

**Notes of the  
Social Welfare Advisory Committee (SWAC) Meeting  
held on 19 April 2023 at 10:30 a.m.  
in Conference Room 6, G/F, Central Government Offices**

**Present**

Mr Lester Garson HUANG (Chairman)  
Dr BAI Xue  
Prof Emily CHAN Ying-yang  
Mr Andy HO Wing-cheong  
Mr Armstrong LEE Hon-cheung  
Dr Gary NG Ka-wing  
Prof Petrus NG Yat-nam  
Dr Ricky SZETO Wing-fu  
Dr Rizwan ULLAH  
Ms Eva WONG Ching-hung  
Mr John WONG Chung  
Prof Frances WONG Kam-yuet  
Mr Barry WONG Man-sing

**In Attendance**

Labour and Welfare Bureau (LWB)

Ms Alice LAU Permanent Secretary for Labour and Welfare  
(PSLW)

Mr David LEUNG Deputy Secretary for Labour and Welfare  
(Welfare) 1

Ms Polly KWOK Deputy Secretary for Labour and Welfare  
(For discussion of item 1 (Welfare) 2  
only)

Mr Tony YIP Principal Assistant Secretary (Welfare)1

Mr Emmanuel LAM      Assistant Secretary for Labour and Welfare  
(Welfare) 1B  
(Secretary to SWAC)

Mr Adams WONG      Executive Officer (Welfare) 1A

Miss Sharon LAM      Executive Officer (Welfare) 1B

Social Welfare Department (SWD)

Miss Charmaine LEE      Director of Social Welfare

Mr TAN Tick-yeo      Assistant Director (Elderly)  
(For discussion of item 1      (AD(E))  
only)

Health Bureau (HHB)

Ms Elaine MAK      Deputy Secretary for Health 3  
(For discussion of item 2  
only)

Mr Chris FUNG      Principal Assistant Secretary for Health 3  
(For discussion of item 2  
only)

**Absent with apologies**

Miss CHEUNG Sze-wing  
Mr Nicholas HO Lik-chi  
Mr Frederick LAI Wing-hoi  
Dr LAM James Joseph  
Ms Alice LAU Oi-sze  
Dr Wingco LO Kam-wing  
Dr PAN Pey-chyou  
Ms Rebecca TSAI Ching-yu  
Ms Wendy YUEN Miu-ling

## **Item 1: Special Scheme to Import Care Workers for Residential Care Homes**

The Government briefed Members on the Special Scheme to Import Care Workers for Residential Care Homes (the Special Scheme). The Special Scheme aimed to address the demand for additional manpower of residential care homes (RCHs) for the elderly and RCHs for persons with disabilities, as well as to assist the sector to enhance service quality.

2. Members recognised that sufficient manpower supply was paramount in ensuring the quality of service of RCHs. With high staff turnover rate, it would be difficult for RCH residents to form in-depth connection with the staff who were serving only for a short period of time. To address shortage of care workers within the RCH sector, members welcomed the introduction of the Special Scheme and urged the Government to launch it as soon as practicable.

3. Individual members raised the following suggestions / questions  
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### **(a) Importation under the Special Scheme**

- i. The importation of non-local care workers might create grievances among local care workers. They urged SWD to step up publicity and public education to highlight the severe manpower shortage of the RCH sector in justifying the need for importing care workers under the Special Scheme.
- ii. The Government should review the quota of imported care workers under the Special Scheme, and adjust it as necessary in light of the prevailing manpower situation of the RCH sector and in consultation with relevant parties, e.g. the Labour Advisory Board (LAB). The Government should provide administrative support to facilitate RCHs to submit application for quota to import care workers.
- iii. The Government should put in place suitable safeguards to prevent importing care workers with criminal or other negative records.
- iv. Once the care workers were imported, some members suggested that the Government should ensure RCH operators would provide them with adequate training and appropriate supervision to help them perform their duties up to reasonable

standards.

