立法會
Legislative Council

LC Paper No. CB(2)864/09-10
Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 11 January 2010, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon Albert CHAN Wai-yip Hon Audrey EU Yuet-mee, SC, JP Hon Alan LEONG Kah-kit, SC Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou
Public Officers attending	:	Items IV & V Dr York CHOW, GBS, JP Secretary for Food and Health Dr P Y LAM, JP Director of Health Item IV only Dr Thomas TSANG, JP Controller, Centre for Health Protection Dr P Y LEUNG Director (Quality & Safety) Hospital Authority

Item V only

Ms Sandra LEE, JP
Permanent Secretary for Food and Health (Health)

Ms Shirley LAM
Principal Assistant Secretary for Food and Health (Health) 1

Mr Anthony CHAN
Chief Pharmacist
Department of Health

Item VI only

Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Miss Gloria LO
Principal Assistant Secretary for Food and Health (Health) 2

Mr Shane SOLOMON
Chief Executive
Hospital Authority

Mr David ROSSITER
Head of Human Resources
Hospital Authority

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)6

Ms Sandy HAU
Legislative Assistant (2)5

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I. Confirmation of minutes
(LC Paper No. CB(2)679/09-10)

The minutes of the meeting held on 14 December 2009 were confirmed.

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

2. Members did not raise any queries on the following papers issued since the last meeting -

(a) an information paper from the Administration on the proposed capital works project co-ordinated by the Home Affairs Bureau, namely a joint-user complex at Bailey Street, To Kwa Wan Reclamation, for submission to the Public Works Subcommittee for consideration on 20 January 2010 (LC Paper No. CB(2)537/09-10(01));

(b) two letters dated 9 and 14 December 2009 from Hind Wing Co., Ltd. expressing views on two iron chelating agents for Thalassemia patients available in the Hospital Authority (HA), i.e. Deferiprone and Deferasirox (LC Paper No. CB(2)549/09-10(01)); and

(c) a referral from a Duty Roster Member on the long work hours of medical interns in public hospitals (LC Paper No. CB(2)576/09-10(01)).

III. Discussion items for the next meeting
(LC Paper Nos. CB(2)680/09-10(01) and (02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 8 February 2010 at 8:30 am -

(a) Organ donation campaign; and

(b) Modernisation of medical equipments in the Hospital Authority.

IV. Human swine influenza vaccination programme
(LC Paper No. CB(2)705/09-10(01))

4. Secretary for Food and Health (SFH) and Controller, Centre for Health Protection (Controller, CHP) briefed members on the latest position of the human swine influenza (HSI) vaccination programme, details of which were set out in the Administration's paper.

5. Dr PAN Pey-chyou noted from paragraph 8 of the Administration's paper that to date, about 50 cases of Guillain-Barre Syndrome (GBS) had been reported following HSI vaccination worldwide and that the rates of GBS cases did not exceed the background rates of this illness in the countries concerned. In the light of this, Dr PAN asked -

(a) how many people worldwide had received HSI vaccination to date; and

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(b) what were the background rates of GBS in the countries concerned.

6. Controller, CHP responded as follows -

(a) over 100 million people worldwide had received HSI vaccination to date;

(b) 50 or so cases of GBS reported worldwide were not exhaustive, as these figures only covered figures released by overseas health authorities and not all overseas health authorities would release such figures;

(c) according to medical literature, the baseline incidence of GBS was about one to two GBS cases per 100 000 population per year. In Hong Kong, approximately between 40 and 60 cases of GBS were recorded each year based on HA data from 2000 to 2009, irrespective of vaccination history, with more cases occurring during winter period; and

(d) CHP would continue to closely monitor the local and global situation to see whether there was an association between GBS and HSI vaccination.

Admin 7. At the request of Dr PAN, Controller, CHP undertook to provide information on the mortality rate and recovery profile of GBS cases in Hong Kong in the past years after the meeting.

8. Mr CHAN Kin-por urged the Administration to provide adequate support to people developing serious complications, such as permanent disability, following HSI vaccination, despite the fact that these people had signed a consent form for receiving the vaccination.

9. SFH responded that HA would endeavour to provide proper medical care to people who became sick following HSI vaccination. SFH further said that a person who had given consent to HSI vaccination had not compromised his/her rights to seek remedy should any sufferings be caused by the vaccination.

