



香港科技專上書院 (非牟利)  
Hong Kong Institute of Technology (Non-Profit Making)

書院港島校舍辦事處：

2 Breezy Path, Mid-levels West, Hong Kong. 香港西半山卑利士道 2 號

長沙灣教學中心：

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立法會 CB(2)1572/07-08(01)號文件

致立法會教育事務委員會 / 衛生事務委員會 各委員會成員：

相信閣下最近已於傳媒中得知本校護理副學士學生被拒護士註冊一事。本校現付上今早記者招待會內向傳媒解釋始末之簡報，護管局拒絕本校註冊理由及本校之解釋文件。因護管局解釋被拒信件中表示仍對本校部份運作不了解或有不肯定之處，因此本校已再向護管局提交詳細資料並希望護管局再考慮本校之申請。希望各議員亦支持護管局履行其評審手冊之承諾，“協助辦學團體之進步(improvement)”。

校方特別希望各議員關注護管局之運作。雖然課程已通過學術評審獲認可，且本校有辦學理想，學校表現甚突出、深獲學生及家長支持，但護管局仍一直用非尋常行政手法迫使本校停止開辦課程。甚至於 2007 年 1 月時才要求本校為 140 位同學安排實習，但至本年 2 月時卻突然宣佈課程不認可。

護管局作為護理界的專業機關，其政策影響香港護士供應及質素之餘，更影響本港護士培訓基制，對護理界發展及大眾利益影響深遠。事件中涉及受影響的護理學 140 位學生及本校近千名學生。另因課程獲認可，同學可以申請助學金、貸款；因此涉及大量公帑，更影響納稅人對醫療/教育之支持及回報的期望。本校全體師生對於事件發展表現極為憂心，更認為評審結果影響香港護理界公平、公正之運作原則。有見及此，按本校過千學生及家長之意願，謹將有關資料交給各議員參考，並懇請各議員提供協助。

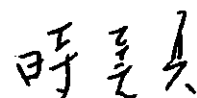
本校促請：

1. 立法會教育及衛生事務委員會各議員對是次事件進行深入瞭解及聆訊，促使護管局公平處理本校評審事宜。
2. 立法會教育及衛生事務委員會成立跨小組會議探討護管局運作模式(課程要3年才進行評審)對香港護理發展之影響。

敬祝

金安

香港科技專上書院



校長 時美真

二零零八年四月七日



香港科技專上書院  
護理學副學士課程  
記者招待會

二零零八年四月七日

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申請開辦護理學副學士課程

1. 2004年10月23日「科專」通知  
護士管理局開辦護理學副學士  
課程
2. 2004年10月27日獲護士管理局  
回信及寄上評審手冊

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護管局評審定義

護管局評審定義中提及會參照香港  
學術評審局 (第II項 Definition  
of Accreditation: adapted from  
the Hong Kong Council for  
Academic Accreditation Handbook)

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申請開辦護理學副學士課程

- 評審手冊內第(IX 1)項清楚列明評審會在課程正式開  
辦後才會進行 (Dates selected for the  
accreditation visit must assure full operation of  
the training institution, including conduction of  
classes and clinical practicum)
- 評審手冊內第(XI 2)項清楚列明評審後護管局會向院  
校提出如何改善的建議 (The Nursing Council  
decides the accreditation status and formulates  
recommendations to the training institution for  
programme improvement)

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學術評審

- 本校護理學副學士課程於  
2005年通過學術評審獲認可

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學術評審

- 師資: 全部教師需具碩士或以上學歷
- 設備:  
按護管局建議器材名單成立實驗室  
(80人以上二個實驗室)

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## 學術評審

- 圖書館：除中英參考書外亦設置一套“CINAHL with Full TEXT”可搜索超過一千套期刊的資料庫
- 課室：課室內全設有電腦及投影器，與本港其他大學設備相同

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## 學術評審

- 實習安排：與其他大學護理系學生於新界西醫院聯網一同實習，帶教老師與學生人數比例為 1:8，與其他大學比例相同
- 質素保證基制：包括質素保證委員會、校外顧問、校外考試監察、每年課程檢討及更新、學生對課程及教學評估監察、考試成績檢討等

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## 學術評審

- 本校符合上述各項評審要求後，才正式於2005年十月開辦第一屆護理學副學士課程

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## 投入資源辦學

- 本校投放超過400萬元開辦護理學副學士課程

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## 專業評審

- 本校向護管局提交評審文件後，並一再要求護管局進行評審
- 護管局不斷要求本校呈交有關文件，並在評審期間以多種非尋常行政手法打擊本校課程，以逼使本校停辦護理學副學士課程，這包括：

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### 例一：護管局突引進拒絕評審條件

- 於 2005 年突然引入未刊憲的「拒絕評審條件」(Rejection Criteria)，讓護管局可以不需經過實地評審而拒絕課程認可，其中包括：
  1. 課程內容需按護管局要求
  2. 教師資歷須為註冊護士及註冊後有三年工作經驗，品行良好，並持有碩士或以上學歷
  3. 學生學歷須達到註冊護士要求
  4. 護理學生在學期間須有實習安排

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### 例一：護管局突引進拒絕評審條件

雖然本校申請評審時，尚未獲護管局通知「拒絕評審條件」的要求，但本校基於開辦高質素課程的堅持，早已在護管局提出條件前，達到標準。

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### 例二：

#### 護管局打擊及阻攔本校實習安排

- 護管局於 2006 年 3 月向各醫院建議優先提供實習安排給已認可課程
- 護管局評審期長達 2 至 3 年，本校一旦不能為學生安排實習，課程將被逼停辦，學生將會失學

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### 例二：

#### 護管局打擊及阻攔本校實習安排

- 於2007 年 1月護管局要求本校每年為學生安排140 個實習位，而非按該年實際學生人數安排實習數目
- 2007 年暑假期間，護管局與醫管局會面，提出反對醫管局對本校之支持及提供實習位

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### 例三：護管局打擊本校評審

- 本港現有多過一個與本校護理學副學士同類課程正在進行評審中，護管局網頁特別以pop up 形式提醒公眾，本校課程未獲評審，而沒有提及其他未通過之同類評審課程，實有標籤本校之嫌
- 在評審過程中加插「Fact Finding」的探訪，突赴屯門醫院對實習學生進行考察，但仍拒絕進行正式評審

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### 要求評審被拒

- 本校三年多來不斷要求護管局儘早進行評審，但一直被拒

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### 到校評審

- 2008 年 2月首次進行正式評審探訪
- 評審會議完畢時，Dr.Ho曾稱讚本校辦學(committed)誠意可加及運用「Good」等字眼表示對本校之欣賞，更提及將來辦學需要留意及改善之處

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## 回應護管局 拒絕本校申請所列出的 十五個理由

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- 護管局為何在拒絕課程認可信件中，仍有「未有提供資料」(no information)、「不肯定」(uncertain)等字眼。如果有不肯定地方，為何二個月來不調查清楚，然後作出對學生影響甚大的決定

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### (一) 師資

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### 教師團隊

護士管理局之拒絕原因：

1. 教師團隊中只有兩位老師具教學經驗，但沒有臨床知識更新 (Clinical update); 其餘老師則只有臨床工作背景，教學經驗欠奉

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### 教師團隊

香港科技專上書院回應：

- 護管局資料與事實不符
- 本校共有四名全職及四名兼職教師，另有多位醫生及專科護士支援
- 本校所聘任之教師全符合護管局網頁中之教師要求

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### 教師團隊

- 聘任教師須為註冊護士，在註冊後有三年相關經驗，並持有碩士學位
- 本校教師全具教學經驗，其中二位曾有Clinical update，及一位剛離開醫院工作職位，不需要Clinical update，並有一位將於暑假進行Clinical update。另有一位停職留薪教師亦曾進行Clinical update

是否全港護理教師均有Clinical update?  
護管局為何只對本校有此要求？

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## 教師團隊

護士管理局之拒絕原因:

### 2. 老師資歷新

香港科技專上書院回應:

- 在教師入職前,已將課程詳細介紹給予教師
- 本校為新學校,老師資歷新屬於平常
- 本校師生比率高達 1:23

以維持高質素教學水平(副學士一般是1:35)

