

**For discussion on
14 July 2023**

Legislative Council Panel on Health Services

**Proposed Amendments to
the Dentists Registration Ordinance (Cap. 156)**

Purpose

In order to address shortage of dentists, the Government is exploring to amend the Dentists Registration Ordinance (Cap. 156) (DRO) to provide new pathways for the admission of qualified non-locally trained dentists to practise in specified institutions and modernise the regulatory framework for dentists and ancillary dental workers, with a view to ensuring adequate manpower to support public or subsidised dental care services in the long run. This paper briefs Members on the proposed legislative framework for amending the DRO and the earlier stakeholder engagement exercise, such that the Government may canvass Members' views to refine the proposal with a target to introduce the amendment bill into the Legislative Council (LegCo) by the end of this year.

Background

Shortage of Dentists in Hong Kong

2. Over the years, Hong Kong has been facing a shortage of dentists. As at end 2022, there were 2 786 registered dentists in Hong Kong. This roughly translated into 0.37 dentists per 1 000 population, lagging behind many economies across the world.

3. According to the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development promulgated by the

then Food and Health Bureau (FHB) in June 2017, it was expected that there would be a continuous shortage of dentists in the short to medium term in the light of the projection of healthcare needs having regard to demographic changes. In step with the triennial planning cycle of the University Grants Committee (UGC), the then FHB conducted in 2020 another round of manpower projections for healthcare professionals, the results of which showed that the shortage of dentists might persist till 2035, and become less significant towards 2040.

4. Having said that, some phenomena reveal that the actual manpower situation may even be more critical. The dentist workforce in Hong Kong has been facing severe ageing, with more than 45% already aged 50 or beyond in 2017 and now approaching retirement or semi-retirement age. According to the register of dentists maintained by the Dental Council of Hong Kong (DCHK)¹, around 8-10% of dentists are on the “List of Registered Dentists Resident Outside Hong Kong” (“non-resident list”), signifying that they are not residing locally and cannot be counted as active workforce. The actual proportion may be higher as the existing legislation does not require emigrated dentists to update their status.

5. Over the past few years, there has been a marked increase in the attrition rates of dentists in the public sector. In 2021-22, the attrition rate reached 7.8% in the Hospital Authority (HA) and 11.1% in the Department of Health (DH). While the HA has a limited number of 14 posts for registered dentists, the DH is suffering from an acute shortage of manpower in the Dental Officer (DO) grade with 87 vacancies out of 370 posts, representing a vacancy rate of 23.5% as at 1 July 2023. An impending retirement wave in the coming few years will further aggravate the problem as 60 DOs (more than 20% of the DH’s current strength) will reach the retirement age by 2027-28. There is thus an imminent need to inject new blood into the dentist workforce, particularly for the public sector.

¹ Established under the DRO, the DCHK is a statutory body responsible for overseeing matters relating to registration, professional standards and discipline of dentists in Hong Kong.

6. At present, the proportion of dentists in public and private practice in Hong Kong is roughly 1:3. Dental treatment services are mainly provided by the private sector, while the Government undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits among children from an early age and providing the comprehensive School Dental Care Service to primary school students. As for public services, in addition to providing limited emergency dental treatment services (commonly referred to as General Public sessions) for the public, the Government also takes forward initiatives in collaboration with non-governmental organisations (NGOs) which mainly target persons with special dental care needs, such as elderly at residential care homes, persons with intellectual disabilities, etc. If the shortage of dentists in the public sector is not duly addressed, there may be an adverse impact on the dental health of citizens in Hong Kong in the long run, especially among the underprivileged.

Admission of Qualified Non-locally Trained Dentists

7. Under section 8 of the existing DRO, a person may apply for registration as a dentist in Hong Kong under either of the following pathways –

- (a) **Locally trained:** the person has been awarded a bachelor degree in dentistry by a university in Hong Kong specified in the Schedule to the DRO; or
- (b) **Non-locally trained:** the person has passed the Licensing Examination administered by the DCHK and has complied with the conditions, if any, imposed by the DCHK.

8. Locally trained healthcare professionals should continue to be the bedrock of our healthcare workforce. Since 1980, the University of Hong Kong (HKU) has been the sole provider of undergraduate training in dentistry through its Bachelor of Dental Surgery (BDS) programme which currently lasts for six years. The Government has devoted substantial resources to provide financial support for the UGC-funded universities to upgrade and increase their healthcare teaching facilities, and has

proactively increased the number of UGC-funded places for the BDS programme on four occasions².

