PRESENT SITUATION AND FUTURE DEVELOPMENT OF OCCUPATIONAL THERAPY IN CHINA

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Towards the end of the 1990s, rehabilitation began marching at an ever greater pace in Mainland China. Occupational therapy, however, has lagged behind in its educational development and the context of professionalism has not changed in response to social and economic changes. This paper, as written by a well-known physician and foremost scholar of rehabilitation medicine in China, addresses the dilemmas in the history of development and suggests solutions from Chinese perspectives.

History and Tradition

Contemporary rehabilitation medicine (RM) was started in China in the early 1980s. This specialty is now recognized as an independent clinical specialty in large regional hospitals with both inpatient and outpatient services. The RM specialty in China was established based on the former specialty of physical medicine and exercise therapy and further developed into a multidisciplinary team within the infrastructure of RM. The team is usually composed of rehabilitation physicians (physiatrists), rehabilitation therapists including physical therapists (PTs) and occupational therapists (OTs) and, in some hospitals, speech therapists and orthotists. Although the practice of Western medicine is still the mainstream of RM practice in China, traditional Chinese rehabilitation therapy (TCRT) employing the philosophy of Chinese medicine and Chinese-style manipulation exercises and other physical modalities are used extensively in many hospitals. The current trend appears to be the integration of both Eastern and Western approaches.

Facilities, Professionals and Programmes

In 2002, it was estimated that there were about 2,000 medical rehabilitation facilities (institutions, departments and independent centres) in Mainland China, of which 442 were located in the general hospitals of most cities. These facilities are operated under three different systems and are supervised, respectively, by the Ministry of Health (MOH), Ministry of Civil Affairs (MCA) and the China’s Disabled Persons’ Federation (CDPF).

Facilities under the MOH system are the core driving force for medical rehabilitation. The medical rehabilitation programmes within the medical system mostly deal with neurological, orthopaedic, musculoskeletal, geriatric and pain disorders. Existing major programmes in rehabilitation facilities include those for stroke, traumatic brain injury, spinal cord injury, neck pain and low back pain, and cerebral palsy. It is a fact that rehabilitation is still inclined towards the health and medical system in China. In 2002, there were about 1,500 rehabilitation physicians and 5,640 rehabilitation therapists (PTs/OTs) practicing in the field of RM. Among the therapists,
there were around 100 specialized in the field of occupational therapy (OT). They mainly worked in large hospitals or rehabilitation centres. Among them, 5–10% graduated from universities, 30–40% received their training in health colleges or polytechnic institutes, and about 45–60% graduated from secondary schools.

Over the past 20 years, the main problem of training OTs has been the lack of professional educators who are qualified to provide professional training. There is a gap between the national and international standards of practice in the field of OT. Due to the lack of training opportunities, the development and education of OT services in China has been relatively slow over the past 20 years. However, in recent years, there has been a steady progress in the field of OT education, namely:

1. The first group of therapists was sent to Canada, Japan, Australia, Hong Kong and other places to study in OT programmes. They were trained and became the first generation of professional OTs in China.
2. A number of experts from Hong Kong and Taiwan were invited to the Mainland to deliver training classes and lectures for the purpose of academic exchange and knowledge transfer. In this way, health care professionals on the Mainland acquired some basic understanding of the concept and scope of OT services for patients with various types of disabilities.
3. Some university graduates in rehabilitation therapy have chosen to specialize in the field of OT and continue to acquire skills and knowledge through continuing education, thus becoming the second generation of professional OTs on the Mainland.

Academic and Professional Bodies

The Chinese Association of Rehabilitation Medicine (CARM) and the Physical Medicine and Rehabilitation Society of the Chinese Medical Association are the two major academic and professional societies of RM in China. However, to date, there are no national societies of physical therapy (PT) or OT in China. The only professional organization for rehabilitation therapists (covering OTs, PTs, speech therapists, orthotists) is established as a subcommittee under CARM with the title “Rehabilitation Therapy Subcommittee”. There is a strong push from rehabilitation therapists in China to establish national societies for PT and OT, so that the societies could become members of the World Confederation of Physiotherapists (WCPT) and World Federation of Occupational Therapists (WFOT), respectively. In this way, the gap between China and overseas countries could be closed. Many foreign friends from WCPT and WFOT have provided professional advice and encouragement to the Chinese therapists, with a view to establishing standardized professional training and forming professional bodies to govern rehabilitation services in China.

