



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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23 February 2012

Ms Alice LEUNG  
Clerk to Panel  
Panel on Health Services  
Legislative Council Complex  
1, Legislative Council Road  
Central

Dear Ms LEUNG,

**Panel on Health Services**

**Follow-up to the meeting on 13 February 2012**

I refer to your letter of 16 February 2012 on the captioned. The requested supplementary information on items (a), (c) and (d) are provided in the ensuing paragraphs. Information on items (b), (e) and (f) will be provided as soon as possible.

**Response to item (a)**

**Working Group and Consultative Group on Health Protection Scheme**

2. The terms of reference of the Working Group and Consultative Group on Health Protection Scheme (HPS) are at **Annex A**. Members of the Working Group and Consultative Group come from a wide range of backgrounds, including the healthcare and medical sector, the insurance

industry, employers, the civil society and the academic sector. The membership of the Working Group and Consultative Group are at **Annex B**.

3. We expect that the Working Group and the Consultative Group would commence operation and deliberate on issues concerning the HPS in the second quarter of 2012. Issues to be examined include supervisory and institutional frameworks, measures aiming to enhance the viability and mitigate potential risks of HPS, key components of standard plan under HPS, rules and mechanism in support of the operation of HPS, as well as the provision of public subsidy making use of the \$50 billion fiscal reserve earmarked to support healthcare reform. The Working Group and Consultative Group will meet at regular intervals with an aim to complete deliberations and draw up recommendations in the first half of 2013.

#### *Strategic Review on Healthcare Manpower Planning and Professional Development*

4. The terms of reference of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development, its Coordinating Committee and six consultative sub-groups (the Medical Sub-group, the Dental Sub-group, the Nursing and Midwifery Sub-group, the Traditional Chinese Medicine Practitioners Sub-group, the Pharmacists Sub-group and the Other Healthcare Professionals Sub-group) are at **Annex C**. The Steering Committee comprises key stakeholders from the healthcare sector, respected figures from the community and overseas experts. Healthcare professionals from 13 disciplines which are subject to statutory regulation will be covered and represented in the six consultative sub-groups. The membership of the Steering Committee and Coordinating Committee are at **Annex D**. We are in the process of appointing members to the six consultative sub-groups.

5. The Steering Committee convened its first meeting on 31 January 2012, and will meet at regular intervals with an aim to formulate recommendations on healthcare manpower planning and professional development in the first half of 2013. It will assess manpower needs in the various healthcare professions and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review, with a view to ensuring the healthy and sustainable development of Hong Kong's healthcare system. We plan to conduct the first round of sub-group meetings in the second quarter of 2012, with further rounds of meetings to be scheduled having regard to the progress of the deliberations at the Steering Committee and other relevant

considerations. The Coordinating Committee will meet as and when necessary to, among other things, examine and consolidate views and suggestions from the six sub-groups.

### **Response to item (c)**

#### **Item(c)(i)**

6. According to information provided by the private hospitals, the total floor area of each private hospital is set out at **Annex E**. We have no information on the breakdown of total floor area of the 12 private hospitals by usage.

#### **Item(c)(ii)**

7. According to information provided by the private hospitals, the total number of beds and the percentage of maternity beds and nursery cots in each private hospital are set out at **Annex F**.

#### **Item(c)(iii)**

8. According to information provided by the private hospitals, the annual number of in-patient discharge from the 12 private hospitals in the past five years (2007-2011), with breakdown by whether the patient is a holder of Hong Kong Identity Card, is set out at **Annex G**. There is no information on the breakdown of in-patient discharge by clinical specialties.

### **Response to item (d)**

9. Inland Revenue Department (IRD) administers the Inland Revenue Ordinance (IRO) (Cap 112), and is mainly responsible for the assessment and collection of taxes, including processing applications for tax exemption under section 88 of the IRO.