9. Given the lead time required for training local dentists, as well as the practical constraints in expanding the HKU Faculty of Dentistry and its affiliated teaching hospital, the Prince Philip Dental Hospital (PPDH), the Government cannot solely rely on increasing the number of local training places to address the manpower problem. Even if we do so, it may not be a targeted approach to cope with the service demand in the public sector.

10. As a matter of fact, non-locally trained dentists were once an important source of dentist supply in Hong Kong. Before the 1990s, non-locally trained dentists with recognised qualifications granted in certain overseas countries were eligible for registration in Hong Kong, though the requirement has been gradually changed to requiring non-locally trained dentists to pass the Licensing Examination administered by the DCHK³. The percentage of newly registered dentists holding a non-local basic dental qualification dropped significantly from an average of 54% between 1988 and 1992 to 20% between 2017 and 2021.

11. While the DCHK has already increased the frequency of its Licensing Examination from once to twice a year since 2015-16, the number of non-locally trained dentists passing the Licensing Examination remains at 10 to 30 per annum. It may not be realistic to rely on the existing Licensing Examination to address the manpower shortage. We consider it worthwhile to explore additional pathways for admission of

² The annual UGC-funded first-year-first-degree places for the HKU BDS programme increased from 50 to 53 in the 2009/10 academic year, then to 73 in the 2016/17 academic year, 80 in the 2019/20 academic year and most recently 90 in the 2022/23 academic year.

³ With effect from 1 April 1990, holders of basic dental qualifications granted in Australia, Canada, the United States and South Africa were required to pass the Licensing Examination administered by the DCHK as a pre-requisite for registration. This requirement was subsequently extended to holders of basic dental qualifications granted in the United Kingdom, Republic of Ireland, Singapore and New Zealand with effect from 1 October 1992. At present, all non-locally trained dentists are required to pass the Licensing Examination administered by the DCHK.

non-locally trained dentists, with focus on tackling the dentist shortage in the public sector.

12. In view of this, the 2022 Policy Address indicates that, to help ensure sufficient healthcare manpower for the public healthcare system, the Government will look into different options including admitting qualified non-locally trained dentists.

13. The Government is now planning to amend the DRO to provide new pathways for admission of qualified non-locally trained dentists to practise in specified institutions, and modernise the regulatory framework for dentists and ancillary dental workers. In tandem with the above changes, there is a need to revamp the composition and structure of the DCHK, with a view to strengthening its regulatory oversight and coping with the additional statutory functions. Upon discussion with the dental profession in the past few years, the Government is prepared to study the feasibility of making technical amendments to enable the DRO to keep up with the times.

14. Since February 2023, the Health Bureau (HHB) and the DH have met with various stakeholders, such as the DCHK, dental professional bodies, partners of the Government's dental service programmes, staff and students of the HKU Faculty of Dentistry, associations and training institutions for ancillary dental workers, the HA and patients' groups, etc., to canvass their views on the legislative amendments.

Proposals

(I) Providing New Pathways for Admission of Qualified Non-locally Trained Dentists

Limited Registration

15. We propose introducing a new pathway of limited registration. Qualified non-locally trained dentists, irrespective of whether they are

Hong Kong permanent residents (HKPRs), may apply to the DCHK to practise on a full-time basis in specified institutions in Hong Kong, including –

- (a) the DH, the HA, the HKU, the PPDH;
- (b) other institutions that may be specified by the Secretary for Health (S for Health) by way of subsidiary legislation subject to negative vetting; and
- (c) other types of employment as may be determined and promulgated by the DCHK.

16. For the purpose of limited registration, institutions to be specified by the S for Health may include NGOs (e.g. those providing healthcare services that may assist in relevant publicly-funded dental initiatives) or training institutions (e.g. those supporting the training of dental professionals who are subject to statutory registration in future). The inclusion of other types of employment as may be determined and promulgated by the DCHK is proposed with reference to the arrangement of the Medical Registration Ordinance (MRO) to cope with special circumstances which fall outside the scope of various registration pathways⁴.

Special Registration

17. We also propose introducing special registration as a more certain pathway for non-locally trained dentists with higher qualifications in dental specialty who aspire to serve in Hong Kong. Under this proposal, qualified non-locally trained dentists who have been awarded a Fellowship

⁴ Under MRO, the Medical Council of Hong Kong (MCHK), having regard to any representations made to it, may determine and promulgate from time to time the employment or type of employment in respect of which limited registration is appropriate or necessary.

