

立法會
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Panel on Health Services

Subcommittee on Health Protection Scheme

**Minutes of the sixth meeting
held on Monday, 11 November 2013, at 2:30 pm
in Conference Room 2A of the Legislative Council Complex**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Hon Albert HO Chun-yan
Hon Vincent FANG Kang, SBS, JP
Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Charles Peter MOK
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
- Member attending** : Hon WU Chi-wai, MH
- Members absent** : Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon CHAN Han-pan
- Public Officers attending** : Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)
Food and Health Bureau
- Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Dr Janice Mary JOHNSTON
Deputy Director (Education) and Division Head of Health
Economics, Policy and Management
School of Public Health
The University of Hong Kong

Prof YEOH Eng-kiong, OBE, GBS, JP
Head, Division of Health System, Policy and Management
The Jockey Club School of Public Health and Primary Care
The Chinese University of Hong Kong

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2)5

Staff in attendance : Ms Mina CHAN
Senior Council Secretary (2)5

Ms Michelle LEE
Legislative Assistant (2)5

Action

I. Election of Chairman and Deputy Chairman (if required)

Members considered it not necessary to re-elect the Chairman of the Subcommittee. Dr LEUNG Ka-lau agreed to continue to serve as the Chairman in the 2013-2014 legislative session.

2. Members agreed that election of a Deputy Chairman of the Subcommittee was not necessary.

II. Application for late membership
[LC Paper Nos. CB(2)219/13-14(01) and (02)]

3. The Chairman referred members to the letters dated 29 October 2013 from Mr Vincent FANG and Mr Charles MOK respectively applying for late membership of the Subcommittee. Members agreed that their applications be accepted in accordance with Rule 23(c) of the House Rules.

Action

III. Progress report on the commissioned study on healthcare manpower planning and projection by The University of Hong Kong
[LC Paper Nos. CB(2)219/13-14(03) and CB(2)260/13-14(01)]

4. The Subcommittee deliberated (index of proceedings attached at **Annex**).
5. At the invitation of the Chairman, the Administration briefed the Subcommittee on the progress of the commissioned studies being conducted by The University of Hong Kong ("HKU") and The Chinese University of Hong Kong ("CUHK") respectively for the purpose of the strategic review on healthcare manpower planning and professional development, details of which were set out in the Administration's paper (LC Paper No. CB(2)219/13-14(03)).
6. With the aid of a Powerpoint presentation, Deputy Director (Education) and Division Head of Health Economics, Policy and Management, School of Public Health of HKU briefed the Subcommittee on the generic forecasting model developed by HKU for projecting healthcare manpower in Hong Kong, details of which were set out in the Powerpoint presentation material tabled at the meeting (LC Paper No. CB(2)260/13-14(01)).
7. Members noted that HKU was in the process of adapting the generic model for individual professions and collating profession-specific service utilization data for the purpose of making projections. Members agreed that the Subcommittee should continue the discussion with the Administration and HKU on the generic model at a future meeting.
8. Members also noted that HKU initially aimed to complete the manpower demand and supply projections for all the 13 healthcare professions under statutory regulation towards the latter half of 2014. The Administration undertook to revert to the Subcommittee on the manpower projections for individual professions when available.

IV. Progress report on the commissioned study on regulatory framework for healthcare professionals by The Chinese University of Hong Kong
[LC Paper Nos. CB(2)219/13-14(03) and CB(2)260/13-14(02)]

9. With the aid of a Powerpoint presentation, Head, Division of Health System, Policy and Management, The Jockey Club School of Public Health and Primary Care of CUHK briefed members on CUHK's review of the professional regulatory frameworks for healthcare professionals, details of which were set out in the Powerpoint presentation material tabled at the meeting (LC Paper No. CB(2)260/13-14(02)).

