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Legislative Council

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LC Paper No. CB(2)2636/10-11
(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 11 July 2011, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present :
Dr Hon LEUNG Ka-lau (Chairman)
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
Hon Albert HO Chun-yan
Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP
Hon Fred LI Wah-ming, SBS, JP
Hon CHEUNG Man-kwong
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
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
Hon Alan LEONG Kah-kit, SC
Hon Albert CHAN Wai-yip

Public Officers attending :
Items II and III only

Dr York CHOW Yat-ngok, GBS, JP
Secretary for Food and Health

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

Item II only

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

		Mr Thomas CHAN, JP Deputy Secretary for Food and Health (Health) 2
		Mr Chris SUN Deputy Secretary for Food and Health (Health) Special Duties
		Item III only
		Miss Gloria LO Principal Assistant Secretary for Food and Health (Health) 2
		Dr S V LO Director (Strategy & Planning) Hospital Authority
		Dr K H LEE Chief Manager (Cluster Performance) Hospital Authority
		Dr W K CHING Chief Manager (Medical Grade) Hospital Authority
		Miss Sylvia FUNG Chief Manager (Nursing)/Chief Nurse Executive Hospital Authority
Clerk in attendance	**:**	Ms Elyssa WONG Chief Council Secretary (2)5
Staff in attendance	**:**	Ms Maisie LAM Senior Council Secretary (2)5
		Ms Priscilla LAU Council Secretary (2)5
		Ms Sandy HAU Legislative Assistant (2)5

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I. Information paper(s) issued since the last meeting
(LC Paper Nos. CB(2)2075/10-11(01) and CB(2)2186/10-11(01))

Members noted the following papers issued since the last meeting -

(a) referral dated 13 June 2011 regarding the concerns raised at the meeting between Legislative Council Members and Sai Kung District Council members on 5 May 2011 on the redevelopment of the Haven of Hope Hospital; and

(b) a joint letter dated 21 June 2011 from Hong Kong Doctors Union, The Practising Pharmacists Association of Hong Kong, Alliance for Patients' Mutual Help Organization and Retina Hong Kong to the Director of Health expressing views on off-label use of Avastin for treating wet age-related macular degeneration.

II. Healthcare Reform Second Stage Public Consultation
(Healthcare Reform Second Stage Public Consultation Report, LC Paper Nos. CB(2)2298/10-11(01) and CB(2)2367/10-11(03))

2. Secretary for Food and Health ("SFH") briefed members on the Healthcare Reform Second Stage Public Consultation Report ("the Consultation Report") which was tabled at the meeting. SFH said that the Administration considered it important to first brief the Panel on the Consultation Report before releasing it later in the day. Deputy Secretary for Food and Health (Health) Special Duties then conducted a PowerPoint presentation on the outcome and way forward of the consultation as set out in the PowerPoint materials (LC Paper No. CB(2)2367/10-11(03)) tabled at the meeting.

3. Ms Cyd HO expressed dissatisfaction that the Consultation Report was not provided to members until at the meeting. To facilitate thorough discussion, Ms HO hoped that in future, the Administration would provide the Panel with the relevant discussion papers prior to the meeting.

Impact of the Health Protection Scheme on the public and private healthcare systems

4. While noting that the aim of the Health Protection Scheme ("HPS") was to relieve the pressure on the public healthcare system by encouraging more people to take out private health insurance ("PHI") and use private services, Mr CHEUNG Man-kwong was worried that the implementation

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of HPS might result in a significant expansion of the markets of PHI and private healthcare services, leading to increases in medical charges and driving up medical inflation. The insured might still choose public healthcare services and the burden of the public sector could not be reduced. Mr CHEUNG further pointed out that the expansion of the private healthcare sector would cause brain drain from the public healthcare system, undermining its ability to cater for needy patients who had to depend on the public system for their healthcare needs.

5. SFH stressed that while taking forward healthcare reform, public healthcare would remain the cornerstone of our healthcare system. The implementation of HPS would not undermine the quality of public healthcare services, as the Administration would continue to strengthen the role of the public healthcare system. In fact, it could better enable the public system to focus on its target areas, i.e. acute and emergency care; services for low-income and under-privileged groups; treatment for catastrophic and complex illnesses; as well as training for healthcare professionals. As regards the concern about medical inflation, SFH advised that medical inflation was caused by rising cost of healthcare services and advances in the medical technology. Healthcare cost was likely to continue to rise in the future and probably more so in the absence of HPS. It was incumbent on the Administration to contain cost increase and medical inflation. For instance, the healthcare expenditure in the United States accounted for 16% to 17% of its GDP and that for Europe was 11% to 12%, whereas Hong Kong was still able to maintain the percentage of its healthcare expenditure at 5%. The Administration would continue its effort in containing medical costs. That was why the Administration proposed to put in place a supervisory framework for HPS with legal backing to regulate PHI and private health services under it.

