

For discussion
on 15 October 2018

Legislative Council Panel on Health Services
2018 Policy Address
Policy Initiatives of the Food and Health Bureau

Hong Kong enjoys a safe and sound public health environment with accessible and quality healthcare services. Life expectancy of the male and female populations in Hong Kong ranks first globally, and our healthcare services are among the most efficient in the world. However, due to Hong Kong's ageing population and the rising demand for healthcare services, our public healthcare system faces obvious pressures and challenges. To safeguard public health and further improve the standard of health services, this term of Government will continue to work in a focused manner and allocate resources to –

- (a) enhance primary healthcare services;
- (b) strengthen diseases prevention and control;
- (c) support the development of Chinese Medicine;
- (d) strengthen healthcare services;
- (e) ensure the long-term sustainability of the healthcare system; and
- (f) reinforce public health regulation.

(a) Primary Healthcare Services

2. To effectively change the current focus of our healthcare services on treatment and to alleviate the pressure on public hospitals, we are committed to enhancing district-based primary healthcare services. The Food and Health Bureau is now setting up the first District Health Centre (DHC) in Kwai Tsing District as proposed in the Policy Address last year. Operating through district-based medical-social collaboration and public-private partnership, the DHC will provide services in health promotion, health assessment, chronic disease management, community rehabilitation, etc.

3. We envisage that the DHC will be a service hub with a Core Centre

serving as the headquarters and complemented by five Satellite Centres in sub-districts at convenient locations. Enabled by information technology infrastructure, the DHC will form a service network manned by medical and healthcare practitioners in the district. The DHC will strive to better co-ordinate with other district-based primary healthcare services and facilities, making it more convenient to meet individual healthcare needs of the community. We have selected the site for the Core Centre of the Kwai Tsing DHC and invited tenders for the operating right, with a view to commissioning the DHC around the third quarter of 2019.

4. The Government will allocate substantial resources to subsidise the operation of the DHC at around \$100 million a year. Members of the public will have to bear part of the costs of the services so as to encourage them to manage their own health. We will proactively take forward the setting up of DHCs in other districts, with the Kwai Tsing DHC as the blueprint. To ensure service stability, we will reserve premises for DHCs within Government properties in various districts, and have already identified suitable locations in Kwun Tong and the Eastern District. We will, however, first rent suitable premises for DHCs in various districts to enable early service delivery.

(b) Diseases Prevention and Control

Prevent and Control of Non-communicable Diseases

5. The Government strives to achieve the targets under the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” to reduce the burden posed by non-communicable diseases through promoting healthy diet and physical activities and reducing alcohol and tobacco-related harms, as well as strengthening the healthcare system. We will encourage government bureaux and departments to lead by example.

Cancer Strategy

6. The Cancer Coordinating Committee chaired by the Secretary for Food and Health is drawing reference from the World Health Organisation’s (“WHO”) recommendations, international practices and actual local situations with a view to mapping out in 2019 strategies related to cancer prevention and care services

for the period between 2020 and 2025.

7. On the prevention of cervical cancer, in light of the recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections in mid-2018, the Government will introduce free HPV vaccination to school girls of particular age groups starting from the 2019/20 school year as a public health strategy for the prevention of cervical cancer.

8. As far as breast cancer is concerned, a government-commissioned study to identify risk factors associated with breast cancer for local women is under way and is expected to be completed in the latter half of 2019. The Government will closely monitor the scientific evidence and outcome of the study to review what type of screening is to be adopted for women of different risk profiles.

9. Besides, the Colorectal Cancer Screening Pilot Programme has been running smoothly since its launch in September 2016 and has, as planned, identified and/or offered early treatment for people who are more likely to have or already have the disease. The Government started regularisation of the Programme in August 2018 and will extend it in phases to cover individuals aged between 50 and 75.

Hong Kong Genome Project

10. Genomic medicine is an important sphere in contemporary medicine and scientific research, with huge potential in screening, diagnosis and precision medicine. Last year, the Government established the Steering Committee on Genomic Medicine to lead the study on strategies for developing genomic medicine in Hong Kong. The Steering Committee has put forth a preliminary recommendation to conduct a large-scale genome sequencing project in Hong Kong, in order to enhance the clinical application of genomic medicine, and promote innovative scientific research on genomic medicine to cater for future medical development in Hong Kong through the establishment of genome data of local population, testing infrastructure and talent pool. The Government has accepted this recommendation of the Steering Committee and will provide funding to implement the Hong Kong Genome Project. Our initial plan is to sequence about 20 000 genomes. The Food and Health Bureau will later set up an expert group comprising experts from the clinical, academic and research

sectors to finalise the relevant details.

