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Panel on Health Services

Information note prepared by the Legislative Council Secretariat for the meeting on 16 May 2016

Voluntary accredited registers scheme for healthcare personnel who are currently not subject to statutory regulation

At present, 13 types of healthcare professionals[1] are required to have their professional qualifications registered under the law before they can practise in Hong Kong. Under the health services functional constituency of the Legislative Council, there are, among others, 15 healthcare professions which are currently not subject to statutory regulation. The healthcare personnel concerned include audiologists, audiology technicians, chiropodists/podiatrists, clinical psychologists, dental surgery assistants, dental technicians/technologists, dental therapists, dietitians, dispensers, educational psychologists, mould laboratory technicians, orthoptists, prosthetists/orthotists, scientific officers (medical) and speech therapists. According to the 2014 health manpower survey on healthcare personnel conducted by the Department of Health ("DH"), [2] a total of 9 036 healthcare personnel under these 15 healthcare professions were employed by the institutions covered in the survey as at 31 March 2014. A breakdown of these healthcare personnel by sectors is in **Appendix I**.

2. According to the Administration, it would take into account the potential hazards caused to the public in case of any misconduct or substandard service by practitioners of the profession in considering whether to introduce statutory registration. Higher priority would be accorded to healthcare professions with a larger proportion of practitioners working mainly in the private sector and having more frequent contact with patients. In considering whether statutory

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[1] The 13 healthcare professions are Chinese medicine practitioners, chiropractors, dental hygienists, dentists, medical laboratory technologists, medical practitioners, midwives, nurses, pharmacists, occupational therapists, optometrists, physiotherapists and radiographers.

[2] DH conducts health manpower survey on the healthcare personnel not subject to statutory regulation every four to five years. The previous surveys which adopted similar survey methodology and reference date were conducted in 2005 and 2009.

regulation is necessary, the Administration would also have to take into account the payoffs and tradeoffs of putting in place a statutory registration system. At present, healthcare personnel who are not subject to statutory regulation are regulated on their own, mostly through voluntary, society-based registration. Under society-based registration, a professional body administers a registration system and promulgates a list of its members for reference of members of the public. Some professional bodies also publish codes of practice, encourage their members to pursue continuing professional development and devise disciplinary mechanisms.

3. At the Council meeting of 12 January 2011, Members passed a motion moved by Dr Hon Joseph LEE urging the Government to legislate for regulating allied health staff to protect public health. The wording of the motion as amended by Hon CHEUNG Man-kwong and Hon Alan LEONG, and the official record of proceedings are in **Appendices II and III** respectively.

4. The Government set up a steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong ("the strategic review") in January 2012. The strategic review covers primarily the 13 healthcare professions which are subject to statutory regulation. For those healthcare professions currently not statutorily regulated, the strategic review would look into issues relating to their future development, including whether or not they should be subject to regulatory control of some form. According to the Administration, the strategic review is expected to be completed in the first half of 2016.

5. The Office of the Ombudsman published a direct investigation report on control of healthcare professions not subject to statutory regulation in October 2013. The Ombudsman recommended that DH should, among others, discuss with its policy bureau to map out a long-term review strategy for the scope and ways to strengthen regulatory control of unregulated healthcare personnel and also the need for putting them under statutory control. The executive summary of the report is in **Appendix IV**.

6. The Chief Executive announced in his 2016 Policy Address that based on the preliminary results of the strategic review, the Government would launch a voluntary accredited registers scheme for supplementary healthcare professions. The Administration will brief the Panel on 16 May 2016 on the proposed framework of the voluntary accredited registers scheme.

Council Business Division 2
Legislative Council Secretariat
12 May 2016

Appendix I

Number of healthcare personnel not subject to statutory regulation who were employed by the institutions covered under the 2014 health manpower survey (as at 31 March 2014)

Healthcare personnel	Types of institutions										Total
	Government		Hospital Authority		Academic institutions		Subvented institutions		Private institutions		
Audiologists	7	(7.5%)	24	(25.8%)	0	(0%)	5	(5.4%)	57	(61.3%)	**93**
Audiology technicians	0	(0%)	6	(19.4%)	0	(0%)	2	(6.5%)	23	(74.2%)	**31**
Chiropodists/Podiatrists	0	(0%)	36	(57.1%)	0	(0%)	2	(3.2%)	25	(39.7%)	**63**
Clinical psychologists	124	(24.1%)	142	(27.6%)	19	(3.7%)	46	(8.9%)	184	(35.7%)	**515**
Dental surgery assistants	309	(8.3%)	10	(0.3%)	142	(3.8%)	46	(1.2%)	3 220	(86.4%)	**3 727**
Dental technicians/technologists	47	(13.3%)	3	(0.8%)	30	(8.5%)	0	(0%)	274	(77.4%)	**354**
Dental therapists	284	(100%)	N.A.		N.A.		N.A.		N.A.		**284**
Dietitians	17	(4.4%)	135	(34.9%)	3	(0.8%)	23	(5.9%)	209	(54.0%)	**387**
Dispensers	60	(2.7%)	1 130	(51.3%)	6	(0.3%)	84	(3.8%)	921	(41.8%)	**2 201**
Educational psychologists	47	(19.1%)	0	(0%)	70	(28.5%)	63	(25.6%)	66	(26.8%)	**246**
Mould laboratory technicians	0	(0%)	26	(56.5%)	0	(0%)	0	(0%)	20	(43.5%)	**46**
Orthoptists	2	(3.4%)	15	(25.4%)	0	(0%)	0	(0%)	42	(71.2%)	**59**
Prosthetists/Orthotists	0	(0%)	126	(76.4%)	2	(1.2%)	1	(0.6%)	36	(21.8%)	**165**
Scientific officers (Medical)	110	(49.1%)	58	(25.9%)	28	(12.5%)	0	(0%)	28	(12.5%)	**224**
Speech therapists	22	(3.4%)	82	(12.8%)	51	(8%)	259	(40.4%)	227	(35.4%)	**641**
Total	**1 029**	**(11.4%)**	**1 793**	**(19.8%)**	**351**	**(3.9%)**	**531**	**(5.9%)**	**5 332**	**(59.0%)**	**9 036**

Source: The 2014 health manpower survey on healthcare personnel conducted by the Department of Health

(Translation)

Motion on
"Legislating for regulating allied health staff to protect public health"
moved by Dr Hon Joseph LEE Kok-long
at the Legislative Council meeting
of Wednesday, 12 January 2011

Motion as amended by Hon CHEUNG Man-kwong and Hon Alan LEONG Kah-kit

That the number of allied health staff involved in caring for public health is on the increase, and although the Government has formulated a statutory registration system for 12 types of healthcare practitioners, many types of allied health staff are still not regulated by legislation; in recent years, the Government has striven to promote healthcare reform, advocated stepping up primary healthcare services, community rehabilitation services and the policy of ageing in place, etc., and emphasized the provision of appropriate primary healthcare services to members of the public, the elderly and chronic patients, etc. through multi-disciplinary healthcare services teams; however, under the Government's policy over the years, no legislation has been enacted to regulate the registration and practice of allied health staff, such as dieticians, audiologists, psychologists, speech therapists, podiatrists, prosthetists and ancillary dental workers, etc., resulting in some people in the market falsely claiming themselves as and impersonating various types of allied health staff to provide non-professional primary healthcare services for members of the public, thus posing dangers to the health of members of the public; in this connection, this Council urges the authorities to immediately collect data for ascertaining the number, qualifications and practice of various types of allied health staff and the possible risks posed to the public in case of malpractices, to extensively consult the public and the trades concerned, and to study the feasibility and necessity of putting in place a statutory registration system for the relevant allied health staff and enacting legislation to regulate their practice, with a view to promoting primary healthcare services and protecting the health of members of the public; the relevant measures should include:

(a) to establish related independent statutory bodies, with members drawn from the allied health staff concerned and representatives of various sectors in society;

(b) to regulate the registration and licensing examinations for practitioners of the various professions, in order to ensure and facilitate the attainment of recognized standards of practice by the respective professions;

(c) to put in place a framework for monitoring professional conduct, so as to ensure practitioners' professional integrity; and

(d) to increase the transparency of the respective professions and provide adequate information, with a view to educating and guiding members of the public on choosing the treatment appropriate to them.

each speak for up to 10 minutes; and other Members each may speak for up to seven minutes. I am obliged to direct any Member speaking in excess of the specified time to discontinue.

PRESIDENT (in Cantonese): First motion: Legislating for regulating allied health staff to protect public health.

Members who wish to speak in the debate on the motion will please press the "Request to speak" button.

I now call upon Dr Joseph LEE to speak and move the motion.

LEGISLATING FOR REGULATING ALLIED HEALTH STAFF TO PROTECT PUBLIC HEALTH

DR JOSEPH LEE (in Cantonese): President, I move that the motion, as printed on the Agenda, be passed.

I proposed this subject for discussion in the Legislative Council today mainly because I wish to let Members know, through this discussion, that some allied health staff have an immense impact on society as well as on public health protection. Frustratingly, over the past 10-odd years, the Government has not properly done its job as the gatekeeper. I thus hope that through today's motion debate, colleagues and members of the public can come to know the importance of this issue, and that the Government should expeditiously introduce legislation to regulate allied health staff, such as dieticians, audiologists, psychologists, speech therapists, podiatrists, prosthetists, ancillary dental workers, and so on. These professionals should be regulated by legislation.

First of all, let me spend a few minutes on the historical background and why these allied health staff should be regulated through legislative procedures. The main purpose of putting them under regulation is, first of all, for protecting public health. How can the health of the people be protected by regulation? Most importantly, regulation can prevent people from impersonating allied health staff and if there are no incidents of impersonation, the quality of allied health

staff can be guaranteed and their services rendered to the public can be safeguarded.