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## 教師團隊

護士管理局之拒絕原因:

### 3. 兼職老師不了解課程內容

香港科技專上書院回應:

- 各老師上課前已有及根據課程綱要進行備課,本校全職老師亦會與兼職老師進行良好溝通及監察,確保講學質素
- 護管局從未與本校任何兼職老師會面,不明白從何有兼職老師不了解課程內容的說法

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## 教師團隊

護士管理局之拒絕原因:

### 4. 沒有向兼職老師提供教學時數及範圍資料,並沒有評定兼職老師教學水平

香港科技專上書院回應:

- 本校已準備好文件列出有關資料,評審時曾詢問委員是否需要提交此類文件,但護管局並沒有進一步要求本校提交相關文件
- 同學考試成績可成為兼職老師評定教學水準

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## 教師團隊

護士管理局之拒絕原因:

### 5. 難以估計教學老師具護理學最新專業知識 察覺老師任教科目與實際經驗不相符

香港科技專上書院回應:

- 本校已列出各老師之學歷及相關工作經驗,以證明其資歷及工作經驗適合任教該科,但護管局沒有進一步要求提交有關證明文件
- 現再將老師教學課程及相關經驗列出以作參考

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## (二) 實習

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## 實習安排

護士管理局之拒絕原因:

### 6. 實習評定表格(Assessment forms)主要集中工作及程序

香港科技專上書院回應:

- 本校實習評定表格是與新界西醫院聯網共同設計,而新界西醫院聯網亦為多所大學提供評估,經驗充足,足以證明評定表格配合實際要求
- 護理工作及程序是主要實習及考試之項目

\* 護管局如提出更適合表格,本校極為願意參考

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## 實習安排

護士管理局之拒絕原因:

7. 病房太繁忙，帶教老師 (Mentor) 未能花太多時間給予學生培訓

香港科技專上書院回應:

- 眾所周知，香港病房太繁忙為不爭事實
- 本校不論在實習病房及培訓學生的專業護士與學生人數比例(1:8)均與各大學相同，因此水準亦會一致

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## 實習安排

護士管理局之拒絕原因:

8. 沒有在校培訓帶教老師(Mentor)

香港科技專上書院回應:

- 本校先後兩次為帶教老師舉行工作坊 (8.11.2006 及 26.11.2007)
- 若有需要，本校可按要求增加帶教老師培訓

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## (三) 質素保證

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## 質素保證

護士管理局之拒絕原因:

9. 沒有證據顯示課程的質素保證

香港科技專上書院回應:

- 所有質素保證相關文件全部於學術評審時已在課程開辦前完成，全部文件已在評審當日公開查閱

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## 質素保證

護士管理局之拒絕原因:

- 10.1 沒有質素保證報告(QA report)
- 10.2 沒有正式課堂評估報告(Formal performance of lecturers)
- 10.3 沒有質素保證委員會會議紀錄(Minutes of QA Committee)
- 10.4 護理主任作為質素保證委員會會員，對質素保證事宜全不知情

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## 質素保證

香港科技專上書院回應:

- 質素保證委員會會議記錄、書院報告(Institute report) 在評審當日已公開查閱，並在過往學術評審時已完成
- 本校有提供校外考試監察報告(External Examiner Report)
- 可由學生提交的老師表現評估問卷作教學評估(可向學生查閱有否進行)

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## 質素保證

護士管理局之拒絕原因:

11. 不知學生是否達標?

香港科技專上書院回應:

- 有校內、校外考試(由新界西主持)
- 另有 External Examiner 監察考試水平, 評定學生是否達到既定要求

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## (四) 教學語言

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## 教學語言

護士管理局之拒絕原因:

12. 教學語言: 應是中文輔以英文, 但部份筆記全英文

香港科技專上書院回應:

- 3月9日致護管局信件中已指出中文輔以英文之教法, 護管局並無提出反對。
- 主要筆記全是中文輔以英文, 但額外參考資料則會是英文, 因沒有中文本, 另本校又希望學生中英兼備。

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## 教學語言

護士管理局之拒絕原因:

13. 中英文應用於教學及功課中不一致

香港科技專上書院回應:

- 中英並重是重要。香港學生一直習慣中英並重, 並無學習困難。
- 科專可再着重中文, 以配合護管局要求

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## 教學語言

護士管理局之拒絕原因:

14. 學生可選中、英文考試

香港科技專上書院回應:

- 香港考評局也可作中英文選擇, 但若護管局反對, 會全用中文作答。

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## (五) 資源

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## 資源

護士管理局之拒絕原因:

### 15.1 圖書館

香港科技專上書院回應:

- 本校備有一套名為 CINAHL with Full Text 的資料庫，可搜尋超過一千份期刊及六十萬全文文獻。足夠所有學生資料需求。令所有課本及參考書均有足夠拷貝。

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## 資源

護士管理局之拒絕原因:

### 15.2 實驗室不足夠

香港科技專上書院回應:

- 曾致電查詢，獲告知無關重要

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## 總結

護士管理局之拒絕 15 個原因:

1. 師資
2. 實習
3. 質素保證
4. 教學語言
5. 資源

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## 期望

護管局根據本校提供資料再考慮學校之申請。

評審手冊亦列明護管局有責任協助學校改善。

而學生若果轉校，一來會浪費時間，亦可能申請資助金，對經濟造成大壓力

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多謝出席  
記者招待會

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香港科技專上書院護理學副學士課程  
記者招待會  
二零零八年四月七日

文件目錄

文件	日期	內容
A	2008 年 3 月 31 日	HKIT 收到護管局通知評審被拒，但並無解釋原因。
B	2008 年 4 月 3 日	護管局去信 HKIT 列出其護理課程不獲評審的 15 點原因。
C	2008 年 4 月 7 日	HKIT 就護管局列出的 15 點被拒原因之回應。
D		護管局對護士老師的要求。
E	2007 年 3 月 9 日	HKIT 去信護管局詳細解說護理課程的教學語言，其後並無收到護管局任何對此安排的意見。
F	2007 年 8 月 17 日	HKIT 去信護管局詢問當局對護理實驗室及設備的要求。
G	2007 年 10 月 11 日	護管局回覆 HKIT 護理實驗室及設備要求與評審並無關係。
H	2007 年 10 月 17 日	HKIT 再去信護管局要求解釋為何護理實驗室與評審無關，其後再無收到護管局對此的任何答覆。

(A)



香港護士管理局  
NURSING COUNCIL  
OF HONG KONG

貴處編號 :  
Your Ref. :  
本局編號 : NC 37/Q  
Our Ref. :  
電話 : 2527 8263  
Tel. No. :

香港灣仔皇后大道東182號  
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Wan Chai, Hong Kong.

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1 APR 2008

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By fax and by post  
(Fax No.: 2782 0497)

31 March 2008

Dr. SHI Mei-chun, Joy  
President  
Hong Kong Institute of Technology  
2 Breezy Path  
Mid-levels West  
Hong Kong

Dear Dr. SHI,

**Application for Accreditation – Associate Degree in  
Nursing Programme of the Hong Kong Institute of Technology ("HKIT")**

I write for and on behalf of the Nursing Council of Hong Kong ("the Council").

In our telephone conversation this morning, I have informed you that HKIT's application for accreditation in respect of the captioned programme was rejected by the Council at its meeting, with reasons to be followed. Subsequent to the Council's delivery of the result to the HKIT this morning, the subject application is closed and the Council will consider no further documents subsequently submitted.

Yours sincerely,

(Ms Sarah TSUI)

Secretary, Nursing Council



香港護士管理局  
NURSING COUNCIL  
OF HONG KONG

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3 April 2008

Dr. SHI Mei-chun, Joy  
President  
Hong Kong Institute of Technology  
2 Breezy Path  
Mid-levels West  
Hong Kong

Dear Dr. SHI,

Re: Associate Degree in Nursing ("the Programme") by Hong Kong Institute of Technology (HKIT)

I refer to the provisional reply issued by the Nursing Council of Hong Kong ("the Council") to HKIT on 31.3.2008. The Council has reserved detailed reasons for its decision to reject HKIT's application for accreditation to be delivered in writing which it now gives.