Prohibit the Import, Manufacturing, Sales, Distribution and Promotion of Electronic Cigarettes and Other New Tobacco Products

11. To safeguard the health of the public, the Government has made strenuous efforts in tobacco control. Different measures have been introduced, including the designation and continuous expansion of no-smoking areas, and periodic increases in tobacco duty. With the concerted efforts by the Government and other stakeholders over the years, smoking prevalence among persons aged 15 and above has significantly dropped from over 20 percent in the 1980s to 10 percent at present. The Government has also laid down the target of further reducing smoking prevalence to 7.8 percent by 2025.

12. In recent years, the emergence of electronic cigarettes (“e-cigarettes”) and other new smoking products has posed new health risk and challenges. Often packaged as less harmful substitutes with promotion tactics targeted at youngsters and non-smokers, these products open a gateway to the eventual consumption of conventional cigarettes. The fact is: all these new smoking products are harmful to health and produce second-hand smoke. There is also a lack of sufficient evidence to prove that these products can help quit smoking. The public may underestimate the harmful effects of these products and eventually endorse the smoking image and relevant behaviours once again.

13. Since the Government proposed to legislate for the regulation of e-cigarettes and other new smoking products in the middle of this year, the medical professions, education sector, parents and many members of the public have expressed concerns about the adoption of a regulatory approach for the issue. They are worried that allowing the sale of e-cigarettes and other new smoking products with restrictions in the market will not be adequate to protect public health, and will bring about very negative impact on children and adolescents in particular. After weighing the pros and cons of a regulatory approach as opposed to a full ban, the Chief Executive has decided that, with the protection of public health as the prime consideration, the Government will submit proposed legislative amendments in this legislative session to ban the import, manufacture, sale, distribution and advertisement of e-cigarettes and other new smoking products.

Seasonal Influenza Vaccination

14. On the prevention of communicable diseases, to enhance seasonal influenza vaccination uptake rate, the Department of Health (“DH”) has completed a pilot programme to roll out free outreach seasonal influenza vaccination services for primary students at school in the 2018/19 school year. Besides, the Government will increase the subsidy per dose for private doctors enrolled under the Enhanced Vaccination Subsidy Scheme (“VSS”) for school outreach vaccination services. Primary schools not participating in the pilot programme will be given a list of VSS doctors such that they can arrange with these doctors free school outreach vaccination services. It is expected that over 230 primary schools will participate in the two aforesaid schemes. The VSS will also expand its eligible groups to cover people aged between 50 and 64. It is estimated that there will be 1.8 million beneficiaries.

Prevention and Control of Viral Hepatitis

15. The Steering Committee on Prevention and Control of Viral Hepatitis was established in July 2018. To map out strategies to effectively prevent and control viral hepatitis, the Committee will formulate an action plan in the coming year to eliminate the threat of viral hepatitis to public health in Hong Kong. The action plan will serve as a blueprint for co-ordinating the work of the Government and other stakeholders in this regard.

Mental Health Services

16. On the mental health front, the Government has earmarked an annual funding of \$50 million to embark on an on-going mental health promotion and public education initiative. The first phase of the new initiative will commence in the first half of 2019, which aims to enhance public understanding on mental health, thereby reducing stigmatisation towards persons with mental health needs, with a view to building a mental-health friendly society in the long run. Moreover, on the advice of the Advisory Committee on Mental Health, the Government will commission universities to conduct territory-wide mental health prevalence surveys covering children, adolescents and elderly to gather information on the mental health status of the Hong Kong population for better planning of mental health services.

Breastfeeding

17. Breastfeeding confers much health benefit to babies and mothers, with benefits proportional to its exclusivity and duration. The Government has all along endeavoured to protect, promote and support breastfeeding. We will continue to strengthen the promotion of breastfeeding and encourage the implementation of breastfeeding-friendly measures in the community and workplaces, as well as to review and assess the overall effectiveness of implementing the “Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children” through the Committee on Promotion of Breastfeeding, with a view to enhancing sustained breastfeeding and promoting breastfeeding as a norm for infant and young child feeding widely accepted by the general public.