Secondly, once regulation is put in place, we must have a clear list of registered allied heath staff. With this list, the public can differentiate between the authentic and the fake allied health staff. In this way, the public's right to information as well as their right to choose can be protected, thereby enabling them to choose the right allied health staff who can genuinely help them.

Thirdly, I wish to talk about the benefits of regulation. With regulation, the professional conduct of the trades can be upheld and their professional standard can be enhanced, this can in turn guarantee the quality of the services rendered to the public.

The last point is also about the purpose of regulation, which is in fact originated from the Government's policy. The Government always emphasizes that its healthcare policy must be in tandem with medical development, healthcare financing, services for the grassroots, and so on. In order to tie in with the overall policy of the Government, we need to have a statutory body to monitor the persons concerned, and to plan for the appropriate and reasonable provision of manpower.

Based on the above four points, I cannot see any reasons why Government only regulates certain allied health services and leave out the other allied health services which equally requires regulation.

Perhaps, let me talk about history first. Since 1957, the Hong Kong Government, which was then the British Government, has already proposed that medical professionals should be regulated. Medical practitioners, nurses, dentists, midwives, and so on, were then put under regulation. Today, a total of 11 medical professions are under regulation. From this we can see that regulation is nothing new, it is a practice adopted long ago, possibly several decades ago. However, only some but not all medical professions are under regulation. Why is it so? I shall definitely ask the Government later.

Knowing the purposes of regulation is not enough, we have to examine what standard should be adopted for regulation as well. According to the Government, there are three criteria on regulation. First, the profession concerned must have direct contact with patients. The meaning of direct contact

is simple. Receiving treatments from doctors, nurses or physiotherapists is regarded as having direct contact. This is very easy to understand.

The second criterion is that the practice of the allied health profession concerned must pose a certain level of risk to the person being diagnosed or treated. The risk may be invasive in nature or contain some forms of health hazards. This is the second criterion defined by the Government.

The third criterion mentioned by the Government is that consideration should be given to the distribution of the allied health professionals concerned. If the majority of them are employed in the public sector or government departments, regulation may not be necessary because the government departments or public institutions already have some code of practice or professional code which can serve to regulate these professionals. Regulation is thus unnecessary. If the majority of them work in the private sector, regulation is an option to be considered.

These are the three criteria advocated by the Government for determining how to regulate healthcare professionals.

Just now, I said that 11 professions are under regulation and these professions have met the three criteria. In our discussion today, the allied health staff mentioned are those who should be subject to regulation but have not been regulated, such as dieticians, audiologists, psychologists, speech therapists, podiatrists, prosthetists, ancillary dental workers, and so on. In fact, the call for regulating these staff or the request raised in the motion is not initiated by me, they are initiated by the trades and the trades have raised this issue for discussion long ago. If Members refer to the Legislative Council documents, they will learn that since the handover of the Legislative Council in 1997 (not to mention the Legislative Council before 1997), that is, June 1997 to be exact, the trades have raised this issue for discussion on different occasions almost every other year. Generally speaking, discussions were held by the Panel on Health Services on the importance of regulation and how regulation should be taken forward, and the trades have all along participated in the discussion.

Certainly, the Government has countless reasons to support its claim that they need not be put under regulation. But what are the reasons? I do not know. Since 1997, I have raised this issue for discussion in the Panel on Health Services almost every other year. Since 2004, a meeting has been held every year between the Secretary and members of the trades, not me; the trades would

explain to the Secretary the grounds for introducing regulation and the demerits of not having regulation. In fact, it is strange that members of the trades would ask the Government to introduce legislation to regulate them. There are reasons for doing so and I will explain them in greater detail later.

The Secretary made varied remarks at the annual meeting. While saying in a certain year that regulation would be implemented, the Secretary claimed in another year that regulation would be implemented if the professions concerned met the three criteria. The Secretary even proposed in one year that an independent committee be established for the trades (just like what Mr Alan LEONG has proposed in his amendment) to take charge of regulation. To date, the discussion has not reached any definite conclusion. I thus find it necessary to look into what has happened. If the three criteria mentioned by the Government are used to determine whether these professionals should be put under regulation, I wish to see whether these unregulated professionals meet the three criteria.

Regarding the first criterion, to meet the requirement for regulation, the profession concerned must have direct contact with patients. The professionals which we just mentioned definitely have direct contact with patients in their practice. Contrary to what the Government has said, they are not simply providing support to front-line clinical practitioners. Let me use dietician as an example to illustrate my point. The main duties of dieticians are to provide professional advice directly to patients with chronic diseases or conditions such as diabetes, high blood pressure and apoplexy, and provide specialized services to elderly people in the community. In each and every consultation, a dietician will not communicate with the patient by phone, they will meet the patient in person. More importantly, these professionals who normally require a licence to practice abroad will follow a proper procedure. For instance, they will first examine the physical condition of the patients before devising a treatment plan for them, to be followed by a series of professional services. This example well illustrates that these professionals genuinely have contact with patients, rather than just providing supporting services.

Next, I wish to talk about podiatry. Members may be less familiar with the work of podiatrist. Some people may think that they have not much to do, just performing pedicure. When I first met them, they told me that their work involved more than pedicure. The podiatrist is in fact a very specialized

profession. If a diabetes patient has a foot problem (such as poor blood circulation), a podiatrist will make a thorough examination of the patient before cutting his toenails. We are not talking about the pedicure service provided by people working in the Shanghai-style bathhouse. A podiatrist will examine the patient for any foot problems, such as whether the blood circulation of his foot is normal, whether the nerves are normal, and whether a foot ulcer is caused by a foreign object in the shoe. If the patient has a foot ulcer, the podiatrist will cleanse the wound using a special method to facilitate wound recovery. Without the podiatrist providing direct treatment to the patient, the patient's foot may have to be amputated due to mistreatment of wound. These examples show that they have direct contact with patients.

These examples well illustrate that these professions indeed have direct contacts with patients. The case of prosthetist also illustrates the close contract between the medical professionals and the patients. I do not wish to go into details, but this group of professionals has played an important role in the Sichuan earthquake. Why is their work not regarded as having direct contact with patients? I need to point out that they meet the first criteria cited by the Government. There is no reason saying that they do not meet the criteria.

Let us then take a look of the second criteria. The second criterion cited by the Government is that in rendering services to patients, the profession will pose a certain level of risk to the patients. What does the Government mean by risk? The Government simply means an invasive risk. What does the Government mean by an invasive risk? The Government is unwilling to make any definition. However, if we look up the meaning of "invasive", it means something injected into the body. This is very telling. As I have just mentioned, if a podiatrist, after examining the condition of a patient, confirms that the patient needs foot treatment, the podiatrist may then need to cleanse the patient's wound. This is invasive, rather than non-invasive.

I learn about a case involving speech therapist from a member of the trade. A child with problems of slurring speech and difficulties in swallowing saliva and food consulted an unqualified speech therapist for treatment. There were several occasions when the child was almost choked to death because he was taught to speak and use his vocal cord in an improper way. If the speech therapist was a qualified professional, the child could be spared from such hazards.

These services, which are seemingly not rendered directly to patients and not invasive in nature, are actually invasive and involve direct contact with patients. These invasive services pose very high health hazards. Unfortunately, the impact of the hazards is not seen immediately. Although the impact is not immediate, or can only be manifested after the patient has gone home, the impact is profound and long-lasting.

These examples clearly show us that the services rendered by allied health staff will directly pose a certain level of invasive risk to the service recipients and the impact of such health hazards is profound. As these allied heath staff meet the two criteria, why are they not regulated? If they are not regulated, what will be the consequences?

Not long ago, a clinical psychologist told me a case. Some patients suffering from mood disorder have consulted a certain unqualified clinical psychologist. After the counselling, their conditions have not improved, worse still they became more depressed and even had suicidal thoughts. There are similar cases. We hold that these are invasive services which can directly affect the patients' behaviour at home, subjecting them to serious health hazards. These services must be regulated; otherwise, the public will be jeopardized. If these professionals meet the second criteria concerning health hazards, there are no reasons why they are not regulated.

The third criterion is what the Government has referred to as the size of practitioners. What is it exactly? The Government said that if the majority of the allied heath staff work in the public sector, they need not to be regulated; but if most of them work in the private sector, they have to be regulated. According to the statistics provided by the Department of Health, at present, there are about 5 500 people in Hong Kong working as those types of allied health staff which I just mentioned; among them, over 50% are in private practice. This is the statistics provided by the Department of Health. I have a list with me here and the Under Secretary can refer to it if he is interested. This is in fact very important because over half of the practitioners (that is, 2 000-odd people) are in private practice. The impact which I just mentioned is so profound that if regulation is not introduced to prevent these 2 000-odd practitioners from being impersonated by others, the consequences would be far reaching. Referring back to the statistics, in fact, apart from what I have just said, the information provided by the Department of Health also shows that the figures concerned are

making a double-digit leap every year, meaning that more and more practitioners are joining the private market. The Government is duty-bound in this regard. It must ensure that these private practitioners are regulated and that they will not be impersonated by others; otherwise, the outcome will be grave.

Based on these three criteria, the Government has no reason not to introduce legislation for regulating these allied health staff. Moreover, as some types of allied health staff are already under regulation, it is pointless not to regulate other types of allied health staff. However, the Government said that a very good mechanism has already been put in place to regulate them. What is this mechanism then? Simply put, the mechanism is based on self-regulation. If I am a dietician returning to Hong Kong from abroad, I can set up a society. If you are graduated abroad with proper qualification for practice, you can also claim yourself a dietician. Such self-regulation will not work. Right? Conversely, if I do not study abroad, I can also claim myself a dietician, except that I have not joined that society. President, suppose you ask me how to put on weight (both of us need to put on weight rather than losing weight), I can just explain a few words and then prescribe you with some drugs, the drugs may not be the proper medication, not only will you fail to gain weight, your renal function may also be adversely affected. This example exactly reflects that the current self-regulation mechanism does not function at all, neither does it has any legal power to safeguard the health of Hong Kong people.