6. Mr CHEUNG Man-kwong cast doubt over the capability of the Government to effectively regulate the profit and charges of insurers under HPS, as well as to control the demand for private services induced by the healthcare insurance plans. He maintained the view that the continued increase in the demand for private healthcare services would only increase medical charges and push up medical inflation.

7. Mr Albert CHAN was concerned whether the voluntary HPS would be a first step towards the introduction of a mandatory private health insurance scheme for supplementary healthcare financing. To ensure that the implementation of HPS could achieve its objective of relieving the pressure on the public system, Mr CHAN asked whether consideration could be given to requiring subscribers of HPS who made use of the public healthcare system for treatment to pay the full cost. SFH expressed

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reservations about Mr CHAN's proposal, pointing out that such arrangement would be unfair to the insured as the public healthcare system should be a safety net for the whole population.

Use of the $50 billion earmarked fiscal reserve

8. Mr Albert HO said that the Democratic Party was concerned whether the stated objective of HPS of improving the markets of PHI and private healthcare services could be achieved if the $50 billion was not used to provide subsidies under HPS to encourage participation. Ms Cyd HO raised a similar concern.

9. Mr Albert CHAN considered the implementation of HPS a form of "transfer of benefit" to large insurance companies.

10. SFH said that the Administration's vision for healthcare reform was to strengthen the public system serving as a safety net for the whole population, complemented by a vibrant and competitive private healthcare sector providing value-for-money choices to members of the public. At present, the public healthcare system was highly subsidized. The Administration considered it reasonable and justified to provide suitable subsidies – which would be much less than the subsidization rates for public healthcare services – to those who chose private healthcare under HPS over public healthcare. The Administration would explore how best to make use of the $50 billion earmarked for healthcare reform to provide financial incentives under HPS through various possible options, including premium discount for new subscribers, injection into the high-risk pool and encouraging savings for paying future premiums. SFH stressed that using the $50 billion to provide financial incentives under HPS would benefit HPS subscribers direct, rather than lining the pocket of private insurers.

11. Holding the view that the Administration should carefully consider the next step in using the $50 billion in view of the divergent views received on the issue during the public consultation period, Ms Cyd HO asked whether the Administration would consider the suggestion of using the $50 billion on the public healthcare system to address the manpower shortage problem, instead of supporting the uptake of PHI.

12. SFH advised that efforts had been and would continue to be made to strengthen the public healthcare system, as evidenced by the increase in the annual recurrent health expenditure in recent years. In taking forward the proposal of HPS, the Administration aimed to develop the private healthcare market, along side with a strengthened public healthcare sector,

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through enhanced consumer protection and quality assurance. This could in turn empower individuals who had the means to take shared responsibility for their healthcare.

13. As regards the concern about the manpower of the public healthcare sector, SFH said that one of the key functions of the Hospital Authority ("HA") was to train healthcare professionals for the territory. Turnover was natural as some of these professionals might choose to leave HA after training. Nonetheless, HA would closely monitor the turnover rate of its healthcare staff and would put in place rigorous succession planning measures in the light of the latest developments. SFH further said that there was indeed a net increase in healthcare manpower in HA in recent years.

Manpower planning and regulatory framework for healthcare professions

14. Mr Albert HO pointed out that overseas experience had revealed that PHI was unlikely to help relieve the demand for public healthcare services, in particular the costly treatment. He was concerned that the implementation of HPS would further strain the public healthcare system and affect the quality of public healthcare services.

15. SFH responded that a high-level Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee") would be established under the Food and Health Bureau to conduct a strategic review on healthcare manpower planning and professional development. The strategic review would assess manpower needs in the various healthcare professions, taking into account the increase in demand for both public and private healthcare services arising from the ageing population, among others. The Steering Committee would also review the existing professional standards and regulatory structure for various healthcare professions, including healthcare professionals who were required to register to practise by law (such as doctors, dentists, registered Chinese medicine practitioners and nurses), as well as healthcare professionals currently not subject to professional registration by law in Hong Kong (such as prosthetist-orthotists, dieticians, psychologists and speech therapists). The Steering Committee was expected to formulate its recommendations by the first half of 2013.