Action

10. Members noted that Phase 1 of CUHK's review, which covered primarily the 13 healthcare professions under statutory regulation, was expected to be completed in two to three months' time. Separately, the Department of Health was studying the recommendations put forth by the Office of the Ombudsman in its direct investigation report on "Control of Healthcare Professions Not Subject to Statutory Regulation". The Administration undertook to revert to the Subcommittee on the findings of the review and the way forward on whether, and if so, how the healthcare professions not statutorily regulated at the moment should be subject to regulatory control of some form in due course.

V. Any other business

Proposed extension of period of work of the Subcommittee

11. The Chairman informed members that the Panel on Health Services had endorsed at its meeting on 28 October 2013 the extension of the period of work of the Subcommittee to 30 September 2014. A report would be made to the House Committee at its meeting on 15 November 2013 for seeking its endorsement of the proposal.

Date of next meeting and items for discussion

12. Members agreed that the next meeting be scheduled for Monday, 9 December 2013, at 2:30 pm to discuss the Administration's latest proposal for the design of private health insurance policies regulated under the Health Protection Scheme ("HPS"), and its considerations in providing public funding support for the implementation of HPS.

13. There being no other business, the meeting ended at 4:30 pm.

Council Business Division 2
Legislative Council Secretariat
30 September 2014

**Proceedings of the sixth meeting of the
Subcommittee on Health Protection Scheme
on Monday, 11 November 2013, at 2:30 pm
in Conference Room 2A of the Legislative Council Complex**

Time marker	Speaker	Subject	Action Required
<i>Agenda item I: Election of Chairman and Deputy Chairman (if required)</i>			
000245 - 000348	Chairman Prof Joseph LEE Mr Albert HO	Election of Chairman	
<i>Agenda item II: Application for late membership</i>			
000349 - 000425	Chairman Prof Joseph LEE Mr Albert HO	Acceptance of Mr Vincent FANG and Mr Charles MOK's applications for late membership	
<i>Agenda item III: Progress report on the commissioned study on healthcare manpower planning and projection by The University of Hong Kong</i>			
000426 - 000610	Chairman	Opening remarks	
000611 - 000956	Chairman Admin	Briefing by the Administration on the progress of the studies being conducted by The University of Hong Kong ("HKU") and The Chinese University of Hong Kong ("CUHK") respectively for the purpose of the strategic review on healthcare manpower planning and professional development. [LC Paper No. CB(2)219/13-14(03)]	
000957 - 002215	Chairman HKU	Powerpoint presentation by HKU on the generic forecasting model for projecting healthcare manpower in Hong Kong ("the generic model"). [LC Paper No. CB(2)260/13-14(01)]	
002218 - 002407	Chairman	Arrangement for members' speaking time	
002408 - 003242	Chairman Admin HKU	<p>The Chairman's enquiry as to whether there would be any adjustment mechanism in place to address the deviation between the projected and the actual demand for individual healthcare professionals in the planning horizon, if any, and whether the model would be made open to the public.</p> <p>The Administration and HKU's response that -</p> <p>(a) the generic model used historical utilization data to project healthcare services utilization of the population to be served in the coming years and on that basis, forecasted the demand for individual healthcare professionals. The model could be adopted to adjust for the impact of externalities; and</p> <p>(b) the Administration would assess the accuracy of the projected demand for healthcare professionals every one to two year(s) and where necessary, make adjustments to address the differences between the projected and the</p>	