In consideration of the above reasons, may I ask the Government why after so many years, it is still unwilling to make an effort to regulate allied health staff who should be regulated? I wish to emphasize that the trades also wish to be put under regulation. The reason is that with effective statutory regulation, the undesirable examples which I just cited can be prevented and the public's health protected. In particular, as the current regulatory bodies on supplementary medical professions have been doing similar work, why does the Government not make extra efforts to regulate these professions, so as to truly implement a statutory registration system and a regulatory system to safeguard their standard of practice? Last but not least, introducing regulation by legislation can protect the health of the people of Hong Kong.

President, I so submit. Thank you.

Dr Joseph LEE moved the following motion: (Translation)

"That in recent years, the Government has striven to promote healthcare reform, advocated stepping up primary healthcare services, community rehabilitation services and the policy of ageing in place, etc., and emphasized the provision of appropriate primary healthcare services to members of the public, the elderly and chronic patients, etc. through multi-disciplinary healthcare services teams; however, under the Government's policy over the years, no legislation has been enacted to regulate the registration and practice of allied health staff, such as dieticians, audiologists, psychologists, speech therapists, podiatrists, prosthetists and ancillary dental workers, etc., resulting in some people in the market falsely claiming themselves as and impersonating various types of allied health staff to provide non-professional primary healthcare services for members of the public, thus posing dangers to the health of members of the public; in this connection, this Council urges the authorities to immediately put in place a statutory registration system for the relevant allied health staff and enact legislation to regulate their practice, with a view to promoting primary healthcare services and protecting the health of members of the public."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Dr Joseph LEE be passed.

PRESIDENT (in Cantonese): Two Members will move amendments to this motion. This Council will now proceed to a joint debate on the motion and the two amendments.

I will call upon Mr CHEUNG Man-kwong to speak first, to be followed by Mr Alan LEONG; but no amendments are to be moved at this stage.

MR CHEUNG MAN-KWONG (in Cantonese): President, the statutory registration system for healthcare practitioners and the legislation for regulating their practice have been implemented for a long time. In 1957, the Medical Registration Ordinance was enacted to regulate the practice of medical

practitioners in Hong Kong and the Medical Council of Hong Kong has been charged with the duty to execute the statutory functions. At present, eight statutory bodies are set up for the statutory registration systems of 12 types of medical and healthcare practitioners.

As society progresses, more and more professions are involved in taking care of people's health and the number of corresponding healthcare practitioners are also on the increase. Apart from the 12 types above, there are another 16 types of healthcare practitioners under the Health Services Functional Constituency. Dr Joseph LEE's original motion has listed some types of the allied health staff.

In respect of the setting up of statutory registration systems, a more comprehensive discussion on the registration system for allied health staff in the Legislative Council can date back to 2004. At that time, the Government pointed out that it had mainly based on several criteria in examining whether a statutory regulatory framework should be established for a certain type of medical or healthcare profession.

The first criterion is whether the profession involves contact with patients. The work of some healthcare practitioners involves frequent contact with patients and provision of direct clinical treatment to patients, thus carrying higher health hazards to the public. They should thus be subject to statutory regulation.

Second, consideration should be given to the work nature of the healthcare profession concerned. Healthcare practitioners performing "invasive" healthcare services are more prone to pose health threat to their service recipients. These healthcare practitioners should be accorded with higher priority for setting up a statutory regulatory system.

Third, the size of the profession concerned. A healthcare profession with fewer practitioners poses a smaller magnitude of health hazard to the public. Moreover, the Government holds that if most members of a profession are employed in the public sector, the profession poses less health threat to the public.

These three criteria of the Government are actually not totally reasonable and they are also very ambiguous. To begin with, what does it mean by posing a

high risk to the public? What does it mean by "invasive" healthcare services? Is psychotherapy an "invasive" healthcare service? Some patient groups are against the third criterion (that is, professions of which the majority members are employed in the public sector pose a lower risk and thus have lower priority for setting up regulatory systems), because even if public institutions have put in place quality assurance measures, they do not have statutory power to permanently remove the qualification of the black sheep whose practice is unethical and below standard.

Although not much in-depth discussion on the establishment of a regulatory system for allied health staff has been held by the Legislative Council and the community, a number of trades have in fact discussed and lobbied for the regulatory system with the Government for years. The discussion may have focused more on a certain professions and the public generally agree that statutory registration systems should be established. Among the professions discussed, psychologist is the profession with which the public are more familiar.

Professional psychologists basically meet the three criteria laid down by the Government. First of all, the services provided by psychologists, particularly those provided by clinical psychologists and educational psychologists involve direct provision of psychological assessments and psychotherapies to clients. Their service recipients cover all walks of people and all age groups. If a psychologist's service is below standard, the outcome can be irreversible. For instance, if traits of suicidal or violent tendency are left unnoticed or cannot be detected at an early stage, the chance of possibly stopping cases of suicide and family violence will be lost.

Psychotherapies are unique in the way that the counselling is based on a relationship of trust. If a psychotherapist has an ethical problem or if he has recklessly disclosed the private information of his client, the harm inflicted can be enormous.

Apart from providing direct services, psychologists also provide training and support services to other professionals, such as healthcare practitioners and teachers. Substandard psychotherapy services may cause long-lasting and deep traumas.

In respect of the second criterion, although the treatments of psychologists are not directly "invasive" in a material sense, their counselling and education have an immense impact on the heart and mind of their service recipients.

Regarding the third criterion, the number of psychologists is the biggest among allied health staff. According to the Manpower Survey conducted by the Department of Health in 2009, of the 403 clinical psychologists, 34.5% were employed in the private sector; and of the 153 educational psychologists, 30.7% were employed in the private sector.

Moreover, the professional status of psychologist is recognized in a number of ordinances. For instance, they can serve as a professional witness in the judicial system and provide professional opinions on the danger of criminals to society. Their opinion can directly affect the court ruling.

There are basically no doubts about the importance of the services provided by psychologist and of regulating this profession. It is thus difficult to understand why the Government has yet to introduce a statutory regulatory system for psychologists so as to safeguard public health.

As for other types of allied health staff, such as dieticians, people have come to learn more about them in recent years. As the problems of diabetes and obesity have become more common, the number of people seeking consultation with dieticians has also increased. In the absence of statutory regulation, some baby milk powder or health food advertisements promoted by self-claimed dieticians may be misleading to the public, thus putting people's health at risk.

According to the information obtained by the Democratic Party, among the 16 types of allied health staff under the Health Services Functional Constituency, some professions have a very small size. For instance, there are limited numbers of people practicing as podiatrists and audiologists. Most people do not know the services provided by these professionals and the risks that their services may involve. Moreover, although the information indicates that the problems of people faking as and impersonating these allied health staff are very serious in Hong Kong and abroad, whether a statutory regulatory system should be established is yet to be discussed by the Legislative Council.

Thus, despite the fact that the Democratic Party agrees that statutory regulatory systems should be expeditiously put in place for some types of allied health staff (such as psychologists) and legislation be introduced to regulate their practice, regarding the proposal raised in the original motion that statutory registration systems should be immediately put in place for all types of allied health staff, the Democratic Party holds that the community, or even the practitioners, are not ready for the proposal. The Democratic Party thus intends to propose an amendment to call on the Government to immediately collect data, conduct public consultation and examine the feasibility and necessity of putting in place a statutory registration system before tabling the bill and the proposed system for regulating allied health staff. We think this is a better course to take.

In examining the regulatory legislation, the Government must deal with the issue of how stringent and in what way the regulation should be taken forward, so that the provision of services will not be affected and the current service users will not be deprived of the services due to the regulatory system. Thus, in conducting the consultation, the Democratic Party holds that apart from the views of the allied health sector, the views of the current and potential service users should also be consulted.

President, I so submit and propose the amendment.

MR ALAN LEONG (in Cantonese): President, the Civic Party supports the motion moved by Dr Joseph LEE today. My amendment only seeks to, on top of the requests proposed in Dr LEE's original motion, call on the Government to provide a legislative timetable and I have also added some specific recommendations.

President, as a matter of fact, at present, there is statutory regulation in Hong Kong to regulate the practice of medical practitioners, nurses, dentists, pharmacists, midwives and five supplementary medical professions, that is, medical laboratory technologists, optometrists, physiotherapists, and so on. These registration ordinances each have their own regulatory body made up of members from different fields within the trade. The ordinances also empower the relevant regulatory body to lay down the eligibility for registration and practice, and issue relevant certificates for professional practice. Without the authorization of the regulatory body of the profession concerned, no practitioner is allowed to practice in the name of that profession. The regulatory bodies also

have their own members' list for public reference. It is also empowered to conduct hearings on complaints concerning professional misconduct or misrepresentation, take disciplinary actions, or in serious cases, remove the name of the practitioner concerned from the relevant members' list.

In this way, allied health staff are subject to regulation by their relevant trade under the framework laid down by legislation and their specialty is protected from fraudulent use by others. This in turn can further protect the safety of the people treated by these professionals and safeguard consumer rights. The four points which I intend to raise in the amendment are drafted by drawing reference from the existing regulatory ordinances.

President, as early as 2004, the Panel on Health Services of this Council had discussed whether legislation should be introduced to regulate allied health staff. The discussion on ancillary dental workers could even date back to the last century. At that time, the Government said (I quote), "statutory regulation of healthcare professions should only be called for when there is evidence showing that the practice of a healthcare profession has demonstrated an unacceptable level of risk to the public." (End of quote) President, a society-based approach was proposed at that time, that is, by means of professional self-regulation on a voluntary basis. The Government's remark at that time seemed to mean that, instead of preventing unfortunate incidents from happening through legislation, the Government would not introduce legislation unless some serious incidents have happened. We hold that the Government is very irresponsible for making such a remark.

