ITEM FOR ESTABLISHMENT SUBCOMMITTEE
OF FINANCE COMMITTEE

HEAD 140 – GOVERNMENT SECRETARIAT :
                      FOOD AND HEALTH BUREAU
                      (HEALTH BRANCH)
Subhead 000 Operational expenses

Members are invited to recommend to Finance Committee the retention of the following two supernumerary posts in the Health Branch of the Food and Health Bureau –

1 Administrative Officer Staff Grade B
   (D3) ($154,900 - $169,050)

from 14 September 2013 to 31 March 2015

1 Administrative Officer Staff Grade C
   (D2) ($133,150 - $145,650)

from 12 October 2013 to 31 March 2015

PROBLEM

There is a need for the Secretary for Food and Health to have continued dedicated staffing support at the directorate level in the Health Branch of the Food and Health Bureau (FHB) to take forward the Electronic Health Record (eHR) Programme.

/**PROPOSAL** …..

PROPOSAL

2.   We propose to retain the supernumerary posts of one Administrative Officer Staff Grade B (AOSGB) (D3) (designated as Head (eHealth Record) (H(eHR))) and one Administrative Officer Staff Grade C (AOSGC) (D2) (designated as Deputy Head (eHealth Record) (DH(eHR))) in the eHR Office of the Health Branch of the FHB up to 31 March 2015. The two posts are required to provide continued directorate support in the planning, development and implementation of the territory-wide eHR Sharing System (eHRSS).

JUSTIFICATION

Development of eHRSS

3.   The development of a territory-wide eHRSS is one of the healthcare reform proposals put forward by the Government in 2008. The new system will provide the essential infrastructure for the access and sharing of participating patients' health data by authorised healthcare providers (HCPs) in the public and private sectors. The long term objective of the eHR programme is to promote public/private sector collaboration, enhance continuity of care and improve quality of healthcare delivery. Participation in eHRSS is voluntary in nature and access to eHR data must comply with the patient-under-care and need-to-know principles.

4.   The full development of the eHRSS is a 10-year programme which straddles from 2009-10 to 2018-19. In July 2009, the Finance Committee of the Legislative Council approved a non-recurrent commitment of $702 million for the stage one of eHR programme. The Finance Committee also approved the creation of two supernumerary posts, one AOSGB and one AOSGC, for four years to provide dedicated support for the programme. The targets of the stage one of the eHR Programme are –

   (a)   to set up the eHR sharing platform by 2013-14 for connection with all public and private hospitals;

   (b)   to have electronic Medical Record/electronic Patient Record (eMR/ePR) systems and other health information systems available in the market for private doctors, clinics and other healthcare service providers to connect to the eHR sharing platform; and

   (c)   to prepare the eHR legislation to protect data privacy and system security prior to the commissioning of the eHRSS.

/**Major** …..

Major Responsibilities of H(eHR) and DH(eHR)

5.   The major responsibilities of H(eHR) are to lead the eHR Office to implement the eHR development programme; provide strategic steer and direction to colleagues of the eHR Office as well as the dedicated eHR team of the Hospital Authority (HA) which serves as the technical agency for FHB; set development plans and work targets; ensure proper resource management and coordination of support; gauge the concerns of stakeholders and formulate strategies to promote adoption of eHR by the community. As regards DH(eHR), the major duties are to assist H(eHR) in the formulation of detailed action plan; examine the relevant legal issues relating to eHR sharing; devise the legal framework for operating the eHRSS; develop the long-term institutional arrangements for the governance, operation and maintenance of the eHRSS; promote eHR to stakeholders; and provide secretariat support to the Steering Committee on eHR Sharing and its Working Groups.

6.   Since 2009, we have been making good progress on various fronts towards accomplishment of the stage one targets. We plan to introduce the eHRSS Bill into the Legislative Council in 2014 and commence operation of the eHRSS by end 2014. The coming two years will therefore be the critical period for concluding the stage one eHR programme and planning the stage two programme. We have accordingly reviewed the directorate support of the eHR Office. The retention of the current two supernumerary posts up to 31 March 2015 till the eHRSS commences operation is necessary to ensure the successful launch and smooth operation of the eHR Programme.

