

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
胡忠大廈17及21樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH,  
WU CHUNG HOUSE, 17TH & 21ST FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG.

本署檔號 OUR REF.: (11) in DHHQ/1020/39/2 Pt 2

來函檔號 YOUR REF.: 2961 8893

電話 TEL.: 2573 7432

圖文傳真 FAX.:

傳真急件

香港中環  
花園道3號  
花旗銀行大廈603室  
立法會議員聯合辦事處  
潘佩璆議員  
(傳真號碼: 2509 9092)

潘議員:

### 有關刪除法醫科及醫院牙科服務顧問醫生職位的建議

2010年3月31日的來信已經收到，你在信中對上述建議表示關注。

首先我須澄清，管方在決定開設或刪除任何職位時，會根據運作需要，並視乎可用的資源而作出決定。如有需要，我們會諮詢職方的意見，或向他們簡介建議。而開設或刪除首長級職位的建議，必須由立法會批核。

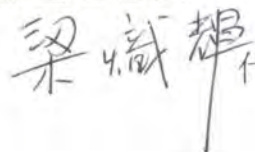
如職方對人員編製建議提出意見，我們定會積極回應。就是次事件而言，自政府醫生協會於去年11月及12月去信衛生署長後，我們隨即在醫療及牙科醫生職系協商委員會的連續五次會議上討論此事，並於2010年3月16日去信政府醫生協會詳述署方立場(見隨函副本)。

我們原擬在立法會衛生事務委員會文件“加強基層醫療服務－成立基層醫療統籌處”(供2010年4月12日會議上討論)內一併提交建議，將本署獲授權開設的首長級職位，作正式調配。建議內會提供詳盡的理據，以說明擬開設個別職位和刪除職位(包括標題所述職位)以作抵銷的安排。事實上，我們須在可行的情況下盡快提交建議，以供立法會議員決定是否通過開設或刪除個別首長級職位的建議。

有見政府醫生協會在 2010 年 3 月 26 日給本署的來信，當局決定暫時不向衛生事務委員會提交重新調配職位的建議，以便進一步諮詢職方的意見。我們認為協會來信中有一些不實之處，牙科服務主任顧問醫生已經與協會代表會面，我們亦會與協會代表在 2010 年 4 月 21 日的醫療及牙科醫生職系協商委員會會議上，進一步討論此事。

由於政府醫生協會把最近的來信副本送交衛生事務委員會各委員，我亦將此覆信副本送交該委員會秘書處，以便各委員知悉此事件的最新進展。

衛生署署長

(梁熾輝  代行)

副本送：衛生事務委員會秘書  
(隨信夾附衛生署於 2010 年 3 月 16 日致政府醫生協會的信件)  
(傳真：2509 0775)

2010 年 4 月 8 日

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**URGENT BY FAX**

Dr TSANG Sheung Yin, Stanley  
Chairman, The Government Doctors' Association  
Geriatric Day Hospital  
4/F Yaumatei Specialist Clinic Extension  
143 Battery Street  
Yaumatei, Kowloon  
(Fax: 2958 5164)

16 March 2010

Dear Dr Tsang,

I refer to your two letters tendered in November and December 2009 on behalf of the Government Doctors' Association (GDA), objecting the proposed deletion of two Consultants posts, one each in the Hospital Dental Service (HDS) and the Forensic Pathology Service (FPS). You requested for the rationale of deleting the two posts, claiming that they were offered for deletion for expediency in delivering saving and that their deletion would compromise service quality and jeopardize the training and development opportunity of junior medical professionals.

2. The proposed deletion of posts was first raised at a meeting of the Medical and Dental Officers Grade Consultation Committee (M&DOGCC) in February 2009. Since then, there have been extensive exchanges of views at subsequent meetings in May, August and November 2009, and January 2010. The Department of Health (the Department) well understands the concerns of GDA members, and has explained at length at these meetings the considerations and reasons for the proposed deletion.

*Efficiency saving in 2000s*

3. Facing the financial crisis in the early 2000s, the Financial Secretary announced in February 2003 a target to reduce operating expenditure by \$20 billion in 2003-04, rising to \$200 billion by 2006-07. The target set for the Department was \$64 million in 2003-04 to \$432 million in 2006-07.

