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Panel on Health Services

Minutes of meeting
held on Monday, 15 July 2013, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, SBS, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon CHAN Han-pan Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Member attending	:	Hon WU Chi-wai, MH
Member absent	:	Hon Vincent FANG Kang, SBS, JP

Public Officers attending	:	Item II Dr KO Wing-man, BBS, JP Secretary for Food and Health Mr Richard YUEN, JP Permanent Secretary for Food and Health (Health) Dr CHEUNG Wai-lun Director (Cluster Services) Hospital Authority Dr LO Su-vui Director (Strategy and Planning) Hospital Authority Dr Libby LEE Chief Manager (Strategy, Service Planning and Knowledge Management) Hospital Authority Mr W T LAU Chief Manager (Capital Planning) (Acting) Hospital Authority Item III Professor Sophia CHAN Siu-chee, JP Under Secretary for Food and Health Ms Angela LEE Principal Assistant Secretary for Food and Health (Health)2 Dr CHEUNG Wai-lun Director (Cluster Services) Hospital Authority Dr F C PANG Chief Manager (Medical Grade) 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 Michelle LEE Legislative Assistant (2) 5

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

[LC Paper Nos. CB(2)1470/12-13(01), CB(2)1531/12-13(01) and CB(2)1616/12-13(01)]

Members noted the following papers issued since the last meeting -

(a) Letter dated 18 June 2013 from Miss Alice MAK on internal allocation and utilization of resources by the Hospital Authority ("HA"); and

(b) Information paper provided by the Administration on the provision of cataract surgeries in HA and the progress of the Cataract Surgeries Programme.

2. The Chairman advised that arising from the discussion on waiting time management for Specialist Outpatient Clinics ("SOPCs") in HA at the last meeting held on 17 June 2013, the subject on resource allocation among hospital clusters by HA as set out in Miss Alice MAK's letter dated 18 June 2013 referred to in paragraph (a) above would be included in the Panel's list of outstanding items for discussion.

3. Pursuant to members' decision made at the last meeting, the Chairman asked whether members considered it necessary for the Panel to follow up the provision of cataract surgeries in HA as requested by 爭取老人福利聯會 in its letter dated 4 June 2013 (CB(2)1335/12-13(01)) after having regard to the information provided by the Administration on the subject as set out in paragraph (b) above. Dr CHIANG Lai-wan was of the view that given the ageing population, the Panel should discuss the matter at a future meeting. The Chairman suggested and members agreed that the subject be included in the Panel's list of outstanding items for discussion.

4. The Chairman referred members to the letter dated 12 July 2013 from Mr Vincent FANG (LC Paper No. CB(2)1616/12-13(01)) requesting the Panel to follow up on the progress of work of the Working Group on

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Differentiation between Medical Procedures and Beauty Services ("the Working Group"), which was tabled at the meeting. Before inviting members' views on how the matter should be taken forward, the Chairman advised that the Panel had held two special meetings on 26 October and 27 November 2012 to discuss the regulation of medical beauty treatments or procedures with the Administration, and received the views of deputations at one meeting. According to the Administration, the Working Group was expected to present its views and recommendations to the Steering Committee on Review of the Regulation of Private Healthcare Facilities in the third quarter of 2013. Dr CHIANG Lai-wan considered that the Panel should wait until the Administration's release of the recommendations put forward by the Working Group. Members did not raise any other queries. Noting members' views, the Chairman concluded that the subject would be included in the Panel's list of outstanding items for discussion.

II. An overview of the re-development and expansion plans of public hospitals

[LC Paper Nos. CB(2)1567/12-13(01) and (02)]

5. Before briefing members on the redevelopment and expansion plans of public hospitals as set out in the Administration's paper (LC Paper No. CB(2)1567/12-13(01)), Secretary for Food and Health ("SFH") stressed that based on the outcomes of a number of public consultation exercises on healthcare reform conducted by previous terms of Government, the mission of the current-term Government was to ensure that the dual-track healthcare system, which encompassed both public and private elements, would develop in a balanced and sustainable manner with capacity and capability for delivering lifelong, holistic and seamless services to the public.

