers to a person who is skilled to make an independent diagnosis and treat certain conditions, provided they falls within his/her scope of practice. Should the condition fall outside of the practitioner’s scope of practice, the practitioner must refer the patient to another appropriate practitioner. FLP status implies autonomy in professional (clinical) decision-making and entails accountability and legal responsibilities for the relevant practitioners.

3. INTRODUCTION

All physiotherapists registered with the Health Professions Council of SA (HPCSA) are considered first line practitioners, working in open and equal partnership with medical and other health care practitioners, in caring for their patients. This document contains guidance for physiotherapists as to the meaning of first line practitioner (FLP) status in practice as well as in the relevant legal and ethical framework.

4. ETHICAL RULES

The “*Rules of Conduct pertaining specifically to the Profession of Physiotherapy, Podiatry and Biokinetics*”¹ provides that

“A physiotherapist—

- (a) *Shall confine himself or herself to clinical diagnoses and practicing in the field of physiotherapy in which he or she was educated and trained and in which he or she has gained experience, regard being had to both the extent and the limits of his or her professional expertise;*
- (b) *Shall not fail to communicate and cooperate, where appropriate with medical practitioners in the diagnosis and treatment of a patient;*
- (c) *Shall refer a patient to a practitioner when the patient’s problems and needs are beyond the scope of physiotherapy; and*
- (d) *Shall not employ a physiotherapy assistant without the prior written approval of the council: Provided that this prohibition shall not apply in the case of fulltime or part-time employment in the public service.”*

In terms of these rules, physiotherapists are allowed to independently diagnose and treat patients for conditions, which fall within their scope of practice with due regard of their training, experience and professional expertise. They may also refer patients to other practitioners.

¹ Annexure 9 to the Ethical Rules of the HPCSA.

With reference to the defined scope of practice for physiotherapy and the rules of conduct applicable to physiotherapy, it would appear that there may be instances where physiotherapists may make independent diagnosis. However, there are also situations where another practitioner may make the diagnosis and require the physiotherapist to provide certain services in support of the diagnosis.

5. HEALTH PROFESSIONS COUNCIL OF SA

Physiotherapists were first recognised as First Line Practitioners (FLPs) in 1985 by the then South African Medical and Dental Council (SAMDC), the predecessor of the HPCSA. The Executive Committee of the Professional Board for Physiotherapy, Podiatry and Biokinetics of the HPCSA confirmed this position in February 1997². The Professional Board confirmed the position again in 2008³. In addition to accepting the FLP status policy document of the SA Society of Physiotherapy (SASP), the Board agreed that the FLP status of physiotherapists entailed the following:

- Physiotherapists can diagnose and treat within their scope of practice;
- Physiotherapists confine themselves to clinical diagnosis and practice in those fields of physiotherapy in which they have been trained, recognising both the extent and limitations of their professional expertise;
- Physiotherapists should refer on, should the condition fall outside the scope of practice of a physiotherapist;
- Physiotherapists could determine when physiotherapy treatment could be terminated;
- Physiotherapists could discharge patients;
- Physiotherapists did not require supervision from medical practitioners, or any other practitioner; and
- Physiotherapists could request X-rays on behalf of patients.

² Executive Committee of the Professional Board for Physiotherapy, Podiatry and Biokinetics.

³ Letter from the HPCSA dated 26 November 2008.

This position is set out in a letter of the HPCSA dated 26 November 2008 and attached hereto as Addendum A.

6. WORLD CONFEDERATION FOR PHYSICAL THERAPISTS

The World Confederation for Physical Therapists (WCPT) has adopted the principles of autonomy, private practice, self-referral and direct access. These principles are as follows:

6.1. PRINCIPLE OF AUTONOMY

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

The actions of physiotherapists remain the responsibility of the individual therapist and 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 physiotherapy profession has a continuing responsibility to be self-regulating:

- The professional ethics and conduct of physiotherapists must always be within the bounds of the Professional Code of Ethics governing physiotherapists in the country.
- The South African Society of Physiotherapy has a procedure for dealing with members who breach the Code, and a procedure through which the public may recognise the authority of the profession to regulate itself.

6.2. PRINCIPLE OF PRACTICE

Since physiotherapy is an autonomous and independent profession, there should be no impediment to physiotherapists entering into a service delivery system

designated as private or public 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, whilst the South African Society of Physiotherapy will be involved in discussions on behalf of physiotherapists.

