

# Details of third cycle of Territory-wide Identity Card Replacement Exercise

The Immigration Department (ImmD) announced today (November 20) that the third cycle of the Territory-wide Identity Card Replacement Exercise will commence on February 18, 2020.

The Secretary for Security has made an Amendment Order to announce the details of the third cycle of the Replacement Exercise. Subject to the negative vetting procedure of the Legislative Council, the arrangement will be as follows:

Eligible Persons	Application Period
Holders of existing Hong Kong Identity Cards (HKICs) born in 1960 or 1961	February 18 – April 20, 2020
Holders of existing HKICs born in 1962 or 1963	April 21 – June 24, 2020
Holders of existing HKICs born in 1970, 1971 or 1972	June 26 – September 16, 2020
Holders of existing HKICs born in 1973 or 1974	September 17 – November 13, 2020
Holders of existing HKICs born in 1975 or 1976	November 14, 2020 – January 8, 2021

"From the third cycle onwards (i.e. February 18, 2020), ImmD will implement a new facilitation measure for Persons with Disabilities (PwDs). An eligible applicant may bring along up to two PwDs, in addition to bringing along up to two elderly persons aged 65 or above under the existing facilitation measure, to replace HKICs during the same visit", an ImmD spokesman said.

PwDs who are interested to apply HKICs together with eligible applicants under the aforementioned new measure only need to bring along their existing smart HKICs and provide relevant documentation or information to ImmD as proof of their PwD identity upon replacement. Examples include Registration Card for People with Disabilities issued by the Labour and Welfare Bureau, information or documents showing that the applicant is a recipient of Disability Allowance, proofs on membership of PwDs service units subvented by

the Social Welfare Department, proofs on student status of special schools or medical proof (e.g. patients' follow-up record, etc.).

It is worth noting that HKIC holders born in 2008 to 2011 or 2001 to 2004 will respectively reach the age of 11 or 18 during the Replacement Exercise (i.e. from 2019 to 2022). These HKIC holders are required to apply for a juvenile or adult HKIC at one of the Registration of Persons Offices within 30 days upon attaining the age of 11 or 18 respectively and need not replace their HKICs under the replacement exercise.

"Moreover, eligible members of the sixth term of District Council (DC) may apply for new HKICs from February 18, 2020 to April 20, 2020, so that DC members could familiarise themselves with the HKIC replacement procedures at the earliest possible time and be able to provide assistance to members of the public during the Replacement Exercise as necessary." the ImmD spokesman added.

The ImmD spokesman also reminded the public that the second cycle of the Replacement Exercise will end on February 17, 2020. Eligible applicants of the second cycle who have not replaced their HKICs are reminded to apply for the new HKICs at the Smart Identity Card Replacement Centres (at Annex) as early as possible.

The replacement exercise covers all Hong Kong residents, including permanent residents; and non-permanent residents for employment (including foreign domestic helpers), investment, residence or study. If eligible Hong Kong residents are absent from Hong Kong during their call-up periods, they need not rush back to Hong Kong to replace their identity cards. They can apply within 30 days upon their return to Hong Kong.

Eligible applicants may make appointment bookings via the Internet ([www.gov.hk/newicbooking](http://www.gov.hk/newicbooking)), the ImmD mobile application or the 24-hour telephone booking hotline 2121 1234. To enjoy a faster registration process, applicants are encouraged to pre-fill the application form when making appointment bookings through the Internet or mobile application.

For details of the replacement exercise, please visit the website [www.smartid.gov.hk](http://www.smartid.gov.hk) or call the ImmD's enquiry hotline at 2824 6111.

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## **LCQ11: Handling of death cases by Police**

Following is a question by the Hon Wu Chi-wai and a written reply by the Secretary for Security, Mr John Lee, in the Legislative Council today (November 20):

Question:

The Coroners Ordinance (Cap 504) specifies 20 categories of deaths which are reportable to the coroner. Having considered the relevant information such as the investigation reports prepared by the Police on such cases and the post mortem reports, the coroner may decide whether there is sufficient information such that the cause and the circumstances of the death are clear and with no suspicion and whether the case can be concluded, or the coroner may decide to order the Police to carry out further investigation or seek independent opinions from experts. Having considered all the requisite information and all the circumstances of the case, the coroner may decide whether to conclude the case or hold an inquest into the death. If a person dies while in official custody, the coroner must hold an inquest into that case of death. In addition, properly interested persons (including family members of the deceased) and the Secretary for Justice may apply to the Court of First Instance for an inquest into the death to be held by a coroner. It has been reported that the number of suspected suicide cases surged in recent months, and in respect of a number of dead body found cases, the Police announced after investigation at the scene that the cases were initially classified as suicides or as cases with no suspicious circumstances surrounding the death. However, some members of the public have queried that the process for the Police's investigation into these cases and drawing their conclusions is sloppy. In this connection, will the Government inform this Council of the following details regarding the dead body found cases handled by the Police in the past 24 months:

- (1) the total number of such cases, with a tabulated breakdown by month and the age group to which the deceased belonged (i.e. 0 to 9 years old, 10 to 19 years old, 20 to 29 years old, 30 to 39 years old, 40 to 49 years old, 50 to 59 years old, 60 to 69 years old, 70 years old or above, and age unknown);
- (2) the number of cases with the following circumstances: the Police, based on the findings of their investigation at the scene, had announced that the case was initially classified as suicide or a case with no suspicious circumstances surrounding the death, but before submission of the first investigation report to the coroner, the Police reclassified the case as murder or a case with suspicious circumstances surrounding the death;
- (3) the respective numbers of cases classified, in the first investigation reports submitted by the Police to the coroner, as (i) a case with no suspicious circumstances surrounding the death, (ii) suicide, (iii) murder, and (iv) other categories;
- (4) the number of cases in which the coroner decided, after considering information such as the first investigation report by the Police, that the case be concluded;
- (5) (i) the number of cases in which the coroner, after considering information such as the first investigation report by the Police, ordered the Police to carry out further investigation; the respective numbers of cases in which the coroner, after considering the further investigation report by the

Police and other relevant information, decided to (ii) conclude the case, and (iii) hold an inquest into the death; the respective numbers of cases in which the Court of First Instance, upon the application of (iv) a properly interested person and (v) the Secretary for Justice, ordered an inquest to be held;

(6) a breakdown of the figures in (5) by the classification of the cause of death as set out in the first investigation report by the Police;

(7) the number of cases in which a verdict of suicide has been returned, together with a tabulated breakdown by (i) the age group (as set out in (1)) to which the deceased belonged and (ii) type of suicide (i.e. hanging, jumping from height, drowning, sharp instruments, and others);

(8) the number of cases in which the dead body has remained unclaimed so far, with a tabulated breakdown by the age group (as set out in (1)) to which the deceased belonged;

(9) the (i) highest, (ii) lowest and (iii) average numbers of days from the Police receiving the report of a dead body found to the cremation/burial of the dead body; and

(10) the number of cases in which the name of the deceased appeared on the Police's list of missing persons, with a tabulated breakdown by the age group (as set out in (1)) to which the deceased belonged?

Reply:

President,

In accordance with section 10 of the Police Force Ordinance (Cap 232), the duties of the police force include assisting coroners to discharge their duties and exercise their powers under the Coroners Ordinance (CO) (Cap 504).

In accordance with section 9(1) of CO, a coroner may investigate a reportable death or any other death of a person which the coroner considers should be investigated in the public interest. Section 9(2) specifies that the purpose of such an investigation shall be to investigate the cause of and the circumstances connected with the death of a person.

As prescribed under CO, there are 20 types of reportable deaths including deaths caused by suicide and deaths in official custody. In accordance with section 4(1) of CO, where a death comes to the knowledge of a police officer and any other person under a duty to report deaths, they shall report it to the coroners as soon as possible.

In accordance with section 14(1) of CO, where a person dies suddenly, by accident or violence or under suspicious circumstances, a coroner shall hold an inquest into the death. According to section 27 of CO, the purpose of the inquest shall be to inquire into the cause of and the circumstances connected with the death. For that purpose, the proceedings and evidence at the

inquest shall be directed to ascertaining the following matters in so far as they may be ascertained, which include the identity of the dead person; how, when and where the person came by his death; and the conclusion of the coroner/jury concerned as to the death.

My reply to the Hon Wu Chi-wai's questions is as follows:

(1), (2), (3) and (6) In handling every death case, the Police report to the coroner's court in strict compliance with the law and guidelines. The Police will investigate every reportable death and submit to the coroners an initial investigation report together with a post-mortem report prepared by a clinical pathologist or forensic pathologist. Where the coroners consider that further investigation of the death is required, the Police will investigate further and submit a more detailed death investigation report. Upon perusal of the relevant reports, and upon considering all the circumstances of the case, the coroner will consider whether to hold an inquest into the death.

