

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1522/99-00  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**LegCo Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 13 September 1999 at 8:30 am**  
**in Conference Room A of the Legislative Council Building**

**Members Present** : Hon Michael HO Mun-ka (Chairman)  
Dr Hon LEONG Che-hung, JP (Deputy Chairman)  
Hon HO Sai-chu, JP  
Hon CHAN Yuen-han  
Hon YEUNG Yiu-chung  
Hon LAW Chi-kwong, JP  
Dr Hon TANG Siu-tong, JP

**Members Absent** : Hon Cyd HO Sau-lan  
Hon Mrs Sophie LEUNG LAU Yau-fun, JP  
Dr Hon YEUNG Sum

**Public Officers Attending** : All items  
  
Mr Gregory LEUNG, JP  
Acting Secretary for Health and Welfare  
  
Mr William TSUI  
Acting Principal Assistant Secretary for Health and Welfare (Medical) 1  
  
Mr Fletch CHAN  
Assistant Secretary for Health and Welfare  
  
Dr P Y LAM  
Deputy Director of Health

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Dr Constance CHAN  
Assistant Director of Health

Item III

Dr W M KO  
Deputy Director of Hospital Authority

**Clerk in Attendance** : Ms Doris CHAN  
Chief Assistant Secretary (2) 4

**Staff in Attendance** : Ms Joanne MAK  
Senior Assistant Secretary (2) 4

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**I. Confirmation of minutes of meetings on 14 June, 21 July and 9 August 1999**  
(LC Papers Nos. CB(2) 2758/98-99, CB(2) 2740/98-99 and CB(2) 2759/98-99)

The minutes of the three meetings were confirmed.

Special meeting on 28 September 1999

2. Members agreed to hold a special meeting on 28 September 1999 at 8:30 am to discuss the following issues -

- (a) Monitoring of sale of drugs; and
- (b) Proposed out-patient service in the vicinity of accident and emergency departments of public hospitals.

Proposal to treat clinical waste at the chemical waste treatment centre in Tsing Yi

3. The Chairman requested the Clerk to check on the up-to-date position of the subject with the Clerk to the Panel on Environmental Affairs (EA). On receipt of the information, members would further decide whether to hold a joint meeting with the EA Panel to discuss the subject.

Clerk

## **II. Registration of ancillary dental personnel**

(LC Papers Nos. CB(2) 2781/98-99(01) and CB(2) 2796/98-99(04))

4. Acting Secretary for Health and Welfare (SHW(Atg)) briefed members on the outcome of the recent consultation exercise on the registration of ancillary dental personnel (ADP). He said that the majority view of the ADP was in support of the introduction of a statutory registration system for the four types of ADP whereas the dental profession maintained their objection to compulsory registration of ADP.

5. SHW(Atg) further briefed members on the three possible structures of the proposed self-regulatory framework as detailed in Annex C to the Administration's paper. He pointed out that due to differences in their nature of work, the four types of ADP had diverse views on the self-regulatory framework. He informed members that the Administration had not yet come to a final view on the regulatory framework and he welcomed any suggestions from members.

6. Dr LEONG Che-hung referred to LC Paper No. CB(2) 2796/98-99(04) tabled by him setting out the views of a member of the Hong Kong Dental Association. Dr LEONG said he did not think that all the four groups of ADP were in favour of establishing a statutory registration system and he noted that many Dental Surgery Assistants (DSAs) were against it at this stage. He also pointed out that not everyone of the dental profession objected to the introduction of such a system for the ADP. In response, SHW(Atg) invited members to note that as could be seen from the recent consultation exercise, there was a consensus among the ADP that statutory registration should be introduced. However, they held different views on whether it should be compulsory or voluntary registration.

7. Referring to the three proposed structures of the regulatory framework, Dr LEONG Che-hung said he was not in favour of the second proposal of setting up an ADP Council and with four independent Boards under it each handling issues specific to the ADP group concerned. He said that if the ADP were all regulated by the same Council, it would seem strange for one ADP group to be subject to a compulsory registration system and for another to be subject to a voluntary registration system. He considered that since Dental Therapists (DTs) and Dental Hygienists (DHs) were being regulated at the moment, they were more ready than the other two ADP groups to be subject to a statutory registration system. He was of the view that more training opportunities should be provided to Dental Technicians (DTechs) and DSAs before introducing a statutory registration systems for them. In view of the fact that the ADP all had to work under the supervision of registered dentists, Dr LEONG further suggested that the Dental Council of Hong Kong be responsible for regulating the ADP rather than establishing the ADP Council.