The MCHK has issued notices for such occasions as medical practitioners accompanying non-local teams to participate in major events hosted in Hong Kong (e.g. Rugby Sevens, Olympic Equestrian Events), as well as medical practitioners responsible for supervising medical matters arising from works under large-scale construction projects (e.g. Tuen Mun-Chek Lap Kok Link).

of the College of Dental Surgeons of Hong Kong (CDSHK) in a specialty, or whose specialist qualification has been recognised by the Hong Kong Academy of Medicine (HKAM), irrespective of whether they are HKPRs, may apply to the DCHK for practising on a full-time basis in specified institutions in Hong Kong, including –

- (a) the DH, the HA, the HKU, or the PPDH; and
- (b) other institutions that may be specified by the S for Health by way of subsidiary legislation subject to negative vetting.

18. For the avoidance of doubt, a dentist with limited registration will also be eligible to apply for special registration if he or she satisfies the aforesaid specialist qualification.

19. Generally speaking, applicants for limited registration and special registration should satisfy the DCHK that they –

- (a) have been selected for full-time employment in a specified institution;
- (b) have obtained an acceptable qualification outside Hong Kong;
- (c) have had adequate and relevant full-time post-qualification clinical experience;
- (d) are registered as a dentist with a relevant authority outside Hong Kong; and
- (e) are of good character.

20. The validity of limited registration and special registration will both be set at three years, subject to the approval and renewal by the DCHK. Since the registration will be employment-tied, it will lapse upon termination of employment even before the expiry of the validity period. In the event that the dentist has secured employment with another specified institution, an application for registration must be submitted afresh.

21. To enhance the attractiveness of the aforesaid pathways, we propose that for dentists who have been employed in one or more specified institutions for a total of at least five years, subject to their employing institutions' confirmation that they have served satisfactorily and competently as dentists during the service period –

- (a) with **limited registration**: they may be exempted from taking Part I (Written Test) and Part II (Practical Test) of the Licensing Examination, but are still required to pass Part III (Clinical Examination) to obtain full registration; or
- (b) with **special registration**: they can obtain full registration without the need to take the Licensing Examination.

Temporary Registration

22. To facilitate short-term academic or professional exchanges, we propose introducing temporary registration to enable dentists from other jurisdictions to perform clinical teaching or research in Hong Kong for a period of not exceeding 14 days. The institutions involved may be in the public or private sector and the nature of work must be satisfied by the DCHK.

Abolition of the “Deemed-to-be-registered” Status

23. With the availability of the new registration pathways mentioned above, we propose abolishing the current “deemed-to-be-registered” status for the full-time teaching staff of the HKU Faculty of Dentistry. These full-time teaching staff will be required to obtain the appropriate type of registration depending on their circumstances and thus brought under the DCHK’s regulatory oversight, similar to the current arrangement for medical practitioners who perform clinical teaching duties in local medical schools.

24. During the engagement exercise, stakeholders generally concurred that there was a need to introduce new pathways for admission of qualified non-locally trained dentists in Hong Kong. They also agreed in-principle with the aforesaid limited registration, special registration and temporary registration as well as abolition of the “deemed-to-be-registered” status.

25. Dental professional bodies had diverse views on whether all dentists under the limited registration and special registration arrangements should be exempted from taking some part(s) or whole of the Licensing

Examination after employment in specified institution(s) for five years, particularly for the small portion of non-locally trained dentists who may move to Hong Kong for teaching or research and not primarily engaging in clinical work. The Government will prudently explore the possibility of empowering the DCHK to exempt a person from taking any part of the Licensing Examination as it thinks fit, with a view to allowing greater flexibility in considering specific cases.

(II) Internship or Period of Assessment Requirement Prior to Full Registration

26. At present, there is no requirement under the DRO for local dental graduates to undergo internship, or non-locally trained dentists who have passed the Licensing Examination to undergo a period of assessment, prior to registration. Once fully registered, a dentist may practise independently in Hong Kong. This is entirely different from the requirement for medical practitioners to undergo internship or a period of assessment prior to full registration.

27. In recent years, the dentist profession has from time to time suggested exploring ways to enhance the practical clinical experience in real-life setting of local dental graduates/non-locally trained dentists who have passed the Licensing Examination. This serves to ensure that they are not only equipped with professional knowledge, but also possess sound practical skills and professional attitude for making clinical judgment under different situations and handling the work of a practising dentist effectively. If local dental graduates/non-locally trained dentists who have passed the Licensing Examination are given the opportunity to gain clinical experience and exposure in real-life setting, they can better adapt to the practice in Hong Kong and enhance their communication skills with local patients. This will be highly beneficial to the further enhancement of dentists' professional standards and the protection of patients' safety.

