

立法會
Legislative Council

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LC Paper No. CB(2)1990/10-11
(These minutes have been seen by
the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 9 May 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 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 Kin-por, JP
Hon CHEUNG Kwok-che
Hon IP Kwok-him, GBS, JP
Dr Hon PAN Pey-chyou
Hon Alan LEONG Kah-kit, SC
Hon Albert CHAN Wai-yip

Members absent : Hon Fred LI Wah-ming, SBS, JP
Hon CHAN Hak-kan

Public Officers attending : Items IV to VI only
Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Miss Gloria LO
Principal Assistant Secretary for Food and
Health (Health) 2

Item IV only

Dr LIU Hing-wing
Director (Quality & Safety)
Hospital Authority

Dr Stephen PANG Fei-chau
Chief Manager (Quality & Standards)
Hospital Authority

Item V only

Dr Su Vui LO
Director (Strategy & Planning)
Hospital Authority

Dr H C MA
Deputizing Cluster Chief Executive (Kowloon West) /
Hospital Chief Executive (Caritas Medical Centre)
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Item VI only

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Miss Sylvia FUNG
Chief Manager (Nursing)/Chief Nurse Executive
Hospital Authority

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)1647/10-11)

The minutes of the meeting held on 11 April 2011 were confirmed.

II. Information paper(s) issued since the last meeting
(LC Paper Nos. CB(2)1555/10-11(01) and (02))

2. Members noted the following papers issued since the last meeting -

- (a) Letter dated 29 March 2011 from Licoman Herbal Research Lab. Limited to the Chinese Medicine Council of Hong Kong regarding an appeal case concerning the decision of the Chinese Medicine Council of Hong Kong on applications for transitional registration of proprietary Chinese Medicines; and
- (b) Reply from the Chinese Medicine Council of Hong Kong dated 13 April 2011.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)1648/10-11(01) and (02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 13 June 2011 at 8:30 am -

- (a) Improvement on joint replacement surgeries in the Hospital Authority ("HA"); and
- (b) Issues relating to the provision of obstetric services in the Tseung Kwan O Hospital.

Regarding (b), the Chairman suggested that the concern groups on Hong Kong's obstetric and neonatal services be invited to the meeting to give views on the subject. Ms LI Fung-ying suggested that a notice should also be posted onto the Legislative Council website to invite views from members of the public. Members agreed to the proposed arrangements. On the attendance of the Administration, Dr PAN Pey-chyou considered that representatives of the Kowloon East cluster to which the Tseung Kwan O Hospital belonged should attend the meeting to answer members' questions on the subject.

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4. Members noted the Administration's response to the views and suggestions raised at the meeting on 14 February 2011 concerning HA Drug Formulary (LC Paper No. CB(2)1602/10-11(01)). The Chairman consulted members on the preferred date for holding a special meeting to receive views of deputations on the subject. Members agreed that a special meeting should be held in June 2011 for the purpose.

(Post-meeting note: The special meeting has been scheduled for 14 June 2011 at 4:45 pm.)

IV. Progress of hospital accreditation in public hospitals
(LC Paper Nos. CB(2)1441/10-11(05) and (06))

5. Under Secretary for Food and Health ("USFH") briefed members on the progress of the pilot scheme of hospital accreditation ("the pilot scheme"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1441/10-11(05)). Director (Quality & Safety), HA ("Director (Q&S), HA") highlighted the implementation of hospital accreditation in HA as detailed in the Administration's paper.

Implementation of hospital accreditation

6. Holding the view that hospital accreditation was similar to the school self-evaluation and external school review implemented in public sector schools, Mr CHEUNG Man-kwong expressed grave concern that the implementation of hospital accreditation in public hospitals would add additional workload and pressure to frontline healthcare staff. Given the manpower constraint of public hospitals, Mr CHEUNG urged the Administration to consider deferring the implementation of hospital accreditation. Ms Audrey EU shared a similar view and enquired about the implementation timetable of a territory-wide hospital accreditation scheme.

