立法會
Legislative Council

LC Paper No. CB(2)98/17-18
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 19 June 2017, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon Pierre CHAN (Deputy Chairman) Hon Tommy CHEUNG Yu-yan, GBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Paul TSE Wai-chun, JP Hon LEUNG Kwok-hung Hon YIU Si-wing, BBS Hon Charles Peter MOK, JP Hon CHAN Chi-chuen Hon CHAN Han-pan, JP Hon Alice MAK Mei-kuen, BBS, 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 Hon CHU Hoi-dick Hon SHIU Ka-fai Hon SHIU Ka-chun Hon YUNG Hoi-yan Hon Jeremy TAM Man-ho
Member absent	:	Dr Hon Junius HO Kwan-yiu, JP

[According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.]

Public Officers attending :

Item III

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Ms Linda LEUNG
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr Amy CHIU, JP
Head, Office for Regulation of Private Healthcare Facilities
Department of Health

Dr KUNG Kin-hang
Senior Medical and Health Officer (Licensing Section) 2, Office for Regulation of Private Healthcare Facilities
Department of Health

Dr LIU Shao-haei
Deputising Director (Quality & Safety)
Hospital Authority

Dr SIN Ngai-chuen
Chief Manager (Patient Safety & Risk Management)
Hospital Authority

Item IV

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Mr FONG Ngai
Principal Assistant Secretary for Food and Health (Health) 3
Food and Health Bureau

Miss Natalie LAU Wai-kwan
Assistant Secretary for Food and Health (Health) 8
Food and Health Bureau

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

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting
[LC Paper Nos. CB(2)1500/16-17(01), CB(2)1612/16-17(01) and CB(2)1622/16-17(01)]

Members noted that the following papers had been issued since the last meeting:

(a) Letter dated 24 May 2017 from Mr CHAN Chi-chuen proposing the Panel to discuss the Recommended HIV/AIDS Strategy for Hong Kong (2017-2021) formulated by the Hong Kong Advisory Council on AIDS;

(b) Information paper provided by the Administration on the review of outpatient charges pegged with the rates of the Hospital Authority ("HA") in the Department of Health ("DH"); and

(c) Letter dated 13 June 2017 from the Administration enclosing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children".

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II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1608/16-17(01) and (02)]

2. Dr KWOK Ka-ki requested the Panel to discuss issues relating to the provision of public dental services (item 29 on the Panel's list of outstanding items for discussion referred) at its July regular meeting scheduled for 17 July 2017 at 4:30 pm. He pointed out that the Audit Commission had conducted a review of the same subject. The findings and recommendations were set out in Chapter 7 of the Report No. 68 of the Director of Audit. Dr Fernando CHEUNG expressed support for Dr KWOK Ka-ki's suggestion. He was particularly concerned about the way forward for the provision of subsidized dental care service for adult persons with intellectual disability.

3. The Chairman suggested and members agreed to discuss the subjects "Enhancement of medical fee waiver system of HA" and "Hong Kong Strategy and Action Plan on Antimicrobial Resistance" as proposed by the Administration as well as the subject "Provision of public dental services" at the July regular meeting.

4. The Chairman added that further to the Panel's discussion at the regular meeting on 15 May 2017 on the proposal for conducting an overseas duty visit to study rare disease policies as raised by a member at the special meeting on 11 April 2017, the Research Office of the Information Services Division of the Legislative Council ("LegCo") Secretariat was updating the fact sheet setting out supplementary information on rare disease policies in selected places (FS06/16-17) to facilitate members' further consideration of the proposal at a future meeting. Subject to the Panel's agreement and the House Committee's permission to conduct the said duty visit, it was expected that the earliest possible time for conducting the visit would be in end-2017 or early-2018.

(*Post-meeting note*: The updated fact sheet was issued to members on 14 July 2017. With the concurrence of the Chairman, a new item "Matters arising from the meeting on 15 May 2017" has been added to the agenda for the July regular meeting for further discussion on the proposal for conducting an overseas duty visit to study rare disease policies.)