President, take psychologists as an example. If a patient suffering from depression is treated by an under-qualified psychologist, the patient may be subject to a much greater chance of suicide due to delayed treatment. According to a study conducted by the University of Hong Kong, commissioned by the Hong Kong Psychological Society, in the end of 2006, less than 20% of the interviewees were aware that one must hold a Master's Degree in clinical psychology before he was qualified for providing this type of counselling. An under-qualified dietician who wrongly prescribes nutritional supplements may also inflict harm on public health. President, the demand for psychologists has been on the increase. Similarly, many beauty care and slimming companies use dieticians as a tout for business, but no statutory registration has attained the Q-mark certifications. It is thus very difficult for the general public to tell the authenticity of these companies.

The Government has employed some types of allied health staff under the Hospital Authority (HA). The staff are directly regulated by the HA. Perhaps because the number of staff involved is too small, separate statutory regulation is unnecessary. In this connection, I have looked up some statistics. President, according to the Health Manpower Survey conducted by the Department of Health in 2009, over 65% of the 312 dieticians were employed in the private sector; over 50% of the 34 audiologists were employed in the private sector; almost 35% of the 403 clinical psychologists were in private practice; almost 35% of the 506 speech therapists were in private practice; 40% of the 40 podiatrists were in private practice; 25% of the 129 prothetists were in private practice, and 70% of the 318 dental technicians/technologists were in private practice.

President, these statistics fully show that the proportion of allied health staff in private practice is not small, not to mention those who did not meet the qualification defined in the Department of Health's survey have not been reflected in the statistics. These practitioners must be appropriately regulated by legislation in order to safeguard the rights of the people. President, even though the numbers of practitioners in certain aforesaid professions are small, this is not a reason for not introducing legislation. We can consider adding these smaller-sized professions to the Schedule to the Supplementary Medical Professions Ordinance. Certainly, the Government should fully consult various stakeholders and conduct an in-depth study on the details before implementation.

President, Hong Kong can draw reference from experience abroad. For example, a Health Professional Council has been established in the United Kingdom to regulate 15 professions, including the seven professions mentioned in the motion today. The Health Professional Council also holds regular open and transparent consultative sessions with various stakeholders, issues latest guidelines and handles complaints related to the professional conduct, performance and ethics of healthcare practitioners, so as to ensure the quality of the registered professionals and safeguard consumer rights. Our neighboring country, Singapore is also drafting a similar bill. Thus, President, there is no reason for Hong Kong not to follow the international footstep. In order to accord the best protection to the people of Hong Kong, legislation should be introduced to regulate allied health staff.

President, the Civic Party urges the Government to expeditiously meet with stakeholders and formulate an appropriate legislative timetable because there are

people seeking the services rendered by these allied health staff every day. I hope the Government will not act too slowly and will not only take remedial actions after some incidents have happened. Instead, it should foresee the need of regulation, conduct early consultation and iron out the legislative arrangement. In order to accord the best protection to the people of Hong Kong, legislation should be introduced to regulate allied health staff as soon as possible.

I so submit and support the original motion and the amendment.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, under the laws of Hong Kong, 13 types of medical and healthcare professionals are required to undergo statutory registration prior to their practice in Hong Kong. They include medical practitioners, dentists, Chinese medicine practitioners, midwives, nurses, pharmacists, medical laboratory technologists, occupational therapists, optometrists, radiographers, physiotherapists, chiropractors and dental hygienists. Regarding the medical and healthcare professions which Member has mentioned in his motion, including audiologists, audiology technicians, podiatrists, clinical psychologists, dental surgery assistants, dental technicians/technologists, dental therapists, dieticians, dispensers, educational psychologists, mould laboratory technicians, orthoptists, prosthetists/orthotists, scientific officers (medical) and speech therapists, statutory registration is not required at present.

The statutory regulation for various healthcare professions is premised on professional self-regulation and is enforced by the regulatory bodies established under the respective legislation. These statutory bodies, composed of members from the professions and lay members, regulate the professional practice and conduct of healthcare professionals through a registration system and disciplinary actions prescribed in the legislation. Although the regulatory systems are established by the respective legislation, the legislation confers upon the professions a very high degree of autonomy and status. The regulatory bodies are given the power to devise their own code of practice or ethics for their members to follow, and to establish a disciplinary mechanism for handling and investigating complaints lodged by the public, and where necessary, to exercise disciplinary actions to fellow members.

In examining whether statutory registration should be introduced for a certain healthcare profession, the Government will consider the hazards which

may inflict on the public in the event of malpractice or services rendered by under-qualified personnel. Priority consideration will also be given to larger-sized healthcare professions whose members are mostly in private practice and those having more contact with patients. Apart from considering the aforesaid factors and grounds, the pros and cons of statutory registration will also be taken into account in considering whether statutory regulation should be implemented.

Other than dental surgery assistants and dental technicians/technologists, most of the aforesaid healthcare professionals who do not required statutory registration, are employed in the public sector. The existing systems in the public sector already provide these practitioners with some form of institutional control on their practice, thus providing considerable assurance to their standard. The duties of dental technicians/technologists do not involve direct interface with patients, whereas the work of dental surgery assistants is under close supervision of dentists.

President, the Administration notes that quite many aforesaid professions have a society-based registration system. We encourage these professions to further develop their society-based registration system and set up professional code of practice and guidelines to strengthen self-regulation. They are also encouraged to enhance their professional standard by securing accreditation from relevant international professional federations and institutions. This can also provide useful and helpful information for the public to choose the right service. In reviewing the structure, composition and mode of operation of the Supplementary Medical Professions Council, we will also examine whether more supplementary medical professions should be put under the Supplementary Medical Professions Council for regulation. The Government will continue to pay heed to the views of different trades and strive to strike a balance.

After hearing Members' views on the motion and the amendments, I will speak again. President, I so submit.

MR ALBERT HO (in Cantonese): President, the strategy of primary care development aims at providing comprehensive, continuing and integrated care services. In the relevant strategy document, it is pointed out that "To deliver such a comprehensive range of services, we need to adopt a multi-disciplinary

approach involving joint input from an appropriate combination of healthcare professionals, such as doctors, dentists, Chinese medicine practitioners, nurses, allied health professionals and other healthcare providers in the community."

To enable these multi-disciplinary teams to complement each other in providing services, and not just rely on doctors to provide medication, the Government has decided to formulate healthcare conceptual models and clinical protocols for various chronic diseases. Take diabetes as an example, in the process of controlling the medical conditions and providing healthcare services, patients no longer consult specialists regularly for getting drugs, instead they will be taken care of by a multi-disciplinary team formed by allied health staff including nurses, dieticians and pharmacists. In addition, the Government indicated that it would set up a Primary Care Directory, which provides such data as the qualifications of primary healthcare practitioners and their consultation hours, so that patients can be referred to receive appropriate healthcare professional services provided in the community.

Regrettably, as there are presently no statutory registration systems for several types of allied health staff, how can the Government set up a comprehensive multi-disciplinary team, implement the multi-disciplinary clinical protocols for every disease, and set up a Primary Care Directory covering various healthcare staff? Take the medical team for treating diabetes patients as an example. As there is no statutory registration system for dieticians, how can we include the names of all dieticians in the community as well as their qualification in the Primary Care Directory, so that doctors can refer patients to dieticians for advice? Last year, when the Government carried out a manpower survey on allied health staff, it failed to get a name list of the persons concerned, how can their qualifications be certified? In the absence of a statutory registration system and regulatory system for dieticians, how can we ensure that dieticians would follow clinical protocols, and work alongside with healthcare staff, like doctors and nurses who are under professional regulation, to provide comprehensive services to patients? Thus, if the registration system for allied health staff is not well established, the whole strategy for developing primary healthcare will eventually be reduced to the strategy for developing a family doctor system. Multi-disciplinary, comprehensive care services can hardly be provided.

President, I would like to talk about the issue concerning dental staff. In 1991, the Dental Sub-Committee of the Health and Medical Development

Advisory Committee proposed establishing a registration system for four types of ancillary dental workers. The Legislative Council Panel on Health Services discussed the proposal from 1999 to 2000. At that time, ancillary dental workers generally supported the establishment of a registration system but dentists considered that there was no need to do so. In fact, dental surgery assistants basically meet the criteria stipulated by the Government for establishing a statutory registration system. They provide direct, invasive services which may bring certain risks to the health of their service recipients. Furthermore, there is a large number of dental surgery assistants, and many people require their service. At present, there are 2 847 dental surgery assistants in Hong Kong, 85% of them work in the private sector, the quality of service required from them is higher than those who work in the public sector. Regrettably, when the Legislative Council discussed the registration system for dental surgery assistants in 1999, the Government considered it unnecessary to establish a statutory regulatory system for dental surgery assistants as they work under the supervision of dentists. Presently, the Government has set up several dental outreach teams within a short period of time, dentist with less than three years of working experience is responsible for supervising ancillary dental workers. The absence of a registration system also implies that dental surgery assistant may not have any training. It is worrying whether the outreach teams can provide quality services and whether the health of patients can be fully guaranteed.

President, to promote primary health services, the Government should expeditiously introduce the relevant statutory regulation. As there is no universally accepted definition for healthcare staff, the Government has to conduct research on each type of allied health profession, so as to ascertain which type of profession should be regulated through a statutory registration system. For those professions that can and should be regulated through a registration system, a timetable should be set in connection with the introduction of a suitable regulatory system.

I so submit and support the amendment of Mr CHEUNG Man-kwong.

DR PAN PEY-CHYOU (in Cantonese): First, I would like to thank Dr Joseph LEE for moving this motion. This motion brings out an important issue relating to healthcare and safety.