7. USFH responded that the implementation of hospital accreditation would ensure that patients could receive healthcare services of international standards at the participating public and private hospitals. HA had made over the years continuous efforts to maintain the quality of care of its hospitals. The implementation of hospital accreditation was part of this continuing effort for quality improvement. On the timetable for implementing a territory-wide hospital accreditation scheme, USFH advised that five public hospitals and three private hospitals had participated in the pilot scheme launched by the Administration in May 2009 in partnership with the Australian Council on Healthcare Standards

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("ACHS"). Another three out of the 9 remaining private hospitals had also engaged ACHS as their accrediting agent. All of these hospitals had been awarded four-year full accreditation status. The Administration's plan was to extend the hospital accreditation programme to another 15 public hospitals in the next five years. USFH further said that the accreditation requirement may also be included as one of the conditions for development of new private hospitals at the four reserved sites (at Wong Chuk Hang, Tseung Kwan O, Tung Chung and Tai Po respectively).

8. Mr CHEUNG Man-kwong maintained the view that hospital accreditation should not be implemented in a hasty manner without first engaging the frontline healthcare staff for a thorough discussion, as frontline staff had already been working under immense pressure with the current manpower and workload.

9. Ms Audrey EU said that HA should employ additional clerical staff to handle the paper work arising from the implementation of hospital accreditation so as to alleviate the workload of frontline doctors.

10. USFH responded that each year, HA would set aside resources for employment of clerical staff to assist its healthcare staff to handle the non-clinical paper work of various initiatives.

11. Dr PAN Pey-chyou considered that there was no harm to implement a hospital accreditation scheme when there was adequate healthcare manpower, in particular experienced staff, to ensure that the established protocols and guidelines would be strictly followed. In the light of this, Dr PAN asked whether HA would review its manpower situation to ensure the continuous delivery of quality care in the five accredited public hospitals and smooth implementation of the hospital accreditation scheme in the other public hospitals. Ms Cyd HO raised a similar enquiry.

12. USFH agreed that the participation of frontline healthcare staff was a key to successful implementation of the accreditation programme. While admitting that HA was facing manpower constraint, USFH said that this should not be a reason for withholding the implementation of hospital accreditation in public hospitals. USFH further pointed out that areas requiring improvement in terms of manpower support would be identified under the accreditation programme.

13. Mr Albert CHAN surmised that the implementation of the proposed health protection scheme was the main reason for introducing hospital accreditation in Hong Kong. Mr CHAN sought information on the specific use of the \$10 million earmarked for engaging an Australian consultant to

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launch the pilot scheme in 2009 and the findings revealed in the consultancy report.

14. USFH clarified that the implementation of hospital accreditation had no relationship with the proposed health protection scheme. USFH further explained that ACHS was engaged as accrediting agent to launch the pilot scheme which involved the development of a set of locally adapted accreditation standards for Hong Kong and a local team of surveyors for hospital accreditation as well as the evaluation of performance of the pilot hospitals through the organization-wide accreditation surveys, instead of the production of a single consultancy report. As regards the accreditation reports of the five participating public hospitals, they were available on HA's website. Mr Albert CHAN requested the Administration to provide details of the consultancy study. USFH agreed to provide the details of the pilot scheme since there was no consultancy report.

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Development of accreditation standards

15. Noting from paragraph 4 of the Administration's paper that one of the key objectives of the pilot scheme was to develop a set of common hospital accreditation standards for measuring the performance of both public and private hospitals in various aspects in the long run, Ms Audrey EU enquired whether it was feasible to use the same yardstick across the board for measuring the performance of public and private hospitals, and if so, what would be the benefits brought to the patients.

16. USFH responded that hospital accreditation was widely adopted internationally as a useful measure to sustain and improve the quality of healthcare services by benchmarking with "best practices" in the field and international standards. There had also been calls from members and the community for introducing a common set of standards for measuring the performance of both public and private hospitals.

17. Noting from paragraph 8 of the Administration's paper that a set of locally adapted accreditation standards had been formulated under the pilot scheme, Ms Audrey EU and Ms Cyd HO expressed disappointment at the lack of details in this regard.

Staff consultation

18. Pointing out that active and committed participation of both the hospital management and frontline healthcare staff would be crucial to the success of hospital accreditation, Ms LI Fung-ying enquired about the views of the staff of the participating hospitals towards the pilot scheme.

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Noting the Administration's plan to extend the hospital accreditation programme to another 15 public hospitals, Ms LI further enquired whether staff of these hospitals would be consulted.

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19. USFH responded that the Administration attached great importance to the views of the hospital staff on the hospital accreditation programme. Two studies had been conducted by the Nethersole School of Nursing of the Chinese University of Hong Kong to seek the views of frontline healthcare staff towards the pilot scheme. It was expected that the reports of the studies would be available in mid July 2011. The Administration could provide the Panel with the findings of the studies when available.

