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Comments on proposed consultation document - Regulation of PHF

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CONSULTATION DOCUMENT – REGULATION OF PRIVATE HEALTHCARE FACILITIES

We welcome the opportunity to contribute to the Food and Health Bureau, HKSAR Government consultation on 'Regulation of Private Healthcare Facilities' consultation document.

With the advancement in technology and rapid changes in medical practices, increasing service needs and the progressive aging population, the government in recent years has been under increasing pressure. We agree that the current Cap 165 and Cap 343 need major revamping. Overall, we support the proposal of a new strategic direction of establishing a new Regulatory Ordinance for Private Hospital Facilities.

We agree that in any specialty, the hospital should provide an appropriate environment, equipment and staff in order to maintain a safety standard for patients within the particular scope of practice. However with the diversity of healthcare specialization, the regulatory authority needs to be more flexible, as long as the hospital conforms with the Code of Practice, standards and good practice. For the way forward, Midwifery should no longer be considered as an extraordinary specialty. In the current Hong Kong Provisional Academy of Nursing, under which fourteen colleges are established, midwifery is one of them and it shares equal professional nursing specialization.

In private hospitals, patients choose room type whether they prefer sole occupancy or shared. From a business standpoint and patients' demand, hospitals would have to mix and match specialties with appropriate equipment, staff professional skill mix and/or special room specification (negative pressure room) within the facility. The regulatory authority needs to take this into consideration when reviewing a hospital license application.

At present, for hospitals in which the conditions were set out in the land grant to provide a proportion of beds for permanent HK citizens to pay similar bed charge as HA hospitals, they have to allocate a proportion of 'low charge beds'. The regulatory authority should not stipulate too many restrictions as long as the overall number of 'low charge beds' are made available. The hospital should be given the autonomy to designate appropriate beds in different locations with appropriate equipment and staff skill mix.

Maintenance of Hospital accreditation status

More guidance is needed regarding the type of accreditation body that is acceptable by the regulatory authority. If HK eventually develops its own accreditation body, would it be mandatory for private hospitals to be accredited by it or can the hospitals make their own choice?

BR

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