

# 立法會

## *Legislative Council*

LC Paper No. CB(4)588/13-14

(These minutes have been  
seen by the Administration)

Ref : CB4/PL/PS

### **Panel on Public Service**

**Minutes of meeting held on  
Monday, 17 February 2014, at 09:30 am  
in Conference Room 2 of the Legislative Council Complex**

**Members present** : Hon Mrs Regina IP LAU Suk-ye, GBS, JP (Chairman)  
Hon POON Siu-ping, BBS, MH (Deputy Chairman)  
Hon LEE Cheuk-yan  
Hon Emily LAU Wai-hing, JP  
Hon TAM Yiu-chung, GBS, JP  
Dr Hon LEUNG Ka-lau  
Hon LEUNG Kwok-hung  
Hon Claudia MO  
Hon LEUNG Che-cheung, BBS, MH, JP  
Hon KWOK Wai-keung  
Hon SIN Chung-kai, SBS, JP  
Hon IP Kin-yuen  
Hon Martin LIAO Cheung-kong, JP  
Hon TANG Ka-piu  
Hon Tony TSE Wai-chuen

**Public Officers  
attending** : **Agenda item IV**

Mr Paul TANG, JP  
Secretary for the Civil Service

Mr Raymond H C WONG, JP  
Permanent Secretary for the Civil Service

Ms Vivian SUM, JP  
Deputy Secretary for the Civil Service 3

**Agenda item V**

Mr Paul TANG, JP  
Secretary for the Civil Service

Mr Raymond H C WONG, JP  
Permanent Secretary for the Civil Service

Miss Winnie TSE  
Acting Deputy Secretary for the Civil Service 2

**Attendance by invitation : Agenda item V**

**Hong Kong Civil Servants General Union**

Mr CHUNG Tak-cheung  
Vice Chairman

**Government Employees Association**

Mr Steven TSE  
Rights Officer

**HKSAR Government Employees General Union**

Mr KONG Ming-chung  
Chairperson

**Disciplined Services Consultative Council (Staff Side)**

Mr LEE Kwan-kit  
Member

**The Junior Police Officers' Association of the Hong Kong Police Force**

Mr CHAN Cho-kwong  
Chairman

Model Scale 1 Staff Consultative Council (Staff Side)

Ms LI Wai-yee  
Chairman

Government Disciplined Services General Union

Mr LAM Kwok-ho  
Chairman

公務員醫療及牙科福利聯席

Dr YUEN Kwok-wah  
Representative

Hong Kong Chinese Civil Servants' Association

Ms CHEUK Kin-wai  
Councillor

**Clerk in attendance** : Ms Anita SIT  
Chief Council Secretary (4)1

**Staff in attendance** : Ms Shirley CHAN  
Senior Council Secretary (4)1

Ms Angela CHU  
Council Secretary (4)1

Ms Linda MA  
Legislative Assistant (4)1

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Action

**I. Confirmation of minutes**

LC Paper No. CB(4)380/13-14 -- Minutes of meeting on  
20 January 2014

The minutes of the meeting held on 20 January 2014 were confirmed.

**II. Information paper issued since the last meeting**

LC Paper No. CB(4)358/13-14(01) -- Response from the  
Housing Department ("HD") to the letter  
from Hon Christopher CHEUNG Shu-kun on  
the arrangements for  
filling a directorate post  
in HD.

2. Members noted that the above paper had been issued since the last meeting.

**III. Date of next meeting and items for discussion**

LC Paper No. CB(4)379/13-14(01) -- List of outstanding  
items for discussion

LC Paper No. CB(4)379/13-14(02) -- List of follow-up  
actions

3. Members agreed to discuss the following items proposed by the Administration at the next regular Panel meeting to be held on 17 March 2014 –

(a) Review on conditioned hours of work for Model Scale 1 Grades; and

(b) Civil service-related issues featuring in the 2014-2015 Budget.

4. Members agreed to start the next regular meeting at 10:00 am so as to receive views from relevant civil service associations/unions and other interested parties on item (a) above.

#### **IV. An overview of training and development for civil servants**

LC Paper No. CB(4)379/13-14(03) -- Paper provided by the Administration

LC Paper No. CB(4)379/13-14(04) -- Updated background brief prepared by the Secretariat

5. At the invitation of the Chairman, the Secretary for the Civil Service ("SCS") gave a briefing on the provision of training and development for civil servants by the Civil Service Bureau ("CSB"), including leadership and management development programmes, and training on national studies and the Basic Law, as detailed in the Administration's paper (LC Paper No. CB(4)379/13-14(03)).