7.   We propose that the two supernumerary directorate posts be retained up to 31 March 2015 for performing the following major tasks.

(a)   Policy Steer for Development of the eHRSS

8.   The technical development of the three components of the eHRSS, namely (a) the eHR sharing core infrastructure; (b) the Clinical Management System Adaptation and On-ramp for use by private HCPs; and (c) the standardisation of terminology and providing interface for interconnecting eMR/ePR systems, is in full swing. These technical tasks will have to be completed before mid-2014 to enable the eHRSS to commence operation by end 2014. We will have to resolve the relevant policy and legal issues when we finalise the design and workflow of the sharing system. H(eHR) is expected to continue to provide steer in the development stage. He will also have to provide policy steer having considered the views of various stakeholders, as well as the advice and analysis

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put forward by colleagues of eHR Office and HA. It is also his responsibility to oversee and monitor the overall progress of the programme against the planned schedule. In this regard, DH(eHR) and Chief Systems Manager (eHealth Record) (CSM(eHR)) will assist him in monitoring the contractors undertaking the Privacy Impact Assessment studies and the Security Risk Assessment and Audit.

(b)   Migration of eHR Sharing Pilots

9.   The Public Private Interface – electronic Patient Record (PPI-ePR) sharing pilot project was launched in April 2006 to test the concept of electronic patient record sharing. It is a one-way sharing pilot that enables participating private HCPs to view the patients records in HA subject to patients' consent. As at end January 2013, 279 334 patients and 2 807 private healthcare professionals, all private hospitals and 73 other organisations have enrolled in the programme and enjoyed the benefits of online access to patient records in HA. Upon the launch of eHRSS by late 2014, the PPI-ePR platform will be phased out as it has fulfilled its mission as a pilot.

10.   We are devising a plan for patients and healthcare professionals participating in the PPI-ePR to migrate to the future eHRSS. We will have to address relevant technical, security and policy concerns, in order to ensure smooth migration while ensuring protection of data privacy. We may later consider formulating a similar strategy for migrating participants of the Healthcare Voucher Scheme and some vaccination schemes to the eHRSS. Given the large number of participants in these schemes, H(eHR) will, with the assistance of DH(eHR), formulate detailed proposals and assess the possible impact. The migration plan for PPI-ePR will have to be finalised in 2013 for execution in 2014-15.

(c)   eHR Legislation

11.   We have commenced preparation for the drafting of the eHR legislation in close consultation with the Department of Justice. We intend to introduce the Bill into the Legislative Council in the 2013-14 legislative session. The new legislation needs to be in place before the eHRSS commences operation. We will have to review the legal framework for protection of data privacy and security, and determine the scope and content of the proposed legislation. The tight timeframe requires heavy involvement of both H(eHR) and DH(eHR) in the drafting process.

(d)   Code of Practice

12.   We will include a requirement in the eHR legislation for HCPs to comply with the security guidelines/requirements to be promulgated by the eHR Office.   The detailed security or compliance framework for HCP's eMR/ePR systems would be set out in the administrative guidelines or Code of Practice (COP) in relation to the operation of the eHRSS.   The drafting of the COP and related guidelines and procedural standards will have to be completed before launch of the new eHRSS under the guidance of H(eHR), supported by DH(eHR).   We will have to work closely with stakeholders in the next 18 months.

(e)   Security and Audit Framework

13.   We intend to empower the future eHR Commissioner (eHRC)[Note] to commission security audits on the eMR/ePR systems and the internal access control of HCPs.   Regular security audits will also be conducted on the eHRSS and its interconnection with individual eMR/ePR systems to ensure its safe and secure operation.   These will involve formulation of new policies, workflow and procedures before the eHRSS commences operation in 2014.   DH(eHR) and CSM(eHR) will undertake these duties under the supervision of H(eHR).

(f)   Promotion and Publicity

14.   We will step up publicity in the coming 18 months to enhance the public's awareness and understanding of eHR sharing.   The planned activities include an on-site eHR enrolment campaign at selected HA and Department of Health's (DH's) clinics and other premises, dissemination of promotional materials, a thematic competition and quiz, production and broadcast of Announcement in the Public Interest, and general and in-depth briefings on the eHRSS operation and the legal framework.   H(eHR) will oversee the implementation of the activities, assess the need for additional promotional educational efforts; and ensure HA's and DH's coordinated support.   DH(eHR) will assist him in formulating the detailed action plan.

