OFFICIAL RECORD OF PROCEEDINGS

Wednesday, 28 March 2018

The Council met at thirty-one minutes past Eleven o'clock

MEMBERS PRESENT:

THE PRESIDENT
THE HONOURABLE ANDREW LEUNG KWAN-YUEN, G.B.S., J.P.

THE HONOURABLE JAMES TO KUN-SUN

THE HONOURABLE LEUNG YIU-CHUNG

THE HONOURABLE ABRAHAM SHEK LAI-HIM, G.B.S., J.P.

THE HONOURABLE TOMMY CHEUNG YU-YAN, G.B.S., J.P.

PROF THE HONOURABLE JOSEPH LEE KOK-LONG, S.B.S., J.P.

THE HONOURABLE WONG TING-KWONG, G.B.S., J.P.

THE HONOURABLE STARRY LEE WAI-KING, S.B.S., J.P.

THE HONOURABLE CHAN HAK-KAN, B.B.S., J.P.

THE HONOURABLE CHAN KIN-POR, G.B.S., J.P.

DR THE HONOURABLE PRISCILLA LEUNG MEI-FUN, S.B.S., J.P.

THE HONOURABLE WONG KWOK-KIN, S.B.S., J.P.
THE HONOURABLE MRS REGINA IP LAU SUK-YEE, G.B.S., J.P.
THE HONOURABLE PAUL TSE WAI-CHUN, J.P.
THE HONOURABLE CLAUDIA MO
THE HONOURABLE MICHAEL TIEN PUK-SUN, B.B.S., J.P.
THE HONOURABLE STEVEN HO CHUN-YIN, B.B.S.
THE HONOURABLE WU CHI-WAI, M.H.
THE HONOURABLE YIU SI-WING, B.B.S.
THE HONOURABLE MA FUNG-KWOK, S.B.S., J.P.
THE HONOURABLE CHARLES PETER MOK, J.P.
THE HONOURABLE CHAN CHI-CHUEN
THE HONOURABLE CHAN HAN-PAN, J.P.
THE HONOURABLE LEUNG CHE-CHEUNG, S.B.S., M.H., J.P.
THE HONOURABLE KENNETH LEUNG
THE HONOURABLE ALICE MAK MEI-KUEN, B.B.S., J.P.
DR THE HONOURABLE KWOK KA-KI
THE HONOURABLE KWOK WAI-KEUNG, J.P.
THE HONOURABLE DENNIS KWOK WING-HANG
THE HONOURABLE CHRISTOPHER CHEUNG WAH-FUNG, S.B.S., J.P.
DR THE HONOURABLE FERNANDO CHEUNG CHIU-HUNG
DR THE HONOURABLE HELENA WONG PIK-WAN

THE HONOURABLE IP KIN-YUEN

DR THE HONOURABLE ELIZABETH QUAT, B.B.S., J.P.

THE HONOURABLE MARTIN LIAO CHEUNG-KONG, S.B.S., J.P.

THE HONOURABLE POON SIU-PING, B.B.S., M.H.

DR THE HONOURABLE CHIANG LAI-WAN, J.P.

IR DR THE HONOURABLE LO WAI-KWOK, S.B.S., M.H., J.P.

THE HONOURABLE CHUNG KWOK-PAN

THE HONOURABLE ALVIN YEUNG

THE HONOURABLE ANDREW WAN SIU-KIN

THE HONOURABLE CHU HOI-DICK

THE HONOURABLE JIMMY NG WING-KA, J.P.

DR THE HONOURABLE JUNIUS HO KWAN-YIU, J.P.

THE HONOURABLE HO KAI-MING

THE HONOURABLE LAM CHEUK-TING

THE HONOURABLE HOLDEN CHOW HO-DING

THE HONOURABLE SHIU KA-FAI

THE HONOURABLE SHIU KA-CHUN

THE HONOURABLE WILSON OR CHONG-SHING, M.H.
THE HONOURABLE YUNG HOI-YAN

DR THE HONOURABLE PIERRE CHAN

THE HONOURABLE CHAN CHUN-YING

THE HONOURABLE TANYA CHAN

THE HONOURABLE CHEUNG KWOK-KWAN, J.P.

THE HONOURABLE LUK CHUNG-HUNG

THE HONOURABLE LAU KWOK-FAN, M.H.

THE HONOURABLE KENNETH LAU IP-KEUNG, B.B.S., M.H., J.P.

DR THE HONOURABLE CHENG CHUNG-TAI

THE HONOURABLE KWONG CHUN-YU

THE HONOURABLE JEREMY TAM MAN-HO

THE HONOURABLE GARY FAN KWOK-WAI

THE HONOURABLE AU NOK-HIN

THE HONOURABLE VINCENT CHENG WING-SHUN, M.H.