6. On the way forward for private hospital development, SFH advised that following the cancellation of the tender for the development of private hospital at the reserved site at Tai Po due to the failure of the only tender received to fully meet the mandatory requirements set out in the tender documents, the Food and Health Bureau ("FHB") had carefully examined whether the Tai Po site should continue to be reserved for private or public hospital development. Given that the Chinese University of Hong Kong had raised with the Administration a proposal to develop a private teaching hospital within its campus, and there was still residual development potential of the existing Tai Po Hospital site to meet the needs for additional rehabilitation hospital beds in Tai Po, FHB considered that there was no need to reserve the piece of land for hospital development. Hence,

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it had decided to return the Tai Po site to the Development Bureau for other development purposes.

7. Members noted the information note entitled "Redevelopment and expansion plans of public hospitals" (LC Paper No. CB(2)1567/12-13(02)) prepared by the Legislative Council ("LegCo") Secretariat.

Provision of public hospital services under the clustering arrangement

8. Mr CHEUNG Kwok-che criticized that the information provided by the Administration in its paper was far from comprehensive for members to have a clear understanding of whether the proposed development of new public hospitals and the redevelopment and expansion of existing public hospitals could adequately meet the healthcare needs of the catchment population of each hospital cluster. Dr Joseph LEE was concerned about the increase in the number of hospital beds upon completion of all projects. At the request of the Chairman and Mr CHEUNG Kwok-che, the Administration was requested to provide after the meeting a breakdown of the catchment population, the number of beds per 1 000 population, the range of services (including those services that had yet been provided because of manpower constraint or other reasons), the manpower shortfall of doctors and nurses, as well as the anticipated changes in the above areas for the next 15 years (at five-year intervals), by hospital clusters. SFH agreed. Sharing the concern raised by Mr CHEUNG Kwok-che about the need to ensure that resources were distributed reasonably among hospital clusters, Mr Albert HO opined that the information to be provided by the Administration should set out the respective proportion of services provided to patients within and outside the catchment area of the hospital cluster concerned.

Admin/HA

9. Mr Albert CHAN expressed dissatisfaction that the Administration's paper had failed to reveal the problems currently faced by individual public hospitals or hospital clusters, and provide solutions to resolve the problems. In his view, the rapid population growth of the New Territories West ("NTW") cluster; the absence of private hospital services in the cluster; the high dependency of its catchment population, of which a large proportion belonged to low-income group, on public hospital services; as well as insufficiency of resources allocated to the Tuen Mun Hospital ("TMH") and Pok Oi Hospital ("POH") for the hospitals to meet the rising demand for hospital services, had exerted tremendous service pressure on the NTW cluster. Dr KWOK Ka-ki was concerned about the limited range of services to be provided by the Tin Shui Wai Hospital ("TSWH"), a general hospital of the NTW cluster, upon its commissioning in 2016.

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10. SFH advised that a steering committee would be set up to conduct an overall review of the operation of HA, with a view to drawing up recommendations on HA's cluster staff and management systems, cost effectiveness and service levels so as to ensure that HA would continue to provide quality and effective service under the twin-track system of public and private healthcare. The review would also include, among others, the distribution of resources by HA among hospital clusters. On the provision of public hospital services in the NTW cluster, SFH admitted that POH and the new TSWH were of a small scale. In view of the anticipated population growth in Yuen Long, HA had reserved the adjourning site of TSWH for its possible future expansion in the long run. Consideration would also be given to constructing a new hospital in the Hung Shui Kiu New Development Area ("HSK NDA").