(g)   Work of the future eHRC

15.   The Government will appoint an eHRC to operate the eHRSS.   As for the institutional and staffing requirements to support the eHRC, DH(eHR) will assist H(eHR) in conducting an assessment and devising the new arrangement.

/(h) …..

[Note]   Under the proposed framework of the eHR legislation, a eHR Commissioner will be appointed by the Secretary for Food and Health and will be responsible for the management, operation and further development of the eHRSS.

(h)   Second Stage of eHR Programme

16.   The eHR Programme is a two-stage programme. Stage one focuses on the development of the core infrastructure for eHR sharing. In stage two, we will expand the sharable scope of eHR to include radiological images - an essential component of modern day patients' record and which is made increasingly possible with advances in digital storage and high speed transmission technology. We will also assess the technical feasibility and desirability of adding other enhancement features, such as facilitating patients' access to their health data. In order to follow up these issues, we intend to conduct research and studies, and may have to implement pilot projects for testing various concepts. DH(eHR) will assist H(eHR) in assessing the technical, financial and timing implications of these future development of eHRSS and formulate an implementation plan.

Encls.
1&2

17.   The proposed job descriptions of the H(eHR) and DH(eHR) posts are at Enclosures 1 and 2 respectively.

Non-directorate Support

18.   The eHR Office is currently supported by 19 non-directorate posts. The composition of the Office cuts across different disciplines in order to provide the necessary support for implementing and sustaining the development of the eHR. The posts comprise those in the Executive Officer, Analyst/Programmer, Management Services Officer, Administrative Officer, Secretarial, and Clerical grades.

Encl. 3

19.   The existing organisation chart of the eHR Office is at Enclosure 3.

Alternatives Considered

20.   The Health Branch of FHB oversees the health portfolio and is responsible for the formulation of medical and health policies and related monitoring and legislative work. It is headed by an Administrative Officer Staff Grade A1 (D8) officer, designated as Permanent Secretary for Food and Health (Health).

21.   On the work related to healthcare reform initiated and being carried out by the previous Administration, the Government has committed to undertaking new initiatives, including: (a) enhancing the services of HA; (b) reviewing the role and positioning of HA under the twin-track system of public and private healthcare; (c) reviewing the regulation of private healthcare facilities; (d) launching an Elderly Health Assessment Pilot Programme to subsidise about 10 000 elders to receive

basic health check; and (e) examining the future development needs of the Chinese medicine sector. All these new initiatives will be implemented under a tight timeframe and are complex in nature. They are additional duties to be performed by FHB officers on top of the very heavy day-to-day work of the public health schedule.

Encl. 4

22.   We have critically examined whether the existing directorate officers at the appropriate level in the Health Branch of the FHB will have the spare capacity to absorb the duties in relation to the eHR Programme. Having regard to the portfolio and workload of directorate officers in the Health Branch of FHB, as detailed in Enclosure 4, we consider that this would not be operationally feasible as all of them are fully engaged in their respective duties.

Encl. 5

23.   The existing organisation chart of FHB is at Enclosure 5.

FINANCIAL IMPLICATIONS

24.   The proposed extension of two directorate posts will bring about a notional annual salary cost at mid-point of $3,664,800 as follows –

	Notional annual salary cost at mid-point **$**	**No. of posts**
Supernumerary		
AOSGB (D3)	1,968,600	1
AOSGC (D2)	1,696,200	1
Total	**3,664,800**	**2**

The full annual average staff cost, including salaries and staff on-cost, is $5,230,000.

25.   The total notional annual salary cost at mid-point for the 19 non-directorate civil service posts as referred in paragraph 18 above will be $12,238,680, and the full annual average staff costs, including salaries and on-cost, will be $17,275,000. We have included the necessary provision in the 2013-14 Estimates to meet the requirements of this proposal.

PUBLIC CONSULTATION

26.   We briefed the Legislative Council Panel on Health Services on the progress of the eHR Programme and the proposal to retain the two supernumerary directorate posts on 18 March 2013. Members expressed support for the staffing proposal.