28. Having considered relevant views, we propose that local dental graduates/non-locally trained dentists who have passed the Licensing Examination (i.e. not admitted through limited registration or special

registration to work in Hong Kong) will first be given a newly introduced status of provisional registration. They must undergo a one-year internship/period of assessment in the DH, the HA or any other institutions that may be specified by the S for Health by way of subsidiary legislation subject to negative vetting prior to full registration in Hong Kong. As some non-locally trained dentists may have been practising for many years before coming to Hong Kong, the DCHK may shorten the period of assessment as appropriate having regard to their qualifications and/or clinical experience.

29. We propose that the DCHK be empowered to extend the internship/period of assessment of a local dental graduate/non-locally trained dentist as it thinks fit if his or her performance is unsatisfactory during the internship/period of assessment.

30. During the engagement exercise, the vast majority of stakeholders agreed in-principle with the idea of introducing an internship/period of assessment. Both the DCHK and the HKU Faculty of Dentistry supported implementing the proposal. The DCHK considered that there were imminent needs to kick start the internship programme, suggesting the Government to give due consideration to determine the schedule of implementation; whereas the HKU expressed their willingness to play a significant role in aspects such as work allocation, training and performance monitoring during internship to further enrich the clinical experience and exposure of local dental graduates. Based on the DH's preliminary idea, local dental graduates/non-locally trained dentists will be assigned to work in rotation at various positions under the guidance and evaluation of registered dentists, including –

- (a) General Dentistry (e.g. government dental out-patient services and general dental services);
- (b) Community Special Dental Service (e.g. outreach services for elderly persons at residential care homes and dental services targeting persons with intellectual disabilities);
- (c) School Dental Care Service; and
- (d) Hospital Dental Service (e.g. specialist services at Oral Maxillofacial Surgery and Dental Clinics in public hospitals).

31. The DH will also consider collaborating with the HA and other specified institutions (e.g. NGOs participating in publicly-funded dental initiatives). The above arrangement aims to enable dentists undergoing internship/assessment to have a comprehensive understanding of various aspects of dental services in the community, broaden their engagement with different types of patients in real-life setting, and tackle more diverse cases of dental diseases which they may come across in practice, so that they could gain various clinical experience and exposure first-hand and make better preparation for becoming registered dentists or career planning in future.

32. We noted that local students who are currently studying for a BDS degree and some dental professional bodies were concerned about the specific arrangements and implementation timetable for the internship period. In light of this, we have invited the DCHK, the HKU Faculty of Dentistry and the DH to discuss the mechanism for arranging internship/assessment for provisionally registered dentists. Given that the specific arrangements for internship/assessment are still subject to further discussion by relevant institutions, and the introduction of the aforesaid provisional registration and internship/assessment requirements in the DRO would hinge on the legislative progress in future, we will subsequently finalise the specific implementation timetable based on the pace of preparation work.

33. Having considered stakeholders' general support for the proposal of introducing the internship/period of assessment to enrich the clinical experience of local dental graduates/non-locally trained dentists, we hope to implement the internship/period of assessment requirement as early as practicable and will explore the transitional arrangements before mandatory implementation.

(III) Requirements on Continuing Professional Development (CPD) and Completion of the DH's Health Manpower Survey

34. The participation of healthcare professionals in CPD activities is

crucial to ensuring their professional standards. At present, specialist dentists are already subject to the mandatory Continuing Medical Education requirement set by the HKAM. For non-specialist dentists, the DCHK has implemented a voluntary CPD programme since 1 July 2002. With experience accumulated over almost two decades, we propose making CPD a mandatory requirement for registered dentists to seek renewal of their practising certificates.

35. Moreover, the DH administers the Health Manpower Survey at regular intervals with a view to grasping the latest manpower situation in various healthcare professions. The data so collated will form part of the inputs to the triennial Healthcare Manpower Projections commissioned by the HHB. Low response rates to survey questionnaires will inevitably undermine the credibility of the results and impair manpower planning. We propose making completion of the Health Manpower Survey a mandatory requirement for registered dentists.

36. During the engagement exercise, stakeholders indicated their agreement-in-principle to the aforesaid two proposals. We propose that the administration and components of the mandatory CPD programme be decided by the DCHK, as with the current arrangement for the voluntary CPD programme. The DCHK will also draw up a relevant mechanism on the remedial arrangements for handling those individuals who failed to fulfill the mandatory requirement.

