

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1870/05-06  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 10 April 2006 at 8:30 am**  
**in Conference Room A of the Legislative Council Building**

**Members present** : Dr Hon KWOK Ka-ki (Chairman)  
Dr Hon Joseph LEE Kok-long (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon Fred LI Wah-ming, JP  
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
Hon Bernard CHAN, JP  
Dr Hon YEUNG Sum  
Hon Andrew CHENG Kar-foo  
Hon LI Fung-ying, BBS, JP  
Hon Vincent FANG Kang, JP  
Hon LI Kwok-ying, MH

**Members absent** : Hon CHAN Yuen-han, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

**Public Officers attending** : Items IV to VI  
Miss Susie HO, JP  
Deputy Secretary for Health, Welfare and Food (Health)

Item IV

Ms Ernestina WONG  
Principal Assistant Secretary for Health, Welfare and Food  
(Health)<sup>2</sup>

Mr Shane SOLOMON  
Chief Executive  
Hospital Authority

Dr Allen W L CHEUNG  
Director (Professional Services & Operations)  
Hospital Authority

Mr David ROSSITER  
Head of Human Resources  
Hospital Authority

Item V

Mr Jeff LEUNG  
Principal Assistant Secretary for Health, Welfare and Food  
(Health)<sup>1</sup>

Dr CHUANG Shuk-kwan  
Principal Medical and Health Officer  
(Epidemiology Section)

Items V and VI

Dr LEUNG Ting-hung, JP  
Deputy Director of Health

Item VI

Miss Alice LAU  
Principal Executive Officer (Health)  
Health, Welfare and Food Bureau

Mr AU Hing-yuen  
Head (Boards & Councils)  
Department of Health

Ms Vyora YAU  
Chief Treasury Accountant  
Department of Health

**Deputations  
by invitation**

: Item IV

Hong Kong Radiographers' Association

Mr Edward CHAN  
Chairman

Mr Anthony CHAN  
Vice Chairman

Association of Hong Kong Nursing Staff

Mr CHENG Yat-loong  
Education Officer

Ms SHUM Wai-man  
Executive Officer

College of Nursing, Hong Kong

Ms Mavis LEE  
2<sup>nd</sup> Secretary

Ms Kylie KAM  
Council Member

Hong Kong Public Consultant Doctors Group

Dr Charles K C HO

The Practising Pharmacists Association of Hong Kong

Mr Billy CHUNG Wing-ming  
President

Ms Catherine YEUNG Pui-wa  
Hon Secretary

Hong Kong Public Doctors' Association

Dr Paul SHEA

Hong Kong Public Hospitals, Department of Health and  
Universities Doctors Association

---

Dr WONG Yee-him

Frontline Doctors' Union

Dr Louis CHEUNG Chin-pang  
Chairman

**Clerk in attendance** : Ms Doris CHAN  
Chief Council Secretary (2) 4

**Staff in attendance** : Miss Mary SO  
Senior Council Secretary (2) 8

Miss Maggie CHIU  
Legislative Assistant (2) 4

---

**I. Confirmation of minutes**  
(LC Paper No. CB(2)1638/05-06)

The minutes of the meeting held on 20 March 2006 were confirmed.

**II. Information paper(s) issued since the last meeting**

2. There was no information paper issued since the last meeting.

**III. Items for discussion at the next meeting**  
(LC Paper Nos. CB(2)1639/05-06(01) to (02))

3. Members agreed to discuss the following items at the next regular meeting to be held on 8 May 2006 at 8:30 am -

(a) Redevelopment of Prince of Wales Hospital; and

(b) Long-term patients refusing to be discharged.

4. Members further agreed to hold a special meeting after 8 May 2006 and

before June 2006 to discuss the challenges faced by the Hospital Authority (HA) and how it intend to address these, including the principles and objectives of future fees restructuring and the options under consideration.