11. Citing the close travelling time from Tung Chung, which was currently covered under the Kowloon West ("KW") cluster, to the Princess Margaret Hospital of the KW cluster and via the to-be-constructed Tuen Mun - Chek Lap Kok Link to TMH of the NTW cluster as an example, Mr CHAN Han-pan asked whether there would be a realignment of the catchment area of each hospital cluster having regard to the development of Hong Kong and the redevelopment or expansion plans of public hospitals. SFH advised that realignment would be considered at an appropriate time.

Manpower requirements

12. Miss Alice MAK expressed concern about whether there would be adequate healthcare manpower to support the operation of the redeveloped or expanded public hospitals. Mr POON Siu-ping and Mr CHAN Han-pan raised a similar concern. Dr Joseph LEE was particularly concerned about the adequacy of nursing manpower to support the operation of these hospitals. To his understanding, while HA had developed a set of ward workload assessment tool for estimating the nursing manpower requirements since 2007-2008, individual hospitals or clusters still had a shortfall of nursing manpower and resources for recruitment. Dr Fernando CHEUNG expressed support for the various redevelopment and expansion plans of public hospitals. However, in view of the fact that the North District Hospital and POH had yet commenced all their services after completion of the works project because of medical manpower constraint in HA, he called on the Administration to ensure the adequacy of manpower to support the operation of all new, redeveloped and expanded public hospitals.

13. SFH advised that the number of local medical graduates had significantly reduced from 310 a year in 2007, to 280 in 2010, and further

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down to 250 in 2011. This had partly contributed to the medical manpower shortage problem in HA in recent years. At present, the manpower shortfall of doctors in HA was around 250. The shortfall was expected to continue in the coming few years, as the recruitment of around 300 local medical graduates through the annual recruitment exercise for Resident Trainees could only fill the vacancies arising from annual staff wastage. In the meantime, efforts had been and would continue to be made by HA to retain and attract talents through various measures such as approaching actively resigned and retired doctors for working part-time in HA. The Administration was also in discussion with the Medical Council of Hong Kong to explore the feasibility of increasing the number of its Licensing Examination from once to twice a year, with a view to facilitating those overseas-trained Hong Kong residents to return to practice in Hong Kong. That said, it would take about some 10 years for the redevelopment and expansion projects of existing public hospitals to complete. It was expected that the medical manpower shortage in HA would improve by then, as the number of local medical graduates would start to go up to 320 in 2015 and to 420 in 2018. The Administration would keep reviewing whether there was a need to further increase the number of first-year first-degree places in medicine to meet the increasing service demand.

14. SFH further said that the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee"), which was tasked to assess manpower needs in the various healthcare professions including doctors, nurses and allied health professionals and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development, aimed to conclude the review by the end of 2013 or early 2014 the latest. A generic forecasting model sought to estimate the demand and supply of healthcare professionals for the various disciplines with an initial planning horizon of 15 to 20 years would be developed under the review. This model would give a broad indication of the manpower demand and supply situation of the different healthcare professionals to assist in the planning of services as well as training and development of healthcare professionals.

Timeframe for redevelopment

15. Expressing concern about the short timeframe for carrying out redevelopment works of public hospitals after their opening or last refurbishment, Dr KWOK Ka-ki asked whether the need for redevelopment was due to the poor conditions of the buildings in some cases. Miss Alice MAK noted that given the proximity of the Queen Elizabeth

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Hospital ("QEH") to the new major acute hospital to be developed in the Kai Tak Development Area ("KTDA"), the redevelopment of QEH would be planned in conjunction with the new hospital. She asked whether future redevelopment or expansion of an existing public hospital would also be planned in conjunction with the construction of a new public hospital, so that the new hospital could share the workload of the redeveloped hospital to ensure that there was no disruption of clinical services throughout the latter's redevelopment period.

