Introduction

Direct access/self-referral means that service users (patients/clients) are able to refer themselves to a physical therapist* without having to see anyone else first, or without being told to refer themselves by another health professional. This can relate to telephone and face-to-face services, as well as those delivered via new media such as over the Internet.

[Reference: Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services. London, United Kingdom: Department of Health; 2008. (Note: AHP = Allied Health Professions)]

This mapping exercise is being undertaken with the WCPT Member Organizations to build a profile of direct access/self-referral internationally. The findings from the mapping exercise will be used to:

- Report on a global profile of physical therapy direct access/self-referral
- Collate/develop resource tools to facilitate implementation of direct access/self-referral policy and service provision
- Inform advocacy strategies
- Define outstanding questions and next steps

Questions were piloted with the member organizations of the European Region of WCPT and refined following discussion with them and an international reference group.

This form will take approximately 15–20 minutes to complete. We recommend you review the pdf version in advance to think about your answers and make it easier to complete online. You may wish to prepare some replies in advance in Word and then cut and paste them into the form.

You can save your responses at any time and complete or edit them later, up to the closing date.

There should only be one reply per member organization.

* The professional title and term used to describe the profession's practice vary and depend largely on the historical roots of the profession in the country of the WCPT member organization. The most generally used titles and terms are “physical therapist” or “physiotherapist” and “physical therapy” and “physiotherapy.” Physical therapist (PT) and physical therapy are used in this survey.

Section A: Contact details

*1. Please enter your contact details.
   First name ____________________________
   Last name ____________________________
   Job title _______________________________
   E-mail ________________________________
   Telephone (include international dialing code) ____________________________

*2. WCPT Member Organization: ________________________________

*3. WCPT Region ________________________________

Section B: Health service provision of physical therapy services

For the purposes of Section B, health services are defined as activities carried out by PTs in health settings as well as settings such as sports centers and occupational health services.

*4. How are physical therapy services funded in private and public services (tick as many reimbursement options as appropriate)?

<table>
<thead>
<tr>
<th>Private settings (eg, practices, hospitals, clinics, rehabilitation centers)</th>
<th>Personal out-of-pocket payments</th>
<th>Private or voluntary insurance premiums</th>
<th>Public tax-funded system</th>
<th>Compulsory insurance premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public settings (eg, hospitals, rehabilitation centers, primary care teams)</td>
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<tr>
<td>Other</td>
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</table>

Please provide details of “other”

(Continued)
### Section C: Legislation, regulation, policy

**5. Do you have national legislation that regulates the physical therapy profession in your country?**

- Yes (go to Q6)
- No (go to Q11)

**6. Does this national legislation define the scope of practice of PTs?**

- Yes
- No

**7. Does this national legislation allow PTs to act as first contact/autonomous practitioners?**

- Yes
- No

**8. If there is national legislation, does it allow service users to refer themselves to physical therapy without a medical/physician referral?**

- Yes
- No

**9. Does the existing legislation permit PTs to:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Assess</td>
<td></td>
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<tr>
<td>Diagnose</td>
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<tr>
<td>Treat (ie, interventions, advice, and evaluation of outcome)</td>
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<tr>
<td>Refer on to other specialities/services (eg, x-ray/ultrasound/specialist)</td>
<td></td>
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<tr>
<td>Offer preventative advice</td>
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</table>

**10. If you have state/province/territorial specific legislation governing practice, please summarize the situation across these areas (provide websites where available).**

Then proceed to Q13

**11. In the absence of national legislation, does your professional practice allow service users to refer themselves to physical therapy without a medical/physician referral?**

- Yes
- No

**12. Does professional practice permit PTs to:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Assess</td>
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<td>Diagnose</td>
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<tr>
<td>Offer preventative advice</td>
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</table>
13. Please supply details of legislative/policy documents supporting direct access/self-referral—including full reference and website addresses.