(IV) Revamping the Composition and Structure of the DCHK

37. Currently, the DCHK is composed of 12 members, of which three are lay members (i.e. non-dentist members). To enable the DCHK to cope with its additional statutory functions, we propose to (see **Annex 1** for details) –

- (a) expand DCHK's membership from 12 to 18, of which the number of lay members will be increased from three to five;
- (b) allow more than one Preliminary Investigation Committee (PIC) to be set up where necessary and include lay members in the committee, so as to enhance the efficiency and credibility of

- complaint investigation and disciplinary proceedings;
- (c) confer statutory status to the Examination Committee and the CPD Committee; and
- (d) establish a new Health Committee to deal with matters relating to the health, physical or mental fitness of registered dentists for practice, with a view to better protecting patients' interests.

38. Stakeholders agreed in-principle with the aforesaid ideas but expressed diverse views on the specific proposal for expanding DCHK's composition. Some stakeholders (such as the PPDH, the CDSHK and the Hong Kong Dental Association (HKDA)) suggested increasing their respective representation in DCHK's membership. We will prudently consider the suggestions having regard to the future role and operational need of the DCHK.

(V) Enhancing the Regulatory Control over and Role of Ancillary Dental Workers

39. At present, there are two types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists.

40. Dental hygienists are now required to enrol with the DCHK once and for all under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B), without the need to renew practising certificates annually. As at end 2022, there were 558 enrolled dental hygienists in Hong Kong. They must be employed by a dentist or by any organisation or establishment that has employed dentist(s) in the public or private sector, and may perform preventive dental care (e.g. education, consultation, risk assessment, regular screening, application of fluorides and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out.

41. Currently, there is no statutory registration or enrolment system for dental therapists. As at end 2022, 243 dental therapists were serving in Hong Kong. They work only under the DH to provide the School Dental

Care Service, and cannot practise in NGOs or the private sector. Dental therapists may perform preventive dental care and basic curative dental care (e.g. dental restoration and extraction) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out⁵.

42. Since dental hygienists and dental therapists may have direct contact with patients, we propose that a statutory registration system be introduced for these two types of ancillary dental workers to bring them under more formalised regulatory control of the DCHK, with a view to establishing their professional status and ensuring service quality⁶. By then, they will be required to renew their practising certificates regularly, while the DCHK will be empowered to accredit their training programmes, benchmark the qualifications for the purpose of registration, administer the mandatory CPD arrangements and take disciplinary actions where circumstances warrant.

43. During the engagement exercise, stakeholders agreed in-principle to enhance the regulatory control over and role of ancillary dental workers, but expressed diverse views on whether dental therapists should continue to be employed by the Government only as in the existing arrangement. Some industry organisations from the dentist profession inclined to maintain the status quo, while the dental therapist profession hoped that the existing arrangement of limiting their employment in the DH could be relaxed. On the other hand, the Government has set up the Working Group on Oral Health and Dental Care in December 2022 to advise the Government on various aspects of oral health and dental care services,

⁵ Qualified dental hygienists who are interested in furthering their career development may now choose to receive top-up training so as to become dental therapists.

⁶ Since the Chinese title of dental hygienists (牙齒衛生員) is not in line with that of dental therapists (牙科治療師), and the current scope of work of dental hygienists, is not limited to teeth (牙齒) (e.g. exposure of x-ray films inter-orally or extra-orally for the investigation of lesions or suspected lesions of the mouth, jaws, teeth and associated structures), we will consider retitling it as “牙科衛生員” when introducing the statutory registration system.

including reviewing the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care. We will further discuss with stakeholders on how to make better use of the manpower resources of dentists and ancillary dental workers, including suitably adjusting the scope of work of dental hygienists and dental therapists having regard to their expected roles in future dental care services, with a view to benefitting more citizens.

44. Having taken into account the views of different stakeholders, we consider it worthwhile to explore how to suitably expand the scope of work of dental hygienists and dental therapists, so that they may perform preventive dental care (such as education, consultation, risk assessment, regular screening, application of fluorides and scaling) without the presence of a dentist. In parallel, the Government is examining with various institutions on increasing the training places for these two types of ancillary dental workers in order to attract more individuals to join these disciplines. After enhancing the training and professional development pathways for dental therapists, we will enable dental therapists to work in the public or private sectors in a timely manner so as to tie in with their roles in dental care services. As with dental hygienists, we consider that dental therapists must be employed by a dentist or by any organisation or establishment that has employed dentist(s). To protect patients' interests, dental therapists must also continue to perform basic curative dental care (such as dental restoration and extraction) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out.