16. Dr PAN Pey-chyou enquired about the composition of the Steering Committee and sought clarification on whether its review was aimed to bring about change to the existing regulatory structure for the healthcare

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professions, in particular the principle of professional autonomy and the functions of the existing statutory regulatory bodies.

17. SFH advised that the Steering Committee would comprise, among others, renowned overseas experts and local dignitaries of the healthcare professions. Healthcare professions would be consulted in the process. SFH stressed that the strategic review would in no way infringe on the principle of professional autonomy which would be respected and upheld throughout the process. He said that advancement in the medical technology and the evolvement of specialty areas had pointed to the need for a review of the professional development of healthcare professions in Hong Kong so as to meet the aspirations of the community and upkeep the professional standard of the healthcare manpower. The Steering Committee would review and identify areas requiring attention under the existing regulatory structures, including those concerning complaints and regulation of professional conduct.

18. Pointing out that the number of training places for various healthcare disciplines was determined by both the University Grants Committee on the basis of the advice of the Food and Health Bureau, as well as the self-financing institutions, Dr Joseph LEE asked whether institutions providing training for healthcare professionals would be invited to sit on the Steering Committee.

19. SFH responded that the Steering Committee would engage, among others, officials from the Education Bureau and representatives from the publicly-funded institutions, as appropriate.

20. Ms Audrey EU asked whether the strategic review sought to reform HA as it had failed to properly perform its role in healthcare manpower planning and development.

21. SFH said that HA would continue its role to manage the public healthcare system which served as a safety net for the whole population and a training platform for local healthcare professionals. While HA would provide views on manpower requirements for healthcare professionals to cope with its service needs, the strategic review was aimed to formulate plans to ensure manpower supply and professional qualities to meet future needs of both public and private healthcare sectors.

22. Dr Joseph LEE noted that the Steering Committee was expected to tender its recommendations by first half of 2013. Given the lead time to increase the supply of healthcare graduates, which would be available in 2019 at the earliest, Dr LEE was concerned whether there would be

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sufficient healthcare manpower to meet the increasing demand for private healthcare services arising from the implementation of HPS.

23. SFH responded that the Administration's plan was to complete the preparatory work by the first half of 2013, then proceed to draft and introduce HPS legislation, as appropriate, during the period of 2013 to 2015. The implementation of HPS would take place the earliest in 2015. SFH further advised that there would be a steady increase in the supply of healthcare personnel in the years to come. For instance, the number of nurse graduates from local programmes would be increased from about 1 000 per year to about 2 000 per year starting from 2012-2013. The Steering Committee would study carefully the healthcare manpower requirements to meet projected needs and formulate its recommendations in 2013.

24. Mr CHAN Kin-por called on the Administration to take more proactive measures to increase the supply of healthcare manpower by enabling more non-locally trained healthcare professionals to practise in Hong Kong subject to the same quality and professional standards of locally-trained healthcare professionals.

Supervisory framework for HPS

25. Pointing out that some individual healthcare service providers might charge different fees for insured and non-insured patients, Ms LI Fung-ying said that there was a need for the Administration to allay the concern of the public on the non-transparent and highly variable charges by private practitioners. She considered this crucial to secure the confidence of the public in HPS. Ms LI asked whether there would be government control over the setting of the premium and administrative fee of the Standard Plan under HPS to avoid the driving up of medical costs.

26. SFH responded that the Administration would strive to strike a proper balance among consumer protection, commercial viability of HPS and sustainable development of the private healthcare sector when formulating the proposals for regulating health insurance and healthcare services under HPS. Measures underpinned by legislation would be developed to require participating insurers and private healthcare service providers to be transparent in premium, insurance costs, medical charges, etc. under HPS. As regards regulating the ratio of administrative fee through legislation, the Administration had to weigh its pros and cons carefully as such an arrangement might reduce competition and might result in a situation that all insurers would set their administrative fee at the maximum permitted level.

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27. Considering the Administration's work plan for formulating the proposal for a supervisory framework for HPS in 2013 aggressive, Ms Audrey EU asked whether the Administration had reached preliminary consensus with the insurance sector on the reasonable premium levels.

