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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 20 March 2020

Dental care services and relevant manpower planning

Purpose

This paper gives a brief account and summarize the concerns of members of the Panel on Health Service ("the Panel") and the Joint Subcommittee on Long-term Care Policy ("the Joint Subcommittee") appointed by the Panel and the Panel on Welfare Services on the public dental care services and the manpower situation of the dental profession.

Background

Local oral health surveillance and goals

2. According to the World Health Organization ("WHO"), basic oral health surveys provide a sound basis for assessing the current oral health status of a population and its future needs for oral health care to underpin policy and service planning in this regard.¹ The Department of Health ("DH") conducted its first two territory-wide oral health surveys in 2001 and 2011 respectively to collect information on the oral health condition and oral health related behaviours of people in Hong Kong.² The five index ages and age groups covered in the 2011 survey were five-year old children, 12-year old students, 35 to 44-year old adults, 65 to 74-year old institutionalized older persons, and users aged 65 and above of Social Welfare Department ("SWD") long-term care services. The next round of oral health survey will be conducted in 2021.

¹ According to the fifth edition of WHO publication *Oral Health Surveys: Basic Methods*, clinical oral health surveys should be conducted regularly every five to six years in the same community or setting for effective surveillance.

² The Oral Health Survey Report 2011 can be accessed on the website of the Oral Health Education Division of DH at [http://www.toothclub.gov.hk/en/en_pdf/Oral_Health_Survey_2011/Oral_Health_Survey_2011_WCAG_20141112_\(EN_Full\).pdf](http://www.toothclub.gov.hk/en/en_pdf/Oral_Health_Survey_2011/Oral_Health_Survey_2011_WCAG_20141112_(EN_Full).pdf).

3. Hong Kong has established oral health goals to be achieved by years 2010 and 2025 in 1991 for different age groups of the community, namely people who are five-year-old, 12-year-old, 18-year-old and 35 to 44-year-old. The Director of Audit published its Report No. 68 in April 2017 on provision of dental services, recommending DH to conduct a review of the oral health goals which were likely outdated and after the review, consider publishing the level of attainment against the goals.³

Public dental care services

4. At present, the Oral Health Education Unit ("OHEU") of DH implements various oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels. In addition, DH provides free emergency dental services (i.e. treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction) for the public at 11 government dental clinics through the general public sessions ("GP sessions"). A summary of the consultation quota and attendance of each government dental clinic in 2018-2019 is in **Appendix I**. DH also provides specialist and emergency dental services for referred hospital patients and patients with special oral healthcare needs (such as persons with intellectual disability) through its Oral Maxillofacial Surgery and Dental Units in seven public hospitals. The attendances of hospital patients and the number of patients with special oral healthcare needs in these Units were 67 000 and 11 500 respectively in 2018. Separately, these patients as well as patients with dental emergency needs can, by internal referral, receive oral maxillofacial surgery and specialist dental treatments from dentists employed by the Hospital Authority ("HA") in four public hospitals.

Measures to address the dental care needs of the under-privileged

Recipients of Comprehensive Social Security Assistance

5. General dental care services, such as scaling and polishing and fillings, are mainly provided by the private sector and non-governmental organizations ("NGOs").⁴ Under the Comprehensive Social Security Assistance ("CSSA") Scheme, recipients aged 60 or above, disabled persons and persons medically certified to be in ill-health are eligible for the dental grants to cover the actual expenses or the ceiling amount of dental treatments (including dentures, crowns, bridges, scaling and polishing, fillings, root canal treatment and extraction), whichever is the less.

³ The Director of Audit's Report No. 68 on provision of dental services can be accessed at the Audit Commission's website at https://www.aud.gov.hk/pdf_e/e68ch07.pdf.

⁴ As at end of December 2019, there were around 2 611 registered dentists in Hong Kong, of which about 74% were worked in the private sector and NGOs.

The elderly

6. Under the Elderly Health Care Voucher ("EHV") Scheme, eligible elders aged 65 or above can make use of EHVs to access, among others, dental services in private dental clinics and dental clinics run by NGOs. The annual EHV amount is \$2,000 and the financial ceiling on unspent EHV value for each user is \$8,000.

7. The Community Care Fund ("CCF") under the Commission on Poverty ("CoP") rolled out the Elderly Dental Assistance Programme ("the EDA Programme") in September 2012 to subsidize needy non-CSSA recipients aged 60 or above, who are users of the home care service or home help service schemes subvented by SWD to receive dentures and other necessary dental services (including scaling and polishing, fillings, tooth extractions and x-ray examinations). The EDA Programme, administered by the Hong Kong Dental Association ("HKDA"), has been expanded since September 2015 to cover eligible Old Age Living Allowance ("OALA") recipients. At present, OALA recipients aged 65 or above are eligible for the Programme.⁵ The programme has been extended for three years up to February 2022.

8. Apart from the above, the Administration implemented in April 2011 a three-year pilot project to provide free outreach primary dental care (including dental check-up, polishing, pain relief and other emergency dental treatments) and oral health services for elders in residential care homes ("RCHEs") or day care centres ("DEs") through outreach dental teams set up by NGOs with government subsidies. The pilot project was converted into a regular programme, named Outreach Dental Care Programme for the Elderly ("ODCP"), in October 2014 with an expanded scope of treatments to cover fillings, tooth extractions, dentures, etc. and an expanded coverage to elders in similar facilities. The number of attendance of ODCP was about 193 100 during the period from October 2014 to April 2019 and a total of 23 outreach dental teams from 10 NGOs have been set up.

People with disabilities

9. The Administration launched in August 2013 a four-year Pilot Project on Dental Services for Patients with Intellectual Disability ("the Pilot Project"),⁶ under which dental services supplemented with special support measures such as special anesthetic procedures and behavior management are provided for adult

⁵ The age requirement for the EDA Programme was progressively lowered from those OALA recipients aged 80 or above in the first phase to those aged 75 or above, 70 or above and 65 or above in October 2016, July 2017 and February 2019 respectively.

