

立法會
Legislative Council

LC Paper No. CB(2)2183/16-17

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Tuesday, 4 July 2017, at 2:30 pm
in Conference Room 2 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 CHAN Kin-por, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, 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, BBS, JP
Hon POON Siu-ping, BBS, MH
Dr Hon Junius HO Kwan-yiu, JP
Hon SHIU Ka-fai
Hon SHIU Ka-chun
Hon YUNG Hoi-yan
Hon Jeremy TAM Man-ho
- Members absent** : Hon WONG Ting-kwong, GBS, JP
Hon CHU Hoi-dick

[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 : Mr Chris SUN Yuk-han, JP
attending 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

Attendance : *Session One*
by invitation

Hong Kong Physiotherapists' Union

Ms Eleanor CHAN
President

Hong Kong Physiotherapy Association

Miss Priscilla POON Yee-hung
President

Miss LIT Ming-wai

Dr Chapman CHEN

Mr WONG Chun-ho

The Hong Kong College of Mental Health Nursing

Mr Frederick YEUNG Kin-keung
President

Division of Nursing and Health Studies, The Open
University of Hong Kong

Dr WONG Wing-chi
Associate Professor

Ms Alice CHIU Yuen-yee

Liberal Party

Mr NG Lung-fei
Member

Hong Kong Ample Love Society Ltd.

Ms TSANG Cheuk-yi
Chairlady

Liberal Party Youth Committee

Mr CHAN Kin-yip
Vice Chairperson

Physio Action

Miss Anna Bella SUEN Mei-yee
Physiotherapist

Association of Hong Kong Nursing Staff

Mr David CHENG Chung
Chief Executive

Elderly Rights League (H.K.)

Ms TAM Sau-lan
Representative

Grassroots Health Concern Group

Mr LIN Wai-kiu
Representative

Elderly Health Concern Group

Ms FUNG Ho-chu
Representative

The Hong Kong Association of Private Practice
Optometrists

Mr CHIM Chun-pong
External Vice-President

Miss Roseria LEUNG Kam-ting

Committee on Youth, Business and Professionals
Alliance for Hong Kong

Mr Ray WONG
Vice Chairman

Session Two

Hong Kong Occupational Therapy Association

Ms NG Sze-man
Exco Member

New People's Party Youth Commission

Dr Isaac YIP
Vice Chair (Policy)

College of Nursing, Hong Kong

Ms June LUI Wing-mui
Vice President

Hong Kong Chiropractors Association

Dr Leonard WONG Loi-nang
Hon. Secretary

Miss TSANG Yuk-ting

CM Doctors Cure

Dr KWAN Ka-lun
Member

Ms LEE Po-chun

Miss LEE Tsz-ying

Dr WAI Yuk-chun

The Hong Kong Society of Professional Optometrists

Miss LAW Kwai-mei
President

Ms LIU Yuet-ming

Miss Haster WU Ka-yi

Occufocus

Miss CHEUNG Ka-yi
Occupational Therapist

Carer Alliance for Mental Health

Ms LO Mei-po
Chairlady

The Hong Kong Medical Association

Dr CHOI Kin
President

Hong Kong Doctors Union

Dr Henry YEUNG Chiu-fat
President

Hong Kong Chinese Medicine Pharmacists Association

Mr CHOW Yeuk-lung
副監事長

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

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

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Strategic review on healthcare manpower planning and professional development

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

Presentation of views by deputations

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

2. The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of 35 organizations and individuals presented their views on the strategic review on healthcare manpower planning and professional development. A summary of their views is in the **Appendix**. Members also noted the eight written submissions from organizations and individuals not attending the meeting.

Discussion

The Administration's response to the views expressed by deputations

3. Responding to the views expressed by the deputations, Head, Healthcare Planning and Development Office ("H/HPDO") made the following points:

- (a) The University of Hong Kong ("HKU") had made reference to relevant healthcare manpower planning models adopted in overseas jurisdictions in developing the generic manpower projection model ("the Model"), which sought to project the manpower demand for and supply of the 13 healthcare professions that were subject to statutory registration.

