

Legislative Council Panel on Health Services

Accredited Registers Scheme for Healthcare Professions

PURPOSE

This paper aims to brief Members on the latest development and the way forward of the Pilot Accredited Registers Scheme for Healthcare Professions (“the AR Scheme”).

BACKGROUND

2. The Food and Health Bureau (“FHB”) consulted the Legislative Council (“LegCo”) Panel on Health Services on 16 May 2016 on the proposed framework of the AR Scheme (LC Paper No. CB(2) 1459/15-16(03) at Annex A) and reported the implementation progress of the AR scheme (LC Paper No. CB(2) 1787/17-18(05) at Annex B) to the Panel on 16 July 2018 respectively.

3. Launched in late 2016, the AR Scheme aims to enhance the society-based registration arrangements of those healthcare professions which are currently not subject to statutory registration, with a view to assuring the professional competence of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

LATEST DEVELOPMENT OF THE AR SCHEME

4. The Accreditation Agent had preliminary assessed earlier that five healthcare professions, including audiologists, clinical psychologists, dietitians, educational psychologists, and speech therapists were able to meet the criteria for accreditation process under the AR Scheme. Among the five healthcare professions, the Accreditation Agent had completed the assessments of the accreditation applications from the Hong Kong Institute of Speech Therapists (“HKIST”) and the Hong Kong Institute of Audiologists (“HKIA”), and tendered its recommendations to the

Department of Health (“DH”) to grant a three-year full accreditation status to HKIST and HKIA respectively, with conditions subject to fulfilment of further enhancement of the operations of the two organisations by the end of the first year. DH accepted the recommendations from the Accreditation Agent and announced the accreditation results for the **speech therapist** and **audiologist** professions in April and November 2018 respectively.

5. For the **dietitian** and **educational psychologist** professions, the Accreditation Agent has completed the accreditation assessments, and has tendered its recommendations to the Government for consideration. The accreditation results are expected to be announced in phases by Q1 2019.

6. For the **clinical psychologist** profession, the Accreditation Agent has received the proposal from the professional organisation and has commenced the accreditation process.

7. Upon completion of the accreditation, the Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

Food and Health Bureau
December 2018

Legislative Council Panel on Healthcare Services**Voluntary Accredited Registers Scheme for Healthcare Personnel
who are currently not subject to Statutory Regulation****PURPOSE**

This paper aims to brief Members on the proposed framework of the voluntary accredited registers scheme for healthcare personnel who are currently not subject to statutory regulation.

BACKGROUND

2. Healthcare professionals who are not subject to statutory regulation in Hong Kong 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 to which that member of the public looking for such services can make reference. Such professional bodies usually publish codes of practice to strengthen self-regulation and encourage their members to pursue continuing professional development, obtain qualifications as well as enhance their professional competency. Some professional bodies also develop quality assurance and disciplinary mechanisms to better uphold the professional standards of their members.

3. In 2013, The Ombudsman released a report on the Government’s control of healthcare professions not subject to statutory regulation. In brief, The Ombudsman opined that while not all healthcare professions needed statutory regulation, the Government should enhance communication with relevant professional organisations and societies, conduct regular risk assessments, and provide guidance for the organisations in respect of monitoring and service standards. The Government has accepted and, is following up on, the recommendations of The Ombudsman.

4. While recognising the importance and effectiveness of voluntary society-based registration, the Government considered that

a scheme could be set up to promote good service standards for the professions and provide more information to members of the public who intend to use their services. The Government took the opportunity to look for alternative forms of regulation which is appropriate to the level of risk posed by the practice of the healthcare professionals not subject to statutory regulation, with greater flexibility and responsiveness to cater for the ever-changing healthcare landscape. After a survey of both local circumstances and international experience, the Government decided to explore the feasibility of introducing a voluntary accredited registers scheme. Voluntary accreditation could provide a means whereby healthcare practitioners that meet certain standards can be identified, and enable the public and patients to make informed choices about the provision of healthcare services.

VOLUNTARY ACCREDITED REGISTERS SCHEME

5. In July 2014, DH commissioned the Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong (“CUHK”) to conduct a feasibility study on launching a voluntary accredited registers scheme (“the Scheme”) for non-statutorily regulated healthcare professions in Hong Kong and propose a set of framework and standards for the Scheme. With reference to international experience, CUHK will first launch a pilot scheme to test out the feasibility, and then review and improve the Scheme taking into account the experience of the pilot scheme. The proposed framework of the Scheme is set out in paragraphs 6 to 11 below.

Proposed Framework of the Scheme

(a) Aim of the Scheme

6. The Scheme aims to enhance the current society-based registration arrangement under the principle of professional autonomy, with a view to ensuring the professional competency of healthcare personnel and providing more information to the public so as to facilitate them to make informed decision.