18. The Government will step up measures to enhance the provision of baby care facilities and lactation rooms in the community. Such measures include imposing a mandatory requirement for the provision of baby care facilities and lactation rooms in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places etc.; and mandating the provision of baby care facilities and lactation rooms in certain new government premises. In collaboration with relevant bureaux and departments, we are working out the detailed requirements and revising the relevant guidelines.

(c) Development of Chinese Medicine

19. As committed in the Chief Executive’s Policy Address in 2017, dedicated teams, namely, the Chinese Medicine Unit and the Chinese Medicine Hospital Project Office have been set up under the Food and Health Bureau to implement strategies and measures for promoting the development of Chinese medicine (“CM”) and spearheading the development of the first Chinese medicine hospital (“CMH”). To acknowledge the long history and popular use of CM among local community, the Government will incorporate CM into the healthcare system in Hong Kong and implement a development framework with enhanced commitments to provide subsidised defined CM services as in the following –

- (a) a combination of in- and out-patient services offered by the future CMH;
- (b) CM out-patient services in 18 Chinese Medicine Centres for Training and Research (“CMCTRs”) at district level; and
- (c) in-patient services with integrated Chinese-Western medicine (“ICWM”) treatment in defined public hospitals.

Chinese Medicine Hospital

20. On the development of the CMH, it would be the flagship CM institution leading the development of CM services and CM drugs in Hong Kong. Owned and built by the Government, the CMH would house about 400 beds offering a combination of in- and out-patient CM services. The hospital would be tasked to provide quality CM services and a platform for the training and education of CM practitioners, and for promoting CM clinical research. The CMH should also execute and implement the Government’s policies on CM and enhance the status of CM in and outside of Hong Kong. The Government would provide recurrent funding for its defined CM services, training and research. The CMH would also be allowed to flexibly invest in and offer add-on market-oriented CM services. The Government will identify, through competitive bidding process, a suitable non-profit-making organisation to operate the hospital. The CMH is expected to commence operation by phases from late 2024.

18 Chinese Medicine Clinics at District Level

21. The 18 CMCTRs will be transformed with enhanced services to offer Government-subsidised out-patient services at district level. They will provide around 600 000 quota of subsidised defined out-patient CM services each year in addition to their original functions to provide CM related training, teaching and research. The standard fee for CM general consultation service would be \$120, inclusive of consultation fee and at least two doses of CM drugs. The Government will also provide subsidy for additional services such as tui-na and acupuncture as prescribed by the CM practitioners so that fees for these services will be reduced to \$120 per visit. In addition, the Government will provide funding to improve remuneration of the CM practitioners in CM clinics and enhance training opportunities for them.

Integrated Chinese-Western Medicine

22. For ICWM services provided in defined Hospital Authority (“HA”) hospitals, currently, seven HA hospitals are offering such services in four disease areas (i.e. stroke care, cancer palliative care, acute low back pain care and shoulder and neck pain care). Participating patients have to pay \$200 per day for CM services on top of the \$100 to \$120 per day for hospital stay. The Government will increase subsidy to reduce the additional daily fee for ICWM services from \$200 to \$120 per day so as to encourage more patient participation. HA will also develop and expand the services further in terms of disease areas and coverage in settings.

23. It is envisaged that with the implementation of the above development framework, a comprehensive CM regime will be in place to spearhead the development of CM in Hong Kong, enhance the professional standard of CM sector and provide an effective platform for nurturing CM talents as well as professional training, education and research for CM.

Chinese Medicine Development Fund

24. In addition, the Government has established a dedicated CM Development Fund of \$500 million to promote the development of CM. The fund will be used to provide support in areas such as applied research, CM specialisation, knowledge exchange and cross-market co-operation, and help local CM traders with the production and registration of Chinese proprietary medicines. We have worked out the relevant funding details and will consult the CM sector further. The dedicated fund will commence operation in the first half of 2019.

Electronic Health Record Sharing

25. To cater for the development of Chinese medicine, we will include Chinese medicine information in the sharable scope in the Stage 2 Development of the Electronic Health Record Sharing System, continue to standardise clinical and medical terminologies of Chinese medicine, and develop the Chinese Medicine Information System On-ramp so as to facilitate the access to and sharing of patients’ information by the Chinese medicine practitioners who

choose to use the system in the future.

Government Chinese Medicines Testing Institute and the Hong Kong Chinese Materia Medica Standards

26. As part of the CM development, the Government will continue to plan for the construction of a Government Chinese Medicines Testing Institute building, and compile the Hong Kong Chinese Materia Medica Standards for Chinese materia medica commonly used in Hong Kong and actively conduct the pilot study to set standards for Chinese medicines decoction pieces under the Hong Kong Chinese Materia Medica Standards Project.