THE HONOURABLE TONY TSE WAI-CHUEN, B.B.S.

MEMBERS ABSENT:

THE HONOURABLE JEFFREY LAM KIN-FUNG, G.B.S., J.P.

THE HONOURABLE FRANKIE YICK CHI-MING, S.B.S., J.P.

THE HONOURABLE HUI CHI-FUNG
PUBLIC OFFICERS ATTENDING:

THE HONOURABLE WONG KAM-SING, G.B.S., J.P.
SECRETARY FOR THE ENVIRONMENT

THE HONOURABLE NICHOLAS W. YANG, G.B.S., J.P.
SECRETARY FOR INNOVATION AND TECHNOLOGY

THE HONOURABLE JAMES HENRY LAU JR., J.P.
SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY

PROF THE HONOURABLE SOPHIA CHAN SIU-CHEE, J.P.
SECRETARY FOR FOOD AND HEALTH

DR BERNARD CHAN PAK-LI, J.P.
UNDER SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT, AND
SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT

THE HONOURABLE MICHAEL WONG WAI-LUN, J.P.
SECRETARY FOR DEVELOPMENT

CLERKS IN ATTENDANCE:

MR KENNETH CHEN WEI-ON, S.B.S., SECRETARY GENERAL

MISS ODELIA LEUNG HING-YEE, DEPUTY SECRETARY GENERAL

MS DORA WAI, ASSISTANT SECRETARY GENERAL

MR MATTHEW LOO, ASSISTANT SECRETARY GENERAL
PRESIDENT (in Cantonese): Council now holds the regular meeting of 28 March 2018.

TABLING OF PAPERS

The following papers were laid on the table under Rule 21(2) of the Rules of Procedure:

Subsidiary Legislation/Instruments

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<th>L.N. No.</th>
</tr>
</thead>
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<td>Merchant Shipping (Safety) (Amendment) Ordinance 2009 (Commencement) Notice 2018</td>
<td>43/2018</td>
</tr>
<tr>
<td>Merchant Shipping (Local Vessels) (Safety and Survey) (Amendment) Regulation 2018</td>
<td>44/2018</td>
</tr>
<tr>
<td>Merchant Shipping (Safety) (Cargo Ship Construction and Survey) (Ships Built On or After 1 September 1984) (Amendment) Regulation 2018</td>
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<tr>
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<td>Merchant Shipping (Safety) (Load Lines) (Length of Ship) Regulations (Repeal) Regulation</td>
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<tr>
<td>Merchant Shipping (Safety) (Passenger Ship Construction and Survey) (Ships Built On or After 1 September 1984) (Amendment) Regulation 2018</td>
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Merchant Shipping (Safety) (Subdivision and Damage Stability of Cargo Ships) (Amendment) Regulation 2018 ................................................................. 52/2018

Cross-boundary Movement of Physical Currency and Bearer Negotiable Instruments Ordinance (Amendment of Schedule 1) Notice 2018 ................................. 53/2018

Cross-boundary Movement of Physical Currency and Bearer Negotiable Instruments Ordinance (Commencement) Notice............................................................ 54/2018

Pesticides Ordinance (Amendment of Schedule 2) Notice 2018 ............................................................................................................................ 55/2018

Other Papers

No. 88 — HKSAR Government Scholarship Fund
Financial statements and Report of the Director of Audit for the year ended 31 August 2017

No. 89 — Self-financing Post-secondary Education Fund
Financial statements and Report of the Director of Audit for the year ended 31 August 2017

No. 90 — Report of changes made to the approved Estimates of Expenditure during the third quarter of 2017-18
Public Finance Ordinance : Section 8

Report No. 9/17-18 of the House Committee on Consideration of Subsidiary Legislation and Other Instruments

Report of the Bills Committee on Medical Registration (Amendment) Bill 2017

Report of the Bills Committee on Chinese Medicine (Amendment) Bill 2017
ORAL ANSWERS TO QUESTIONS


Technology Voucher Programme

1. MR CHUNG KWOK-PAN (in Cantonese): President, in November 2016, the Innovation and Technology Commission launched, on a pilot basis, a Technology Voucher Programme ("TVP") to subsidize local small and medium enterprises ("SMEs") in using technological services or solutions to enhance their productivity, or upgrade or transform their business processes. Some persons-in-charge of SMEs have relayed to me that the long time taken for vetting and approval of TVP applications have resulted in delays in the implementation of their innovation and technology projects. In this connection, will the Government inform this Council:

(1) of the number of applications received since the launch of TVP, with a breakdown by the major type of businesses in which the applicants engaged and the technological services or solutions involved in the applications; among such applications, the respective numbers and percentages of cases approved and rejected;

(2) of the respective average and longest time taken for vetting and approval of the applications before they were approved; whether it has reviewed if the vetting and approval time is too long and whether it will streamline the vetting and approval procedure; if it will, of the details; if not, the reasons for that; and

(3) whether the number of TVP applications has shown an upward trend recently; whether it will extend the scope of TVP and increase the amount of subsidy to complement the implementation of the "re-industrialization" policy; if so, of the details; if not, the reasons for that?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): I thank Mr CHUNG for his question. President, the Innovation and Technology Commission ("ITC") launched TVP on 21 November 2016 to subsidize local SMEs in using technological services and solutions to improve productivity, or
upgrade or transform their business processes. TVP has approved about $50 million in a short period of 15 months, benefiting enterprises of different types.