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Throughout the process, there was thorough communication and engagement with the healthcare professions concerned to ensure that the projection took into account the unique circumstances of individual professions;

- (b) under the Model, the demand at the base year (i.e. 2015) was assumed to be at an equilibrium, and it had taken into account known shortage in the public and subvented sectors for healthcare professionals as at end 2015. Another assumption was that the existing service level and model would remain unchanged throughout the projection period. Future demand was derived having regard to demographic changes and other relevant factors such as known and planned services and developments;
- (c) the Health Manpower Surveys conducted by the Department of Health on up-to-date information on the characteristics and employment status of the healthcare personnel practising in Hong Kong, including doctors, was only one of the various sets of data HKU had made reference to in carrying out the manpower projection. As a reference, the 2015 Healthcare Manpower Survey on Doctors had a response rate of about 47%. On the concern raised by some deputations as to whether the projected supply of doctors and Chinese medicine practitioners had taken into account the fact that many practitioners were still practising at their old age, it should be noted that HKU had, based on the available data, catered for the scenario that the retirement age of the above two professions was 80 years old (i.e. assuming no professionals would be working beyond 80 years old);
- (d) for those healthcare disciplines which were projected to have manpower shortage for a prolonged period, efforts would be made to increase the supply of these professionals. If sufficient manpower was expected for a particular healthcare profession under the existing service level and model, this might not necessarily call for supply adjustment. It might instead better enable the Administration and the various service providers to make better and fuller use of the manpower resources to plan for service enhancement and/or expansion. The manpower projections for psychiatric nurses was a case in point;

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- (e) there was no cause for concern about the professional competency of the graduates of the accredited self-financing programmes, as the accreditation was based on the prescribed standards set by the respective Boards and Councils for the healthcare professions concerned; and
- (f) as regards the implementation of the Pilot Scheme of the Accredited Registers for Healthcare Professions which operated under the principle of "one profession, one professional body, one register" to avoid public confusion, the Administration noted that two professional bodies of clinical psychologists both wished to apply for the Pilot Scheme. Under the principle of professional autonomy, the Administration would encourage the two bodies concerned to reach a common ground on the application for accreditation with a view to ensuring the professional competency of clinical psychologists.

Methodology of the manpower projection exercise

4. Dr Fernando CHEUNG held the view that there had been a serious underestimation of the projections of healthcare manpower demand, as the Model had not taken into account the inadequacies existed in the existing service models. For instance, there was currently no requirement that private residential care homes for the elderly had to employ nurses and allied health professionals such as physiotherapists and occupational therapists. The implementation of ageing in place in the face of an ageing population would result in a growing demand for healthcare professionals. Ms Alice MAK expressed grave concern that while the projections of the Model had already revealed that there would be a general manpower shortage of various healthcare professions in the short to medium term, the manpower shortage problem of certain healthcare professions, according to some deputations, might be more serious than what had been projected. Dr Elizabeth QUAT expressed similar concerns. She was worried that if the Administration carried out manpower planning based on the projection results generated under the existing non-satisfactory service level and model, there would be a vicious cycle that the acute shortage problem and heavy workload of healthcare professionals in the Hospital Authority ("HA") could never be alleviated and the quality of care could not be improved, possibly leading to the occurrence of medical incidents and in turn further increasing the work pressure of these healthcare professionals.

5. H/HPDO advised that healthcare and welfare service provision and planning were dependent on the availability of necessary infrastructure,

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funding and healthcare manpower. The healthcare manpower projection results derived under the Model would provide useful reference for the planning of service provision and enhancement, whereas changes in the externalities such as supporting infrastructure (e.g. the provision of 5 000 additional hospital beds under the 10-year public hospital development plan) had already been incorporated into the Model for corresponding adjustments in the healthcare manpower projections to facilitate planning in this regard. As for welfare sector, the Model had already taken into account the planned initiatives (e.g. rehabilitation and elderly services) by the Social Welfare Department and the subvented sector and made corresponding adjustment to the demand projections. As mentioned earlier at the meeting, it was necessary to ensure a steady supply of healthcare professionals to join and serve in the public sector if a profession was projected to have a shortage of manpower. The Administration had been working towards this goal by increasing publicly-funded training places and encouraging self-financing training institutions to provide qualified training places in this regard. For a healthcare profession which was projected to have sufficient manpower supply, various services providers could capture the opportunity to make fuller use of the manpower in the provision of existing and new services. For the particular concern of welfare sector, the Administration noted that increased graduates from the self-financing sector would better enable healthcare service providers in particular social welfare organizations to plan for new and/or improved services. H/HPDO added 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"). During the exercise, the Administration would update the supply and demand projection, in particular when the new and increased demand in the welfare sector was fully captured.