#### Overseas training for civil servants

6. Noting that the Administration would sponsor civil servants to attend training courses at overseas universities, the Chairman asked whether the Administration would sponsor civil servants to attend overseas courses of at least one year duration with recognized degree qualification or courses at renowned overseas business schools. SCS replied that the Administration sponsored a few civil servants to acquire a master degree in overseas institutions each year. In considering whether to offer one-year overseas training to civil servants, it was necessary to take into account factors such as financial implications, work relevance, and work commitment of the staff concerned. In addition, the Administration would sponsor civil servants to attend training courses in management and other subjects which were job-related. The duration of such training courses was normally one to two months. The Permanent Secretary for the Civil Service ("PSCS") added that in addition to existing one-year overseas Masters degree programmes, CSTD I would arrange a directorate officer to undertake a one-year Master of Public Policy Programme at the Oxford University this year. Feedback would be

collected from the colleague on the suitability of the course for senior civil servants.

7. On the Chairman's further enquiry, the Deputy Secretary for the Civil Service 3 ("DSCS3") said that civil servants who were granted full-pay study leave of one year or more by the Government to attend training courses were required to sign an undertaking to serve in the civil service for at least three years after the study. Should they fail to complete the post-training service as agreed in the undertaking, they would be required to repay the Government the training cost.

#### Training programmes for civil servants

8. Referring to paragraph 35 of the Administration's paper about the Training Sponsorship Scheme for Frontline Staff ("the Scheme"), Mr SIN Chung-kai and the Deputy Chairman considered that the participation rate of the Scheme was relatively low, and asked if the Administration had imposed any restrictions on the applications. The Deputy Chairman asked if CSB's budget of \$63.5 million for the provision of training and development for civil servants included the funding for the Scheme.

9. SCS replied that the Scheme was only one of the programmes offered to civil servants to encourage them to pursue self-arranged study. To be eligible for the Scheme, the training courses should be relevant to the work of the civil servants concerned. DSCS3 said that the budget of \$63.5 million covered the funding for the Scheme as well as other training programmes organised by CSTDI in 2013-2014. In addition to the Scheme, civil servants could also apply for sponsorship offered by their respective B/Ds for attending job-related training courses. At Mr SIN Chung Kai's request, SCS agreed to provide after the meeting the number of civil servants remunerated on or below MPS Point 16 or equivalent who had received training sponsorship under the Scheme as of the total number of eligible applicants in the civil service.

Admin

10. The Deputy Chairman asked if there would be any training provided for civil servants when they were posted to other divisions. SCS replied that B/Ds would organise on-the-job training for civil servants to help them to cope with their new jobs as necessary.

11. Ms Emily LAU said that frontline civil servants were facing immense work pressure in serving the public and dealing with public complaints. She asked whether the Administration had provided adequate assistance to frontline staff and established any mechanism for dealing with public complaints. SCS said that apart from providing

training on how to handle public complaints, programmes on innovative problem solving and managing adversity etc., were also organised for civil servants to enhance their ability to serve the public. In addition, it was important for the management to express understanding and to give due recognition to their staff so as to relieve their work pressure. As for the usual practice in handling repetitive public complaints, unless the complainant could provide new information that warranted further investigation, a complaint case would normally be closed if no further remedial or follow-up action could be taken.

### National studies programmes and Basic Law training

12. Ms Emily LAU said that Hong Kong and the Mainland had different political and legal systems. She was worried that civil servants attending national studies programmes conducted in the Mainland would be exposed to one-sided views only. SCS said that many B/Ds had direct work contacts with Mainland authorities. There was a genuine operational need for civil servants to understand the systems and other aspects of the Mainland. In attending national studies programmes conducted in the Mainland, civil servants would meet with different organisations and people so that they could understand the political, social and economic developments in the Mainland from different angles. SCS also shared his personal experience of attending such programmes. He said that many of the speakers offered critical views on various subjects. Open discussions were held in which programme participants could freely express their ideas. Participants found the programmes useful for them to understand more about the systems and developments in the Mainland. At the request of Ms LAU, SCS undertook to provide after the meeting some details of the national studies programmes conducted in the Mainland, including the topics and speakers of the programmes.