4. In March 2003, the two Deputy Directors of Health held a series of meetings with individual Service Heads to discuss their "saving plans". In view of the



magnitude and tight timeframe of the exercise, only the decisions taken (not the deliberations) were recorded. Two of the saving measures identified were to reduce the number of Consultant posts from six to five in HDS and from three to two in FPS.

5. You queried that the two posts were chosen as a matter of convenience as the two Consultants happened to retire at the time of the financial crisis. I can assure you that it was not the case. Between March 2003 and August 2005, there were seven directorate officers in the Department retiring in the normal course of events (i.e. not early retirement). The selection of the two Consultant posts in HDS and FPS for efficiency saving was a considered decision, having regard to the operational need of the Department and after balancing competing claims.

6. One Consultant post in HDS has been left vacant since the incumbent proceeded on final leave in September 2003, with immediate saving realised. In other words, the post has been frozen pending approval of the Legislative Council (LegCo).

7. As for FPS, I can confirm that both the then Consultant in-charge and the current post-holder did argue, primarily on staff management grounds, that there should be no reduction in the number of Consultant posts in FPS. However, having regard to the operational needs of the Department as a whole, the Director personally upheld the decision. Accordingly, one Consultant post in FPS has been left vacant since August 2005 when the incumbent proceeded on final leave, realising saving immediately. Again, the post has been frozen, pending approval of LegCo.

8. The incidental ratios of Consultant to non-directorate professional posts are 1:4.2 in HDS and 1:7 in FPS after deletion of the two posts. These compare favourably with the ratios in other Services, e.g., 1:36 in Student Health Service and 1:178 in General Dental Service. In this connection, I would draw attention to the norm for provision of Consultant post. One Consultant is generally provided to spearhead service management and development in a clinical or specialist health service. For a few services which require intensive sub-specialty knowledge or where the complexity and workload warrant, two or more Consultants can be approved. The HDS and FPS are among the few Services with two or more Consultant posts.

*Efficiency Saving Retained for Implementing New Initiatives / Improving Services*

9. With subsequent improvement of the economy, the Government advised the Department in October 2005 that it could retain part of the provisions earmarked for efficiency saving to implement new initiatives and improve existing services. Accordingly, with the agreement of Civil Service Bureau and the Policy Bureau, a supernumerary Assistant Director of Health (AD of Health) post was created in March 2006 to enhance health promotion efforts and a supernumerary Principal Medical and Health Officer (PMHO) post in February 2007 to take charge of tobacco control matters. These two supernumerary posts have since been held against the two frozen Consultant posts in HDS and FPS.



*Proposed deletion of one Consultant post in HDS*

10. There were six Consultant posts in HDS in 2003 in seven hospitals, providing specialist consultative service in oral and maxillofacial surgery (OMS) and oral medicine as well as specialist management of cases involving complicated maxillofacial traumatic diseases. As explained in para 6 above, a Consultant post has been frozen since the retirement of the incumbent in September 2003.

11. The remaining five Consultants now supervise eight Senior Dental Officers (SDOs) and 13 Dental Officers (DOs). While all the eight SDOs, like Consultants, are required to possess the relevant fellowship of the Hong Kong Academy of Medicine (FHKAM), there are five<sup>1</sup> DOs possessing the same qualification. The concerted efforts of SDOs/DOs in supporting the five Consultants have contributed to a high service level in meeting the workload in HDS as follows -

	2002	2003	2004	2005	2006	2007	2008	2009
Total attendances	96,266	75,358	80,107	78,228	73,415	72,703	75,078	76,744
Special needs patients	10,345	8,869	10,445	12,053	10,984	9,171	9,270	10,114

12. Except for one DO who chose out of his own accord, the remaining seven DOs who have yet to obtain their specialist qualification have joined the training pathway leading to FHKAM. These seven trainees are posted to various hospitals and will be rotated at intervals to gain wider exposure and training.

13. Consultant in-charge in HDS has advised that HDS is the approved centre for training in OMS in Hong Kong. The seven hospital units are seven locations of one training institution. Consultant in-charge is the supervisor overseeing the whole training programme. The Trainers include all the five Consultants and two SDOs in HDS. The other six SDOs also assist in providing supervision to the trainees though not bearing the official title of Trainers.

14. Experience in the past 6½ years has proved that not only the revised staffing arrangement in HDS is adequate in meeting operational needs, it has also provided the necessary training supervision to junior DOs.

