立法會
Legislative Council

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LC Paper No. CB(2)1647/10-11
(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 11 April 2011, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou Hon Alan LEONG Kah-kit, SC
Member absent	:	Hon Albert CHAN Wai-yip
Public Officers attending	:	Items IV and V only Dr York CHOW Yat-ngok, GBS, JP Secretary for Food and Health Mrs Susan MAK LOK Suet-ling, JP Deputy Secretary for Food and Health (Health) 1

Dr LEUNG Pak-yin
Chief Executive
Hospital Authority

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Dr Derrick AU Kit-sing
Deputising Head of Human Resources
Hospital Authority

Item V only

Dr Cindy Lai
Assistant Director of Health (Health Administration & Planning)

Item VI only

Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Ms Estrella CHEUNG King-sing
Principal Assistant Secretary for Food and Health (Health)1

Dr Gloria TAM Lai-fan, JP
Deputy Director of Health

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2)5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)5

Ms Sandy HAU
Legislative Assistant (2)5

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I. Confirmation of minutes
(LC Paper No. CB(2)1440/10-11)

The minutes of the meeting held on 14 March 2011 were confirmed.

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

2. Members noted that no information paper had been issued since the last meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)1441/10-11(01) and (02))

3. Noting that the House Committee had agreed at its meeting on 8 April 2011 that the Subcommittee on Registration of Proprietary Chinese Medicines appointed under the Panel could be activated in June 2011, the Chairman suggested and members agreed that the subject on proprietary Chinese medicines would be followed up by the Subcommittee.

4. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 9 May 2011 at 8:30 am -

(a) Progress of hospital accreditation in public hospitals;

(b) Redevelopment of Caritas Medical Centre, Phase Two; and

(c) Improvement on joint replacement surgeries in the Hospital Authority.

IV. Issues relating to the wastage of doctors in the Hospital Authority
(LC Paper Nos. CB(2)1225/10-11(01), CB(2)1441/10-11(03) and (04))

5. Secretary for Food and Health ("SFH") briefed members on the strength of the doctor grade in the Hospital Authority ("HA") and the initiatives introduced by HA in recent years to attract and retain doctors, details of which were set out in the Administration's paper. Chief Executive, HA ("CE, HA") highlighted the key short-term and medium-term measures under consideration of HA to improve staff retention and strengthen the workforce as set out in paragraph 6 of the Administration's paper.

Work hours of doctors in HA

6. Ms Audrey EU expressed grave concern about the excessive call frequency and work hours of doctors in the Medicine specialty of the Tuen

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Mun Hospital. She said that doctors might need to attend six to seven calls per month and work 80 to 100 hours per week. She considered that all proposed measures announced by HA on 18 March 2011 to retain doctors and strengthen manpower, other than the proposal for employing part-time doctors to help out in the pressurized outpatient clinics, could hardly address the problems of excessive call frequency and work hours of doctors. Mr CHAN Hak-kan raised a similar concern. Ms Audrey EU asked whether consideration could be given to imposing a cap on the weekly work hours for doctors in HA.

7. Mr Albert HO was concerned about the adverse effect on patient care brought about by the long and continuous work hours of doctors in public hospitals, which could last for more than 24 hours.

8. SFH advised that the intensity of the on-site workload varied among hospitals and specialties. In some cases, uninterrupted rest time would be granted during doctors' on-site call. HA had also set targets to reduce doctors' weekly and continuous work hours to a reasonable level. SFH pointed out that with an increasing supply of 70 more post-internship local medical graduates each year starting from 2013-2014, HA should be able to further reduce the work hours of serving doctors. In the long term, the tertiary institutions were encouraged to increase student places for healthcare disciplines to meet the growing public demand for healthcare services. In response to Mr Andrew CHENG's enquiry as to whether additional funding had been provided to the tertiary institutions to increase the first-year intake places for healthcare disciplines, SFH replied in the positive.