Admin

13. Ms Claudia MO expressed concern that the Basic Law training might contain brainwashing elements and those civil servants who had attended such training would enjoy favourable consideration in promotion and advancement. SCS said that CSB would invite speakers of different backgrounds to conduct the Basic Law training so as to enable programme participants to benefit from different viewpoints and perspectives on the matter. There was no direct relationship between attendance in Basic Law training and promotion. PSCS added that it was necessary for civil servants to keep themselves abreast of the latest developments relating to the Basic Law, including judgments of relevant court cases, to facilitate the effective formulation and implementation of public policies.

## Other issues

### *Maintaining probity in the civil service*

14. Ms Emily LAU said that the civil service was the cornerstone of Hong Kong's stability and success. Core values such as integrity and probity should be maintained and upheld by civil servants at all times. She referred to the remark recently made by Mr SZE Cho-cheung, Chairman of the Operations Review Committee of the Independent Commission Against Corruption ("ICAC"), that the suspension of Government pension schemes since 1 June 2000 might be an important factor in the weakening of probity of civil servants, and sought the view of SCS in this regard.

15. SCS said that he did not agree that the suspension of the Government pension schemes would undermine the probity of civil servants. Civil servants appointed on or after 1 June 2000 were covered by the Civil Service Provident Fund Scheme ("CSPFS"). The contributions made by the Government under CSPFS followed a progressive rate corresponding to the civil servants' years of continuous service. The retirement benefits civil servants received from CSPFS were much more favourable than the provisions prescribed under the Mandatory Provident Fund Ordinance. In addition, civil servants would receive the part on the accrued benefits from the Government's contributions when they reached their prescribed retirement age.

16. As regards the core values of civil service, SCS said that it was essential to instill an anti-corruption attitude among civil servants at all times. Training was provided regularly to civil servants to remind them of the importance of upholding probity and integrity in public office. The Administration was vigilant in combating corruption in the civil service and would refer any suspected case to the ICAC for investigation.

### *Organisation of networking activities after training*

17. Mr Tony TSE expressed support to the provision of more training opportunities for civil servants to enhance their capability and improve the quality of public services. He asked if the training courses would involve participants from non-government organisations so that civil servants could build up a network with people from different sectors, and to learn about the good practices or latest developments in different industries. SCS said that individual B/Ds would provide professional training to their staff through which they would have the opportunities to network with fellow practitioners in their fields and learn the latest



developments in different industries. Some of the senior leadership development programmes organised by CSTDI accepted enrollment of senior executives from non-government organisations so as to promote the sharing of ideas and experience. Civil servants also participated in some executive development programmes at local and overseas institutions with participants from different sectors and countries. In addition, speakers from diverse backgrounds were invited to conduct training courses and share their views and experience with civil servants. SCS also said that some civil servants organised networking activities after attending training courses. For example, an alumni association had been set up by previous participants of the Tsinghua University National Studies Programme. The organisation and participation of such activities, however, was voluntary in nature.

#### **V. An overview of medical and dental benefits for civil servants, pensioners and eligible dependants**

LC Paper No. CB(4)379/13-14(05) -- Paper provided by the Administration

LC Paper No. CB(4)379/13-14(06) -- Updated background brief prepared by the Secretariat

18. Members noted a submission from the Hong Kong Chinese Civil Servants' Association, which was tabled at the meeting.

*(Post-meeting note: The above submission was issued to members on 18 February 2014 after the meeting vide LC Paper No. CB(4)411/13-14).*

#### Welcoming remarks by the Chairman

19. The Chairman welcomed representatives from the Administration and the deputations to the meeting. She reminded the deputations that, when addressing the Panel at the meeting, they were not covered by the protection and immunity under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382), and their written submissions were also not covered.

20. The Chairman said that apart from the nine deputations attending the meeting, two organisations and a member of the public had provided written submissions as listed on the agenda of the meeting.

Presentation of views by deputations

21. A total of nine deputations presented their views on the provision of civil service medical and dental benefits ("civil service medical benefits") to civil service eligible persons ("CSEPs"). An index of the proceedings was at the **Appendix**.

22. In gist, the deputations were generally dissatisfied with the shortage of consultation slots and long waiting time for various medical treatments provided as civil service medical benefits by the Department of Health ("DH") and the Hospital Authority ("HA"). Some deputations opined that the Administration had not fulfilled its obligation of providing the best available medical attendance and treatment to civil servants under the Civil Service Regulation ("CSR") 902. The Administration should avoid giving the impression that civil servants were competing with the public for medical resources. To extend the scope of medical benefits provided to CSEPs, some deputations requested the Administration to provide Chinese medicine services to CSEPs. Some deputations expressed concern that civil servants appointed on or after 1 June 2000 could not enjoy civil service medical benefits upon their retirement from the civil service, and that non-civil service contract ("NCSC") staff were not provided with medical benefits.

