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Panel on Health Services

**Updated background brief prepared by the Legislative Council Secretariat
for the special meeting on 10 December 2018**

Accredited Registers Scheme for Healthcare Professions

Purpose

This paper provides background information and summarizes the concerns of the 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. An issue being looked into was 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 ("School of Public Health and Primary Care of 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 December 2016 to test out the feasibility in this regard ("the Pilot Scheme"). The School of Public Health and Primary Care of CUHK has been appointed as the independent Accreditation Agent of the Pilot Scheme to formulate a set of accreditation standards to be met by the professional organizations on governance, operational effectiveness, risk management and quality improvement, standards for registrants, educational and training requirements, and management of the register (**Appendix I**). In June 2017, the Steering Committee released its report and recommended, among others, that the Government should introduce an accreditation scheme for these healthcare professions.

Deliberations of the Panel

4. The Panel discussed the proposed framework of the Accredited Registers Scheme and the implementation progress of the Pilot Scheme in May 2016 and July 2018 respectively. The deliberations and concerns of members are summarized in the following paragraphs.

Framework of the Accredited Registers Scheme

5. 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 in accrediting professional bodies as holders of registers.

6. 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 healthcare professional organizations concerned had to demonstrate their compliance with each of the standards for accreditation which covered governance, operational effectiveness, risk management and quality improvement, standards for registrants, educational and training requirement, and management of the register in order to be accredited. 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 the Accreditation Agent, had maintained close communication with the healthcare professions concerned about the Accredited Registers Scheme and the Pilot Scheme.

7. 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.

8. 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 by the Department of Health ("DH") to use an Accreditation Mark on their websites and on the Certificate of Registration issued to their members for easy identification by the public. In addition, members of the accredited professional organizations could use the specified title "Member of Register of [Profession] accredited by the Department of Health" on their name cards. The Administration would step up publicity and public education to enhance the public awareness of the Pilot Scheme.

Implementation of the Pilot Scheme

9. 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. Members were subsequently advised that a total of 20 applications covering 15 healthcare professions were received during the application period of the Pilot Scheme from December 2016 to February 2017. The preliminary assessment of the Accreditation Agent was that five of these healthcare professions, including audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, met the criteria for accreditation process under the Pilot Scheme.

10. Some members expressed concern about the accreditation progress of these healthcare professions. The Administration advised that based on the Accreditation Agent's recommendation, DH had announced in April 2018 that a three-year full accreditation was granted to the Hong Kong Institute of Speech Therapists under the Pilot Scheme. The accreditation process for the other four healthcare professions would commence in phases in 2018, depending on the readiness of each profession. It was expected that the accreditation process of audiologist and dietitian professions would complete in the third quarter of 2018, and that of the educational psychologist and clinical psychologist professions would commence in the third quarter and fourth quarter of 2018 respectively. Noting that there were diverse views among members of the clinical psychologist profession on the educational and training requirements, members urged the Administration, together with the Accreditation Agent, to engage members of the profession in the accreditation process to address their concerns.

Financial support

11. 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. Members were advised that while the professional bodies did not have to pay a fee to apply for or renew accreditation, they had to operate on a self-financing basis and be responsible for their daily operating costs. For those professions having difficulties in shouldering the developmental and initial set-up costs for attaining the standards under the Pilot Scheme, the Administration had earmarked funding to provide some resources to help kick start the Pilot Scheme.

Statutory regulation over the 15 healthcare professions

12. 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 development

13. DH announced on 30 November 2018 that on the recommendation of the Accreditation Agent, the Hong Kong Institute of Audiologists had been granted full accreditation status under the Pilot Scheme for administering a register for the audiologist profession.

Relevant papers

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

The Standards of the Accredited Registers Scheme for Healthcare Professions

To safeguard the public through ensuring the governance of professional organisations and professional competency of their members, the Accreditation Agent of the AR Scheme has defined a set of Standards to be met by professional organisations on (1) Governance, (2) Operational effectiveness, (3) Risk management and quality improvement, (4) Standards for registrants, (5) Educational and training requirements, and (6) Management of the register. The Accreditation Agent will review the standards with stakeholder consultation from time to time, and at least every three year, in accordance with relevant research and evidence as well as the development of the professions.

	Standard	Descriptions
1.	Governance	<p><i>The organisation is responsibly governed to meet its defined purposes and objectives.</i></p> <p>The organisation is required to be a recognised independent legal entity in Hong Kong, which holds a register for practitioners in a healthcare profession, with clear vision and purpose/mission which are communicated to stakeholders. It should demonstrate a strong commitment to protecting the public and promoting public confidence in the profession it registers.</p>
2.	Operational effectiveness	<p><i>The organisation is effectively managed to meet its strategic, operational and financial objectives.</i></p> <p>The organisation should demonstrate the ability to manage the register effectively, have sufficient finance to enable it to effectively fulfil its register function, and have complaint management framework and procedures which are made known to stakeholders.</p>
3.	Risk management and quality improvement	<p><i>Risks and opportunities to improve are identified and managed for safe delivery of healthcare service.</i></p> <p>The organisation is required to have a risk management framework supported by a risk management plan with corresponding strategies and actions. The organisation should also have a quality improvement framework and plan.</p>
4.	Standards for registrants	<p><i>The organisation sets and publishes standards for its registrants.</i></p> <p>The organisation sets, promotes and publishes standards of good practice, with due stakeholder consultation, in relation to professional behaviour based on an ethical framework, and technical competence based on a defined body of knowledge of the profession.</p>

	Standard	Descriptions
5.	Educational and training requirements	<p><i>The organisation sets standards for education and training to enable its registrants to competently practise in the profession.</i></p> <p>The organisation requires its registrants to meet its educational standards which define a set of minimum clinical knowledge and skills for all registrants. The organisation is also required to ensure its registrants keep abreast of knowledge and developments in the profession.</p>
6.	Management of the register	<p><i>By effectively holding and maintaining a register for its profession, the organisation promotes the health, safety and well-being of service users and the public in order to generate confidence in the register.</i></p> <p>The organisation is required to ensure that the register is accurate, current, easily accessible to the public, and supports all users in making informed decisions.</p>

References

1. International Society for Healthcare Quality (ISQua). *Guidelines and Principles for the Development of Health and Social Care Standards*, 4th Edition Version 1.0 (September 2013).
2. Professional Standards Authority for Health and Social Care at UK. *Accredited Registers Programme – Accreditation Guide* (November 2014).
3. Professional Standards Authority for Health and Social Care at UK. *Accredited Registers Report March* (March 2015).
4. Voluntary Accredited Registers Scheme for Healthcare Personnel who are currently not subject to Statutory Regulation. Legislative Council Panel on Healthcare Services LC Paper No. CB(2)1459/15-16(03), May 2016.

Appendix II

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)
	16.7.2018 (Item IV)	Agenda

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