**IV. Work pressure of health care practitioners in the Hospital Authority**  
(LC Paper Nos. CB(2)1639/05-06(03) to (09) and CB(2)1664/05-06(01))

5. At the invitation of the Chairman, Chief Executive, HA introduced the Administration's paper (LC Paper No. CB(2)1639/05-06(03)) setting out the present situation of the work pressure faced by health care practitioners in the HA and the measures taken by the HA to address the issue. Director (Professional Services & Operations), HA then conducted a powerpoint presentation on the subject, details of which were set out in the powerpoint materials tabled at the meeting.

Views of deputations

6. Representatives from the following organisations presented their views on the subject, details of which were set out in their respective submissions -

- (a) Hong Kong Radiographers' Association (LC Paper No. CB(2)1639/05-06(04));
- (b) Association of Hong Kong Nursing Staff (LC Paper No. CB(2)1639/05-06(05));
- (c) College of Nursing, Hong Kong (LC Paper No. CB(2)1639/05-06(06));
- (d) Hong Kong Public Consultant Doctors Group (LC Paper No. CB(2)1639/05-06(08));
- (e) The Practising Pharmacists Association of Hong Kong (LC Paper No. CB(2)1639/05-06(09));
- (f) Hong Kong Public Hospitals, Department of Health and Universities Doctors Association (LC Paper No. CB(2)1708/05-06(01));
- (g) Frontline Doctors' Union (LC Paper No. CB(2)1708/05-06(02)); and
- (h) Hong Kong Public Doctors' Association (LC Paper No. CB(2)1664/05-06(01)).

Discussion

7. Mr Andrew CHENG said that to relieve pressure faced by frontline doctors, reasonable work hours and fair pay packages were key measures. In the light of this, Mr CHENG hoped that more could be done to bring down the work hours of doctors to no more than 65 hours per week within three years and abolish the existing bonus system for senior executives of HA.

8. Chief Executive, HA responded that although the work hours of many doctors in absolute term remained long, the situation had improved as a result of deployment of additional staff and rationalisation of work arrangements by the HA in the past few years. Part of the problem, in his view, lay in the uneven sharing of workload among doctors. To his knowledge, some doctors were working as little as 44 hours per work, while some were working up to 70-80 hours per week. There was also concern from the frontline and junior doctors that they had to perform on-call duties for many more years than their predecessors due to lack of promotion. To come up with effective measures to address the uneven workload of doctors, more solid data on the workload of doctors in different specialties needed to be collected and work in this regard would soon commence. Chief Executive, HA further said that the HA had abolished the Executive Incentive Award Scheme and that implementation of changes to individual remuneration was underway in accordance with existing contractual arrangements.

9. Ms LI Fung-ying expressed concern about “unequal pay for equal work” arising from the introduction of contract employment, etc. The feeling of inequity was particularly poignant among new medical graduates who joined the HA in recent years when they compared their pay with that of their predecessors. There was great stress among them arising from worries about their ability to pass the required examinations in order to secure the next training contract, and the uncertainty of employment after completion of training. In the light of this, Ms LI asked about the measures HA intended to take to address the problem of poor staff morale caused by the offering of different remuneration packages to the same rank/group of staff joining the HA in different years.

10. Chief Executive, HA responded that while staff morale was an important consideration, it should also be appreciated that offering different remuneration packages to the same rank/group of staff joining an organisation in different years was an inevitable consequence if the organisation was to honour existing contracts with old staff, while continuing to recruit staff within the confine of budgetary constraints. To narrow salary disparity among HA staff, two approaches could be pursued. One was to re-organise the work of health care practitioners in the HA, the task was a huge undertaking which could not be achieved overnight. The other was to tackle through health care financing in terms of generating more income from revision of fees and charges of HA services and diverting some of

the workload to the private sector.

11. Holding the view that lack of adequate manpower was the major cause of work pressure of health care practitioners in the HA, Mr LI Kwok-ying sought more information on the measures which would be taken to address the problem. Mr LI suggested that the HA should set a staff-to-patient ratio.

12. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) responded that several “blister” programmes were being conducted to address the short-term undersupply of nurses. DSHWF(H) pointed out that the present shortage of nurses was due to the cessation of student intake in the nursing programmes run by the HA since July 1999. The decision to cease student intake by the HA was made having regard to the trend of reduction in wastage rate of nurses and changes in the skill mix and the mode of delivery of health care services. The decision was also in line with the Government’s policy of upgrading basic nursing education to degree level for enhancing the quality of healthcare services. DSHWF(H) further said that with the steady increase in the number of first-year-first-degree places and first-year-sub-degree places in nursing education provided by the University Grants Committee-funded institutions over the past few years, the number of nursing graduates this year was projected to be about 600 and could increase to about 800 thereafter, as opposed to about 400 per year in the past few years.

13. Dr Joseph LEE noted from the powerpoint presentation that the HA would reward good performing doctors, nurses and allied health professionals under contract employment with accelerated salary increments. For instance, the number of years for a doctor to reach his maximum pay point could be shortened from 22 to nine years, a nurse from 26 to 13 years and an allied health professional from 24 to 14 years. Dr LEE queried whether this could happen in practice, in view of the limited promotion prospects of these health care practitioners. Dr LEE also queried the effectiveness of shifting simple patient care duties from nurses to non-professional supporting staff to relieve the work pressure of nurses, as nurses had to assume the supervisory role of overseeing the work performed by the supporting staff. Moreover, it would not be conducive to providing quality care to the patients if the care and nursing duties were performed by different groups of staff. Dr LEE further asked how the HA planned to allow its nurses to take their long overdue accumulated leave.

14. Director (Professional Services & Operations), HA clarified that rewarding good performing doctors, nurses and allied health professionals under contract employment with salary increments had nothing to do with promotion, as the incremental progression was within the pay scale of their ranks. Director (Professional Services & Operations), HA further said that as the number of nurses leaving the employ of HA was still on the rise, there were at present two ways to

address the accumulated leave of nurses. One was to recruit more nurses, and the other was to encourage nurses to accept monetary compensation in lieu of taking their leave.

15. Mr Vincent FANG expressed concern about the alarming rate of experienced doctors leaving the employ of the HA since last year. Equally alarming was the projection made by the College of Nursing, Hong Kong that about 50% of the experienced nurses would leave the employ of the HA in the coming five years. In order to retain experienced and high calibre health care practitioners, Mr FANG said that the HA must expeditiously resolve the problem of “unequal pay for equal work” and further improve the promotional prospects of these staff through additional funding from the Government, redeployment of internal resources and/or other means.

16. Dr YEUNG Sum requested the following -

- (a) the Administration should not lightly reduce funding to the HA because of tight fiscal condition in future, in view of the growing ageing population, rising public expectation about the quality of medical services and heavy reliance of the public on the public health care system;
- (b) the HA management should meet with its staff on a regular basis to listen to their views and needs, and provide a report to this Panel on the progress made in addressing such views and needs; and
- (c) action should be taken to improve the transparency of the HA’s complaint system, so as to ensure that all public complaints were dealt with fairly, impartially and effectively for both the complainants and staff under complaint.

17. Mr Albert HO said that the HA should not be forced to compromise its services to patients by requiring its staff to work unreasonably long hours, as the only mission of the HA was to provide quality healthcare to the people of Hong Kong. Mr HO further said that the HA should do away with contract employment as far as practicable to address discontent about salary disparity and worries about job security for staff on contract terms. Mr HO also shared Mr LI Kwok-ying’s view of the need to set down a benchmark on the proper staff-to-patient ratio to avoid staff working excessive long hours.