/**ESTABLISHMENT** …..

ESTABLISHMENT CHANGES

27.   The establishment changes under Head 140 – Government Secretariat: Food and Health Bureau (Health Branch) for the last two years are as follows –

Establishment (Note)	Number of Posts			
	Existing (as at 1 May 2013)	As at 1 April 2013	As at 1 April 2012	As at 1 April 2011
A*	8+(4)$^{\#}$	8+(4)	8+(4)	8+(2)
B	41	41	37	31
C	58	58	51	43
Total	107+(4)	107+(4)	96+(4)	82+(2)

Note:
A – ranks in the directorate pay scale or equivalent
B – non-directorate ranks, the maximum pay point of which is above MPS point 33 or equivalent
C – non-directorate ranks, the maximum pay point of which is at or below MPS point 33 or equivalent
* – excluding supernumerary post created under delegated authority
( ) – number of supernumerary directorate posts
$^{\#}$ – As at 1 May 2013, there were no unfilled directorate posts in the Health Branch of FHB.

CIVIL SERVICE BUREAU COMMENTS

28.   The Civil Service Bureau supports the proposed retention of the two supernumerary directorate posts of one AOSGB and one AOSGC up to 31 March 2015 to provide continued directorate support to take forward the eHR Programme. The grading and ranking of the posts are considered appropriate having regard to the level and scope of responsibilities required.

ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

29.   As the posts are proposed on a supernumerary basis, their retention, if approved, will be reported to the Standing Committee on Directorate Salaries and Conditions of Service in accordance with the agreed procedures.

Food and Health Bureau
May 2013

Proposed Job Description for the Post of
Head (eHealth Record)

Rank : Administrative Officer Staff Grade B (D3)

Responsible to : Permanent Secretary for Food and Health (Health)

Main Duties and Responsibilities –

1. To lead a dedicated team in the Health Branch of the Food and Health Bureau to oversee and co-ordinate efforts to develop and implement the eHR sharing infrastructure.

2. To formulate policies, development plans and work targets for the eHR development having regard to expertise advice from healthcare and IT professionals in the public and private sectors.

3. To provide strategic steer and advice to the overall implementation of the eHR and to oversee the services provided by the Hospital Authority IT Service which serves as an agent to the eHR Office to implement the eHR infrastructure.

4. To review the legal framework for eHR sharing to ensure sufficient protection for data privacy and security.

5. To promote and engage private sector participation in the development and adoption of eHR in the community.

6. To oversee the financial management for the eHR and formulate policy on the funding of public-private eHR partnership projects.

