



**For information  
on 21.12.2023**

**HAB-P343**

## **Hospital Authority**

### **Cluster Presentation Programme – Kowloon East Cluster Status Review of the Service Development of Dentistry and Oral Maxillofacial Surgery and Future Development**

#### **Advice Sought**

Members are invited to note the development of the Dentistry and Oral Maxillofacial Surgery (**D-OMS**) service in the United Christian Hospital (**UCH**) and the Hospital Authority (**HA**), including an overview of its current coverage, and future development.

#### **Background**

2. The D-OMS service in the Kowloon East Cluster (**KEC**) started as a small but important clinical service of UCH in late 1973 and has grown significantly in services and manpower over the past five decades. In the subvented era prior to 1991, the Dental Department started off as the smallest clinical department in UCH with only two hospital dentists during its early phase of service commencement. It was one of the early founding clinical departments of UCH, among other major clinical services such as Surgery, Medicine, etc. The main reason of incorporating a dental department in such an early stage of UCH's service development, despite the resources constraints, was its indispensable role in the earliest cleft service in Hong Kong. At that time, cleft service was suboptimal in Hong Kong as its management required large scale of coordination among multidisciplinary teams. To improve the quality of cleft service to the community, the first Cleft Team in Hong Kong was established under the Dental Department of UCH in early 1973, consisting of a surgeon, a hospital dentist and a speech therapist.

3. The establishment of HA in 1991 enabled further development of the Department through service transformation from general dental services to more specialised services. In tandem with the specialist medical service provision of HA, dental service in UCH has been clearly identified as specialist service of Oral and Maxillofacial Surgery (**OMS**) since then. Nowadays, D-OMS service, which is of international standard, has become one of the iconic services in KEC and is well appreciated by the community.

## **Service Development and Scope**

4. The UCH Dental Department gradually developed as a specialist medical service of OMS jointly supported by other specialties and clinical teams, and was renamed as Dentistry & Maxillofacial Surgery Department (**D&MSD**) in early 1990s. This service reengineering allowed a better prioritisation of resources to provide surgical treatments related to the jaws, mouths and faces; and more focused development on the dental sub-specialty of OMS which has a more systemic health implication. As compared to general dentistry in the private sector, the provision of specialist service in the public institutes is able to attract young dental professionals to join HA workforce.

5. The core service currently provided by D&MSD of UCH includes:

- (a) Dentoalveolar Surgery (齒槽外科);
- (b) Jaw Pathology Surgery (頷骨病理外科);
- (c) Maxillofacial Trauma Surgery (頷面創傷外科); and
- (d) Corrective Jaw Surgery (OGS/DO) (顎矯正外科).

6. With its historical background, D-OMS service in HA hospitals are jointly provided by the HA network service team and colleagues seconded from the Department of Health who were initially employed by the Medical and Health Department in the pre-HA era working in various government hospitals. While both teams work together to provide outpatient, inpatient and operative specialty services, ranging from essential dental procedures to complex maxillofacial surgeries, to the community, HA network team is specialised in the dental subspecialty of OMS with emphasis on complicated diseases, such as Obstructive Sleep Apnea, Oral Cancer, etc. With the joint efforts of the team members, UCH D&MSD serves as the pillar of OMS service in HA and has become the largest centre in the field of Oral-Maxillofacial Surgery and Craniofacial Orthodontics in Hong Kong.

## **Multidisciplinary Service Model and Cross-cluster Network**

7. The multidisciplinary surgical team service model adopted by D&MSD is essential to the delivery of high quality integrated and patient-centred treatments, especially for complex medical conditions. In addition to the state-of-the-art facilities, a cohesive and efficient multi-disciplinary team composed of experienced Head and Neck (**H&N**) surgeons, Ear, Nose & Throat (**ENT**) surgeons, paediatric surgeons, oculoplastic surgeons and other allied health professionals is indispensable in the provision of a wide spectrum of comprehensive services, including :

- (a) Oral Cancer Surgery (口腔癌手術) & Maxillofacial Reconstructive Surgery (頷面整形外科) with H&N surgeons;
- (b) OSA Surgery (睡眠窒息症手術) with ENT team; and

- (c) Orbital Tumor / Trauma Surgery (眼眶腫瘤/創傷手術) with Ophthalmology Department.

8. In 2019, the D-OMS service in UCH was further extended beyond KEC to provide a territory-wide coverage through a trans-cluster service network built among six hospitals, namely UCH, Tseung Kwan O Hospital (**TKOH**), Hong Kong Children's Hospital (**HKCH**), Kwong Wah Hospital, Caritas Medical Centre, and Alice Ho Miu Ling Nethersole Hospital, whereby patients from other clusters could be referred to UCH for dental procedure and/or maxillofacial surgeries based on their medical conditions. Apart from providing routine dental support and peri-operative management, leveraging on this cross-cluster network, all the minor and intermediate level surgical cases are now allocated to the ambulatory centre in TKOH, while complicated adult and paediatric cases are managed in UCH and HKCH respectively.

9. On cleft service specifically, KEC fostered the first and the only Cleft Centre in HA, with a designated team set up to collaborate with the paediatric surgeons and other medical teams to provide a comprehensive and continuous management for patients with cleft lip and palate. Besides, through a closer collaboration between UCH and HKCH on cleft service, a better utilisation of resources and expertise is achieved by allocating paediatric patients for treatment in the HKCH and adult patients in UCH as a continuous management.

### **Staff Training and Development**

10. To maintain service sustainability and enhance specialist training, D&MSD also serves as recognised OMS training centre in Hong Kong, aiming to nurture competent OMS specialists for the future by fostering strong links with reputable regional and international professional bodies. A number of junior colleagues have been trained in the centre and became specialists serving in HA. Similar to other medical specialties, on-job training programme as recognised by the Hong Kong Academy of Medicine is provided to facilitate the acquisition of specialists of OMS by HA.

### **Continuous Service Enhancements and Way Forward**

11. Spanning the two far ends of the service spectrum, viz highly specialised and basic services, a service gap of preventive and primary management and long-term dental maintenance for medically at-risk patients is observed in D&MSD. For instance, enhancements on preventive-primary dental management are helpful in minimising the chance of complicated dental-oral problems for those medically at-risk patients, including patients with history of head-and-neck region radiotherapy, undergoing chemotherapy for cancers or antiresorptive medications for various bone diseases, diabetes, who are prone to have dental-oral complications. In line with the primary healthcare initiatives promulgated by the Health Bureau, HA has been looking for measures to fill the service gap in order to improve health outcomes of patients, and to minimise the risks of developing more complications, which need further advanced treatments.

12. On building a sustainable professional team for the next generation, the Government is exploring the introduction of a one-year internship programme prior to full registration for local dental graduates. HA D-OMS service is expected to play a pivotal role in this internship programme under exploration by providing excellent clinical settings for local dental graduates to undergo the one-year internship / period of assessment. This also offers HA an opportunity to increase the manpower for low complexity preventive and primary dental care, and in return elevate the overall comprehensiveness of the treatments and services provided.

13. Going forward, we will share our service model with other counterparts for exploring possible areas for enhancement and continue to maintain close collaboration with various stakeholders for driving better service quality.

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