28. Mr CHAN Kin-por said that the underwriting profit margin for PHI plans, which at present stood at the range of 3% to 5%, was already very low. Nevertheless, the insurance sector was in support of HPS for the sake of enhancing consumer protection and the long-term sustainability of the healthcare system. To facilitate the mapping out of feasible proposals for HPS, Mr CHAN urged the Administration to engage the insurance sector in designing the various consumer protection features of HPS, which were proposed to be the core requirements for all health insurance plans under HPS.

29. SFH responded that the setting of premium level and its future adjustment under HPS should not be left entirely to market forces. The Administration would engage the key stakeholders, including the insurance sector, to steer the formulation of proposals for HPS. SFH further pointed out that under the HPS supervisory framework, measures to enhance market transparency would be put in place, including requiring participating insurers to publish premium schedules for HPS Standard Plans and provide information on insurance costs.

30. Noting that the new private hospitals to be developed at the four pieces of land earmarked for private hospital development (at Wong Chuk Hang, Tseung Kwan O, Lantau and Tai Po respectively) would be required to provide services at packaged charge in support of the implementation of HPS, Mr CHAN Hak-kan enquired about the measures to be put in place to ensure affordable private healthcare services to subscribers of HPS. Mr Albert CHAN urged the Administration to impose a cap on the maximum amount that a private healthcare service provider could charge so as to ensure that the service charges would remain at affordable levels.

31. SFH said that private healthcare service providers should have autonomy on how to price their services. The regulatory regime to be put in place to supervise HPS would ensure that consumers would be adequately protected on the one hand, and the insurance and the private healthcare sectors would be able to develop on a sustainable basis on the other. The HPS would be designed in such a way that participating insurers would not be able to reap huge profit from the scheme.

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32. Mr CHAN Kin-por remarked that the focus of the regulatory regime should be placed on controlling the charges of the private healthcare sector, as more than 80% of the premium charged was used to pay for the services rendered by private healthcare service providers. He also expressed concern that the lukewarm reaction of the current private healthcare sector to offer packaged services and pricing under HPS, especially in view of the continued influx of demand from outside Hong Kong for obstetric services, would undermine the feasibility of HPS.

33. Casting doubt on the ability of the Government to regulate the insurance costs and medical charges through administrative measures and to encourage sufficient number of healthy and younger individuals to subscribe to the HPS Plans to make HPS financially viable, as well as the feasibility of the high-risk pool reinsurance mechanism, Mr Alan LEONG said that the Civic Party had reservations about the introduction of HPS.

34. SFH said that under the HPS supervisory framework, measures would be put in place to enhance market transparency (including pricing) and to safeguard consumer protection, including the use of packaged charging.

Capacity of the private healthcare sector

35. Pointing out that private hospitals were currently running at near full capacity, Mr CHAN Hak-kan expressed concern about the capacity and manpower of the private healthcare sector to cater for the increasing demand for private healthcare services arising from the implementation of HPS.

36. SFH advised that the Administration planned to dispose of the four pieces of sites referred to in paragraph 30 above by phases starting from end 2011. It was expected that these private hospitals would commence operation by phases in three to four years' time upon site possession by the successful bidders. In addition, several existing private hospitals had recently completed their expansion projects or had plans to expand or were expanding their hospitals. There would also be an increased supply of medical and nurse graduates in the coming years. It was expected that private hospitals would have the capacity to meet the demand for private healthcare services including that arising from the launch of HPS.

37. SFH further said that at present, around some 2.5 million people were covered by PHI and a high proportion of which were employed and in the middle age. Only a few percentage of the old age group were insured currently. Assuming that the profile of subscribers for HPS would

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be largely the same and people needed healthcare protection most at older age, there might not be an upsurge in demand for private healthcare services in the initial period of the implementation of HPS.

Way forward

38. The Chairman proposed to appoint a subcommittee under the Panel to follow up the subject of HPS. He invited members' views on the proposal. Members raised no objection.

39. Ms Audrey EU enquired whether the proposed subcommittee could commence work shortly. The Clerk drew members' attention to Rule 26 of the House Rules regarding activation of subcommittees on policy issues. Since more than eight subcommittees on policy issues were already in operation, the subcommittee to be appointed by the Panel would be put on the waiting list. After the Panel had agreed on the terms of reference and work plan of the subcommittee, approval of the House Committee would be sought to activate the subcommittee.