- v. The Government should ensure imported care workers were informed of their rights under the employment contract and the protections offered by relevant legislations.
- vi. With the growth in demand for care workers in other cities of the Greater Bay Area (GBA), some members anticipated that importing care workers from Mainland might become more difficult in future, especially when the remuneration of care workers in the Mainland might become more comparable to Hong Kong. To retain imported care workers in the local RCH sector for a longer period, it was paramount for the Government to facilitate imported care workers to integrate into local society and enhance their career prospect in Hong Kong.

(b) Enhancing local supply

- i. Members welcomed other initiatives undertaken by the Government to address the manpower shortage of the RCH sector, including the Navigation Scheme for Young Persons in Care Services to increase the manpower supply and the effort in promoting the application of innovative technology to enhance service delivery in RCHs while easing the workload of individual staff.
- ii. The Government should liaise with tertiary education institutions to develop recognised programmes for grooming teenagers to become care workers for the RCH sector. In addition, the Government should consider unleashing the potential of young-olds by allowing them to join the RCH sector as care workers to alleviate the manpower shortage.
- iii. It was noted that the turnover rate among care workers of RCHs was relatively high as compared with other professions. To attract more people to join the RCH sector and retain existing employees, some members suggested the Government should map out a clearer career ladder to enhance the promotion prospects of care workers, as well as provide them with more on-the-job training and education opportunities.

- iv. The Government should encourage teenagers to shoulder the responsibility of taking care of the elderly and other persons in need, e.g. by serving as Project Officers in RCHs responsible for organising recreational and leisure programmes for their residents. These additional manpower could also share off some duties of care workers at peak hours.

(c) Expanding service capacity in the GBA

- i. The Government should actively encourage local NGOs to set up and operate RCHs in other cities of the GBA to cater for Hong Kong elderly who were willing to reside there.

4. The Government noted Members' views, and made the following responses –

- (a) The Government had been closely liaising with relevant stakeholders including the RCH sector to ascertain the manpower shortfall of care workers. As RCHs seeking to apply for the Special Scheme would have to report their existing manpower, the Government would have a better understanding of the overall manpower situation as more RCHs submitted applications for the Special Scheme.
- (b) To facilitate RCHs to apply for quota to import care workers under the Special Scheme, a hotline operated by SWD would be put in place to handle enquiries from RCHs. SWD would convey members' views to the Immigration Department that prospective care workers with criminal record should not be permitted to enter and work in Hong Kong under the Special Scheme.
- (c) Under the Special Scheme, the salary of the imported care workers must not be lower than the Median Monthly Wage of a care worker (i.e. currently at \$14,500) as compiled by the Census and Statistics Department. The salary should be able to attract Mainland care workers to come work in Hong Kong.
- (d) Similar to workers imported under the existing Supplementary Labour Scheme (SLS), care workers imported under the Special Scheme were protected by the relevant labour legislation and the terms and conditions set out in the Standard Employment Contract. RCHs were required to grant paid leave to their imported care workers to attend briefings organised by LD on

employment rights and benefits within eight weeks of arrival. Imported care workers could also seek advice on matters relating to employment rights and benefits from the hotline operated by LD when necessary.

- (e) SWD had all along applied the same regulatory requirements to all RCHs, regardless of whether individual RCHs had imported non-local care workers. To uphold service quality, SWD had stipulated in the relevant codes of practice that RCH operators and managers should arrange continuous on-the-job training and supervision to staff (including local and imported care workers) so as to keep them abreast of the latest development of the nursing care skills. SWD would also from time to time organise trainings for staff (including local and imported care workers) with a view to enhancing the overall service quality of the RCH sector.
- (f) Faced with an aging population, there was a pressing need for the Government to continue to expand RCH services to cater for the increasing elderly population. Despite having imported around 4 000 care workers under SLS, the overall supply of care workers in the RCH sector remained insufficient in meeting the present and future demands. There was a genuine need for the Government to launch the Special Scheme to facilitate the importation of more care workers. In devising the Special Scheme, the Government had carefully balanced the need to import additional care workers to cope with the increasing service demand against the sentiment of the local work force.
- (g) Even with the additional imported care workers under the Special Scheme, at least 1 500 care worker vacancies in the sector would have to be filled by locals. In other words, the quota under the Special Scheme would on one hand address manpower shortage in the RCH sector, and on the other hand leave sufficient vacancies for the local workforce.
- (h) The Special Scheme aimed to shorten the processing time of applications. Instead of having to consult members of LAB on applications which was a requirement under SLS, DSW would chair an inter-departmental liaison group to process applications received on a first-come, first-served basis. The same labour protections afforded to workers imported under SLS would also be applicable to care workers imported under the Special Scheme. These included the minimum wage guarantee for imported care

workers pitched at no less than the prevailing Median Monthly Wage of a care worker, as well as other general labour protections.