8. SHW(Atg) informed members that the Administration had initially worked out the estimated fees and charges for the ADP based on the following -

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- (a) the number of active workforce of the four ADP groups was 4 190 (152 DHs, 338 DTs, 700 DTechs and 3 000 DSAs) who could be considered for registration; and
- (b) the principle that the operation cost of the ADP Council should be shared by members of the profession equally.

He said that it was roughly estimated that the registration and annual practising certificate fees for 1998/99 would be about \$2 100 and \$800 respectively. However, in case DSAs, the biggest group of ADP, were allowed to register voluntarily, the estimated registration and annual practising certificate fees for the ADP would be greatly altered. SHW(Atg) said he personally thought that DTs and DHs, who were directly engaged in clinical work, should be subject to a statutory registration system to protect the interest of public health. However, the estimated registration and annual practising certificate fees would then be largely increased if the cost were shared only by these two ADP groups. In this connection, Dr LEONG Che-hung and Mr YEUNG Yiu-chung suggested that if the Administration decided to introduce compulsory registration for DTs and DHs first, it could consider requiring them to register with the Dental Council as it would be more cost-effective.

9. The Chairman queried why the Administration had proposed to calculate the fees and charges for the ADP on a cost-recovery basis as he noted that it was not the case for many other health care professional regulatory bodies. SHW(Atg) explained that it was the Government policy that in principle, professions should be responsible for the full cost of running their own statutory registration systems. For example, the registration system established for social workers in recent years was also financed by contributions from members of the profession without recurrent Government subsidy. At the Chairman's request, SHW(Atg) agreed to provide details of how the operational cost of the ADP Council was calculated.

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10. Mr YEUNG Yiu-chung took the view that the Administration should take into account the different training background and career prospects of the four ADP groups in considering whether or not it was appropriate to set up an ADP Council to regulate them. The Chairman commented that if the Administration considered that a statutory registration system was needed to safeguard public health, it should introduce it without waiting for a consensus among the ADP.

11. The Chairman asked why some dental practitioners did not support establishing a statutory registration system for the ADP. In response, SHW(Atg) said some of them considered that it was unnecessary to put in place the system since the dentist was responsible for supervising the work of ADP and had to assume ultimate responsibility. However, the Chairman considered that notwithstanding the reason, it was still necessary for the Administration to ensure that the ADP had

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received adequate training for the protection of public health. SHW(Atg) explained that after the Administration had decided on the regulatory arrangements to be put in place for the ADP, it would devise details of the training requirements for them. He agreed to make a report to the Panel on its final decision on the regulatory arrangements by December 1999.

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12. Dr TANG Siu-tong commented that since some ADP had learnt their skill by apprenticeship without the need to pass any examinations, it would be difficult to assess their professional standards for registration purpose. He also pointed out that if the ADP were required to get registered and assume professional responsibility for any faults or negligence they committed in the course of their work, they would have to purchase insurance. Dr TANG was worried that the insurance cost would be transferred to patients.

13. Dr LEONG Che-hung considered that it was not a suitable timing at this stage for the introduction of a compulsory registration system for DSAs. He suggested that the Administration should provide more training opportunities for DSAs first and explore the delineation of responsibility between DSAs and dentists. Instead of introducing a compulsory registration system for the ADP, Dr LEONG suggested the Administration to strengthen the existing mechanism for the regulation of them. SHW(Atg) agreed to consider the suggestion.

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14. Mr LAW Chi-kwong took the view that the option of setting up a voluntary registration system for the ADP could be considered only as a transitional arrangement. He felt that for the protection of public health, the registration system for the ADP should be made compulsory and if necessary, the Administration should consider subsidizing the operational cost. The Chairman said that he did not support the co-existence of compulsory and voluntary registration systems for the ADP which would not work. He considered that there was a need to stipulate the minimum training requirements for each ADP group in order to ensure the standard of their service. He suggested that the quality of the training being provided to some of the ADP by apprenticeship could be improved by formalizing it. He requested the Administration to address the issue and provide appropriate training courses where necessary.