(VI) Other Technical Amendments

45. During the engagement exercise, we also discussed the following technical amendments with stakeholders with a view to modernising the DRO (see Annex 2 for details) –

- (a) updating the definition of “practising dentistry” in section 2(2);
- (b) amending or repealing the provisions concerning “dental companies” in section 12;
- (c) re-defining “unprofessional conduct” in section 18(2);
- (d) better defining “resident list” and “non-resident list”;
- (e) introducing fine for fraudulent registration in section 24; and
- (f) repealing the requirement of displaying certificates of registration in section 14.

46. Stakeholders agreed in principle with the aforesaid proposals. We will take into account the legal advice and incorporate relevant amendments as appropriate when carrying out the drafting work.

Public Service Obligation raised during the engagement period

47. Although requiring qualified healthcare professionals (including dentists) to serve in public healthcare institutions for a specified period of time is not a component of the proposed amendments to the DRO, we have discussed the relevant preliminary ideas with stakeholders during the engagement period. Stakeholders agreed in-principle that locally trained dentists should provide public services, but were highly concerned about the impact on the dental profession through an across-the-board implementation approach, e.g. requiring dentists to work full-time in the public sector for a specified period of time might affect the manpower supply in the private sector, and there were suggestions for adopting a more flexible approach by allowing dentists to provide public services while in private practice.

48. The Government agrees that a shortage of dentists in the private sector will also deprive citizens’ access to dental care services, and

considers it **appropriate for flexible implementation through administrative means at this stage** without introducing the public service obligation in the current legislative exercise. We will explore allowing locally trained dentists to fulfill the CPD requirement through providing special dental services⁷ and assisting in the training of the dental professions, etc. As for specialist dentists, we will explore requiring through employment contracts that dentists who have received the DH's training support to continue serving in the public sector for a specified period of time after obtaining specialist qualifications, and invite the HA to consider putting in place similar arrangements.

Advice Sought

49. Members are invited to offer views on the proposed legislative framework, such that the Government may refine the proposal and commence the drafting of legislation. As a working target, we strive to introduce the amendment bill into the LegCo by the end of this year.

Health Bureau

July 2023

⁷ For instance, allowing dentists to participate in the dental service projects for persons with intellectual disabilities conducted by NGOs, so that they can contribute to the community in their spare time while learning the skills to deal with different types of patients, etc.

Proposed Changes in Composition and Structure of the Dental Council of Hong Kong raised during the engagement period

Dental Council of Hong Kong (DCHK)

1. Expand the membership which enables DCHK to cope with its additional statutory functions and broaden its representation.

Present Composition (Total: 12 members)	Proposed Composition (Total: 18 members)
<ul style="list-style-type: none">• Registrar of Dentists• A consultant dental surgeon from DH• A registered dentist who is a full-time member of the teaching staff of HKU Faculty of Dentistry• Six registered dentists selected from a panel of not less than 12 registered dentists nominated by the HKDA• Two medical practitioners• A lay member	<ul style="list-style-type: none">• Registrar of Dentists• A consultant dental surgeon from DH• A registered dentist who is a full-time member of the teaching staff of HKU Faculty of Dentistry• A registered specialist dentist nominated by HKAM• Two registered dentists nominated by HKDA• Three registered dentists by general election by all registered dentists⁸• Four registered dentists to be appointed by the Chief Executive• Five lay members

2. Allow DCHK to appoint more than one legal adviser, who is not a DCHK member, as necessary to support its operation.

⁸ For candidates taking part in the general election, they should have (a) professional experience of not less than ten years of practice; **or** (b) served at least one full term as an elected council member of HKDA.

Preliminary Investigation Committee (PIC)

3. Add lay members to enhance the credibility of complaint investigation and disciplinary proceedings.

Present Composition (Total: 3 members)	Proposed Composition (Total: 5 members)
<ul style="list-style-type: none">• A DCHK member elected by DCHK who will be the Chairman of PIC• Two registered dentists who are not DCHK members and appointed by the Chairman of DCHK from a panel nominated by HKDA	<ul style="list-style-type: none">• A DCHK member elected by DCHK who will be the Chairman of PIC• Two registered dentists who are not DCHK members and appointed by the Chairman of DCHK, with one of them being the Deputy Chairman of PIC• Two lay members who are DCHK members and elected by DCHK• The quorum of a meeting will be three and at least two of whom shall be registered dentists

4. Empower DCHK to set up more than one PIC as necessary, thereby increasing the efficiency in handling complaints. Each case will be reviewed by the PIC Chairman, the Deputy Chairman and a lay member before dismissal to ensure participation of both registered dentists and lay member.