III. Mechanism for handling medical incidents in public and private hospitals

[LC Paper Nos. CB(2)1608/16-17(03) and (04)]

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5. Under Secretary for Food and Health ("USFH") briefed members on the mechanism for handling medical incidents in public and private hospitals, details of which were set out in the Administration's paper (LC Paper No. CB(2)1608/16-17(03)).

6. Members noted the background brief entitled "Mechanism for handling medical incidents in public and private hospitals" prepared by the LegCo Secretariat (LC Paper No. CB(2)1608/16-17(04)).

Mechanism for handling medical incidents in public hospitals

Reporting and disclosure of medical incidents

7. Dr KWOK Ka-ki expressed grave concern about HA's handling of a serious untoward event ("SUE") concerning a patient of United Christian Hospital. The patient concerned, who was diagnosed with Immunoglobulin A Nephropathy in 2016 and had started on high-dose-steroid therapy in early 2017 without being prescribed antiviral prophylaxis concurrently to reduce the risk of hepatitis flare-up, had to undergo liver transplant in April 2017 at Queen Mary Hospital due to acute hepatitis and progressive liver function deterioration ("the UCH incident"). He was discontent that the hospitals concerned failed to report to HA Head Office the incident within 24 hours of its identification as required under the Sentinel and Serious Untoward Event Policy ("the Policy") implemented by HA, and HA did not make the incident public in a timely manner. He considered that HA management should be held responsible for the result that the public had lost confidence in the Policy. USFH advised that HA had set up a Review Panel on Sentinel and Serious Untoward Event Policy ("the Review Panel") to review the Policy. It was expected that the review report would be submitted to the HA Board in early July 2017.

8. Mr POON Siu-ping sought information about the number of sentinel events ("SEs") which had not been reported within 24 hours upon identification since the implementation of the Policy in 2007. Dr Fernando CHEUNG noted with concern that some hospitals or clusters had delayed the reporting of medical incidents to HA Head Office as they spent time on clarifying facts and deciding if the cases met the definitions of SEs or SUEs beforehand. In his view, it was paramount for the hospitals or clusters concerned to timely report the cases to the HA Head Office within 24 hours of their identification before taking any further actions. Dr KWOK Ka-ki expressed a similar view. Mr LEUNG Kwok-hung asked whether HA had to make public medical incidents reported by public hospitals.

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9. USFH and Deputising Director (Quality & Safety), HA ("DD(Q&S), HA") advised that once the management of a hospital or cluster received a report of a medical incident from staff, they had to designate a staff member to assess whether the incident fell within the definitions of SEs or SUEs. Those incidents which were classified as SE or SUE had to be reported to the HA Head Office through the Advance Incident Reporting System ("AIRS") within 24 hours of its identification. Since the implementation of the Policy by HA in 2007, over 80% of SEs or SUEs were reported to HA Head Office within 24 hours. The remaining cases were reported in one to three days mainly because they were more complicated that the hospitals and clusters concerned might need more time for clarifying facts before determining the nature of the event. The clusters or hospitals concerned would at the same time manage the incident to minimize any harm to the patient concerned and provide support to the patient's family. For SEs, the HA Head Office would appoint a Root Cause Analysis ("RCA") Panel to investigate the event for risk identification and recommend improvement measures. For those SEs of public concern, press conferences might be held to make public the investigation outcomes and improvement measures to be taken. Internally, the experience of managing medical incidents would be shared among healthcare professionals through various channels so that lessons could be learnt to prevent the recurrence of similar incidents. The relevant information, such as the quarterly Risk Alert newsletter, would also be published on the website of HA to enhance transparency.

10. In response to Dr Pierre CHAN's enquiry about the types of SEs and SUEs which were particularly prone to a delay in reporting, DD(Q&S), HA advised that events involving retained instruments or other material after surgery or interventional procedure that required more time for deliberation were cases in point.

11. Expressing grave concern about the delay in reporting the UCH incident to the HA Head Office, Dr Helena WONG called on HA to set up an inter-cluster monitoring mechanism for cross-checking relevant records to avoid delaying or omitting the reporting of medical incidents in the future. DD(Q&S), HA said that the Review Panel could look into the suggestion. He added that at present, all medical incidents reported via AIRS, including those outside the scope of specified SEs and SUEs to be reported, would be subject to review. The persons-in-charge of the quality and safety departments of the seven hospital clusters would also exchange views on issues concerning patient safety at their monthly meetings.