The Police maintain their professionalism in investigating each of the death cases and follow it up in a meticulous manner. In fact, as indicated in the Coroners' Report 2018, the coroners recognised the performance of the police investigators and that their standard of conducting investigation into every incident of death was very high, as was their reports.

The numbers of dead body found cases handled by the Police in 2018 and from January to October 2019 are tabulated below. The Police do not maintain statistics by age group and other breakdown statistics (Note 1):

	2018	2019 (January to October)
Numbers of death on or before arrival to hospitals and dead body found cases	7 828 (22)	6 584 (27)
Numbers of suicide, person found hanging and person found fallen from height cases	667 (4)	608 (7)
Numbers of homicide deaths	48	18

Note 1: Figures in brackets denote cases of suspicious death which required follow-up investigations by criminal investigation teams.

(4), (5) and (7) Based on the information provided by the Judiciary, Coroners take forward death investigations and inquests according to the CO. Operationally, every reportable death, supported by relevant reports such as the investigation report by the Police and the post mortem report by the clinical or forensic pathologist, is considered by the Coroner. Having taken into consideration all relevant information, including the expert opinions of the pathologist and medical practitioner concerned, the medical history of the deceased, the course of events leading to the death and the findings of police investigation, if the Coroner is of the view that there is sufficient

information to enable him to exercise his power and perform his duties under section 9 of CO and that the cause of and the circumstances of the death are clear and that there is no suspicion, he may decide that the case be concluded without ordering any further investigation report. In 2017 and 2018, the number of cases with no further death investigation reports ordered were 9 640 and 9 893 respectively.

If the Coroner considers that further investigation of the death is required, he shall order the Police to carry out further investigation and to seek for independent opinion from expert, where appropriate. When all required information is ready and upon considering all the circumstances of the case, the Coroner shall decide whether the case can be concluded or an inquest into the death is to be held. Besides, under CO, a Coroner must hold an inquest if a person dies whilst in official custody. The number of cases requiring further investigations, the number of inquests set down and the total number of cases concluded (Note 2) in the past two years are set out as follows:

Year	Cases requiring further investigations	Inquests set down	Total number of Cases concluded
2017	1 128	131	768
2018	1 083	167	914

The Coroner's Court is still in the process of collecting the relevant figures for 2019.

The Judiciary does not have available information on the number of cases in which the Court of First Instance, upon the application of a properly interested person or the Secretary for Justice, ordered an inquest to be held in the period concerned.

In 2017 and 2018, out of the deaths reported to the Coroners, the numbers of suicides confirmed by the Coroners were 916 and 955 respectively. Statistics of suicides handled by the Coroner's Court in 2017 and 2018, as released in the Coroner's Reports, are respectively given at Appendix I and II. The Coroner's Court is still in the process of collecting the relevant figures for 2019.

(8) In respect of unclaimed dead bodies whose identities are known, public hospitals will, in accordance with the established guidelines of the Hospital Authority (HA), contact the relatives of the deceased to claim the body based on the hospital admission information of the deceased. If the hospitals could not contact or have no information about the relatives of the deceased, police assistance will be sought.

According to the Police's internal guidelines and handling procedures, on receipt of a request from a hospital for assistance in locating the

relatives of any deceased person in hospital whose body was not claimed, the Police will send officers to visit the last known address of the deceased and/or his/her relatives. Where the relatives of the deceased are located, the Police will invite them to contact the hospital concerned. The police officers will inform the hospital concerned of the outcome of their visit. Unless the relatives of the deceased specifically raise objection, the Police will also provide the contact details of the relatives of the deceased to the hospital concerned. If the dead body eventually remains unclaimed, the hospital concerned will hand it over to the Food and Environmental Hygiene Department (FEHD), which will then arrange for the burial or cremation of the dead body in accordance with established procedures.