Pilot scheme of hospital accreditation

20. Ms LI Fung-ying sought information on whether there had been a decrease in the number of medical incidents in hospitals participated in the pilot scheme.

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21. USFH clarified that there was no direct relationship between the implementation of hospital accreditation and the occurrence of medical incidents in hospitals which had been awarded the accreditation status. USFH explained that hospital accreditation was to evaluate the hardware, software and procedures of a hospital to assess its level of achievement against a set of established healthcare standards. While there was evidence of reduction in the number of medical incidents in hospitals of other places after the granting of accreditation, the reduction would not take place overnight. It would also be difficult, if not impossible, for hospitals to attain zero medical incidents, as human errors would inadvertently occur in the complex healthcare settings. That said, USFH agreed to provide after the meeting information on the number of medical incidents of public hospitals participated in the pilot scheme.

22. Dr Joseph LEE expressed concern that as revealed from the findings of a survey conducted by the Association of Hong Kong Nursing Staff in November 2010 on hospital accreditation in public hospitals (LC Paper No. CB(2)1720/10-11(01)) which was tabled at the meeting, the implementation of hospital accreditation had led to an increase in non-clinical workload and work pressure for the nursing staff. There were also views that there was inadequate manpower and resources to implement the scheme. In addition, more than half of the respondents considered that the scheme could not enhance the quality of care and efficiency of public hospitals. Expressing dissatisfaction with the Administration's paper for its failure to provide any information on the criteria and standards of the hospital accreditation scheme, Dr LEE surmised that the main focus of the

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assessment was on hardware facilities rather than service quality, such as the nurse-to-patient ratio, of the hospitals.

23. USFH advised that most of the 45 criteria of the ACHS Evaluation and Quality Improvement Program were clinical and service-related. For instance, the five public hospitals that had been awarded full accreditation for four years by ACHS had attained Extensive Achievements in areas such as care of dying patients and deceased, management of medical incidents and complaints, safety practice and environment, and pressure ulcer prevention and management, etc.

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24. Pointing out that there was at present inadequate nursing manpower in the public healthcare sector, Dr Joseph LEE doubted why the participating public hospitals could attain Extensive Achievements in pressure ulcer management which required highly intensive nursing care. At the request of the Chairman, USFH agreed to provide information on the criteria and standards employed under the ACHS Evaluation and Quality Improvement Program.

Improvement measures

25. Mr CHAN Kin-por expressed support for the hospital accreditation programme which, in his view, was conducive to improving the quality of healthcare services. Mr CHAN sought information on the follow-up work on areas that required improvement, such as sterilization practices in operating theatres, medication safety, documentation enhancement, etc.

26. USFH responded that it was the responsibility of each accredited hospital to follow up on areas that required improvement. In response to Mr CHAN Kin-por's enquiry as to whether periodic reviews would be conducted during the four-year accreditation cycle to assess the progress of the follow-up work, USFH replied in the positive.

27. Pointing out that hospitals which had been awarded accreditation status in overseas countries would enjoy discount when taking out the professional liability, public liability and employee compensation insurances, Mr CHAN Kin-por asked whether the Administration would inform the insurance companies of the hospitals that had been awarded accreditation status by ACHS.

28. USFH advised that HA was self-insured to provide protection for HA and its staff. At regards private hospitals, the Administration did not have the information on the insurance took out by these hospitals and it would follow up with the private hospitals accordingly.

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Follow-up

29. Ms Cyd HO suggested that the Panel should invite the frontline healthcare staff to give views on the implementation of hospital accreditation in public hospitals. Members agreed to hold a special meeting in early July 2011 for the purpose.

(Post-meeting note: The special meeting has been scheduled for 4 July 2011 at 8:30 am.)

30. To facilitate members' further discussion on the issue, the Chairman requested the Administration to provide a paper for the special meeting, setting out the information requested by members at this meeting. Mr Albert CHAN suggested that the Research Division of the Legislative Council Secretariat should be requested to provide an information note on the hospital accreditation schemes in other places. Members did not raise any queries.