10. Mr Albert CHAN was of the view that the Administration should set up an independent expert group to help persons to seek compensation from HA or the Department of Health (DH) for developing adverse side effects following HSI vaccination.

11. Mr Andrew CHENG expressed concern that the serious adverse events following HSI vaccination recorded both locally and overseas would aggravate the already low up-take rate of HSI vaccines in Hong Kong. Mr CHENG noted that since the implementation of the HSI Vaccination Programme in the public sector on

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21 December 2009 and of the HSI Vaccination Subsidy Scheme (HSIVSS) in the private sector on 28 December 2009, only 113 564 of the estimated population of around two million belonging to the target groups had received HSI vaccination as at 1 pm on 7 January 2010. To prevent the three million doses of HSI vaccines purchased by the Administration from going to waste, Mr CHENG asked whether consideration could be given to extending the HSI vaccination programme to people outside the target groups for at least a limited time period, say, one week or one month.

12. SFH responded that the Administration would decide whether or not to extend the HSI vaccination programme to include people not belonging to the target groups, upon the arrival of the remaining 2.5 million doses of HSI vaccines in mid-January 2010. SFH further said that efforts would continue be made to apprise members of the public of the benefits, possible side effects and risks of receiving HSI vaccination.

13. Mr CHEUNG Man-kwong urged the Administration to at least include primary school students in the HSI Vaccination Programme.

14. Ms Cyd HO asked -

(a) what percentage of healthcare workers had received HSI vaccination; and

(b) what were the chances of high-risk groups developing serious complications after infected with HSI and developing side effects after getting HSI vaccination respectively vis-a-vis non-high-risk groups.

15. Controller, CHP responded as follows -

(a) about 8 700 of the some 150 000 healthcare workers had received HSI vaccination thus far; and

(b) available data so far indicated that high risk groups, such as persons with chronic illness, had a higher incidence (ranging from several to over 10 times) of developing serious complications after infected with HSI vis-à-vis non-high-risk groups. However, the incidence of high-risk groups and non-high-risk groups developing side effects after getting HSI vaccination was about the same.

16. In response to the Chairman's enquiry about the percentage of healthcare workers getting the seasonal flu shot in the past years, Controller, CHP advised that it was about 40% to 50%.

17. Dr LEUNG Ka-lau suggested the following ways to improve the up-take rate of HSI vaccines by healthcare workers -

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(a) HA and DH should apprise their healthcare staff of the possible side effects and risks of receiving HSI vaccination as sell as providing their healthcare workers with compensation should they develop adverse side effects following the vaccination, as the purpose for them getting vaccinated was to maintain a healthy healthcare workforce for the benefits of patients; and

(b) making available the HSI vaccines at cost to private doctors who had not enrolled in HSIVSS, so that these doctors and their staff could get vaccinated at their workplace.

18. SFH and Controller, CHP responded as follows -

(a) HA had been issuing newsletters to keep staff informed of the latest position on HSI. In the newsletter of 2 October 2009 and 8 January 2010, staff were informed that the number of serious complications and death per 1 000 confirmed HSI cases was about 4 and 1.6 respectively. Of the death cases, around 20% of the deceased patients did not have pre-existing medical conditions or high-risk factors;

(b) the Food and Health Bureau (FHB) would explore with HA and DH on ways to provide additional safeguard to public healthcare workers for developing adverse side effects following HSI vaccination; and

(c) making available the HSI vaccines to private doctors who enrolled in the HSIVSS was to enable CHP to monitor the usages of the vaccines. Healthcare workers in the private sector whose clinics had not enrolled in the HSIVSS could receive HSI vaccination at designated General Outpatient Clinics under HA or private clinics who had enrolled in HSIVSS.

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19. In closing, the Chairman requested the Administration to provide the recent HA newsletters referred to in paragraph 18(a) above as well the information referred to in paragraph 7 above.

V. Review on the regulation of pharmaceutical products in Hong Kong

(LC Paper Nos. CB(2)680/09-10(03) and (04) and CB(2)726/09-10(01) and (02))

20. SFH and Director of Health (D of Health) briefed members on the outcome of the review on the regulation of pharmaceutical products in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)680/09-10(03)).

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21. Members noted the submissions from the Hong Kong Doctors Union and the Practising Pharmacists Association of Hong Kong (LC Paper Nos. CB(2)726/09-10(01)-(02)) tabled at the meeting.

