

**立法會**  
**Legislative Council**

LC Paper No. CB(2)69/19-20  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 20 May 2019, at 4:30 pm**  
**in Conference Room 3 of the Legislative Council Complex**

- Members present** : Dr Hon Pierre CHAN (Chairman)  
Prof Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)  
Hon WONG Ting-kwong, GBS, JP  
Hon CHAN Kin-por, GBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan, BBS, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, BBS, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, SBS, JP  
Hon CHU Hoi-dick  
Hon SHIU Ka-fai  
Hon KWONG Chun-yu  
Hon CHAN Hoi-yan
- Members absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon SHIU Ka-chun
- Member attending** : Dr Hon CHENG Chung-tai

**Public Officers :** Item III  
**attending**

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Mr Ian CHIN Cheuk-hong  
Principal Assistant Secretary for Food and Health (Health) 6  
Food and Health Bureau

Dr CHEUNG Ngai-tseung  
Head of Information Technology and Health Informatics  
Hospital Authority

Dr WONG Wing-nam  
Special Project Consultant  
Food and Health Bureau

Ms Clara CHEUNG  
Chief Systems Manager  
Hospital Authority

Item IV

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Mr FONG Ngai  
Deputy Secretary for Food and Health (Health) 3  
Food and Health Bureau

Mr Chris FUNG Pan-chung  
Principal Assistant Secretary for Food and Health (Health) 3  
Food and Health Bureau

**Clerk in** : Ms Maisie LAM  
**attendance** Chief Council Secretary (2) 5

**Staff in** : Miss Kay CHU  
**attendance** Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**

[LC Paper Nos. CB(2)1244/18-19(01), CB(2)1262/18-19(01), CB(2)1274/18-19(01) and CB(2)1464/18-19(01)]

Members noted that the following papers had been issued since the last meeting:

- (a) Administration's response to the issues raised in the letter dated 23 March 2019 from Dr Elizabeth QUAT in respect of the presence of asbestos in Prince of Wales Hospital;
- (b) Administration's response to the issues raised in the letter dated 25 March 2019 from Dr Elizabeth QUAT concerning the recent measles outbreak;
- (c) referral memorandum on issues arising from the discussions at the meeting between Legislative Council Members and Wong Tai Sin District Council members on 22 March 2019 concerning the provision of public dental care services in Wong Tai Sin District; and
- (d) joint letter dated 15 May 2019 from Dr Elizabeth QUAT and Dr CHIANG Lai-wan requesting the Administration to take measures to prevent human infection of rat Hepatitis E virus.

**II. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)1432/18-19(01) and (02)]

Items for discussion at future meetings

2. Mr KWONG Chun-yu opined that the Administration should brief the Panel on the implementation progress of the First Phase Programme of Medical Assistance Programmes under the Community Care Fund. The Chairman suggested and members agreed that the subject be included in the Panel's list of outstanding items for discussion.

3. Referring to the joint letter dated 15 May 2019 from Dr CHIANG Lai-wan and herself (LC Paper No. CB(2)1464/18-19(01)), Dr Elizabeth QUAT suggested that the Panel should discuss issues relating to the prevention of human infection of rat Hepatitis E virus and rodent

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control. The Chairman remarked that the Administration had been requested to provide a written response to the views and concerns raised in the letter. Dr Helena WONG proposed that the Panel and the Panel on Food Safety and Environmental Hygiene ("the FSEH Panel") should hold a joint meeting to discuss this emerging infectious disease and the territory-wide rodent control work. In view of the emerging cases of human infection of rat Hepatitis E virus, Mr SHIU Ka-fai and Dr Elizabeth QUAT were supportive of the proposal. The Chairman said that subject to the view of the Chairman of the FSEH Panel, the two Panels would hold a joint meeting to discuss the subject.

*(Post-meeting note: With the concurrence of the Chairmen of the Panel and the FSEH Panel, a joint meeting was originally scheduled for 17 June 2019 at 4:30 pm for the above purpose. Subsequently, members were informed vide LC Paper No. CB(2)1647/18-19 issued on 11 June 2019 that on the instruction of the Chairmen, the joint meeting would be rescheduled to a later date to avoid clashing with the anticipated continuation of the Council meeting of 12 June 2019.)*

4. The Chairman sought members' agreement to remove from the Panel's list of outstanding items for discussion the subject "Cancer treatment" (item no. 30 referred) as the Subcommittee on Issues Relating to the Support for Cancer Patients established under the Panel had commenced work. Members raised no objection.