(d) Strengthening Healthcare Services

Drug Subsidies

27. With a view to alleviate the financial burden on patients arising from drug expenditure, the HA has commissioned a consultancy study to comprehensively review the existing means test of the Samaritan Fund and Community Care Fund (“CCF”) Medical Assistance Programmes. The review is near completion. Based on the findings of the review, we suggest modifying the calculation method of the annual disposable financial resources of patients by lowering the contribution of assets that has to be calculated so as to lower the patients’ out-of-pocket spending and to avoid financial hardship. The definition of “household” adopted for the purpose of financial assessment will be refined to relieve the patient families’ financial burden. The implementation of the review recommendations can lessen the drug expenditure and financial burden of grass-root patients as well as patients from the middle class.

Support for Uncommon Diseases

28. To provide more assistance for patients with uncommon diseases, HA has introduced a compassionate drug programme with the relevant pharmaceutical company this year so that the eligible patients with Spinal Muscular Atrophy can use the relevant drug. The coverage of the CCF Ultra-expensive Drugs Programme has also been expanded to provide patients with subsidies for specific drug treatments according to individual patients’ special

clinical needs. The drug for Spinal Muscular Atrophy will be covered by the programme subsequently.

29. To provide more timely support to needy patients, HA has increased the frequency of the prioritisation exercise for including self-financed drugs in the Samaritan Fund and the CCF Medical Assistance Programmes from once to twice a year since 2018 so as to shorten the lead time for introducing suitable new drugs to the safety net.

Handling of Abortuses

30. As regards the assistance given to parents in proper handling of their abortuses, bereavement counselling teams are set up in the obstetrics and gynaecology departments of the HA to take care of parents who have experienced a miscarriage or baby loss through the provision of emotional support and counselling services to help them recover from bereavement. For abortuses of less than 24 weeks' gestation stored in public hospitals, parents are allowed to claim the abortuses according to their wishes where feasible and provided that relevant legal requirements and such conditions as public health are met.

31. Besides, the Government has actively reached out to private cemeteries operated by different organisations and encourage them to offer a resting place for abortuses so as to give the public more choices. The Government is actively examining proposals to improve the handling of abortus in a holistic manner, including provision of facilities.

End-of-life Care

32. To allow terminally-ill patients more options of their own treatment and care arrangements, the Government will consult the public in 2019 on arrangements of advance directives and the relevant end-of-life care.

Community Care Fund Elderly Dental Assistance Programme

33. We will expand the target beneficiaries of the Community Care Fund Elderly Dental Assistance Programme to cover all elders aged 65 or above receiving Old Age Living Allowance, and refine service scope of the programme in early 2019. The new measure is expected to benefit 150 000 elders.

Healthcare Service Development

34. The Government will continue to increase the number of public hospital beds and operating theatre sessions, and enhance the endoscopic and diagnostic radiological services, so as to enhance the service capacity for addressing the ever rising healthcare needs. At the same time, we will increase the quota for general out-patient and the attendances in specialist out-patient clinics, enhance the Accident & Emergency services and shorten the waiting time for out-patient and emergency services. We will also strengthen the services for chronic diseases through, for example, enhancing the capacity of cancer and diabetic services, and increasing the service quota of haemodialysis for renal service.

35. On the other hand, the HA will progressively enhance management and treatment of life-threatening diseases. The HA will roll out the 24-hour intravenous thrombolytic therapy for stroke patients to all hospital clusters in 2019-20, and the 24-hour primary percutaneous coronary intervention service to the Hong Kong West, Hong Kong East and Kowloon East clusters. The HA will also enhance its cardiac catheterisation laboratory and cardiac care unit services.

Elderly Healthcare Services

36. HA will continue to enhance healthcare services for the elderly in view of the ageing population. These include strengthening support for elderly patients with fragility fractures by increasing the HA's operating theatre sessions in designated hospitals and enhancing physiotherapy service for elderly patients. Beside, medical-social collaboration through the joint efforts of the HA and the Social Welfare Department will also continue to be strengthened with a view to providing a full range of transitional care service and the required assistance for those elderly persons discharged from public hospitals, enabling them to age at home after the transitional period.