The Police do not maintain statistics on cases in which the dead body has remained unclaimed because the relatives cannot be located. Relevant statistics on unclaimed dead bodies received from local hospitals or public mortuaries as provided by FEHD are tabulated below but no statistics by age group are maintained:

Month and Year	Unclaimed dead bodies received from local hospitals	Unclaimed dead bodies received from public mortuaries	Cases in which the dead bodies were claimed later by the relatives
January 2018	28	17	3
February 2018	26	34	2
March 2018	14	28	4
April 2018	17	13	1
May 2018	13	14	2
June 2018	19	6	3
July 2018	18	21	2
August 2018	25	8	1
September 2018	18	7	0
October 2018	15	30	8
November 2018	13	8	3
December 2018	12	18	1
January 2019	11	10	3

February 2019	10	14	2
March 2019	13	8	0
April 2019	12	15	2
May 2019	9	13	0
June 2019	14	16	2
July 2019	6	9	2
August 2019	7	10	0
September 2019	14	7	2

(9) Generally speaking, the relatives of the deceased may apply to FEHD for cremation service if they have been issued with a Certificate of Order Authorizing Cremation of Body by the coroner. In accordance with the performance pledge of FEHD, persons who apply for cremation service may book a cremation session at government crematoria within the next 15 days from the day of application. The actual time of cremation will depend on the preference of the relatives and the cremation sessions available for booking. The Police and FEHD do not maintain relevant statistics.

(10) The numbers of missing person cases reported in 2018 and from January to October 2019 are tabulated below while the Police do not have the other statistics required in the question:

Missing Persons	2018	2019 (January to October)
Numbers of cases reported	3 046	2 243
Numbers of reported cases involving people aged 60 or above	907	652

Note 2: The number of cases concluded refers to the cases completed in the year concerned regardless of the procedures gone through. These include cases which may or may not require further death investigation reports and/or death inquests.

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# EAC Chairman chairs first meeting of Crisis Management Committee

The following is issued on behalf of the Electoral Affairs Commission:

The Chairman of the Electoral Affairs Commission (EAC), Mr Justice Barnabas Fung Wah, chaired the meeting of the Crisis Management Committee (CMC) this afternoon (November 20) to prepare for the District Council Ordinary Election (DCOE) to be held this Sunday (November 24).

Mr Justice Fung pointed out at today's meeting that there have been successive occurrences of protests, confrontations and violent incidents in society recently, presenting an unprecedented challenge to the preparatory work for the election. The EAC is working with different bureaux and departments to closely monitor the situation, and has drawn up various security and crisis management plans to deal with unforeseeable circumstances which may arise during the election.

During the meeting, the EAC was briefed by representatives from the Constitutional and Mainland Affairs Bureau, the Security Bureau and other departments including the Hong Kong Police Force, the Fire Services Department and the Civil Aid Service on the assessment of the current situation and deployment planned for the polling day.

Other government departments including the Registration and Electoral Office, the Transport Department, the Home Affairs Department, the Information Services Department and the Department of Justice also briefed on preparatory and co-ordination work regarding the election.

Mr Justice Fung pointed out that the CMC will assist the EAC in closely monitoring the situation on the polling day and handle situations in which the election is affected by the occurrence of riots, open violence or danger to public health or safety.

He said that the DCOE is an important platform for registered electors in Hong Kong to express their opinions peacefully and elect their representatives. Over 4.13 million registered electors are eligible to vote in the coming DCOE. Given that the number of valid nominations reached 1 090, and over 600 ordinary polling stations will be open on the polling day, it is evident that the election is on a massive scale with a large number of nominees.

The EAC thanked all the bureaux and departments for their efforts in the preparation and arrangement for the election. He said that the meeting today helped to get better prepared and formulate contingency plans for the DCOE to be held on Sunday. He added that even if a polling station is temporarily closed on the polling day because of unexpected incidents, hopefully voting or counting of votes can be resumed on the same day as soon as possible. He also encouraged those at the meeting to spare no effort in making all

necessary arrangements to ensure that the election can be held in a safe and orderly manner.

Mr Justice Fung said he hoped that all sectors of society can safeguard the peaceful, orderly, fair, open and good election culture. He also appealed to the public to keep calm, return to rationality and stop all violence, so that all registered electors can cast their votes in a peaceful and safe environment.

The CMC is part of the contingency mechanism for public elections. The CMC advises the EAC on matters which may affect the proceeding of the election, such as inclement weather and issues on public health and safety. The Committee is chaired by the EAC Chairman, and comprises all EAC Members, the Secretary for Constitutional and Mainland Affairs (or his representative) and representatives of relevant bureaux/departments.

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## [REO clarifies rumours about collecting ballot papers with "memo of lost property"](#)

The Registration and Electoral Office (REO) today (November 20) made the following statement to clarify online rumours about impersonators applying for ballot papers in the name of another person with a "memo of lost property" (a document evidencing a report to a police officer of the loss or destruction of the person's identity document):

November 24 (Sunday) is the polling day of the District Council Ordinary Election. Electors must carry the original of their Hong Kong identity card (HKID) to collect their ballot papers on the polling day. An elector who is unable to produce the original of his or her HKID, because it is lost, in collecting the ballot papers may produce a "memo of lost property" together with the original of the person's valid passport or similar travel document showing his or her name and photograph to collect ballot papers.