Having carefully considered the Self Study Report and other documents submitted and revised by HKIT at different times, the Council has come to the view that they are insufficient and incomplete to support HKIT's application to the satisfaction of the Council.

It has been further discovered from the Accreditation Visit that there are many discrepancies and inconsistencies between the modus operandi of the Programme in actual practice and HKIT's submissions or representations to the Council on papers.

In particular, the Council is seriously concerned about the following

deficiencies of the Programme identified:-

Teaching team

1. The strength of the teaching team on full-time employment is inadequate to cope with the existing number of students of the Programme, i.e. 140 in total. In addition, there are only 2 lecturers with teaching experiences but without any record for clinical update, while others have clinical background but no teaching experiences. The ability of the core team of the teaching staff to deliver the contemporary knowledge in nursing is in doubt.
2. Since most of the teaching staff have only been employed for a few months (1 has only reported duty for 1 day), it will be difficult for the team to integrate the philosophy into the teaching materials and to maintain continuity of the Programme. The lack of continuity and stability of the teaching team is of particular concern for students who are already in their third year near to the completion.
3. With regard to the use of part-time staff in teaching the Programme, the panel is concerned whether the part-time staffs have a full grasp of the curriculum goals and are able to address the learning needs of the nursing students. For instance, there was no interface between the single doctors' or nurse specialists' teaching in the respective subjects that are taught by full-time teachers at HKIT.
4. There is no information on the teaching hours and the specialty areas of the part-time lecturers. There is no explicit mechanism to ascertain their suitability and proficiency in teaching. Also, there is no assessment of the knowledge taught by the part-time lecturers.
5. It is uncertain if the teaching staffs are equipped with the latest development and practice in the clinical field and the areas that they are responsible for teaching. The sense of uncertainty comes from the observation that the teachers are assigned to teach in areas that are not part of their experience, as indicated in the respective curriculum vitae.

Practicum

6. After inspecting the assessment forms used in practicum, it is found that the

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checklist focuses on mainly tasks and procedures. This observation also concurs with students' description of clinical learning which is mainly routine-focused, including the 3<sup>rd</sup> year students.

7. The ward environment in Tuen Mun Hospital is busy and the students are taken as working hands from 2<sup>nd</sup> year onward. The full-time HACIs only mentor the 1<sup>st</sup> year and the beginning of the 2<sup>nd</sup> year students. Given the fact that clinical mentors in wards assume full patient load and are too busy to supervise and teach the students, the HKIT has not taken an active role to ensure their students are provided the clinical learning as required.
8. HKIT has not adequately prepared the mentors to facilitate students in the clinical environment. HKIT does not offer training for its own mentors. Instead, they rely on other educational institutes to provide training for the mentors. This assumed expectation is haphazard. It is found from an interview with a staff nurse in Tuen Mun Hospital (who is one of the mentors for the HKIT students) that not all the mentors had received proper training before taking up the job.

#### Quality assurance system

9. Although a quality assurance system is in place, there is a lack of evidence on how it is operated to ensure continuous improvement of the Programme.
10. The structure, process and mechanism to ensure how the programme achieves its aims (as presented to the panel during the accreditation visit) are unknown. There are no formal QA reports, external reviews and audits of the teaching materials and performance of the lectures. There are no minutes, terms of reference of the QA Committee. Mr. Newman Tang, as member of the QA Committee, has not attended any meeting and he does not know anything about the QA Committee and he has not noted any related report in the past 2 years.
11. Although HKIT gives an account of the work done with a view to achieving the expected outcomes of the programme, there is no evident mechanism to ensure that the students would achieve such outcomes, and how those outcomes are evaluated.

Language of teaching materials

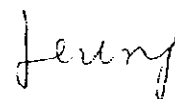
12. While the medium of instruction of the Programme is said to be in Chinese, supplemented by English, it is noted from the documentation that a number of the course handouts are in English with only some terms or clauses being translated into Chinese.
13. It is found that there is inconsistent use of language in teaching, assignments and assessment. It would be difficult for students to fully appreciate the content of the teaching materials. This also reflects the lack of monitoring, quality assurance and clear policy in the teaching requirement.
14. The students can choose to write the assignments or question papers in English or Chinese. This practice deviates from the common practice of the Chinese training programmes for nurses.

Resources

15. Taking into account the number of students being admitted into the Programme, the library and skill-training laboratory are considered inadequate in terms of reference materials, books and journals, teaching facilities and equipment. A teaching class has been found in the library. Furthermore, the classrooms are very crowded and these are also reflected in the students' feedback.

By reason of the matters aforesaid, the Council is not satisfied that the Programme is of a standard comparable for accreditation in the nursing profession and decides that it should reject the application of HKIT accordingly.

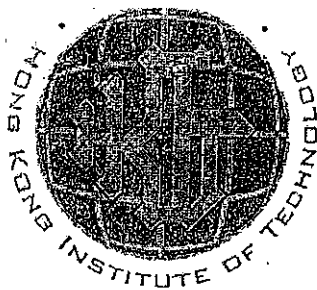
Yours sincerely,



(FUNG)

for Secretary, Nursing Council





Hong Kong Institute of Technology (Non-Profit Making)

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7 April 2008

Ms. Adela Lai Shuet-fun  
Chairperson of Nursing Council  
The Nursing Council of Hong Kong  
1/F Shun Feng International Centre  
182 Queen's Road East, Wanchai  
HONG KONG

Dear Ms. Lai,

**Associate Degree in Nursing Programme of the Hong Kong Institute of Technology**

----- Attached please find our response to the Council's letter dated 3 April 2008 – 'Associate Degree in Nursing ("the Programme") by Hong Kong Institute of Technology (HKIT)'

The general impressions of the reasons indicated by the Nursing Council are:

1. The reasons for rejections are different from the rejection criteria given to our institution on 22 February 2006 as well as published on the web site of the Nursing Council.
2. There are reasons for rejection based on standards which are unknown to us. For instance, in our letter to the Council dated 17 August 2007, our institution enquired about the Council's requirement for laboratory facilities. The Council replied on 11 October 2007: "the information requested by you as stated therein is not relevant and will not be provided." However, in the Council's reasons for rejection, the two laboratories available in the institution are considered as insufficient.
3. There are reasons for rejection which lack evidence. For instance, there was no meeting arranged between the Accreditation Panel and the part-time staff. On what basis can the Council conclude that the part-time staff do not have 'a full grasp of the curriculum goals'?
4. There are reasons for rejections based on the evidence already provided during the accreditation visit. For instance, all the minutes of meetings, student evaluation findings, examination results and audit reports, etc. are available at the venue of the accreditation visit but the Council concluded there was lack of such reports.

As we realized that the recent rejection may be due to miscommunication between the Council and our Institute, we are now providing further information to the Council and

hope that it would be further considered by the Council.

Judging from the reasons for rejection, we are fully confident that we have already met all the requirements of the Nursing Council leading to RN registration. With such information, we would like to withdraw our suggestion for EN training as an alternative (when it was made without knowing the reasons for rejection).

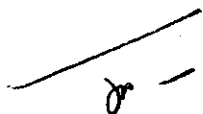
If our clarification does not lead to any satisfactory result to protect the interest of the students and our institution, we would support a public hearing to be made at the Legislative Council on our issue. The operation of the Nursing Council affects not only our institution but also the public interest of Hong Kong, in particular the general health standard of Hong Kong. We shall forward all correspondences/documents between HKIT and the Nursing Council to all Legislative Counsellors during the hearing.

I hope the Council will agree that our institution has tried our best to cope with all the requirements of the Council in the last 3 years, as it affects 140 students' future.

I should be grateful if the Council would consider reviewing the decision to reject our application for accreditation. Your kind consideration will be highly appreciated. To further enhance the confidence of the Council, we can provide yearly reports on our operation to further assure the Council that we have met the requirements of the Council.

Your reply within one week is highly appreciated.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Joy Shi', with a long horizontal line above it.

Joy Shi  
President



香港科技大學 (非牟利)

Hong Kong Institute of Technology (Non-Profit Making)

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## Response to the Nursing Council's letter dated 3 April 2008 from HKIT

### Preamble

Before we respond to the letter, we would like to express our surprise to its preceding letter from the Nursing Council on 31 March 2008 indicating that our application for accreditation of the programme was rejected. What is more surprising is the absence of reasons for rejection in the letter, a rather unusual practice in accrediting bodies.