40. The Chairman proposed and members agreed that pending the activation of the proposed subcommittee, the Panel should convene special meetings to further discuss the subject.

41. Mr Albert CHAN suggested that a special meeting be held in early August 2011 to receive views from members of the public on the Consultation Report. Ms Audrey EU and Mr IP Kwok-him expressed support for the suggestion. The Chairman said that he would work out the date of the special meeting with the Clerk and members would be informed accordingly.

(*Post-meeting note:* The special meeting was scheduled for 8 August 2011 at 9:00 am.)

III. Follow-up on healthcare manpower issues in HA
(LC Paper Nos. CB(2)2298/10-11(02) and (03))

42. SFH briefed members on the Administration's response to the healthcare manpower issues in HA raised by members at the meetings of the Panel on 11 April and 9 May 2011, details of which were set out in the Administration's paper (LC Paper No. CB(2)2298/10-11(02)).

43. At that juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

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Healthcare manpower projections

44. The Chairman criticized that while the Administration's paper had set out the projected manpower requirements for doctors and nurses in HA in the next five to 15 years, it made no mention of the parameters and formulas used by HA for making the projections. He sought information on the healthcare staff establishment of HA, with a breakdown by wards and specialties of the manpower required to take care of a patient and their average work hours, as well as the formulas used by HA for making the healthcare manpower projections.

45. SFH explained that given the different types of patients treated by the hospitals and the complexity of the cases, it was infeasible for HA, as was the case in many other countries, to use a rigid indicator to plan its manpower requirements for healthcare professionals. At present, HA adopted an integrated approach in projecting its future healthcare workforce requirements. The Administration would ensure that adequate resources would be available for HA to meet its manpower needs.

46. While agreeing that flexibility should be allowed in healthcare manpower planning, the Chairman pointed out that it would be difficult to assess whether the projected manpower requirements were adequate for HA to cope with the service demand in the absence of information on the relevant formulas. Dr PAN Pey-chyou echoed the Chairman's view. Dr Joseph LEE sought elaboration on how HA arrived at its estimates that the manpower requirements for nurses in HA in 2016 would be 23 575. Mr Albert HO considered it necessary for HA to provide information on its establishment and strength of healthcare workforce. The Chairman

Admin requested HA to provide after the meeting the information referred to in paragraph 44 above.

47. Dr PAN Pey-chyou expressed doubt on the projected manpower requirements for doctors in HA given in Annex A to the Administration's paper. According to the manpower projections conducted by HA in 2010 using 2008 as the base year, while the number of doctors in the specialty of Ophthalmology would need to be increased by 48.6% in 2026, the number of doctors in the specialties of Paediatrics and Obstetrics and Gynaecology would only need to be increased by 7.6% and 24.5% respectively in 2026. Dr PAN held the view that the projection results were in contrast to the current trend of an increasing demand for public obstetrics and paediatrics services by Mainland women and children born in Hong Kong to Mainland women.

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48. Director (Strategy & Planning), HA ("Director (S&P), HA") advised that HA had taken into account, among others, the projections of population growth and ageing population conducted by the Census and Statistics Department when projecting the demand for various service areas and thus the manpower requirements for healthcare professionals in HA. HA would continue to update the manpower projections in the light of the latest available population projection statistics.

49. Mr Alan LEONG asked whether consideration could be given to further promoting healthcare in the primary setting in order to reduce admissions to hospitals and thus relieving the healthcare manpower demand.

50. SFH responded that the Administration had stepped up its efforts in recent years to promote primary care and the family doctor concept to encourage the public to make fuller use of primary care services and adopt a preventive approach in improving health. The Primary Care Office under the Department of Health would continue to promote the importance of primary care and encourage utilization of such services through a step-by-step and consensus building process.

Work pressure of healthcare professionals

51. Mr CHAN Hak-kan surmised that the mismanagement of HA was the reason why the workload and work pressure of frontline doctors in HA had not been relieved despite continuous increase in funding and healthcare manpower in HA in recent years. Mr IP Kwok-him urged HA to improve its management in order to alleviate the work pressure on frontline doctors in HA.

52. SFH responded that the Administration was mindful of the immense pressure faced by frontline doctors in taking care of patients, while at the same time pursuing their postgraduate specialist training. Heads of the clinical departments of HA would adopt a flexible management approach to foster teamwork and promote a harmony and fair working environment with promotion prospects. Where necessary, manpower deployment would be made to the pressurized areas.