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		<p>actual demand. It would work with HKU on how the details of the generic model could be made known to the public for reference.</p>	
003243 - 004111	<p>Chairman Mr Vincent FANG Admin HKU</p>	<p>Mr Vincent FANG's enquiry as to whether the HKU model had taken into account the factors of an ageing population (including an increasing number of elders and the complex health needs of an ageing population) and the rising public expectations for longer outpatient consultation time in the public healthcare sector.</p> <p>The Administration and HKU's advice that -</p> <ul style="list-style-type: none"> (a) the generic model used the population projections of the Census and Statistics Department and among others, data from the past Healthcare Manpower Surveys for Doctors conducted by the Department of Health ("DH") to project the age-, sex-specific population and the doctor supply respectively; (b) the generic model would allow the Administration to adjust the doctor manpower projection if it considered necessary to introduce a requirement to increase the outpatient consultation time in the public healthcare sector in the future; and (c) HKU initially aimed to complete the projections for all the 13 healthcare professions under study in 2014. The Administration would revert to the Subcommittee on the manpower projections for individual professions when available. 	
004112 - 004630	<p>Chairman Mr Albert HO Admin HKU</p>	<p>Mr Albert HO's view that using the need-based models and benchmarking approach for healthcare manpower planning could avoid perpetuating existing inefficiency within the healthcare system, whereas the projections derived under the demand/utilization-based models and trend analysis which were based on historical data would take into account the existing constraints; and his enquiry on -</p> <ul style="list-style-type: none"> (a) whether the generic model had integrated the strengths of the aforesaid four more common approaches for healthcare manpower planning; and (b) the methodology adopted by the Hospital Authority ("HA") in estimating its healthcare manpower needs. <p>The Administration and HKU's explanation that -</p> <ul style="list-style-type: none"> (a) having considered the strengths and limitations of the above four more common approaches for healthcare manpower planning, the projections of HKU would mainly followed the demand/utilization-based models. In addition, benchmarking and trend analysis would be used to cross validate the projections so derived; and 	

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		(b) HA had modified the demand/utilization-based model to develop a healthcare manpower projection model that suited its circumstances. The Administration would ensure that the generic model could integrate with HA's model.	
004631 - 005119	Chairman Prof Joseph LEE Admin	<p>Prof Joseph LEE's enquiry on whether the common international standard on nursing manpower ratio (i.e. one nurse to six patients) would be adopted for estimating the manpower requirements for nurses under the benchmarking approach; and the Administration's response that there was no universally applicable set of international standard on nurse to patient ratios. Given that healthcare systems of different countries varied, adjustments for differences in care setting were important for such models to be relevant.</p> <p>On Prof Joseph LEE's question as to whether the projection to be derived from the model would also cover the healthcare manpower requirements at primary and secondary care settings, the Administration's reply in affirmative.</p>	
005120 - 005431	Chairman Mr CHAN Kin-por Admin	<p>Mr CHAN Kin-por's enquiry about the Administration's short to medium-term measures to ensure an adequate supply of healthcare manpower to meet the service demand given the lead time required for completing the review on healthcare manpower planning and medical manpower could not be trained and made available overnight.</p> <p>The Administration's advice that the number of first-year first-degree places in medicine had been increased by 100 to 420 for the triennial cycle starting from 2012-2013 to address the current shortfall of doctors. To facilitate overseas-trained doctors to practise in Hong Kong, the Medical Council of Hong Kong ("MCHK") had also agreed to increase the number of the Licensing Examination to twice a year.</p>	
005432 - 010053	Chairman Admin HKU	<p>On the Chairman's enquiry on how the generic model could take into account the rising public expectations for longer consultation time in public outpatient healthcare sector, HKU's explanation that the generic model comprised two sub models, namely, the demand model and the supply model. An increase in the outpatient consultation time per patient would represent a decrease in manpower supply of doctors in the planning horizon.</p> <p>The Chairman's view that consultation time per patient should be a parameter for the demand model, instead of supply model, projections. The factor should be included in the conversion of healthcare demand/utilization to public sector doctor full time equivalents.</p>	
010055 - 010807	Chairman Mr Vincent FANG Admin	On Mr Vincent FANG's enquiry as to whether HKU and/or the Administration would use profession-specific utilization data to test the forecast ability of the generic model, the Administration's reply in the affirmative.	