The REO stressed that electors cannot collect ballot papers by only producing the "memo of lost property".

The information contained in the "memo of lost property", i.e. the name and HKID number of an elector, could be used to cross-check against the information that appears on the passport or similar travel document concerned, and the relevant entry in the final register. Polling staff will also check the identity of the elector with the photograph on the original of the person's valid passport or similar travel document before issuing ballot papers.

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## LCQ9: Demand and supply situation of speech therapists

Following is a question by the Hon Ip Kin-yuen and a written reply by the Secretary for Education, Mr Kevin Yeung, in the Legislative Council today (November 20):

Question:

Regarding the demand and supply situation of speech therapists, will the Government inform this Council:

(1) whether it knows the current number of speech therapists and, among them, the respective numbers of those (i) who are qualified for registration and (ii) who have been registered under the Accredited Registers Scheme for Healthcare Professions;

(2) of the respective numbers and percentages of speech therapists employed by the Government and subvented organisations, in each of the financial years from 2016-2017 to 2018-2019;

(3) of the respective staffing establishments of speech therapists in (i) the Government, (ii) the Hospital Authority, (iii) subvented organisations and (iv) the academia, in each of the financial years from 2016-2017 to 2018-2019, with a breakdown by the unit in which they serviced (e.g. various types of schools, social welfare organisations and allied health departments); the average number of cases handled by each speech therapist each year;

(4) of the number of degree programmes related to speech therapy offered by tertiary institutions in each of the academic years from 2017-2018 to 2019-2020, and set out by year (i) the number of places, (ii) the funding mode and (iii) the duration of each programme;

(5) as the Government indicated in the Policy Addresses delivered in the past two years and the Budget delivered last year respectively that it would introduce measures to enhance speech therapy services, of the respective manpower requirements of various policy bureaux/government departments for speech therapists in each of the coming three years;

(6) given that starting from this school year, the Education Bureau (EDB) will implement the Enhanced School-based Speech Therapy Service (SBSTS) and create school-based speech therapist posts in public sector ordinary primary and secondary schools by phases in three years to allow schools to form clusters to employ school-based speech therapists to support students with speech and language impairment,

(i) of the number of speech therapists to be employed, the number of schools implementing SBSTS, the number of students benefitting from SBSTS and the recurrent expenditure to be incurred, in this and each of the coming two school years;

(ii) of the respective to-date numbers of school clusters which have and have not recruited speech therapists, and the respective numbers of posts involved;

(iii) whether it will enquire with the school clusters which have recruited speech therapists about whether the appointees have reported for duty; of the measures in place to assist the school clusters which have not recruited speech therapists;

(iv) of the measures in place to assist the school clusters concerned in retaining speech therapists, so as to avoid the relevant services being affected by their resignation; and

(v) as quite a number of schools have indicated that they have encountered difficulties in recruiting speech therapists, whether EDB will adjust the implementation timetable of SBSTS; and

(7) as some members of the education sector and the social welfare sector have indicated that they have encountered difficulties in recruiting speech therapists, whether the Government will enhance the coordination among departments and communication with the stakeholders, so as to ensure that the training and career progression pathways for speech therapists will be commensurate with the professional development and service needs of the trade; if so, of the details; if not, the reasons for that?

Reply:

President,

Speech therapists (STs) provide professional services for people in need in various aspects to improve their abilities in language, communication, swallowing, etc. so as to strengthen their social and learning skills, and enhance their quality of life and daily life functioning.

Healthcare, social welfare and education sectors, based on the needs of various individuals, develop respective speech therapy services. Local tertiary institutions organise different speech therapy programmes to train relevant professionals to respond appropriately to the demand for STs in different sectors.

Regarding Hon Ip Kin-yuen's question, our reply is as follows:

(1) and (2) The Department of Health (DH) conducts Health Manpower Surveys (HMS) on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare professionals practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare professionals included in the health services functional constituency, with employment institutions as the unit of enumeration, it is estimated that

about 640 STs were practising in Hong Kong, with 40.4 per cent employed by the subvented sector, 35.4 per cent by the private sector, 12.8 per cent by the Hospital Authority (HA), 8.0 per cent by the academic sector and 3.4 per cent by the Government. In this survey, ST denotes a person with a Bachelor's Degree or above in Speech and Hearing Sciences from a Hong Kong university, or equivalent.