Items for discussion at the regular meeting in June 2019

5. Members agreed to discuss the subjects "Review of dental care services" and "Accident and emergency service provided by the Hospital Authority" at the next regular meeting scheduled for 17 June 2019 at 4:30 pm.

*(Post-meeting note: Members were informed vide LC Paper No. CB(2)1648/18-19 issued on 11 June 2019 that on the instruction of the Chairman, the June regular meeting would be rescheduled to a later date to avoid clashing with the anticipated continuation of the Council meeting of 12 June 2019.)*

**III. Developments of the Electronic Health Record Sharing System**  
[LC Paper Nos. CB(2)1432/18-19(03) and (04)]

6. Under Secretary for Food and Health ("USFH") briefed members on the latest developments of the Electronic Health Record Sharing System ("eHRSS") and the progress of its Stage Two Development, details of

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which were set out in the Administration's paper (LC Paper No. CB(2)1432/18-19(03)).

7. Members noted the updated background brief prepared by the Legislative Council ("LegCo") Secretariat on the subject under discussion (LC Paper No. CB(2)1432/18-19(04)).

Security and privacy of eHRSS

8. Sharing his personal experience, Mr SHIU Ka-fai expressed grave concern that some frontline staff members of those private healthcare providers which had registered with eHRSS were not familiar with the privacy protection measures in place to protect data privacy of the healthcare recipients who had registered in eHRSS.

9. Principal Assistant Secretary for Food and Health (Health) 6 ("PAS(H)6") advised that participation in eHRSS was on a voluntary basis. A healthcare recipient who had registered in eHRSS had to give sharing consent to individual private healthcare provider which had also registered with eHRSS, such that the latter could provide to and obtain from eHRSS any sharable data of the healthcare recipient concerned. Registered healthcare recipients would receive notifications from eHRSS direct (short message services, emails or letters depending on their choice) when their health records were accessed so that they could report any suspicious accesses to the Electronic Health Record Registration Office ("eHRRO"). They could at any time revoke the sharing consent given to a registered healthcare provider, and even request that their registration be withdrawn from eHRSS if considered necessary. Notification would be issued to the person concerned via their selected communication means to confirm successful withdrawal. Educational work had been carried out to enhance user vigilance on system security and privacy protection. In response to Mr YIU Si-wing's enquiry about the validity period of a sharing consent, PAS(H)6 advised that depending on the choice of the registered healthcare recipient, it could be for an indefinite period or a one-year term.

10. Referring to a case of suspected unauthorized access to the health data of seven patients in eHRSS between June and November 2018 at a clinic, Mr KWONG Chun-yu urged the Administration to take measures to prevent recurrence of similar incidents and ensure system security. Mr SHIU Ka-fai was concerned about the access to the health records of individual registered healthcare recipients kept in eHRSS by healthcare professionals. Mr YIU Si-wing asked about the legal liability arising from improper handling or leakage of health data kept in eHRSS.

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11. Special Project Consultant, Food and Health Bureau ("SPC, FHB") and PAS(H)6 advised that under the Electronic Health Record Sharing System Ordinance (Cap. 625), a prescribed healthcare provider had to take reasonable steps to ensure that access to any health data of a healthcare recipient was restricted to a healthcare professional engaged by the relevant healthcare provider who might perform healthcare for the healthcare recipient, and the access was restricted to the health data that might be relevant for performing healthcare for the recipient. A code of practice, issued under the Electronic Health Record Sharing System Ordinance, was in place to provide guidance to registered healthcare providers on proper registration of healthcare recipients, management of user accounts and clinical records, and protection of system security. According to the above Ordinance, a person committed an offence if the person knowingly caused a computer to perform a function so as to obtain unauthorized access to data or information contained in an electronic health record. To further enhance security protection, the Administration was considering using the upcoming electronic identity (i.e. eID) or electronic token issued by the Administration as a means for secured authentication.