6. Dr Elizabeth QUAT was of the view that the Administration should not wait until three years later but should conduct afresh the healthcare manpower projections immediately having taken into account the concerns raised by members and deputations on the assumptions of the Model. H/HPDO advised that the Administration would soon embark on the next projection exercise in consultation with the relevant stakeholders in the third quarter of 2017.

7. Dr Pierre CHAN declared that he was a half-time doctor of HA. He expressed disappointment that the Report had simply set out the background, observations and recommendations of the Strategic Review without details on the methodology and formulae adopted, as well as the sources of reference and data for verification of the projection results. The Chairman remarked that the methodology adopted in the manpower

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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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8. H/HPDO advised that HKU had prepared a set of technical reports concerning the manpower projections of individual healthcare professions under study (except midwife), which had set out the relevant projection model with variables, parameters, functions and data source. These technical reports were available at the website of the Healthcare Planning and Development Office of the Food and Health Bureau. Where necessary, a set of the hardcopies of these reports could be provided to Dr Pierre CHAN for reference. The Administration could also invite representatives of HKU to brief him on the technical details if he so wished. Dr Pierre CHAN expressed dissatisfaction that the arrangement of not making such information available for members' reference before the discussion of the subject at the meeting of the Panel held on 19 June 2017 and the meeting held today had deprived members of their right to raise questions to the Administration in relation to the issues of concern on open occasions.

Recommendations on healthcare manpower planning

9. Ms Alice MAK was concerned about how the Administration would address the manpower shortage problem of the healthcare professions in the face of an ageing population. H/HPDO advised that as recommended by the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee"), the Administration would consider increasing the number of UGC-funded training places for those healthcare disciplines which would be facing manpower shortage in the medium to long term and, where appropriate, make better use of the self-financing sector to help meet part of the increasing demand for healthcare professionals without compromising the quality and competency level of these professionals. To address manpower shortage in the public healthcare sector, HA would make efforts to retain existing healthcare professionals and attract retired healthcare professionals to work in the public sector for an extended period after retirement. Measures would also be put in place to facilitate and attract qualified non-locally trained healthcare professionals, in particular those originally from Hong Kong, to practise in Hong Kong.

10. Dr Fernando CHEUNG asked how far the projected manpower shortage could be alleviated by putting in place the measures referred to in paragraph 9 above. He was in particular concerned that the high tuition fees of self-financing training courses might deter those who were unable

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to afford the tuition fees to pursue their study. In his view, increasing the number of UGC-funded first-year-first-degree ("FYFD") places was the most appropriate way to ensure an adequate supply of the healthcare manpower concerned. In addition, the Administration should set up an inter-departmental mechanism to address the problem of general shortage of healthcare manpower which would become more challenging in light of population ageing. Mr POON Siu-ping remarked that the Panel had long expressed concern about the general shortage of healthcare manpower which had adversely affected the quality of care of and the waiting time for many public healthcare services. He asked whether the Administration had any concrete proposals, including timetables and financial resources requirements, to implement the recommendations of the Steering Committee so as to address the problem of healthcare manpower shortage.

11. H/HPDO advised that the number of UGC-funded FYFD places of certain healthcare disciplines had already been increased in the past few triennia in order to meet the anticipated healthcare manpower demand. However, healthcare manpower shortage could not be addressed simply through increasing publicly-funded training places, as the total number of UGC-funded FYFD places was currently capped at 15 000 per annum. There was a need to preserve the flexibility of the UGC-funded universities to allocate FYFD places to non-healthcare disciplines which also faced manpower shortage. Against the above, the Steering Committee was of the view that providing a steady stream of locally trained graduates with a mix of UGC-funded and, where applicable, self-financing training places would be most effective in maintaining the supply of the healthcare professionals concerned. It should also be noted that the Administration would continue to subsidize students to pursue designated full-time locally-accredited self-financing undergraduate programmes in selected disciplines which included, among others, the nursing and allied health disciplines under the Study Subsidy Scheme for Designated Professions/Sectors.