At present, STs are not among the healthcare professionals that are subject to statutory registration. In April 2018, full accreditation status was granted to the Hong Kong Institute of Speech Therapists under the Pilot Accredited Registers Scheme for Healthcare Professions as the accredited healthcare professional body responsible for administering a register for the speech therapy profession. STs may voluntarily register under the Pilot Accredited Registers Scheme for Healthcare Professions. As at May 2019, there were 216 voluntarily registered STs on the register.

For government departments, from the 2016-17 to 2018-19 financial years, 15 STs were employed by the DH in the posts of Speech Therapy Officers. From the 2016/17 to 2018/19 school years, nine, nine and 12 STs were employed by the Education Bureau (EDB) respectively as Specialists (Speech Therapy). The HA, as a statutory body, employed 110, 115 and 119 STs from the 2016-17 to 2018-19 financial years respectively. As for aided special schools, about 145, 156 and 160 STs were employed from the 2016/17 to 2018/19 school years respectively.

Besides, in the 2016-2017 to 2018-2019 financial years, the Social Welfare Department (SWD) subvented a total of 170 non-governmental organisations (NGOs) to run welfare services, of which 165 received Lump Sum Grant subventions. Under the Lump Sum Grant Subvention System, the SWD's subvented NGOs have the flexibility to deploy the subvention obtained (excluding the part for Provident Fund) and arrange suitable staffing, as long as the essential service requirements, service output and outcome standards, as well as service quality standards as set out in the respective Funding and Service Agreements are achieved. The SWD has no information on the number of ST employed by these NGOs. As for the remaining five NGOs subvented by the SWD under conventional modes, one of them has employed a ST.

(3) The number of STs working in the healthcare sector from 2016-17 to 2018-19 are tabulated below:

	2016-17 financial year	2017-18 financial year	2018-19 financial year
Speech therapists under Family Health Service of the Department of Health (Note 1)	2	2	2

Speech therapists under Child Assessment Service of the Department of Health (Note 1)	13	13	13
Department Manager (Speech Therapy)/Senior Speech Therapists of Hospital Authority (Note 2)	7	7	7
Speech Therapists of Hospital Authority (Note 2)	103	108	112

Note 1: This figure was the the approved establishment in the respective year.

Note 2: The HA manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA.

The STs under Family Health Service provide articulation assessment to preschool children with articulation problems in Maternal and Child Health Centres and provide interim support to their parents. The average number of assessment/interim support provided is about 3 400 per year. The STs under Child Assessment Service assess the child's communication skills and provide interim support to their parents. The average number of assessment/interim support provided is about 6 700 per year. The above-mentioned service units will make referral to appropriate service providers and the specialty clinics of Hospital Authority for training, education support as well as medical treatment.

STs of the HA provide assessment, testing, treatment and counselling to patients with communication or swallowing disorders, with a view to helping them prevent, reduce and overcome barriers to communication and swallowing, and enhancing their quality of life.

Having regard to patients' clinical needs, the HA flexibly deploys its staff to provide speech therapy service to patients with rehabilitation needs. Therefore, the HA is not able to provide the number of cases handled per ST. The attendances for speech therapy in the HA in the past three financial years are set out in the table below:

Speech therapy attendances	2016-17 financial year (as at March 31, 2017)	2017-18 financial year (as at March 31, 2018)	2018-19 financial year (as at March 31, 2019)
Number of inpatient and day inpatient attendances	219 458	235 077	243 180

Number of allied health outpatient attendances	58 304	56 929	57 697
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In each of the 2016-17 to 2018-19 financial years, the notional staffing establishments for STs of the SWD's subvented NGOs providing elderly and rehabilitation services are as follows:

	2016-17 financial year	2017-18 financial year	2018-19 financial year
Subvented Elderly Service Unit (Note 1)	0	0	About 200 (Note 2)
Subvented Rehabilitation Service Unit	About 100 (Note 3)	About 100 (Note 3)	About 180 (Note 4)

Note 1: Including Integrated Home Care Services (Frail Cases), Day Care Centres/Units for the Elderly, Enhanced Home and Community Care Services, Subvented Residential Care Homes for the Elderly, and the Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly.