Regulation of drug manufacturers

22. Mr CHEUNG Man-kwong expressed concern that although the World Health Organization (WHO) had upgraded the Good Manufacturing Practices (GMP) in 2007, Hong Kong was still adopting the GMP standards promulgated by WHO in 1995. Moreover, compliance with GMP in Hong Kong was merely a licensing condition and not a legal requirement. Mr CHEUNG further expressed concern about whether DH inspections to licensed manufacturing premises only focused on checking of documents and not safety of the drugs.

23. D of Health responded as follows -

(a) adopting the 1995 GMP standards for compliance as an additional licensing condition was originally planned for implementation in 1997. Due to strong resistance from the local drug manufacturing industry because of the then economic downturn, implementation of such was deferred to 2002. Since Hong Kong's GMP had been in use since 2002 and might need updating in content, an overseas GMP expert from Australia was commissioned by DH in May 2009 to conduct a consultancy study on Hong Kong's GMP in the light of the latest practices in leading world drug regulatory authorities. The overseas consultant had made a number of recommendations which were first discussed in the DH Task Force before putting forward to the Review Committee on Regulation of Pharmaceutical Products (the Review Committee) for consideration;

(b) the Review Committee had considered and endorsed the majority of the GMP's recommendations. Amongst others, it was recommended that Hong Kong's GMP standards should be upgraded to the 2007 GMP standards in about two years' time, and in about another two years' time to upgrade it to an even higher standard devised by the Pharmaceutical Inspection Cooperation Scheme, i.e. the PIC/S standards; and

(c) during inspections to licensed manufacturing premises, DH inspectors conducted an audit on all different GMP aspects for compliance against a checklist and took product samples for analysis. Unlike many overseas places whereby the GMP inspections were conducted once every two or three years, the GMP inspections in Hong Kong were conducted once or twice a year. Notwithstanding, DH planned to increase the number of GMP inspections to licensed drug manufacturers. While most of the inspections would remain announced, some unannounced inspections would be introduced.

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Further, one of the two inspectors in the inspection team would be retained for subsequent inspections to facilitate effective follow-up on irregularities identified.

Regulation of importers/exporters, wholesalers and retailers

24. Mr CHEUNG Man-kwong expressed concern about the inadequacies of DH in monitoring drugs retailers, as reported by the Director of Audit in his Report No. 53 published in October 2009. For instance, there were "Authorised Sellers of Poisons" (ASPs), commonly known as "dispensaries" or "pharmacies", who, after committing serious offences, closed business to escape punishment, but restarted business at the same premises as new ASPs. Of the 60 convicted ASP cases in 2008, only one was identified through DH routine inspections, whereas the rest had resulted from investigations prompted by complaints or referrals, and joint operations with the Police (i.e. from sources other than DH routine inspections). In the light of this, Mr CHEUNG asked the Administration whether any disciplinary actions had been taken against DH staff.

25. Mr Andrew CHENG also said that although the Pharmacy and Poisons Board (PPB) would refuse applications for issue and renewal of ASP or "Listed Seller of Poison" (LSP), commonly known as "medicine company", licence if any person involved in the daily operation of business had had two convictions in the past three years related to the sale of any drug of abuse, the possession or sale of any counterfeit drugs, or the possession or sale of any unregistered pharmaceutical products (paragraph 5.61 of the report of the Review Committee refers), this still could not prevent ASPs and LSPs with drug-related convictions from successfully restarting and operating new ASPs and LSPs as the directors of the convicted ASPs and LSPs might not be personally convicted of the offence.

26. D of Health responded as follows -

(a) apart from conducting more frequent unannounced inspections to drug retailers, in particular to those with a poor record of law compliance, DH planned to amend the Pharmacy and Poisons Ordinance (Cap. 138) (the Ordinance) to require the presence of registered pharmacists during all business hours of ASPs and to give PPB the authority to revoke the licence of an ASP at any time when the ASP concerned had committed a serious drug offence. At present, the Ordinance only required a registered pharmacist to be present in an ASP for not less than two-third of its opening hours. PPB could only revoke the ASP licence for a period of time or do not renew its licence upon expiry in extreme situation;

(b) DH had taken action to plug the loophole mentioned in paragraph 25 above; and

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(c) DH staff had all along been working very hard to regulate pharmaceutical products in Hong Kong. If any one should be held accountable for any deficiencies in the work of DH, it should be himself.