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### **III. Manpower requirements in respect of health care grades in the Hospital Authority (HA) and the Department of Health (DH)** (LC Papers Nos. CB(2) 2737/98-99 and CB(2) 2781/98-99(02) )

15. Deputy Director of Hospital Authority (DD(HA)) briefed members on the salient points of the paper presented to the meeting. He highlighted that the manpower requirements of health care professionals in HA arose from the following two major elements -

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- (a) New services / new beds planned to be commissioned; and
- (b) Replenishment of staff turnover.

He invited members to note the projected manpower requirements of doctors, nurses and allied health professionals in HA for 1999/2000 to 2003/2004 as set out in Annex III of the paper. He pointed out that the actual number of additional positions to be created would depend on the funds available, the progress of re-engineering initiatives, the staff deployment programmes and the actual turnover rates of staff.

16. Assistant Director of Health (AD(H)) of DH said that based on the existing planning standards and guidelines, one public clinic or health centre was provided for every 100 000 population. However, the actual provision of clinic services would take into consideration various factors including the demographic characteristics, service utilization and so on. She said that there were now 64 public clinics and 50 maternal and child health centres. She invited members to note Annexes IV and V of the Administration's paper which set out respectively the health care manpower planning ratio and the estimated manpower requirement of DH in the next five years.

17. Dr LEONG Che-hung pointed out that a drawback of the Administration's paper was that the manpower projections of DH and HA were done on the basis of their existing staff strength regardless of whether it was adequate or not. He requested the Administration to justify why the existing staff provisions could be used as the basis for making the manpower projections. SHW(Atg) pointed out that DH had planned its required manpower based on the ratio that one doctor was required to provide 540 clinical sessions per year and this ratio had long been used. Deputy Director of Health (DD(H)) added that DH had taken into consideration demographic changes as well, such as the ageing problem of the population, in planning its clinical services. For example, additional health centres for the elderly had been provided and more consultation rooms were also provided in newly established public clinics to cope with increased demands. SHW(Atg) pointed out that in order to meet changing needs, HA was actively exploring new initiatives to re-engineer service operations. As such new initiatives might give rise to different manpower requirements, HA was reviewing its approach for projecting its manpower requirements in collaboration with the Administration.

18. Dr LEONG Che-hung questioned whether there was a problem of understaffing in DH in the area of public health functions which had led to increases in the number of infectious disease cases in recent years. He considered that there should be a benchmark for manpower required for these functions. Dr LEONG further asked when the Administration would conduct a review of the manpower planning ratio in respect of doctors who provided clinical services. He pointed out that such a review was necessary to address one of the problems mentioned in the

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Harvard Report that Hong Kong's health care system was highly compartmentalized.

19. DD(H) said that manpower planning for public health functions was based on functional requirements and there were now some 100 doctors responsible for public health. Additional funding had been obtained this year to increase the health care manpower dealing with infectious diseases. He stressed that the Administration would continue to monitor closely the manpower situation and seek additional resources where necessary to increase the manpower for public health. At the request of Dr LEONG Che-hung, DD(H) agreed to provide a breakdown on the functions of these 100 doctors and on the staff establishment in respect of public health functions. In response to Miss CHAN Yuen-han's question about the manpower of DH, DD(H) said that there were currently about 600 doctors, 1 700 nurses and 47 pharmacists. He agreed to provide information on the staff establishment in respect of health care professionals of DH in the past three years.

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20. Miss CHAN Yuen-han pointed out that she had received many complaints from HA staff about their heavy workload due to inadequate manpower and complaints from some temporary staff of Kwai Chung Public Hospital about the unfair working conditions imposed on them. She sought the Administration's views on these complaints and the general criticisms of the clinical services of DH.

21. SHW(Atg) invited members to note Annex II of the Administration's paper showing that there were increases in manpower for various health care professional grades of HA over the years. For example, the number of doctors had increased from 3 112 in 1997 to 3 446 in 1999. In addition, Annex I showed that, despite continued increases in service demands, the average caseload handled by the staff was broadly the same over the past three years. As regards the clinical services provided by DH, SHW(Atg) said that they met 10-15% of the local demands for clinical services. They would be one of the issues to be looked at in the review of Hong Kong's health care system.