12. Mr YIU Si-wing expressed appreciation that a set of uniform Hong Kong accreditation standards had been developed by the Australian

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Council on Healthcare Standards for measuring the performance of both public and private hospitals in various aspects including the management of medical incidents. Noting that about 70% of public hospitals and most private hospitals had been accredited, he asked whether HA would implement mandatory hospital accreditation to facilitate an objective assessment of whether the handling of medical incidents by public hospitals could meet international standards in this regard. DD(Q&S), HA advised that all public hospitals would participate in batches in hospital accreditation.

Contributing factors of medical incidents

13. Dr Pierre CHAN said that according to HA, many medical incidents were caused by system rather than human factors. He asked if the nine types of SEs for reporting under the Policy were mainly caused by human factors. DD(Q&S), HA advised that the causes of medical incidents were multifaceted, with system and procedural factors as the main causes. Ms YUNG Hoi-yan expressed concern about whether HA would shirk the responsibility to inadequacies of systems, protocols and procedures when negligence was the root cause of some medical incidents. USFH stressed that the RCA Panels would investigate the root causes of SEs for identifying risk and recommending improvement measures. HA had put in place an established mechanism to handle disciplinary matters of its staff, including those arising from medical incidents. In response to Mr POON Siu-ping's enquiry, DD(Q&S), HA advised that there was no pre-set ratio for the composition of an RCA Panel, which comprised members from the respective Coordinating Committees, a HA Head Office coordinator, external senior clinicians and/or laypersons from the respective Hospital Governing Committee, but not members from the hospital concerned.

14. Dr Fernando CHEUNG said that according to the Annual Report on Sentinel and Serious Untoward Events published by HA in January 2017, there were a total of 85 inpatient suicide SE cases since October 2010, of which 44 (51.8%) were home leave patients. He urged HA to put in place measures to reduce the risk of inpatient suicide. Mr POON Siu-ping noted with concern that SEs relating to "death of an inpatient from suicide (including home leave)" and "retained instruments or other material after surgery/interventional procedures" remained as the top two categories of SEs reported by HA during the period of 1 October 2007 to 30 September 2016, albeit HA had implemented improvement measures identified by the relevant RCA Panels for these incidents. He asked HA to explain the reason(s) in this regard, including whether healthcare manpower constraint

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of HA was a major factor attributing to the above phenomenon. The Chairman requested HA to provide a written response after the meeting.

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Support measures and disciplinary actions

15. Mr POON Siu-ping enquired as to whether HA would take any disciplinary actions against its staff proved to have delayed or omitted the reporting of medical incidents classified as SEs or SUEs to HA Head Office within 24 hours of their identification as required under the Policy. Ms Alice MAK sought details of the support provided by the clusters or hospitals concerned for their staff who involved in medical incidents.

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16. USFH advised that HA would provide the requisite information, if available, after the meeting. DD(Q&S), HA supplemented that HA would, where appropriate, take disciplinary actions against those staff proved to intentionally omit the reporting of a medical incident. He, however, stressed that an aim of encouraging staff to report medical incidents in a timely and open manner was to promote a learning and sharing culture so that lessons learnt from the incidents could be shared among staff for building safer systems and processes in the daily care of patients. For staff involved in SEs or SUEs, psychological support and counselling would be provided as and when appropriate.

Mechanism for handling medical incidents in private hospitals

17. Dr Pierre CHAN held the view that the number of SEs and SUEs reported by private hospitals set out in Annex D to the Administration's paper could not reflect the real situation. In his view, some incidents relating to "maternal death or serious morbidity associated with labour or delivery" might not have been reported. He asked whether and, if so, what penalties would be imposed on private hospitals for omitting the reporting of medical incidents to DH within 24 hours as required under the existing Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes ("CoP") promulgated by DH. Ms Alice MAK raised similar questions. Mr LEUNG Kwok-hung asked about the binding effect of CoP on the private hospitals.