23. In order to improve the civil service medical benefits, the deputations suggested that the Administration should –

- (a) increase the number of families clinics and dental/orthodontic clinics managed by DH and their consultation slots;
- (b) increase the number of service sessions for the exclusive use of CSEPs at HA facilities;
- (c) set up a hospital for the exclusive use by CSEPs;
- (d) account for funding for the provision of civil service medical benefits separately from the funding for public healthcare system;
- (e) engage the private healthcare sector in the provision of civil service medical benefits;
- (f) include Chinese medicine services within the scope of civil service medical benefits;

- (g) review the policy that civil servants appointed on or after 1 June 2000 ceased to enjoy civil service medical benefits upon their retirement;
- (h) provide civil service medical benefits to NCSC staff;
- (i) make special arrangements for disciplined services staff who had to perform shift duties to receive priority for general out-patient treatment; and
- (j) extend the scope of civil service medical benefits by providing elderly care services to retired civil servants.

#### The Administration's response to the deputations' views

24. At the invitation of the Chairman, SCS made the following points in response to the deputations' views -

- (a) The Government, as an employer, had a contractual obligation to provide civil service medical benefits to CSEPs through DH and HA. Under the existing policy, save for the charges applicable to hospital maintenance, dentures and dental appliances as provided for in CSRs, CSEPs were entitled to free medical treatment and medical services, X-ray examinations and medicines, so far as these services were provided by DH or HA. Every endeavour would be made to give CSEPs the best available medical attendance and treatment, but the medical officer in charge of the case had sole discretion as to the amount and the nature of treatment provided.
- (b) The medical services received by CSEPs and the general public were not the same. CSEPs could apply to DH for reimbursement of medical expenses if the attending HA/DH doctors certified that the drugs, equipment and services concerned were prescribed in accordance with medical necessity and were chargeable by HA or not available in HA/DH. CSEPs therefore had free access to the necessary drugs for treatment even though such drugs were classified as self-financed items in HA's Drug Formulary. Furthermore, government dental service was not generally available to the public but CSEPs could enjoy such service.

- (c) Even before the establishment of HA, the Hospital Services Department, which was the predecessor of HA, had been providing medical services to both CSEPs and the general public. It would not be practical to separate the civil service medical benefits from the public healthcare system as it would then be difficult to maintain the service scope for CSEPs. The Government would continue to improve the provision of civil service medical benefits through DH and HA, taking into account the cost-effectiveness and financial implications of the proposed improvement measures.
  
- (d) Improvements had been made over the past years regarding the provision of medical and dental benefits for CSEPs. Such improvements included the setting up of two additional dedicated specialist out-patient clinics and an imaging centre in HA for the exclusive use by CSEPs to shorten their waiting time for specialist out-patient and diagnostic services. Regarding the dental services provided by DH, the number of surgeries in the general dental clinics had increased from 169 in 2009 to 223 in 2014 which represented, an increase of about 32%. During the same period, the number of orthodontic surgeries had also increased from 13 to 16, representing an increase of 23%. For the provision of reimbursement of medical expenses, there was a 20% increase in 2013-2014 over the Revised Estimates of 2012-2013. Other improvement measures to be implemented in 2014-2015 were detailed in paragraph 12 of the Administration's paper.
  
- (e) As for the general out-patient service, most of the HA's general out-patient clinics had specified varying numbers of priority discs at the beginning of the morning and/or the afternoon session during normal day clinic sessions for serving civil servants who needed medical treatment. The main purpose of giving serving civil servants priority treatment was to enable them to return to work early, if their conditions permitted. Hence, no priority discs were given to pensioners and eligible dependants of civil servants or pensioners. Currently, there were still unused discs in some general out-patient clinics. The Administration would continue to monitor the utilisation of the discs.