The rejection was surprising because the programme was accredited by the Hong Kong Council for Academic Accreditation in 2005 with accreditation criteria which are adopted by the Nursing Council: 'Accreditation is defined as the evaluation and review of a training institution to assess its suitability for providing nursing education for the purpose of registration with the Nursing Council, and the evaluation of its general academic environment and its academic processes (adapted from the **Hong Kong Council for Academic Accreditation Handbook**, 1994).' (*Handbook for Accreditation of Training Institutions* issued by the Nursing Council).

Having read the Nursing Council letter dated 3 April 2008 ("the Council's letter"), we appreciate most of the reasons as recommendations for improvement of the programme. However, we cannot see them as justifiable reasons for rejection. This is because we notice that many of the reasons are based on uncertainty and sometimes incompatible with the empirical facts. There may have been due to miscommunication between the Council and our Institute, as a result of which the application is now rejected. Moreover, all these reasons are not among the rejection criteria the Council unveiled to us in February 2006 (**Attachment 1**), which are effective after we submitted the application in September 2005.

The purpose of this letter is to respond to the 15 reasons for rejection one by one, in the hope that we can reduce the scope of further misunderstandings, so that the Council can consider reviewing its decision to reject our application for accreditation.

**Teaching Team** (The paragraphs inside the boxes are quoted from the Nursing Council's letter.)

1. The strength of the teaching team on full-time employment is inadequate to cope with the existing number of students of the Programme, i.e. 140 in total. In addition, there are only 2 lecturers with teaching experiences but without any record for clinical update, while others have clinical background but no teaching experiences. The ability of the core team of the teaching staff to deliver the contemporary knowledge in nursing is in doubt.

1. HKIT has a strong teaching and administrative nursing team and is able to deliver a quality programme. Our teaching staff appointed is strictly following the standard indicated by the Nursing Council under the Rejection Criteria, which are made known to us and announced on the web site of the Nursing Council (**Attachment 1**). The requirements are, indicated as good character, registered nurse in Hong Kong, three years' post-registration (excluding all post-basic training) clinical experience in areas where basic or post-basic Student/Pupil Nurses are being trained, Master or higher degree in a subject related to nursing. All our teaching staff has met these requirements, e.g. a Master Degree in a subject related to nursing.
2. For 140 students, we had 4 full-time teaching staff, 4 regular part-time teaching staff and 22 doctors from the hospital which supported our programme in the teaching of specialized subjects. Even with exclusion of all the part-time doctors/nursing specialist teaching staff, the student-staff ratio is about 23:1 (usual practice is two part-time teaching staff are considered to be 1 full-time staff) which is much higher than the requirement of self-financed Associate Degrees (which is 35:1) as normally set by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ).
3. For your information, this is about the same student-staff ratio for self-financed Bachelor Degree programmes (which is normally indicated by HKCAAVQ). All full-time staff has teaching experience (which is different from the points raised in your letter). We would like to list their qualifications again for your confirmation. (**Attachment 2**) Three full-time staff had clinical update, which refers to 2-week attachment in wards with the aim of updating clinical knowledge as presented on 12 February 2008. Although it is not indicated by the Nursing Council in any format that clinical update is a requirement for all teaching staff for accreditation the programme, HKIT is willing to comply with this new requirement of the Nursing Council.
4. Our institution would like to bring to the attention of the Nursing Council that if the clinical update is a "must" for teaching staff of programmes accredited by the Nursing Council, please apply it to all accredited programmes. To the best of my knowledge, not all staff at the existing accredited programmes is required clinical update on a regular basis. HKIT should not be the only institution singled out to comply with this requirement.
5. HKIT also found it difficult to cope with the requirements of Nursing Council, as teaching staff qualification is clearly indicated in the web site of the Nursing Council which we have followed strictly. However, the Nursing Council suddenly

brought up other requirements, such as clinical update. Furthermore, they are even used as reasons for rejection. Although our teaching staff still fulfill these additional requirements of the Nursing Council, we found that the Council keeps moving the goal post without any format of prior notice to our Institute, and exhausting our Institute in its course of following the requirements of the Nursing Council.

2. Since most of the teaching staff have only been employed for a few months (1 has only reported duty for 1 day), it will be difficult for the team to integrate the philosophy into the teaching materials and to maintain continuity of the Programme. The lack of continuity and stability of the teaching team is of particular concern for students who are already in their third year, near to the completion.

6. Our Head of the programme, Mr. Newman Tang had been working with us since the beginning of the programme, and therefore, we do not see any concern on the maintenance of continuity. For the Council's consideration, this is a new programme started in 2005 with only 22 students. New staff is appointed each year according to the additional intake of students. Out of the 4 full-time staff, 3 of them have been working with us for more than one term, and one was recruited in February 2008 according to large intake number. Since the accreditation visit was conducted on 12 February 2008, it was not surprising that staff has only been with us for a short while. The one who reported duty for 1 day was the newly recruited staff to cope with the increase in student number so that the staff-student ratio is within the scope approved by the HKCAAVQ. The part-time staff have also been teaching the programme for more than one year. Lastly, the Nursing Council failed to give us any example that the operation of the programme is adversely affected by staff continuity.
7. With all the "strange" actions of Nursing Council on our institution (e.g. a circular memo issued to the hospital suggesting that priority of training should not be given to institution in the process of accreditation, pop-up window at the Nursing Council web site reminding students that HKIT programme has not been accredited), HKIT is really thankful for staff's commitment and willingness to stay on with the programme, rather than leaving due to all the "strange" actions of the Nursing Council.

3. With regard to the use of part-time staff in teaching the Programme, the panel is concerned whether the part-time staffs have a full grasp of the curriculum goals and are able to address the learning needs of the nursing students. For instance, there was no interface between the single doctors' or nurse specialists' teaching in the respective subjects that are taught by full-time teachers at HKIT.

8. Nursing programme is a practical programme. Using Part-time staff now serving in the hospitals can bring the most updated information to the students, as is the role of part-time staff of programmes in many other subject areas. To deliver a quality programme, HKIT invited some highly qualified part-time staff, including the Doctors and Nurse Specialists of Tuen Mun Hospital to participate in teaching. To make sure the part-time staff will deliver the programme in the best manner, full-time teaching staff will brief the part-time teaching staff and give them the syllabuses before teaching. Therefore, all of them are fully aware of the

curriculum and the needs of students before teaching. According to our records, the Accreditation Panel did not meet any of the part-time staff during the accreditation visit. Therefore, it was a surprise to learn that the Council has jumped to the conclusion that the part-time staff did not have a full grasp of the curriculum goals and were not able to address the learning needs of the nursing students.

9. As a matter of fact, it is not appropriate to say that there was no interface with the doctors or nurse specialists. According to our records, one full-time staff briefed speakers on the needs of students before conducting lectures and sat-in throughout all lectures. In addition, students have not reflected this sort of concerns raised by the Nursing Council. According to our student survey after each subject, we did not receive any negative comment from students indicating that they had any concern about teaching due to such "no interface" as mentioned.
10. However, to enhance the confidence of the Council, we shall invite all future part time staff to sign a log book when they receive the curriculum and put down the date/time of meeting with our full time staff for briefing session. This will make sure that all of them are fully aware of the curriculum and student needs.

4. There is no information on the teaching hours and the specialty areas of the part-time lecturers. There is no explicit mechanism to ascertain their suitability and proficiency in teaching. Also, there is no assessment of the knowledge taught by the part-time lecturers.