**Proposed Job Description for the Post of
Deputy Head (eHealth Record)**

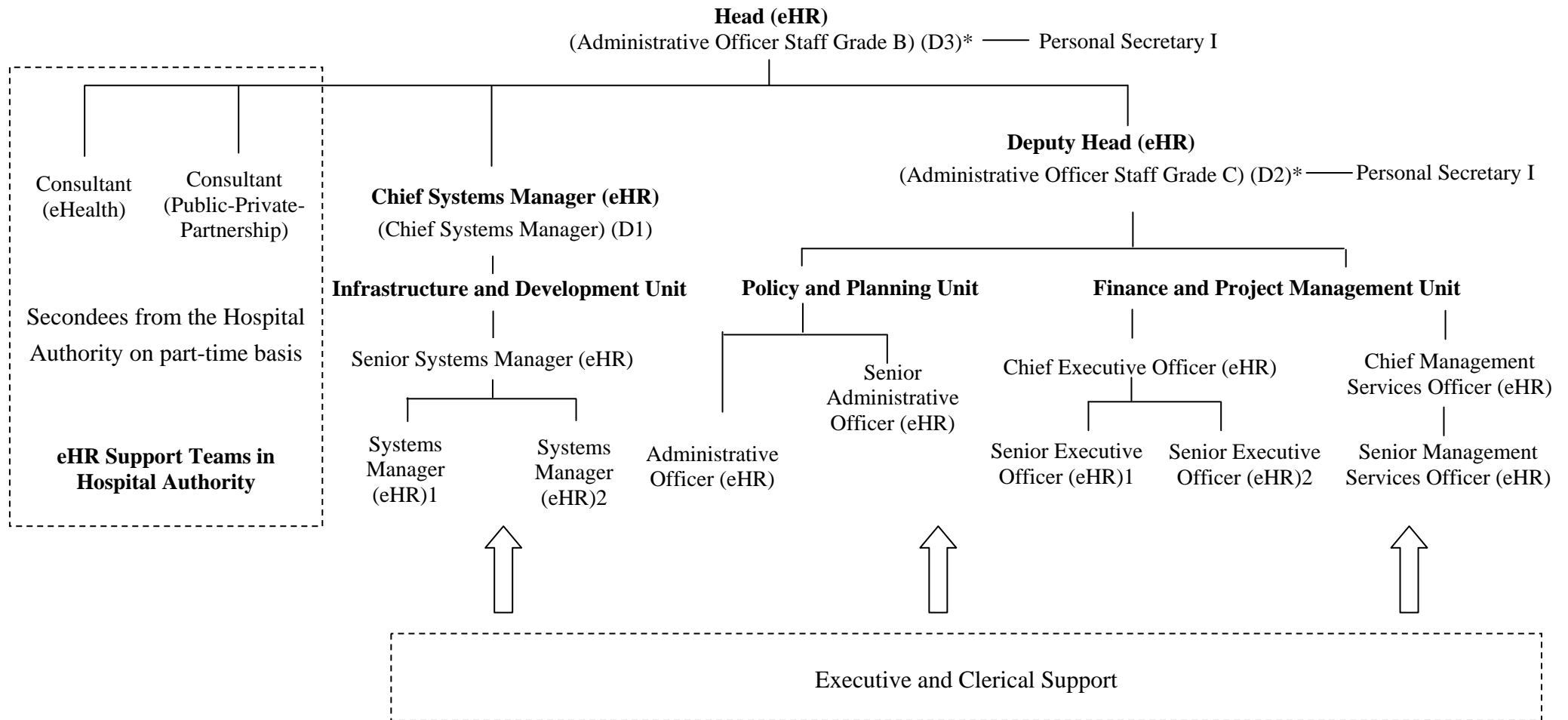**Rank**   :   Administrative Officer Staff Grade C (D2)

Responsible to   :   Head (eHealth Record)

Main Duties and Responsibilities –

1.   To assist in formulating the policy and strategy in developing eHR sharing infrastructure.

2.   To commission a Privacy Impact Assessment and Privacy Compliance Audit to examine the legal framework required for eHR sharing and to devise solutions to address privacy and security issues in the interim where necessary.

3.   To assist in developing the institutional arrangements and governance structure for the effective development and implementation of eHR sharing.

4.   To assist in managing the financial resources provided for the development of eHR, including preparation of budgeting and work plan especially in exercising budget and accounting control during the development of the eHRSS.

5.   To liaise closely with the Hospital Authority's IT Service, the agent for Government to develop the eHR, on policy aspects of the eHR and to devise detailed implementation programme.

6.   To liaise with healthcare providers in the private sector to identify public-private partnership to facilitate the implementation of eHR in the private sector and to devise publicity strategy to promote adoption by the community.

7.   To provide secretariat service to the Steering Committee on Electronic Health Record Sharing and its Working Groups.

Organisation Chart of the Electronic Health Record Office (eHRO)

Head (eHR)
(Administrative Officer Staff Grade B) (D3)* ——— Personal Secretary I

Consultant (eHealth)

Consultant (Public-Private-Partnership)

Secondees from the Hospital Authority on part-time basis

eHR Support Teams in Hospital Authority

Deputy Head (eHR)
(Administrative Officer Staff Grade C) (D2)* ——— Personal Secretary I

Chief Systems Manager (eHR)
(Chief Systems Manager) (D1)

Infrastructure and Development Unit

Senior Systems Manager (eHR)

Systems Manager (eHR)1

Systems Manager (eHR)2

Policy and Planning Unit

Administrative Officer (eHR)

Senior Administrative Officer (eHR)

Finance and Project Management Unit

Chief Executive Officer (eHR)

Senior Executive Officer (eHR)1

Senior Executive Officer (eHR)2

Chief Management Services Officer (eHR)

Senior Management Services Officer (eHR)