12. H/HPDO further advised that it took time to train healthcare professionals. While waiting for these medium to long-term measures to take effect, a short-term measure that had been and would continuously be put in place by the Administration to alleviate manpower shortage was to make more efforts to promote and publicize the registration arrangements overseas with targeted and proactive recruitment drive to attract non-locally trained healthcare professionals to come to Hong Kong to practise. Other measures that had been put in place by the Boards and Councils for healthcare professions in recent years to facilitate the qualified non-locally trained professionals to practise in Hong Kong included increasing the frequency of and refining the arrangements for the licensing examinations.

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Manpower-related issues concerning specific healthcare disciplines

13. The Chairman enquired about the measures to be taken by the Administration to address the concern raised by some deputations that the capacity of public dental services was far from adequate to meet the service demand of the elders due to a shortage of dentists. H/HPDO advised that the Administration had in recent years introduced a number of dental initiatives to take care of those people with special needs, especially persons with intellectual disability who had special dentistry needs and elders with financial difficulties. These included, among others, the Outreach Dental Care Programme for the Elderly, the Community Care Fund Elderly Dental Assistance Programme and the Pilot Project on Dental Service for People with Intellectual Disability. The projection for dentists had already taken into account the increasing demand for private and subsidized dental services.

14. Referring to an earlier incident in the United Christian Hospital whereby the patient concerned, who was diagnosed with Immunoglobulin A Nephropathy in 2016 and had started high-dose-steroid therapy in early 2017 without being prescribed antiviral medication 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, Dr Helena WONG was concerned that the findings of the root cause analysis of the incident revealed that heavy workload and heavy work pressure had caused the two doctors concerned lowered their vigilance in prescribing the medication. Pointing out that there was a current shortfall of around 300 doctors in HA and the forecast of HA was that the shortfall would rise to around 500 doctors in 2025-2026, she urged the Administration to take prompt measures to address the problem.

15. H/HPDO advised that the Administration had already increased the number of UGC-funded FYFD places for doctors from 250 in the 2005-2006 academic year to 320 in the 2009-2010 academic year, and then to 420 in the 2012-2013 academic year and further to 470 in the 2016-2017 academic year. In a bid to alleviating the medical manpower shortage in HA, HA had raised the retirement age from 60 to 65 for new recruits commencing employment on or after 1 June 2015, employed suitable retirees through the Special Retired and Rehire Scheme, and recruited non-locally trained doctors through limited registration. The above apart, the Administration had introduced the Medical Registration (Amendment) Bill 2017 into LegCo to, among others, enable the Medical Council of Hong Kong to approve application for limited registration for a period from not exceeding one year to not exceeding three years so as to attract more qualified non-locally trained doctors to practise in Hong Kong.

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[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.]

16. Dr Pierre CHAN pointed out that each year, HA had turned down a number of applications from non-locally trained doctors for practising with limited registration in HA. At present, there were less than 20 doctors with limited registration working in HA to address manpower shortage. He asked whether there were any supporting figures in the Report which could justify the introduction of the above legislative proposal. Dr Junius HO asked how far the legislative proposal could help alleviate the shortage of doctors in the public sector in the short to medium term. H/HPDO advised that it would be difficult to make an estimation in this regard as a non-locally trained doctor's decision as to whether to practise in Hong Kong with limited registration depended on a basket of factors. He clarified that the legislative proposal was not based on the findings of HKU but the past experience of HA which suggested that the offering of a one-year contract might deter some qualified non-locally trained doctors from coming to practise in Hong Kong.

17. Noting that the shortage of doctors would persist for a prolonged period, Dr Helena WONG asked whether pharmacists in HA could provide assistance to review the medication orders made by doctors with a view to enhancing medication safety in public hospitals. H/HPDO advised that it was projected that there would be sufficient supply of pharmacists in the medium term under the existing service level and model. The Administration considered that it should make better use of pharmacists in delivering healthcare services and had, among others, allocated additional recurrent funding for HA to recruit 36 additional pharmacists, with most of them being clinical pharmacists, in 2017-2018 to provide enhanced pharmaceutical care for patients.

