

立法會
Legislative Council

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the Administration)

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Panel on Health Services

**Minutes of meeting held on
Friday, 5 February 2021, at 10:45 am
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)
Hon Abraham SHEK Lai-him, GBS, JP (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Kin-por, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon YIU Si-wing, BBS
Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP
Hon Alice MAK Mei-kuen, BBS, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, SBS, JP
Hon SHIU Ka-fai, JP
Dr Hon Pierre CHAN
Dr Hon CHENG Chung-tai
- Member attending** : Hon KWOK Wai-keung, JP
Hon CHOW Ho-ding, Holden
- Members absent** : Dr Hon Priscilla LEUNG Mei-fun, SBS, JP

Public Officers attending : Agenda item III

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Dr Ronald LAM Man-kin, JP
Controller, Centre for Health Protection
Department of Health

Dr K L CHUNG
Director (Quality and Safety)
Hospital Authority

Dr Raymond LAI
Chief Infection Control Officer
Hospital Authority

Agenda item IV

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Mr FONG Ngai, JP
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 attendance: Mr Colin CHUI
Chief Council Secretary (4)³

Staff in attendance : Ms Angela CHU
Senior Council Secretary (4)²

Ms Peggy CHUNG
Council Secretary (4)³

Miss Ariel SHUM
Legislative Assistant (4)3

Action

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

Members noted that no information paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(4)472/20-21(01) to (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for March 2021:

- (a) Healthcare manpower projection; and
- (b) First 10-year Hospital Development Plan.

3. Given the acute situation of coronavirus disease 2019 ("COVID-19") in Hong Kong, Dr Pierre CHAN proposed that the Administration should provide a regular update on the progress of the Administration's control measures to prevent the spread of COVID-19 at future regular meetings of the Panel. Members raised no objection to the suggestion.

III. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong

[LC Paper Nos. CB(4)472/20-21(03) and (04), CB(4)407/20-21(01), CB(4)419/20-21(01) and CB(4)433/20-21(01) to (03)]

Briefing by the Administration

4. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the latest progress of the Administration's measures in preventing and controlling the spread of COVID-19 in Hong Kong. Details of the briefing were set out in the Administration's paper (LC Paper No. CB(4)472/20-21(03)).

Discussion

Restriction-testing declaration operations

5. Dr Pierre CHAN expressed concern about the making of restriction-testing declarations in respect of residential buildings and the requirement that the residents therein should stay within the premises to undergo compulsory testing within the time specified in the relevant compulsory testing notices (CTNs). He commented that the arrangement had caused much inconvenience to the residents concerned and queried the justifications for such actions, such as the identification of cases through sewage system of the building.

6. As the Chinese Lunar New Year was approaching, Mr POON Siu-ping relayed the worries of members of the public that they might be forced to stay home during the festival because of the restriction-testing declarations. In addition, given the small number of confirmed cases identified through such operations, there were opinions that it might not worth the efforts and manpower to conduct such large-scale operations. In this regard, he enquired about the manpower involved. Mr Michael TIEN urged the Administration to enhance communication with members of the public on the reasons and necessity of restriction-testing declarations and promptly disclose relevant details so as to ease their worries.

7. In response to the above concerns and queries, SFH advised that as a number of confirmed cases with unknown sources were recently found in certain districts within a short period of time, the Administration considered it necessary to step up anti-epidemic measures so as to achieve the target of "early identification, early isolation and early treatment" and cut the silent transmission chains within the community. Starting from mid-February 2021, if there were one or more confirmed cases or sewage samples tested positive in a residential building, it would be included in a CTN. In addition, subject to the epidemic development, a certain area may be delineated as a restricted area having regard to risk assessments based on factors such as hygienic conditions and age of the buildings within the delineated area, and whether there were subdivided units in the buildings concerned, etc. All buildings within a restricted area would be included in the relevant CTN. In order to keep possible disturbance to residents' daily lives to the minimum, relevant government departments would expedite the conduct of compulsory testing and enhance information dissemination so that the public would be informed of the details and progress of restriction-testing declaration operations.