11. All academic and professional qualifications of the part-time teachers have been submitted to the Council before accreditation. HKIT did not receive any request, from Nursing Council during or after the accreditation visit, for the teaching hours and specialty areas of the part-time staff. If teaching hours and specialty areas of part-time lecturers are important information to the Council, HKIT would be very surprised why such request of information was not made in the last two months. As a matter of fact, if Panel had any further information required, HKIT would be happy to provide any of such information. That is also why, after the accreditation visit, HKIT asked the Council whether any further information should be submitted (Attachment 3).
12. Furthermore, as there are already two months after the accreditation visit, and the examination was already conducted, the student knowledge attainment in the subjects taught by part-time teaching staff can now be assessed by the results of the assignments and examinations. Therefore, it would be incorrect to say that there is no assessment of the knowledge taught by the part-time lecturers.
13. However, to cope with the Council's concern, the teaching hours and specialty areas of part-time lecturers are attached. If the Council would like to know the examination result of any particular subject in order to assess the knowledge taught by the part-time staff, HKIT would be happy to provide the examination result of that particular subject for the Council's reference.

5. It is uncertain if the teaching staffs are equipped with the latest development and practice in the clinical field and the areas that they are responsible for teaching. The sense of uncertainty comes from the observation that the teachers are assigned to teach in areas that are not part of their experience as indicated in the respective curriculum vitae.

14. All teaching staff is trained nurses as well. They would have studied all the subjects that are involved in the programme. In particular, they fulfilled the requirements of appointment of lecturers indicated by the Nursing Council. Lecturers are all assigned to subjects that they had experience before. Furthermore, HKIT has subscribed to a comprehensive on-line database of full-text journals in nursing (*EBSCO - CINAHL With Full Text*), if the staff would like to require any update information or latest development of the field, information can be easily accessed. According to our independent student survey after the teaching, there is no indication that teachers are not able to deliver the most updated information in teaching.
15. To enhance the confidence of the Council, please find a list of subjects assigned to each individual lecturers and their previous experience, so as to support that they have experience in the areas they had been assigned to teach (**Attachment 2**)

### Practicum

6. After inspecting the assessment forms used in practicum, it is found that the checklist focuses on mainly tasks and procedures. This observation also concurs with students' description of clinical learning which is mainly routine-focused, including the 3<sup>rd</sup> year students.

16. Our assessment forms used for practicum are jointly developed with the Tuen Mun Hospital, which have years of experience conducting practicum training for other local universities. Therefore, it would be unlikely that they would develop assessment forms that are not up to the standard. However, if the Council has any suggestion on the modification of the form, we are happy to follow. The third year students interviewed by the Panel did not start their clinical practicum at the time of the accreditation visit. Therefore, the comment made in the Council's letter may arise from misunderstanding of the learning pathways of students.

7. The ward environment in Tuen Mun Hospital is busy and the students are taken as working hands from 2<sup>nd</sup> year onward. The full-time HACIs only mentor the 1<sup>st</sup> year and the beginning of the 2<sup>nd</sup> year students. Given the fact that clinical mentors in wards assume full patient load and are too busy to supervise and teach the students, the HKIT has not taken an active role to ensure their students are provided the clinical learning as required.

17. HKIT students are now conducting their practicum training at the Tuen Mun Hospital. Please note that Tuen Mun Hospital provides a quality and authentic environment for clinical training for both HKIT students as well as students from other nursing programmes. Therefore, our practicum training environment is no different from the training environment of university accredited nursing

programmes. 3<sup>rd</sup> year students will sit for total patient care assessment which demands knowledge, skills and caring and they are still taught and supervised by both clinical mentors and HACIs.

18. In addition to HACI (Hospital Authority Clinical Instructor), there are also clinical mentors supporting the training. As a matter of fact, Tuen Mun Hospital, which is renowned for providing placement for nursing programmes of universities, always sticks to a student-clinical mentor ratio 8:1 (the ratio that is now applied to HKIT's nursing programme) that ensures the quality of the training. We believe this is the same ratio other universities are now using.
19. All hospital wards in Hong Kong are busy, it is unlikely that the conduct of training at a busy ward is a genuine reason for rejection, in particular when Tuen Mun Hospital is the same venue providing clinical placement for programmes accredited by the Nursing Council.

8. HKIT has not adequately prepared the mentors to facilitate students in the clinical environment. HKIT does not offer training for its own mentors. Instead, they rely on other educational institutes to provide trainings for the mentors. This assumed expectation is haphazard. It is found from an interview with a staff nurse in Tuen Mun Hospital (who is one of the mentors for the HKIT students) that not all the mentors had received proper training before taking up the job.

20. It is not true to say that HKIT has not adequately prepared the mentors to facilitate students in the clinical environment. All clinical instructors and clinical mentors had been invited to attend a half-day training workshop provided by the HKIT teaching staff on curriculum and philosophy of the programme on 8 November 2006 and 26 November 2007. The information had been provided to the Nursing Council before and during the accreditation visit, and the areas of concerns raised in the Council's reply letters have never questioned the adequacy of mentor training offered by HKIT. The aims and objectives of each clinical placement had been explained. The goals and methods of clinical assessment had been explained, and examples of the recording sheets required to be completed for each student attending each clinical placement had been provided. HKIT generally appoints clinical mentors who are experienced/trained clinical mentors. With their years of experience coaching nursing students from other universities, lengthy training will only waste their time and is not appropriate or required. Nursing Council also failed to provide any evidence to support the concern. As a matter of fact, such information on mentor training has been submitted to the Council more than once, for instance, on 26 October 2006 and 19 January 2007, but mentor training has never been mentioned in the areas of concern raised/summarized by Council.

### Quality Assurance System

9. Although a quality assurance system is in place, there is a lack of evidence on how it is operated to ensure continuous improvement of the Programme.

21. There are 90 box folders providing evidence on how the quality assurance system ensures continuous improvement of the programme. Therefore, it is not true to say: 'There is a lack of evidence on how it (the quality assurance system) is



operated to ensure continuous improvement of the programme'. If the Council informs us of what sort of evidence it is looking for, we would be happy to show them to the Council.

10. The structure, process and mechanism to ensure how the programme achieves its aims (as presented to the panel during the accreditation visit) are unknown. There are no formal QA reports, external reviews and audits of the teaching materials and performance of the lectures. There are no minutes, terms of reference of the QA Committee. Mr. Newman Tang, as member of the QA Committee, has not attended any meeting and he does not know anything about the QA Committee and he has not noted any related report in the past 2 years.

22. The programme is accredited by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, and the structure, process and mechanism to ensure how the programme achieves its aims is a "must" before the programme can be accredited.

23. As a matter of fact, all the abovementioned information is readily available at the accreditation visit venue. It is perfectly understandable for the Accreditation Panel as an outsider of another institute may have difficulty in locating the minutes of particular committees or reports. But we were always available to retrieve the requested documents during the visit. If the Panel had requested additional documents further to the 90 box folders before or after the accreditation visit, the said documents could have been easily shown to the Panel. Please advise what additional documents the Council would like to have read. HKIT will immediately send them to the Council again for its reference.

24. For instance, we have kept the minutes of the QA Committee since its meeting on 21 May 2002. For your information, the QA Committee has been established since 2001 and the terms of reference and minutes are readily available. The QA operation is mainly on general institutional level issues as QA is applied to the whole institution rather than individual programme. Therefore, it would not be surprising that not every programme will have one representative on the QA committee.

25. At the time of the Council's accreditation visit, Mr. Newman Tang was only recently elected as a QA Committee member to be approved by the HKIT's Council. In the other words, Mr. Tang was not a QAC member at that time. And that was why Mr. Tang did not attend QA Committee meetings yet, and hence did not know much about the QA Committee. But if required by the Nursing Council, we would include Mr. Newman Tang as a permanent member in the QA committee.

11. Although HKIT gives an account of the work done with a view to achieving the expected outcomes of the programme, there is no evident mechanism to ensure that the students would achieve such outcomes, and how those outcomes are evaluated.

26. According to the taxonomy of educational objectives, there are three domains of educational outcomes: cognitive, affective and psychomotor domains (Bloom, 1956; Krathwohl, 1964). Objectives in the cognitive domain are assessed by assignment and examination. Objectives in the affective domain, e.g. care for patients,

accountability for their practice, are assessed by the clinical mentors and teaching staff where appropriate. Objectives in the psychomotor domain are assessed by the clinical assessors. Learning outcomes of students are assessed accordingly.

### Language of Teaching Material

12. While the medium of instruction of the Programme is said to be in Chinese, supplemented by English, it is noted from the documentation that a number of the course handouts are in English with only some terms or clauses being translated into Chinese.