Development of Patient Portal under eHRSS

12. Ms CHAN Hoi-yan enquired about the interface of and the launch timetable for the Patient Portal under eHRSS. Dr Elizabeth QUAT said that the design of the Patient Portal had to be user-friendly. SPC, FHB advised that a pilot version of the Patient Portal was expected to be rolled out to selected user groups mainly for collection of views in the fourth quarter of 2019, followed by the planned formal launch of initial functions in the second half of 2020. Having taken into account the local views collected and international experience, it was planned that the Patient Portal would initially enable registered healthcare recipients (or their family members, as the case might be) to access part of their health information stored in their electronic health records, including medication, appointments, allergies and adverse drug reactions.

13. Mr CHAN Han-pan considered that to facilitate health management, registered healthcare recipients should be able to access their body examination reports kept in eHRSS. Mr CHAN Chi-chuen remarked that many registered healthcare recipients would prefer being able to access all of their electronic health records via the Patient Portal. SPC, FHB advised that according to the Personal Data (Privacy) Ordinance (Cap. 486), an individual could already request a copy of his or her health records in eHRSS. As regards the Patient Portal, its functions would be rolled out progressively, starting with the most value-adding and least sensitive functions. The types of health records to be opened up for direct access by

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registered healthcare recipients would be reviewed from time to time, having regard to user feedback and operational experience.

14. Ms CHAN Hoi-yan was concerned about the period of immunization records to be covered by the Patient Portal. The Chairman called on the Administration to earmark resources to digitalize the paper immunization records currently kept by the Department of Health ("DH"). USFH advised that DH was enhancing its Clinical Information Management System to enable easy retrieval of clients' records of immunizations administered by DH. The above System was also being enhanced for full-fledged connection with eHRSS.

15. Dr Elizabeth QUAT suggested that the Patient Portal should allow appointment booking for outpatient services of the Hospital Authority ("HA") and provide reminders for appointments and medication. SPC, FHB advised that at present, new case booking for specialist outpatient services of 12 specialties of HA could already be made through the smartphone mobile application *BookHA* developed by HA. HA was also developing a mobile platform that could integrate its existing mobile applications. The Patient Portal was a separate mobile application being developed by the Administration for accessing useful general and individualized health information, with potential interfaces with other mobile applications and services provided by public and private healthcare providers.

16. Noting that registered healthcare recipients would be allowed to input certain health information or data to the Patient Portal, Prof Joseph LEE sought clarification on whether the Patient Portal would flag up self-inputted data for easy reference, and enable registered healthcare providers, if given consent by the registered healthcare recipients concerned, to view the self-inputted data. SPC, FHB replied in the affirmative.

Sharing restriction features and scope of data sharing in eHRSS

17. Dr Elizabeth QUAT expressed appreciation that the Administration had honoured its undertaking to work towards introducing some form of sharing restriction features to give patients the choice to restrict or control the scope of data sharing under eHRSS, which she had long called for. She considered that sharing restriction was important for safeguarding patient privacy. USFH stressed that in order to protect patients' safety, the Administration would not allow the masking of certain critical health data, including medications, allergies and adverse drug reactions, and was

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inclined to flag it up if a patient had masked his or her electronic health records.

18. Mr POON Siu-ping asked about the timetable for and the latest progress of the development of technical capability of eHRSS for sharing Chinese Medicine information. SPC, FHB advised that a Chinese Medicine Information System On-ramp Pilot was planned for launch in the second half of 2019, with the view of enabling the sharing of Chinese Medicine data and information among Chinese Medicine practitioners in the first half of 2021. The Administration would further explore the possible sharing of data and information between Chinese Medicine practitioners and Western Medicine practitioners, having regard to operational experience and stakeholders' views.

Participation of healthcare providers in eHRSS

19. Noting that more than 99% of the about 960 million electronic health records that had so far been uploaded to eHRSS for sharing came from the public sector, Mr POON Siu-ping asked about the measures to be put in place to encourage the sharing of electronic health records by registered healthcare providers in the private sector. The Chairman was wary that the above imbalance in the amount of health records being uploaded by the public and private sectors to eHRSS for sharing did not meet the aim of eHRSS to facilitate public-private collaboration and would pose risks to the public sector in the course of providing healthcare. Mr CHAN Han-pan called for enhancing the participation of private healthcare providers in eHRSS.