My reply to Mr CHUNG's question is as follow:

(1) From the launch of TVP to late February this year, a total of 889 enterprises submitted applications. The applicant enterprises come from various industries, including mainly wholesale and retail, import and export trade and professional services. TVP has also benefited many traditional shops such as florists, restaurants, Chinese and western clinics, travel agencies, as well as shops selling dried seafood or furniture. With no restriction on the types of technological services, the applications involve a wide range of technological solutions, with the more common ones being enterprises resource planning solutions, document management and mobile access systems, electronic inventory management systems, point-of-sales systems, and electronic procurement management systems, etc. A detailed breakdown is set out in the Annex.

Of the 403 applications assessed by the TVP Committee ("the Committee") so far, 377 were approved funding, representing a success rate of 94%. Only 26 applications were not supported by the Committee. Another 348 were awaiting supplementary information from the applicant enterprises or were under assessment by the Secretariat. The remaining 138 applications could not be processed and had to be returned, mainly because the applicant enterprises could not submit all the supporting documents required.

(2) While the Secretariat processes the applications as soon as possible upon receipt, the actual processing time is subject to the completeness of the information submitted by applicant enterprises, the complexity of the applications, and the number of applications being processed by the Secretariat, etc. The fastest case took 14 working days from receipt of application to completion of assessment. Ten percent of the approved cases took less than 34 working days to process. Overall, the average processing time is about 80 working days, with a considerable amount of time spent on following up unclear aspects in the application and awaiting supplementary information from applicant enterprises. As regards
cases requiring longer processing time, the longest of which took 175 working days, the main problem lies with complications such as the quotations mentioning different solutions, thus rendering a comparison not feasible and requiring supplementary information or even fresh quotations from service providers. There were also cases where the Secretariat suspected violation of rules and hence required clarifications from the applicants. One example was that both the applicant enterprise and the service provider were located at the same address.

In fact, since the launch of TVP, ITC has been streamlining the application procedures and optimizing the online application system. Samples of a completed application form and the documents required are provided on the website for reference by applicant enterprises. We have also reduced the number of supporting documents. Enterprises now only need to submit four types of documents, including: first, a copy of the Hong Kong Identity Card of the enterprise's person-in-charge; second, the company's latest Annual Return to the Companies Registry; and third, any documents proving the business operation of the company. For normal enterprises, there should not be much difficulties in preparing these three types of documents. The fourth type concerns quotation documents. This requirement follows the guidelines of the Independent Commission Against Corruption and the Competition Commission to ensure proper use of public funds and prevent unlawful acts.

In addition to issuing a Guidance Notes for Applications and publishing a pamphlet to introduce the TVP, ITC also co-organizes briefing sessions with different trade associations from time to time to explain to SMEs from various industries points to note when filing an application and share with them successful cases. We plan to promote TVP by uploading short video clips on the social media.

(3) The number of applications has remained steady since the launch of TVP. The number of applications received in recent months is also higher than that in the initial period.

Besides, we have adopted industry suggestions to expand the scope of TVP. Since the end of last month, we have relaxed the programme's eligibility criteria. All local non-listed enterprises,
irrespective of size and duration of operation, may apply. We believe that start-ups will benefit from the removal of the one-year operation requirement, and removing the restriction on the number of employees would mean that medium-sized enterprises with more employees and industries that operate on a shift basis may also apply. At the same time, the relaxation measures will also reduce the documents required, which will streamline the application and assessment process and hence shorten the assessment time.

As regards the funding amount, the current ceiling for each enterprise is $200,000, and the average funded amount for successful cases is about $130,000. As such, we do not see an urgent need to raise the funding ceiling for the time being.

I also notice that there are some inaccurate reports about TVP recently, such as the need to prepare "proposals" or even engage consultants for submitting applications. I wish to clarify that there are absolutely no such requirements. In fact, applicant enterprises only need to provide some basic information in an application form of only a few pages, such as the project coordinator’s information and contact details, the proposed technological solutions, expected deliverables and budget, etc. Some of the information can even be provided by just ticking boxes. To minimize the work of applicant enterprises, the TVP online system will also automatically fill in the application form the information that they have provided upon opening of accounts, such as the company name, address and business registration number. For the "Project Outline" which is the key column in the application form, we have also asked applicants to provide the information in less than 500 words. In fact, quite a few successful cases only used some 300 words. Besides, the application form can be completed online and the draft can be saved for future completion and submission.