(b) Professions covered under the Scheme

7. To enable an early launch of the pilot scheme, the pilot scheme will, initially, cover the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of the Legislative Council, namely 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. These professions may, having regard to their own aspirations and circumstances, opt to join the pilot scheme. There is no obligation for participation and the wish of the professions is of utmost importance. On the other hand, if healthcare professionals other than the above-mentioned have a genuine interest in joining the pilot scheme as one of the pioneers, we would consider their request on a case-by-case basis, with priority accorded to the above-mentioned 15 healthcare professions.

(c) Principle of “One Profession, One Professional Body, One Register”

8. The Scheme will operate under the principle of “one profession, one professional body, one register”. For each profession, the accreditation agent will accredit one professional body that has met the prescribed standards under the Scheme. The accredited professional body shall be responsible for administering the register of its profession. The principle is in line with the aim of the Scheme to avoid confusion to the public and facilitate the public to make informed decision.

(d) Operation of the Scheme

9. The Scheme requires the professional bodies to undertake a self-assessment and external peer review process, through which professional bodies as holders of voluntary registers demonstrate their abilities to meet acceptable standards of quality, and commitment to take action when necessary to protect the public.

10. DH will appoint an independent accreditation agent¹ to establish standards for the professional bodies which should ensure that their members i.e. the healthcare professionals possess the necessary professional competency for delivering healthcare services. The accreditation agent will assess whether a professional body has met the prescribed standards. Accreditation is voluntary and by application. Upon accreditation, public may look up the registers of healthcare professionals through the accredited healthcare professional bodies. Accredited healthcare professional bodies 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 can recognise them easily. Members of the accredited professional organisations can use the title “Department of Health Accredited Register of [Profession]” on the name cards. The Scheme could in turn provide recognition to healthcare professionals as the accredited healthcare professional bodies would be permitted to use a registered trademark, and public could gain access to the registers of healthcare professionals through the accredited healthcare professional bodies. Our initial thinking is that such accreditation should be valid for three years and renewable provided that the professional bodies demonstrate that they continue to meet the standards.

(e) Standards under the Scheme

11. The standards set by the accreditation agent will include governance, operational effectiveness, risk management and quality improvement, standards for registrants, educational and training requirements, and management of the register. These standards aim to safeguard the public by ensuring the governance of the professional bodies and professional competency of their members.

FINANCIAL IMPLICATIONS

12. The Government will provide financial resources for the implementation of the scheme, including operational and assessment costs of the accreditation agent and other related expenses. Professional

¹ The accreditation agent of the pilot scheme will be the Jockey Club School of Public Health and Primary Care of CUHK.

bodies do not have to pay a fee to apply for or renew accreditation. Professional bodies shall operate on a self-financing basis and be responsible for their daily operating costs. Noting that some professions have expressed difficulties in shouldering the developmental costs for attaining the standards under the Scheme, the Government will consider providing some resources in order to help kick start the pilot scheme, with due consideration on proper use of public funds and principle of value-for-money.

PUBLIC CONSULTATION

13. Food and Health Bureau, DH and CUHK have been maintaining close liaison with the healthcare professions about the Scheme. In particular, CUHK organised a half-day symposium for healthcare professionals in September 2014 to share experience of the Accredited Voluntary Registers Model in the United Kingdom and held three consultation forums in October 2015 to introduce the proposed framework of the Scheme and the pilot scheme.

WAY FORWARD

14. CUHK is preparing the launch of the pilot scheme and gathering views from the professions. In the consultation process, it is noted that there is a need to facilitate the target healthcare professions to meet the basic criteria for accreditation, CUHK will organise training sessions in May and June 2016 to provide a better understanding of the prescribed criteria and compliance requirements. Workshops will also be conducted to explain the accreditation process and standards for accreditation in details so as to facilitate the health professions to apply for the Scheme. Ready and interested health professions may then apply for accreditation under the pilot scheme. It is expected that the pilot scheme will be launched before end 2016.

Food and Health Bureau
Department of Health
May 2016

Legislative Council Panel on Health Services

Accredited Registers Scheme for Healthcare Professions

PURPOSE

This paper aims to brief Members on the implementation progress of the Pilot Accredited Registers Scheme for Healthcare Professions (“the AR Scheme”).

BACKGROUND

2. The Food and Health Bureau (“FHB”) consulted the Legislative Council (“LegCo”) Panel on Health Services on 16 May 2016 on the proposed framework of the AR Scheme (LC Paper No. CB(2) 1459/15-16(03) at Annex A). Members generally supported the proposed arrangements and the AR Scheme was launched in late 2016.