9. CE, HA responded as follows -

(a) the average call frequency of doctors in the Medicine specialty was four on-site calls per month. Yet, it was common to have six to seven calls per month during April to June each year;

(b) in 2011-2012, HA planned to recruit about 330 doctors, representing almost all of the local medical graduates and some existing qualified doctors in the market. The tight manpower situation of doctors in HA would be alleviated when the newly recruited medical graduates reported duty in July; and

(c) the crux of the problem of long work hours of doctors in HA was the inadequate supply of doctors. Pending the increase of local post-internship medical graduates in 2015, HA would

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strive to improve staff retention and consideration would be given to employing doctors who were trained overseas and granted limited registration by the Medical Council of Hong Kong to supplement the manpower in selected specialities or sub-specialties with a proven lack of relevant local expertise.

10. Director (Cluster Services), HA ("Director (CS), HA") supplemented that under the Doctor Work Reform, HA's target was to reduce the average weekly work hours of doctors to not more than 65, and to gradually reduce their continuous work hours to not more than 24. With the implementation of various pilot work reform programmes in the past few years, the proportion of doctors working for more than 65 hours per week on average had dropped from around 18% in September 2006 to 4.8% by the end of December 2009. The number of doctors undertaking on-site on-call duties for more than 24 hours at one go had also dropped from 340 in 2006 to 221 in 2009. It was envisaged that the work hours of doctors could be further improved when more doctors joined HA in the future.

11. In response to the Chairman's enquiry about the number of additional doctors required for reducing the work hours of serving doctors to a reasonable level, Director (CS), HA advised that this was a complicated issue, as the workload of doctors in HA would be affected by factors such as rising demand for public healthcare services and the increasing complexity of medical treatment. HA would collate statistics to monitor the annual trend of doctors' work hours and deploy additional doctors to the pressurized specialties. Director (CS), HA further said that the some 10% increase in the number of doctors in HA in the past few years had contributed to the steady improvement in doctors' work hours in recent years.

Manpower requirement for doctors in HA

12. Mr CHEUNG Man-kwong pointed out that while almost all local medical graduates were provided with a specialist training pathway by HA, many of them would turn to the private sector after attaining specialist qualification and acquiring supervisory experience. This would undermine the quality of patient care in public hospitals as newly recruited medical graduates could not replace outgoing experienced specialist doctors. He asked whether consideration could be given to conducting manpower planning for doctors in each clinical speciality based on a fixed doctor-bed ratio or doctor-outpatient attendee ratio.

13. SFH advised that in view of Hong Kong's ageing population, there was a need to increase the service volume of both the public and private healthcare sectors. To provide necessary medical manpower for service

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development, the number of post-internship local medical graduates would be increased from the present 250 to 320 in 2013-2014. SFH further said that the long-term projection on medical manpower requirement for each clinical specialty would be made from time to time. However, the doctors' associations concerned often expressed contradictory views when the Administration proposed to increase the manpower supply of a specialty.

14. On the manpower requirement of public hospitals, SFH advised that HA currently adopted the diagnosis-related groups ("DRG") structure and methodology as an internal costing and resource allocation tool for its public medical services. The Administration would continue to monitor the manpower required to uphold the public healthcare system as the safety net for patients in need and the training pathway for various clinical specialties. SFH stressed that there was no universal standard on the doctor-population ratio. In addition, the number of doctor positions for different clinical specialties must remain flexible to cater for changes in the manpower requirement brought about by medical technology development. A case in point was that some diseases which were traditionally treated by surgery could now be treated by radiation therapy.

15. CE, HA supplemented that in the past, HA considered it undesirable to set a rigid establishment regarding the number of doctor positions in each clinical specialty. HA would flexibly adjust its establishment having regard to operational needs. Due regard would also be given to the manpower demand due to turnover replacement and service growth in the coming years. HA would set up a Task Force on Medical Workforce Review to study the establishment of doctors and the demand for services in different clinical specialties.

16. The Chairman requested HA to provide detailed information on the calculation of the cost and resource allocation (including manpower and work hours) for each service area under the DRG system. CE, HA agreed to provide the requisite information in two months' time.