53. Director (S&P), HA supplemented that the Chief Executive of HA had maintained active communication with frontline healthcare staff to understand their concerns. To relieve the workload and improve the working conditions of frontline healthcare staff, a basket of improvement measures, such as increasing the number of healthcare and healthcare supporting staff, had been/would be rolled out by HA.

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Staff retention

54. Ms LI Fung-ying sought explanation on why the number of contract Registered Nurses in HA had risen nearly one-fold from 2 085 in 2006-2007 to 3 335 in 2010-2011 while the number of permanent Registered Nurses had dropped from 10 635 to 9 357 during the same period. She asked whether consideration could be given to converting the contract nurses into permanent nurses so as to improve staff retention through the provision of a more secured employment environment.

55. Director (S&P), HA advised that contract Registered Nurses with three years or more full time service in the rank and who had met the performance criteria were eligible for application for permanent terms of employment. However, the decision of whether to apply for transfer to permanent terms of employment rested with the contract Registered Nurses themselves. In the past few years, the average number of applications received was 250 per year and the success rate was more than 97% on average. Given that there would be an increasing number of contract Registered Nurses reaching the three-year threshold, it was expected that there would be increased applications in the coming years.

56. Citing the year of 2010-2011 as an example, Dr Joseph LEE noted with concern that the number of contract Registered Nurses who applied to transfer to permanent terms of employment (i.e. 314 nurses) accounted for less than 10% of the total number of contract Registered Nurses in that year (i.e. 3 335 nurses).

57. Chief Manager (Nursing)/Chief Nurse Executive, HA explained that in the past three years, HA had employed about 1 000 new contract Registered Nurses each year. A majority of these nurses had yet to reach their third year of services in HA. Dr Joseph LEE remarked that an application rate of 30% (i.e. 314 nurses out of some 1 000 eligible nurses) was still at a low level.

58. Dr Joseph LEE noted that in the light of the increasing turnover of nurses in public hospitals and the rising service demand, an additional allocation of $200 million had been earmarked by HA in 2011-2012 for the implementation of a series of measures to strengthen the workforce and improve staff retention. Dr LEE requested HA to provide after the meeting information on the turnover rate of nurses in HA for the period of April to July 2011 and update the Panel on the latest turnover rate in October 2011.

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59. Mr Alan LEONG considered that the present nurse-to-patient ratio in public hospitals, which stood at as high as 1:14 or 1:16, was the root of the problem of the high wastage of nurses, and had exerted immense pressure on nurses working in HA. Mr LEONG asked whether, and if so, how the nurse-to-patient ratio in public hospitals could be improved in order to improve nursing staff retention.

60. Chief Manager (Nursing)/Chief Nurse Executive, HA advised that HA had developed parameters for projecting the nursing manpower required for various specialties and clinical settings. For instance, the nurse-to-patient ratio in cardiac care units was higher than that in general medical wards, and in intensive care units, there was one nurse per patient. While admitting that HA was currently facing a shortfall of nursing manpower and the supply of nurse graduates could not be increased significantly overnight, Chief Manager (Nursing)/Chief Nurse Executive, HA pointed out that HA had already mapped out a three-year manpower plan to fill the shortfall.

Supply of healthcare professionals

61. Noting from Annex D to the Administration's paper that there was a net increase of about 200 nurses in HA each year and HA's manpower strength of nurses in 2010-2011 was 20 093, Ms LI Fung-ying cast doubt on whether HA could recruit adequate number of nurses to meet its nursing manpower requirement in 2016, which was projected to be 23 575 under the 2008 base case scenario.

62. SFH advised that the enhanced supply of nurse graduates at the level of about 2 000 each year for 2012-2013 to 2014-2015 would be able to meet the nursing manpower requirements of the overall healthcare system in the coming three years. HA would continue to monitor the manpower situation of its nurses and make suitable arrangements in manpower planning and development to cope with service needs.

63. Noting that there were about 160 part-time doctors working in HA as at 1 June 2011, Mr Albert HO asked whether there was still a shortfall of doctors in HA, and if so, whether HA would consider employing more non-local doctors with limited registration to strengthen its manpower.

