

立法會 *Legislative Council*

LC Paper No. CB(2)1787/17-18(06)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 16 July 2018

Accredited Registers Scheme for Healthcare Professions

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the Accredited Registers Scheme for Healthcare Professions ("the Accredited Registers Scheme").

Background

2. At present, 13 types of healthcare professionals¹ 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 not subject to statutory regulation ("the 15 healthcare professions"). The healthcare personnel concerned include audiologist, 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. Non-statutorily regulated healthcare personnel are usually regulated on their own, mostly through voluntary, society-based registration. Under society-based registration, a

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

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. In January 2012, 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"). The strategic review covered primarily the 13 healthcare professions which are subject to statutory regulation. It also looked into issues relating to the future development of those healthcare professions not subject to statutory registration. In July 2014, the Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong ("CUHK") was commissioned to conduct a feasibility study on launching a voluntary accredited registers scheme for these professions, including the launch of a pilot scheme covering the 15 healthcare professions in 2016 to test out the feasibility in this regard ("the Pilot Scheme").

Deliberations of the Panel

4. The Panel discussed the proposed framework of the Pilot Scheme in May 2016. The deliberations and concerns of members are summarized in the following paragraphs.

Coverage and timeframe of the Pilot Scheme

5. Question was raised as to whether healthcare professions other than the 15 healthcare professions could join the Pilot Scheme. The Administration advised that the 15 healthcare professions might, having regard to their own aspirations and circumstances, opt to apply for the Pilot Scheme voluntarily. If other healthcare professions had a genuine interest in joining the Pilot Scheme, their request would be considered on a case-by-case basis, with priority accord to the 15 healthcare professions. The Pilot Scheme was expected to last for one year, and the valid period of the accreditation would last for three years.

Framework of the Accredited Registers Scheme

6. Noting that the Accredited Registers Scheme would be operated under the "one profession, one professional body, one register" principle, some members were concerned that for those healthcare professions with more than one professional body in operation, how openness, fairness and impartiality could be ensured in the process of the coming up of a single professional body to

represent the profession and apply for accreditation. There was also a concern about the criteria to be adopted by the accreditation agent of the Pilot Scheme (i.e. the Jockey Club School of Public Health and Primary Care of CUHK) in accrediting professional bodies as holders of registers.

7. According to the Administration, the professional body concerned had to demonstrate a broad representative of the corresponding profession and maintain a well-established operation of professional practice. The standards for accreditation covered governance, operational effectiveness, risk management and quality improvement, standards for registrants, educational and training requirement, and management of the register. Under the principle of professional autonomy, it would be best for those healthcare professions with more than one professional body to reach a consensus on whether the profession would be ready to join the Pilot Scheme and determine as to which professional body should apply for accreditation and be responsible for administering the register of the profession. If the various professional bodies concerned could not reach a consensus, a new professional body might need to be set up by the healthcare personnel concerned for applying to become the accredited professional body. The Administration assured members that it, together with CUHK, had maintained close communication with the 15 healthcare professions about the Accredited Registers Scheme and the Pilot Scheme.

8. Noting that the Accredited Registers Scheme was voluntary in nature, some members expressed concern about how to ensure the quality of services provided by the healthcare personnel not on the registers of the accredited professional bodies, as well as the possible confusion caused by the co-existence of an accredited professional body and other non-accredited professional bodies for a profession.

9. According to the Administration, the Accredited Registers Scheme required the professional bodies to undertake a self-assessment and external peer review process. An independent accreditation agent would be appointed to establish standards for the professional bodies which should ensure that their members possessed the necessary professional competency for delivering healthcare services. Accredited healthcare professional bodies, which met the prescribed standards, would be permitted to use a registered trademark on their websites and on the Certificate of Registration issued to their members so that the public could recognize them easily. In addition, members of the accredited professional organizations could use the title "Department of Health Accredited Register of [Profession]" on the name cards. The Administration would step up publicity and public education upon the introduction of the Pilot Scheme.

Financial support

10. Members noted that the Administration would provide financial resources for the implementation of the Accredited Registers Scheme, including operational and assessment costs of the accreditation agent and other related expenses. Question was raised as to whether the Administration would provide financial resources to the professions to cover the development cost of attaining the standard and the accredited professional bodies for their operation under the Accredited Registers Scheme. The Administration advised that the provision of financial resources would depend on a range of factors, such as the number of professions joining the Accredited Registers Scheme and whether they had any difficulties in shouldering the development costs for attaining the standards under the Accredited Registers Scheme. As regards the accredited professional bodies, they should operate on a self-financing basis and be responsible for their daily operating costs.

Statutory regulation over the 15 healthcare professions

11. Pointing out the increasing demand for the services provided by the non-statutorily regulated healthcare personnel, some members were of the view that statutory regulation should be introduced in the long run in order to ensure the professional competency of these healthcare personnel and safeguard public health. The Administration should map out a timetable in this regard. In the Administration's view, it was prudent to first launch the Pilot Scheme to test out the feasibility of the Accredited Registers Scheme as it was not uncommon to put in place a voluntary registers scheme for healthcare personnel not subject to statutory regulation. The Administration would decide the way forward taking into account the experience of the Pilot Scheme.

Recent developments

12. It was announced in the 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. In the report of the strategic review issued in June 2017, it was recommended that the Government should introduce an accreditation scheme for healthcare professions not subjecting to statutory registration.

13. Application to the Pilot Scheme was open in the end of December 2016 and closed on 17 February 2017. A total of 20 applications from 15 healthcare professions were received. The Administration announced on 19 June 2017

that the accreditation agent considered that the professions of speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians had met the criteria for accreditation under the Pilot Scheme. Taking into account the readiness of the healthcare professions to be accredited, the accreditation agent would first proceed with the speech therapists profession for the relevant accreditation procedures.

14. On 19 April 2018, the Administration announced that a full accreditation status had been granted to the Hong Kong Institute of Speech Therapists under the Pilot Scheme. The accreditation assessment procedures for the other four healthcare professions would commence in phases in 2018, depending on the readiness of each profession. It would decide on the way forward of the Accredited Registers Scheme upon the evaluation of the Pilot Scheme. According to the Administration, the expenditure incurred under the Pilot Scheme in the financial year of 2016-2017 and the estimate for the financial year of 2017-2018 was \$0.7 million and \$6.2 million respectively. In the financial year of 2018-2019, \$7.4 million has been earmarked for taking forward the Accredited Registers Scheme.

15. The Administration will brief the Panel on 16 July 2018 on the implementation progress of the Pilot Scheme.

Relevant papers

16. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

**Relevant papers on the Accredited Registers Scheme
for Healthcare Professions**

Committee	Date of meeting	Paper
Panel on Health Services	16.5.2016 (Item III)	Agenda Minutes CB(2)207/16-17(01)

Council Business Division 2
Legislative Council Secretariat
12 July 2018