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		<p>Mr Vincent FANG's views that the impact brought about by the retirement of an experienced doctor could not be offset by the addition of a fresh medical graduate to the total doctor pool under the supply model, and effective public-private partnership could help relieve the demand for public healthcare services.</p> <p>The Administration's response that -</p> <ul style="list-style-type: none"> (a) apart from addition of new medical graduates to the total doctor pool, there would also be a constant inflow of qualified, overseas-trained doctors each year; and (b) at present, there were more than 25 000 hospital beds in public hospitals and around 90% of inpatient services (in terms of number of bed days) were provided by the public sector. It was expected that the introduction of the proposed Health Protection Scheme ("HPS"), which aimed to provide a value-for-money alternative to those who were willing and could afford to use private healthcare services, could indirectly provide relief to the public healthcare system. It should also be noted that the number of private hospital beds would be increased from around 4 000 to more than 6 000 in the next five to six years upon completion of various hospital expansion and development projects. 	
010808 - 011459	Chairman Dr KWOK Ka-ki Admin	<p>On Dr KWOK Ka-ki's view that public funding should be used to improve public healthcare services, instead of to subsidize the uptake of HPS, the Administration's reiteration of the objectives of HPS under the twin-track system of public and private healthcare.</p> <p>Dr KWOK Ka-ki's enquiry about how the current manpower projection for doctors could help to avoid the situation which occurred in early 2000s whereby medical graduates could not find jobs to practise medicine in HA due to the downturn of the economy, and the recent brain-drain of doctors from public to private hospitals.</p> <p>The Administration's explanation that -</p> <ul style="list-style-type: none"> (a) the generic model sought to estimate the manpower requirements of healthcare professionals for the relevant disciplines (including doctors) with a planning horizon of 10 to 15 years. While an economic downturn might affect healthcare demand and manpower needs during a certain period of time, the medium to long-term manpower requirements brought about by factors such as an ageing population and changes in the delivery models of healthcare would remain unchanged. Hence, the manpower projections would provide a basis to justify the need to maintain a constant inflow of medical graduates to HA even at times of economic downturn; and 	

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		(b) the scope of the review conducted by the Steering Committee on Review of HA covered, among others, the retention and training of its medical manpower.	
011500 - 011807	Chairman Admin HKU	<p>The Chairman's enquiry as to whether the model had taken into account the distribution of medical manpower in public and private healthcare sectors and the imbalance of public-private healthcare services.</p> <p>The Administration and HKU's advice that -</p> <p>(a) at present, public and private healthcare sectors each accounted for about 50% of the medical manpower. While over 90% of the inpatient services (in terms of number of bed days) were provided by public hospitals, the majority of outpatient consultations were provided by medical practitioners practising in the private sector; and</p> <p>(b) under the generic model, the demand projection for doctors would be sector-specific (i.e. for the public and private sectors) and separated by clinical settings (i.e. inpatient and outpatient services).</p>	
011808 - 011852	Chairman	The Chairman's conclusion that the Subcommittee should continue to discuss with the Administration and HKU on the generic model at a future meeting.	
<i>Agenda item IV: Progress report on the commissioned study on regulatory framework for healthcare professionals by The Chinese University of Hong Kong</i>			
011853 - 013444	Chairman CUHK	Powerpoint presentation by CUHK on the review on professional regulatory frameworks for healthcare professionals ("the review"). [LC Paper No. CB(2)260/13-14(02)]	
013445 - 014113	Chairman Prof Joseph LEE Admin CUHK	<p>Prof Joseph LEE's enquiry as to whether the review had pointed to the need to reform the regulatory framework for the 13 healthcare professions under statutory regulation, and to subject the 15 healthcare professions not statutorily regulated at the moment under some form of regulatory control to ensure patient safety and improve quality of care. For instance, the some 7 000 practitioners engaged by these 15 professions could be regulated under an umbrella legislation, say, the Supplementary Medical Professions Ordinance (Cap. 359).</p> <p>The Administration and CUHK's response that -</p> <p>(a) the review was still in progress. As a next step, CUHK would formulate recommendations for the regulatory frameworks for healthcare professionals having regard to the international experiences and views of local stakeholders and the community. For those healthcare professions not statutorily regulated at the moment, the review would look into issues relating to their future development, including whether or not they should be subject to regulatory control of some form; and</p>	