27. Mr Fred LI expressed concern that ASPs would be monopolised by large consortia, if the presence of registered pharmacist was required during all business hours of an ASP. D of Health responded that this should not arise, as the requirement would be applicable to all ASPs. Dr LEUNG Ka-lau and Dr PAN Pey-chyou also expressed concern that the requirement would incur additional costs to the ASPs which in turn might pass on to consumers. D of Health responded that although the requirement might incur higher costs to the ASPs, this would increase consumer confidence over the ASPs. With the exception of one member who voiced her objection, other members of the Review Committee supported the proposal of requiring the presence of registered pharmacist in an ASP whenever it was open for business. As the implementation required consideration of the market operating conditions and availability of sufficient pharmacists, DH would set a clear policy direction in this regard and draw up an implementation timetable.

28. Mr Fred LI said that a demerit point system for retailers should be adopted to alert them early on of the need to comply with the licensing conditions and the law. At present, written warnings were issued to retailers for minor infringement and suspension of the licences was imposed for non-compliance of law.

29. Mr Fred LI noted that there was at present no record and tracking system in place to trace if drugs imported into Hong Kong for re-export purpose were indeed exported, thus creating a loophole for the illegal sale of imported unregistered drugs in local market. Mr LI urged the Administration to expeditiously formulate measures to address such deficiency.

30. D of Health responded that DH would set up a record and tracking system so that export licence applicants would be required to produce the relevant import licences of the imported drugs to be re-exported. This would enable DH staff to keep track of the amount imported and the amount intended to be exported to prevent illegal diversion of drugs imported for re-export purpose into the local market. In the long run, an electronic record system which was inter-operable with the Customs and Excise Department (C&ED) and the Trade and Industry Department should be a more efficient alternative. In addition, the weekly quota of post-shipment consignment checks of licence by C&ED would be increased, taking into account the workload of C&ED staff. D of Health further said that plan was in hand to require wholesalers and retailers handling non-poisons to apply for a licence and to require wholesalers to keep transaction records of all pharmaceutical products, including Part II poisons and non-poisons in the same manner as for Part I poisons.

31. Mr Fred LI noted from the submission of the Hong Kong Doctors Union that its members were opposed to the mandatory requirement of written order for drugs,

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as patients' safety was rarely compromised under the existing arrangement of placing orders for drugs verbally. In the light of this, Mr LI asked whether the Review Committee had considered the views of doctors before recommending such a requirement.

32. D of Health responded that the Review Committee noted the objection of the Hong Kong Doctors Union to require written orders for drugs. Another member of the Review Committee also objected to the proposal. However, the majority and the rest of the members, including the Hong Kong Medical Association and the Pharmaceutical Distributors Association of Hong Kong, supported this recommendation as it could ensure that there was proper record and checking mechanism to prevent errors during delivery of drugs which was necessary to protect the safety of patients.

Penalty system

33. Mr Andrew CHENG said that failure for retailers to comply with the Ordinance was a maximum fine of $100,000 and two years' imprisonment was too lenient. To increase deterrent effect, the fine should be raised to, say, $500,000 or even $1 million.

34. D of Health responded that DH would include more aggravating factors in the facts of the case submitted to the court, such as the nature of the drugs, abuse potential, public interest, etc for the court to impose an appropriate sentence to reflect the seriousness of the offence. DH would track the sentencing of the court as a first step by gathering the data on sentencing of each case after the implementation of the enhancement strategies to look for any further weaknesses of the current law for review of the maximum penalty at the next stage. Moreover, DH would amend the Ordinance to include provision for the court to order the convicted person to pay the analytical costs incurred by the Government and to give PPB the authority to revoke the licence of a convicted ASP at any time to increase the deterrent effect.

Control over imported drugs

35. Mr IP Kwok-him noted that DH would require imported drugs to comply with the same standards once local drugs attained the PIC/S standards. In the light of this, Mr IP asked -

(a) why Hong Kong had to wait until local drugs attained the PIC/S standards in about four years' time before requiring drugs for importation to comply with the same standards; and

(b) what percentage of imported drugs would be affected by the new requirement.