Examination Committee (EC)

5. Confer statutory status to EC with functions as determining the eligibility of applicants for the Licensing Examination, overseeing standard setting and question bank management, designing the Licensing Examination, and making recommendations to DCHK on the policies of the Licensing Examination and criteria for exemption of part(s) of the Licensing Examination and shortening of the period of assessment.
6. Maintain the existing composition –
 - (a) three DCHK members elected by DCHK to join the Committee, one of whom shall be the Chairman of the Committee;
 - (b) two registered dentists or full-time teaching staff members of the HKU Faculty of Dentistry nominated by HKU;
 - (c) two registered specialist dentists nominated by CDSHK of HKAM;
 - (d) two registered dentists nominated by HKDA;
 - (e) two registered dentists being public officers and nominated by DH;
and
 - (f) the incumbent Chairman of DCHK's Board of Examiners⁹.

⁹ At present, the Board of Examiners comprises eight members and is responsible for conducting the Licensing Examination.

Continuing Professional Development Committee (CPDC)

7. Confer statutory status to CPDC with functions to ensure the adequacy and quality of CPD activities.
8. Add a registered dentist being public officer and nominated by DH to reflect DH's dual role as a CPD programme provider and public service provider –
 - (a) three DCHK members elected by DCHK to join the Committee, one of whom shall be the Chairman of the Committee;
 - (b) a registered dentist nominated by HKU;
 - (c) a registered specialist dentist nominated by CDSHK of HKAM;
 - (d) a registered dentist nominated by HKDA; and
 - (e) a registered dentist being public officer and nominated by DH.

Health Committee (HC)

9. Establish HC to deal with matters relating to the health, physical or mental fitness of registered dentists for practice with the following composition –
- (a) three DCHK members elected by DCHK to join the Committee, one of whom shall be the Chairman of the Committee;
 - (b) a registered dentist nominated by HKDA;
 - (c) a registered dentist nominated by DH;
 - (d) one to three members not being DCHK members, whom DCHK considers appropriate and appointed by the Chairman of DCHK;
and
 - (e) two lay members of DCHK.

**Proposed Technical Amendments
raised during the engagement period**

Updating the definition of “practising dentistry” in section 2(2)

1. DRO has been in force since the 1950s. Throughout several decades, the dental profession has evolved drastically in view of new technologies and industry practices.
2. For instance, “practising dentistry” may no longer merely focus on treatment of oral diseases given the emergence of teledentistry and new procedures for cosmetic improvement, etc. which may not be covered by the current definition in DRO¹⁰. This may create loopholes for non-dental professionals to offer advice or services to members of the public.
3. There were also court cases in the past where various procedures were not considered as “practising dentistry” under the current definition in DRO, including the placement of materials on teeth or dental bleaching even though these procedures may affect dental health if not done properly¹¹.

¹⁰ Pursuant to section 2(2) of DRO, a person shall be deemed to practise dentistry within the meaning of DRO, who, for the sake of gain or otherwise, holds himself out, whether directly or by implication, as practising or being prepared to practise dentistry, or treats or attempts to treat or professes to treat, cure, relieve or prevent lesions or pain of the human teeth or jaws; or performs or attempts to perform any operation thereon, or inserts or attempts to insert any artificial teeth or appliances for the restoration, regulation or improvement of the teeth or accessory structures.

¹¹ In a court case (TMCC 1922/2017) where a man placed composite veneers on a client’s front teeth, the court considered that the defendant was not proven to be “holding himself out as a dentist”, or “practising dentistry” as he was not “treating” or “relieving” any pain of someone, nor “performing any surgery” or “installing any prosthesis or device” into someone’s mouth. In another court case (ESCC 737/2018) involving blue light dental bleaching with gel, the court considered that it was not necessarily a dental procedure since there was no law governing the use and concentration of the bleaching agent.

4. The Government is willing to explore updating the definition of “practising dentistry” in DRO. DCHK is working on a proposed formulation for the Government’s consideration.

Amending or repealing the provisions concerning “dental companies” in section 12

5. Section 12 concerns “dental companies”, specifying that it shall only be lawful for a body corporate to carry on the business of dentistry if –
 - (a) it carries on no business other than dentistry or some business ancillary to the business of dentistry; and
 - (b) a majority of the directors and all persons practising dentistry are registered dentists.