3. Recognising the principle of professional autonomy, the AR Scheme aims to enhance the society-based registration arrangements of those healthcare professions which are currently not subject to statutory registration, with a view to assuring the professional competence of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

DETAILS OF THE AR SCHEME

4. The AR Scheme operates under the principle of “one profession, one professional body, one register”. The Department of Health (“DH”) will accredit the professional body meeting the prescribed standards for each profession based on the accreditation recommendation of the Accreditation Agent. The accredited professional body shall be responsible for administering the register of its own profession. The aim of this principle is to avoid confusion to the public and facilitate the public

to make informed decision.

5. The AR Scheme requires the professional bodies to undertake a self-assessment and external peer review process, through which professional bodies as holders of registers should demonstrate their abilities to meet acceptable standards of quality, and commitment to take action when necessary to protect the public. The standards include governance, operational effectiveness, risk management and quality improvement, standards for registrants, educational and training requirements, and management of the register. These standards aim to safeguard the public by ensuring the governance of the professional bodies and professional competency of their members. Professional bodies applying for the AR Scheme should demonstrate a broad representation of their profession and maintain a well-established operation of professional practice.

6. Depending on the extent of its fulfilment of the prescribed standards, the professional body will be awarded a three-year full accreditation, a one-year provisional accreditation or non-accreditation. For full accreditation with recommendations by the Accreditation Agent, the professional bodies accredited will be reviewed annually by the Accreditation Agent. The professional bodies awarded with full accreditation have to apply for renewal at least six months prior to the expiry of the validity period.

7. Accredited professional bodies will be permitted by the DH to use an Accreditation Mark on their websites (at [Annex B](#)) and Certificates of Registration issued to their members for easy identification by the public. Members of the accredited professional bodies can also use a specified title on their name cards. Members of the public can look up the registers of healthcare professionals through the accredited bodies.

IMPLEMENTATION OF THE AR SCHEME

8. The AR Scheme was open for application in the end of December 2016. A total of 20 applications covering 15 professions were received by the Accreditation Agent upon the close of application on 17 February 2017. After examining the submissions received, the accreditation team at the Accreditation Agent considered that five healthcare professions, including audiologists, clinical psychologists, dietitians, educational psychologists, and speech therapists were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme.

9. Among the five healthcare professions, the Accreditation Agent had completed the assessment of the accreditation application from the Hong Kong Institute of Speech Therapists (“HKIST”) and tendered its recommendation to DH to grant a three-year full accreditation status to HKIST with conditions subject to fulfilment of further enhancement of the operation of the Institute by the end of the first year. DH accepted the recommendation from the Accreditation Agent and announced the accreditation results for the speech therapist profession on 19 April 2018.

10. As the accredited healthcare professional body, HKIST is authorised by DH to use an Accreditation Mark on its website and issues Certificates of Registration to its members for easy identification by the public. Members of HKIST can use the title “Member of Register of Speech Therapists accredited by the Department of Health” on their name cards.

11. In addition to administering a register for the profession, HKIST is also responsible for improving the professional competency of the speech therapist profession and handling complaints against its members. To ensure continuous enhancement of operation, HKIST will be reviewed by the Accreditation Agent at the end of the first year of accreditation on its implementation actions for recommendation to continue with the full accreditation status for three years.

12. For the other four healthcare professions, namely audiologists, clinical psychologists, dietitians and educational psychologists, the Accreditation Agent has been providing training for these professions and

the accreditation process commenced in phases in 2018, according to the readiness of each profession. The accreditation process of audiologist and dietitian professions is expected to be completed in Q3 2018, while the accreditation process of educational psychologist and clinical psychologist professions is expected to commence in Q3 2018 and Q4 2018 respectively.

PUBLIC CONSULTATION

13. The Accreditation Agent has been maintaining close liaison with the healthcare professions about the framework, standards, requirements and accreditation process of the AR Scheme. In addition, the Accreditation Agent held three consultation forums in October 2015 and conducted eight training sessions during May to September 2016 on the details of the AR Scheme. The relevant professions were also required to widely engage the members of the professions as well as other key stakeholders such as relevant training institutions, service providers, parties representing and protecting interests of patients and consumers in the accreditation process. During the implementation of the AR Scheme, the Accreditation Agent, DH and FHB had numerous exchanges and meetings with the healthcare professions concerned and key stakeholders.

PUBLICITY

14. Members of the public may refer to the designated website (www.ars.gov.hk) for information on the AR Scheme and the List of Accredited Healthcare Professional Bodies. DH has also prepared various publicity means including posters and leaflets. Upon accreditation, public may look up the registers of healthcare professionals through the accredited healthcare professional bodies and their websites. With the use of Accreditation Mark and Certificates of Registration, the AR Scheme could provide recognition to healthcare professionals as the public could identify the members of accredited healthcare professional bodies when considering to use the services.

