Patient referral and the physiotherapist: three decades later

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Thirty-four years ago Australian Journal of Physiotherapy published an article by Prue Galley, a dynamic and passionate physiotherapist, entitled ‘Patient referral and the physiotherapist’ (Galley 1976). This article was a synthesis of the debates and arguments that were raging at the time about whether Australian physiotherapists were ready to act as primary contact professionals. Galley asked:

Have we as physiotherapists, the knowledge, the courage, the will and the vision, to take this independent step, knowing full well that it will involve increased responsibility, greater dedication, and self-discipline from us all?

The profession responded in the affirmative and on 14 August 1976 the Australian Physiotherapy Association repealed our first ethical principle which stated that ‘It is unethical for a member to act in a professional capacity except on referral by a registered medical or dental practitioner’.

The move to become primary contact professionals was perhaps the most significant move in the over hundred year history of the profession. This was a change not taken lightly but one that grew out of a sense that the profession had matured and that it was time to move beyond our close association with the medical profession. At the time this action by Australia caused significant argument in the world physiotherapy community as we were the first country to enact this change. Not all countries were comfortable with the move as a subordinate role to the medical profession was the preferred model for physiotherapy practice in some countries.

The matter was scheduled for discussion at the World Congress of Physical Therapy (WCPT) 8th General Congress held in Tel Aviv. The Australian delegation went to Israel in 1978 with a proposal designed to enable each member country to set its own standards in this regard. Australia expected to encounter significant resistance – to the point that the Association was prepared to be expelled from WCPT if the motion did not pass. Fortunately that did not occur, and through sustained lobbying and advocacy the delegates succeeded in their mission. The meeting passed the Australian resolution that ‘the issue of primary practitioner status be interpreted by each country in terms of their own standards’. In 1995 this belief was strengthened by the WCPT Declaration of Principle on Autonomy which states ‘Patients/clients should have direct access to physical therapist services’.

Three decades later primary contact status has moved from being an issue which nearly split the international community apart to one which is bringing the disparate WCPT member associations together. Advocating for the right to treat clients without the need for a referral from the medical profession is a priority advocacy issue for the global physiotherapy profession. Information on the lessons learnt by Australia and other pioneering nations, such as the United Kingdom, where physiotherapists became primary contact practitioners in 1978, is being keenly sought by other WCPT member nations at various stages of this journey to independence.

In late 2009 there was an international summit in Washington DC where representatives from every WCPT regional group and over 18 different countries met to identify strategies to advance this agenda. Countries as diverse as Singapore, Jamaica, South Africa, Ireland, and Austria sent representatives who heard presentations on models and evidence to support direct access. There were workshops on establishing direct access services as well as the development of strategies to lobby key stakeholders such as government health departments, regulatory bodies, health professionals and others to bring about the necessary changes to support the implementation of direct access services in WCPT member countries.

A key outcome of the meeting was a consensus statement, which noted that:

Leaders from 18 countries attending the International Policy Summit on Direct Access and Advanced Scope of Practice in Physical Therapy endorsed the results of research that clearly demonstrate that patient self-referral to physiotherapy is best for all health systems, whether public or private. Direct access and self-referral allows patients to access physiotherapy as their first choice for rehabilitation. A physician referral is not required.

However, the pathway to independent practice is not so clear cut. In Australia physiotherapists were fortunate that, at the time they became primary contact professionals, there were no legislative hurdles for the profession to overcome. This is not the case in many WCPT member nations in 2010. For example, in the USA direct access has been recognised by only 45 states and the District of Columbia, which means that in the five remaining states the practice of physical therapy is still contingent upon the prescription or referral of a physician. The American Physical Therapy Association (APTA) is actively lobbying to amend statutes in those remaining states to permit direct access to physical therapy services, as are physiotherapy associations in countries as diverse as Turkey and Japan. However, legislation can be amended and there are many success stories from countries where sustained local advocacy has resulted in legislative changes. One example occurred in 1997 when the Health Professions Council of South Africa verified that it was legally and ethically acceptable for a patient to approach a physiotherapist for treatment without a referral from another health care practitioner. Another example occurred in 2006 in the Netherlands where sweeping changes to the health system resulted in direct access to physiotherapy for the first time.

There is clearly an international movement towards change in this area – however it is also clear that, whilst the legislative barriers may be being removed, there are still cultural (principally relating to the relationship with medical practitioners) and structural (often relating...
to funding) barriers which prevent direct access. The commonality of the issues that we face internationally is far greater than the differences. In Australia, Canada and Denmark, for instance, there is a common funding barrier where third-party payers like worker’s compensation bodies continue to insist on a doctor’s referral to physiotherapy. This is despite the fact that a referral is not legally required and can delay the treatment process for patients who need early physiotherapy intervention. The APA and many other international associations are lobbying actively against this requirement as it is an obvious impediment to efficient and efficacious care.

Although it is now more than three decades after some physiotherapists first gained the right to autonomous practice, there still persist legislative, economic, and cultural challenges across the world that prevent physiotherapists working to the full extent of their education and experience. Through networking and the sharing of ideas and strategies it is only a matter of time before the majority of physiotherapists internationally have this right. When that day arrives the visionary struggles of pioneers such as Prue Galley will be well and truly vindicated.

Reference