⁶ The Pilot Project was commissioned by FHB, organized by HKDA and the Hong Kong Special Care Dentistry Association, and operated by the Hong Kong Special Care Dentistry Association, the Loving Smiles Foundation Limited and the Evangel Hospital.

patients with intellectual disabilities and economic difficulties. With over 3 000 participants benefited, the Pilot Project ended in July 2018 and was succeeded by a new three-year programme entitled Healthy Teeth Collaboration, under which NGO dental clinics offer free oral examinations, dental treatments and oral health education for adults with intellectual disabilities. As at the end of April 2019, around 1 800 adults with intellectual disabilities have registered under the programme. Among them, about 1 600 have received their first consultation.

10. To step up the support measures for students with intellectual disability and/or physical disability, starting from the 2013-2014 school year, the School Dental Care Service has been expanded to cover students studying in special schools until they reach the age of 18.⁷ The Administration has also conducted "Dandelion Oral Care Action" programme in a train-the-trainer approach in the participating special schools since 2005, under which school nurses, teachers and parents are equipped with special tooth cleaning skills, with a view to enabling children with intellectual disability to brush and floss their own teeth competently and independently after they leave school.

Manpower for dental services

11. According to the report on the Strategic Review on Healthcare Manpower planning and Professional Development ("the Strategic Review") published by the Administration in 2017, the manpower of dentists will be in shortage in the short to medium term. The manpower shortfall for dentists in 2020, 2025 and 2030 are 96, 121 and 127 respectively. The report recommended, among others, that the Administration should consider increasing the number of publicly-funded training places and put in place a limited registration mechanism to supplement the local manpower in the short term. In preparation for the surge in demand for subsidized dental services and manpower, the Administration increased the first-year-first-degree ("FYFD") intake places in dentistry funded by the University Grants Committee ("UGC") from 73 to 80 in the 2019-2020 to 2021-2022 triennium. The annual intake for the Higher Diploma in Dental Hygiene course was also increased from 24 to 34 from the 2018-2019 academic year and 20 UGC-funded taught postgraduate places in dentistry were provided for each year in the 2019-2020 to 2021-2022 triennium. According to the Administration, a number of enhancement works including the procurement of additional equipment and setting up of more lecture theatres and seminar rooms will be carried out in the Prince Philip Dental Hospital in 2019-2020 to facilitate the training of additional dentists and dental ancillary personnel. Separately, the Dental Council of Hong Kong has increased the

⁷ The School Dental Care Service, which is administered by DH, provides all primary school children with dental services at the DH's school dental clinics with an aim to promote good oral hygiene and prevent common dental diseases.

licensing examination for non-locally trained dentists to two sittings a year starting from 2015, and has further improved the arrangement of certain parts of the Licensing Examination and updated its result retention policy and examination admission arrangement, so as to attract more qualified personnel to practise in Hong Kong and contribute to the diversity of the local dentistry workforce.

Members' deliberations

12. The Panel discussed issues relating to the dental care services at a number of meetings from 2011 to 2017. Separately, the Joint Subcommittee discussed and received views from deputations on dental care for the elderly and people with disabilities in April 2017. The Panel also discussed the ways to meet the projected demand for, among others, dentists in the context of discussing the findings of the Strategic Review in June 2017, the enhancement of healthcare teaching facilities in January 2019 and the healthcare manpower projection 2020 in December 2019; as well as the directorate support for Special Oral Healthcare Programmes in February 2019. The deliberations and concerns of members are summarized in the following paragraphs.

Public dental care services

13. Members expressed a strong view that the existing scope of public dental care service, which was confined to emergency dental treatment, was far from adequate to meet the dental care needs of the elderly and people with disabilities. They questioned whether the limited scope of service was due to the lack of adequate manpower in the dental profession or the substantial resources required for providing other dental treatments. To address the dental care needs of the public in particular the elderly and people with disabilities, some members suggested setting up government dental clinics and piloting mobile dental clinics in each of the 18 districts; increasing the number of disc allocated per GP session at the government dental clinics and expanding their scope of services to cover free annual dental check-up for the elderly and people with disabilities and other curative treatments; allowing elders in need of emergency dental services to make appointment for GP sessions and obviate their need to queue up for obtaining disc; making use of public-private partnership to address dental care needs of low-income elders and persons with disabilities; purchasing dental services from the private sector with co-payment features; and providing outreach dental services for needy singleton elders not on CSSA and elders waitlisting for subsidized RCHE places. In the longer term, the Administration should provide primary dental care services for all elders and persons with special dental care needs.

14. The Administration advised that a risk-based approach was currently adopted for the provision of public dental services, and priority was accorded to needy elders who had physical or economic difficulties in receiving dental care. It was also in discussion with various parties on the setting up of a training centre for providing specialty training of dentists at the Prince Philip Dental Hospital to provide dental care for people with disabilities. While agreeing to consider the various suggestions, the Administration explained that manpower was an issue of concern when determining the scope of dental services to be provided for the public.

15. There was a view that special dental care services should be provided at the Hong Kong Children's Hospital to meet the service demand of persons with disabilities. Consideration should also be given to establishing a specialty of special care dentistry which specialized in the management of dental care for patients with special needs. The Administration advised that while the establishment of a new specialty of special care dentistry would take time, the Administration had been in discussion with the Faculty of Dentistry of The University of Hong Kong and the Prince Philip Dental Hospital on the provision of training for those dental professionals who were interested in providing dental care services for patients with special needs in order to meet the ongoing service needs in this regard.

School Dental Care Service

16. Some members considered that the scope of School Dental Care Service provided at DH's school dental clinics should be expanded to cover all secondary students under the age of 18 in order to enhance their oral health. The Administration advised that OHEU of DH had launched a school-based programme for secondary schools to encourage secondary students to continue to take care of their oral health.

17. On members' concern about the higher proportion of Primary Six students not attending scheduled appointments for School Dental Care Services than other grades of primary students, the Administration advised that DH would encourage participating Primary Six students and their parents to sign up for the services to receive automated appointment reminders as well as explore the feasibility of arranging Primary Six students to visit the designated clinics during school hours with the provision of transport services.

The Elderly Health Care Voucher Scheme

18. Holding the view that the annual value of EHV of \$2,000 was inadequate to cover both the medical and dental expenses, some members had time and again called on the Administration to provide separate dental care vouchers for the eligible elders. Consideration could be given to increasing the annual value

of health care vouchers to \$4,000 to better address the dental care needs of eligible elders. The Administration considered the suggestion of providing separate dental care vouchers more restrictive than the current arrangement which allowed eligible elders to flexibly use EHV to pay for private primary care services (including dental and other services) that best suited their needs. For more costly dental treatments such as fillings and dentures, the expanded EDA Programme was expected to be able to take care of the needs of those needy elders in this regard. That said, the Administration would further enhance the EHV Scheme having regard to the experience gained and views from members and the community.