Executive and Clerical Support

Remarks:

* Supernumerary directorate posts proposed to be extended

**Duty Schedules and Work Priorities of Directorate Officers
under the Permanent Secretary for Food and Health (Health)**

Deputy Secretary for Food and Health (Health) 1 (DS (H)1) (D4)

DS(H)1 is responsible for policy matters relating to medical and health services, including hospital development and provision of hospital services; fees and charges of public medical and health services; housekeeping and monitoring the performances of the Hospital Authority (HA) and Department of Health (DH); overseeing the capital works projects in HA; development of Chinese Medicine; health promotion and prevention of communicable and non-communicable diseases; and contingency planning relating to communicable disease outbreak. She is also responsible for coordinating the reconstruction work in the areas of medical and rehabilitation services for the Sichuan earthquake stricken areas; and enhancing cooperation with the Mainland authorities in health and medical areas. With the wide range of responsibilities and the frequent need to tackle many medical-related incidents that are of concern to the public, she does not have any spare capacity to take up any substantial new policy work areas.

Deputy Secretary for Food and Health (Health) 2 (DS(H)2) (D3)

DS(H)2 is responsible for overseeing policies and strategies for healthcare service delivery and healthcare reform in general, including development of further reform proposals for public safety net; handling policy matters relating to the development of primary healthcare services, including public general out-patient services, public Chinese medicine clinics and primary care initiatives, development of primary care projects and community health centres; overseeing the development, implementation and evaluation of various initiatives in healthcare delivery involving non-government organisations and private sector; overseeing the establishment of medical Centres of Excellence in Paediatrics and Neuroscience; overseeing tobacco control policies, human organ donation and transplant, human reproductive technology, advance directives/advance care planning and euthanasia. He also provides strategic support for the Health and Medical Development Advisory Committee. Given the wide range of responsibilities of DS(H)2 and in particular the need to take forward various initiatives related to enhancing primary care, DS(H)2 does not have any spare capacity to steer and coordinate the wide array of tasks related to the eHR Programme.

Head (Healthcare Planning and Development Office) (H(HPDO)) (D3)

H(HPDO) is responsible for leading a dedicated team in the Health Branch for the formulation of institutional, regulatory and legislative proposals for the implementation of the Health Protection Scheme (HPS); the conduct of a strategic review on healthcare manpower planning and professional development;

/facilitation …..

facilitation of service development in the private insurance and healthcare market in support of HPS; policies on regulation and development of private hospitals, hospital accreditation and clinical trial centres and policy matters relating to mental health. In view of the importance of the reform initiatives pursued by the Healthcare Planning and Development Office (HPDO) to the long-term development of our healthcare system, it requires full support of a dedicated team. H(HPDO) will not have any extra capacity to undertake any additional duties of the eHR Programme.

Principal Assistant Secretary for Food and Health (Health) 1 (PAS(H)1) (D2)

PAS(H)1 is responsible for policy matters in respect of the prevention and control of communicable and non-communicable diseases; contingency planning regarding communicable disease outbreaks; regulation of medical devices, pharmaceutical products, health claims, Health Maintenance Organisations; undesirable medical advertisements and radiation matters; Chinese Medicine development; clinical services provided by DH and its preventive care programme; policies on oral health; provision of health-related support for the medical and rehabilitation projects undertaken in Sichuan; operation of quarantine centres; policy matters on prevention and control of HIV/AIDS; promotion of breast feeding; cross-boundary patient transfer service; co-ordination of health advice on environmental issues and issues related to Mainland women giving birth in Hong Kong as well as health-related matters under the Closer Economic Partnership Arrangement with the Mainland. The portfolio covers a wide spectrum of subjects and in times of major communicable disease outbreaks, the officer will be heavily engaged in crisis management on top of the abovementioned policy work. There is hardly any extra capacity for absorbing additional duties arising from the eHR Programme.