8. As regards the manpower involved, SFH advised that for large scale restriction-testing declaration operations such as the one conducted in the Jordan district in January 2021, around 3 000 staff were deployed from various government departments to assist the operation. Other smaller scale operations would usually involve 100 to 300 staff. In response to Mr LEUNG Che-cheung's comments about possibility of disputes caused by members of the public queuing up for compulsory testing and the transmission risk involved because of the lack of social distancing when people queuing up, SFH said that staff stationed at the testing centres would remind members of the public of the need to keep a social distance from each other, and the Hong Kong Police would also provide assistance in maintaining order and handling disputes.

9. The Chairman and Mr Michael TIEN referred to recent upsurge of confirmed cases found in various construction sites and enquired whether the Administration would consider including these sites in CTNs. Mr TIEN suggested requiring all construction site workers to undergo testing every week if site works were to be continued. As the working conditions of the construction sites were often less favourable and workers had to share the use of changing room or eating area at the workplace, Mr CHAN Han-pan opined that apart from compulsory testing, the Administration should also follow up closely with the construction trades to ensure that good hygienic practices were maintained.

10. SFH advised that work at construction sites with cases found had been suspended until all workers concerned had undergone testing and the sites were fully cleansed and sterilized. She added that under prevailing arrangement, if two or more confirmed cases were found in a workplace, it would be included in a CTN. Controller, Centre for Health Protection ("Controller, CHP") added that the Administration had been in close liaison with the construction trade, including the Construction Industry Council ("CIC") regarding the outbreak of cases at construction sites. CIC had already arranged testing for their workers, and relevant guidelines had been dispatched to the construction sites to ensure that adequate prevention and control measures were properly put in place. Relevant government departments had also reminded the trade to uphold good hygiene practices at the sites. He further advised that a total of 14 confirmed cases were found at the construction site of the Third Runway System, involving two works contracts. CHP would keep in view closely the epidemic development and take prompt actions as appropriate.

Testing and quarantine arrangement

11. Mr YIU Si-wing noted that the Administration had tightened the quarantine arrangement by requiring persons arriving from Group B specified places to Hong Kong to undergo compulsory quarantine for 21 days in a designated quarantine hotel. As Hong Kong-based pilots and cabin crew of airlines serving routes plying to and from Group B specified places had to follow the quarantine arrangement, he expressed concern that such arrangement might reduce cargo capacity and adversely affect the timely delivery of vaccines, the first batch of which was expected to be delivered to Hong Kong by end-February 2021. Mrs Regina IP also expressed worry that the 21-days quarantine arrangement would inevitably increase the operating cost of Hong Kong airlines, and further aggravated their operating difficulties amidst their gloomy outlook.

12. SFH replied that having regard to the deteriorating epidemic situation overseas and the prevalence of the more transmissible new virus variants in some overseas places, it was imperative to impose more stringent prevention and control measures to avert the importation of cases. The Administration would keep in view global epidemic situation and suitably adjust relevant testing and quarantine arrangements. Controller, CHP added that the Administration had been closely liaising with vaccine manufacturers on delivery schedule and would endeavor to ensure their timely arrival to Hong Kong. As regards quarantine arrangement for aircrew staff, relevant government departments were discussing with the airline industry the measures to facilitate their operation. For instance, in-transit aircrew staff without having physically landed Hong Kong would not be required to undergo compulsory quarantine. In reply to Mr YIU's enquiry regarding the number of confirmed cases found from aircrew staff entering Hong Kong from Group B specified places in the past month, Controller, CHP replied that there were six confirmed cases identified, and all of them were non-local aircrew members.