The Elderly Dental Assistance Programme

19. Members expressed concern about the low enrollment rate of private dentists and dental clinics, the low take-up rate by the eligible elders, and high administrative cost which accounted for about 70% of the total expenditure incurred for the EDA Programme. According to the Administration, feedback from the participating NGOs suggested that the relatively low take-up rate was due to the reluctance and unwillingness of the eligible elders to accept dental treatment and the fact that some of them had already had their own dentures. As a measure to boost the participation rate, the payment terms applying to NGOs for the provision of referral and accompanying services under the EDA Programme had been modified to provide more incentives for the frontline staff of NGOs to encourage the elders to come forward for dental services. In addition, the dental fees of the EDA Programme had been revised with an aim to attract more dentists to join the Programme. The CCF Task Force had also been working closely with HKDA to recruit more dentists to join the EDA Programme.

Manpower for dental services

20. Members enquired about the measures to be taken by the Administration to address the problem that the capacity of public dental services was far from adequate to meet the service demand of the elders due to a shortage of dentists. The Administration advised that it had introduced a number of dental initiatives to take care of those with special needs, especially persons with intellectual disabilities who had special dentistry needs and elders with financial difficulties. The 2017 manpower projection for dentists had already taken into account the increasing demand for private and subsidized dental services. Some members considered that the increase of seven UGC-funded FYFD dental places in the 2019-2020 to 2021-2022 triennium was inadequate to address the growing service demand. The Administration advised that a new round of healthcare manpower projection exercise, which would be conducted once every three years, had been kick-started in step with the triennial planning cycle of UGC. It was expected that the next projection exercise would be completed by 2020.

21. Other members were concerned that since the reprovisioning of the Prince Philip Dental Hospital was still under planning, the existing capacity of the Hospital would limit the supply of local dentists. They called on the Administration to expand the capacity of the Hospital substantially in the long run. The Administration advised that it intended to reserve about \$100 million for the Hospital to undertake urgent renovation and upgrading works at the existing campus, and would in parallel explore options for a reprovisioning site.

22. In the context of discussing the healthcare manpower projection 2020, some members urged the Administration to formulate manpower plan to better take care of the dental care needs of the population. The Administration advised that it had provided the School Dental Care Service for primary children to teach them good oral hygiene habit from young age. Under the manpower shortage of dentists, the Administration had provided dental care services for groups with special needs including the elderly and people with intellectual disabilities. In addition, elders who were 65 or above could use EHV's for dental services in the private sector.

Review of oral health goals

23. Some members urged the Administration to make better efforts in achieving the goal of 80/20 (i.e. everyone having 20 teeth at the age of 80) promoted by WHO since 1982. Members were advised that the Administration would review and formulate appropriate oral health goals for the population by making reference to overseas practice and the local situation as well as the outcome of oral health surveys. Consideration would also be given to including the age group of 80-year-old elders in the next oral health survey to be conducted in 2021.

Directorate support for Special Oral Healthcare Programmes

24. In the context of discussing the re-organization of DH at the Panel meeting in February 2019, members noted that the Administration had withheld its original proposal of creating a permanent post for the Special Oral Healthcare Programmes, to be offset by the deletion of one frozen Dental Consultant post in the Hospital Dental Service in view of the concerns raised by Dental Officer grade members working in Hospital Dental Service and the Government Doctors' Association. Having regard to the feedback received, DH would seek to meet the needs of special dental care services by creating a supernumerary directorate post, to be held against the Dental Consultant post for Special Oral Healthcare Programmes. Some members considered that the Administration should create a permanent post for the Special Oral Healthcare Programmes to meet the service demand without deleting the frozen Dental Consultant post in the Hospital Dental Service.

25. The Administration advised that it would review the arrangement in one year. Meanwhile, DH would review the service needs and continue to communicate with staff on the issue of the long-term manpower arrangements for Special Oral Healthcare Programmes and Hospital Dental Service. It should be noted that the number of dental officer and senior dental officer in the Oral Maxillofacial Surgery & Dental Units in seven public hospitals had been increased by two and four respectively in the past few years. DH would discuss with HA on how to enhance the service of these Units in tandem with the implementation of the 10-Year Hospital Development Plans.

Recent developments

26. An expert group was set up by DH in May 2019 comprising academics and experts of the specialty of dental public health and representatives from other relevant fields for reviewing and establishing appropriate oral health goals of Hong Kong by considering the targeted groups included in the 2001 and 2011 oral health surveys and the local situation. According to the Administration, DH will establish oral health goals for different age groups when the results of the 2021 oral health survey are available and work on the improvement of dental care services and recommend possible measures to the Administration for achieving the goals.

27. It was announced in the Chief Executive's 2019 Policy Address that DH had set up Special Oral Care Service in the third quarter of 2019 in collaboration with HA at the Hong Kong Children's Hospital for pre-school children under six years old with intellectual disabilities for early intervention and prevention of common oral diseases. The Administration also launched an outreach dental programme in Special Child Care Centres under SWD to provide children under six with intellectual disabilities with free on-site dental check-up and oral health education. If necessary, children can be referred to the Special Oral Care Service at Hong Kong Children's Hospital for follow-up treatment.

28. An oral and two written questions concerning public dental services were raised at the Council meetings of 29 May, 26 June and 30 October 2019 respectively. The questions and the Administration's replies are in **Appendices II to IV**.