6.3. PRINCIPLES OF SELF-REFERRAL AND DIRECT ACCESS

The WCPT advocates that

- Direct access to physical therapy⁴ 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 (e.g. medical practitioner) or other third party.
- 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 physiotherapy services are available to patients / clients without the requirement of a referral. In many health service delivery systems throughout the world, the users of physiotherapy services do not require such a referral. In these instances, direct access to physiotherapy services is supported by national / provincial / regional / state legislative frameworks and by the standards of professional

⁴ Physical Therapy or Physical Therapist is the international recognised term for Physiotherapist. It would depend on the term agreed upon by each country. In South Africa the term Physiotherapy or Physiotherapist is used.

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.

- 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.
- 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.

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.

7. MEDICAL CERTIFICATES

In terms of the Basic Conditions of Employment Act 75 of 1997, physiotherapists may issue medical or sick certificates.

Section 23 of this Act provides as follows:

“(2) The medical certificate must be issued and signed by a medical practitioner or any other person who is certified to diagnose and treat patients and who is registered with a professional council established by an Act of Parliament.”

8. COLLABORATION WITH OTHER PRACTITIONERS

The Rules of Conduct applicable to physiotherapists require them to communicate and cooperate, where appropriate, with medical practitioners in the diagnosis and treatment of a patient.

Similarly, the Rules of Conduct applicable to medical practitioners provide that they *“shall not fail to communicate and cooperate with medical practitioners, medical specialists and other health practitioners in the diagnosis and treatment of a patient.”*

From this, relating to the Scope of Practice of Physiotherapy, one can denote that, in addition to their FLP status, physiotherapists perform “supplementary services” to medicine and would typically occur when a patient is admitted to hospital. The physiotherapist would carry out certain procedures based on the diagnosis made and/or referral by, a medical or dental practitioner.

9. IMPLICATIONS OF FIRST LINE PRACTITIONER STATUS

9.1. DIRECT ACCESS

The fact that a physiotherapist may diagnose patients subject to the limitations expressed in the Scope of Practice of Physiotherapy and the Rules of Conduct, confirms that patients may access physiotherapists directly without referral by another practitioner. The Rules of Conduct should be considered in the context of the Scope of Practice of Physiotherapy, which requires diagnoses and referrals in certain instances by other health practitioners such as doctors and dentists.

Although the Professional Board of Physiotherapy, Podiatry and Biokinetics may, amongst others, in terms of Section 15B of the Health Professions Act 56 of 1974 “*consider any matter affecting any profession falling within the ambit of the professional board and make representations or take such action in connection therewith as the professional board deems advisable*”, it cannot impose rules and rulings on entities not subject to its jurisdiction e.g. medical schemes. Therefore, since no statutory provision requires that patients must directly access physiotherapists without referral, medical schemes are not obliged to incorporate such provision in their rules. In terms of the law, with specific reference to the Medical Schemes Act 131 of 1998, medical schemes may require referrals to physiotherapists before benefits are payable for physiotherapy services in terms of the rules of the scheme. This is similar to the position of medical specialists.⁵ It should however, be noted that in the case of medical specialists, their right to see patients without referral is incorporated in Regulations and is not based on a ruling from the relevant Professional Board.

9.2. INDEPENDENT JUDGMENT

The FLP status accorded to physiotherapists, incorporates the principle of

⁵ Regulation 17 of the Regulations Relating to the Specialities and Subspecialities in Medicine and Dentistry. GNR.590 of 29 June 2001.

independent judgment. Independent judgment requires professional discretion to be exercised to make a diagnosis and present solutions to patients. Physiotherapists may examine, evaluate and treat or refer patients in their own right, within their scope of practice. Physiotherapists therefore operate independently according to their own judgment, without supervision, as FLPs.

Physiotherapists must cooperate with the patients' health care team and may refer patients for X-rays, allowing the physiotherapist to obtain further information regarding the diagnosis. Physiotherapists may also refer patients to other health care practitioners, issue sick notes (medical certificates) and administer prescribed medicine, within their scope of practice. Physiotherapists therefore carry significant responsibility and are accountable for decisions made. Should a condition fall outside of their scope of practice or if the treatment given does not have the desired effect, physiotherapists should refer the patient to an appropriate health care professional.