18. Head, Office for Regulation of Private Healthcare Facilities, DH ("H/ORPHF, DH") clarified that incidents which did not fall under the reporting criteria for SEs or SUEs under the prevailing mechanism were not required to be reported to DH. As such, the number of SEs relating to "maternal death or serious morbidity associated with labour or delivery" reported by private hospitals in a certain period was not necessarily equal to

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the actual number of maternal death cases occurred in the same period. She further advised that in 2016, four out of the seven SEs reported by private hospitals to DH were not reported within 24 hours. To follow up, DH had issued advisory letters to the private hospitals concerned and promptly checked their compliance with the licensing requirements for accommodation, staffing and equipment. She further advised that currently, complaints against private hospitals could be either lodged to the private hospitals concerned or DH. To avoid any cases being omitted reporting, DH would continue to check against not only the records kept by private hospitals on management of medical incidents during annual inspections, but also the complaint digests regularly submitted by private hospitals. DH might also identify cases of omitted reporting from the complaints received by DH. For instance, based on the aforesaid mechanisms, DH had examined in 2016 a total of 1 400-odd cases, out of which three were identified as SEs not being reported.

19. H/ORPHF, DH further advised that the Administration had introduced into LegCo the Private Healthcare Facilities Bill, which stipulated, among others, regulatory measures to tackle breaches of the law and licensing requirements including the codes of practice. These regulatory tools, such as powers for suspension of service or even cancellation of licence, would enable the Director of Health to better regulate different aspects of the operation of private healthcare facilities, including private hospitals. In addition, the Bill had set out explicitly the responsibilities of the licensee and the chief medical executive in managing the operation of and the day-to-day administration of a private healthcare facility. Non-compliance of the law and licensing requirements might have an impact on the facility's future licence renewals.

20. Mr CHAN Chi-chuen said that a member of the public recently fell victim to a medical incident while receiving treatment in a private hospital. Subsequently, his family member pursued with the hospital concerned regarding the responsibility for the incident but was told that the hospital and its polyclinics would no longer provide any medical services for the patient and the family members concerned in future. He asked whether private hospitals had the right to refuse provision of medical services for patients. H/ORPHF, DH advised that private hospitals were required under CoP to develop policies and procedures in different areas including admission policy for patients. She invited Mr CHAN Chi-chuen to provide DH with information on the above case after the meeting for follow-up.

21. Ms Alice MAK expressed concern that there were cases whereby patients were suffered from complications after undergoing surgeries at private hospitals and were subsequently referred to and passed away in

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public hospitals. She asked whether the private hospitals concerned had to report such incidents to DH under the existing mechanism. H/ORPHF, DH replied in the affirmative. In addition, given that the reporting criteria for SEs and SUEs for private hospitals had aligned with those of public hospitals since 2015, HA had referred a suspected case of SE on the part of private hospital to DH for follow up.

[At this 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.]

IV. Strategic review on healthcare manpower planning and professional development

[Report on strategic review on healthcare manpower planning and professional development, LC Paper Nos. CB(2)1608/16-17(05) to (06), CB(2)1645/16-17(01) and CB(2)1666/16-17(01) to (02)]

22. Members noted the following papers on the subject under discussion:

(a) the report on strategic review on healthcare manpower planning and professional development ("the Report") and the paper provided by the Administration (LC Paper No. CB(2)1608/16-17(05));

(b) the background brief entitled "Strategic review on healthcare manpower planning and professional development" prepared by the LegCo Secretariat (LC Paper No. CB(2)1608/16-17(06)); and

(c) two submissions from Association of Hong Kong Nursing Staff and a member of the public respectively; and a joint submission from Society for Community Organization and Elderly Right League (H.K.).