10. According to IRD, a tax-exempt charity normally should be established by a written governing instrument stating precisely and clearly its objects. A tax-exempt charity must inform IRD of any changes to the clauses in its governing instrument. To ensure that the income and assets of tax-exempt charities are wholly applied towards their charitable purposes, IRD requires the governing instrument to contain clauses specifying that a charity's funds should only be applied towards the attainment of its stated objects; prohibiting distribution of its incomes and properties amongst its

members; specifying the remaining assets upon dissolution to be donated to other charities; requiring the keeping of proper accounting books as well as the compilation of annual financial statements. IRD also recommends charities to make reference to the practical guide entitled "Best Practice Checklist - Management of Charities and Fund-Raising Activities" issued by the Independent Commission Against Corruption to strengthen their governance and internal control. The guide, among other things, requires charities to compile a Code of Conduct setting out the standard of behaviour required of their boards and staff, to establish a system to record and manage any declared conflicts of interest, and to adopt an open and competitive procurement system.

11. To protect revenue, IRD will conduct regular review on tax-exempt charities. The schedule and frequency of review for individual tax-exempt charities might be adjusted having regard to the actual circumstances and information obtained by IRD. For review purposes, IRD will call for their accounts, annual reports, other documents and information (including details of their activities held) to ascertain whether their objects are still charitable; whether their activities are compatible with their objects; and whether there are any other irregularities in order to decide whether their tax exemption status should be maintained or withdrawn. Whether paying emoluments to staff or procuring services/equipment from entities related to members in its normal course of operation would constitute a distribution of the charity's income or property among its members depends on the facts and circumstances of the case. In general, where the payments or the transactions are conducted at market rates and made in accordance with the normal practice of the industry, they may not necessarily be regarded as a distribution of the income or property of the charity.

Yours sincerely,



( Sheung-yuen LEE )

for Secretary for Food and Health

cc.

DH (Attn: Dr Tina Mok)

CIR (Attn: Mr Lo Hok-leung)

**Working Group on Health Protection Scheme  
Health and Medical Development Advisory Committee**

**Terms of Reference**

To draw up proposal and make recommendations, with regard to relevant consultancy studies and views from the Consultative Group on Health Protection Scheme, to the Health and Medical Development Advisory Committee (HMDAC) on matters concerning implementation of the Health Protection Scheme (HPS), including, but not limited to, the following –

- (a) legislative and institutional proposals for the HPS, including powers, functions and composition of the statutory HPS authority; the key provisions governing the high-risk pool and dispute resolution/mediation mechanism; and the supervisory framework (e.g. scheme features and mandatory requirements) for insurance products and healthcare services offered under the aegis of the HPS;
- (b) measures aiming to enhance the viability and mitigate potential risks of the HPS, and matters requiring Government intervention justified on grounds of enhancing the long-term sustainability of our healthcare system and safeguarding legitimate public interest;
- (c) key components of standard plan(s) under HPS, including benefit coverage, benefit limits, premium schedule, co-payment requirement, and standardized terms and conditions;
- (d) rules and mechanisms in support of the operation of HPS, including those concerning acceptance, renewal, underwriting, portability, plan migration, premium adjustment, transparency requirements, high-risk pooling, dispute resolution/mediation, and provision of top-up/add-on products on top of standard plan(s) under the HPS; and
- (e) the manner and extent to which public subsidy, specifically the use of the \$50 billion fiscal reserve earmarked to support healthcare reform, should be provided in the form of financial incentives under HPS or for other purposes in connection with healthcare reform.

**Consultative Group on Health Protection Scheme  
Health and Medical Development Advisory Committee**

**Terms of Reference**

To provide views and suggestions to the Working Group on Health Protection Scheme on matters concerning implementation of the Health Protection Scheme (HPS), including –

- (a) legislative and institutional proposals for the HPS;
- (b) measures aiming to enhance the viability and mitigate potential risks of the HPS;
- (c) key components of standard plan(s) under HPS;
- (d) rules and mechanisms in support of the operation of HPS; and
- (e) the manner and extent to which public subsidy should be provided.