In China or in Western societies, medical development started from a humble status. Medical services in the past were very simple. In ancient times, doctors cured patients; we may have the impression of doctors carrying a large bag, filled with medicine, stethoscope or some simple medical devices, and went to patients' homes to treat them. However, with social development and advances in science, such kind of practice was no longer applicable.

With the continuous development in science, there have been huge advances in modern medicine, especially in recent decades; medical service has also become very complicated. This complexity brings about three results. First, a large number of staff is involved in treating patients. When a patient is hospitalized, the patient may be served by tens of staff in the hospital, each responsible for different duties. If the period of hospitalization is relatively longer or if the medical condition is more complicated, even more than a hundred staff may be involved, this is quite common.

With the increasing number of staff involved and the expanding scope of medical knowledge, specialization has become very refined. Doctors can belong to various specialities, and the same applies to nurses. More and more grades are established, with different areas of specialty. In treating patients, there is a division of work based on the experience and knowledge of the healthcare professionals.

As specialization becomes more and more complex, duties have also become more divided. We learn that in the past, the attending doctor undertook the final responsibility to treat patients. However, nowadays, how many duties can the attending doctor undertake? We all know the answer. Many duties like deciding the dosage for injection or the work of dieticians ― I will talk about this later ― can in fact be taken up by allied health staff. The attending doctor can no longer undertake these duties. His duty ceases after he has made the referral. Hence, these changes have led to great changes in the outlook of medical services.

Regarding the several healthcare professionals mentioned in Dr Joseph LEE's original motion, I would like to briefly introduce their duties.

Clinical psychologists or psychologists, including clinical psychologists and educational psychologists, are mainly responsible for providing accurate

psychological assessments at the medical level. They conduct very accurate psychological and intellectual assessments on the emotions and mode of thinking of a person, his cognitive abilities or other responses when the brain nerve is disrupted, as well as his characters. On the other hand, they will provide psychological therapy. In other words, if patients feel depressed or nervous, they will provide psychological therapy so that patients can better adapt to pressure and cope with their own emotional problems.

As for dieticians, they provide services related to nutrition. This kind of service is vital in treating diseases like mild diabetes. Patients do not need to take medicine, they simply need to control their diet and do exercise. For patients who suffer from illnesses such as liver failure, kidney failure or psychiatric anorexia, they need the services of dieticians so that they can regain health again.

Speech therapists provide services to people who have difficulties in producing voice and speaking, such as patients suffering from stroke or people who use their vocal cords inappropriately causing inflammation. Speech therapists help patients correct their method of speaking. In addition, they also make assessments. They examine patients who have difficulty in swallowing, for example, the elderly person who has such a problem after a stroke, so as to find out the cause of the problem and change their diet accordingly.

I think allied health staff undertake very important duties. From the several examples I just raised, we can see that the duties of these staff are very important. If they do not reach the expected standard and are not well qualified for the work, they can bring great harm to patients. However, up till now, the attitude of the Government is "to delay as far as it can", as in the case of mouldy pills which occurred last year, the Government will only impose strict monitoring after the incident.

Let me cite another example. The Government would also take remedial actions after it was found that some western medicine and Chinese proprietary medicine contained illegal drugs. In this way, the safety of the public cannot be guaranteed, the reputation of the trade is damaged and the Government has to take the blame, resulting in the all-lose situation for all three parties.

Therefore, it can be said that a consensus has been reached on regulating allied health staff as proposed in the original motion. If there is no legal

backing, Secretary, you are also aware that if there is no legal backing, it is difficult to regulate practitioners of a trade. So, in this respect, we greatly support the original motion moved by Dr Joseph LEE and the amendments proposed by Mr CHEUNG Man-kwong. In fact, we have to listen to the voices of the trade and let them know how regulation should be practically introduced. However, we have some reservations about the amendment by Mr Alan LEONG because I think we need to *(The buzzer sounded)* ……

PRESIDENT (in Cantonese): Dr PAN, Speaking time is up.

DR PAN PEY-CHYOU (in Cantonese): …… seek the views of the trade.

MR CHAN HAK-KAN (in Cantonese): President, many people say that Hong Kong is a highly professional city with a high standard of professional services and a good regulatory system. Hong Kong is internationally renowned, particularly in the field of healthcare services. Being attracted by our advanced technology, sound ethics and adequate regulation, people across the border come to Hong Kong to seek treatment. However, there is in fact a small minority of people in Hong Kong who impersonate health staff. Taking advantage of Hong Kong's good reputation, they recklessly claim themselves as "specialists", "dieticians" and "experts", providing so-called "healthcare services" to the people. This directly affects people's life and health.

President, as far as I know, there are 19 types of allied health staff under the Hospital Authority (HA), and only six professions, including physiotherapists and pharmacists, have professional regulatory systems. The HA has its own entry requirements and mechanisms for monitoring staff performance. For example, the HA will only employ dieticians who register in the United Kingdom, United States, Canada or Australia. The Sub-committee for Audiology under the HA's Coordinating Committee in Otorhinolaryngology is also responsible for supervising the quality of service of audiologists.

These examples indicate that in the public medical sector, mechanism has been established to ensure the provision of professional services by allied health staff. However, in the private medical sector, do we have such kind of

mechanism and monitoring, the answer seems to be in the negative. We are most worried about this situation.

In 2004, the Panel on Health Services discussed the issue relating to allied health staff who are yet to be regulated. According to the Government's stance at that time, there was no urgency to regulate these allied health staff as they did not have close contacts with patients in the provision of service, and hence their inappropriate practice would not cause great risks to patients. Moreover, as most of these professionals work in the public sector, there was no need to establish another regulatory system.

However, under careful scrutiny, the rationale hold by the Government could no longer be justified several years ago, not to mention today. At present, private healthcare market is highly popular. Let me illustrate this point with two examples. The first example is that we learn, from television or on-street promotion that almost every slimming and fitness company claims that it offers consultation services on nutrition. To solicit customers, the practitioners claim that they have received professional training, and that they are registered dieticians, awarded with professional qualifications in a certain country. However, does the Government know whether the qualifications of these "dieticians" are comparable to those employed by the Government?

I am very worried that these people, for the sake of doing business or meeting the target set by their companies, would make some recommendations that violate professional code. For example, they promote some unsuitable products or services to customers. We learn from the press that there are cases in which the so-called "dietician" was arrested because the slimming pills he prescribed to the customer contained illegal drugs.

The second example is that parents nowadays are very concerned about their children with learner diversity problems. Although the education sector and medical sector both advocate "early detection and early intervention", the services provided by the Government in this respect are very limited. Hence, parents have to seek assistance and services from educational psychologists in the private sector. Very often, parents share the same view that they do not know how to choose experts for assistance, or they do not know which experts can be trusted.

President, from the examples I have just mentioned concerning dieticians of slimming companies and seeking assistance from educational psychologists, we can understand the aspiration of the public for improving the existing regulatory system of allied health staff. The Government stresses that in future, primary healthcare services will be provided to the public through multi-disciplinary healthcare services teams. This is a correct and commendable move. If the Government takes forward in this direction, more allied health staff will have to perform different functions and they will provide more direct services to people; they will become the front-line staff in serving patients.

In fact, the Hospital Authority launched a plan in as early as 2007 to first transfer patients with specific symptoms to allied health staff for examination and assessments. Patients suffering from complex and serious illnesses will be referred to specialists for treatment, while patients with less severe illnesses are handled by allied health staff, for example, physiotherapists and occupational therapists. This practice has changed the procedure of referring all patients to specialists in the past. After this plan has been put on trial in the community, 80% of patients are diverted to physiotherapists for direct treatment. This can improve the waiting time problem for specialist healthcare services. When primary healthcare services are further developed in the public and private sectors, allied health staff will play an increasing important role. It is high time that professional regulation should be implemented.

Finally, the DAB will vote in support of the two amendments. We think that although Mr CHEUNG Man-kwong's amendment is relatively more conservative, he agrees to implement regulation. We will also support Mr Alan LEONG's amendment because in the amendment *(The buzzer sounded)* …… thank you, President.

MS CYD HO (in Cantonese): President, the division of labour in many healthcare services has become increasingly specialized and delicate with the worldwide development of tertiary education and technology. In the past, healthcare services were mainly divided into two fields, medicine and nursing. Although medicine was later divided into maternity and dentistry, medicine and nursing remain the two main streams. As mentioned by the Under Secretary, 13 grades and professions have been regulated, but the professions as mentioned by Dr Joseph LEE have not been regulated. These professions include

psychologists, educational psychologists, speech therapists, and so on. As people often seek help from these professions, if the quality of these services can be guaranteed, the rights of the public, patients and consumers can be safeguarded. Hence systematic regulation should be introduced as soon as possible.

Nevertheless, the pace and degree of development of various professions vary. For some areas of specialization, like the six supplementary medical professions, well-established degree programmes are offered in tertiary institutions over the world; in Hong Kong, local universities have also offered degree courses to provide professional training. However, such standard has not been reached in some areas of specialization. For example, in some overseas countries, an independent, professional and self-regulated mechanism is in place for accrediting the qualification of optometrists; in Hong Kong, The Hong Kong Polytechnic University offers well-established courses in this area, and the course has also gained high commendation by government officials. However, some practitioners in this trade have never received training in colleges. Owing to their many years of working experience, they are granted limited registration. How should we teach the public the way to differentiate them? The establishment of an accurate registration system, to be promoted by the relevant profession, can to the greatest extent, help people identify whom they should turn to for help.

We are now launching a consultation on healthcare financing, this issue also leads to the discussion on enhancement of primary healthcare services. In fact, many allied health trades are involved in the provision of primary healthcare services. Therefore, it is nice to have this debate today, on the one hand, we can discuss how to provide adequate and effective quality assurance, and on the other hand, we can discuss how to lower the overall medical costs.