Note 2: Since 2018-19 financial year, the SWD has been making additional provision to provide speech therapy services for the service users of elderly service units with swallowing difficulties or speech impairment.

Note 3: Including Early Education and Training Centres, Special Child Care Centres (including Residential Special Child Care Centres), District-based Speech Therapy Teams and Multi-Service Centres for the Hearing Impaired Persons.

Note 4: Including Residential Care Homes for Persons with Disabilities, Support Centres for Persons with Autism, Pilot Scheme on Professional Outreaching Teams for Private Residential Care Homes for Persons with Disabilities, On-site Pre-school Rehabilitation Services, Early Education and Training Centres, Special Child Care Centres (including Residential Special Child Care Centres), District-based Speech Therapy Teams and Multi-service Centres for the Hearing Impaired Persons.

Apart from direct hiring of STs, subvented NGOs may also make use of the allocated resources to purchase services for service users with speech impairment and swallowing difficulties. The SWD does not have information on the average number of cases or the headcount of service users handled by each ST post.

The EDB does not have record on the staffing establishment of STs for the tertiary institutions. From the 2016/17 to 2018/19 school years, the staffing establishment of STs for the public sector schools and the EDB are listed in the table below:

	2016/17 school year	2017/18 school year	2018/19 school year
Aided special schools	145	155.5	159.5
Public sector ordinary schools (Note 1)	–	–	–
Education Bureau (Note 2)	9	9	12

Note 1: Enhanced School-Based Speech Therapy Service is implemented in the public sector ordinary schools starting from the 2019/20 school year. Before that, schools did not have school-based speech therapist permanent posts.

Note 2: The EDB has specialist (speech therapy) posts which require the qualification of ST.

All along, the EDB provides additional resources for public sector ordinary schools to procure School-based Speech Therapy Service (SBSTS). The school-based speech therapists (SBSTs) implementing SBSTS will provide assessment and treatment for students with speech and language impairment (SLI) to reduce the impacts on their communication, learning and social aspects. They will also arrange and organise activities and programmes for enhancing language learning, incorporate language learning strategies into instructional elements and integrate the strategies into classroom learning, so as to enhance the language abilities of all students in school. Therefore, SBSTS benefits not only the students with SLI but also other students in school. From the 2016/17 to 2018/19 school years, the number of students with SLI (including students with other types of special educational needs comorbid with SLI) in public sector ordinary schools are 23 580, 24 410 and 25 510 respectively.

(4) Programmes organised by the tertiary institutions in speech therapy in Hong Kong include: (i) Bachelor of Science in Speech and Hearing Sciences by the Human Communication, Development, and Information Sciences Unit under the Faculty of Education of The University of Hong Kong, (ii) Master of Science in Educational Speech-Language Pathology and Learning Disabilities by the Department of Special Education and Counselling under the Faculty of Education and Human Development of The Education University of Hong Kong, (iii) Master of Speech Therapy by the Department of Chinese and Bilingual Studies under the Faculty of Humanities of The Hong Kong Polytechnic University, and (iv) Master of Science in Speech-Language Pathology by the Department of Otorhinolaryngology, Head and Neck Surgery under the Faculty of Medicine of The Chinese University of Hong Kong. The number of places, funding mode and duration of each programme are in Table 1 and Table 2:

Table 1: Number of Places of Programmes in Speech Therapy



School year	The University of Hong Kong	The Education University of Hong Kong	The Hong Kong Polytechnic University	The Chinese University of Hong Kong	Total
2017/18	55	42	40	–	137
2018/19	40	49	40	33	162
2019/20	48	39	36	NA (Note)	123

Note: The Chinese University of Hong Kong started running the programme in the 2018/19 school year. It did not have student intake in the 2019/20 school year.

Table 2: Background Information of Programmes in Speech Therapy

Tertiary institutions	Funding mode	Duration
The University of Hong Kong	University Grants Committee-funded	5 years
The Education University of Hong Kong	Self-financed	2 years
The Hong Kong Polytechnic University	Self-financed	2.5 years
The Chinese University of Hong Kong	Self-financed	2 years

(5) In education, starting from the 2017/18 school year, the EDB provides one ST each to the school for children with visual impairment and every school for social development to better cater for students with SLI in the schools. This initiative involved 9 schools and 9 SBST posts in total. Together with the STs working in other types of special schools, the aided special schools require about 160 STs each school year.