- (i) The Government had been trying to increase the manpower supply of the RCH sector on various fronts. For example, the Government would fully subsidise 427 Enrolled Nurse (General) training places per cohort from 2023-24 to 2027-28 academic years to groom more nurses for the welfare sector. These trainees would be required to work in the social welfare service units for a continuous period of at least three years after graduation. SWD would also appoint a consultant to conduct a holistic review on skill and qualification requirements of RCH staff providing health and rehabilitation services in various types of RCHs for the elderly and RCHs for persons with disabilities, with a view to establishing professional standards and a career ladder for RCH staff.
- (j) The Government had dedicated substantial resources to promote the adoption of technology in the RCH sector to enhance the quality and efficiency of service, while easing the workload of individual staff. The Government would continue to promote the wider adoption of technology across the sector, as well as among elderly community to help elderly age in place and ease the burden of their carers.
- (k) The Residential Care Services Scheme in Guangdong provided an option for eligible elderly persons if they wished to live in an RCHE in Guangdong. Currently, there were two RCHEs operated by NGOs under the scheme. The Government would extend the aforementioned scheme to cover other eligible RCHs for the elderly in the Mainland cities of GBA, so as to provide more service options.

5. The Chairman thanked Members for their suggestions and views. He invited the Government to consider Members' views in implementing the Special Scheme.

**Item 2: Proposed Amendment to Nurses Registration Ordinance (Cap. 164)**

6. The Government briefed Members on the proposed amendment to the Nurses Registration Ordinance (Cap. 164).

7. Recognising the acute shortage of nurses in Hong Kong, Members generally welcomed the legislative proposal to provide new pathways for admission of qualified non-locally trained nurses. Individual members raised the following views / suggestions –

(a) Proposed amendment to Nurses Registration Ordinance

- i. Some members were concerned that the new pathway of special registration/enrolment, which exempted non-locally trained nurses from Licensing Examination, might weaken the regulatory role of The Nursing Council of Hong Kong (NCHK) in ensuring the quality of nurses allowed to practice in Hong Kong and risk compromising the professional quality of the nurses. It might also lead to discontentment among local nurses who might consider the exemption unfair as they had to go through multiple stages of training and assessment in order to obtain their nursing qualification. They suggested that the Government should devise a comprehensive publicity plan to highlight the acute shortage of nurses to garner public's understanding on the necessity of the proposed legislative amendment.
- ii. As a safeguard to ensure the quality of non-locally trained nurses, some members suggested the Government in consultation with NCHK to compile a list of recognised institutions which offered nursing programmes at comparable level and quality with local institutions and focus on admitting their graduates to practise in Hong Kong. This arrangement would assure the public that the quality of non-locally trained nurses was on par with local nurses, while enabling the Government and Hospital Authority (HA) to focus publicity effort to attract graduates of the nursing programmes on the list to work in Hong Kong. The Government should also take initiative to recruit non-locally trained nurses from these institutions, such as by organising recruitment talk in their campuses.
- iii. Some members were concerned that there might be material differences in terms of the working culture and medical practices between local and overseas medical institutions. It was suggested that non-locally trained nurses, even with ample experience working elsewhere, should participate in compulsory training on the prevailing medical practices of local medical institutions before they were allowed to



commence practice.

- iv. With the fast-changing medical knowledge and technology, members generally agreed that it was necessary for nurses to undergo compulsory continuous nursing education to better serve their patients with the latest medical knowledge and techniques. One member however cautioned that some senior nurses might be reluctant to attend professional development courses even if they would be required to do so under the new legislation.