*Proposed deletion of one Consultant post in FPS*

15. There were three Consultants in FPS in 2005, each providing consultation and professional advice on medico-legal matters and management of one public mortuary. As explained in para 7 above, a Consultant post has been frozen since the retirement of the incumbent in August 2005.

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<sup>1</sup> Includes 1 DO who completed his Higher Specialist training in late 2009 and who is expected to be awarded FHKAM shortly.



16. The remaining two Consultants now supervise six Senior Medical and Health Officers (SMHOs) and nine Medical and Health Officers (MHOs). While all the six SMHOs, like Consultants, are required to possess the relevant fellowship of the FHKAM, there are three MHOs<sup>2</sup> possessing the same qualification. The concerted efforts of SMHOs/MHOs in supporting the two Consultants and the additional resources injected into mortuaries<sup>3</sup> have all contributed to a better run FPS, compared to the situation in the mid-2000s. The following table indicates that the workload of professional duties in FPS have broadly remained at the same level over the past five years -

	2005	2006	2007	2008	2009
Total no. of Coroner's cases	6,875	6,438	6,777	7,470	7,196
Autopsy done	3,256	2,808	3,115	3,359	3,456
Clinical examinations	1,003	1,023	1,061	1,064	941
Consultation	187	168	143	136	120

17. As regards professional development, the remaining six MHOs who have yet to obtain their specialist qualification are all pursuing the training pathway leading to FHKAM. Under the pairing system of on-call arrangement (one trainee paired with one senior officer who is also a Trainer), the trainees have the opportunity to undergo coaching by different Trainers on a case by case basis.

18. Consultant (FPS) in-charge has advised that FPS is the approved centre for training in forensic pathology in Hong Kong. The three operating Divisions are three units/locations of one training institution. Consultant (FPS) in-charge is the Educational Supervisor overseeing the whole training programme. The Trainers include the other Consultant in FPS, all six SMHOs and one MHO who are all FHKAM.

19. Experience in the past 4½ years has proved that the revised staffing arrangement in FPS is adequate in meeting operational needs. There is also sufficient training supervision for junior MHO to acquire their specialist qualification.

*Control of directorate establishment in the civil service*

20. As explained at the last M&DOGCC meeting, the Administration has been closely monitoring the size of the directorate establishment. The number of directorate posts in the civil service was reduced by 62 posts (-4.5%) over a period of eight years from 1 January 2002 to 12 January 2010. During the same period, the

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<sup>2</sup> Includes 1 MHO who completed his Higher Specialist training in late 2009 and who is expected to be awarded FHKAM shortly.

<sup>3</sup> Additional resources in terms of enhanced mortuary staffing, upgraded computer systems and facilities, enhanced storage buffer and cold rooms, have been injected to revamp and improve mortuary operations. All these have enabled medical staff to focus more on their professional duties.

Department fared much better as there was a reduction of only one post (-1.7%). I take the opportunity to reaffirm that apart from the proposed deletion of two Consultant posts in HDS/FPS, the Department has no plan to further reduce its directorate establishment.

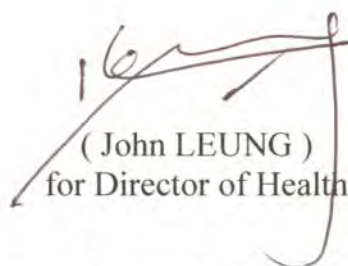
21. In the coming months, the Department plans to submit to LegCo a composite proposal for the net creation of two directorate posts as follows –

+1	AD of Health	)	for
+1	PMHO	)	primary care
+2	Consultant		for health promotion and child health
- 2	Consultant		for FPS and HDS
+1	PMHO		for tobacco control
- 1	PMHO		for child health

I believe the net increase of two directorate posts will be welcomed by GDA members.

22. Finally, on behalf of the Director, I would like to extend thanks to members of the MHO and DO grades for the dedication and concerted efforts in enhancing efficiency, in improving services and in fighting against public health crisis in the past years. May we again solicit your understanding in this issue and your further support in contributing towards maintaining high service quality and in riding through all the challenges ahead.

Yours sincerely,



( John LEUNG )  
for Director of Health

c.c. Secretary for the Civil Service (Attn.: Miss Denise YUE, GBS, JP)  
(Fax: 2868 5069)  
Secretary for Food and Health (Attn.: Dr York CHOW, GBS, JP)  
(Fax: 2526 3753)