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17. Pointing out that the serious wastage and low morale of doctors in HA did not occur overnight, Mr Albert HO expressed disappointment at the Administration's failure to address the problems when planning the budget for 2011-2012. Mr HO called on HA to improve the working environment for its doctors. He also considered that HA should set out a manning ratio of doctors based on the number of patients/beds and should not include the remuneration of senior management in the calculation of the cost of public medical services.

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18. SFH said that the remuneration of senior management was insignificant in the total expenditure on public medical services. SFH further advised that additional recurrent provision had been provided to HA from 2006 to 2009 to help alleviate the stringent financial condition of HA, thereby enabling it to address the retention and morale issues caused by measures introduced in the early years, such as the voluntary retirement scheme and pay reduction. Nevertheless, the growth in service demand and a higher public expectation for quality public healthcare services had put enormous pressure on the staff of HA.

19. Director (CS), HA supplemented that medical manpower planning was a complicated issue. In projecting its workforce requirement, HA had taken into account factors such as demographic changes, impacts of medical technology advancement and activity level of specific specialties. Given the lead time to increase the supply of medical graduates and train the Resident Trainees into specialist doctors, as well as the future private sector capacity expansion, HA had proposed a series of measures to improve staff retention and strengthen the workforce as set out in paragraph 6 of the Administration's paper. Consideration would also be given to increasing the number of overseas recruits to practise in HA under the limited registration scheme of the Hong Kong Medical Council.

20. Dr PAN Pey-chyou expressed dissatisfaction with HA's response. He considered that HA should make a projection on the required establishment for doctors in each clinical specialty based on agreed planning parameters on doctor-bed or doctor-outpatient attendee ratio. Possible solutions to the shortfall of doctors included reducing serving doctors' workload to a reasonable level and increasing the manpower supply. CE, HA reiterated that the Task Force on Medical Workforce Review would look into the matter.

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21. At the request of the Chairman, Director (CS), HA agreed to provide information on the methodology of HA for projecting its medical staff establishment and the projection results.

22. Mr Albert HO was concerned that the proposed Health Protection Scheme would lead to an expansion of the private healthcare sector, which in turn would drive an increasing number of doctors in HA switching to the private hospitals.

23. SFH responded that the public healthcare sector could provide doctors with more training and research opportunities to facilitate their professional development. This was conducive to staff retention. While the Administration would continue to uphold the public healthcare system

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as the safety net for patients in need, promoting the development of the private sector in healthcare delivery was necessary to provide patients with more service choices. SFH reassured members that there would not be an over-expansion of the private sector, as only four pieces of land had been earmarked for new private hospital developments in the coming years (at Wong Chuk Hang, Tseung Kwan O, Tung Chung and Tai Po respectively).

Allocation of resources among hospital clusters

24. Pointing out an uneven distribution of resources amongst public hospitals, Ms LI Fung-ying held the view that HA should conduct a comprehensive review of its resource allocation mechanism.

25. Citing the median waiting time for the first ENT (Ear, Nose, Throat) specialist outpatient appointment in the Kowloon Central and the New Territories West clusters as an example, the Chairman sought explanation for the high cross cluster variation in the median waiting time for such service ranging from one week to 92 weeks.

26. Director (CS), HA explained that the waiting time for specialist outpatient services varied among different clusters due to the different service demand, service targets and staff turnover rates among different clusters. HA would take into account, among others, the workload of hospitals when allocating its resources to the hospital clusters in July each year.

27. Dr PAN Pey-chyou expressed concern that using the DRG approach to allocate resources within HA had given rise to an increase in the number of unnecessary internal referrals in order to increase the number of patients in each clinical specialty so as to compete for more manpower resources. Dr PAN pointed out that under the existing mechanism, additional resources would only be provided for new services but not existing services even when the service had reached its maximum capacity. While the Government would set aside additional provision for HA to cater for new services, the hospital cluster concerned would save some 20% of the allocation, thereby leaving inadequate resources to implement the new services. CE, HA responded that the Task Force on Medical Workforce Review would look into the matter.