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22. DD(HA) said that the HA management was aware of the heavy pressure of workload faced by the frontline staff and the problems faced by some staff arising from staff re-deployment. He said that assistance would be provided to the staff as far as possible. For example, the preferences of staff in regard to the locations of hospitals had been taken into consideration in planning their postings as far as possible. DD(H) said that the customer service programme had been introduced to all public clinics of DH since 1992 and good progress had been achieved. He said that the Department would continue to review the services to seek improvements.

23. The Chairman declared interests as a member of the HA Board and an employee of HA. He pointed out that the statistical data shown in Annex I on the "Total number of discharges and deaths per staff" did not take into account the service demands in the area of non-hospitalized services. He also referred to Annex III and

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pointed out that the projected increase in the number of doctors by 2003/04 due to new services would be about 100 whereas that of Registered and Enrolled Nurses would be about 200. He found that the ratio of doctors to nurses would then be one to two, which would be far greater than the ratio recorded as at 31 March 1999 which was about 3.5 doctors to 20 nurses as given in Annex II. He asked why there would be a far greater increase in the number of doctors compared with nurses for the next five years. DD(HA) replied that more doctors would be needed to provide training on family medicine in response to growing demands. Moreover, there were changes in the demand for nurses as a result of streamlining procedures. He agreed to provide more information accounting for the projected increases in the number of doctors later. At the request of the Chairman, DD(HA) would also provide information on the planning tools used by HA in its manpower planning at the micro level.

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24. In response to the Chairman's question, AD(H) said that the manpower requirements of health care professionals in DH in Annex V included both the additional staff members required for new services and those for replenishment of staff turnover. She then briefed members on the number of replacements required due to staff turnover in 1998/99 as shown below -

- (a) 25 doctors;
- (b) 29 nurses;
- (c) 3 pharmacists;
- (d) 9 dispensers;
- (e) 4 medical technologists;
- (f) 6 medical laboratory technicians; and
- (g) 1 physiotherapist.

25. The Chairman asked the Administration if it was true that applications made by fresh graduates for the position of Pharmacist were not considered by DH. DD(H) explained that all applicants for the post of Pharmacist were required to have at least a minimum of two years' relevant working experience. He said that this entry requirement was maintained except for staff who were recruited on a contract basis to fill the position. However, in such cases the appointees who had less than two years' relevant working experience would be offered lower salary points to take into account the shortfall in their working experience.

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26. At the request of Mr YEUNG Yiu-chung, SHW(Atg) agreed to provide information on the manpower of DH over the past three years to show that the Administration had put an emphasis on preventive services. Miss CHAN Yuen-han further requested DH to provide information on the new services commissioned during the past three years.

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**IV. Report on matters considered by the Health and Medical Development Advisory Committee**  
(LC Paper No. CB(2) 2781/98-99(03))

27. Due to shortage of time, the Chairman directed that the discussion of this item be deferred to a future meeting.

**V. Any Other Business**

Ancillary Dental Workers (Dental Hygienists) Regulations  
(LC Paper No. CB(2) 2796/98-99(02) )

28. DSHW1 said that when the subject was last discussed at the meeting on 14 June 1999, members noted that the current employment restriction on dental hygienists was obsolete and agreed that it should be updated to enable dental hygienists to be employed by institutions providing dental services. However, during the subsequent consultation exercise, the dental hygienists expressed concern about the deletion of employment restriction. They preferred to retain an employment restriction provision and modify it by extending the list of potential employers. Taking into consideration their news, the Administration proposed to amend the Ancillary Dental Workers (Dental Hygienists) Regulations by revising Regulation 6(2)(b) so that a dental hygienist should be employed by a registered dentist or any organization employing registered dentists.

29. In response to Dr LEONG Che-hung's question, SHW(Atg) said that the Administration would consult the dental profession on the proposed amendment soon. He pointed out that in any case, dental hygienists would continue to work under the supervision of registered dentists as specified in the Ancillary Dental Workers (Dental Hygienists) Regulations.

Adm 30. Dr LEONG Che-hung considered that the Administration should consult the Dental Council and the Hong Kong Dental Association on the proposed amendment.  
Adm The Chairman requested the Administration to report back to the Panel after the consultation. He also asked the Administration to check whether the other ADP groups were subject to similar employment restrictions as the dental hygienists and to take follow-up action if necessary.

31. The meeting ended at 10:45 am.

Legislative Council Secretariat  
28 March 2000