20. SPC, FHB advised that the number of private healthcare providers participating in eHRSS had been on the rise since launch of the system in 2016. The Administration had required healthcare providers participating in public-private partnership programmes to join eHRSS. Promotional efforts would continue to be strengthened so as to encourage participation. Prof Joseph LEE asked whether technical support would be provided to all healthcare professionals participating in eHRSS. SPC, FHB advised that the Administration provided clinical and management software and technical support free of charge to all private healthcare providers participating in eHRSS.

21. Prof Joseph LEE was concerned that only optometrists registered in Part I of the register but not those registered in Parts II, III or IV of the register would be covered under the planned extension of access rights of eHRSS in the latter half of 2019. PAS(H)6 advised that the proposed arrangement had taken into account the restrictions on the practice of Parts

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II, III and IV optometrists as set out in the Optometrists (Registration and Disciplinary Procedure) Regulation (Cap. 359F).

22. Mr CHAN Han-pan opined that certain private healthcare providers in the Greater Bay Area, such as the University of Hong Kong-Shenzhen Hospital, should be allowed to register in eHRSS as some Hong Kong residents might seek healthcare at these healthcare providers. PAS(H)6 advised that, under the Electronic Health Record Sharing System Ordinance, only healthcare providers that provided healthcare at one or more service location(s) in Hong Kong could apply for registration as a healthcare provider under eHRSS for the location(s) concerned. These healthcare providers included hospitals, clinics, residential care homes for the elderly or persons with disabilities, and specified entities that engaged a healthcare professional specified in the Schedule to the above Ordinance to perform healthcare at the premises concerned. The Administration would consider suggestions on the use of eHRSS taking into account the stakeholders' views.

Way forward

23. The Chairman considered that while the Administration had consulted local stakeholders and the Steering Committee on Electronic Health Record Sharing on the proposed parameters of the sharing restriction features and Patient Portal under eHRSS, a public consultation exercise should be carried out in this regard. USFH advised that the Administration was open to any suggestions to enhance public engagement.

**IV. Proposed Member's Bill to amend the Medical Registration Ordinance (Cap. 161)**

[LC Paper Nos. CB(2)1243/18-19(01), CB(2)1432/18-19(05), CB(2)1447/18-19(01) and CB(2)1486/18-19(01)]

24. At the invitation of the Chairman, Dr CHIANG Lai-wan briefed members on her proposed Member's Bill ("the legislative proposals") which sought to amend the Medical Registration Ordinance to the effect that those non-locally trained medical practitioners who had been in employment with HA under limited registration for not less than five years and had been certified by HA that the performance was to the satisfaction of HA would be qualified to apply for full registration as a medical practitioner without the need to pass the Licensing Examination administered by the Medical Council of Hong Kong ("the Medical Council"), details of which were set out in the paper provided by Dr CHIANG Lai-wan (LC Paper No. CB(2)1243/18-19(01)).

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25. Members noted the following papers on the subject under discussion: (a) the information note prepared by the LegCo Secretariat (LC Paper No. CB(2)1432/18-19(05)); the letter dated 14 May 2019 from the Administration (LC Paper No. CB(2)1447/18-19(01); and the letter dated 17 May 2019 from Mr SHIU Ka-chun (LC Paper No. CB(2)1486/18-19(01)).

26. Responding to the briefing given by Dr CHIANG Lai-wan on her legislative proposals, USFH made the following points:

- (a) the number of University Grants Committee ("UGC")-funded first-year-first degree places in medicine was increased by around 90% in the past decade. The number of these places would be further increased by 60 per annum in the 2019-2020 to 2021-2022 UGC triennium. To plan ahead for the long-term healthcare manpower requirement, the Administration had undertaken to conduct manpower planning and projections once every three years in step with the triennial planning cycle of UGC. The results of the second round healthcare manpower projection exercise were expected to be available in 2020;
- (b) HA would recruit all qualified locally-trained medical graduates and provide them with relevant specialist training. There would be a total of over 2 000 medical graduates becoming registered medical practitioners in the coming five years. To alleviate the current manpower shortage of doctors in the public healthcare system, HA would continue to recruit part-time doctors, rehire retired doctors and retain existing doctors by enhancing training opportunities and promotion prospect, and explore whether the Special Retired and Rehire Scheme for doctors could be further enhanced in order to retain suitable expertise for training and knowledge transfer. The above apart, HA would continue to proactively recruit non-locally trained medical practitioners under limited registration to supplement local recruitment drive;
- (c) with the coming into operation of the relevant provisions of the Medical Registration (Amendment) Ordinance 2018 (Ord. No. 15 of 2018) in April 2018, the validity period and renewal period of limited registration had been extended from not exceeding one year to not exceeding three years to attract more qualified non-locally trained medical practitioners to practise in the public healthcare sector. In May 2019, the Medical Council had approved that the period of assessment for non-locally trained medical practitioners with specialist status who passed