**Working Group on Health Protection Scheme  
Health and Medical Development Advisory Committee**

**Membership**

Chairman

Permanent Secretary for Food and Health (Health)

Non-official members appointed on an ad personam basis

Mr. David ALEXANDER

Mr. Victor APPS

Mr. Bernard Charnwut CHAN

Prof. CHAN Wai-sum

Mr. CHU Wing-yiu

Dr. David FANG

Dr. Anthony LEE Kai-yiu

Dr. LEUNG Pak-yin

Prof. Raymond LIANG Hin-suen

Ex-officio members

Director of Health

Head, Healthcare Planning and Development Office, Food and Health Bureau

**Consultative Group on Health Protection Scheme  
Health and Medical Development Advisory Committee**

**Membership**

Chairman

Head, Healthcare Planning and Development Office, Food and Health Bureau

Non-official members appointed on an ad personam basis

Dr. George CAUTHERLEY  
Ms. Audrey CHAN  
Ms. Elaine CHAN  
Mr. CHEUNG Tak-hai  
Mr. George CHEW  
Ms. Vivian CHOI  
Mr. Barry CHUNG  
Mr. Vincent FAN Chor-wah  
Ms. Agnes HO Kam-har  
Mr. Jimmy KWOK Chun-wah  
Mr. Ronald LAI Chi-shing  
Dr. David LAM Tzit-yuen  
Mr. Dominic LAM Wai-kuen  
Mr. Joseph LAU Man-wai  
Ms. Connie LAU Yin-hing  
Dr. LAW Chi-kwong  
Dr. Donald LI Kwok-tung  
Mr. Michael SOMERVILLE  
Mr. Peter TAM Chung-ho  
Ms. Nancy TSE  
Mr. Patrick WAN Chi-tak  
Dr. Ray YEP Kin-man  
Dr. Henry YEUNG Chiu-fat  
Ms. Shirley YUEN

Ex-officio members

Director of Health or representative



**Steering Committee on Strategic Review  
on Healthcare Manpower Planning and Professional Development**

**Terms of Reference**

1. To advise and make recommendations to the Government on –
  - (a) the means and measures to ensure an adequate supply of healthcare professionals that could meet the current and projected demands for various healthcare services on a sustainable basis; and
  - (b) an overall plan for strengthening the professional standards and qualities of the various healthcare professions, including necessary and justified changes to the relevant regulatory regime, improvement to training and development arrangements, and introduction of measures that could better align the operation and regulation of our healthcare professions with global best practices.
2. When projecting the demands for healthcare services in its review, the Steering Committee should take into account all possible and likely factors, including, but not limited to, demands arising from an ageing population such as an increasing need for long-term care and mental health services, changes in the delivery models for healthcare services, new and additional demands brought about by service reforms, potential increase in demand for private services in view of the impending implementation of the Health Protection Scheme, known and planned private hospital developments, as well as potential increase in demand for private services of clienteles outside Hong Kong.
3. A Co-ordinating Committee and suitable number of sub-groups should be set up under the Steering Committee to tender views and provide advice to the Steering Committee to facilitate deliberation and formulation of recommendations.
4. The Secretary for Food and Health shall appoint members he deems fit and suitable to the Steering Committee, Co-ordinating Committee, and its sub-groups.

**Co-ordinating Committee on Strategic Review  
on Healthcare Manpower Planning and Professional Development**

**Terms of Reference**

1. To assist the Steering Committee in steering discussions at sub-groups by providing the necessary support and guidance, including setting broad agenda, defining scope and parameters of discussions, and providing background materials of relevance to facilitate discussion at sub-groups.
2. To examine and consolidate views, comments and suggestions from sub-groups in a systematic and structured manner, including, but not limited to, identifying commonalities, highlighting differences and assessing implications having regard to financial, legislative, practical and any other relevant considerations.
3. To provide advice to the Steering Committee on issues of a technical nature (e.g. manpower projection exercise).
4. To facilitate deliberation of the Steering Committee by formulating preliminary proposals on how best to ensure an adequate and sustainable supply of healthcare professionals and strengthen development of the relevant healthcare professions, having regard to the consolidated views, comments and suggestions from all sub-groups as well as the opinions of members on the Co-ordinating Committee, outcome of the manpower projection exercise and global best practices.