18. DSHWF(H) responded that the Administration had no plan to reduce funding to the HA in the coming years and the HA would not be required to achieve efficiency savings as had been done in the past few years. Apart from converting an amount of \$650 million one-off funding (which had lapsed at the



Action

end of March) into recurrent funding, additional recurrent provision of \$300 million was made in the coming year's budget with additional recurrent \$300 million in each of the following two years. Such arrangement would help to alleviate the stringent financial condition of the HA and would provide more certainty to the Authority in respect of its resources, thereby enabling it to make longer term financial arrangements.

Admin 19. In closing, the Chairman requested the HA to provide a progress report mentioned in paragraph 16(b) above in three months' time.

**V. Monitoring the safety of contact lens solution**  
(LC Paper No. CB(2)1639/05-06(10))

20. Members noted the Administration's paper outlining the work of the Department of Health (DH) in monitoring the safety of contact lens solution and giving a brief account of the follow-up actions taken by DH in response to the recent public concern over the safety of a brand of contact lens solution.

21. Mr Fred LI was of the view that the response actions taken by the Administration to safeguard the public against unsafe contact lens solution were too slow. Mr LI then asked whether DH could recall the same contact lens solution sold in Hong Kong, which was found to have been used by people inflicted with fungal corneal infections in Singapore.

22. DSHWF(H) responded that prior to the reporting of the seven cases of local fungal corneal infections found in January this year in Singapore, the Centre for Health Protection (CHP) of DH had been undertaking surveillance on contact lens-related microbial keratitis cases which required hospitalisation since August last year because of a rise in the number of such cases. A press release was issued to remind the public on the proper use of contact lens solution. In response to the incident occurred in Singapore, the CHP had written to all local doctors advising them to be vigilant when they treated cases of fungal keratitis and referred the cases to ophthalmologists for follow up actions. At the same time, the CHP had requested optometrists and ophthalmologists to step up their efforts to educate their clients about correct use of contact lens and contact lens solution.

23. Deputy Director of Health (DDH) said that DH could not recall contact lens solutions which had not been found to be unsafe for use by consumers. DDH pointed out that in response to the cases reported in Singapore, the CHP immediately contacted the manufacturer concerned with a view to seeking the latest information. The CHP also investigated possible correlation between the product and fungal keratitis cases. The sterility tests performed by the CHP thus far on samples of the products bought locally were negative for fungal infections,

indicating there was no micro-organism in the samples. Although there was no evidence showing that the recent fungal keratitis cases found in Hong Kong were caused by contamination of contact lens solution in the course of its production, DH, in the light of the public concern over the issue, had stepped up surveillance on fungal corneal cases that were possibly related to contact lens solutions and kept a close watch on the use of the product in other countries through the Medical Device Control Office under DH. DH would continue to monitor developments of the case closely and inform the public where necessary in a timely manner.

24. Ms LI Fung-ying asked whether the sterility tests performed by the CHP on samples of the contact lens solutions in question were less stringent than those performed in Singapore. DDH responded that the sterility tests performed on samples of the contact lens solutions in question were the same in both places. DDH further said that the results of the sterility tests performed in Singapore were also negative for fungal infections.

25. Mr LI Kwok-ying noted that according to the Consumer Goods Safety Ordinance (Cap. 456), if the Commissioner of Customs and Excise reasonably believed that a consumer product was unsafe, and might cause serious injury to its users, the Commissioner could order its supply be suspended by the suppliers and those already in the market be immediately recalled in a reasonable manner. Mr LI asked how the Commissioner could obtain information to order the unsafe consumer products to be suspended and recalled from the market.

26. DSHWF(H) responded that the Commissioner of Customs and Excise normally exercised his powers under Cap. 456 to order unsafe consumer products be suspended by the suppliers and those already in the market be immediately recalled, based on the information provided by DH. DSHWF(H) further said that although DH would not conduct random tests on samples of medical devices to ensure their safety for human use, it would undertake investigation and surveillance if there was suspicion that the products were unsafe and might cause harm to users.

27. In closing, the Chairman urged the Administration to speed up the enactment of legislation to regulate medical devices so as to better protect public health.