Methodology and assumptions adopted in healthcare manpower projections

23. Mr SHIU Ka-chun expressed appreciation to the efforts made by the Food and Health Bureau ("FHB") to conduct manpower projections for the healthcare professions, as none of its kind had so far been conducted for the social welfare professions. However, he was concerned that the assumption of the projection that the healthcare manpower demand in 2015 was at an equilibrium might result in an underestimation of the demand for doctors. According to an HA's survey, about 80% of the respondents indicated that

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doctors' consultation time was less than 10 minutes. He considered this, which revealed the seriousness of medical manpower constraint in HA, far from satisfactory. Referring to the unduly long waiting time for specialist outpatient services of HA in 2015, the estimated shortfall of 360 doctors and 150 general nurses in HA in 2015 and the incidents occurred in 2015 concerning the poor service quality of some private residential care homes for the elderly, Dr Fernando CHEUNG expressed disappointment that 2015 was adopted as the base year for projecting the manpower of the healthcare professions under study. Holding the view that the Report had failed to provide a concrete plan to resolve the long existing problem of healthcare manpower shortage in HA and address the repeated call for enhancing the quality of public healthcare services, Dr Elizabeth QUAT asked whether the Administration would consider conducting afresh the projection by taking the element of service enhancement into account.

24. Ms Alice MAK was gravely concerned that while the availability of a healthcare manpower projection had long been called for to provide justification for the provision of additional resources to increase the manpower supply of the relevant healthcare disciplines and improve the public healthcare services for the benefit of patients, there was now a view that the projection results, which were derived from the generic manpower projection model developed by The University of Hong Kong ("HKU"),did not accurately reflect the manpower situation in the professions. She asked whether the Administration would adhere to the recommendations put forth in the Report to increase the manpower supply of those healthcare disciplines facing a manpower shortage and enhance those public healthcare services which had a sufficient manpower supply. While welcoming the release of the Report, Dr Helena WONG considered that the Administration should incorporate the performance pledges and indicators for public healthcare services (e.g. targeted waiting time for various services) in projecting the manpower demand of the healthcare professions.

25. Secretary for Food and Health ("SFH") explained that there was a need to adopt a base year for any scientific projection of manpower. Under the Strategic Review, which was the first of its kind conducted in Hong Kong, 2015 was adopted as the base year for projecting the manpower demand for and supply of the healthcare professions. HKU had already incorporated all known factors at the base year to improve the accuracy of the manpower projection. While the manpower situation at 2015 was assumed to be at an equilibrium, the manpower projection model had taken into account known shortage in the public and subvented sectors for healthcare professionals as at end 2015. This was not a performance indicator of manpower and service levels at 2015. It should also be noted that the performance indicators developed by HA was for facilitating

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performance benchmarking across clusters and identification of service gaps, and performance pledges were only set for the waiting time for provision of treatment for patients whose clinical conditions were triaged as critical, emergency and urgent cases under the triage system implemented in the accident and emergency departments of public hospitals.

26. SFH further advised that service provision and planning were dependent on the availability and sufficiency of the necessary healthcare manpower. The projection results and recommendations put forth in the Report had laid a solid foundation for future healthcare manpower planning. In interpreting the projection results which revealed, among others, that there was a general manpower shortage for certain healthcare professions in the short to medium term under the existing service level and model, the Administration was mindful that any further enhancement in service level or delivery models would entail implications on manpower demand. He assured members that the Administration would conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee ("UGC").

27. Dr Pierre CHAN expressed grave concern that the absence of information on the methodology and formulae adopted, as well as the sources of reference and data in the Report had made it impossible for verifying the manpower projection results. The Chairman remarked that the methodology adopted in the manpower projection exercise had been discussed at a number of meetings of the Subcommittee on Health Protection Scheme formed under the Panel in the Fifth LegCo.

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28. At the request of Dr Pierre CHAN, SFH undertook to provide in writing information on the total expenditure for commissioning HKU and The Chinese University of Hong Kong to provide professional input and technical support to the Strategic Review; and the respective annual amounts of public funds allocated by UGC to the faculties of medicine of the two universities in the past five years.