13. As COVID-19 virus had been found on the packaging of frozen goods imported from high-risk areas, Mrs Regina IP enquired about the handling of cold chains and epidemic control in this regard. SFH replied that no confirmed cases associated with cold chains had been identified so far. When imported goods arrived at the Hong Kong International Airport and other boundary control points, they would be handled according to stringent infection control measures, and relevant staff would be subject to periodic testing to ensure safety in relation to infection control. On Mrs IP's enquiry about details of the imported case, Controller, CHP replied that in the past month, there were 23 imported cases with more than half of them were domestic helpers coming from Indonesia and

Philippines. Since the tightening of relevant measures, a drastic drop in the number of imported cases had been observed indicating the effectiveness of the tightened compulsory quarantine arrangements in preventing the importation of cases.

Social distancing measures concerning catering business and scheduled premises

14. While recognizing the Administration's effort in combating COVID-19, Ms Starry LEE stressed the importance of striking an appropriate balance between epidemic control and economic development as well as daily operations of the society. She urged the Administration to consider suitably relaxing the social distancing measures put in place through the directions issued under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) when epidemic situation became stable, and maintaining close communications with different trades on the latest development.

15. Sharing similar views, Mr Tommy CHEUNG, Mr YIU Si-wing, Mr SHIU Ka-fai and Dr CHIANG Lai-wan pointed out that the catering, public entertainment and beauty trades, among others, were hard hit by the tightened measures under Cap. 599F. They worried that many businesses might be forced to close down after the Chinese New Year. As the trades had indicated willingness to adopt measures such as requiring customers to scan the "LeaveHomeSafe" QR code when entering the premises and arranging their staff to undergo COVID-19 test regularly, members urged the Administration to review whether there was room to relax the social distancing measures imposed under Cap. 599F, including the resumption of dine-in services for catering businesses during evening hours. Pointing out that some businesses such as beauty parlors were less prone to infection risk arising from crowd gatherings than others, Dr CHIANG and Mr CHEUNG opined that the Administration should adopt different approaches having regard to the operation mode and business nature of different trades.

16. SFH advised that relevant government bureaux and departments were actively discussing with different trades under their respective policy portfolios regarding suitable prevention and control measures that could be put in place for a gradual and orderly resumption of businesses after the Chinese New Year. Upon members' further enquiry, SFH said that the Office of the Chief Secretary for Administration was discussing with the beauty trades suitable measures to be adopted, and coordinated with various government departments regarding the gradual resumption of business when epidemic situation improved.

17. Mr CHAN Kin-por enquired whether the Administration had sought the advice of health experts when devising measures in preventing the spread of the virus in the community. He also suggested enhancing communication with the public to allow them a better understanding of the Administration's decisions, which were made based on statistics and empirical evidence. SFH took note of the suggestion and said that the Administration had appointed four health experts with rich experiences in public health, epidemiology and clinical matters to provide professional advice to the Administration on all fronts regarding epidemic prevention and control. Experts and government officials, including the Chief Executive herself, also gave media briefings regularly to explain to the public decisions and directives on epidemic control.

18. Mr CHAN Han-pan pointed out that some members of the public did not observe the Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I) by eating and drinking on public transport vehicles. There were even reported cases of crowds having parties on private boats. SFH replied that according to Cap. 599I, all commuters on public transport should in general wear a mask at all times. The Administration would step up inspections and enforcement actions against non-compliance with relevant regulations.

Resumption of face-to-face classes and school activities

19. Dr Pierre CHAN noted that the Education Bureau ("EDB") had recently announced that all kindergartens, primary and secondary schools would be allowed to arrange more students to return to campuses on a half-day basis in accordance with school-based arrangement after the schools' Lunar New Year holidays, with the number of students capped at one-third of the total number of students. He enquired about the reasons for maintaining a cap on the number of students allowed in the campuses and whether advice had been sought from health experts when deciding the cap. Dr CHENG Chung-tai pointed out that the resumption of class arrangement also applied to tutorial schools offering non-formal curriculum, and expressed concern that the operations of many tutorial schools would be adversely affected as a result.