V. Redevelopment of Caritas Medical Centre, Phase Two
(LC Paper Nos. CB(2)1648/10-11(03) and (04))

31. USFH briefed members on the current status of the capital works project on the phase two development of the Caritas Medical Centre and the Administration's proposal to increase its approved project estimate from \$1,218.1 million by around \$500 million to \$1,720 million in money-of-the-day prices, details of which were set out in the Administration's paper (LC Paper No. CB(2)1648/10-11(03)).

32. Members did not raise any queries. The Chairman concluded that members of the Panel were in support of the proposal.

VI. Issues relating to manpower and wastage of nurses in the Hospital Authority
(LC Paper Nos. CB(2)1648/10-11(05) to (07) and CB(2)1641/10-11(01))

33. USFH briefed members on the recent developments of the manpower and turnover of nurses in HA and the initiatives introduced by HA in recent years to attract and retain nurses, details of which were set out in the Administration's paper (LC Paper No. CB(2)1648/10-11(05)). Director (Cluster Services), HA ("Director (CS), HA") highlighted the series of measures currently under consideration by HA to strengthen the

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workforce and improve staff retention set out in paragraph 6 of the Administration's paper.

High turnover and wastage of nurses

34. Dr PAN Pey-chyou pointed out that inadequate nursing manpower, particularly Registered Nurses and Midwives, had been a long-standing problem of HA. Holding the view that monetary return might not be the primary reason for the departure of nurses from the public sector, Dr PAN urged HA to conduct an in-depth study on reasons for the high wastage of its nursing staff. In particular, the change in the management practices and the working environment in recent years, such as the increase in the number of complaint cases and the increase in non-clinical work arising from the implementation of various initiatives, might have an adverse impact on the morale of nurses.

35. Director (CS), HA advised that more than 60% of the departed nurses of HA were Registered Nurses with over 10 years of experience. The main reasons for their departure were the lack of opportunities for promotion to the Advanced Practice Nurse ("APN") rank, excessive night shift frequency and heavy work pressure. HA had taken steps in recent years to address the above issues which included increasing the allowance for continuous night shift scheme by about 40%; improving the promotion prospects of nurses by creating additional posts of APN and the rank of Nurse Consultants; and improving the working arrangements of nurses through measures such as reducing the non-clinical work handled by nurses and modernizing the frequently used equipment to alleviate their workload. HA would explore the feasibility of other suggestions received during the current consultation exercise on measures to strengthen the nursing workforce and improve staff retention.

36. Mr CHEUNG Man-kwong expressed concern that the turnover rate of Enrolled Nurses/Midwives/other nurses in the Obstetric and Gynaecology specialty of HA had surged from 12.4% in 2006-2007 to 73.5% in 2010-2011, which represented a six-fold increase. In 2010-2011, the turnover rate of Registered Nurses in this specialty, which stood at 8.2%, also ranked second highest among all specialties. He surmised that this was due to the boost of employment opportunities in the private healthcare sector brought about by the unhealthy expansion of the obstetric service capacity of the private hospitals for meeting the growing demand by Mainland women.

37. USFH responded that in view of the ongoing surge of the number of Mainland women giving birth in Hong Kong, the Administration was striving to forge consensus with the private healthcare sector to determine

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the level of deliveries that could be supported by the overall healthcare system. It was hoped that details of the arrangement could be hammered out by end of May 2011.

38. Chief Manager (Nursing)/Chief Nurse Executive, HA supplemented that the turnover rate of the rank of Enrolled Nurses/Midwives/other nurses in the Obstetric and Gynaecology specialty was excessively high in 2010-2011 because of the small denominator for calculating the turnover rate. She explained that the majority of the nursing staff in this specialty was Midwives without a nursing qualification. Given that HA had ceased to organize training programmes for Midwives without a nursing qualification since 1974, the manpower strength of this position was only 13 in 2010-2011 and three of them had departed in the year.

Staff retention

39. Dr Joseph LEE pointed out that the nursing manpower within HA had been under pressure for many years. He considered that the root of the problem was the lack of a nurse-to-patient ratio for projecting the nursing manpower requirement of HA. Taking into account the growth in nursing manpower demand of the private healthcare sector in recent years, Dr LEE expressed doubt on whether HA would be able to meet its recruitment target at 1 720-odd in 2011-2012 which, according to HA, covered about 90% of the available nurse graduates from universities, all the nurse graduates from HA nursing schools and some existing qualified nurses in the market. He was also concerned that newly recruited nurse graduates could not replace outgoing experienced nurses. To address the serious wastage of experienced nurses in public hospitals, Dr LEE urged HA to consider implementing the 10 measures recommended by the Association of Hong Kong Nursing Staff as set out in its first quarter survey report on the nursing manpower of HA for 2011, a copy of which was attached to his letter dated 29 April 2011 to the Chairman (LC Paper No. CB(2)1648/10-11(07)). Mr Alan LEONG raised a similar question, and asked about the timetable for finalizing the measures to improve nursing staff retention.