6. There are certain other obligations attached to “dental companies”. For instance –
 - (a) section 12(2) provides that every director and manager thereof commits an offence if any body corporate carries on the business of dentistry in contravention of the provisions in section 12; and
 - (b) section 12(3) stipulates that “dental companies” are required to transmit to the Registrar of Dentists a statement containing the names and addresses of all persons who are directors or managers of the company, or who perform dental operations in connection with the business of the company, within 7 days of 1 January in every year.

7. No similar provisions can be found in the MRO (Cap. 161), and a court case in 2016 shows that DCHK should not rely on the above provisions to convict registered dentists of unprofessional conduct for an act of “dental companies”¹².

¹² In the case of *Sin Chung Yin Ronald, Chu Kai Yu, Chow Kar Wah and So Wing Tong Jacky v The Dental Council of Hong Kong* (2016) 19 HKCFAR 528, the four appellants were registered dentists and directors of a “dental company”. Making reference to various provisions including section 12 of DRO, DCHK convicted the appellants of unprofessional conduct when a dentist employed by the company failed to renew his practising certificate. The Court of Final Appeal considered that employing the dentist in question was the act of the “dental company”, not the appellants. It is not right to hold that directors of a “dental company” have a professional duty to ensure that only registered dentists are employed by the company.

8. As the Private Healthcare Facilities Ordinance (Cap. 633) enacted in 2018 governs premises where registered medical practitioners and registered dentists practise, the Government proposes exploring whether section 12 may need to be amended or repealed.

Re-defining “unprofessional conduct” in section 18(2)

9. Section 18(2) stipulates that “unprofessional conduct” means an act or omission of a registered dentist which would be reasonably regarded as disgraceful or dishonourable by registered dentists of good repute and competency.
10. DCHK has earlier proposed to re-define it as “misconduct in a professional aspect” mirroring that of MCHK¹³, which more explicitly states “ethics” as an important and essential element in professionalism.

Better defining “resident list” and “non-resident list”

11. Currently, there is no statutory provision in DRO to clearly define the “resident list” and “non-resident list” administered by DCHK. It is possible for some registered dentists to appear in the former even though they have already left Hong Kong permanently, thereby posing difficulties for the Government and DCHK to accurately gauge the size of workforce.
12. The Government proposes requiring registered dentists to notify DCHK on their movements. Dentists on the “non-resident list” may be exempted from the requirement on renewal of practising certificates and the associated mandatory CPD requirement.

¹³ As specified in the Code of Professional Conduct for the Guidance of Registered Medical Practitioners, the term “misconduct in a professional respect” is not defined in MRO but has been interpreted by the Court of Appeal as conduct falling short of the standards expected among registered medical practitioners. It includes not only conduct involving dishonesty or moral turpitude, but also any act, whether by commission or omission, which has fallen below the standards of conduct which is expected of members of the profession. It also includes any act which is reasonably regarded as disgraceful, dishonourable or unethical by medical practitioners of good repute and competency.

Introducing fine for fraudulent registration in section 24

13. DRO was last amended in 2006. During the scrutiny by the LegCo Bills Committee, Members asked the Government to consider introducing a fine at an appropriate level for the conviction of fraudulent registration, as an alternative to the existing penalty of imprisonment for three years set out in section 24.
14. Back then, DCHK had no objection to the proposal. The Government undertook to explore whether a change of penalty would be suitable from a legal policy point of view and consider including the relevant amendment in the revamp exercise of DRO.
15. The existing penalty of fraudulent registration in DRO mirrors that of MRO. Subject to the latest legal advice, the Government may consider whether to introduce a fine for the penalty.

Repealing the requirement of displaying certificates of registration in section 14

16. While section 14(2)¹⁴ concerns the display of certificate of registration in relation to a person who is not a registered dentist, there is already a provision in section 25 dealing with persons falsely pretending to be a dentist.
17. Since there did not seem to be a strong public health reason to retain section 14(2) during the discussion at the aforementioned LegCo Bills Committee in 2006, the Government undertook to consider repealing it in the revamp exercise of DRO.
18. It is observed that section 14(2) concerns registered dentists, whereas section 25 targets persons who pretend to be registered dentists

¹⁴ Section 14(2) provides that any person who displays or causes or permits to be displayed in any premises a certificate of registration or a certified copy of a certificate of registration bearing his name or photograph at any time when his name does not appear on the General Register commits an offence and is liable on summary conviction to a fine at level 1 (i.e. \$2,000).

including those whose names have been removed from the register. There may still be a distinction between the two sections on a technical ground. That said, since there is no requirement for medical practitioners to display their certificates of registration in MRO, the Government will explore repealing section 14 in the legislative exercise.