Principal Assistant Secretary for Food and Health (Health) 2 (PAS(H)2) (D2)

PAS(H)2 is responsible for policy matters relating to the development of hospitals (both public and private) and other medical services; regulating the statutory, administrative and contractual relationship with the HA; resources allocation and budgetary control for HA and monitoring HA's financial performance; capital works of HA including resource bidding, allocation and monitoring of public hospital development programme; HA's human resource management and manpower development plans; matters relating to HA's fees and charges and management of the Samaritan Fund. The post holder also handles complaints against HA and takes necessary follow-up actions on medical incidents. PAS(H)2 is fully occupied by the present work schedule and there is no scope for the officer to take up extra duties relating to the eHR Programme.

/**Principal** …..

Principal Assistant Secretary for Food and Health (Health) 3 (PAS(H)3) (D2)

PAS(H)3 is responsible for handling policy matters relating to the regulation, manpower planning and professional development of healthcare professions, including the conduct of a strategic review on healthcare manpower planning and professional development. PAS(H)3 also oversees the mental health policy, including the conduct of a review to map out the future development of mental health services in Hong Kong. In carrying out the two reviews, the officer also provides policy and secretariat support to the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development and its underpinning coordinating committee and sub-groups, the Review Committee on Mental Health as well as the engagement processes for stakeholders. The abovementioned areas of work involve highly complicated and extensive workload which fully occupy the work schedule of PAS(H) 3 and renders it impossible for PAS(H)3 to take up the extra duties relating to eHR.

Principal Assistant Secretary for Food and Health (Health) Special Duties 1 (PAS(H)SD1) (D2)

PAS(H)SD1 is responsible for the development of medical Centres of Excellence in Paediatrics and Neuroscience; handling anti-smoking and tobacco control policies and legislation; looking after the implementation of the Elderly Health Care Voucher initiative and health assessment programme; developing long-term healthcare service delivery models and public healthcare safety net; overseeing policies on new medical technologies including human reproductive technology, and human organ transplant and donation; as well as overseeing policies on euthanasia and advance directives. It is noteworthy that this directorate post is on loan from DH due to a significant surge in the workload of the Health Branch of the Food and Health Bureau over the past few years. There is hardly any scope for the officer to take up the additional duties of the eHR Programme. In fact, the workload of the officer will have to be shared among other Principal Assistant Secretaries in the Health Branch upon return of the post to the DH.

Deputy Head (Healthcare Planning and Development Office) (DH(HPDO)) (D2)

DH(HPDO) is responsible for the development of regulatory and institutional proposals for implementation of the HPS; devising of key components of standard plans under the Scheme including the rules and mechanisms in support of its operation; handling policy matters relating to regulation of private hospitals and accreditation of hospital services; developing plans for the development of the healthcare services industry including monitoring and benchmarking of healthcare services charges and quality. All the duties and responsibilities require the dedicated input of DH(HPDO) and it is not feasible for him to undertake any additional duties of the eHR Programme.

/Principal .....

Principal Executive Officer (Health) (PEO(H)) (D1)

PEO(H) is responsible for the development of public Chinese medicine clinics; overseeing the financial and human resource management and other housekeeping matters of the Prince Philip Dental Hospital and the DH; fees and charges in the DH; appointment matters in respect of health-related Councils and Boards; implementation of a pilot project for outreach primary dental care services for the elderly; logistical support to the Health and Medical Development Advisory Committee; and for health-related matters arising from the Community Care Fund. PEO(H) currently provides the necessary executive support to the various teams in the Health Branch so that the concerned Principal Assistant Secretaries could focus their attention on major policies issues. Redeploying the PEO post to the eHR Office will adversely affect the work and performance of the other teams in the Health Branch.
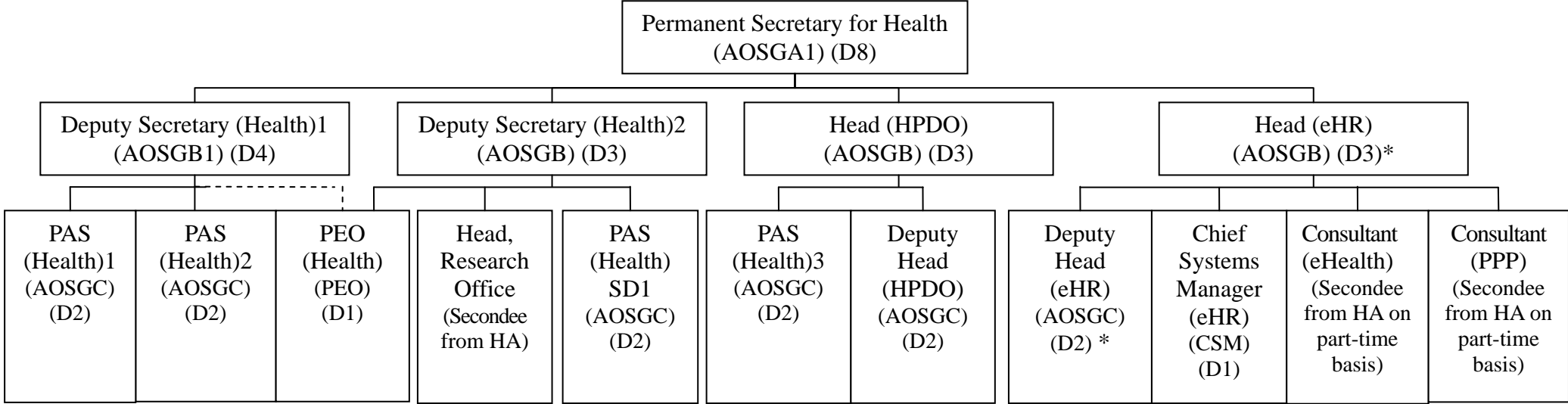
Chief Systems Manager (eHealth Record) (CSM(eHR)) (D1)