20. Controller, CHP replied that the Administration noted the high aspirations among parents and schools for resuming face-to-face classes as early as practicable for the benefits of the students. In this regard, EDB had been discussing with schools the relevant arrangement, taking into account the views of health experts as well as the latest epidemic situation and preparedness of the schools. Considering that school setting could pose transmission risks, relevant

guidelines had been issued to schools regarding arrangement during breaks and the occasions where confirmed cases were found, among others, in campuses. As the epidemic situation was still prevalent, EDB would monitor the situation closely and maintain close dialogues with schools, health experts and other stakeholders and suitably adjust relevant arrangements at appropriate time.

Procurement and administration of vaccines

21. The Chairman, Mr POON Siu-ping, Mr KWOK Wai-keung, Mr Holden CHOW, Mr Tommy CHEUNG and Mr LEUNG Che-cheung enquired about the progress and latest timetable of launching vaccination programme in Hong Kong. Given that members of the public had higher confidence in the Sinopharm vaccine, which was widely used on the Mainland, the Chairman enquired whether the Administration would consider procuring the Sinopharm vaccine for use in Hong Kong.

22. SFH advised that the first batch of one million doses of the Comirnaty vaccine jointly developed by Fosun Pharma and BioNTech was expected to arrive in Hong Kong from Germany in late February 2021. For the other two vaccines, the AstraZeneca vaccine was expected to be available in Hong Kong in the third quarter of 2021 and prerequisite clinical information for the Sinovac vaccine would be received by February 2021. As regards the vaccine developed by Sinopharm, the Administration would keep in view the availability of different vaccines in the market including Sinopharm and maintain close liaison with vaccines manufacturers.

23. Mr Tommy CHEUNG said that the Liberal Party had recently conducted a questionnaire survey regarding the public's acceptance of vaccination programme. It was observed that the public's confidence in vaccination had dropped subsequent to a number of reported cases of adverse effects associated with vaccination overseas. He called on the Administration to consider ways to encourage the public to receive vaccination. Mr Holden CHOW suggested providing more incentive for the public to receive vaccination, such as launching the "health code" for people who had received vaccination to be able to travel abroad if cross-boundary activities could be resumed. It would also provide a good basis for the gradual resumption of economic activities such as tourism.

24. SFH advised that the Administration would closely monitor the vaccination situation worldwide. In granting authorization to a vaccine for emergency use in Hong Kong, the Administration must consider the objective clinical data of the vaccines, advice of the Advisory Panel on COVID-19 Vaccines

as well as approval given by a relevant overseas regulatory authority to ensure the safety, efficacy and quality of the vaccines. In reply to Mr KWOK Wai-keung's enquiry on the vaccination arrangement and the offer of more choices of vaccines to members of the public, SFH further advised that priority would be accorded to high risk groups such as healthcare workers to receive vaccination. Having noted members' views, consideration might be given to accord priority to frontline workers as well. The Administration was preparing the setting up of Community Vaccination Centres in different districts. Depending on the arrival of vaccines in Hong Kong and the quantity of vaccines, the vaccination programme would be opened for online appointments by members of the public. Members of the public could choose to receive the vaccines they preferred through the online booking system. Timely and transparent dissemination of vaccination information would also be made to allow the public to grasp the latest information and to encourage public's participation in the vaccination programme.