Relevant papers

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

**Consultation quota and attendance
of each government dental clinic in 2018-2019**

Dental clinic with general public sessions	Consultation quota for 2018-2019	Attendance in 2018-2019
Kowloon City Dental Clinic	6 132	5 419
Kwun Tong Dental Clinic	4 116	4 023
Kennedy Town Community Complex Dental Clinic	8 400	7 191
Fanling Health Centre Dental Clinic	2 300	2 227
Mona Fong Dental Clinic	2 100	1 899
Tai Po Wong Siu Ching Dental Clinic	2 100	1 970
Tsuen Wan Dental Clinic	8 232	7 994
Yan Oi Dental Clinic	2 058	2 016
Yuen Long Jockey Club Dental Clinic	4 116	3 910
Tai O Dental Clinic	384	95
Cheung Chau Dental Clinic	384	283

Source: The Administration's reply to an oral question on public dental services raised at the Council meeting of 29 May 2019

Public dental services

5. **MR HOLDEN CHOW** (in Cantonese): *President, currently, among the dental clinics under the Department of Health, 11 of them provide the public with free emergency dental treatment (commonly known as "general public dental session" ("GP dental session")). The service includes pain relief and teeth extraction only but not other dental treatment. In this connection, will the Government inform this Council:*

- (1) of the consultation quota and attendance of the GP dental sessions provided by each of the 11 aforesaid dental clinics in the last financial year;*
- (2) whether it will consider afresh expanding the scope of the GP dental session to cover fillings and dentures; and*
- (3) given that Tung Chung Dental Clinic currently provides dental treatment to civil servants or their dependants only, and ordinary residents in Tung Chung need to travel a long distance to Tsuen Wan Dental Clinic in order to attend the GP dental sessions, whether the Government will consider making arrangements for Tung Chung Dental Clinic to set aside time slots for providing GP dental sessions for ordinary residents in Tung Chung?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): *President, the Government's current policy on dental services aims to raise public awareness of oral health and encourage the public to develop proper oral health habits through promotion and education. Curative dental care services are mainly provided by the private sector and non-governmental organizations ("NGOs"). Over the years, the Oral Health Education Unit of the Department of Health ("DH") has implemented oral health promotion programmes targeting different age groups and disseminated oral health information through various channels to enhance oral health of the community. Apart from making efforts to promote oral health and prevent oral problems, the Government also provides emergency dental services for the public and special oral care services for inpatients and persons with special oral health care needs.*

Government dental clinics are mainly responsible for providing dental benefits for civil servants/pensioners and their eligible dependents as required of the Government as terms of employment for civil servants, and therefore civil servants/pensioners and their eligible dependents are the major service targets of these clinics. Nonetheless, the Government provides free emergency dental treatments for the public through designated sessions (i.e. general public sessions) in 11 government dental clinics of DH.

My reply to the question raised by Mr Holden CHOW is as follows:

(1) The consultation quota and attendance of general public sessions provided by each of the 11 government dental clinics in 2018-2019 are set out in Annex.

(2) and (3)

As providing comprehensive dental services for the public would require a substantial amount of financial resources, it is necessary for the Government to focus resources on providing emergency dental services for the public. At present, free emergency dental services are provided for the public through general public sessions in the 11 government dental clinics of DH. These services mainly cover emergency dental treatments, including treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. Professional advice is also given by dentists to patients with regard to their individual needs. In addition, DH provides specialist treatments in the Oral Maxillofacial Surgery and Dental Units of seven public hospitals for referred patients. The Hospital Authority also provides dental services in four public hospitals for referred inpatients, patients with special oral health care needs and patients with dental emergency needs. As for curative dental care services, they are mainly provided by the private sector and NGOs.

Currently, government dental clinics are operating at their full capacity, with a usage rate of almost 100% for all appointment time slots. It is therefore not possible for DH to allocate more time slots for general public sessions on top of the existing service provided at government dental clinics, including Tung Chung Dental Clinic.

Apart from general public sessions, there are also other measures to take care of persons with special needs, including the School Dental Care Service for primary school students, and dental care support for the low-income elderly with special needs, such as the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme allows Hong Kong elderly persons aged 65 or above to use the vouchers for private dental services. To better meet the dental service needs of persons with intellectual disability, the Government launched a three-year project on 16 July 2018 for persons with intellectual disability named Healthy Teeth Collaboration to provide free oral check-ups, dental treatments and oral health education for adults aged 18 or above with intellectual disability.

Annex

<i>Dental clinic with general public sessions</i>	<i>Consultation quota for 2018-2019</i>	<i>Attendance in 2018-2019</i>
Kowloon City Dental Clinic	6 132	5 419
Kwun Tong Dental Clinic	4 116	4 023
Kennedy Town Community Complex Dental Clinic	8 400	7 191
Fanling Health Centre Dental Clinic	2 300	2 227
Mona Fong Dental Clinic	2 100	1 899
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Cheung Chau Dental Clinic	384	283

MR HOLDEN CHOW (in Cantonese): *President, pain relief and teeth extraction aside, we have urged the Government to also include in general public sessions such services as fillings and dentures, and we have talked about it so much that our gums have started bleeding but the Government has still given no response. In the main reply it is mentioned that government dental clinics are operating at their full capacity and cannot further increase their services. The Government must examine whether this is caused by a shortage of dentists in the*

public sector. As pointed out in the report on health care manpower planning in 2017, the proportion of dentists in public and private practice was 26%:74%, and a review by the Government is warranted.

President, according to the main reply, the attendance in Tsuen Wan Dental Clinic last year was close to 8 000, which was the second highest. Currently, the population in Tung Chung has increased from some 100 000 to over 200 000, and the residents still have to travel a long distance to Tsuen Wan Dental Clinic to queue up for general public sessions. My supplementary question is this: Why does the Government not respond to public aspiration and expand the services of the existing dental clinic in Tung Chung, so that it can serve not only civil servants but also the general residents in Tung Chung? The Government has to provide general public sessions for the ordinary citizens whether by setting aside time slots for them or providing these sessions at another place. This can kill two birds with one stone, namely alleviating the pressure on Tsuen Wan Dental Clinic while also addressing the problem of Tung Chung residents. Why does the Government not do it?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Mr Holden CHOW for his supplementary question. It is the Government's current policy to focus on people in need, such as students, children, the elderly, and persons with intellectual disability, and efforts have also been made to invite dentists in private practice to provide assistance in various programmes.

As Mr CHOW mentioned just now, there is a shortage of dentists in Hong Kong presently. Of the 2 562 registered dentists in Hong Kong, 293 are dental specialists, and over 74% of the dentists practising in Hong Kong are engaged in the private sector. However, the Government appreciates the aspiration of the community and we have reviewed the manpower in this respect over the years. Particularly after the publication of the report on health care manpower in 2017, we have increased the number of dental students annually since 2016-2017. In the past, about 53 students were admitted each year. The number has increased to 73 since 2016-2017, and 80 students will be admitted in the 2019-2020 to 2021-2022 triennium. We will certainly review the existing services when there are more graduates in dentistry in future.