27. The said programme delivered in Chinese supplemented with English was made clear to the Council on 9 March 2007. And we have received no objection from the Council. Our major learning materials are all in Chinese, supplemented by English. The course handouts in English are not major handouts but supplementary document for students' reference for enrichment purpose. The Council would agree that students should be updated with the most updated information in the field. Since a lot of such information is in English without Chinese version, it would not be surprising that some handouts are in English. We wish to seek the Council's approval that students can use English handouts for enrichment purpose. However, for the regular handouts, it would be in Chinese, supplemented by English.

13. It is found that there is inconsistent use of language in teaching, assignments and assessment. It would be difficult for students to fully appreciate the content of the teaching materials. This also reflects the lack of monitoring, quality assurance and clear policy in the teaching requirement.

28. All our teaching, assignments and assessment are consistently delivered in Chinese supplemented by English. This is evidenced by the assignments and assessment documents displayed on the table during the accreditation visit. If required by the Council, we can provide such documents to the Council on a regular basis to support the fact that consistent use of language has been applied.

14. The students can choose to write the assignments or question papers in English or Chinese. This practice deviates from the common practice of the Chinese training programmes for nurses.

29. Choosing to answer the assignments or question papers in English or Chinese is applied also in today's Hong Kong public examination system. But if the Council insists that our programme should stick to the conventional model for accreditation of the programme, we would follow suit.

## Resources

15. Taking into account the number of students being admitted into the Programme, the library and skill-training laboratory are considered inadequate in terms of reference materials, books and journals, teaching facilities and equipment. A teaching class has been found in the library. Furthermore, the classrooms are very crowded and these are also reflected in the students' feedback.

30. HKIT has all the resources approved by the HKCAAVQ during academic accreditation.

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-----  
Laboratory: As a matter of fact, we are puzzled by the criticism about 'skill-training laboratory', because we have asked the Council about the requirement of nursing laboratory on 17 August 2007 (**Attachment 4**), but the Council replied on 11 October 2007 (**Attachment 5**) that the question was irrelevant and no advice was given to us despite our further request (**Attachment 6**). For 140 students, we have two laboratories. If it is considered to be inadequate, please advise and we will follow.

Classroom: The classrooms are approved by the Education Bureau for educational use and all rooms are with fixed capacity which we have to follow. Unless another set of standard will be provided by the Council and approved by the Education Ordinance, we have difficulties in knowing how big an area that would not be considered as crowded. Please advise.

Library: Besides books in the traditional library, HKIT has actively developed its library system to cope with the increasingly technological world in the 21<sup>st</sup> century. In addition to the library in the Breezy Path campus, we have subscribed to 'an electronic library (*EBSCO - CINAHL With Full Text* – a comprehensive on-line database of full-text journals in nursing).

*CINAHL with Full Text* is a comprehensive source of full text for nursing and allied health journals, providing full text for more than 550 journals indexed in CINAHL. Of those, nearly 400 have cover-to-cover indexing in CINAHL with more than 600,000 full-text articles dating back to 1982. *CINAHL with Full Text* is a useful research tool for all areas of nursing and allied health literature.

This e-learning resource may not be available even in some nursing schools, where traditional library with books is still the main focus. The class in the library was using our computer system in the library to search information as part of the study. It is a quite common example of learning through the computer as advocated in the current education reform in Hong Kong.

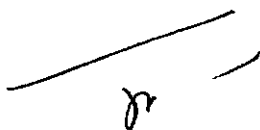
Equipment: Besides the labs, all classrooms are equipped with visualizers, computers, LCD projectors and internet access facilities. The whole campus is equipped with wireless LAN, and as such it is believed to go along the standard of all other classrooms in the local universities.

According to the Council's *Handbook for Accreditation of Training Institutions*, it is the Council's duty to list the conditions for improvement in the accreditation report. Even when such accreditation report is not available now, we are willing to make improvement (as suggested above to the Council) in order to cope with the requirements of the Council.

We would be pleased to supply further information if deemed necessary, and we sincerely hope that the Council will consider reviewing its decision to reject our application for accreditation. Please be assured that we have a heart for education and the aspiration to allay the public concern about the shortage of nurses in Hong Kong, as evidenced by our commitment and enthusiasm despite the obvious constraints facing a non-profit making, self-financing institution offering a nursing programme.

Thank you for your attention.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Joy Shi', written over a horizontal line.

.....  
Joy Shi  
President

**The Nursing Council of Hong Kong**  
**Rejection Criteria for Accreditation of Training Institutions**  
**(with effect from 19 December 2005)**

The application for accreditation will not be considered for further processing if the submission fails to provide evidence to substantiate any one of the following key areas:

1. There is a full curriculum which is designed in accordance with one of the following reference guides issued by the Nursing Council:
  - (a) *A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (General) in the Hong Kong Special Administrative Region;*
  - (b) *A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (Psychiatric) in the Hong Kong Special Administrative Region;*
  - (c) *Core-Competencies for Enrolled Nurses (General) & A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (General) in the Hong Kong Special Administrative Region; or*
  - (d) *Core-Competencies for Enrolled Nurses (Psychiatric) & A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (Psychiatric) in the Hong Kong Special Administrative Region*
2. The strength of core teaching team (including quantity and qualifications) is adequate to launch a quality programme. For non-tertiary institutions, reference should be made to tertiary institutions and the criteria for entry into the Nursing Council's former Indicative Register of Teachers of Nurses (a copy of the criteria is attached).

*Evidence: CV of the teaching team*

3. The student background meets the essential entry requirements as stipulated by the Nursing Council.

*Evidence: Specification of required entry requirements*

4. There is confirmed clinical placement with appropriate supervision

*Evidence: Supporting documents from Categories A, B and C clinical training grounds in all areas, including general hospital units, community and specialty areas, indicating confirmed access for clinical placement*

**Criteria for Entry into the  
Nursing Council's Former Indicative Register of Teachers of Nurses**

I. Criteria for entry into the Register

No person shall be eligible to be recognized as a qualified Teacher of Nurses unless the Nursing Council is satisfied that he/she:-

- (a) is of good character;
- (b) is a registered nurse in Hong Kong;
- (c) possesses 3 years' post-registration (excluding all post-basic training) clinical experience in areas where basic or post-basic Student/Pupil Nurses are being trained; and
- (d) (i) possesses an academic qualification recognized by the Council to teach nursing and its course of studies should include:

Education psychology, curriculum development/course design, teaching methodology, supervised teaching practice, and measurement and evaluation in learning;

or

- (ii) possesses a Master or higher degree in a subject related to nursing.

II. Each application will be assessed on an individual basis with regard to the course contents.

Summary of Qualifications, Working & Teaching Experiences

Name	Degree	Master	Subject Taught	Working Experience	Teaching Experience	Clinical Update
A	Nsg. 1992	Three Master degrees (Education 1997 Adm. 1996, Counselling 2001)	1. Basic Life Sciences 2. Advanced Life Sciences 3. Health Assessment 4. Foundation of Prof. Nsg. 5. Foundation of Nsg. Skills II 6. Patho- physiology & Diseases Mgt. 7. Medical & Surg. Nsg. I & II 8. Aged Care	1. Hospitals (QMH, QEH, PWH, PMH) 1980-2003 -- - Medical (RN) - Surgical (RN) - A&E (RN) - Intensive Care Unit (RN) - Human Resources Dept. (HRM) - Central Nursing Division (OSH) - Nursing School (NOE) 2. Educational Institutions (HKIT): since Oct 05 Senior Lecturer, Dept. Head	1. School of General Nursing, Q.M.H. 10 yrs. 2. Open University of Hong Kong 3. SPACE, Hong Kong University 4. School of Continuing Studies, Chinese University of Hong Kong 5. Hong Kong St. John Ambulance 6. H.K.I.T. - Senior Lecturer and Dept. Head of Nsg.	1. TMH : M&S, Surgical, Geriatric Day Hospital, DM Day Centre 2006 2. Continuing Education - Diploma in Applied Gerontology (from 2006 - 2008