- (f) Presently, DH did not operate any Chinese medicine clinics ("CMCs") and its role was more of a regulatory body over the Chinese medicine industry. HA also did not directly operate any CMCs. Each of the public CMCs was operated on a tripartite collaboration model involving HA, a non-governmental organisation ("NGO") and a local university to promote the development of "evidence-based" Chinese medicine. The NGOs were responsible for the day-to-day operation of CMCs and staff of CMCs were employed by the NGOs. Having regard to the main purpose and mode of operation of CMCs, services provided by CMCs were not regarded as part of HA's standard services and hence fell outside the scope of civil service medical benefits under the prevailing policy. The Administration had no plan to expand the scope of civil service medical benefits to include CMCs at this stage, but would keep in view any significant changes to the nature and mode of service delivery of public Chinese medicine services in future that would merit a review of their implications on civil service medical benefits.
- (g) In order to keep abreast of time, the terms and conditions of employment for civil servants had been revised from time to time over the years, and civil servants appointed at different periods might be subject to different terms and conditions of service. In response to demands from the public and the Legislative Council in the latter half of the 1990's, a series of reforms were carried out in the civil service at the turn of the century. These reforms included revision of the terms and conditions of service for civil servants. Civil servants appointed on or after 1 June 2000 were not eligible for medical benefits for themselves and their eligible dependants after leaving the civil service. The decision was made after careful consideration and consultation with stakeholders concerned, and the revised fringe benefits package had been clearly explained to the civil servants concerned upon their joining the civil service.
- (h) As the civil service and NCSC appointments were two different types of employment, it was inappropriate to make direct comparison between them. NCSC staff were employed on fixed term contracts with an all-inclusive pay package. As such, no separate medical and dental benefits were provided.

- (i) At the moment, there were elderly care services provided by NGOs subvented by the Social Welfare Department. Retired civil servants could also enjoy these services.

## Discussion

### *Mode of provision of civil service medical benefits*

25. Mr LEUNG Che-cheung opined that the Administration should regularly review the policy on civil service medical benefits in tandem with the changing needs and situations. He noted that a lot of civil servants had sought medical treatment from the private healthcare sector due to the shortage of consultation slots and long waiting time at DH and HA facilities. In view of the situation, he urged the Administration to explore the provision of civil service medical benefits by other better means, such as taking out medical insurance or devising a mechanism for reimbursement of medical expenses incurred by CSEPs in receiving treatment in the private healthcare sector. The Deputy Chairman expressed the view that the current provision of civil service medical benefits was not the best available medical attendance and treatment. Staff morale of civil servants would be affected if the Administration did not make timely review and implement necessary improvements.

26. SCS said that while the Administration was committed to improving civil service medical benefits within its contractual obligations, a balance had to be struck between the need to improve the civil service medical benefits and the need to ensure prudent use of public funds. Any proposals that would require substantial additional resources needed to be very carefully considered. The Administration had, in the 1980s, introduced a private dental treatment scheme on a pilot basis whereby CSEPs could choose to obtain treatment from private dentists and claim reimbursement from the Government for the costs incurred. There were difficulties in controlling the cost and service quality provided by private dentists. At the request of Mr LEE Cheuk-yan, SCS agreed to provide after the meeting further information on the scheme, including reasons for its termination.

Admin

27. In response to the Deputy Chairman's concern about the shortage of medical staff and long waiting time for medical treatment at HA facilities, SCS advised that apart from deploying additional resources to recruit medical staff, HA had collaborated with the private sector in providing certain medical services. One example was the launching of a pilot public-private partnership scheme to subsidise patients with long

waiting time to receive cataract surgeries from private practitioners. CSEPs could also participate in the scheme in accordance with the selection criteria.

28. Ms Emily LAU pointed out that while the Administration should provide adequate civil service medical benefits to civil servants so that they could provide better quality service to the public, the Administration should also take care of the general public's demand for healthcare services since everyone had the right to receive proper healthcare. In the face of challenges posed by an ageing population and increasing demand for healthcare services, she urged the Administration to put in more efforts to resolve the healthcare problem in the community.

*Resources allocated for provision of civil service medical benefits*

29. Mr LEE Cheuk-yan commented that medical benefits enjoyed by CSEPs were in fact not much different from those available to the general public. He urged the Administration to put in more resources to improve the current level of medical services provided to CSEPs. To explore the feasibility of taking out medical insurance, he sought information on the cost for the provision of civil service medical benefits.

30. Referring to paragraph 24(b) above, SCS did not agree that civil service medical benefits enjoyed by CSEPs were not much different from those available to the public. In terms of resources, the provision allocated to DH to provide medical and dental services to CSEPs, including the reimbursement of medical expenses from CSEPs, had increased from about \$670 million in 2009-2010 (Revised Estimates) to about \$980 million in 2013-2014 (Revised Estimates), representing an increase of 45%. The Government had been funding HA through an annual lump sum provision for the provision of medical services to the general public and CSEPs. It was difficult to separate the annual lump sum provision into two accounts. However, additional resources had been provided on top of the Government's annual subvention to provide specific enhanced services for the exclusive use by CSEPs. The provision for such additional resources was around \$85 million in 2013-2014.