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

[LC Paper Nos. CB(4)472/20-21(05) and (06), and CB(3)9/16-17]

25. At the invitation of the Chairman, Mr Tommy CHEUNG briefed members on the Medical Registration (Amendment) Bill 2021 which he intended to introduce as a Member's Bill to the Legislative Council ("LegCo") to amend the Medical Registration Ordinance (Cap. 161) ("Mr CHEUNG's proposal"). Mr CHEUNG's proposal sought to: (a) allow graduates of recognized medical schools outside Hong Kong, who being a Hong Kong permanent resident or a child born of a Hong Kong permanent resident, to complete the internship in Hong Kong without sitting an examination; and (b) allow non-locally trained doctors working under limited registration to be given licenses without sitting licensing examination after working in public healthcare institutions for five years. Details were set out in the draft bill and the marked-up version showing the proposed amendments to Cap. 161 appended to Mr CHEUNG's letter dated 2 February 2021 (LC Paper No. CB(4)472/20-21(05)).

26. At the invitation of the Chairman, SFH advised members that the Administration had decided to introduce a bill to LegCo in the current legislative session to amend Cap. 161 for admission of more qualified non-locally trained doctors to practise in the public healthcare sector of Hong Kong ("the Administration's proposal"). Under the Administration's proposal, non-locally trained doctors to be admitted must be Hong Kong permanent residents. Such doctors must be graduates of recognized non-local medical schools and had

been registered as medical practitioners or had obtained specialist qualifications in their respective places. All approved applicants must be first employed by public healthcare institutions and worked for the institutions concerned for five years after obtaining their specialist qualifications. After the above working period, these doctors could obtain full registration. Details were set out in the Administration's paper (LC Paper No. CB(4)472/20-21(06)).

27. Mr LEUNG Che-cheung supported amending Cap. 161 for admission of non-locally trained doctors for additional manpower. Nevertheless, he might not support the proposed Government Bill as it confined the applicants to Hong Kong permanent residents only. He opined that the number of eligible applicants would be limited under such restriction and could not solve the manpower shortage problem. Mr LEUNG also expressed concern on the impartiality of the committee, which was proposed to be set up under the Administration's proposal to engage in discussions and establish a mechanism for determining a list of recognized medical schools for consideration by SFH, if it comprised mainly doctors.

28. Mr Michael TIEN supported attracting more qualified doctors to make up for the shortfall of doctors in the public healthcare system. He opined that the existing pathway, through which non-locally trained doctors could be admitted under limited registration, was flexible and could alleviate the shortage of doctors. He asked about the objectives which the proposed amendments could achieve but the limited registration scheme could not.

29. Mr CHAN Kin-por supported both the Administration's proposal and Mr CHEUNG's proposal. He learnt that some graduates from medical schools in the United Kingdom and countries in the European Union, who were children born of a Hong Kong permanent resident, were not offered internship places there due to political or resources reasons. In this connection, Mr CHAN was of the view that the Administration's proposal should also allow graduates from overseas medical schools to complete internship in hospitals in Hong Kong without sitting an examination.

30. Dr CHIANG Lai-wan opined that non-locally trained doctors, who had been registered in their respective places, should not be subject to the requirement of graduation from the medical schools which were on the Administration's list of recognized medical schools. She also suggested that all non-locally trained doctors, irrespective of the pathway through which they were admitted, should be required to work in public hospitals for a certain period of time. In this connection, a longer service period requirement (e.g. five years) should be

imposed on doctors admitted without sitting the licensing examination, while a shorter period (e.g. two years) on doctors admitted after passing such examination.

31. Mr YIU Si-wing was of the view that the Administration should estimate the number of Hong Kong permanent residents who were non-locally trained doctors and had been registered as doctors in their respective places. If the number of such doctors could not make up for the shortfall, the Administration should allow those graduates from overseas medical schools to complete internship in Hong Kong. He enquired about the timetable for making and implementation of the proposed legislation.

32. The Chairman welcomed and supported Mr CHEUNG's proposal. Noting that non-locally trained doctors to be admitted under the Administration's proposal were confined to Hong Kong permanent residents, she expressed concern that the number of such doctors might not make up for the manpower shortfall. She urged the Administration to relax the eligibility to all qualified non-locally trained doctors and introduce the amendment bill to LegCo as soon as possible.