MS CHAN HOI-YAN (in Cantonese): *President, the Government's main reply has indeed hurt the feelings of the residents in every district. The Annex provided by the Government shows that there are 11 clinics in Hong Kong. Take Kowloon West as an example. In this district there is only Kowloon City Dental Clinic, of which the consultation quota was 6 132 for 2018-2019. But the entire Kowloon West has a population of as large as 1.1 million, and we do not need the authorities to tell us that the clinic is operating at its full capacity. Now the services are inadequate, not just the clinic operating at its full capacity.*

The quotas are insufficient, so are the service points, and the coverage of the services is far from adequate because only teeth extraction and pain relief services are provided. When many elderly persons open their mouths, we can see that they are toothless. I understand that the operation of dental services requires a large amount of funds and there is also a shortage of manpower. But can the Government provide a timetable, so that we can have hope? Now there are 11 dental clinics in Hong Kong. Can their number be gradually increased such that at least a dental clinic is provided in each of the 18 districts? My another humble request is that I hope there can be an increase in the service of fillings because without teeth, elderly persons will have difficulty chewing and eating, and this can also lead to problems with their digestive systems. I would like to ask the Bureau if a timetable can be provided, so that residents in every district can have hope.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): *President, I thank Ms CHAN Hoi-yan for her supplementary question. We have reviewed in a step by step manner how the dental services can be improved every year. Members may have noticed that on the one hand, the amount of elderly health care vouchers, which was lower originally, has been gradually increased; on the other hand, the eligibility age for the vouchers has been lowered from the original 70 to 65. In the past two years, the Financial Secretary also increased the original \$2,000-worth elderly health care vouchers by \$1,000 on a one-off basis to \$3,000, and the accumulation limit has also been increased to \$8,000 recently. This is because we understand that the elderly wish to use their health care vouchers for dental services. Currently, over 70% of the dentists provide services in the private sector, and elderly health care vouchers can also be used for these services. In view of the shortage of dentists, the Government can only focus on taking care of people most in need of these services, including people with financial difficulties, persons with intellectual disability, the elderly, and so on.*

As I said just now, the number of dental students was already increased from 53 to 73 in 2016-2017. We hope that more manpower will be provided upon their graduation several years later and by then, we can make better planning, such as finding ways to enhance the existing services. We can do better in planning only when we know that there will be more manpower.

MR CHAN HAN-PAN (in Cantonese): *When it comes to striving for the provision of dental services, Mr Holden CHOW said just now that we have talked about it so much that our gums have started bleeding. But I can tell Members that the elderly have waited for public dental services so long that their teeth have already fallen off.*

I have this supplementary question. The Secretary said earlier that there is now a usage rate of 100% for all appointment time slots. Services are not expanded even when the time slots are fully taken up because, according to the Government, there is a shortage of manpower. And, in view of the shortage of manpower, the Government has increased the number of dental students from 53 to 80 as the Secretary said just now. There seems to be an increase of nearly 50% in the number or percentage but actually there is an increase of only 27 students. If we do not have sufficient dentists, will the Government further increase their number or even import overseas dentists to provide public dental services for the people in Hong Kong? Secretary, is there such an arrangement?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I thank Mr CHAN for his suggestion. At present, apart from locally-trained dentists, there are also non-locally trained dentists. Non-locally trained dentists who wish to open practice in Hong Kong are required to pass an examination. This examination, which used to be held once a year, has been held twice a year in recent years. We certainly welcome and hope to see the registration of more non-locally trained graduates in dentistry returning to Hong Kong from overseas to provide services for us.

As regards the promotional work, currently our focus is mainly on attracting non-local doctors to Hong Kong. In the meantime, we can also encourage non-locally trained dentists to return to Hong Kong for practice, so as to increase the number of dentists.

Certainly, we also hope to increase the number of local dental students, and like the training of other health care workers, students receiving training in dentistry are required not only to attend lessons in classroom but also take up internship and therefore, the university will have to make appropriate arrangements. We hope that we can continue to increase the number of these students in future.

MR POON SIU-PING (in Cantonese): *The World Health Organization considers that oral health and dental health are indispensable to general health, and that they are also essential to physical and psychological well-being. The Secretary said earlier in the main reply that the provision of comprehensive dental services for the public would require a substantial amount of financial resources, and I do not know how substantial the amount will be. But the Secretary said that the Government would focus resources only on providing emergency dental services for the public, adding that there are now 11 government dental clinics providing general public sessions for the public.*

According to the Annex to the main reply, the 11 dental clinics in Hong Kong can provide a consultation quota of about 40 000. I have this supplementary question. The Secretary pointed out that the existing services are operating at their full capacity and as an Honourable colleague said just now, the problem is not just the clinics operating at full capacity but there is a very large demand. Does the Secretary have specific measures to alleviate the situation where dental services are operating at full capacity, and will there be an increase in the number of dental clinics and their consultation quotas?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I thank Mr POON for his views. As I said earlier, around 70% of the dentists in Hong Kong provide services in the private sector. On the other hand, our dental policy mainly aims to, firstly, implement preventive measures and secondly, focus the existing resources on providing dental services for people most in need, including the assistance programme providing dental services for the elderly through the Community Care Fund, and dental services are also provided for low-income earners, people with special needs and persons with intellectual disability. Moreover, the elderly can use their health care vouchers to hire services in the private sector, and services are also provided by NGOs. As the 11 dental clinics are already operating at full capacity, on the premise of not having additional dentists now, we can only focus on taking care of people most in need.

DR PRISCILLA LEUNG (in Cantonese): *President, toothache causes the worst pain of all. Over the last decade, the Government has injected resources to increase the quota of dental services for civil servants. However, the service quota of general public sessions has seen no increase at all. As a Member said earlier, there are only 11 dental clinics providing general public sessions in the 18 districts all over the territory, and while Kowloon West has a population of over 1 million, the service quota is only 126 a week.*

Over the past few years, we have, in the form of NGO services, operated mobile dental clinics jointly with the dental association. Services were provided in several districts and well-received by the public. Even though members of the public had to pay a small amount of fee, it was still a lot cheaper than the fee charged by private clinics. People from all age groups swarmed to queue up for these services and at least a few hundred cases were handled daily, which is far more than the handling capacity of 126 cases per week. Has the Government considered supporting these NGOs resource-wise? Since the Government's dental services are already operating at full capacity and the Secretary said in the main reply that no additional services could be provided, is it possible to subsidize NGOs, such as the dental association, in operating mobile dental clinics in the 18 districts?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I thank Dr Priscilla LEUNG for her suggestion. We have all along encouraged the provision of dental services in districts by NGOs, such as the six major charity groups which also have the experience of providing such services. We very much encourage and recognize the provision of dental services by these organizations, and we appreciate that they have been making increasingly more efforts in this respect.