President, quality assurance can be attained in two ways. The first approach is to impose top-to-bottom regulation and the second approach is to impose self-regulation. Let me talk about the objectives of regulation. There are four main objectives. The first objective is to attain quality assurance. Through registration and legislation, the general public and people in the trade would know what kind of services practitioners with certain training can provide, if they provide other services, they would violate the law and their licenses can be revoked. The second objective is to enhance the conduct of practitioners and promote professional development. The third objective is to handle complaints.

The fourth objective is to promote the healthcare services of the trade through public education, informing the public how to make good use of the services offered by the relevant trade.

Let me talk about the negative factors that can be created by the introduction of regulation by the authorities. In Hong Kong, western medicine practitioners, who uphold the principle of confrontational therapy, exert great influence in politics. The Secretary, Under Secretary and the Director of the Department of Health are doctors. The Legislative Council also designates a functional constituency for western medicine practitioners. It is very difficult for other healthcare service trades to be included in the system of functional constituency. I advise them to participate in direct election to serve public interest, which I believe is the right thing to do. Since western medicine practitioners in Hong Kong exert such great political influence, they truly think that they should be responsible for regulating and accrediting the supplementary medical professions. This belief may be driven by their intention to protect the interest of the trade or developed on the basis of the training they received, as well as the knowledge and working experience they gained in their field.

No matter what their intention is, this concept will increase medical costs. Why? The reason is that originally patients can directly be referred to specialists by well qualified healthcare staff, but as western medicine practitioners insist that patients should first be examined by family doctors before seeking treatment by specialists, a bottleneck situation will arise, that is, all patients must first be treated by western medicine practitioners. This will increase patients' waiting time and incur unnecessary medical costs. Hence, I hope that western medicine practitioners, who have the power to make decisions, can put public interest above the interest of the trade, and establish an effective professional regulatory system for the people of Hong Kong, so that the bottleneck problem as mentioned above can be solved.

Another example is that when people receive physiotherapy or chiropractic treatment, they cannot apply for insurance without western medicine practitioners' endorsement. I am really curious, how much do western medicine practitioners know about spinal care. I hope the Under Secretary can honestly tell us how many courses on chiropractic theories he has attended. President, as various professions have different levels of development, it is infeasible to insist on regulating all professions with just one system. We cannot apply the same

system in governing the professions which are in the early stage of development as those which are well developed. Such an approach will only slow down the development of all professions or do harm to newly-developed professions by being over enthusiastic. In this connection, I hope the authorities would study carefully the level of development of each profession and its special conditions, so as to formulate an effective system of regulation.

President, I therefore support the amendments proposed by Mr CHEUNG Man-kwong and Mr Alan LEONG.

DR LEUNG KA-LAU (in Cantonese): President, in principle, I support the original motion and all amendments. I would like to tell some stories and talk about history, and discuss why the Government has come to such a stance. I will also discuss the issue of cost as mentioned by Ms Cyd HO.

For a long period of time, all healthcare services had been provided by doctors, this was the situation many centuries ago. As healthcare services became more sophisticated, doctors were in short supply and the cost became more expensive, certain relatively simple healthcare services were thus handed over to those who were not doctors. There came nurses, and later the various "allied healthcare services". What is meant by "allied"? It originated from the word "alliance".

According to the existing laws in Hong Kong, the Medical Registration Ordinance stipulates that only doctors can provide medical services. As for physiotherapy and occupational therapy which are medical services, how can the relevant practitioners provide the services since they are not doctors? The Government thus exempted these allied heath professionals, who are regulated by other laws, from regulation by the Medical Registration Ordinance, so that they can provide allied healthcare services. In fact, doctors who are specialized in a particular discipline certainly possess abundant specialist knowledge. If you ask me whether I possess orthopedic knowledge, to be frank, I may not know how to teach an occupational therapist how to cure foot problems, but orthopedists are certainly more familiar with orthopedic problems than allied health staff. Allied health staff provides services to patients based on doctors' recommendations and diagnosis.

The original purpose for establishing allied health staff is to solve the problem of cost. If all services are to be handled by doctors, the costs will be too expensive. Therefore, some relatively simple medical services, which require a shorter training period, are handled by allied health staff, who can provide services after receiving special training.

Why is the Government reluctant to register allied health staff? The three criteria mentioned by the Government are inadequate and the Government fails to justify its argument with these three reasons. For example, regarding the criterion on contacts with patients, medical laboratory technologists do not need to have contacts with patients, yet they are still required to get registered. Moreover, regarding the criterion on the risks caused by inappropriate practice, the Hospital Authority now recruits more staff to take blood samples from patients, their services have a direct impact on patients, but they are not required to get registered. So the three criteria given by the Government fail to substantiate its argument.

To put it simply, the Government just wants to make life easy. If most staff responsible for certain types of work are all employed by the Hospital Authority and regulated by laws, it is just like moving a rock to hit one's feet. In addition, once a registration system is established, qualifications will then have to be recognized. With the recognition of qualification comes the need to establish a salary scale and this will increase the cost. Then, what can the Government do when there is a shortage of nurses? The Government can employ more health assistants, they do not need to have particular qualifications and can perform their duties after receiving in-house training.

Therefore, I can tell Ms Cyd HO, if registration is required for all allied health staff, more than "seventy-two professions" may be involved. Phlebotomists have to be registered, health service assistants have to be registered, more than "seventy-two professions" will indeed be involved. Furthermore, if it is stipulated that only certain personnel who have received a particular type of training can undertake the relevant duties, the costs will eventually increase.

Many allied health staff who are not cover by the registration system have requested for registration. Why do they request to be under other people's regulation? This involves certain conflicts of interest. First, as I have just said,

after a registration system is established, the Hospital Authority or all public bodies have to set a salary scale for allied health staff. Next, it is natural that everyone strives for a place in the work environment. Perhaps, I should put it this way, many practitioners request for registration, and after the establishment of a registration system, some practitioners are qualified for registration while others are not. The impersonators certainly cannot be registered. The question is: who are the impersonators? Do you understand what I mean? It may be stipulated that those who studied in certain European countries, the United States or some other countries are qualified for registration upon graduation; what about those who study in our motherland? Who are the impersonators? It can thus be seen that conflicts of interest will easily arise.

Why do I support the original motion and all the amendments? It is because many allied healthcare services do have an impact on patients. For example, if podiatrists, whom I just mentioned, do not provide proper treatment to the feet of diabetes patients, the patient may have to amputate his feet if there is infection. So the services of many allied health staff, who are not required to register at the moment, definitely have an impact on the health of patients.

However, the problem is not that simple. What is the registration benchmark? Who are the impersonators? Who are qualified practitioners? What is the increase in medical costs? Will any person, who claims to be an allied health staff, advises the patients that they need not consult a doctor if they seek help from him? Just now, many Members envision that patients can be properly treated by allied health staff, and they need not seek treatment from doctors. However, as the training received by allied health staff cannot be compared with that received by doctors, and in view of the limitation of allied health staff, can they replace the full functions of doctors? Therefore, I particularly support the amendment proposed by Mr CHEUNG Man-kwong and agree that the authorities should assess risks, study the present condition of the trade, and assess the manpower requirement before deciding on the feasibility and necessity of putting in place a registration system for every allied health profession. Thank you, President.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR ALBERT CHAN (in Cantonese): President, if we consider from the perspectives of principle, concept, theory and profession, regulating healthcare professionals by legislation so as to protect people's health is a right thing to do. However, when handling the relevant issue, we have to consider the actual situation of Hong Kong, the actual condition and needs of the people, as well as the support of the medical structure.

The Hospital Authority has earlier wrongly estimated the number of doctors, thinking that there was a surplus of doctors, a golden handshake was thus introduced to lure a large number of doctors into early retirement. However, it was later found that there were insufficient doctors. In respect of nurses, due to insufficient training places, there was a serious shortage of nurses.

Once other healthcare professionals are involved, it is difficult to regulate them by legislation because there are so many types of healthcare professions, including dieticians, optometrists, or as just mentioned by Members, even medical staff responsible for drawing blood and making injections have to be licenced. In other words, the areas to be regulated for each profession can be finely defined. Once such fine division is involved, it is difficult to accurately assess the provision of and support by certain services, the number of staff to be trained by the relevant organizations every year, the educational resources required as well as the practical demand of the market.

I am not a professional in this area. Would Members who are doctors by profession and the Under Secretary please tell us, are we not allowed to assign serving healthcare professionals with other duties? In any places …… Of course, the more specialized the services, the higher proficiency can be attained, but the public and patients will inevitably have to pay higher fees. It would be ideal if complementary measures can be made in the process of development. Once financial commitment is involved, the increased costs will be transferred to the public and patients have to pay higher fees. Of course, life is invaluable. If people's health can be guaranteed, if their life can be protected, it is worth spending the money. However, many things occurred in the past …… I think the greatest problem is that Hong Kong is a tiny market, unlike the United States, the Mainland China and Europe, all of which have large markets, which can well support the training of professionals.

In addition, President, traditionally, Hong Kong's medical system follows the British system. As for other professionals, especially the improving standard

of Chinese medicine, do they need to comply with the British professional system? This arouses great controversies. If professionals trained by other systems can also be appointed to fill certain professional posts, the problem of manpower shortage can greatly be relieved.

Let me cite veterinarian as a simple example. I know that nowadays many young people go to Taiwan to study veterinarian programmes because the programmes are recognized by Hong Kong. The support of accreditation systems is crucial, and we have to consider this factor in discussing whether or not we should regulate healthcare professionals by legislation. I hope that the Government can consider whether other systems can be adopted apart from following the traditional British system. In this way, professional standards can be guaranteed on the one hand, and on the other hand, people can receive professional education in other places.

The supply and support of the market should also be developed. If we can make careful considerations in areas such as market, education, Hong Kong people's choices and safeguard of health, I think regulation by legislation is a general and inevitable trend. But adequate discussions are needed before legislation is enacted.