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		<p>(b) given that excessive regulation might pose unnecessary barriers to market entry, discourage competition and cause resource implications to the society, statutory regulation of healthcare professions should be called for only when the practice of a profession involved considerable health risks to the public. In the meantime, DH was studying the recommendations of The Ombudsman's direct investigation report on "Control of Healthcare Professions Not Subject to Statutory Regulation", which was published in October 2013. Follow-up actions would be taken as appropriate having regard to, among others, overseas experiences in this regard. It should also be noted that there was at present no local training on some of these 15 healthcare disciplines.</p>	
014114 - 014815	Chairman Mr Vincent FANG Admin	<p>Mr Vincent FANG's call for extending the one-year validity period of limited registration for overseas-trained medical practitioners to practise in HA to three years; allowing those overseas-trained medical practitioners who did not possess proficiency in Cantonese to practise in Hong Kong; and extending the retirement age of doctors of HA from 60 to 65 years old.</p> <p>The Chairman's remarks that proficiency in Chinese language was not an eligibility requirement for taking the Licensing Examination. As regards the design of the Examination, questions for testing candidates' professional knowledge (i.e. Part I of the Examination) were in both English and Chinese. Part II of the Examination was a written professional English paper to test candidates' proficiency in Medical English. For the clinical examination (i.e. Part III of the Examination), candidates could answer in English, Cantonese or Putonghua.</p> <p>The Administration's response that -</p> <p>(a) the Medical Registration Ordinance (Cap. 161) empowered MCHK to approve individual applications of overseas medical practitioners for limited registration for a period not exceeding one year. That said, the Administration would relay the views of members to MCHK for consideration; and</p> <p>(b) the extension of retirement age of doctors of HA was a complicated issue which had to be handled with care as it might affect the promotional opportunities of serving doctors. As an alternative, HA had employed retired doctors on a part-time basis to help meet the short-term operational needs.</p>	
014816 - 015351	Chairman Dr KWOK Ka-ki Admin	<p>In response to Dr KWOK Ka-ki's enquiry about the timetable for the completion of the review, the Administration's advice that Phase 1 of the review was expected to be completed in two to three months' time. The Administration would revert to the Subcommittee on the findings when available.</p>	

Time marker	Speaker	Subject	Action Required
		Dr KWOK Ka-ki's view that allied healthcare professionals not statutorily regulated at the moment, in particular dietitians and clinical psychologists, should be subject to statutory control at a level comparable to the control over medical practitioners to ensure patient safety and consistency across the regulators; and the Administration's reiteration of the efforts being made by DH in this regard and its undertaking to consult the Subcommittee on its initial views when available.	
015352 - 015740	Chairman Admin CUHK	<p>In response to the Chairman's enquiry about the composition of the regulatory bodies for medical practitioners in overseas jurisdictions as set out in Annex C to the Administration's paper, CUHK's advice that the term "Professional member (appointed)" was referring to those professional members appointed by the Government of the jurisdictions. In some cases (such as the United Kingdom), the Government would invite applications from members of the public. As regards the case of Germany, information was not available from the Government source as the profession was self-regulated.</p> <p>The Chairman's concern about the room for changing the existing regulatory frameworks for healthcare professionals under Article 142 of the Basic Law.</p> <p>The Administration's response that based on the findings of the review, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would consider measures that would better align the operation and regulation of healthcare professions in Hong Kong with international best practices, while taking into account factors and considerations unique to Hong Kong's local circumstances and views of local stakeholders. Any legislative amendments proposed in this regard would be consistent with the Basic Law.</p>	
<i>Agenda item V: Any other business</i>			
015741 - 015814	Chairman	Proposed extension of the period of work of the Subcommittee	
015815 - 020136	Chairman Prof Joseph LEE Admin	<p>Date of next meeting and items for discussion</p> <p>Discussion on the arrangement for the Administration and HKU to provide further details of the generic model for the consideration of the Subcommittee.</p>	
020137 - 020144	Chairman	Closing remarks	