16. SFH advised that it was necessary to carry out major expansion or improvement works to public hospitals over a considerable time to enhance their service capacity and quality to ensure that the healthcare needs of the community were met. However, the space constraint of some older public hospitals, such as the Prince of Wales Hospital ("PWH") before undergoing its phase one redevelopment, had made them very difficult to undergo refurbishment without disrupting its clinical services. While the case of QEH and the new major acute hospital in KTDA was a rare opportunity, it should be noted that for the more recently built public hospitals, such as TMH and the Pamela Youde Nethersole Eastern Hospital, the long term needs in terms of space to cater for a reasonable degree of expansion of the hospitals had already been taken into account at the design stage. Hence, their future expansion could be achieved through optimizing the utilization of their existing or adjourning site area to meet increase in service demand.

Model of care

17. Dr CHIANG Lai-wan asked whether consideration could be given to establishing more specialized hospitals dedicated to a particular specialty, say, a geriatric hospital, instead of large general hospitals.

18. SFH advised that dedicated hospitals had been developed in Hong Kong to provide territory-wide services. Cases in point included the Hong Kong Eye Hospital as a secondary and tertiary eye referral centre, The Duchess of Kent Children's Hospital which was renowned for the treatment of paediatric orthopaedic problems, and the to-be-developed Centre of Excellence in Paediatrics which would serve as a tertiary territory-wide referral centre for complex cases requiring multidisciplinary management or surgical intervention in addition to secondary care. However, given the anticipated huge service demand arising from the rapid ageing population in Hong Kong, SFH said that he could not see how this model of hospital care could be applied on the specialty of geriatric at this stage.

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Projects with policy commitment

19. Referring to the redevelopment of the Kwai Chung Hospital ("KCH") which was part of the efforts taken to modernize the mental health services in Hong Kong, Mr Albert HO was of the view that the successful implementation of the arrangement to allow mental patients to receive treatment in the community as well as facilitate their integration into the community hinged on the availability of hospital-based ambulatory care services across the territory, as well as adequate community mental health support services for these patients.

20. SFH advised that in the past, psychiatric hospital beds were mainly provided by the two psychiatric hospitals, i.e. Castle Peak Hospital and KCH. Since the establishment of HA, active steps had been and would continue to be taken to develop more psychiatric facilities (including ambulatory care facilities) across the territory. SFH further said that the Review Committee on Mental Health would study the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong, including, among others, the most appropriate model of care and support for patients with severe mental illness. In response to Mr Albert HO's concern as to whether there would be any further drastic reduction in the number of psychiatric beds in public hospitals, SFH replied in the negative, pointing out that a balance would be struck in order to maintain a sufficient number of psychiatric beds for mental patients requiring inpatient care and at the same time enhance community psychiatric services for those patients whose conditions were stable.

21. Miss Alice MAK considered that a non-institutional design should be adopted for the redevelopment of KCH. SFH advised that KCH was established in 1981, with models of care at the time focusing heavily on institutional custody of the mentally ill. The current plan was to redevelop KCH into a new hospital complex of inpatient accommodation, rehabilitation and ambulatory care facilities, patient resource and social centres, as well as therapeutic leisure areas for the provision of mental health services, so as to enhance its capability in the provision of quality services in line with the international trend of increasing focus on community and ambulatory services in treating mental illness.

22. Miss Alice MAK asked whether palliative care services would be provided by the Hong Kong Buddhist Hospital after its refurbishment. Pointing out that palliative care covered a wide range of services including inpatient service, outpatient service, day care service, home care service and bereavement counselling, Director (Cluster Service), HA

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("D(CS), HA") advised that HA would take the opportunity to strengthen the existing palliative care services provided by HKBH.

23. Noting that the expansion project of the Tseung Kwan O Hospital ("TKOH") was still underway and that of the United Christian Hospital ("UCH") would soon commence, Mr POON Siu-ping was concerned about the impact brought about by the projects to the clinical services of the Kowloon East ("KE") cluster to which the two hospitals belonged. Mr WU Chi-wai also expressed concern about the disruption to patient services caused by the expansion project of UCH.