At present, the Government mainly focuses its resources on providing services for people most in need through, for instance, the Community Care Fund. Besides, we will continuously encourage efforts made by charity groups and NGOs, and we will negotiate with them in the hope that they can provide services to fill the existing gap on the demand side.

PRESIDENT (in Cantonese): Dr Priscilla LEUNG, which part of your supplementary question has not been answered?

DR PRISCILLA LEUNG (in Cantonese): *Will the Government provide support in terms of resources? This is a practical issue as NGOs currently rely on themselves ...*

PRESIDENT (in Cantonese): Dr LEUNG, you have already stated the part of your supplementary question that has not been answered.

DR PRISCILLA LEUNG (in Cantonese): *... can the Secretary tell me whether support will be provided in terms of resources instead of merely giving encouragement?*

PRESIDENT (in Cantonese): Secretary, do you have anything to add?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I think we will continuously discuss with various organizations because it was often the case that during our discussions with them, we found that actually they might not be entirely in need of resources and it was most important that dentists could be recruited to provide assistance. Having said that, we will review the situation in this regard.

PRESIDENT (in Cantonese): Last oral question.

Terminally-ill patients

6. **DR FERNANDO CHEUNG** (in Cantonese): *Regarding the provision of palliative care to terminally-ill patients, as well as their giving advance directives and seeking euthanasia, will the Government inform this Council if it knows:*

- (1) *the details of the palliative care provided by public hospitals in each of the past five years, including the number of hospital beds, the attendance of the service, the manpower of healthcare workers and social workers involved, as well as the support received by the patients and their family members; whether the Hospital Authority conducted last year any study on improving this type of service;*

Press Releases

LCQ19: Public dental services

Following is a question by Dr the Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 26):

Question:

There are views that as the population of Hong Kong is ageing, dental services are facing great challenges. There were nearly 310 000 poor elderly persons in 2015, representing a poverty rate of 30 per cent. Quite a number of elderly persons are suffering from various dental problems and rely on public dental services heavily. However, such services are grossly inadequate, rendering elderly persons with financial difficulties unable to receive diagnoses and treatments. Regarding public dental services, will the Government inform this Council:

(1) whether it knows the number of dentists who obtained practising qualifications in each of the past five years;

(2) whether it knows the current number of registered dentists in Hong Kong and, among them, the respective numbers of dentists practising in public organisations and private dental clinics/organisations;

(3) of the specific measures in place to increase dentist manpower;

(4) of the specific measures in place to encourage non-locally trained dentists and graduates in dentistry to come to Hong Kong and practise in public organisations;

(5) whether it has projected the manpower demand and supply situation of dentists in each of the coming 10 years; if so, of the details; if not, the reasons for that;

(6) whether it has plans to increase the number of dental clinics under the Department of Health, so as to expand the free emergency dental treatment (commonly known as "general public dental sessions" (GP dental sessions)) provided for the public; if so, of the details; if not, the reasons for that;

(7) whether it will consider increasing the consultation quota of GP dental sessions through means such as allocating resources and streamlining procedure; and

(8) whether it will introduce a population-wide dental care scheme; if so, of the details and timetable; if not, the reasons for that?

Reply:

President,

(1) The annual number of newly-registered dentists in the past five years are set out in the table below:

Year	2014	2015	2016	2017	2018
Number	53	58	70	65	71

(2) As at end of May 2019, there were 2 342 dentists on the list of registered dentists in Hong Kong under the Dentists Registration Ordinance (Cap. 156).

According to the 2015 Health Manpower Survey conducted by the Department of Health (DH), the distribution of those economically active dentists who were practising in different sectors is set out in the following table:

Sector of Work*	Government	Private	Others †
Percentage of Dentists	19.5%	74.0%	6.5%

Notes:

* Figures refer to the sector in which the dentists worked for the main job.

† Figures included dentists working in the Hospital Authority, subvented sector, academic sector and Prince Philip Dental Hospital.

(3) To meet the anticipated demand for dental manpower, the Government has increased the annual intake of University Grants Committee (UGC)-funded first-year-first-degree (FYFD) training places in dentistry from 53 to 73 by 20 (about 40%) in the 2016/17-2018/19 triennium. In the 2019/20 to 2021/22 triennium, the number of UGC-funded FYFD places in dentistry will be further increased to 80 per annum. The Government will also provide for 20 UGC-funded taught postgraduate places in dentistry in the 2019/20 to 2021/22 triennium.

(4) Under Dentists Registration Ordinance (Cap. 156), there is an arrangement of deemed registration for dentists recruited from overseas for the purpose of teaching and performing hospital work in the Faculty of Dentistry of the University of Hong Kong.

There are suggestions from the dental profession to introduce a limited registration mechanism similar to that for doctors to facilitate qualified non-locally trained professional to practise dentistry in Hong Kong for teaching, research and hospital work under prescribed conditions, and to abolish the arrangement of deemed registration upon the introduction of limited registration to strengthen professional regulation.

The Government has invited the Dental Council of Hong Kong to make proposal on how to implement the recommendations of the Strategic Review on Healthcare Manpower Planning and Professional Development (Strategic Review) (including the establishment of a limited registration mechanism for dentists). The Government will continue to actively liaise with the Council on the recommendations of the Strategic Review.

(5) The Government published the Report of Strategic Review on Healthcare Manpower Planning and Professional Development (Report) in mid-2017. The projections on healthcare manpower have taken into account demographic changes and other relevant factors, including the known and planned services and developments, the requirements of public and private healthcare, social welfare and education sectors, as well as the demand for primary, secondary and tertiary care services in Hong Kong.