33. Mr POON Siu-ping opined that the Administration should set the standard per capita doctor ratio with reference to other advanced economies. He considered that if the proposals could not attract enough non-locally trained doctors to work in public healthcare sector, the Administration should review the governance of the Hospital Authority ("HA") and its resource allocation in order to retain doctors to serve in HA.

34. Mr Holden CHOW supported the proposals to amend Cap. 161 to solve the manpower shortage of doctors. He enquired whether the proposed working period in public healthcare institutions for those non-locally trained doctors admitted had to be consecutive.

35. Dr Pierre CHAN expressed disappointment at the Administration's proposal and considered it a political decision for the Administration to introduce amendments to Cap. 161 at a time when Hong Kong was fighting COVID-19. He requested the Panel to hold a meeting to receive public views on the proposed amendments to Cap. 161. Dr CHAN said that the licensing examination was also applicable to doctors trained in countries of the British Commonwealth after the arrangement for mutual recognition of the qualifications of doctors between Hong Kong and the British Commonwealth was cancelled after the reunification. He criticized that the proposed amendments were backpedalling. He also pointed out that only four medical schools in the Mainland were recognized by

Singapore. Dr CHAN opined that most of the non-locally trained doctors admitted under the limited registration scheme were serving in universities, instead of working in the overloaded public hospitals, and the proposed amendments could not alleviate the workload in public hospitals.

36. Mr Tommy CHEUNG expressed concern that confining the eligibility to Hong Kong permanent residents under the Administration's proposal would lower the number of eligible applicants. He urged the Administration to relax the requirement. Mr CHEUNG criticized that the language requirement that non-locally trained doctors could speak English and Cantonese would limit the admission of non-locally trained specialist doctors. He added that those non-locally trained doctors admitted under limited registration had to work in public healthcare institutions for five consecutive years under his proposal. Mr CHEUNG considered that passing the licensing examination should not be the only requirement for non-locally trained doctors to obtain full registration, as was currently imposed under the legislation concerned.

37. SFH responded that the Administration would take into account members' views and suggestions in taking forward its legislative proposal. Given the severe shortage of doctors, the Administration's proposals aimed at attracting more non-locally trained doctors to practise in Hong Kong. She advised that the requirement of passing the licensing examinations for obtaining full registration was not a common practice adopted worldwide while many countries had different routes leading to the granting of full registration to non-locally trained doctors. Regarding the proposed committee which would determine a list of recognized medical schools, SFH advised that it would comprise representatives from the medical sector, professional bodies and members of the public. For the existing limited registration scheme, SFH pointed out that the number of doctors admitted under that scheme was far from sufficient and such doctors had to pass the licensing examination for full registration. The pathway, which the Administration's proposal sought to provide, aimed at granting full registration to those non-locally trained doctors who had been registered as medical practitioners or obtained their specialist qualification in their respective places and had worked in local public healthcare institutions for five years after obtaining their specialist qualifications. Doctors admitted through this pathway were not required to sit the licensing examination. SFH emphasized that the proposal was not the same as the arrangement before Hong Kong's return to the motherland. She advised that applicants under the existing limited registration scheme could apply for full registration after passing the licensing examination, while the objective of the Administration's proposal was to provide another pathway for admission of such doctors. In considering applications made through that pathway, on-the-job

assessment of the applicants and the non-local registrations obtained by them would be taken into account. She believed that the clinical work in public hospitals would be attractive to non-locally trained doctors after the working environment had been improved. Regarding Mr Tommy CHEUNG's proposed bill, the Administration would take over his proposal with suitable amendments.

38. Mr Michael TIEN requested the Administration to provide information relevant to limited registration of medical practitioners, including the number of such registration, the number of renewal application upon expiry of the registration after three years and the types of employment engaged by these persons in each of the past three years.

V. Any other business

39. There being no other business, the meeting ended at 1:01 pm.