24. D(CS), HA advised that there was no cause for such concern, as the TKOH expansion project had been started in 2009 with a view for completion in 2013, whereas the main works of the UCH expansion project would commence in 2014-2015 for completion in 2021. In addition, the demolition of three existing blocks of UCH, which currently mainly housed the staff quarters, for the construction of a new building as well as an extension wing to the main hospital building would not affect the existing patient services. During the construction period, all the clinical and allied health services would be maintained at UCH.

Projects under planning in medium term

25. While expressing support for the policy of pursuing a dual-track healthcare system and the various redevelopment and expansion plans of public hospitals, Dr Elizabeth QUAT urged HA to expedite its review on the phase two redevelopment project of the Prince of Wales Hospital ("PWH"). She pointed out that according to a survey conducted by the Democratic Alliance for the Betterment and Progress of Hong Kong in March 2013, it was not uncommon for patients to wait five to 12 hours at the Accident and Emergency ("A&E") Department of PWH before they could receive treatment, and 24 hours before those whose conditions required admission were transferred to the medical ward. The longest waiting time for new booking of routine cases in its psychiatry SOPC was more than one year. A number of temporary beds were found in wards and hallways of PWH. The increase in the number of inpatient discharges and deaths also outnumbered the increase of inpatient beds and doctors in the Hospital.

26. SFH admitted that while the phase one redevelopment project of PWH, which involved the construction of a new 14-storey Main Clinical Block and Trauma Centre, was completed not long ago in 2010, it was found that there was a need to provide additional inpatient beds in the Hospital in order to meet the huge demand. In the light of this, HA was

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reviewing the phase two redevelopment project of PWH, including considering to increase the number of beds and expand the inpatient services, albeit provision of additional beds was not covered in the original plan. That said, given that there was a high bed occupancy rate across all hospital clusters, the Administration was actively discussing with HA on the blueprint of the future development of public hospitals to increase the service capacity. At present, priority was accorded to the development of a new major acute hospital in KTDA, and there had yet been a concrete timetable for the phase two redevelopment project of PWH at this stage. Mr WU Chi-wai expressed support for the construction of a new major acute hospital in KTDA. D(CS), HA supplemented that to cater for the increasing demand for inpatient services, PWH would provide 30 day beds at the Medical Ambulatory Care Centre in 2013-2014. At present, PWH was drafting its work plan for 2014-2015 to apply for funds for adding several dozens of medical beds, among others.

27. Referring to the redevelopment of QEH, Miss Alice MAK asked whether QEH would decant the affected clinical services to the premises of the new acute hospital to be developed at KTDA before carrying out the demolition works, in order to keep the disruption to its clinical services to a minimum. Pointing out that the proposed arrangement was feasible as both hospitals belonged to the KE cluster, SFH affirmed that efforts would be made to do so where there was such a need.

28. Noting that the role of Our Lady of Maryknoll Hospital ("OLMH") of the KW cluster would be reviewed taking into consideration the new major acute hospital in KTDA, Mr WU Chi-wai asked whether the review would take the services currently provided by the Wu York Yu General Out-patient Clinic located nearby into account. SFH replied in the positive. He however remarked that while the long-term development direction of OLMH could be an ambulatory or rehabilitation hospital to meet the community care and rehabilitation needs of its catchment population, OLMH would not be re-positioned as an acute general hospital because of its space constraints.

Further expansions in the longer term

29. Noting that it was estimated that around 40% of the future population in the Yuen Long and Tuen Mun districts would live in HSK NDA, Mr POON Siu-ping sought information about the scale of the new hospital to be developed in NSK NDA in the longer term.

30. SFH advised that the Administration's preliminary view was that the newly constructed TSWH would serve as the main general hospital to

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provide A&E services, inpatient services and ambulatory and community care services for its catchment population. Hence, while the construction of TSWH was still underway, its adjoining site had already been reserved for possible future expansion of TSWH in the long run to meet the projected demand for public hospital services from the Tuen Mun and Yuen Long districts. That said, a site had been reserved in HSK NDA for the construction of a new hospital to complement TSWH after its expansion and accommodate the remaining of the required additional beds there.