40. USFH responded that the Administration highly valued nurses as important assets of the healthcare teams and agreed that there was a need to retain experienced nurses in HA. To this end, a series of short-term and medium-term measures had been worked out by HA with a view to improving nursing staff retention. At present, a consultation exercise was being conducted within HA on these measures. The Administration hoped that HA could reach a consensus with the Association of Hong Kong Nursing Staff on the improvement measures in a couple of weeks.

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41. Dr Joseph LEE said that the Administration and HA should provide an explanation on why the measures recommended by the Association of Hong Kong Nursing Staff, if any, was considered not feasible.

42. Ms LI Fung-ying noted with grave concern from Annex 2 to the Administration's paper that the respective turnover rate of HA nurses for the Obstetric and Gynaecology, Surgery, and Paediatrics specialties stood at 73.5%, 10.8% and 9.9% in 2010-2011. Such turnover rates demonstrated that the past measures implemented by HA, such as improving the employment packages for new recruits, were ineffective to retain its nursing staff. In the light of this, Ms LI sought information on the following -

- (a) the success rate of application from contract Registered Nurses of HA, who had completed three years or more full time service in the rank and met the performance criteria, for transferring to permanent terms of employment since the introduction of the measure in 2008;
- (b) a breakdown of the numbers of nurses in HA by contract and permanent terms of employment; and
- (c) the difference in pay arising from the measure to increase the entry pay for Registered Nurse and Enrolled Nurse of HA by two pay points in 2007.

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43. Director (CS), HA undertook to provide the requisite information after the meeting. Director (CS), HA pointed out that the decision of whether to apply for transferring to permanent terms of employment rested with the contract Registered Nurses themselves.

44. Mr IP Kwok-him noted that an allocation of \$200 million had been earmarked in 2011-2012 for HA's implementation of the short-term and medium-term measures set out in paragraph 6 of the Administration's paper to address the problem of increasing turnover of nurses in public hospitals. He asked whether the Administration was confident that these measures would be effective to improve staff retention.

45. USFH reiterated that HA was conducting a consultation exercise on the proposed measures. The Administration hoped that HA could forge a consensus with its nursing staff on the issue within a couple of weeks.

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Long-term planning for nursing manpower

46. Mr Albert HO was of the view that the Administration's paper had failed to put forward the long-term manpower planning to address the imbalance between supply and demand of nursing manpower at the macro level. Mr HO considered that the Administration should formulate a blueprint for the long-term healthcare planning and work out a nurse-to-patient ratio in order to estimate the manpower requirement for nurses in the public sector. Without getting hold of such information, it would not be possible for the Administration to determine the number of training places required and whether there was a need to employ overseas graduates.

47. Director (CS), HA advised that a tool had been developed by HA to calculate the workload of various specialties, having regard to the different models of care at different clinical settings. In conducting long-term planning for its nursing manpower for the next five to 10 years, HA would take into account the healthcare service needs to be brought about by the ageing population, medical technology development, the direction of enhancing community care and the service enhancement plans of HA. An annual review would be conducted to assess whether any adjustment to the manpower requirement projection was necessary.

48. Mr CHEUNG Kwok-che asked whether the manpower projection was based on the international standard on the nurse-to-patient ratio. USFH advised that the nurse-to-patient ratio of different hospitals and countries varied and there was no international standard on the ratio.

49. Despite the Administration's response, Mr CHAN Kin-por held the view that the Administration should formulate a nurse-to-patient ratio in the long run to facilitate strategic manpower planning.

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50. The Chairman requested the Administration and HA to provide a written response to explain the methodology adopted by HA for projecting its nursing staff establishment and the projection results.

Supply of nurses

51. Noting that the total number of nurses available for appointments in the coming three years (i.e. 2012-2013 to 2014-2015) was estimated to reach 1 900 to 2 000 each year, Mr CHEUNG Kwok-che enquired whether such manpower resources could meet the demand of both the public and private healthcare sector, as well as the social welfare sector.