Section D: Service users’ access to PTs

14. Can service users self-refer to PTs in private practice?
   - Yes
   - No (go to Q16)
   If yes, please describe if there are any limitations (e.g., only musculoskeletal conditions).

15. Will service users’ private insurance reimburse them?
   - Depends on insurance policy
   - Yes in part
   - Yes in full
   - No
   - Not applicable
   Comments

16. Can service users self-refer to PTs in the public institutions/services such as hospitals, rehabilitation centers, and primary care teams?
   - Yes
   - No
   If yes, please describe if there are any limitations (e.g., only musculoskeletal conditions).
Section E: Education

*17. Even if it is permitted for service users to self-refer to PTs, do the expected competencies of graduates of your entry-level PT programs prepare them to accept self-referrals on qualification?

- Yes (go to Q19)
- No

If yes, please describe if there are any limitations/restrictions.

*18. If not, what measures may be taken by PTs in order to be able to accept self-referrals from service users?

- Period of supervised practice
- Period of continuing professional development
- Master’s-level education
- Other

If other, please describe.

Section F: Views on direct access/self-referral—Member organization’s views

*19. To what degree does your member organization support direct access/self-referral to physical therapy?

- Completely against it
- Not supportive
- Is unsure
- Limited support
- Completely supportive

*20. What evidence do you have to support this view (e.g., board-level discussions, member organization policy, news items, personal opinion)?

21. Any additional comments?

(Continued)
Section F: Views on direct access/self-referral—Political views

22. Do you think politicians/policy makers are, in general, in favor of direct access/self-referral?
   - Don’t know
   - Yes
   - No

23. What evidence do you have to support this view (eg, discussion with politicians, government statements, news items, personal opinion)?

24. Any additional comments?

Section F: Views on direct access/self-referral—Public views

25. Do you think the public are in favor of direct access/self-referral?
   - Don’t know
   - Yes
   - No

26. What evidence do you have to support this view (eg, news items, service user requests)?

27. Any additional comments?

Section F: Views on direct access/self-referral—Medical views

28. Do you think doctors/physicians are in favor of direct access/self-referral?
   - Don’t know
   - Yes
   - No

(Continued)
### Section F: Views on direct access/self-referral—Medical views (continued)

29. What evidence do you have to support this view (eg, publications, news items, discussions with doctors)?

30. Any additional comments?

### Section G: Direct access/self-referral service provision

31. Please briefly describe the extent of direct access/self-referral services in your country?

### Section H: Barriers to direct access/self-referral

32. Overall, in your country, what do you think are the barriers to advancing direct access/self-referral services?

Please tick all that apply, selecting if it is a current or past barrier, and indicate the strength of the barrier 1–5, where 1 is a minor barrier and 5 is a major barrier.

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<tr>
<th>Barrier</th>
<th>Tick if a current barrier</th>
<th>Tick if a past barrier</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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Please give details of “other”

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Section I: Facilitation of direct access/self-referral

33. What do you think can or has helped facilitate direct access/self-referral services?
Please tick all that apply and indicate the strength of the factor 1–5, where 1 is a minor facilitator and 5 is a major facilitator.

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
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<th>3</th>
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Please give details of “other”

Section J: Strategies for change

34. If you have experience of implementing direct access/self-referral services nationally, please describe what processes/strategies you used successfully to bring about change (include any websites where relevant).

35. If you have experience of implementing direct access/self-referral services nationally, please describe what processes/strategies you used unsuccessfully to bring about change (include any websites where relevant).
### Section K: Resources

36. What resources do you think would help you to take forward direct access/self-referral services in your country?

Please describe:

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37. What resources do you have that you can share with other member organizations to assist them in developing direct access/self-referral services and in negotiations with others?

Please describe and include websites where available:

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### Section L: Comments

38. Any other comments?

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Thank you

Many thanks for completing the survey.

Data Protection—the information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will not be passed on or sold to any other organization without your prior approval.

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