Other issue

31. Dr KWOK Ka-ki asked whether consideration could be given to reserving a site at KTDA or the West Kowloon Development Area for private hospital development.

32. SFH advised that the plan of the Administration was to develop a new major acute public hospital in KTDA. That said, it should be noted that the number of private hospital beds would be significantly increased by 30 to 40% in the next few years. There was also a proposal from an interested organization to develop a private hospital in KE.

III. Improvement of doctors' working hours in public hospitals

[LC Paper Nos. CB(2)1567/12-13(03) and (04)]

33. Under Secretary for Food and Health ("USFH") updated members on the latest situation of doctors' working hours in HA and the progress of the implementation of reform strategies since the release of the Final Report on Doctor Work Reform ("the Reform") in April 2010, details of which were set out in the Administration's paper (LC Paper No. CB(2)1567/12-13(03)).

34. Members noted the updated background brief entitled "Improvement of doctors' working hours in public hospitals" (LC Paper No. CB(2)1567/12-13(04)) prepared by the LegCo Secretariat.

Maximum weekly working hours of doctors

35. Noting that the target of HA was to reduce doctors' working hours to not more than 65 hours per week, Mr POON Siu-ping sought information on the standard working hours of doctors adopted internationally. Dr KWOK Ka-ki pointed out that while the United States ("US") did not impose any restriction on the weekly working hours of doctors, the

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maximum weekly working hours of doctors in the European Union was 48 hours.

36. USFH advised that there was no international standard on doctors' weekly working hours, as the healthcare system and training requirements for doctors varied in different countries. D(CS), HA supplemented that an objective of the Reform was to reduce doctors' working hours in HA. As a first step, the target was to reduce doctors' average weekly and continuous working hours to not more than 65 hours and 24 hours respectively by the end of 2009. While the proportion of doctors working for more than 65 hours per week on average had significantly dropped from around 18% in September 2006 to 4.8% by the end of December 2009, efforts could only be made to maintain the weekly working hour target of 65 hours in the past few years due to the medical manpower constraint of HA. It was expected that doctors' working hours would be further improved when the supply of local medical graduates increased in 2018-2019.

37. Mr POON Siu-ping sought clarification as to whether there was a difference in the working hours of doctors under the employment of HA and those doctors whose status were civil servants working in HA. D(CS), HA replied in the negative.

Measures to reduce and recognize the workload of pressurized areas

38. Mr Albert HO noted with concern that some doctors, especially those working in the pressurized areas, still had to work for more than 65 hours per week. He enquired whether HA would flexibly deploy doctors from other departments or hospitals to help out in the pressurized areas. Replying in the affirmative, D(CS), HA advised that a recent case in point was the deployment of staff from other hospital clusters to alleviate the work pressure of the A&E Department of PWH. This apart, more new Resident Trainee positions would be allocated to those pressurized areas to help relieve the workload.

39. Dr KWOK Ka-ki was of the view that the long working hours of doctors was a structural problem due to the need for Resident Trainees to acquire clinical skills and knowledge through on-the-job training and day-to-day clinical practices in order to meet the specialist training requirements of the Hong Kong Academy of Medicine ("HKAM"). To attract the Resident Trainees to choose those specialties with longer working hours, such as the specialties of general surgery and neurosurgery, he considered that HA should introduce flexible pay package and promotion mechanism for doctors in order to reflect certain specialties' nature of having to work consistently for long hours.