Besides, it was announced in the 2018 Policy Address that SBST posts would be created in all public sector ordinary schools. Starting from the 2019/20 school year, the EDB will implement the Enhanced SBSTs in three school years. The EDB will form clusters of schools according to the number of approved classes of schools, the number of students with SLI and their severity of SLI, previous experience of schools in employing SBSTs and the preference of schools. Most school clusters will be formed by two schools. One school in each cluster will be the base school. The permanent posts of SBST will be created in the base schools. Upon full implementation of the Enhanced SBSTs, it is estimated that about 420 SBST posts will be created in the public sector ordinary schools.

When all public sector ordinary schools employ about 420 SBSTs, together with about 160 ST posts in the aided special schools, schools in total will

need about 580 STs. By then, the public sector ordinary schools in principle will not need to procure ST services. Although the public sector ordinary schools will create 420 new SBST posts, part of the work was performed by the STs of the service providers and these STs could be employed as SBSTs. Taking the 2019/20 school year as an example, about one-third of the newly employed SBSTs were previously employed as STs by the service providers. Therefore, the net increase in demand from the creation of SBST posts in the public sector ordinary schools will be lower than the number of posts created. The EDB adopts a pragmatic approach to implement the Enhanced SBSTs by phases so as to meet the needs of schools and the supply of STs.

As regards elderly and rehabilitation services, in each of the 2019-20 to 2021-22 financial years, the notional staffing establishments for STs of SWD's subvented NGOs providing elderly and rehabilitation services are estimated as follows:

	2019-20 financial year	2020-21 financial year	2021-22 financial year
SWD	About 520	About 530	About 530

(6) (i) & (v) In the 2019/20 school year, the EDB has created 118 SBST posts in 223 public sector ordinary secondary and primary schools. The EDB will create about 300 SBST posts for the remaining 300 secondary schools and 321 primary schools in the coming two school years. The EDB will keep in view the recruitment of SBSTs by schools and the operational experience in implementing the SBSTs. When necessary, the EDB will adjust the pace of the implementation of the service according to the preference of schools and actual progress so as to assist all public sector ordinary schools to fully implement the Enhanced SBSTs in an orderly manner. After full implementation of the Enhanced SBSTs, the estimated recurrent annual expenditure will be about \$320 million.

(ii) & (iii) In the 2019/20 school year (as at October 2019), among the 223 public sector ordinary secondary and primary schools, 165 schools constituting 88 school clusters have employed 89 SBSTs. The remaining 58 public sector ordinary schools (29 secondary and 29 primary schools) constituting 29 school clusters have not yet recruited suitable SBSTs. There are still 29 SBST vacancies.

To assist those schools that have not yet employed their SBSTs, the EDB provides them with transitional SBSTs arrangement. Primary schools will be disbursed with the Enhanced Speech Therapy Grant of the whole school year, and secondary schools will continue to be provided with the Learning Support Grant according to the number of students with SLI and the severity level, so as to allow schools to procure the service to support the students with SLI in school. The EDB has been maintaining close liaison with the schools to understand the progress of recruitment of those schools which are still

intending to recruit SBSTs, and to assist the schools in providing appropriate support for the students.

(iv) To assist schools to implement the Enhanced SBSTs, Specialists (Speech Therapy) of the Bureau will visit the schools regularly to offer professional advice and assist the SBSTs to implement the service from professional perspectives. Apart from providing regular on-site support on case consultation and professional advice, the EDB organises different training for SBSTs, including arranging induction programmes, organising thematic talks, seminars and workshops, and conducting professional learning community meetings to promote professional development, hence to support students with SLI and implement SBSTs more effectively.

Besides, the EDB will organise workshops for the school clusters which are going to implement the Enhanced SBSTs to let them understand the details of implementation and to let schools having already employed SBST share their good experience.

The EDB will continue to review the implementation of the Enhanced SBSTs and the work performance of SBSTs with a view to ensuring that the service could help the students with SLI effectively and the SBSTs could work in their schools smoothly to support the students in need.

(7) When implementing relevant policies, the policy Bureaux will take into consideration the manpower requirement collaboratively to ensure smooth implementation. At this stage, the training and related development of STs are progressing well. The Government will continue to maintain close liaison with stakeholders and there is no plan to change the current mode of operation.

In respect of the Pilot Accredited Registers Scheme for Healthcare Professions, the accredited healthcare professional organisation will require its registrants to meet its educational standards which define a set of minimum clinical knowledge and skills for all registrants. The accredited professional organisation will also require its registrants to keep abreast of professional knowledge.