18. Dr Junius HO noted that the existing doctor to population ratio of Hong Kong stood at 1:526 (i.e. 1.9 doctors per 1 000 population), whereas the number of general hospital beds per 1 000 population after the completion of the 10-year public hospital development plan was estimated to be less than five beds. He expressed concern that the above ratios were not comparable to that of other places. To his understanding, the number of hospital beds per 1 000 population in Huangpu district of Guangzhou had already reached six beds nowadays.

19. H/HPDO admitted that the doctor to population ratio of Hong Kong might be lower than that of other places outside Hong Kong. However, it should be noted that Hong Kong was a densely populated territory with

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convenient transportation network but the population of many other places, such as the Member countries of the Organization for Economic Co-operation and Development which had about 3 doctors per 1 000 population, scattered across wide geographical areas. As regards the general hospital bed to population ratio, H/HPDO drew members' attention that the new service models of public hospitals would place greater emphasis on ambulatory care.

Professional development and regulation

20. In response to Mr POON Siu-ping's enquiry, H/HPDO advised that the Administration would invite each and every of the Boards and Councils for healthcare professions to submit detailed proposals for implementing the recommendations of the Steering Committee on professional development and regulation taking into account the unique circumstances of individual professions.

Conclusion

21. In closing, the Chairman said that the Administration should revert to the Panel on the implementation progress of the various recommendations on healthcare manpower planning and professional development and regulation put forward in the Report.

II. Any other business

22. There being no other business, the meeting ended at 5:40 pm.

Panel on Health Services

**Special meeting on Tuesday, 4 July 2017, at 2:30 pm
in Conference Room 2 of the Legislative Council Complex**

Summary of views and concerns expressed by organizations/individuals on strategic review on healthcare manpower planning and professional development

No.	Name of deputation/individual	Submission / Major views and concerns
<i>Session One</i>		
1.	Hong Kong Physiotherapists' Union	<ul style="list-style-type: none"> • LC Paper No. CB(2)1812/16-17(01)
2.	Hong Kong Physiotherapy Association	<ul style="list-style-type: none"> • LC Paper No. CB(2)1697/16-17(01)
3.	Miss LIT Ming-wai	<ul style="list-style-type: none"> • LC Paper No. CB(2)1812/16-17(02)
4.	Dr Chapman CHEN	<ul style="list-style-type: none"> • LC Paper No. CB(2)1760/16-17(01) • LC Paper No. CB(2)1812/16-17(03)
5.	Mr WONG Chun-ho	<ul style="list-style-type: none"> • Under the principles of professional autonomy, transparency and public accountability, the composition of the Physiotherapists Board, with a doctor as the Chairman and 10 appointed members, should be refined by giving the presiding role to physiotherapist, adding representatives being directly elected by the registered physiotherapists and increasing lay participation. • The Administration should improve the physiotherapist to population ratio of 1:2 495 in carrying out manpower planning with view to meeting the growing service demand.
6.	The Hong Kong College of Mental Health Nursing	<ul style="list-style-type: none"> • LC Paper No. CB(2)1855/16-17(01)
7.	Division of Nursing and Health Studies, The Open University of Hong Kong	<ul style="list-style-type: none"> • LC Paper No. CB(2)1782/16-17(01)
8.	Ms Alice CHIU Yuen-ye	<ul style="list-style-type: none"> • LC Paper No. CB(2)1812/16-17(01)
9.	Liberal Party	<ul style="list-style-type: none"> • Supported the Medical Registration (Amendment) Bill 2017 ("the Bill") which sought to, among others, increase the number of lay members of the Medical Council of Hong Kong ("the Medical Council") and extend the period of limited registration of medical practitioners, thereby enhancing public accountability of the Medical Council and facilitating more qualified non-locally trained doctors to come to Hong Kong to practise. • The population to doctors ratio should at least be raised from the current level of 1 000:1.9 to 1 000:2.3.
10.	Hong Kong Ample Love Society Ltd.	<ul style="list-style-type: none"> • Shared the above views expressed by the Liberal Party, adding that the Bill, if passed, could improve the complaint investigation and disciplinary inquiry mechanism of the Medical Council.