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40. D(CS), HA advised that medical graduates would take into account a basket of factors, such as the relevant specialist training, the promotion prospects and working conditions (including the number of working hours), in deciding their specialties. While the feedback from frontline doctors of HA revealed that the number of working hours surely was not the only consideration of medical graduates in their specialty pursuits, efforts would continuously be made to maintain doctors' working hours at a reasonable level and recognize those doctors who needed to work consistently long hours by nature of their duties. For instance, apart from raising the monthly honorarium of the existing two tiers of the Fixed Rate Honorarium ("FRH") Scheme, a third tier of FRH rate was introduced to compensate those doctors who worked in departments with exceptionally frequent overnight on-site call duties. The introduction of care technician services and clerical support to provide round-the-clock services in all acute public hospitals also helped to reduce the non-clinical workload of doctors.

41. Mr CHAN Han-pan enquired about the measures put in place by HA to retain and attract doctors to work in those public hospitals located at remote areas, such as TMH and the North Lantau Hospital ("NLTH"). Citing the long travelling time between NLTH and urban areas as an example, Dr KWOK Ka-ki asked whether consideration could be given to providing financial incentives to doctors who were willing to work at those remotely located public hospitals.

42. D(CS), HA advised that to attract the Resident Trainees to work in new public hospitals, efforts would be made to enable the hospital concerned to meet HKAM's requirements on provision of specialist training as early as practicable. In addition, arrangement would be made to deploy servicing specialists from major general acute hospitals to new hospitals during their initial stage of operation, until the latter came into full operation. The experience of PWH, which was considered as a remotely-located new hospital at the time it commenced operation, demonstrated that the development of a partnership between a new and the major general acute hospitals to provide services in a team approach could attract experienced doctors to work in new hospitals.

Measures to strengthen the medical workforce

43. Mr POON Siu-ping was of the view that further improvement of doctors' working hours in public hospitals hinged on the adequacy of medical manpower in HA. Mr CHAN Han-pan considered that the long working hours of doctors in HA was attributed by the high wastage rate of doctors. He sought information on the effectiveness of the measure of recruiting part-time doctors to work in HA to strengthen its workforce.

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D(CS), HA advised that HA had introduced an enhanced and unified pay package for employment of part-time doctors in all specialties, as well as approached proactively resigned and retired doctors for working part-time in HA. As present, there were more than 290 part-time doctors working in HA.

44. Holding the view that the current pay package for employment of part-time doctors, which was on a 70% pro-rata basis to the equivalent full-time package, was far from attractive to the retiring doctors, Mr Albert HO urged HA to further enhance the part-time pay package to make it more reasonably attractive to the experienced retiring doctors.

45. USFH advised that to her understanding, many doctors continued to work in public hospitals on a part-time basis upon retirement because of their dedication to public hospital services. While agreeing that the attractiveness of the part-time pay package might not be the major issue of concern of the retiring doctors in deciding whether to work part-time in HA, Mr Albert HO considered that HA should ensure that the pay level was reasonable. D(CS), HA supplemented that when working out the current part-time pay package, due regard had been given to the arrangement that part-time doctors, who usually at the same time were practising in the private sector, were not required to perform overnight on-site on-call duties at night. At present, most of the part-time doctors helped out the workload of providing consultation services at SOPCs or specialist training.

46. The Chairman remarked that, in the light of the explanation given by HA above, those part-timers employed at the rank of Consultant should be remunerated at the same hourly rate of their full-time counterparts, as the latter were also not required to perform night duties. D(CS), HA explained that setting the part-time employment package on a pro-rata basis on the equivalent full-time package could ensure reasonable attractiveness of the pay package to attract high quality staff from the private sector on the one hand, and on the other hand prevent possible drainage of full timer to part-time employment. He stressed that HA was able to attract leaving and retiring doctors for working part-time in public hospitals under the current part-time pay package. HA would keep reviewing the pay package and introduce enhancement where necessary.