Name	Degree	Master	Subject Taught	Working Experience	Teaching Experience	Clinical Update
B	Nsg. 1990	Nsg. 1996	1. Basic Life Sciences 2. GI Nsg. - Liver and Pancreas 3. Ortho. Nsg. 4. Musculo-skeletal Nsg. 5. Neuro-logical Nsg. 6. Foundation of Prof. Nsg. 6. Med. & Surg. Nsg. III 7. Leadership & Mgt. 8. Prep. For Prof. Nsg. 9. Ethical & Legal Issues in Health Care	1. RN, QMH 1968 - 77 2. NO, QMH 1977 - 1980 3. NE, QMH 1980 - 1987 4. Clinical Coordinator, Australia 1987 - 1988 5. QEH, Australia, NE, 1988 - 1990 6. QEH, S. Australia 1990 - 1994 Nurse Educator 7. QMH, HK, NE., 1994 - 2001 8. Associate Professor, Macau Polytechnic Institute 2002 - 2008 (Part-Time) 9. Lecturer, H.K.I.T. from 2006 - now	<u>Full-Time</u> 1. <u>Local</u> : Queen Mary Hospital - School of General Nursing 2. <u>Overseas</u> a. South Australia : Queen Elizabeth Hospital b. North West Nurse Education Centre , South Australia c. Lincoln Institute of Health Sciences, Melbourne, Australia d. HKIT. Lecturer	Planned in 2008 summer in TMH

Name	Degree	Master	Subject Taught	Working Experience	Teaching Experience	Clinical Update
C	Nsg. 1995	Nsg. 2005	1. Foundation of Nsg. Skills I, II 2. Concept of Health & Health Promotion 3. Health Assessment 4. Gynae. Nsg. 5. GI nursing – liver and pancreas	1. St. Teresa Hospital – Med., Surg., Mixed wards as RN 2. HKU – Clinical Mentor 3. Queensland Nsg. Agency, Australia, RN	1. Lecturer, H.K.I.T. Since Oct 07 2. University of H.K. Nov-Dec 2002 3. St. Teresa Hospital 1998 - 2007	Continuing Education 1. Cervical Smear Taker Course - in progress 2008 2. Certificate Course in Ward Management, 2006, College of Nursing 3. Certificate Course on Clinical Audit, 2007, College of Nursing 4. Patient Safety Workshop, 2006, National University Hospital (Singapore)

Name	Degree	Master	Subject Taught	Working Experience	Teaching Experience	Clinical Update
D	Nsg. 1999	Nsg. 2007	1. Child & Adolescent Health 2. Endocrine Nursing	1. RN, Queen Elizabeth Hospital, 1990 - 2008 2. Lecturer, H.K.I.T. since Feb 08	1. Clinical mentor and preceptor in QEH - pupil nurses, RN and std. nurse	Continuing Education -Preceptor ship -Mentorship of Child health nursing and paediatric intensive care nursing

Name	Degree	Master	Subject Taught	Working Experience	Teaching Experience	Clinical Update
E	Yes	Yes	1. Basic Life Sciences 2. Research in Health Care	Hospital – 3 – 7/1987 ,RN, USU, QMH  2-10/90 RN, Geri. Rehab., CMC  5/90 – 5/92 RN, Paed., PMH  9/94 – 6/96 RN, Paed., PWH,  10/95 – 3/2001 Research Nurse, NS, CUHK  4 – 9/06 RN, A&E, PWH  2 – 9/07 Research Nurse, CUHK  10/08 -now Clinical Coordinator HKIT	1. RN 2. Research Nurse 3. Clinical Coordinator, HKIT	Research

Name	Degree	Master	Subject Taught Under supervision	Working Experience	Teaching Experience	Clinical Update
F	Nsg. 2000	In progress	Foundation of Nursing Skills I & II	1. RN 1983-1993 Alice Ho Miu Ling Nethersole Hospital 2. RN, Tsan Yuk Hospital 1993 - 1996 3. 1997 - 1998 Part-Time Clinic Nurse, Toronto 4. 1997 - 1990 Part-Time Health Talk Speaker, Toronto 5. 1998 - 2000 Part-Time Program Assistant Toronto 6. 2003 - 2004 Part-Time RN, Dept. of Health, H.K. 7. Lecturer, H.K. Institute of Vocational Education	Teach : 1. RN 2. Midwife 3. Student Nurses, HKIT 10.2005 - 4.2007	TMH 2006 Same as A

F is now having no pay leave.

kschan

**From:** secy\_nmpp@dh.gov.hk  
**Sent:** Friday, February 22, 2008 11:36 AM  
**To:** kschan  
**Subject:** RE: Accred visit

Dear Dr Chan,

Please note that no additional information is required at this stage. I'm sorry for my belated reply.

Sarah  
Secretary, Nursing Council

"kschan" <kschan@hkit.edu.hk>

20/02/2008 14:50

**To:** <secy\_nmpp@dh.gov.hk>  
**cc:**  
**Subject:** RE: Accred visit

Dear Ms Tsui,

May I ask whether HKIT needs to supply any additional information to the Nursing Council at this moment.

Regards,  
KS Chan  
Vice-President  
HKIT

-----Original Message-----

**From:** secy\_nmpp@dh.gov.hk [mailto:secy\_nmpp@dh.gov.hk]  
**Sent:** Thursday, February 14, 2008 10:50 AM  
**To:** kschan  
**Subject:** Re: Accred visit

Dear Dr. Chan,

Thank you for your email. Since the Panel has already asked me to take the notes, input from your side is not required at the moment. Anyway, thank you very much for your arrangements on the day of visit.

Sarah  
Secretary, Nursing Council

"kschan" <kschan@hkit.edu.hk>

13/02/2008 15:41

**To:** <secy\_nmpp@dh.gov.hk>  
**cc:**  
**Subject:** Accred visit

4/6/2008

Dear Ms Tsui,

As requested, I have asked my colleague to jot down the recommendations made by the Panel during the concluding session. Would you still want the notes? Or, would the Panel compile the recommendations themselves?

May I take this opportunity to thank the Panel for their time and advice given to us.

Regards,

Dr. K.S. Chan  
Vice President  
Hong Kong Institute of Technology  
2, Breezy Path, Mid-levels West, Hong Kong  
<http://www.hkit.edu.hk>  
Tel: (852) 27822433 ext 228; Fax: (852) 2782 0497

4/6/2008



香港科技專上書院 (非牟利)

Hong Kong Institute of Technology (Non-Profit Making)

Attachment 7

書院港島校舍辦事處：

2 Breezy Path, Mid-levels West, Hong Kong. 香港西半山卑利士道 2 號

長沙灣教學中心：

638 Cheung Sha Wan Road, Cheung Sha Wan, Kowloon, Hong Kong. 香港九龍長沙灣長沙灣道 638 號

Tel: 2782 2433

Fax: 2782 0497

Website: www.hkit.edu.hk

BY FAX

17 August 2007

Professor Ho Pak-chung  
Chairman of Accreditation Committee  
The Nursing Council of Hong Kong  
[Fax: 2527 2277]

Dear Professor Ho,

**Associate Degree in Nursing Programme of the Hong Kong Institute of Technology**

There is no doubt that nurse training should put equal emphasis on both theory and practice. During the academic accreditation of our programme, Associate Degree in Nursing, Nursing Laboratory is one of the main conditions for confirmation of accreditation status of the programme. A list of equipment in the Laboratory once indicated by the Nursing Council was also referred to during the accreditation.

Furthermore, the number of Nursing Laboratories should also be increased according to the number of students accepted into the programme.

To prepare our institution for the accreditation by the Nursing Council, I should be grateful if you would provide the following information at your earliest convenience:

1. whether there is any updated Equipment list for Nursing Laboratory indicated by Nursing Council, and
2. ratio of student to Nursing Laboratory (or places in the laboratory).

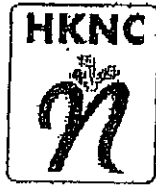
Thank you for your attention.

Yours sincerely,

Joy Shi  
President

c.c. Ms. Adela Lai Shuet-fun, Chairman of Nursing Council;  
Members of accreditation committee





香港護士管理局  
NURSING COUNCIL  
OF HONG KONG

貴局編號：

Your Ref.:

本局編號： NC 37/G

Our Ref.:

電話： 2527 8238

Tel. No.:

香港灣仔皇后大道東182號

順豐國際中心1樓

1st Floor, Shun Feng International Centre,

182 Queen's Road East,

Wan Chai, Hong Kong.