According to the manpower projections in the Report, the manpower of dentists will be in shortage in the medium to long term. The manpower gaps for dentists in 2020, 2025 and 2030 are

set out in the table below -

	Manpower Gap		
	2020	2025	2030
Best guestimate	96	121	127
	(4.2%)	(5.1%)	(5.1%)

Note: A positive number indicates shortfall. Percentages in brackets refer to the percentages of manpower gaps in full-time equivalent terms over the overall demands for dentists.

Taking into account the findings of the Report, the Government will increase the number of UGC-funded FYFD training places in dentistry from 73 to 80 per annum in the 2019/20 to 2021/22 triennium. The Government has commenced a new round of manpower projection exercise. The results are expected to be available in 2020. Subject to the result of the new manpower projection, the Government will further consider increasing the number of FYFD training places in dentistry in the next triennium.

(6) to (8) The Government's policy on dental services aims to raise public awareness of oral health and encourage the public to develop proper oral health habits through promotion and education. To enhance oral health of the community, the Oral Health Education Unit of the DH has implemented oral health promotion programmes targeting different age groups and disseminated oral health information through various channels over the years.

Providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government shall allocate resources to the provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties.

The dental clinics under the DH are mainly responsible for providing dental benefits for civil servants/pensioners and their eligible dependents as required of the Government as terms of employment for civil servants, and therefore civil servants/pensioners and their eligible dependents are the major service targets of these clinics. Nonetheless, the Government provides general public sessions to offer free emergency dental treatments to the public through designated sessions in 11 government dental clinics of the DH. In addition, the Oral Maxillofacial Surgery and Dental Units of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups by referral from registered dental or medical practitioners. Currently, the government dental clinics are at full service capacity reaching almost 100 per cent occupancy of all appointment time slots. It is not possible for DH to extend or allocate more slots for general public sessions on top of the existing schedule.

Regarding the question raised about the need of elderly dental services, the Government has launched the Outreach Dental Care Programme for the Elderly through subventing non-governmental organisations to provide free outreach dental services for elders in residential care homes or day care centres, and those residing in similar facilities (e.g. Nursing Homes for the elderly registered under the DH).

Moreover, in September 2012, the Community Care Fund Elderly Dental Assistance Programme (the Programme) was launched for

provision of free removable dentures and related dental services to eligible low-income elders. The Programme was expanded in phases in the past few years to cover elders aged 65 or above receiving Old Age Living Allowance in February 2019.

Besides, under the Comprehensive Social Security Assistance Scheme, recipients who are old, disabled or medically certified to be in ill health are eligible for a dental grant to cover the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction).

Currently, the Elderly Health Care Voucher Scheme also subsidises eligible elders aged 65 or above with an annual voucher amount of \$2,000 to use private primary healthcare services, including dental services.

Ends/Wednesday, June 26, 2019

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Press Releases

LCQ14: Elderly Dental Assistance Programme

Following is a question by the Hon Yung Hoi-yan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 30):

Question:

The Elderly Dental Assistance Programme (the Programme), launched by the Community Care Fund in September 2012, provides free removable dentures and related dental services to low-income elderly persons who are users of home care service or home help service subvented by the Social Welfare Department. The eligibility for participating in the Programme was relaxed in September 2015, October 2016, July 2017 and February 2019 to cover elderly persons who were/are Old Age Living Allowance recipients aged 80 or above, aged 75 or above, aged 70 or above and aged 65 or above respectively. In this connection, will the Government inform this Council:

(1) of the respective numbers of elderly persons eligible for participating in the Programme when it was first launched and upon each relaxation of the eligibility; the number of elderly persons participating in the Programme in the three months after each relaxation, and the percentage of such number in the total number of eligible elderly persons, as well as how such figures compare with the relevant figures for three months prior to that relaxation;

(2) of the respective numbers of participating dental clinics and dentists in each year since the launch of the Programme, with a breakdown by District Council district;

(3) of the largest, smallest and average numbers of elderly persons to whom the participating dentists provided dental services under the Programme, and the number of dentists who did not provide such services throughout the year (and the reasons for that), in each of the past three years; and

(4) whether it has reviewed if the implementation of the Programme (including the numbers of participating elderly persons and dentists) has achieved the expected results; if it has reviewed and the outcome is that the expected results have not been achieved, of the measures put in place to (i) boost the participation rate of elderly persons, and (ii) avoid the situation that participating dentists do not provide the relevant services at all throughout a year?

Reply:

President,

(1) The Community Care Fund launched the Elderly Dental Assistance Programme (the Programme) in September 2012. The Programme was expanded by phases to cover elderly persons who are Old Age Living Allowance (OALA) recipients aged 80 or above, aged 75 or above, aged 70 or above and aged 65 or above respectively. The respective numbers of elderly persons eligible for participating in the Programme when it was first launched and upon each relaxation of the eligibility criteria, the number of elderly persons participating in the Programme in the subsequent three months after each relaxation and the percentage of such number in the total number of eligible elderly persons, as well as how such figures compare with the relevant figures in the preceding three months

before that relaxation are tabulated below:

Programme phase	Launch of the Programme (since September 2012)	First phase expansion (since September 2015)	Second phase expansion (since October 2016)	Third phase expansion (since July 2017)	Fourth phase expansion (since February 2019)
No. of eligible elderly persons	34 662 (Note 1)	167 446 (Notes 1 and 2)	251 787 (Notes 1 and 2)	376 168 (Notes 1 and 2)	578 302 (Notes 1, 2 and 3)
Total no. of participating elderly persons three months after launch / relaxation (Note 4)	192	9 243 (7 646)	19 311 (5 101)	31 120 (6 999)	57 754 (6 959)
Their percentage in the total no. of eligible elderly persons	0.6%	5.5%	7.7%	8.3%	10.0%
Total no. of participating elderly persons three months before relaxation	Not applicable	1 514	12 909	21 767	46 932
Increase in participation rate (%) three months before and after relaxation	Not applicable	510%	50%	43%	23%

Note 1: It refers to the number of elderly persons using Integrated Home Care Services (IHCS) or Enhanced Home and Community Care Services (EHCCS). The elderly persons are required to pay a fee for IHCS and EHCCS according to the fee scale based on their income levels (divided into three levels). The low-income elderly persons charged at level one or two are eligible for the application of the Programme. The Social Welfare Department does not keep a breakdown of the number of service users by month, income level and fee level. The figures provided are the total number of service users of all levels in a whole year.