47. Mr Albert HO did not subscribe to HA's view. He considered that worrying that full timer would switch to part-time employment to avoid taking up overnight on-site call duties was not a valid concern for not remunerating the part-time doctors at the same hourly rate of their full-time counterparts, as there was a large difference between the number of working hours of, and hence the actual remuneration received by, full-time and part-time doctors. The Chairman remarked that shifting to part-time

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employment would also result in lacking job security. He considered that HA could eradicate the concern about possible drainage of full timer to part-time employment by offering due recognition to its full-time doctors who were willing to devote their time to shoulder more workload.

48. D(CS), HA advised that at present, doctors who were willing to work extra service sessions to meet operational needs of individual hospitals under special projects would be compensated at a higher than normal hourly rate under the Special Honorarium Scheme. While agreeing to look into the issues of concern raised by the Chairman and Mr Albert HO, D(CS), HA said that the view of frontline doctors was that the number of working hours should not be the sole factor for consideration in determining the pay level, as the work of those specialties which did not require consistently long working hours by nature of duties could also be very demanding. In addition, the introduction of different pay packages for different specialties might make those specialties with a higher pay become a more popular choice for medical graduates. This would not be conducive to the overall development of the healthcare system in Hong Kong.

Medical manpower requirements

49. Dr Helena WONG considered that the long working hours of doctors in public hospitals was attributable to the medical manpower shortfall in HA, which in turn was caused by the wrong estimation of the wastage rate of doctors in the 1990s and a significant reduction in the number of first-year first-degree places in medicine. In the light of the above, she asked whether the Administration and HA could assure the accuracy of their projections on medical manpower requirements to ensure that the increase in the number of local medical graduates in 2018-2019 could improve the working hours of doctors in the long run.

50. USFH explained that the wastage of healthcare personnel of HA depended largely on the economic condition. When the economy was booming, there would be an increase in the service demand of the private healthcare sector and a higher proportion of healthcare personnel would tend to leave HA for the private sector. As mentioned at the earlier part of the meeting, the strategic review on healthcare manpower planning and professional development conducted by the Steering Committee was now progressing in full swing. Having taken into account various factors which included, among others, the potential increase in the demand for both public and private healthcare services, a generic forecasting model sought to estimate the demand and supply of healthcare professionals for the various disciplines with an initial planning horizon of 15 to 20 years would be developed under the review. D(CS), HA supplemented that apart from a

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brain drain from the public to the private healthcare sector, another reason why there was a high wastage of doctors in public hospitals was because of an increasing number of doctors reaching the retirement age.

51. The Chairman asked whether the Administration could assure that adequate subvention would be allocated to HA to support its employment of all local medical graduates in 2018-2019 even the economy underwent a cyclical downturn at that time. USFH responded that the Administration had taken the factor of resource implication into account when conducting the healthcare manpower planning.

52. Dr Helena WONG asked whether the increase in the number of local medical graduates in 2018-2019, together with the various measures put in place by HA to strengthen its medical workforce, would help increase the doctor to population ratio five years later. She pointed out that the doctor to population ratio in Hong Kong, which stood at 1.8 doctors per 1 000 population in 2011, was much lower than that of other advanced countries including Japan (at a ratio of 2.2:1 000), Singapore (at a ratio of 2.2:1 000), South Korea (at a ratio of 2.3:1 000), the United Kingdom (at a ratio of 2.6:1 000) and US (at a ratio of 3.1:1 000).

53. D(CS), HA explained that for countries with a dispersed population, such as US, the doctor to population ratio would be higher. It was expected that with an increase in the number of local medical graduates to 320 in 2015-2016, and further to 420 in 2018-2019, the doctor to population ratio in Hong Kong would be improved. However, it should be noted that whether the aforesaid increase in medical manpower would be able to cope with the service demand also hinged on other factors such as the healthcare needs of a rapid ageing population, and this would be studied by the Steering Committee. The plan of the Administration was to conclude the review in 2013. The Chairman advised members that the Subcommittee on Healthcare Protection Scheme set up under the Panel would follow up the subject on healthcare manpower planning with the Administration.

54. There being no other business, the meeting ended at 6:30 pm.

Council Business Division 2
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