電郵地址： ncmcdh@netvigator.com

E-mail:

網址： www.nchk.org.hk

Website:

圖文傳真： 2527 2277

Fax No.:

By fax and by post  
(Fax No.: 2782 0497)

11 October 2007

Dr. SHI Mei-chun, Joy  
President  
Hong Kong Institute of Technology  
2 Breezy Path  
Mid-levels West  
Hong Kong

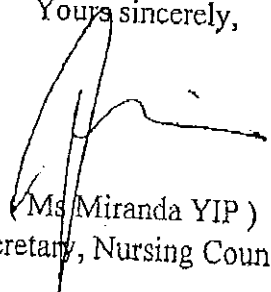
Dear Dr. SHI,

Laboratories

I write for and on behalf of the Nursing Council.

67 in part 3  
I refer to your letter dated 17 August 2007. The information requested by you as stated therein is not relevant and will not be provided.

Yours sincerely,

  
(Ms. Miranda YIP)  
Secretary, Nursing Council

Communications to be addressed to the Secretary

來函請寄秘書收



香港科技專上書院 (非牟利)  
Hong Kong Institute of Technology (Non-Profit Making)

Attachment 6

書院港島校舍辦事處:

2 Breezy Path, Mid-levels West, Hong Kong. 香港西半山卑利士道 2 號

長沙灣教學中心:

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Tel: 2782 2433

Fax: 2782 0497

Website: www.hkit.edu.hk

BY FAX

17 October 2007

Ms. Miranda Yip  
Secretary  
The Nursing Council of Hong Kong  
1/F Shun Feng International Centre  
182 Queen's Road East  
Wanchai, Hong Kong  
[Fax: 2527 2277]

Dear Ms. Yip,

Laboratories

7c

I should be grateful if Nursing Council could explain why it considers nursing laboratories to be irrelevant in the accreditation of nursing programmes, because nursing laboratories should be one of the important accreditation criteria according to the *Handbook for Accreditation of Training Institutions* issued by Nursing Council, as indicated on page 2 : VI. Submission of a Self-Study Report from a Training Institution – (5) Resources and facilities for clinical practice.

For your reference, all institutions which are not self-accredited come under the scrutiny of the HKCAA, which has set the following accreditation criteria for our nursing programme:

- One laboratory is sufficient if the number of students is less than 80.
- Two laboratories are required if the number of students is over 80.

Thank you for your attention.

Yours sincerely,

.....  
Joy Shi  
President

c.c. Dr. Lam Ping-yan, Director of Health [Fax: 2893 9613];  
All members of Nursing Council [Fax: 2527 2277]

# **Criteria for Entry into the Nursing Council's Former Indicative Register of Teachers of Nurses**

## I. Criteria for entry into the Register

No person shall be eligible to be recognized as a qualified Teacher of Nurses unless the Nursing Council is satisfied that he/she:-

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- (d) (i) possesses an academic qualification recognized by the Council to teach nursing and its course of studies should include:

Education psychology, curriculum development/course design, teaching methodology, supervised teaching practice, and measurement and evaluation in learning;

or

- (ii) possesses a Master or higher degree in a subject related to nursing.

## II. Each application will be assessed on an individual basis with regard to the course contents.



香港科技專上書院 (非牟利)  
Hong Kong Institute of Technology (Non-Profit Making)



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Tel: 2782 2433

Fax: 2782 0497

Website: www.hkit.edu.hk

BY FAX

9 March 2007

Ms Miranda Yip  
Secretary, The Nursing Council of Hong Kong  
Nursing Council Secretariat  
1/F Shun Feng International Centre  
182 Queen's Road East, Wanchai  
HONG KONG  
[Fax: 2527 2277]

Dear Ms Yip,

An Extract of HKIT's letter to  
NC on 9/3/07.

(No objection has been received  
from NC regarding HKIT's  
policy on medium of instruction

**Associate Degree in Nursing Programme of Hong Kong Institute of Technology**

Further to our replies, dated 2 and 6 March 2007, to your letters of 1 and 2 March 2007 about the fact-finding site visit of the Nursing Council ("NC"), please find below our response to the questions raised in your letter of 1 March 2007 regarding our Associate Degree in Nursing programme ("the programme"):

Relevant extracts of your questions put in boxes for your easy reference:

**(5) Medium of instructions**

It is clarified that the programme will adopt Chinese language as the medium of instruction, supplemented with English language for teaching, instructional materials and examinations. It is not clear if the examinations are conducted in Chinese, same as the medium of instruction. The references provided in the syllabus are all in English, except for the subjects that are related to China studies, Putonghua and complementary health care. There is a concern if students have the ability to understand the English references and translate the English materials into Chinese during class interactions and possibly examinations if Chinese is used.

Medium of instruction is Chinese Language supplemented with English Language because HKIT wants to help students to cope with the real life situation in the hospitals in Hong Kong:

- most nursing records are documented in English
- most doctors cite medical terms and medicines in English;
- lab reports, records written by para-medical staff, memos, circulars, etc. are mostly written in English, not in Chinese.

This is not to mention the fact that most references in nursing disciplines are in English, and most further studies for the graduates in local or overseas universities are delivered in English. In other words, our programme goes beyond the Chinese Language requirement and provides additional values by enhancing the programme with English Language supplements. Please note that all students admitted to the programme passed HKCEE English Language. We believe that nursing programmes should be able to produce nurses who can survive in the practical realities of the profession in Hong Kong.

Examination questions are set in both English and Chinese; students can choose Chinese or English to answer questions.

Notes and textbooks are available in English and Chinese.

Dictionary and glossary list are available in English and Chinese.



香港科技專上書院 (非牟利)

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Website: [www.hkit.edu.hk](http://www.hkit.edu.hk)

BY FAX

17 August 2007

Professor Ho Pak-chung  
Chairman of Accreditation Committee  
The Nursing Council of Hong Kong  
[Fax: 2527 2277]

Dear Professor Ho,

**Associate Degree in Nursing Programme of the Hong Kong Institute of Technology**

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1. whether there is any updated Equipment list for Nursing Laboratory indicated by Nursing Council, and
2. ratio of student to Nursing Laboratory (or places in the laboratory).

Thank you for your attention.

Yours sincerely,

.....  
Joy Shi  
President

c.c. Ms. Adela Lai Shuet-fun, Chairman of Nursing Council;  
Members of accreditation committee



香港護士管理局  
NURSING COUNCIL  
OF HONG KONG

傳真號碼:

Your Ref.:

本局編號: NC 37/G

Our Ref.:

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香港灣仔皇后大道東182號

順豐國際中心1樓

1st Floor, Shun Feng International Centre,

182 Queen's Road East,

Wan Chai, Hong Kong.

電郵地址: ncncdh@netvigator.com

E-mail:

網址: www.nchk.org.hk

Website:

圖文傳真: 2527 2277

Fax No.:

By fax and by post  
(Fax No.: 2782 0497)

11 October 2007

Dr. SHI Mei-chun, Joy  
President  
Hong Kong Institute of Technology  
2 Breezy Path  
Mid-levels West  
Hong Kong

Dear Dr. SHI,

### Laboratories

I write for and on behalf of the Nursing Council.

I refer to your letter dated 17 August 2007. The information requested by you as stated therein is not relevant and will not be provided.

Yours sincerely,

(Ms. Miranda YIP)  
Secretary, Nursing Council

Communications to be addressed to the Secretary

來函請寄秘書收



香港科技專上書院 (非牟利)

Hong Kong Institute of Technology (Non-Profit Making)

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BY FAX

17 October 2007

Ms. Miranda Yip  
Secretary  
The Nursing Council of Hong Kong  
1/F Shun Feng International Centre  
182 Queen's Road East  
Wanchai, Hong Kong  
[Fax: 2527 2277]

Dear Ms. Yip,

#### Laboratories

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Joy Shi  
President

c.c. Dr. Lam Ping-yan, Director of Health [Fax: 2893 9613];  
All members of Nursing Council [Fax: 2527 2277]