No.	Name of deputation/individual	Submission / Major views and concerns
		<ul style="list-style-type: none"> The recommendations of the report on the strategic review on healthcare manpower planning and professional development ("the Report") were not forward looking and concrete enough.
11.	Liberal Party Youth Committee	<ul style="list-style-type: none"> The Administration should target to raise the population to doctors ratio from 1 000:1.9 to 1 000:2.3; and attract more qualified non-locally trained doctors, in particular those originally from Hong Kong, to practise in Hong Kong by extending the period of limited registration of medical practitioners from not exceeding one year to not exceeding three years.
12.	Physio Action	<ul style="list-style-type: none"> LC Paper No. CB(2)1812/16-17(02)
13.	Association of Hong Kong Nursing Staff	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(02)
14.	Elderly Rights League (H.K.)	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(03)
15.	Grassroots Health Concern Group	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(03)
16.	Elderly Health Concern Group	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(03)
17.	The Hong Kong Association of Private Practice Optometrists	<ul style="list-style-type: none"> Agreed to the Report that there would be manpower shortage of optometrists in the short to medium term. However, the estimated shortage of over 500 optometrists in 2030 might be over-estimated as more than 90% of optometrists were in private practice that they could opt to continue to work while at their older ages. The demand for optometrists in the private sector was also contingent on the economic situation and the condition of the retail market. The manpower gap should be filled by a gradual increase in the publicly-funded training places, say, from the current level of 40 to 50-60 per academic year, instead of by an increase in self-financing training places.
18.	Committee on Youth, Business and Professionals Alliance for Hong Kong	<ul style="list-style-type: none"> Welcomed the release of the Report; and suggested that the Administration should (a) expand the coverage of and enhance the operation of the General Outpatient Clinic Public-Private Partnership Programme; (b) expedite the implementation of the Voluntary Health Insurance Scheme with tax deduction arrangements; (c) strive for the passage of the Bill which sought to, among others, extend the period of limited registration of medical practitioners so as to alleviate the medical manpower shortage in public healthcare sector; and (d) lower the thresholds for registration of non-locally trained healthcare professionals.
<i>Session Two</i>		
19.	Hong Kong Occupational Therapy Association	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(04)
20.	New People's Party Youth Commission	<ul style="list-style-type: none"> To address the shortage of doctors in the public healthcare system, the Administration should, apart from increasing the

No.	Name of deputation/individual	Submission / Major views and concerns
		<p>number of publicly-funded medical training places, tap on the capacity of the medical manpower in the private sector and improve the working conditions in the public sector to retain serving doctors.</p> <ul style="list-style-type: none"> The Administration should intervene when more than one professional body of a healthcare profession wished to apply for accreditation under the Pilot Scheme of the Accredited Registers for Healthcare Professions, such as the case of the profession of clinical psychologists. The voluntary nature of the Scheme had also made it impossible to regulate the practise of those persons who were unqualified or had contravened the code of conduct of the profession.
21.	College of Nursing, Hong Kong	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(06)
22.	Hong Kong Chiropractors Association	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(07)
23.	Miss TSANG Yuk-ting	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(08)
24.	CM Doctors Cure	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(09)
25.	Ms LEE Po-chun	<ul style="list-style-type: none"> LC Paper No. CB(2)1791/16-17(01)
26.	Miss LEE Tsz-ying	<ul style="list-style-type: none"> LC Paper No. CB(2)1791/16-17(01)
27.	Dr WAI Yuk-chun	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(11)
28.	The Hong Kong Society of Professional Optometrists	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(12)
29.	Ms LIU Yuet-ming	<ul style="list-style-type: none"> LC Paper No. CB(2)1791/16-17(03)
30.	Miss Haster WU Ka-yi	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(13)
31.	Occufocus	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(14)
32.	Carer Alliance for Mental Health	<ul style="list-style-type: none"> LC Paper No. CB(2)1791/16-17(01)
33.	The Hong Kong Medical Association	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(15)
34.	Hong Kong Doctors Union	<ul style="list-style-type: none"> LC Paper No. CB(2)1791/16-17(02)
35.	Hong Kong Chinese Medicine Pharmacists Association	<ul style="list-style-type: none"> LC Paper No. CB(2)1760/16-17(16)