## **Sub-Groups under the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development**

### **Terms of Reference**

1. To provide views, comments and suggestions to the Steering Committee via the Co-ordinating Committee on Strategic Review on Healthcare Manpower Planning and Professional Development on matters concerning –
  - (a) the supply and demand of healthcare professionals, including the conduct of a manpower projection exercise, possible means and measures for ensuring an adequate supply of healthcare professionals that could meet the current and projected demands for healthcare services on a sustainable basis; and
  - (b) the professional standards and qualities of healthcare professionals, including proposals on possible changes to the relevant regulatory regime, possible improvement to training and development arrangements, and possible introduction of measures that aim to better align the operation and regulation of healthcare professionals with global best practices.
2. The Sub-Groups need not reach a consensual view on matters put to it for discussion. Where there are differences in view among its members, all views, comments and suggestions should be submitted to the Steering Committee via the Co-ordinating Committee for consideration.

**Steering Committee on Strategic Review on  
Healthcare Manpower Planning and Professional Development**

**Membership**

Chairman

Secretary for Food and Health

Members

Prof. Alfred CHAN Cheung-ming

Prof. Andrew CHAN Chi-fai

Dr. Moses CHENG Mo-chi

Prof. The Hon. Anthony CHEUNG Bing-leung

Prof. Stephen CHEUNG Yan-leung

Prof. FOK Tai-fai.

Mr. Ambrose HO

Mr. Andy LAU Kwok-fai

Prof. LEE Sum-ping

Mrs Margaret LEUNG Ko Mei-yee

Dr. LEUNG Pak-yin

Prof. Raymond LIANG Hin-suen

Prof. Felice LIEH-MAK

Prof. Samantha PANG Mei-che

Mr. PANG Yiu-kai

Dr Kathleen SO Pik-han

Mr. Philip TSAI Wing-chung

Dr. Homer TSO Wei-kwok

Prof. Maurice YAP Keng-hung

Ex-officio Members

Permanent Secretary for Food and Health (Health)

Permanent Secretary for Labour and Welfare (or representative)

Permanent Secretary for Education (or representative)

Director of Health

Head, Healthcare Planning and Development Office, Food and Health Bureau

Overseas Experts

Two to three overseas experts from the healthcare/medical sector (to be confirmed)

**Co-ordinating Committee on Strategic Review on Healthcare Manpower  
Planning and Professional Development**

**Membership**

Chairman

Permanent Secretary for Food and Health (Health)

Members

Prof. Alfred CHAN Cheung-ming

Dr. Moses CHENG Mo-chi

Prof. The Hon. Anthony CHEUNG Bing-leung

Prof. Stephen CHEUNG Yan-leung

Mr. Ambrose HO

Mr. Philip TSAI Wing-chung

Dr. LEUNG Pak-yin

Ex-officio Members

Director of Health

Head, Healthcare Planning and Development Office, Food and Health Bureau

**Total Floor Area of Private Hospitals**  
(as of 30 June 2011)

<b>Name of hospital</b>	<b>Total floor area* (m<sup>2</sup>)</b>
Canossa Hospital (Caritas)	9 400
Hong Kong Adventist Hospital	11 800
Hong Kong Baptist Hospital	40 300
Hong Kong Sanatorium & Hospital Limited	62 400
Matilda & War Memorial Hospital	6 000
Precious Blood Hospital (Caritas)	6 900
Shatin International Medical Centre Union Hospital	24 100
St. Paul's Hospital	15 100
St. Teresa's Hospital	68 100
Tsuen Wan Adventist Hospital	5 300
Evangel Hospital	1 600
Hong Kong Central Hospital	3 700