28. Mr Andrew CHENG held the view that the fragmented and uncoordinated administration of the hospital clusters had led to an uneven distribution of resources.

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29. CE, HA advised that in the coming year, HA would adopt a bottom-up approach to solicit views from the specialty committees and frontline doctors on pressurized areas that required additional resources, so as to improve the fairness and transparency of resource allocation within HA.

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Mr Andrew CHENG requested HA to explain the arrangement in writing.

Measures to improve staff retention and strengthen the workforce

30. Noting that the HA Head Office would provide additional funding to employ part-time doctors to help out in the pressurized outpatient clinics so as to alleviate public doctors' workload in this regard, Ms Audrey EU sought information on the estimated financial implication. She remarked that HA could engage the specialty colleges of the Hong Kong Academy of Medicine to invite private practitioners to take up part of the specialist outpatient consultations on a part-time basis.

31. CE, HA advised that similar to the pilot scheme for the employment of part-time doctors launched in the Obstetrics and Gynaecology specialty in January 2011, HA would invite departed and retired doctors to take up part of the specialist outpatient consultations in other pressurized specialities so that doctors on on-site call could be relieved of such duties and be granted immediate post-call time-off. Consideration would also be given to drawing in more private practitioners to better manage the service demand. CE, HA further said that at present, the provision allocated to each cluster/hospital for recruitment of doctors had not been used up entirely due to recruitment difficulties. HA would make use of the unutilized balance of the provision for the recruitment of part-time doctors.

32. Dr PAN Pey-chyou asked how could HA overcome recruitment difficulties in employing part-time private practitioners to help out in the specialist outpatient clinics.

33. CE, HA responded that the formalization of the policy and the standardized terms and conditions of employment, as adopted by the Obstetrics and Gynaecology specialty during the recruitment exercise in January 2011, would help to enhance success in attracting part-time private practitioners. Director (CS), HA supplemented that at present, there were more than 120 part-time doctors working in HA.

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34. Ms Audrey EU requested HA to provide information on the manpower requirement, the necessary qualification, the implementation timetable and the financial implications of the proposal for the employment of part-time private practitioners to help out in the pressurized outpatient clinics.

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35. Referring to HA's proposal for the creation of additional Associate Consultant positions for all specialties on top of those for normal replacements and planned new services, Ms LI Fung-ying expressed concern that this would exert even greater work pressure on the frontline doctors as those being promoted to the position would not be required to perform frontline work. Mr CHAN Hak-kan expressed a similar concern.

36. SFH responded that there was no cause for such concern, as senior doctors including Consultants and Associate Consultants were required to perform patient care duties in addition to their supervisory duties. CE, HA supplemented that in view of the current slim workforce and the increase in service demand, senior doctors were encouraged to devote more of their work hours to clinical duties.

V. Obstetric services in Hong Kong

(LC Paper Nos. CB(2)1408/10-11(01), CB(2)1455/10-11(01) and (02))

37. SFH briefed members on the latest situation of obstetric services provided by the public and private hospitals in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)1455/10-11(01)). SFH further advised that to ensure the adequate provision of obstetric services for local expectant mothers, the booking for delivery in public hospitals had been closed from 8 April 2011 for non-local pregnant women if their expected delivery dates fell within April to December 2011.

Access of local expectant mothers to public obstetric services

38. Mr Fred LI noted that more than 80% of the some 40 000 live births born to Mainland women in 2010 were fathered by non-residents. Given the high turnover rate of obstetricians and gynaecologists in public hospitals, which stood at 10.2% in 2010-2011, and the anticipated increase in the birth rate in the forthcoming year of the Dragon, Mr LI asked whether consideration could be given to limiting the obstetric services in public hospitals to local expectant mothers to ensure rational use of the finite public resources. Mr CHAN Hak-kan shared the view that in view of the shortage of manpower for obstetric services, as a short-term measure, the use of public obstetric services should be limited to local women to ensure the quality of care.