Elderly Health Care Voucher Scheme

37. At the same time, the Government will continue to promote the Elderly Health Care Voucher Scheme, which subsidises elderly persons aged 65 or above to use private primary healthcare services. The Government is also reviewing

the effectiveness of the scheme, with a view to ensuring that the scheme will enhance the provision of primary healthcare services for the elderly.

Multi-discipline Collaboration

38. The HA will enhance the collaboration among healthcare professionals to deliver more comprehensive healthcare services by –

- (a) employing all locally trained medical graduates and providing them with necessary specialist training through the HA;
- (b) expanding the coverage of clinical pharmacy services to improve clinical care for patients and alleviate workload of doctors;
- (c) launching a pilot programme on drug refill services for selected high-risk patients living in elderly homes with a view to improving patient services, enhancing medication safety and reducing excessive drug storage, providing elderly homes with IT and pharmacy support a barcode summary of dispensed medication to facilitate their creation of drug profiles for medication management, and exploring with stakeholders longer term options for enhancing pharmacy services for elderly persons living in elderly homes; and
- (d) enhancing the services of nurse clinics so as to facilitate patients' early access to treatment and continuity of care.

(e) Long-term Sustainability of the Healthcare System

The Second Ten-year Hospital Development Plan

39. In parallel to strengthening the healthcare services, we should ensure the sustainability of the healthcare system. To cope with the increasing demand for healthcare services arising from the ageing population, we need to have early planning for the healthcare facilities and have reserved \$300 billion in the 2018-19 Budget for this purpose.

40. As we are proceeding with the projects under the First Ten-year Hospital Development Plan (“HDP”), we have invited the HA to plan for the Second Ten-year HDP, which will tentatively cover 19 projects, at estimated cost of \$270 billion. Upon completion of the Second Ten-year HDP, there would be a planned capacity of over 9 000 additional beds and other additional hospital facilities that would more or less meet the projected service demand up to 2036.

Other Public Healthcare Facilities

41. The majority of clinics of the DH were set up decades ago and have become dilapidated. To ensure that the public can enjoy quality healthcare services in a comfortable environment, the DH will carry out refurbishment and improvement works for its clinics in phases starting from 2019-20. The DH is identifying a number of clinics as pilot projects.

Increasing Healthcare Manpower and Teaching Facilities

42. On healthcare manpower front, the Government has substantially increased the number of University Grants Committee (“UGC”)-funded degree places healthcare disciplines by about 60 percent from about 1 150 to about 1 780 over the past decade. In preparation for the foreseeable tight manpower situation of the healthcare profession and considering the long training cycle, the Government will further increase the number of healthcare training places. In the 2019/20-2021/22 UGC triennium, the number of healthcare-related publicly-funded first-degree intake places will increase by over 150 from about 1 780 to 1 930 by over 150 (including 60 medical, 60 nursing, and some 30 dental and allied health professions). Moreover, we will provide for the first time 20 taught postgraduate intake places in dentistry per year and increase taught postgraduate intake places in clinical psychology to 38 per year in the triennium.

43. In order to enable the UGC-funded universities to expand the relevant healthcare training capacity, the Government will earmark about \$20 billion out of the provision of \$300 billion for The University of Hong Kong, The Chinese University of Hong Kong and The Hong Kong Polytechnic University to upgrade and increase their teaching facilities by implementing short, medium and long-term works projects.

44. Besides, some of the facilities of the Prince Philip Dental Hospital (“PPDH”), the only dental teaching hospital in Hong Kong which was built more than 30 years ago, have become dilapidated. The Government has made provisions for renovating the PPDH shortly. For the longer term development of the PPDH, the Government plans to identify a new site for its reprovisioning.

Healthcare Manpower Planning

45. In addition to increasing the number of publicly-funded training places, the Government also count on the self-financing sector to provide training to help meet part of the increasing demand for healthcare professionals. In the 2019/20 academic year, the number of subsidised self-financing healthcare places under the Study Subsidy Scheme for Designated Professions/Sectors will increase from 860 to 1 320, including nursing from 765 to 1 160, medical laboratory science from 30 to 45, newly added 50 physiotherapy, as well as the existing 50 occupational therapy and 15 radiography.

46. The Food and Health Bureau, the HA and the DH, with the support of overseas Economic and Trade Offices will promote and encourage qualified non-locally trained doctors to practise in Hong Kong. HA and DH will proactively recruit qualified non-locally trained doctors through limited registration in order to alleviate the imminent manpower shortage in the public healthcare system.