31. Pointing out that HA should have both the records of CSEPs and the general public seeking medical treatments at HA facilities, the Chairman queried why HA could not separate its accounts for the medical services for CSEPs and those for the general public respectively. SCS advised that since CSEPs shared the same medical resources (e.g. operation theatres, medical equipment, medical staff etc.) with the general

public in receiving treatments in the HA facilities, it was difficult to separate the annual lump sum provision to HA into two accounts.

*Improvement on services provided by DH*

32. Mr Tony TSE was of the view that the Government had the responsibility to provide an adequate level of medical services to CSEPs. He expressed concern on the service capacity and future expansion of families clinics. SCS replied that the Administration would keep in view the demand for families clinics and continue to improve their services. Location and manpower requirement were among the key factors to be considered in the provision of new families clinics. While every effort would be made to improve the services provided by families clinics, SCS hoped members would understand that the service coverage of families clinics could not be compared with the general out-patient clinics managed by HA.

33. Mr KWOK Wai-keung enquired about the date of commissioning of the two additional consultation rooms in the Kowloon Families Clinic. Acting Deputy Secretary for the Civil Service 2 replied that depending on the progress of staff recruitment, the target was to arrange these two consultation rooms to commence service in 2014.

34. Mr KWOK Wai-keung further enquired about the waiting time for dental services provided by DH. SCS advised that as at December 2013, the average waiting time of new cases was about six months and most of the dental recall appointments could be arranged within twelve months. Upon the opening of additional general dental surgeries in 2014, the waiting time could be further shortened in overall terms.

35. Noting that new oral-maxillofacial and dental surgeries would be set up in 2014 for the exclusive use by CSEPs, Mr Tony TSE enquired about the improvement on waiting time for such dental service. In reply, SCS advised that oral-maxillofacial surgery was a highly specialised surgery. At the moment, CSEPs had to queue with other public patients for such surgery and the waiting time of new cases was about 153 weeks. Upon the full operation of the oral-maxillofacial and dental surgeries for the exclusive use by CSEPs, the waiting time of new cases for CSEPs could be reduced to 66 weeks.

36. Mr LEE Cheuk-yan expressed concern over the long waiting time for orthodontic treatment provided by the orthodontic clinics as mentioned by some deputations. SCS explained that although additional resources had been allocated to improve the dental services provided by



DH, the waiting time for orthodontic treatment was relatively long due to the difficulty to recruit orthodontists. There was a great demand for such specialists in Hong Kong. To address the problem, DH would continue to employ qualified contract orthodontists and provide relevant professional training to its own dentists.

*Inclusion of Chinese medicine*

37. Mr TANG Ka-piu and Mr KWOK Wai-keung regretted that the Administration maintained its views of not providing Chinese medicine services for CSEPs. Mr KWOK said that as Chinese medicine had gained wide recognition in the community in treating various chronic diseases including cancer, he saw no reason why Chinese medicine services were not included in the scope of civil service medical benefits. Mr TANG said that as certificates issued by registered Chinese medicine practitioners were recognised for the grant of sick leave, the Administration should seriously consider setting up at least one CMC under DH for the exclusive use by CSEPs or devising a mechanism for reimbursement of medical expenses incurred by CSEPs in receiving Chinese medicine services in the private sector.

38. In response, SCS said that it was not out of any discriminatory policy against Chinese medicine that Chinese medicine services were not included in the scope of civil service medical benefits. It was mainly because Chinese medicine out-patient service was not a standard service provided by HA. The same principle applied to the medical services provided by private western medicine practitioners. Although private western medicine practitioners could issue sick leave certificates for the grant of sick leave, their services were not included in the scope of civil service medical benefits.

39. As regards the suggestion of setting up a CMC under DH, SCS reiterated that DH did not currently operate any CMCs and its role was more of a regulatory body rather than a service provider as far as Chinese medicine services were concerned. He understood that at the moment, HA staff also had to pay for services provided by CMCs. At the request of the Chairman, SCS agreed to ascertain information on the medical and dental benefits provided by HA for its staff.