39. SFH responded that it was the Administration's policy to ensure that local pregnant women were given priority to use obstetric services. Under the existing arrangement, HA would reserve sufficient places in public

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hospitals for delivery by local pregnant women and would only accept booking from Non-eligible persons ("NEPs") when spare service capacity was available. SFH further advised that there was no clear statistics supporting a direct relationship between the birth rate and the Chinese Zodiac. However, there would be a rise in the birth rate when the number of marriage in the preceding year was high and the economy was booming.

40. Mr CHEUNG Man-kwong expressed concern about the hundreds-fold increase in the number of deliveries by non-local parents in the past decade from around 620 to the present 32 000-odd, which accounted for more than one-third of live births born in Hong Kong in 2010. Mr CHEUNG enquired whether the Administration would guarantee that public hospitals could support the number of births by both local women and non-local women whose spouses were local residents, which was anticipated to be around 60 000 in the forthcoming year of the Dragon.

41. SFH advised that the local demand for obstetric services would be met by both the public and private healthcare sectors, as some local women would opt to give birth in private hospitals. The existing booking systems in place in the private and public hospitals would ensure that sufficient places would be reserved for local pregnant women who were given priority over NEPs to use obstetric services.

42. Holding the view that the foreseeable demand for local obstetric services from non-local women would continue to increase in the next decade, Mr Andrew CHENG asked whether consideration could be given to designating one hospital, say, the North District Hospital in the New Territories East cluster, for the provision of obstetric services to NEPs. The revenue collected from the obstetric package charge for NEPs could be utilized for strengthening the service in this regard.

43. SFH advised that on the recommendation of HA's expert committee on obstetrics and gynaecology service, a public hospital in a cluster would provide obstetric services only when the number of births in that hospital was projected to reach a specific level in order to enable healthcare personnel to accumulate sufficient clinical experience to handle the risk of sudden changes of the clinical conditions of a pregnant patient. In planning its services, the hospital cluster would take into account the demographic profiles of the districts within the cluster and the service utilization pattern of the local residents, but not service demand from non-local women. SFH further advised that in the New Territories East cluster, obstetrics and gynaecology services were currently provided by the Prince of Wales Hospital.

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44. Pointing out that the obstetric package charge for NEPs was set on a cost-recovery basis, the Chairman surmised that the main reason why the resources and manpower for both obstetric and neonatal services remained inadequate to cope with the service demand was that individual public hospitals had saved part of the fees collected for service development in other specialties.

45. SFH responded that when the obstetric package charge for NEPs was first introduced by HA in 2005, the number of births in Hong Kong was at a level of 50 000 per year. In such circumstances, public hospitals had spare capacity to manage the demand for obstetric services from non-local women. With the ongoing surge of the number of Mainland women giving birth in Hong Kong in recent years, the obstetric services in public hospitals had reached their maximum capacity. It was therefore necessary for HA to suspend the delivery booking for non-local women from now on until December 2011.

46. CE, HA supplemented that part of the fees collected from the obstetric package charge for NEPs would be utilized for improving the obstetric services based on service and operational needs.

Neonatal intensive care services in public hospitals

47. Mr CHAN Hak-kan said that to his understanding, about 60% of the live births in private hospitals were born by non-local parents. He was concerned about the impact brought about by the surge of demand for local obstetric services by non-local women on the overall healthcare system.

48. Ms LI Fung-ying noted with grave concern that the bed occupancy rate of neonatal intensive care unit of public hospitals had increased from an average 94% in 2010 to about 108% in February 2011. She enquired about the measures to be put in place by the Administration to cope with the demand.