Training for OTs in China

There is a severe shortage of OTs in China due to an imbalance of supply and demand. According to an informal investigation in 2004, even in a more prosperous city like Guangzhou, there are only eight OT departments (accounting for 21.6%) within 37 well-established medical organizations. Projecting up from this figure, there are around 52 OT departments in 240 large medical or rehabilitative institutes in China. As mentioned, there is a severe shortage of professional OTs, thus leading to the shortage of OT services in various hospitals and rehabilitation centres. Indeed, the demand for OTs in China is very great. According to a manpower survey in 2004, the demand for rehabilitation therapists is projected to be around 35,210 persons by 2010 and that around 704–1,408 of them would be in the OT profession. Given that there are about 100 OTs at present in China, the projection of the demand for OTs indicates an increase by 6–13 times in 5 years. The only way to meet the demand is to develop formal education training for professional OTs. The MOH has recently reviewed the training and entry-level requirements for rehabilitation therapists (Ministry of Health, 2003). A new system for the requirement of health care professions such as PTs and OTs is proposed.

A new specialty called the rehabilitation therapy (including PT and OT) programme was proposed by the Ministry of Education in 2003, and the training programme for rehabilitation therapists is offered at university level. A national standardized system for RM training was recently formulated, covering a 3–4-year course with a standardized curriculum. On graduation, all trainees would need to take the national examination in order to become qualified rehabilitation physicians. The entry point to the specialist training has been defined and the criteria for selecting a training base specified. It is expected that a similar system for accreditation of PTs and OTs will follow.

PT and OT training has now been established as a formal education programme at university level, consisting of a 4-year course leading to a bachelor of science degree. Currently, there are about 15 universities offering the bachelor’s degree in Rehabilitation Therapy; total enrolment in 2005 was 600 students. The next step, probably in 3–5 years, would be to separate the PT and OT programmes into independent programmes instead of having one combined rehabilitation therapy programme.
Community-based Rehabilitation (CBR)

The Chinese government is very determined to expand rehabilitation services for people with disabilities. The goal is that by the year 2015, rehabilitation services will be available to every person with disability. CBR is a model adopted to fulfill this goal so that the population of people with disabilities would be able to receive rehabilitation not just in hospitals or rehabilitation centres, but also from the community. The scope and practices of CBR in China are:

1. CBR is incorporated into the National Plan of Economic and Social Development.
2. The CBR programme is owned by the community.
3. CBR programmes are supported by multidimensional resource centres to ensure good quality services.
4. CBR adopts a medical–social paradigm with flexible and various formats and models.
5. CBR implementation makes use of the efforts of existing community networks, including health, civil affairs and PWD Federations.
6. CBR services use local and appropriate technology, combining simplified modern functional training with traditional Chinese medicine.

In the CBR programme, the challenges for OT professionals are to reorganize or restructure their services to be useful, easily available and affordable to consumers in the urban and rural communities.

Conclusion

To conclude, the development of OT in Mainland China is still in the transition stage. With the hope of raising the standard to an international level, it is expected that the profession will develop with higher speed in the future. However, the development should be put in place step by step.

1. Rehabilitation therapy, a generic specialty, should be offered at present from the national perspective. Students should be trained with skills in both PT and OT, and they should then specialize in either PT or OT in the last 2 years of the curriculum. For the second step in 3–5 years, some well-established programmes should provide specialties in PT and OT separately so that they can be in line with international standards for the two professions.

2. OT teachers should be trained and strengthened in a more cost-effective manner, by setting up training bases in China offering master’s programmes in OT, or sending OT teachers abroad or to Hong Kong for a period of training or studying for master or doctorate degrees.

3. Teaching plans and teaching systems have to be in line with international standards as soon as possible, including the courses offered, clinical education, teaching, assessment and examination, evaluation method, etc. so as to ensure high teaching quality.

4. The course content should incorporate modern Western OT theory and technology with the Chinese culture and traditional lifestyle, with reference to different ecological backgrounds in China. Again, emphasis should be on the use of modern theory and technology, especially in the areas of assistive technology, community rehabilitation and rehabilitative management.

5. A quality management system for rehabilitation or OT education should be set up to provide evaluation or quality assurance to schools or programmes. Nationwide rehabilitation therapy societies or bodies like the OT association and OT union should be established to assist in the development of professional education and help the government with regard to regulatory guidance and quality control.

References