PRESIDENT (in Cantonese): Does any other Member want to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): Dr Joseph LEE, you may now speak on the two amendments. The time for speaking is five minutes.

DR JOSEPH LEE (in Cantonese): President, the amendments proposed by the two Members, in fact, do not have any conflict with my principle.

Let me first talk about Mr CHEUNG Man-kwong's amendment. He mainly urges us to be more discreet, consult the professions and ascertain the statistics first before introducing regulation by legislation. Mr CHEUNG Man-kwong's amendment precisely reflects that he has been fooled by the Government. After so many years the Government still has not done its job

properly. This subject has been discussed in the Legislative Council since 1997, and well before that. A colleague has just said that the regulation of ancillary dental workers has been discussed for a long time. How come no actions have been taken? In fact, it is impossible that there is no such statistics. The Government should have the statistics. If these statistics are really unavailable, it is because the practitioners concerned are not put under regulation. This is the Government's fault. The Government has not collected any data. This is its incompetence.

With respect to consulting the trades, I believe that nowadays, neither the general public nor members of the trades would consult a dietician whose qualification is unconfirmed; moreover, they would not let a podiatrist whose qualification is unconfirmed treat their feet. This is precisely what Mr CHEUNG Man-kwong's amendment seeks to express. As the Government has not put in sufficient efforts in the past, Mr CHEUNG Man-kwong and members of the Democratic Party hold that the Government should make extra efforts to provide more information. Thus, I urge the Government to do a better job by providing more information and do not fool the Democratic Party again.

In fact, apart from clear documentary support, the trades are also well aware of the need to introduce regulation. There are statistics on the number of practitioners. Mr Alan LEONG has just provided some statistics, so have Members of the Democratic Party. The Government has no reasons to say that it does not have such statistics. As I have just said, 50% of the practitioners are working in the private sector, not the public sector. The Government always claims that given the small number of practitioners, no actions need to be taken. Yet, I can firmly say that their impact can be profound although their number may be small. As I have just mentioned, there may be just a dozen-odd speech therapists in practice, but if a speech therapist wrongly teaches a child how to swallow food, the child may choke to death. In the end, the impact can be enormous. How can the Government say that there is no impact? How can the Government say that the issue can be brushed aside because no death has incurred? Hence, my view is in line with that of Mr CHEUNG Man-kwong. Mr CHEUNG Man-kwong is concerned that the Government has not provided sufficient information. I hope that through this debate, the Government can provide sufficient information.

Regarding Mr Alan LEONG's amendment, Mr LEONG is truly very nice. He has explicitly spelt out what is in the heart of members of the trades, while I

have only expressed their views in a general sense. In fact, what Mr Alan LEONG has said is precisely what the trades have been saying. Every year, I arrange a meeting with the Secretary for the trades. Every year, we ask the Secretary whether he has a timetable, urging him to do something for us. The Health Professional Council, which Mr Alan LEONG just mentioned, is in the United Kingdom. The Council is charged with the specific duty to regulate healthcare practitioners. In fact, we have made such a proposal to the Secretary before and the Secretary has given as a runaround as usual and has not done anything in the end. All in all, Mr Alan LEONG's amendment has more specifically and thoroughly spelt out how to implement regulation, so that the Government can have a better understanding of the issue.

Will the Government say once again that it will not regulate the professions because some of them are already under regulation? This is not the case. All professions should be put under regulation. As Mr Alan LEONG has just proposed, can the Government adopt a stopgap measure and regulate some professions first by putting them under a Schedule? This is a feasible solution, but the Government has not done so. I hope the Government can listen to Mr Alan LEONG and expeditiously put those unregulated professions under regulation, so that the health of the people of Hong Kong can be safeguarded.

There is one point which I do not quite understand, why is it that Members of the FTU have reservation about Mr Alan LEONG's amendment. In principle, there is no conflict between the two. His amendment only seeks to make the motion more specific. Thank you, President.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, first of all, I wish to thank again all the Members who have participated in the motion debate. Particularly, I wish to thank the motion mover Dr Joseph LEE and the amendment movers Mr CHEUNG Man-kwong and Mr Alan LEONG for their concerns and valuable views on the regulation of allied health staff. I will now respond to the views expressed by Members just now.

The statutory regulation of healthcare personnel in Hong Kong can trace back to 1957, as mentioned by Members just now. The Medical Registration Ordinance was enacted in that year to regulate the practice of medical practitioners. Since then, legislation on the regulation of dentists, midwives,

nurses, pharmacists, five supplementary medical professions (that is, medical laboratory technologists, occupational therapists, optometrists, radiographers and physiotherapists), chiropractors and Chinese medicine practitioners has been introduced one after the other.

The objective of regulating healthcare professions is to protect the public from potential health hazards arising from services rendered by unqualified personnel. In considering whether certain healthcare professions should be subject to statutory regulation, the Government adopts a risk-based approach to assess the risk associated with the practice, and whether such level of risk warrants the introduction of statutory registration for the practice. The following are some major considerations.

First of all, President, we will consider whether the practice of the healthcare practitioners requires frequent and direct contact with patients. The mode of service delivered by healthcare practitioners varies and a number of Members have elaborated on this point just now. Some of these practitioners have frequent and direct contact with and provide clinical treatment to patients while others mainly provide support to front-line healthcare practitioners. The practice of the former naturally carries a higher level of risk to public health, and therefore has a relatively stronger case for being subject to statutory regulation. On the other hand, healthcare professions which mainly provide support to front-line healthcare personnel carry a relatively lower level of risk to public health.

President, we also need to consider the impact and magnitude of the risk arising from malpractice of healthcare practitioners on their service recipients. The risk level and magnitude vary with the nature of the professions. Healthcare practitioners who perform "invasive" procedures are more prone to pose imminent and recognizable threat to the well-being of service recipients, and their practice should therefore be accorded with higher priority for statutory regulation.

Moreover, we also take into account the size of the profession and its distribution in the public and private sectors. While the primary consideration in deciding whether a particular group of healthcare practitioners should be subject to statutory regulation is on the risk level of the practice to public health, the size of individual healthcare professions, which has a bearing on its coverage and impact to the entire community, should also be taken into account.

Smaller-sized healthcare professions have a relatively smaller magnitude of health risk imposed onto the community. Moreover, the distribution of these personnel in the public and private sectors is another major consideration. As quality assurance measures such as the issue of practice guidelines, the provision of on-the-job training and continuing professional education are more readily available in the public sector, professions whose members are employed mainly in the public sector tend to pose less threat to public health than those professions predominated by private sector practitioners.

In this connection, a series of Health Manpower Surveys have been conducted on a regular basis by the Department of Health. The Health Manpower Survey 2009, to which a number of Members have referred just now, is part of the Department's effort to collect data on the relevant information and statistics. In considering whether statutory regulation is to be introduced for a healthcare profession, the Government will draw reference from these statistics and accord higher priority to those healthcare professions which are of a larger size, predominantly employed in the private sector with more direct contact with patients and of higher level of harm to public health in case of malpractice.

President, apart from statute-based registration, regulation of healthcare practitioners can and should also be achieved through other means. One form of it is through society-based registration. Society-based registration is a voluntary scheme under which professional associations administer an enrolment system and promulgate a list of qualified members to enable the public to make informed decisions when seeking certain healthcare services. The associations can also adopt respective professional code of practice to strengthen self-regulation and encourage their members to gain accreditation and enhance their professional competence by pursuing continuing professional development. These associations can also develop society-based quality assurance schemes and devise a disciplinary mechanism to ensure that only qualified personnel could stay on their lists. They are also encouraged to secure recognition from relevant international professional federations and institutions, so that their professional standard is on par with the international arena.

President, in considering whether or not statutory regulation should be introduce to individual healthcare professions, one has to be aware that legislative and regulatory efforts should strive to strike a balance among the stakeholders and take into account the impact on public health as well as the pros and cons of

different modes of statutory regulation. In the review of the structure, composition and mode of operation of the Supplementary Medical Professions Council, we will also examine whether more supplementary medical professions should be put under the Council for regulation. In the meantime, President, we encourage the professional associations to further develop their society-based registration systems, so as to furnish people with better and more effective information in choosing their services. The Government will continue to listen to views of different trades so as to strike a balance among them.

Thank you, President.

PRESIDENT (in Cantonese): Mr CHEUNG Man-kwong, you may now move the amendment to the motion.

MR CHEUNG MAN-KWONG (in Cantonese): President, I move that Dr Joseph LEE's motion be amended.

Mr CHEUNG Man-kwong moved the following amendment: (Translation)

> "To add "the number of allied health staff involved in caring for public health is on the increase, and although the Government has formulated a statutory registration system for 12 types of healthcare practitioners, many types of allied health staff are still not regulated by legislation;" after "That"; to delete "put" after "immediately" and substitute with "collect data for ascertaining the number, qualifications and practice of various types of allied health staff and the possible risks posed to the public in case of malpractices, to extensively consult the public and the trades concerned, and to study the feasibility and necessity of putting"; and to delete "enact" after "allied health staff and" and substitute with "enacting"."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr CHEUNG Man-kwong to Dr Joseph LEE's motion, be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the amendment passed.

PRESIDENT (in Cantonese): As Mr Alan LEONG is not present now, he cannot ……

(Mr Alan LEONG hurried back to the Chamber)

PRESIDENT (in Cantonese): Mr Alan LEONG, as Mr CHEUNG Man-kwong's amendment has been passed, you may now move your revised amendment.

MR ALAN LEONG (in Cantonese): President, I move that Dr Joseph LEE's motion as amended by Mr CHEUNG Man-kwong be further amended by my revised amendment.