49. SFH advised that while the private sector could decide on their own their main clientele, newborns requiring intensive care in private hospitals would be transferred to public hospitals for treatment as most of the private hospitals were not providing neonatal intensive care service. At present, one out of 100 newborns would require intensive care and the neonatal intensive care capacity in public hospitals had reached a bottleneck. In the light of this, the private hospitals should also take into account the general maternity services, neonatal intensive care and paediatric services capacity in Hong Kong and exercise self-discipline when offering obstetric services to non-local pregnant women. The Administration would strive to forge

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consensus with the private sector as soon as possible to determine the level of deliveries that could be supported by the overall healthcare system. SFH further advised that to cope with the increasing demand for local obstetric services, HA had increased the new Resident Trainee positions for the Obstetrics and Gynaecology specialty to around 16 to 20 positions each year since 2005-2006. The number of training places for midwives in public hospitals had also been doubled from 40 to 80 to cope with the surge in service demand.

50. Dr Joseph LEE expressed concern that the 80 training places for midwives in public hospitals had not been fully taken up in recent years. Many nurses were not willing to work in the neonatal intensive care units due to heavy workload and the lack of promotion prospect. In addition, babies born in Hong Kong had the right of abode in Hong Kong regardless of the resident status of their parents. This had led to a surge in demand for the health promotion and disease prevention services provided by the Maternal and Child Health Centres for babies and young children from birth to five years of age, and exerted immense pressure on the nursing manpower of these Centres.

51. Dr PAN Pey-chyou agreed with the Administration that the surge in demand for local obstetric services by non-local women had caused tremendous pressure on the public neonatal intensive care services. He suggested that children who were born in Hong Kong but whose parents were non-local residents should be charged with a fee at the cost recovery level for the use of public neonatal intensive care services. SFH agreed to consider Dr PAN's suggestion. Mr IP Kwok-him considered that there was a need to impose a surcharge on private hospitals' referral cases if both parents of the newborn were non-local residents.

52. Mr Alan LEONG asked whether, and if so, what administrative measures would be put in place to limit the private hospitals' admission of non-local women for obstetric services.

53. SFH responded that the Department of Health ("DH") was responsible for the registration of private hospitals subject to conditions relating to accommodation, staffing or equipment and the monitoring of the performance of private hospitals. Private hospitals were required to obtain prior approval from DH for the expansion of their obstetric services. Approval would only be granted if the hospitals concerned were equipped with appropriate hardware and software supportive facilities. SFH advised that in the meantime, the Food and Health Bureau ("FHB") would line up further discussion with the public and private sectors by the end of April 2011 with a view to jointly exploring every possible means to tackle the

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problem of surging demand of obstetrics and neonatal services from non-local women. If a consensus could be reached with the private sector, it was hoped that details of the arrangement could be hammered out in May 2011.

NEPs whose spouses were local residents

54. Whilst agreeing that sufficient places in public hospitals should be reserved for delivery by local women, Mr CHEUNG Kwok-che asked whether consideration could be given to assigning a higher priority to non-local women whose spouses were permanent Hong Kong residents in the allocation of the spare places. Mr Andrew CHENG expressed support for Mr CHEUNG's suggestion.

55. SFH advised that under the existing policy, the heavily subsidized public healthcare services, including the obstetric services, would only be made available to local residents but not their non-local spouses.

56. Ms Cyd HO enquired whether FHB had taken the population policy and the read-across implications on other heavily subsidized social services into account when exploring means to tackle the problem of surging demand for local obstetric services from non-local parents.

57. SFH responded that the population policy fell outside the purview of FHB. On the planning of obstetric services, the objective of FHB was to ensure that the healthcare needs of local expectant mothers would not be compromised under any circumstances, regardless of whether they sought access to the public or private obstetric services.

58. Mr Alan LEONG noted that among the some 40 000 live births born in Hong Kong to Mainland women in 2010, about 8 000 were fathered by local residents. Given the small number of births involved, Mr LEONG enquired about the difficulties encountered by the Administration in according a priority to Mainland expectant mothers whose spouses were local residents in the allocation of the spare places for delivery in public hospitals.