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the Licensing Examination would be reduced to one to three days if they had served in HA, DH, The University of Hong Kong ("HKU") or The Chinese University of Hong Kong ("CUHK") for three years. Separately, the Food and Health Bureau ("FHB"), HA and DH had been working with overseas Economic and Trade Offices on promotional campaigns on an ongoing basis to encourage non-locally trained medical practitioners to practise in Hong Kong. To provide greater incentive for those non-locally trained medical practitioners who had not obtained specialist qualification to practise in HA under limited registration, consideration was being given to providing them with specialist training by HA; and

- (d) FHB had set up in March 2019 a platform comprising representatives from the Medical Council, the Hong Kong Academy of Medicine, the Hong Kong Medical Association, the Medical Faculties of HKU and CUHK, HA and DH ("the discussion platform") to discuss how to increase medical manpower supply to address the manpower constraint in the public healthcare sector. The discussion platform had so far held two meetings and would next meet in late May 2019.

27. Mr SHIU Ka-fai relayed the following views of Mr Tommy CHEUNG on the legislative proposals: (a) given the excessively high threshold for passing the Licensing Examination, the Liberal Party was supportive of the legislative proposals as a means to alleviate the medical manpower shortage problem in the public healthcare sector; (b) taking into account that DH and the Faculties of Medicine of HKU and CUHK were also facing medical manpower shortage problem, Mr Tommy CHEUNG might propose amendments to the legislative proposals to cope with the demand; and (c) if the legislative proposals were passed, HA should put in place a stringent mechanism to monitor the performance of the non-locally trained medical practitioners who practised in HA under limited registration. USFH took note of the views.

28. Dr CHENG Chung-tai and Dr KWOK Ka-ki noted that according to statistics of the Medical Council, about half of the candidates sitting the Licensing Examination in the past five years held qualifications from the Mainland. The average passing rate of these candidates was about 28%, which was far lower than that of those candidates who held qualifications from other jurisdictions which stood at more than 52%. Querying the low passing rate of candidates who held qualifications from the Mainland, Dr CHENG Chung-tai was worried that the legislative proposals, if passed, might open the gate for medical practitioners who received their medical

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training in the Mainland to practise medicine in Hong Kong. Expressing a similar concern, Dr KWOK Ka-ki said that he had great reservation about the legislative proposals. Pointing out that those fully-registered medical practitioners who received their medical training in places outside Hong Kong could choose to practise in HA or in the private sector, the Chairman considered that the quality of the medical services in Hong Kong could not be compromised by the need for increasing the medical manpower supply to meet the demand. In his view, the existing statutory requirement that all non-locally trained medical graduates had to, among others, pass the Licensing Examination in order to be qualify for full registration as medical practitioners could effectively ensure that they had attained a professional standard comparable to that of local medical graduates so as to safeguard patient safety. Based on the statistics of the Medical Council, candidates holding qualifications from the Mainland, who on average had a much lower passing rate in the Licensing Examination, would benefit the most from the legislative proposals.

29. USFH advised that operating under the principle of professional autonomy, the Medical Council administered and conducted the Licensing Examination for non-locally trained medical practitioners. The aim of the Licensing Examination was to ensure that those who wished to register as medical practitioners in Hong Kong after receiving medical training in places outside Hong Kong had attained a professional standard that could maintain the quality of the medical services in Hong Kong and safeguard public health.

30. Dr Elizabeth QUAT appealed members' support for the legislative proposals which aimed at providing a career prospect to attract more non-locally trained medical practitioners who were Hong Kong permanent residents and were currently practising in places outside Hong Kong to come back in order to address the medical manpower shortage in HA. To her understanding, hundreds of such medical practitioners were interested in coming back to practise in Hong Kong for various reasons if the legislative proposals were passed. She stressed that the stringent mechanism currently put in place by HA for the recruitment of non-locally trained medical practitioners to serve in HA under limited registration and the existing statutory requirements for registration as a medical practitioner with limited registration would continue to safeguard the professional standard of the medical practitioners so employed. Only those who had been in employment with HA for not less than five years and had been certified by HA that the performance was to the satisfaction of HA would be qualified to apply for full registration as a medical practitioner without the need to pass the Licensing Examination. Expressing concern that the proposed arrangements would on the one hand put the gate-keeping

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responsibility solely on HA and might on the other hand undermine the quality of medical services in Hong Kong, Dr Fernando CHEUNG said that he had reservation on the legislative proposals.