(b) Other related issues

- i. A number of members supported the idea of introducing a period of internship or service for both locally trained nursing graduates and non-locally trained nurses to work in public healthcare and social welfare institutions. By participating in internships, nursing graduates and non-locally trained nurses would get a real taste of the work in these institutions, which would be useful in helping them decide the institutions for commencing or further developing their careers.
- ii. Some members were concerned that the attrition rate of nurses under HA had increased substantially in recent years. To retain experienced staff and stabilise the manpower of the public healthcare system, the Government should consider feasible solutions to improve the working environment of public hospital and enhance their promotion prospects. Targeting junior nurses, one member suggested that HA should consider setting up dedicated peer support groups to help them settle in their posts and cope with stress.
- iii. To increase the local supply of nurses, one member suggested the Government to consider introducing an entry rank “associate nurse” to provide basic training for teenagers who were interested to join the healthcare sector but fell short of the academic threshold to enroll in the existing nursing programmes. Once they completed the trainings, they could be deployed in various medical institutions to handle basic duties of nurses that did not require advanced skills or expertise. These “associate nurses” should be given the opportunity to ascend to the rank of Enrolled Nurses (EN) or Registered Nurses (RN) upon completion of further studies. To further expand the manpower supply, one member

suggested the Government to consider entrusting tertiary institutions in the GBA cities to set up recognised programmes for grooming nurses or other medical practitioners for the local medical sector.

- iv. One member expressed concern over the prevailing situation where the majority of nurses serving in welfare services units were EN, who might not be as fully equipped or qualified as RN in handling advanced duties and providing professional assessment to patients. It was suggested that the Government should work with the welfare sector to incentivise more RN to work in various welfare service units.
- v. One member raised that due to language barriers, EM with healthcare needs might find it difficult to access various healthcare services offered by both the public and private medical institutions. Even if translation services were provided, it would still be difficult for EM patients to efficiently converse with medical staff. The member suggested the Government to consider designating a pilot hospital to be staffed with more EM medical staff to deliver comprehensive healthcare services for EM.
- vi. One member noted that HA had recently launched the GBA Healthcare Talents Visiting Programmes, under which more than 80 healthcare professionals from Guangdong Province had come to Hong Kong for professional exchanges. He enquired whether HA would organise similar visiting programmes for medical practitioners of other countries to visit Hong Kong and for local medical practitioners to visit other countries for professional exchanges.

8. The Government thanked Members for their views and suggestions, and made the following responses –

- (a) The objective of the legislative proposal was to create new pathways for non-local nurses to practise in Hong Kong to alleviate the acute shortage of nurses at present and maintain a stable supply of nurses in the long run, without compromising the professional competency of non-locally trained nurses. The NCHK would be invited to formulate details of the criteria of acceptable qualifications and relevant experience.

- (b) The current proposal to exempt non-local nurses under special registration/enrolment from taking Licensing Examination had carefully balanced the need to offer expediency to attract non-locally trained nurses to work in Hong Kong against the need to ensure their professional competency. For non-local nurses exempted from the Licensing Examination, they must first satisfy the entry qualification requirement set by NCHK, and must have performed satisfactorily under full-time employment with DH, HA or other institutions designated by the Secretary for Health, including on-the-job assessment as required by the NCHK. These requirements would serve as safeguards to ensure the non-locally trained nurses exempted from the Licensing Examination were professionally competent to be admitted to practice in Hong Kong.
  - (c) The Government shared the same view with members that non-locally trained nurses must be given training on the local working environment and the prevailing local medical practices. The Government would consult the nursing sector to devise appropriate trainings for non-locally trained nurses admitted to practise in Hong Kong.
  - (d) HA had organised a number of exchange programmes for nurses to broaden their horizon and exchange experience with nurses from Mainland and other countries. While the most recent exchange programme was introduced to target nurses of GBA cities, the Government would explore with HA to establish more connections with foreign health authorities to promote professional exchanges between medical practitioners.
9. The Chairman thanked members for their views, and invited the Government to consider members' comments.

**SWAC Secretariat**  
**June 2023**