59. SFH pointed out that at present, staff of HA was only able to assess whether a patient was an Eligible Person eligible for the highly subsidized public healthcare services, but could not ascertain the marital relationship between a patient and his/her spouse. That said, the Administration would consider members' views. Mr IP Kwok-him remarked that HA could require the patient concerned to produce documentary proof of a marital relationship.

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Motion moved at the meeting

60. Ms Cyd HO moved the following motion which was seconded by Mr CHEUNG Kowk-che and Mr Andrew CHENG -

"本委員會促請政府除預留足夠名額給本地孕婦外，其餘產科餘額均以永久性本地居民配偶為優先。"

(Translation)

"That this Panel urges the Government to, apart from reserving adequate obstetric services quota for local pregnant women, give priority to women whose spouses are permanent Hong Kong residents in allocating the remaining quota."

61. The Chairman put the motion to vote. A total of 11 members voted for the motion, no member voted against the motion and no member abstained. The Chairman declared that the motion was carried.

62. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

VI. Creation of new directorate posts in the Department of Health
(LC Paper Nos. CB(2)1441/10-11(07) and (08))

63. Under Secretary for Food and Health ("USFH") briefed members on the Administration's proposal for the creation of two new directorate posts for the establishment of the Office on Drugs ("DO") and sought Members' support for the proposal to be put to the Establishment Subcommittee and the Finance Committee for approval, details of which were set out in the Administration's paper (LC Paper No. CB(2)1441/10-11(07)).

64. Dr PAN Pey-chyou expressed support for the establishment of a dedicated office on drugs (i.e. DO) to strengthen the regulation of drugs. Referring to the Administration's proposals for the creation of one permanent Chief Pharmacist post in DO (designated as C Pharm (2)) and permanently redeploy the Chief Pharmacist under the existing Pharmaceutical Service to the dedicated DO (designated as C Pharm (1)), Dr PAN Pey-chyou enquired about the distribution of work between the two Chief Pharmacists.

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65. USFH advised that C Pharm (2) would mainly be responsible for the assessment work covering the pre-market and import/export control of pharmaceutical products, dispensing service of the clinics in DH and the procurement, manufacturing and supply of drugs to the clinics, as well as maintenance of drug information databases under DH. C Pharm (1) would mainly be responsible for the inspection work covering the regulation of drug manufacturers as well as other drug traders including wholesalers, importers/exporters and retailers. The job descriptions of the proposed post of C Pharm (2) and the existing and revised job descriptions of the existing C Pharm were set out in Annexes B, C and D of the Administration's paper respectively.

66. Deputy Director of Health supplemented that the two Chief Pharmacists would be responsible for taking forward the recommendations put forth by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong to strengthen drug regulation and enhance the standard and performance of the pharmaceutical sector. Among the 75 recommendations of the Review Committee, 28 recommendations could be implemented with existing resources. Another 18 recommendations would require new resources for implementation. The remaining nine recommendations would be implemented subject to relevant legislative amendments.

67. Dr PAN Pey-chyou expressed concern that the demarcation of roles and duties between the two Chief Pharmacists might give rise to dual regulation and shirking of responsibilities.

68. USFH responded that there was no cause for such concern, as a newly created Assistant Director of Health would head DO to assume leadership, provide policy steer, formulate strategies and fully discharge the coordination role of DO. The Assistant Director would direct and supervise the work of the two Chief Pharmacists.

69. Dr Joseph LEE expressed support in principle for the proposed staffing arrangements for the establishment of DO. Dr LEE requested the Administration to report on a quarterly or bi-annual basis the progress in taking forward the recommendations of the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong after the establishment of DO.

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70. Concluding the discussions, the Chairman said that members of the Panel were in support of the proposals to create two new directorate posts and permanently redeploy the existing Chief Pharmacist post for the establishment of DO. Members noted the Administration's plan to seek the

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approval of the Establishment Subcommittee on 8 June 2011 and the Finance Committee on 24 June 2011.

Council Business Division 2
Legislative Council Secretariat
6 May 2011