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52. Mr IP Kwok-him urged the Administration not to underestimate the nursing manpower demand brought about by the potential expansion of the private healthcare sector.

53. At that juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

54. USFH explained that the manpower requirement of the private healthcare sector depended largely on the economic condition. When the economy was blooming, there would be an increase in the service demand of the private healthcare sector and a higher proportion of healthcare staff would tend to leave HA for the private sector. In the event that the economy underwent cyclical downturns, hospitals might implement measures such as early retirement schemes in order to make available more nursing posts to accommodate fresh graduates. Hence, the Administration had to strike the right balance in making the healthcare manpower projection. A review would also be conducted on an annual basis to assess whether any adjustment would be required. According to the Administration's current projection, the enhanced supply of nurse graduates at the level of about 2 000 each year for the coming three years would be able to meet the manpower demand in the short to medium term. It should however be noted that most of the nursing staff departed from HA were experienced nurses and it would take time for the newly recruited nurse graduates to accumulate experience in performing the clinical duties.

55. Dr Joseph LEE expressed dissatisfaction with the Administration's response. He pointed out that there was no cause for concern that there would be an oversupply of nurses at times of economic downturn, as inadequate nursing manpower had been a long-standing problem of HA. Dr LEE maintained the view that the Administration should set a planning parameter in respect of the nurse-to-patient ratio so as to enable a more accurate projection of the nursing manpower requirements of the overall healthcare system for the next five to 10 years.

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56. At the request of Mr CHEUNG Kwok-che, USFH agreed to provide after the meeting the number of graduates coming on stream in the next three years, with a breakdown by the nurse training courses provided by the local tertiary institutions, the HA nursing schools and the private hospitals.

57. The Chairman asked HA whether consideration could be given to requiring its serving nurses to undertake overtime work with compensation as justified by operational requirements, so as to immediately relieve the

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problem of shortage of nursing manpower.

58. Director (CS), HA responded that HA had implemented a basket of measures to address nursing manpower shortage in the short term. These included providing allowance for overtime work and holiday work to provide better incentive for nurses to work beyond their conditioned hours, and employing some 400 part-time nurses to help out in the pressurized areas.

59. Citing a case involving a nurse who had practised in the Mainland for 18 years as an example, Ms Audrey EU was concerned about the difficulties encountered by nurses trained and practised outside Hong Kong in applying for practise in Hong Kong when they were unable to provide evidence of their practising experience. As a contingency measure to address the shortage of nurses, Ms EU asked whether consideration could be given to providing more assistance to these nurses to help them practise or secure care-related employment in public hospitals.

60. USFH responded that the work of determining the qualifications for registration and enrolment of nurses fell within the professional autonomy of the Nursing Council of Hong Kong. It was a requirement of the Council that an applicant trained outside Hong Kong had to possess a valid certificate to practise nursing issued by such certifying body as might be recognized by the Council from time to time as evidence of competency to practise nursing. USFH further said that both the public and private sectors had offered a number of employment opportunities for care-related support workers.

61. Mr CHAN Kin-por pointed out that the development of the medical services industry, which was identified as one of the six industries where Hong Kong enjoyed clear advantages, would require additional healthcare manpower, including nurses, in future.

62. Ms Cyd HO urged the Administration to assess the healthcare manpower required to support the Administration's initiatives of promoting the medical services industry, implementing the hospital accreditation scheme, as well as addressing the potential increase in service needs due to the ageing population.

63. USFH responded that the Administration would assess the manpower requirement for various healthcare professionals to support the healthcare reform. The assessment for the education and training needs for healthcare professionals would take into account views of the healthcare and the social welfare sectors.

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64. Ms Cyd HO suggested that more ranks should be created in the nursing grade to alleviate the heavy workload of each rank. USFH advised that under the existing structure of HA, the nursing and care-related duties were carried out by Nurse Consultants, APNs, Registered Nurses, Enrolled Nurses and Health Care Assistants.

VII. Date of next meeting

65. The Chairman reminded members that a joint meeting with the Panel on Welfare Services had been scheduled for 24 May 2011 at 4:30 pm to receive views from deputations on the "Initiatives for enhancement of mental health services in the Hospital Authority".

66. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
10 June 2011