Manpower projection and planning for doctors

29. Dr KWOK Ka-ki welcomed the release of the Report. Referring to the projection that there would be a manpower shortage of doctors in the short to medium term and that the Administration had already increased the number of UGC-funded first-year-first-degree ("FYFD") training places for the medical discipline in recent trienniums to meet the anticipated manpower demand, he urged the Administration to commit that HA would recruit and provide training to all fresh local medical graduates so as to avoid repeating

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the mistake of not to do so in the face of economic fluctuations in 2003 which had partly contributed to the current manpower shortage problem. Mr CHAN Kin-por expressed a similar concern. SFH assured that all qualified fresh local medical graduates should be given the opportunity to undergo internship and specialist training at public hospitals if the graduates wished to do so.

30. Mr CHAN Kin-por considered that employing more non-locally trained medical practitioners through limited registration was the best way to ease HA's medical manpower shortage problem in the short term. He enquired about the biggest obstacle for HA to do so. Dr Elizabeth QUAT expressed concern about the current medical manpower constraint in HA. Pointing out that many local medical professionals were gravely concerned about the professional competency of those non-locally trained medical practitioners with limited registration employed by HA, she asked how the Administration would address the above concern.

31. SFH stressed that locally trained healthcare professionals, including doctors, would continue to be the bedrock of the healthcare workforce. Hence, efforts had been and would continuously be made to increase the number of UGC-funded FYFD training places for doctors. As it took time to train doctors, HA had implemented a number of short-term measures to alleviate manpower shortage. These included, among others, re-employing suitable retired doctor, recruiting part-time doctors, providing special honorarium to doctors who work overtime voluntarily and strengthen its efforts to retain doctors. Similar to the practice of many countries to turn to non-locally trained healthcare graduates from abroad to help flexibly address manpower shortages at home, HA had employed qualified non-locally trained medical practitioners under limited registration to engage in frontline clinical work in HA to address manpower shortage. At present, the maximum validity and renewal period for limited registration was one year. This might deter some qualified non-locally trained doctors from coming to practise in Hong Kong. Hence, one of the legislative proposals put forth under the Medical Registration (Amendment) Bill 2017, which the Administration introduced into LegCo in early June 2017, was to extend the validity and renewal periods for limited registration from not exceeding one year to not exceeding three years.

32. Dr Helena WONG expressed concern that since the total number of UGC-funded FYFD places was capped at 15 000 per annum, an increase in the number of such places for the healthcare disciplines would reduce the number of places for other disciplines, thereby hindering the development of a diversified education system. She suggested that any increase in the number of the UGC-funded training places for healthcare disciplines to

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alleviate manpower shortage should not be counted towards the 15 000 cap. Dr Fernando CHEUNG considered that to address the acute problem of healthcare manpower shortage, FHB should have a say on the proposed number of intake of UGC-funded FYFD places for the relevant healthcare disciplines in the triennial exercise conducted by UGC for mapping out the academic development direction for the next three-year funding period. SFH explained that FHB was not in a position to steer the setting of the total number of UGC-funded FYFD training places, which fell under the purview of the Education Bureau. That said, FHB would continue to strive for increasing the number of UGC-funded training places for healthcare disciplines which would be facing manpower shortage in the medium to long run. Efforts would also be made to include, as far as possible, those locally-accredited self-financing undergraduate programmes in the allied health disciplines into the Study Subsidy Scheme for Designated Professions/Sectors.

33. Noting that the Steering Committee supported that HA should continue to re-employ suitable retirees, including retired doctors, to address its manpower needs, Dr KWOK Ka-ki expressed concern that he had come across a case in which HA had decided not to re-employ a retiring doctor because of lack of funding. SFH said that he would follow up the case with HA if more details were provided after the meeting.

34. Mr CHAN Chi-chuen cast doubt about the effectiveness of the short-term measures of rehiring retired doctors and adopting a higher retirement age of 65 for new recruits in alleviating the manpower shortage in HA. Holding the view that there was a high demand for medical manpower not only in the local private healthcare sector but also in other places outside Hong Kong, he asked if HA would consider improving the working conditions of and offering better remuneration to its medical staff in order to retain and attract talent. SFH advised that apart from the above two measures, HA had introduced a number of initiatives to retain its medical staff. A case in point was the creation of additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits. He agreed that it was opportune to conduct a comprehensive review of the existing measures put in place by HA for retaining its medical staff, including the working conditions and remuneration package. The Administration and HA had started the work in this regard.