Admin

40. Regarding the proposed Chinese medicine hospital to be set up in Tseung Kwan O as mentioned in the 2014 Policy Address, SCS advised that the Food and Health Bureau would, in consultation with the Chinese Medicine Development Committee, work out the mode of operation and regulatory details for the hospital. It was pre-mature to consider

whether the services to be offered by the hospital should be included as civil service medical benefits.

*Post-retirement medical protection for civil servants appointed on or after 1 June 2000*

41. The Deputy Chairman noted with concern the difference in medical benefits for civil servants appointed before and after 1 June 2000. Mr KWOK Wai-keung commented that after the replacement of pension benefits by the CSPFS and reduction of fringe benefits for civil servants appointed on or after 1 June 2000, the civil service terms and conditions could no longer attract candidates of high calibre to join the civil service which had accordingly caused succession problem in the civil service.

42. SCS replied that the key to maintaining the attractiveness of civil service jobs and retaining quality staff rested with many factors including the overall remuneration package, the promotion prospect, the working environment and the job satisfaction of the public service. In general, the Government had not encountered any significant recruitment or retention problem after the implementation of the new package of fringe and retirement benefits in 2000. As far as he knew, pension or post-retirement medical protection for employees was not prevalent in the private sector. As the decision was made after careful consideration and consultation with stakeholders concerned, the Administration had no plan to review the medical benefits arrangements for civil servants appointed on or after 1 June 2000.

43. In response to Ms Emily LAU's enquiry on the CSPFS, SCS advised that, at present, retired civil servants on CSPFS might withdraw the accrued benefits attributable to the Government's voluntary contributions upon leaving the civil service at the prescribed retirement age. The accrued benefits attributable to mandatory contributions under the Mandatory Provident Fund Schemes Ordinance (Cap. 485) could be withdrawn at the age of 65 but if a retired civil servant would no longer work, he or she could apply to withdraw this part at 60.

44. Mr LEUNG Kwok-hung enquired about the total amount of savings achieved as a result of the revision of the terms and conditions of service for civil servants in 2000. SCS said that the revision did not aim at achieving savings.

*Provision of civil service medical benefits to NCSC*

45. Mr KWOK Wai-keung pointed out that as NCSC staff were employed under less favourable terms and conditions than their civil service counterparts, the Administration should offer appropriate medical benefits to NCSC staff, in particular those NCSC staff who had been employed for a long time.

46. SCS explained that as the civil service and NCSC appointments were two different types of employment, it was inappropriate to make direct comparison between them. NCSC staff were employed on fixed term contracts with an all-inclusive pay package. As such, no separate medical and dental benefits were provided. Apart from complying with the Employment Ordinance and the guiding principles for employing NCSC staff, B/Ds were also required to ensure the competitiveness and attractiveness of the terms and conditions of employment of the NCSC positions, so as to be able to recruit adequate persons of suitable calibre from the labour market and retain the NCSC staff. In fact, the vast majority of NCSC staff had a pay rise over the past years.

Motion

47. Mr KWOK Wai-keung moved the following motion which was seconded by the Deputy Chairman –

"本會促請政府履行承諾，為公務員提供合理的醫療服務，包括：(一)提升現行醫療服務的質量；(二)即時檢討中醫藥服務不包括在公務員福利範圍內的不合理政策；(三)為現職的非公務員合約員工提供與公務員同等的醫療福利；(四)檢討2000年起聘任的公務員及受長期聘用的非公務員合約員工的退休後醫療保障。"

(translation)

"That this Panel urges the Government to honour its commitment by providing civil servants with reasonable medical services, including: (1) enhancing the quality of the existing medical services; (2) immediately reviewing the unreasonable policy of not including Chinese medicine service in the scope of civil service medical benefits; (3) providing serving non-civil service contract ("NCSC") staff with the same medical benefits as those for civil servants; (4) reviewing the post-retirement medical protection for civil servants who were appointed in and after 2000, and those NCSC staff who have been employed for a long time."

48. Mr KWOK Wai-keung said that he put forth the motion having regard to the views of the deputations. The Chairman ruled that Mr KWOK Wai-keung's motion was directly related to the agenda item under discussion.