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36. D of Health responded as follows -

(a) to require imported drugs to comply with the PIC/S standards when the local drugs had not attained the same standards would give rise to accusation of unfair trade practices from the international community; and

(b) he could not provide an answer to the percentage of imported drugs which would be affected by the requirement that all imported drugs must attain the PIC/S standards. It should however be pointed out that not all drugs from overseas adopted the PIC/S standards. A case in point was the United States. For drugs of other places without recognised GMP certificates, their manufacturing premises must be inspected by either DH inspectors or a third party approved by PPB to certify that their GMP standards were equivalent.

37. Dr PAN Pey-chyou urged DH to increase taking samples of pharmaceutical products at the retail level for testing to ensure drug safety for better protection of public health.

38. D of Health responded that there was consensus among leading world regulatory authorities that the most effective way to ensure drug safety was to focus on scrutiny of the manufacturing process and not by testing of the pharmaceutical goods produced. Arising from the Europharm incident which had revealed the microbiological hazards in drug manufacturing, the Expert Group on the Microbiological Hazards on Drug Manufacturing set up by DH had formulated an enhanced model for microbiological monitoring of pharmaceutical products manufactured in Hong Kong. Under the model, microbiological tests should be performed on all batches of high risk raw materials, prior to the use of the batch, and every six months thereafter, until the batch was used up. The holding time of granules prior to tabletting should be as short as possible, with an upper limit of not more than 48 hours. If a manufacturer intended to adopt a holding time beyond 48 hours for any product, the holding time to be adopted for that product must be supported by validation studies data. Furthermore, manufacturers should establish a more stringent in-house microbial limit for each product. Full microbial limit tests should be performed on every batch of every finished product before release for sale. Microbiological testing should also be included in the stability study programmes of all pharmaceutical products. DH planned to make the introduction of the model an additional licensing condition for local manufacturers to better guarantee safety and quality of finished products. In addition, DH would set up a dedicated team of pharmacists to handle the increased sampling of high risk products.

Resource implications

39. Mr CHAN Hak-kan asked about the additional manpower requirements for implementing all the recommendations of the Review Committee to enhance the regulatory regime on pharmaceutical products, and whether these additional

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manpower requirements could be met through programmes offered by local universities.

40. SFH responded that the Pharmaceutical Service of DH would need to increase staff strength from around 160 to more than 350 to implement all the recommendations of the Review Committee in full. The Administration would liaise with the University Grants Committee with a view to offering more places in the pharmacy programmes of universities, taking into account the supply of pharmacy graduates from overseas.

41. Ms Cyd HO urged FHB to discuss with the Financial Secretary on the additional money required to hire additional staff, so that all the recommendations of the Review Committee to enhance the regulatory regime on pharmaceutical products could be implemented as soon as possible.

42. SFH responded that the implementation programme of the various recommendations was set out at Annex D to the report of the Review Committee. Some of the recommendations would be implemented subject to the passing of the relevant legislative amendments and might require a longer timeframe for implementation.

Legislative timetable

43. In response to the Chairman's enquiry on when the Administration would introduce the necessary legislative amendments, D of Health said that the target time was in 2011. Ms Cyd HO urged the Administration to fully consult the trade and other stakeholders before introducing the legislative amendments into the Legislative Council.

Conclusion

44. In closing, the Chairman said that the Administration should take into accounts the views expressed by members in implementing the recommendations of the Review Committee.

VI. Employment terms and conditions of Hospital Authority staff

(LC Paper Nos. CB(2)680/09-10(05) and (06) and CB(2)726/09-10(03))

45. Members noted the submission from the Medical and Health Care Rights Committee of the Government Employees Association (LC Paper No. CB(2)726/09-10(03)) tabled at the meeting.

46. Noting that HA staff other than the senior executives would only be awarded salary increment subject to performance, Mr Andrew CHENG criticised that the increase in remuneration of the senior executives of HA in the financial year 2008-2009 was again a case of "fattening the top and thinning the bottom". He urged the

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Administration to come up with ways to ensure the fairness of the pay adjustment mechanism of HA.

47. Under Secretary for Food and Health responded that there was an established mechanism in HA to consider and determine the remuneration packages of its staff members and senior executives. The remuneration package of the senior executives was determined by the Executive Committee under the HA Board, which would take into account factors such as the pay level in the market and the Annual Pay Adjustment (APA) and the policy on salary increment applicable to the general staff of HA. In determining the rate of APA for staff members paid on the established pay scales of HA, HA would make reference to the findings of the annual Pay Trend Survey of the civil service.