31. Expressing support for any measures aimed at increasing the medical manpower supply so as to alleviate the heavy workload of frontline doctors working in HA and shorten the duly long waiting time for services of HA, Ms Alice MAK said that the Hong Kong Federation of Trade Unions would consult its member unions concerned on the legislative proposals in due course. Pointing out that the Medical Registration (Amendment) Bill 2016 introduced by the Administration into LegCo in March 2016 had covered, among other things, Mr Tommy CHEUNG's proposed Members' Bill to amend the Medical Registration Ordinance to add four lay members in the Medical Council, she asked whether the Administration would adopt a same approach this time. Dr Helena WONG enquired about the position of the Administration on the legislative proposals and whether same as the arrangement made for the Tripartite Platform on Amendments to the Medical Registration Ordinance set up by FHB in late 2016, Members of LegCo would be invited to sit on the discussion platform.

32. USFH advised that the Administration would continue to listen to and consider carefully suggestions made by different parties as well as the discussion platform on ways to address the medical manpower shortage of the public healthcare sector. It took time for the Administration to assess the effectiveness of the measures of extending the validity period and renewal period of limited registration to a three-year term and reducing the period of assessment for non-locally trained medical practitioners with specialist status who passed the Licensing Examination in attracting non-locally trained medical practitioners to practise in HA under limited registration when considering the next step forward. He reiterated that efforts would continuously be made by the Administration to encourage non-locally trained medical practitioners to practise in Hong Kong.

33. Dr KWOK Ka-ki opined that the poor working environment and the large workload due to heavy reliance of chronic disease patients on hospital services when there was insufficient medical and rehabilitation services in the community had resulted in many doctors choosing not to stay in public hospitals, which was the crux of HA's medical manpower shortage problem. He urged the Administration to increase its financial provision to HA to address the above issues so as to attract and retain talents in HA. The Chairman remarked that not all specialties of HA were facing a shortage in medical and nursing manpower. Pointing out that subject to specified restrictions and conditions, medical practitioners with limited registration might carry out medical practice including teaching, research

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and hospital work, he surmised that the reason why the majority of non-locally trained medical practitioners with limited registration would choose to work in the Faculties of Medicine of HKU and CUHK but not HA was because of the overload of public hospitals.

34. USFH advised that as mentioned in the earlier part of the meeting, efforts had been and would continuously be made by HA to retain its staff. It should be noted that additional funding had been earmarked in the 2019-2020 Budget for HA to boost the staff morale and retain talents. It was expected that the overload of public hospitals would be eased with the provision of additional hospital beds and other additional hospital facilities upon completion of the first and second 10-year Hospital Development Plans, the implementation of various public-private partnership programmes, and the development of primary healthcare services and promotion of health management to reduce the unwarranted use of hospital services.

35. Dr Helena WONG noted that according to the report of the Strategic Review on Healthcare Manpower Planning and Professional Development released in 2017, there would be a manpower gap of 1 007 doctors by 2030. She was concerned that the above projection had not taken into account the medical manpower requirement arising from the provision of over 9 000 additional hospital beds upon completion of the first and the second 10-year Hospital Development Plans by 2035, and the attrition of doctors in HA due to the development of the local private healthcare sector and the medical manpower demand from the Greater Bay Area. There was also no breakdown of the projected medical manpower shortfall by specialties. USFH assured members that the current round of manpower planning and projection exercise for healthcare professionals which was underway would take into account a basket of factors in relation to manpower demand and supply.

36. Dr CHIANG Lai-wan expressed appreciation for the various views given by members on the legislative proposals. She hoped that Members belonging to different political parties and groupings could work together and put forward more suggestions toward the common goal of alleviating the medical manpower shortage in the public healthcare sector.

**V. Any other business**

37. There being no other business, the meeting ended at 6:31 pm.