Professional autonomy is based on professional standards, advanced knowledge and proficiency. The physiotherapist must decide whether an intervention is appropriate and, if so, the form it should take, subject to his/her scope of practice, education, skill and training.

A physiotherapist should note the following in respect of a 'Professional:

- *Commitment to public good;*
- *A distinctive attitude to professional work.* A professional is never "off-duty";
- Professionals 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), trust, referral channels and a specific code of conduct in the health care team;
- *Trustworthiness.* Professionals are accorded considerable trust. They may handle matters of trust, deal with confidential information and are often

officially consulted about professional matters; and

- *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 not purely for financial gain.

9.3. **EXPERTISE**

Professional practice should be based upon a substantial body of theoretical knowledge and skill. There is a professional and legal obligation to update this knowledge and to keep abreast of new developments. This knowledge base should be underpinned by research or scientific evidence.

The SASP supports its members to maintain and acquire expertise and knowledge.

9.4. **SOCIAL ORGANISATION**

The Board for Physiotherapy, Podiatry and Biokinetics (PPB) 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, the SASP, on the other hand, acts as the authoritative voice on practical professional 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 continuous professional educational 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.

9.5. **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 referred to above. The SASP has approved a Code of Conduct and Ethical Principles (see SASP website: www.saphysio.co.za) to which members are expected to adhere.

The four basic ethical principles are as follows:

- Beneficence (to do most good);
- Non-maleficence (to do no/least harm);
- Justice (to treat all persons fairly and equally); and
- Autonomy (each person has the right to make his/her own decisions).

10. REFERENCES

- 10.1. Basic Conditions of Employment Act 75 of 1997.
- 10.2. Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974. GNR.717 of 4 August 2006 as amended by Notice R.68, Government Gazette 31825 of 2 February 2009; Notice R.654, Government Gazette 33400 of 30 July 2010; and Notice BN. 26, Government Gazette 36183 of 1 March 2013.
- 10.3. Health Professions Act 56 of 1974 and Regulations published in terms thereof.
- 10.4. Medical Schemes Act 131 of 1998 and Regulations published in terms thereof.
- 10.5. Legal opinion by HealthCare Navigator dated 3 October 2002.
- 10.6. Letter from the HPCSA dated 26 November 2008.
- 10.7. Peer Review Process of the SASP: <https://www.saphysio.co.za/lodge-a-complaint/peer-review-process/>
- 10.8. Regulations Relating to the Specialities and Subspecialities in Medicine and Dentistry. GNR.590 of 29 June 2001.
- 10.9. Regulations defining the Scope of the Profession of Physiotherapy. R2301 -

Government Gazette 5349. December 1976 -
http://www.hpcs.co.za/Uploads/editor/UserFiles/downloads/rules_req_constituton/scope_of_profession_of_physiotherapy.pdf

10.10. WCPT Policy Statements:

http://www.wcpt.org/sites/wcpt.org/files/files/WCPT_Policy_statements_2013.pdf

11. REVIEW HISTORY

Date of adoption	Review number	Review date	Critical Events model	Remarks
National Assembly – Aug 2008	1	2011	H	New document
Apr 2012	2	2015	H	Additions made to include WCPT policy and SASP Peer Review process
10 Feb 2014	3	2017	H	Minor changes made
Approved by Policy committee April 2016	4	2019	H	Major changes made to the document with the assistance of Healthcare Navigator



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PROFESSIONAL BOARDS
GENERAL MANAGER: MR J B MBHELE

My Ref: 32/2/15
Mr D J Kotzé

26 November 2008

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 -
 - i. 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;
 - ii. 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;
 - iii. the Professional Board had re-iterated 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.

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Protecting the public and guiding the professions

President: Dr Nicky Padayachee, Vice President: Prof Letlicia Moja, Registrar/CEO: Adv Boyce Mkhize

- c. the Board of Healthcare Funders of Southern Africa be further advised that the Board further confirmed that on the basis of their first line practitioner status physiotherapists are entitled to request Radiographers to take X-rays and that it was further accepted that medical schemes would pay for such X-ray examinations.

It should furthermore be noted that in terms of the ethical rules all practitioners, including medical practitioners, shall not fail to communicate and cooperate, where appropriate with other practitioners in the diagnosis and treatment of a patient should the patient's problems and needs fall beyond their scope of practice.

I would like to thank you on behalf of the Board for highlighting this important matter.

Yours faithfully



ADV B M MKHIZE
CEO/REGISTRAR