Mr Alan LEONG moved the following further amendment to the motion as amended by Mr CHEUNG Man-kwong: (Translation)

> "To add "; the relevant measures should include: (a) to establish related independent statutory bodies, with members drawn from the allied health staff concerned and representatives of various sectors in society; (b) to regulate the registration and licensing examinations for practitioners of the various professions, in order to ensure and facilitate the attainment of

recognized standards of practice by the respective professions; (c) to put in place a framework for monitoring professional conduct, so as to ensure practitioners' professional integrity; and (d) to increase the transparency of the respective professions and provide adequate information, with a view to educating and guiding members of the public on choosing the treatment appropriate to them" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Mr Alan LEONG's amendment to Dr Joseph LEE's motion as amended by Mr CHEUNG Man-kwong be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the amendment passed.

PRESIDENT (in Cantonese): Dr Joseph LEE, you only have one second to reply. Do you wish to make a reply?

DR JOSEPH LEE (in Cantonese): Thank you all for your support. Thank you, President.*(Laughter)*

PRESIDENT (in Cantonese): I now put the question to you and that is: That the motion moved by Dr Joseph LEE, as amended by Mr CHEUNG Man-kwong and Mr Alan LEONG, be passed.

PRESIDENT (in Cantonese): Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the motion as amended passed.

PRESIDENT (in Cantonese): Second motion: Post-office employment arrangements for politically appointed officials.

Members who wish to speak in the debate on the motion will please press the "Request to speak" button.

I now call upon Dr Margaret NG to speak and move the motion.

POST-OFFICE EMPLOYMENT ARRANGEMENTS FOR POLITICALLY APPOINTED OFFICIALS

DR MARGARET NG (in Cantonese): President, as pointed out in paragraph 9.54 of the Report of the Select Committee to Inquire into Matters Relating to the Post-service Work of Mr LEUNG Chin-man, the Select Committee has noted that the post-office employment of politically appointed officials are subject to a different set of control arrangements which are less

EXECUTIVE SUMMARY

Direct Investigation
Control of Healthcare Professions Not Subject to Statutory Regulation

Background

In Hong Kong, statutory regulation of healthcare professions can be traced back to the 1950's with the enactment of the Medical Registration Ordinance and the Dentists Registration Ordinance. Nurses, midwives, pharmacists and dental hygienists were put under statutory regulation in the 1960's. The Supplementary Medical Professions Ordinance (Cap 359) was enacted in 1980 to regulate five more disciplines which included medical laboratory technologists, occupational therapists, physiotherapists, radiographers and optometrists. The practice of chiropractors and Chinese medicine practitioners were regulated in 1993 and 1999 respectively in view of their popularity. Since then, no more healthcare professions have been put under statutory regulation.

2. However, from time to time, media reports suggested that the health of the public might be at risk as a result of emergence of new types of treatments that have healthcare implications and substandard service provided by practitioners providing such treatments. Recent incidents concerning improper treatments by beauty salon practitioners pointed to the need for tighter monitoring and review of the regulatory regime for healthcare professions. Hence, The Ombudsman initiated this direct investigation on 21 January 2013 to examine whether the current control mechanism is sufficient and identify areas for improvement.

Regulatory system in Hong Kong

3. DH all along adopts a risk-based approach to consider whether a particular healthcare profession should be subject to statutory regulation. The major consideration is the nature and scope of work of the professionals and the risks associated with their practices. Other considerations include patient interface, size of profession, employment distribution in public and private sectors and presence of alternative control (ie society-based registration system). In general, healthcare personnel who perform invasive or critical procedures are accorded with higher priority for statutory regulation.

Statutory Regulation

4. In Hong Kong, currently around 87,000 healthcare professionals from 13 disciplines are subject to statutory regulation. The regulatory bodies formed under respective pieces of legislation are given the power to prescribe the registration requirements, establish disciplinary mechanism to handle and investigate complaints and take disciplinary actions against their members.

Society-based Registration

5. Under society-based registration, professional bodies concerned administer an enrollment system and promulgate a list of qualified members to enable members of the public to make informed choices when seeking certain healthcare services. To provide quality services to the public, some professional bodies may also adopt a professional code of practice, encourage their members to pursue continuing professional development, develop quality assurance scheme and devise a disciplinary mechanism to ensure that only qualified personnel could stay on their lists. According to DH's manpower survey conducted in 2009, over 7,300 practitioners were engaged in 15 healthcare sectors not subject to statutory regulation. All these 15 healthcare disciplines have established associations/societies and have maintained membership registers.

DH's monitoring and review system

DH's position

6. DH considers that excessive regulation may pose unnecessary barriers to market entry, discourage competition and cause resource implications to society. Statutory regulation of healthcare professions should, therefore, be called for only when there is evidence showing that the practice of a healthcare profession has demonstrated an unacceptable level of risk to the public.

7. DH also considers that, while there are healthcare personnel not specifically regulated, there is legislation in place to guard the public against general medical malpractices. Moreover, under common law, all healthcare practitioners have a duty of care towards their patients, and they are required to exercise due care and skill reasonably expected of them as competent practitioners practising in the field. Any aggrieved patients may seek legal remedy/redress through civil litigation.

DH's monitoring

8. DH has developed certain guidelines, codes of practice, surveillance and reporting systems, market assessment, risk monitoring and risk communication vehicles. DH adopts these administrative tools to ensure safety of medical devices and Western medicines. It also collaborates closely with other bodies, such as law enforcement agencies, consumer advocates and regulatory bodies, to handle complaints about healthcare services, including even those not within its own portfolio.

Administration's review

9. The Administration set up a high-level steering committee, chaired by the Secretary for Food and Health in January 2012, to conduct a strategic review on healthcare manpower planning and professional development. It will cover and focus on the regulatory structure for the healthcare professions, including the functions and composition of the existing regulatory bodies for healthcare professionals. For other healthcare professions not statutorily regulated at the moment, the review will also look into matters relating to their future development, including whether or not they should be subject to regulatory control of some form.

10. In addition, The Secretary for Food and Health has been meeting representatives of various healthcare professions to discuss issues of mutual interest every one or two years.

Our Observations

11. We believe that statutory control will allow DH to closely monitor qualified healthcare personnel and prevent unqualified personnel from practising, whereby professional conduct of the practitioners can be upheld and their professional standard enhanced. In other words, the quality of treatment and service standard can be guaranteed.

12. While it is accepted that not all healthcare professions need to be regulated by Government and probably even less by statutory control, it is imperative that DH should be vigilant on any risks that practices of unregulated healthcare personnel may bring to the public. However, from information provided by DH, no effective mechanism is currently in place to monitor the service standards of unregulated healthcare personnel and review the need for statutory regulation as media have reported alleged malpractices of unregulated healthcare personnel from time to time. In the course of our investigation, we observed the following deficiencies:

Monitoring Mechanism

Lack of complaint information

13. DH only keeps complaint figures against unregulated healthcare personnel it employs. These figures do not cover personnel in six of the 15 disciplines and those working in private sector. Worse still, DH keeps no complaint statistics about other healthcare disciplines not falling into its healthcare framework. Thus, the information collected is incomplete and insufficient.

Lack of information exchange

14. Although DH had established a long term working relationship with the Consumer Council, yet a mechanism to analyse the information of safety related complaints only started in October 2012, a few months after our inquiry on this subject and an incident of improper treatment in a beauty salon resulting in death and injuries. Furthermore, DH took no initiative to obtain complaint statistics or the details of malpractice of their members from the societies of unregulated healthcare personnel.

No monitoring on societies and service standard of their members

15. DH emphasises that voluntary society-based registration can be an effective alternative to statutory control. However, we do not find DH to have provided any assistance to relevant societies or made genuine efforts to understand how they are organised and how their regulatory schemes operate. We find that some of the societies do not have a homepage for public access or provide its members' list to patients for reference. Also, DH seems to show no interest whether they have any code of practice/conduct and appears to be unaware of their operation and development.

Review mechanism

No review mechanism

16. DH did not conduct any consultation or review to assess the need for putting any healthcare personnel under statutory control since the enactment of Cap 359 in 1980. There is no specific plan or timetable to do so. Nor is there any mechanism to trigger such review.

Lack of communication with societies

17. DH did not establish a formal communication channel with the societies of unregulated healthcare professionals to help promote their development in accordance with the self-regulatory system. In the past, open forums with the representatives of healthcare sectors were held to discuss healthcare-related issues only at irregular intervals. Meeting with representatives of unregulated healthcare personnel for the discussion of statutory regulation was for the first time arranged in June 2012. There was no such meeting between 1980 and 2011.

Role of DH

18. DH has the duty to assure the qualification of the healthcare personnel in order to maintain a high quality of healthcare service. DH discharged such duty in the past by putting 13 healthcare professions under its regulatory framework. However, our investigation reveals that DH did not have any monitoring mechanism on the operation of unregulated healthcare personnel. Nor did DH have any review mechanism on the need to put them under statutory regulation.

Recommendations

19. The Ombudsman has made seven recommendations to DH, as follows:

(1) To collect relevant complaint statistics for conducting regular risk-based analyses (**para. 13**);

(2) To enhance communication with the law enforcement agencies, related organisations and societies for gathering relevant complaint information for risk-based analyses (**para. 14**) ;

(3) To consider providing guidance to societies of healthcare personnel not statutorily regulated on monitoring the qualification and service standard of their members (**para. 15**);

(4) To follow up cases related to malpractice of unregulated healthcare personnel in order to assure that the service provided meets the standard as required (**para. 15**);

(5) To examine the complaint statistics periodically for analysing whether more stringent regulation should be introduced to a particular group of healthcare personnel (**para. 16**);

(6) To discuss with its policy bureau in the Administration to map out a long-term review strategy for the scope and ways to strengthen regulatory control of unregulated healthcare personnel and also the need for putting them under statutory control (**para. 16**); and

(7) To enhance communication with societies of unregulated healthcare personnel for exchanging opinions regularly (**para. 17**).

20. DH has indicated its welcome of the above recommendations and undertook to take appropriate follow-up actions.

Office of the Ombudsman
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