28. DSHWF(H) responded that the Administration would explore how the regulation of medical devices might be expedited. In so doing, due regard would need to be made to the significant resources which would be entailed. DSHWF(H) pointed out that although currently there was no legislation to regulate the importation and sale of medical devices in Hong Kong, Cap. 456 already provided protection against the supply, manufacture or import of unsafe products, including some medical devices that could be regarded as consumer goods, unless

otherwise specified in the Schedule to the Ordinance.

**VI. Revision of fees and charges for services not directly affecting people's livelihood under the purview of Department of Health**  
(LC Paper No. CB(2)1639/05-06(11))

29. Members noted the Administration's paper setting out its proposal to revise the fees and charges for services under the purview of DH which did not directly affect people's livelihood.

30. Ms LI Fung-ying noted that the costs incurred by the University of Hong Kong and the Chinese University of Hong Kong for conducting the Licensing Examination for medical practitioners had not been recovered from the candidates. Ms LI asked why this was the case, as such an arrangement was a deviation from the "user pays" principle adopted by the Government that fees should in general be set at levels sufficient to recover the full cost of providing the services. Ms LI further asked why the fees relating to the Licensing Examination for Chinese medicine practitioners were set at much higher cost recovery rates than that for fees relating to the Licensing Examination for medical practitioners.

31. DSHWF(H) responded that if the cost incurred by the two universities was to be factored into the calculation (about \$3 million in 2005-06), the cost recovery rate would drop to from 43% to 14% for Part I, from 19% to 11% for Part II and from 18% to 2% for Part III. In order to avoid increasing the fees to a prohibitively high level which would discourage eligible candidates from sitting the Examination, the Medical Council of Hong Kong opined that it was impracticable to recover full cost plus the cost incurred by the two universities in conducting the Licensing Examination. The Administration also considered it not pragmatic to revise the calculation methodology to include the cost incurred by the two universities. Nevertheless, the issue would be reviewed in future when the fees had been revised to a level close to that required to recover the full cost incurred by the Medical Council Secretariat for arranging the examination. DSHWF(H) further said that although the cost recovery rate for fees relating to the Licensing Examination for Chinese medicine practitioners was higher than that for fees relating to the Licensing Examination for medical practitioners, it should be pointed out that the former fee increases were not unreasonable as the money involved was significantly less than that for the latter fee increases.

32. Mr LI Kwok-ying said that he had no strong view about the proposed fees and charges for services under the purview of DH which did not directly affect people's livelihood, but hoped that the Administration would reconsider the view of the Chinese Medicine Council that the fees relating to the Licensing Examination for Chinese medicine practitioners should be increased by 5% instead

Action

of 15% having regard to the economic ability of the local Chinese medicine degree courses graduates.

33. The Chairman said that it was unreasonable that the cost recovery rate for fees relating to commercial products and activities was much lower than for registration of health care professionals. For instance, the existing cost recovery rate for fees relating to the registration of premises of an authorised seller of poisons and to the appeal hearing by the Pharmacy and Poisons Appeal Tribunal was only 20% and 3% respectively.

34. DSHWF(H) responded that the lower cost recovery rate for certain fee items was due to historical reason. However, it was the Administration's intention to achieve full cost recovery for services provided by the Government in accordance with the guidelines set out in paragraph 5 of the Administration's paper. Notwithstanding, consideration could be given to revise upwards the rate of increase of those fees which were far from the target of achieving full cost recovery.

Admin

35. In closing, the Chairman requested the Administration to provide the following in writing -

- (a) an explanation on why some fees, as set out in Annex A to the Administration's paper, were last revised as far back as in 1989; and
- (b) the cost recovery of fees relating to the Licensing Examination for medical practitioners in other jurisdictions.

36. There being no other business, the meeting ended at 10:43 am.

Council Business Division 2  
Legislative Council Secretariat  
4 May 2006