FINANCIAL IMPLICATIONS

15. As mentioned in LC Paper No. CB(2) 1459/15-16(03), the Government will provide financial resources for the implementation of the AR Scheme, including operational and assessment costs of the Accreditation Agent and other related expenses. Professional bodies do not have to pay a fee to apply for or renew accreditation. Professional bodies shall operate on a self-financing basis and be responsible for their daily operating costs. Noting that some professions have expressed difficulties in shouldering the developmental and initial set-up costs for attaining the standards under the AR Scheme, FHB has earmarked funding to provide some resources in order to help kick start the AR Scheme, with due consideration to proper use of public funds and the principle of value-for-money. FHB will discuss with the accredited professional bodies on the detailed financial arrangement.

WAY FORWARD

16. The accreditation process of audiologist and dietitian professions is expected to be completed in Q3 2018, while the accreditation process of educational psychologist and clinical psychologist professions is expected to commence in Q3 2018 and Q4 2018 respectively. Upon completion of the accreditation, the Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The Government will continue to forge ahead with the AR Scheme with a view to paving the way for mapping out a statutory registration regime for these professions.

Food and Health Bureau
July 2018

Legislative Council Panel on Healthcare Services**Voluntary Accredited Registers Scheme for Healthcare Personnel
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This paper aims to brief Members on the proposed framework of the voluntary accredited registers scheme for healthcare personnel who are currently not subject to statutory regulation.

BACKGROUND

2. Healthcare professionals who are not subject to statutory regulation in Hong Kong 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 to which that member of the public looking for such services can make reference. Such professional bodies usually publish codes of practice to strengthen self-regulation and encourage their members to pursue continuing professional development, obtain qualifications as well as enhance their professional competency. Some professional bodies also develop quality assurance and disciplinary mechanisms to better uphold the professional standards of their members.

3. In 2013, The Ombudsman released a report on the Government’s control of healthcare professions not subject to statutory regulation. In brief, The Ombudsman opined that while not all healthcare professions needed statutory regulation, the Government should enhance communication with relevant professional organisations and societies, conduct regular risk assessments, and provide guidance for the organisations in respect of monitoring and service standards. The Government has accepted and, is following up on, the recommendations of The Ombudsman.

4. While recognising the importance and effectiveness of voluntary society-based registration, the Government considered that

a scheme could be set up to promote good service standards for the professions and provide more information to members of the public who intend to use their services. The Government took the opportunity to look for alternative forms of regulation which is appropriate to the level of risk posed by the practice of the healthcare professionals not subject to statutory regulation, with greater flexibility and responsiveness to cater for the ever-changing healthcare landscape. After a survey of both local circumstances and international experience, the Government decided to explore the feasibility of introducing a voluntary accredited registers scheme. Voluntary accreditation could provide a means whereby healthcare practitioners that meet certain standards can be identified, and enable the public and patients to make informed choices about the provision of healthcare services.

VOLUNTARY ACCREDITED REGISTERS SCHEME

5. In July 2014, DH commissioned the Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong (“CUHK”) to conduct a feasibility study on launching a voluntary accredited registers scheme (“the Scheme”) for non-statutorily regulated healthcare professions in Hong Kong and propose a set of framework and standards for the Scheme. With reference to international experience, CUHK will first launch a pilot scheme to test out the feasibility, and then review and improve the Scheme taking into account the experience of the pilot scheme. The proposed framework of the Scheme is set out in paragraphs 6 to 11 below.

Proposed Framework of the Scheme

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7. To enable an early launch of the pilot scheme, the pilot scheme will, initially, cover the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of the Legislative Council, namely 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. These professions may, having regard to their own aspirations and circumstances, opt to join the pilot scheme. There is no obligation for participation and the wish of the professions is of utmost importance. On the other hand, if healthcare professionals other than the above-mentioned have a genuine interest in joining the pilot scheme as one of the pioneers, we would consider their request on a case-by-case basis, with priority accorded to the above-mentioned 15 healthcare professions.

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PUBLIC CONSULTATION

13. Food and Health Bureau, DH and CUHK have been maintaining close liaison with the healthcare professions about the Scheme. In particular, CUHK organised a half-day symposium for healthcare professionals in September 2014 to share experience of the Accredited Voluntary Registers Model in the United Kingdom and held three consultation forums in October 2015 to introduce the proposed framework of the Scheme and the pilot scheme.

WAY FORWARD

14. CUHK is preparing the launch of the pilot scheme and gathering views from the professions. In the consultation process, it is noted that there is a need to facilitate the target healthcare professions to meet the basic criteria for accreditation, CUHK will organise training sessions in May and June 2016 to provide a better understanding of the prescribed criteria and compliance requirements. Workshops will also be conducted to explain the accreditation process and standards for accreditation in details so as to facilitate the health professions to apply for the Scheme. Ready and interested health professions may then apply for accreditation under the pilot scheme. It is expected that the pilot scheme will be launched before end 2016.

Food and Health Bureau
Department of Health
May 2016

Accreditation Mark of the AR Scheme



認可醫療專業名冊