48. Mr CHEUNG Kwok-che expressed concern about the remuneration package and career ladder for HA's non-medical staff, particularly the grades of General Services Assistants (GSAs) and Technical Service Assistants (TSAs), whose views were set out in the submission from the Medical and Health Care Rights Committee of the Government Employees Association, as well as the grade of Medical Social Workers (MSWs).

49. On the salaries of GSAs and TSAs, Chief Executive, HA (CE, HA) said that HA would conduct annual review on the pay adjustment of GSAs and TSAs with reference to the general market trend. In 2008-2009, these two ranks had received a salary increase of 5.9%, which was on par with the rate of APA for staff paid on the established pay scales of HA. CE, HA further said that the recently introduced TSA (Coordinator) arrangement could provide an opportunity for GSAs and TSAs to take up higher level of responsibilities.

50. As regards the MSW grade, CE, HA advised that having made reference to the 2006 Starting Salaries Survey findings for civil service grades, the staring salaries of entry ranks for MSWs had been adjusted upwards by two or three pay points. CE, HA however said that there was an inherent tension amongst MSWs in terms of promotion prospect as they were engaged in three different terms of employment, i.e. MSWs who opted to retain their civil servant status, MSWs under HA's terms of employment and MSWs employed by the Social Welfare Department (SWD). HA would keep under constant review to see whether it would be more desirable to introduce a unified employment term for MSWs. Unlike doctors and nurses, the upward mobility of MSWs between public hospitals was also limited as the turnover of existing staff was low. In response to Mr CHEUNG's further enquiry on the timetable for reviewing the employment term for MSWs and whether the staff side would be consulted on the matter, CE, HA said that there were at present different views amongst clusters on the way forward. The current policy was that HA would consider constructively any offer initiated by SWD for transferring their MSWs to HA on a cluster by cluster basis.

51. Dr PAN Pey-chyou said that there was also a lack of promotion prospect for dispensers working in HA who opted to retain their civil servant status. Dr PAN

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considered that the perception of inequalities arose from the delinking of the salary structure of staff in HA from the civil service pay scale.

52. CE, HA responded that since the transfer of general outpatient clinics from DH to HA in July 2003, there had been a perception that dispensers under HA's employment terms were given preferential treatment in terms of promotion when compared to those who opted to retain their civil servant status. HA would look into the issue raised by Dr PAN in paragraph 51 above. CE, HA added that HA would continue to ensure that, in terms of total cost to the employer, the cost of HA package would be comparable to that of the civil servants then serving in the Hospital Services Department.

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53. At the request of Dr PAN, CE, HA undertook to provide after the meeting the number of dispensers being promoted in the past five years, with a breakdown by the dispensers who opted to retain their civil servant status and those under the terms of employment of HA.

54. Dr PAN Pey-chyou said that the rising public aspirations for quality service and the introduction of new rules and guidelines had increased the workload of and imposed enormous pressure on HA staff. For instance, the workload of dispensers had increased dramatically after a number of drug incidents broke out in 2009 but there had not been a corresponding increase in manpower. Dr PAN urged HA to come up with effective measures to maintain a motivated workforce for providing quality healthcare services to the public.

55. CE, HA responded that the manpower of doctor had been increased by 390 in the past three years to alleviate the workload of serving doctors. To help retain nurses and improve their career structure, HA introduced in June 2008 a new three-tier career structure. Under the new career structure, over 450 new Advanced Practice Nurse positions and new Nurse Consultant positions had been created in several clinical areas on a pilot basis. In addition, it was anticipated that there would be over 1 000 nursing graduates coming on stream per year in the next few years. For instance, there would be around 900 new recruits in 2009-2010, as compared to about 600 in the past three years. The Chairman opined that creating over 450 new nursing positions was not enough to address the shortage of nurses in HA, as some 600 nursing positions had been deleted in the past years. The Chairman further requested HA to scrap the policy that new recruits would not be provided with pay increment in their first two years of employment.

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56. At the request of Dr PAN, CE, HA undertook to provide after the meeting the number of additional manpower of HA in the past five years, with a breakdown by grade and rank.

57. There being no other business, the meeting ended at 10:43 am.

Council Business Division 2
Legislative Council Secretariat
5 February 2010