35. Mr LEUNG Kwok-hung opined that consideration should be given to improving the working conditions and remuneration package for doctors in HA to reduce brain drain from the public to private sector. He sought information on the wastage rate of HA's doctors in the last decade, in particular as to whether there was an increasing trend of brain drain to

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private sector. SFH advised that the wastage rate of HA's doctors had remained steady at about 5% in recent years.

36. Mr CHAN Kin-por expressed concern that there was a view that the remuneration packages provided by HA for part-time doctors was not attractive enough. SFH clarified that the pay package for part-time doctors of HA would depend on the work patterns of these doctors. For those part-time doctors who were not required to take up fractional overnight on-call duties, their pay package was set on a pro-rata basis to the equivalent full-time package. For part-time doctors who were required to take up both fractional day-time and on-call duties, their hourly remuneration would be same as that of a full-timer.

37. Referring to the observation of some that there remained spare medical manpower capacity in the private sector, Mr SHIU Ka-chun opined that the underlying cause of the medical manpower shortage in the public sector was due to the brain drain from the public sector to the private sector but not an inadequate supply of medical professionals. This was a problem that a manpower projection exercise could not address.

38. SFH explained that since the healthcare system of Hong Kong ran on a dual-track basis encompassing public and private elements and doctors were free to choose to work in the public and private healthcare sectors, what the Administration could do was to recalibrate the public-private balance to a more sustainable level. In view of the service capacity and manpower constraints faced by the public healthcare system, a healthy private sector could enable the public sector, through the implementation of public-private partnership, to divert to the private sector some of the healthcare needs that would otherwise have to be met by the public healthcare system. However, a drastic expansion of the private healthcare sector would drain the already limited manpower of the public healthcare sector. Against the above, the current-term Government had refined the previous-term Government's policy direction of promoting the development of the medical services industry through reserving four pieces of land for private hospital development by returning one of the reserved land for other development purposes and making use of another reserved land for the development of a Chinese medicine hospital.

Manpower projection and planning for psychiatric nurses

39. Mr SHIU Ka-chun noted that according to the Mental Health Review Report issued by the Administration in April 2017, there was a need to review the ratio of case manager under HA's Case Management Programme to patients with severe mental illness and improve the ratio

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from the current level of 1:50 to 1:40 in three to five years' time. He was concerned that the healthcare manpower projection exercise however arrived the conclusion that the manpower supply of psychiatric nurses, who could assume the role of case manager, was close to manpower equilibrium in the short term and was sufficient in the medium term. He cast doubt on whether there was an underestimation on the projected manpower demand.

40. SFH explained that the above projection was based on the model assumption that the existing service level and model would remain unchanged throughout the projection period and no new services would be provided. Knowing that there was an increasing supply of psychiatric nurses in relation to existing service level and model, the Administration would request HA to capture this opportunity to recruit more case managers to improve the ratio of case manager to patients with severe mental illness. The Chairman drew the Administration's attention to the hearsay that some hospital clusters lacked funding to strengthen their psychiatric nurse manpower.

Conclusion

41. Dr KWOK Ka-ki and Dr Helena WONG suggested that the Panel should hold a special meeting to receive public views on the Report. Members agreed. The Chairman said that members would be informed of the arrangement for the special meeting once the details had been firmed up.

(*Post-meeting note*: The special meeting for the above purpose has been scheduled for 4 July 2017 from 2:30 pm to 5:30 pm.)

V. Any other business

42. As the next term Government would take office on 1 July 2017 and it would be the last Panel meeting attended by Dr KO Wing-man in his capacity of SFH, the Chairman, on behalf of the Panel, expressed gratitude for his dedication and contribution to the Hong Kong healthcare system. Mr CHAN Kin-por paid SFH a compliment on his efforts in improving the healthcare system in Hong Kong during his term of office. SFH expressed his appreciation for members' support to the work of FHB in the past few years.

43. There being no other business, the meeting ended at 6:45 pm.

Council Business Division 2
Legislative Council Secretariat
20 October 2017