Note 2: The figure is based on the number of eligible elderly persons receiving OALA in that financial year.

Note 3: The figure on service users of IHCS and EHCCS derives from the revised estimates of the annual total in 2018-19.

Note 4: The number of participating elderly persons within the three months after relaxation is provided in bracket.

(2) The respective numbers of participating dentists (including dentists serving private and non-government organisations (NGO) clinics) in each year since the launch of the Programme, with a breakdown by District Council (DC) district are tabulated below. The implementing agent of the Programme does not keep a breakdown of all participating dental clinics.

Total number of participating dentists (including dentists serving private and NGO dental clinics) in each year:

Financial Year	2015-16	2016-17	2017-18	2018-19	2019-20 (as at end-September 2019)
Number of participating dentists (Note 5)	447	523	577	611	617

Note 5: The figure excludes some of the doubled-counted dentists serving private and NGO dental clinics concurrently.

Number of participating dentists (breakdown by DC district) in each year (Note 6):

Financial Year (Note 7)	2015-16	2016-17	2017-18	2018-19	2019-20 (as at end-September 2019)
Central and Western	47	64	75	80	77
Wan Chai	38	49	54	56	49
Eastern	46	55	63	62	68
Southern	11	11	11	11	11
Yau Tsim Mong	98	124	135	158	163
Sham Shui Po	35	43	49	57	66
Kowloon City	25	31	38	37	44
Wong Tai Sin	28	37	40	50	51
Kwun Tong	39	49	56	64	67
Tsuen Wan	25	31	37	41	33
Tuen Mun	24	37	43	39	40
Yuen Long	27	40	48	45	52
North	16	18	16	20	20
Tai Po	18	22	22	25	25
Sai Kung	20	30	31	33	34
Sha Tin	42	53	62	63	62
Kwai Tsing	24	30	37	48	53
Islands	4	7	8	9	7

Note 6: Some of the participating dentists providing services under the Programme in different DC districts are counted individually.

Note 7: The implementing agent of the Programme only keeps the number of participating dentists and the breakdown starting from 2015-16.

(3) The largest, smallest and average numbers of elderly persons to whom the participating dentists provided dental services under the Programme in each of the past three years are tabulated below -

Financial Year	2016-17	2017-18	2018-19
The largest number of cases handled by a dentist	237	486	370

The smallest number of cases handled by a dentist (Note 8)	0	0	0
The average number of cases handled by a dentist	19	28	27

Note 8: Some Community Care Dentists were not chosen by elderly persons to provide service. Some Community Care Dentists also left the Programme after joining it.

The implementing agent of the Programme does not keep the number of dentists who did not provide such service. Under the arrangement of the Programme, the eligible elderly persons are allowed to choose dentists under the Programme out of their own volition, while the participation of dentists is on a voluntary basis. The duration of the dentists' participation will also affect the number of cases processed.

(4) The Government and the implementing agent will review the implementation of the Programme on a regular basis (including the number of participating elderly persons and dentists). The Programme was expanded in February 2019 to cover elderly persons who are OALA recipients aged 65 or above. The number of participating elderly persons was about 66 200 as at end-September 2019. Based on the figure that around 580 000 elderly persons are currently eligible for the Programme, the actual participation rate is about 11 per cent. As more eligible elderly persons will apply for the Programme, it is anticipated that the overall number of participants will continue to increase.

On the other hand, there are many factors affecting the participation of the Programme, including:

- some elderly persons do not see the need to wear removable dentures (Note 9) (e.g. having good oral health, or having no intention to wear removable dentures even with missing teeth);
- some elderly persons do not submit application due to personal reasons (e.g. being physically unfit for receiving dental services); and
- some elderly persons tend to avoid seeking medical consultation or feel bothered by the treatment process, and refuse to apply.

As at end-September 2019, a total of 617 dentists joined the Programme, accounting for one-third of local registered dentists working in private sector (Note 10). This number is 2.5 times of those dentists participated at the launch of the Programme in 2012.

The Government and the implementing agent will continue to strive to invite more eligible elderly persons and dentists to participate in the Programme through various activities and channels. For example, the implementing agent will arrange dentists to introduce the Programme and share the information on removable dentures to the public through television and radio programmes, and strengthen the promotion with over 190 service units (mostly elderly centers and community centers operated by NGOs) in order to encourage elderly persons' participation. Meanwhile, the implementing agent will continue their efforts to release the latest information of the Programme through the Hong Kong Dental Association's Newsletter, organise monthly briefing sessions for interested dentists to learn more about the operational processes and key points of the Programme, meet with dental professions by engaging in the Hong Kong International Dental Expo and Symposium

to further promote the Programme as well as introducing how the Programme can benefit the daily living of elderly persons. The implementing agent will also endeavour to encourage the participating dentists to provide services for more eligible elderly persons.

Note 9: According to the Department of Health's Oral Health Survey conducted in 2011, while about 25 per cent of the elderly persons living in the community (i.e. non-institutionalised elderly persons) had the need to replace missing teeth, only 7 per cent of them perceived the need.

Note 10: There are about 1 700 registered dentists working in private sector.

Ends/Wednesday, October 30, 2019

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Appendix V

**Relevant papers on dental care services and
relevant manpower planning**

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2011 (Item IV)	Agenda Minutes CB(2)1185/11-12(01)
	20.10.2011 (Item I)	Agenda Minutes
	21.1.2013 (Item IV)	Agenda Minutes CB(2)891/12-13(01)
	17.6.2013 (Item IV)	Agenda Minutes
	16.12.2013 (Item IV)	Agenda Minutes
	20.1.2014 (Item III)	Agenda Minutes
	19.1.2015 (Item III)	Agenda Minutes
	18.1.2016 (Item IV)	Agenda Minutes
	26.1.2017 (Item I)	Agenda Minutes
	19.6.2017 (Item IV)	Agenda Minutes
4.7.2017 (Item IV)	Agenda Minutes	

Committee	Date of meeting	Paper
	17.7.2017 (Item V)	Agenda Minutes CB(2)455/17-18(01)
	21.1.2019 (Item II)	Agenda Minutes CB(2)1526/18-19(01)
	18.2.2019 (Item III)	Agenda Minutes
	13.12.2019 (Item III)	Agenda
Joint Subcommittee on Long-term Care Policy	19.4.2017 (Item I)	Agenda Minutes

* Issue date

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