*\*Figures are rounded to the nearest hundred.*

*Source: Information provided to the Department of Health by the 12 private hospitals.*

**Number of Beds in Private Hospitals  
(as at 31 December 2011)**

<b>Name of hospital</b>	<b>Total no. of hospital beds</b>	<b>No. of maternity beds (a)</b>	<b>No. of nursery cots (b)</b>	<b>No. of maternity beds and nursery cots (c)=(a)+(b) (Percentage of (c) over total no. of hospital beds)</b>
Canossa Hospital (Caritas)	174	31	31	62 (35.6%)
Hong Kong Adventist Hospital	152	21	24	45 (29.6%)
Hong Kong Baptist Hospital	877	153	125	278 (31.7%)
Hong Kong Sanatorium & Hospital	485	45	45	90 (18.6%)
Matilda & War Memorial Hospital	99	22	23	45 (45.5%)
Precious Blood Hospital (Caritas)	176	37	45	82 (46.6%)
Shatin International Medical Centre Union Hospital	410	92	100	192 (46.8%)
St. Paul's Hospital	356	51	51	102 (28.7%)
St. Teresa's Hospital	1 050	104	124	228 (21.7%)
Tsuen Wan Adventist Hospital	174	25	40	65 (37.4%)
Evangel Hospital	60	0	0	0 (0%)
Hong Kong Central Hospital	85	0	0	0 (0%)
<b>Total</b>	<b>4 098</b>	<b>581</b>	<b>608</b>	<b>1 189 (29.0%)</b>

Source: Information provided to the Department of Health by the 12 private hospitals.

**Annex G**

**Number of in-patient discharge from private hospitals\***

Name of hospital	<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>		<u>2011</u>	
	Holder of HKID Card		Holder of HKID Card		Holder of HKID Card		Holder of HKID Card		Holder of HKID Card	
	Yes	No/ Unknown	Yes	No/ Unknown	Yes	No/ Unknown	Yes	No/ Unknown	Yes	No/ Unknown
Canossa Hospital (Caritas)	8 800	2 100	8 000	2 100	7 200	2 400	10 000	2 200	8 200	1 800
Hong Kong Adventist Hospital	7 200	1 300	6 900	1 100	7 200	1 100	7 300	1 200	7 400	1 400
Hong Kong Baptist Hospital	66 900	8 200	72 000	11 200	80 300	12 200	83 100	12 300	87 500	12 900
Hong Kong Sanatorium & Hospital	29 200	2 100	32 800	2 400	33 800	2 500	35 000	4 000	36 400	5 300
Matilda & War Memorial Hospital	3 300	900	3 300	800	3 300	800	3 500	900	3 500	900



Precious Blood Hospital (Caritas)	4 600	30	4 500	18	4 100	300	5 900	4 300	7 300	4 000
Shatin International Medical Centre Union Hospital	22 600	4 800	24 000	6 000	24 100	7 400	24 700	7 600	26 900	6 700
St. Paul's Hospital	34 200	2 100	36 100	2 200	37 200	2 900	37 500	3 300	31 200	3 900
St. Teresa's Hospital	69 900	6 500	82 900	6 800	88 400	7 200	93 700	8 200	99 800	8 700
Tsuen Wan Adventist Hospital	10 100	4 200	11 500	5 100	11 400	5 100	12 000	5 700	12 300	7 300
Evangel Hospital	4 500	30	5 500	43	5 200	45	5 300	100	6 800	100
Hong Kong Central Hospital	7 600	200	8 300	200	7 000	100	7 200	200	7 400	200
<b>Total</b>	<b>268 900</b>	<b>32 500</b>	<b>295 800</b>	<b>38 000</b>	<b>309 200</b>	<b>42 000</b>	<b>325 200</b>	<b>50 000</b>	<b>334 700</b>	<b>53 200</b>

\* Figures with value >100 are rounded to the nearest hundred.

Source: Information provided to the Department of Health by the 12 private hospitals.