47. The HA will put in place a structured mechanism to ensure that there is sufficient training relief, protected time and minimum training hours available for the healthcare professionals, in particular frontline healthcare professionals. The HA and the Hong Kong Academy of Medicine will also plan for medical specialist training with regard to the needs to balance operational service needs and manpower situation as well as facilitate specialty and long-term service development. Without affecting the employment and career prospects of locally trained doctors, HA will continue to proactively rehire retired healthcare professionals and provide more flexibility in hiring part-time healthcare professionals to serve in public hospitals in order to meet short-term service needs.

48. In addition, the HA will spare no efforts in recruiting full-time and part-time staff and has introduced various measures to attract and retain healthcare professionals and supporting staff. The HA will continue to monitor the manpower situation in public hospitals and make appropriate arrangement in

manpower planning and allocation in order to meet service demand.

49. The Government has already kick-started a new round of manpower projection exercise to update the demand and supply of manpower. The Government will continue to engage key stakeholders in conducting the projection.

Voluntary Health Insurance Scheme

50. The Government will fully implement and promote the Voluntary Health Insurance Scheme (“VHIS”) as well as provide tax deduction to encourage the public to purchase Certified Plans, so that they may choose to use private healthcare services when needed, thereby alleviating the long-term pressure on public healthcare system. To provide for the tax deduction under VHIS, the Government introduced the Inland Revenue (Amendment) (No. 4) Bill 2008 (IR(A)(No.4) Bill) to the Legislative Council in May 2018. The relevant Bills Committee has completed its scrutiny of the IR(A)(No.4) Bill. Subject to the passage of the IR(A)(No.4) Bill, we plan to fully implement the VHIS on 1 April 2019.

HA’s Big Data Analytics Platform

51. Regarding the use of information technology (“IT”), the HA is actively making preparations for launching a Big Data Analytics Platform, on a pilot basis, by the end of this year, so as to further facilitate local researchers to explore useful health data and statistics and to provide them with relevant training, so that they can conduct collaborative research projects with HA, with a view to identifying useful information that can help improve services and promote healthcare innovation.

Enhancement of DH’s IT System

52. On the other hand, the DH will continue to develop its new clinical information management and related systems, so as to strengthen the development of public health data, enhance its capability in meeting various public health challenges and deliver higher quality services to the public.

(f) Public Health Regulation

Setting up a full-fledged Office for Regulation of Private Healthcare Facilities

53. The relevant Bills Committee of the Legislative Council has completed its scrutiny of the Private Healthcare Facilities Bill (“PHFs Bill”) in the last legislative session. Upon the passage of the PHFs Bill, the DH will set up a full-fledged Office for Regulation of Private Healthcare Facilities to undertake the relevant statutory enforcement work, with a view to ensuring patient safety and protecting consumer rights.

Regulation of Medical Devices

54. The Government briefed the Panel on Health Services in July 2018 on the latest development on the legislative proposal on regulation of medical devices. We aim to introduce the Bill into the Legislative Council in the current legislative session for “pre-market control” and “post-market control” of medical devices for better protection of public health.

Regulation of Advanced Therapy Products

55. The development of Advanced Therapy Products (“ATPs”) is one of the fastest moving areas in the medical field at present. In view of its special and complicated nature, we will introduce legislation to regulate ATPs to safeguard public health. A clear regulatory framework would also facilitate the development of innovative medical products.

Regulation for Healthcare Professions

56. We are also following up on the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development which was published in 2017. We have invited the regulatory bodies to submit proposals to the Government on regulation and development of healthcare professions, including how to take forward mandatory continuing professional education and development, review of the Dentists Registration Ordinance, implementation of a voluntary registration scheme for the development of nursing specialties to pave the way for setting up a relevant statutory registration system, and review of the regulation and development of allied health professions.

57. The Government is pursuing the Pilot Accredited Registers Scheme for Healthcare Professions not under statutory registration. The speech therapist profession has been granted accreditation and the accreditation process for audiologists, clinical psychologists, dietitians and educational psychologists is in full swing. We will complete and evaluate the Pilot Scheme and study how to formulate a statutory registration regime for relevant accredited professions.

Conclusion

58. The Food and Health Bureau's policy objectives are to safeguard public health and ensure our medical and healthcare system maintains its high quality services and a sustainable development. To this end, we work strenuously to implement various measures outlined in the paper to meet the challenges of our ageing population.

Food and Health Bureau
October 2018