64. SFH replied in the affirmative to Mr HO's first question. He explained that the work reform of HA in reducing doctors' work hours had pointed to the need to increase the medical workforce of HA. To address the manpower shortage in the short-term, HA would invite departed and retired doctors to take up part-time employment in HA and recruit non-

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local doctors with limited registration to serve in public hospitals. SFH stressed that the employment of non-local doctors with limited registration should only be a measure to increase the doctor manpower in the short-term. In the long-term, there should be an adequate supply of local doctors for the provision of healthcare services on the one hand, and a mechanism to attract non-local elite healthcare professionals to practise in Hong Kong on the other hand.

65. Mr IP Kwok-him considered that the Administration should take more active measures to attract non-local doctors, including those who received medical training in the Mainland, to practise in Hong Kong so as to address the manpower shortage of HA in the short-term.

66. SFH explained that doctors who were trained overseas and intended to obtain a practising licence through registration with the Medical Council of Hong Kong were required to sit and pass the Council's Licensing Examination and completed successfully a 12-month internship training in Hong Kong before they could be registered as medical practitioners in Hong Kong. The Licensing Examination of the Council aimed to ensure that those who wished to be registered as medical practitioners in Hong Kong after receiving medical training outside Hong Kong had attained a professional standard comparable to that of local medical graduates, so as to safeguard the quality standard of healthcare services in Hong Kong.

67. Mr CHAN Kin-por enquired about the passing rate of the Licensing Examination of the Medical Council of Hong Kong in the past few years.

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SFH agreed to provide the information after the meeting.

68. Pointing out that stakeholders with vested interests might have reservations about the admission of non-local healthcare professionals, Mr CHAN Kin-por called on the Administration to adopt a progressive and forward-looking approach when assessing the healthcare manpower needs to support the sustainable development of the healthcare system as a whole.

69. Noting a difference of 776 doctors between the projected medical workforce requirements in 2016 (i.e. 5 839 doctors) and the existing medical manpower strength (i.e. 5 063 doctors as at 28 February 2011) in HA, Ms Cyd HO doubted whether there would be adequate supply of medical graduates to meet the projected needs of HA. Ms HO further asked whether the manpower projections had taken into account the past trend of turnover of doctors in HA, which stood at 4% to 5% in the past few years.

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70. SFH advised that when making the healthcare manpower projections, HA had taken into consideration the additional demand generated by service growth as well as the replacement demand generated by turnover. On the supply of post-internship local medical graduates, SFH advised that the present number of medical graduates available for recruitment was 250 each year. The vast majority of the medical graduates would choose to join HA which provided them with a structured specialist training pathway.

71. Director (S&P), HA supplemented that HA employed some 330 qualified doctors each year, with the majority coming from the local medical graduates while the smaller portion from the private sector and overseas. HA would continue to accord the highest priority to improve staff retention and strengthen the workforce through the implementation of various measures, such as enhancing the promotion opportunities of doctors and extending the pilot scheme for employment of part-time doctors in the Obstetrics and Gynaecology specialty to all other specialties.

72. Holding the view that the employment of private practitioners to help out in pressurized areas on a part-time basis was the most immediate means to relieve the shortage of doctors in HA, Ms Audrey EU asked whether consideration could be given to listing out the vacancies on the website of HA so that interested private practitioners could at any time approach HA direct.

73. Director (S&P), HA responded that prior to the extension of the scheme for recruitment of part-time doctors to all other specialties in June 2011, there were about 160 part-time doctors working in HA. At present, HA was actively inviting the departed doctors to take up part-time employment in HA. As the next step, HA would publish recruitment advertisements on the newspapers and post the information on the website of HA to invite private practitioners to take up part-time employment in the pressurized specialties.

74. Referring to the case cited by her at the meeting of the Panel on 9 May 2011 which involved a nurse who had practised in the Mainland for 18 years, Ms Audrey EU enquired whether any measures had been put in place by HA to facilitate experienced nurses trained and practised outside Hong Kong in applying for practise in Hong Kong.

75. Chief Manager (Nursing)/Chief Nurse Executive, HA advised that the qualifications for registration and enrolment of nurses were determined by the Nursing Council of Hong Kong. While HA could provide nurses trained outside Hong Kong with clinical practice opportunities in certain subjects to enable them to meet the training requirements laid down by the

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Council, it was a requirement of the Council that an applicant trained outside Hong Kong had to provide documentary proof issued by such certifying body as might be recognized by the Council from time to time as evidence of their competency to practise nursing.

IV. Any other business

76. The Chairman took the opportunity to thank the Panel members for their support to the work of the Panel in the current legislative session.

77. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
19 September 2011