49. Mr TANG KA-piu moved amendments to Mr KWOK Wai-keung's motion by inserting words (shown in bold and italic type) as follows -

"本會促請政府履行承諾，為公務員提供合理的醫療服務，包括：  
(一)提升現行醫療服務的質量，**如增加公務員診所、縮短專科輪候時間**；(二)即時檢討中醫藥服務不包括在公務員福利範圍內的不合理政策，**並考慮在公務員診所優先涵蓋中醫藥服務**；(三)為現職的非公務員合約員工提供與公務員同等的醫療福利；(四)檢討2000年起聘任的公務員及受長期聘用的非公務員合約員工的退休後醫療保障。"

(translation)

"That this Panel urges the Government to honour its commitment by providing civil servants with reasonable medical services, including: (1) enhancing the quality of the existing medical services *such as providing more families clinics and shortening the waiting time for specialist services*; (2) immediately reviewing the unreasonable policy of not including Chinese medicine service in the scope of civil service medical benefits *and considering providing Chinese medicine service in families clinics first*; (3) providing serving non-civil service contract ("NCSC") staff with the same medical benefits as those for civil servants; (4) reviewing the post-retirement medical protection for civil servants who were appointed in and after 2000, and those NCSC staff who have been employed for a long time."

50. Mr TANG ka-piu said that his amendments sought to elaborate Mr KWOK Wai-keung's motion.

51. The Chairman put the amendments moved by Mr TANG to vote. Seven members voted for the amendments and no member voted against. The Chairman then put Mr KWOK's motion as amended by Mr TANG to vote. Seven members voted for the amendments and no member voted against. The Chairman declared that the motion moved by Mr KWOK as amended by Mr TANG was passed.

52. The Chairman requested the Administration to follow up on the issue and provide a written response on the motion passed in due course.

*(Post-meeting note: The Administration's response was circulated to members vide LC Paper No. CB(4)484/13-14(01) on 18 March 2014.)*

**VI. Any other business**

53. There being no other business, the meeting ended at 12:45pm

Council Business Division 4  
Legislative Council Secretariat  
17 April 2014

**Panel on Public Service  
on Monday, 17 February 2014, at 9:30am  
in Conference Room 2 of the Legislative Council Complex**

**Presentation of views by deputations/individuals**

<b>Time marker</b>	<b>Speaker</b>	<b>Subject(s)</b>
011040-011218	Chairman	Opening remarks
011219-011716	Mr CHUNG Tak-cheung, Vice Chairman Hong Kong Civil Servants General Union	Presentation of views as detailed in LC Paper No. CB(4)426/13-14(01)
011724-012016	Mr Mr Steven TSE Rights Officer Government Employees Association	Presentation of views as detailed in LC Paper No. CB(4)379/13-14(07)
012025-012406	Mr KONG Ming-chung Chairperson HKSAR Government Employees General Union	Presentation of views as detailed in LC Paper No. CB(4)379/13-14(08)
012418-012726	Mr LEE Kwan-kit Member Disciplined Services Consultative Council (Staff Side)	Presentation of views that - <ul style="list-style-type: none"> <li>● The Administration had failed to provide satisfactory civil service medical and dental benefits ("civil service medical benefits") to civil service eligible persons ("CSEPs") due to the shortage of medical consultation slots and the long waiting time for medical services at the facilities of the Hospital Authority and the Department of Health.</li> <li>● Relevant measures, such as engaging private healthcare sector, should be explored to improve the provision of civil service medical benefits.</li> <li>● The Administration should provide information on the cost incurred for the provision of civil service medical benefits.</li> </ul>
012747-013200	Mr CHAN Cho-kwong Chairman The Junior Police Officers' Association of the Hong Kong Police Force	Presentation of views as detailed in LC Paper No. CB(4)426/13-14(02)
013213-013616	Ms CHEUK Kin-wai Councillor	Presentation of views as detailed in LC Paper No. CB(4)411/13-14(01)

	Hong Kong Chinese Civil Servants' Association	
013636-014049	Mr LAM Kwok-ho Chairman Government Disciplined Services General Union	<p>Presentation of views that –</p> <ul style="list-style-type: none"> <li>● The Government had contractual obligation to provide quality civil service medical benefits to CSEPs. The provision of such benefits should be separated from the public healthcare system.</li> <li>● In response to the great demand from civil servants, the Administration should consider to provide Chinese medicine out-patient service at the family clinics.</li> <li>● Appropriate nursing and care services for the elderly should be provided to retired civil servants.</li> </ul>
014058-014540	Ms LI Wai-yee Chairman Model Scale 1 Staff Consultative Council (Staff Side)	Presentation of views as detailed in LC Paper No. CB(4)426/13-14(03)
014551-014920	Dr YUEN Kwok-wah Representative 公務員醫療及牙科福利聯席	Presentation of views as detailed in LC Paper No. CB(4)395/13-14(01)

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