CSM(eHR) is responsible for providing professional advice and steer to the overall development of the eHR sharing infrastructure, architecture and standards; overseeing and monitoring the development of the major system components and target projects for eHR development to ensure smooth completion of target initiatives; formulating IT security policies to safeguard the security and integrity of sensitive personal data stored in the eHR Sharing System; monitoring the implementation and observance of the relevant standards, specifications and protocols in eHR sharing by private healthcare providers; promoting public awareness of the importance of eHR security; and overseeing the IT policies relating to DH's development of Communicable Disease Information System. CSM(eHR) is fully occupied in providing the professional and technical support to the eHR Office. It is neither suitable nor practical to redeploy her to take up extra and higher level policy-related duties of the eHR Programme.

Head/Research Office (H/RO) (Secondee from HA)

H/RO is responsible for leading and steering the Research Office in undertaking research relating to health policy, healthcare reform, healthcare financing; conducting thematic research on the Hong Kong population; providing professional advice on health policy related matters; overseeing and monitoring the operation of the Health and Medical Research Fund; providing professional and technical input for updating the Domestic Health Accounts; and commissioning research in health and health services. Given that H/RO mainly provides professional support to the various teams in the Health Branch, it is neither feasible nor suitable to redeploy H/RO to the eHR Office.

Organisation Chart of Health Branch of
Food and Health Bureau

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                              Permanent Secretary for Health
                                   (AOSGA1) (D8)
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Deputy Secretary (Health)1 (AOSGB1) (D4)	Deputy Secretary (Health)2 (AOSGB) (D3)	Head (HPDO) (AOSGB) (D3)	Head (eHR) (AOSGB) (D3)*

PAS (Health)1 (AOSGC) (D2)	PAS (Health)2 (AOSGC) (D2)	PEO (Health) (PEO) (D1)	Head, Research Office (Secondee from HA)	PAS (Health) SD1 (AOSGC) (D2)	PAS (Health)3 (AOSGC) (D2)	Deputy Head (HPDO) (AOSGC) (D2)	Deputy Head (eHR) (AOSGC) (D2) *	Chief Systems Manager (eHR) (CSM) (D1)	Consultant (eHealth) (Secondee from HA on part-time basis)	Consultant (PPP) (Secondee from HA on part-time basis)

Legend

AOSGA1	Administrative Officer Staff Grade A1	HA	Hospital Authority
AOSGB1	Administrative Officer Staff Grade B1	HPDO	Healthcare Planning and Development Office
AOSGB	Administrative Officer Staff Grade B	PAS	Principal Assistant Secretary
AOSGC	Administrative Officer Staff Grade C	PEO	Principal Executive Officer
CSM	Chief Systems Manager	PPP	Public-Private-Partnership
eHR	eHealth Record	SD	Special Duties

* Supernumerary directorate posts proposed to be extended