President, we will continue to monitor closely the implementation of TVP after the relaxation, and will conduct a comprehensive review on its effectiveness and modus operandi, including the funding scope, funding amount, vetting procedures, etc, in the second half of this year. More enhancement measures will be introduced in due course if necessary.
Statistics on Types of Businesses engaged by Technology Voucher Programme Applicants

<table>
<thead>
<tr>
<th>Type of Business</th>
<th>Number of Applications&lt;sup&gt;(1)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholesale and Retail</td>
<td>172</td>
</tr>
<tr>
<td>Import and Export Trade</td>
<td>139</td>
</tr>
<tr>
<td>Professional Services</td>
<td>63</td>
</tr>
<tr>
<td>Information Technology</td>
<td>61</td>
</tr>
<tr>
<td>Engineering</td>
<td>50</td>
</tr>
<tr>
<td>Transportation and Logistics</td>
<td>43</td>
</tr>
<tr>
<td>Education Services</td>
<td>36</td>
</tr>
<tr>
<td>Banking, Insurance and Other Financial Services</td>
<td>35</td>
</tr>
<tr>
<td>Electronics</td>
<td>27</td>
</tr>
<tr>
<td>Textiles and Clothing</td>
<td>23</td>
</tr>
<tr>
<td>Advertisement, Sales and Marketing</td>
<td>23</td>
</tr>
<tr>
<td>Medical Services</td>
<td>22</td>
</tr>
<tr>
<td>Creative Industries</td>
<td>20</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>19</td>
</tr>
<tr>
<td>Printing and Publishing</td>
<td>19</td>
</tr>
<tr>
<td>Jewellery</td>
<td>17</td>
</tr>
<tr>
<td>Tourism</td>
<td>15</td>
</tr>
<tr>
<td>Restaurants and Hotels</td>
<td>15</td>
</tr>
<tr>
<td>Construction</td>
<td>14</td>
</tr>
<tr>
<td>Metal Products</td>
<td>14</td>
</tr>
<tr>
<td>Plastics</td>
<td>13</td>
</tr>
<tr>
<td>Chemical and Biotechnology</td>
<td>13</td>
</tr>
<tr>
<td>Real Estate</td>
<td>12</td>
</tr>
<tr>
<td>Food and Beverages</td>
<td>11</td>
</tr>
<tr>
<td>Toys</td>
<td>10</td>
</tr>
<tr>
<td>Film and Entertainment</td>
<td>9</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>8</td>
</tr>
<tr>
<td>Electrical Appliances</td>
<td>8</td>
</tr>
<tr>
<td>Watches and Clocks</td>
<td>7</td>
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<tr>
<td>Environmental Industries</td>
<td>6</td>
</tr>
<tr>
<td>Testing and Certification Services</td>
<td>6</td>
</tr>
<tr>
<td>Industrial Machinery</td>
<td>4</td>
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</table>
### Type of Business

<table>
<thead>
<tr>
<th>Type of Business</th>
<th>Number of Applications&lt;sup&gt;(1)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Optical Devices</td>
<td>3</td>
</tr>
<tr>
<td>Footwear</td>
<td>3</td>
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<tr>
<td>Others</td>
<td>161</td>
</tr>
</tbody>
</table>

Note:

(1) Some applicant enterprises are involved in more than one type of business.

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### Statistics on Technological Services/Solutions adopted by Technology Voucher Programme Applicants

<table>
<thead>
<tr>
<th>Technological Services/Solutions</th>
<th>Number of Applications&lt;sup&gt;(2)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterprise Resource Planning Solution</td>
<td>411</td>
</tr>
<tr>
<td>Document Management and Mobile Access System</td>
<td>220</td>
</tr>
<tr>
<td>Electronic Inventory Management System</td>
<td>209</td>
</tr>
<tr>
<td>Point-of-Sales System</td>
<td>129</td>
</tr>
<tr>
<td>Electronic Procurement Management System</td>
<td>113</td>
</tr>
<tr>
<td>Big Data and Cloud-Based Analytics Solution</td>
<td>90</td>
</tr>
<tr>
<td>Appointment Scheduling and Queue Management System</td>
<td>79</td>
</tr>
<tr>
<td>Logistics Management System</td>
<td>74</td>
</tr>
<tr>
<td>Quick Response Management System</td>
<td>67</td>
</tr>
<tr>
<td>Cyber Security Solution</td>
<td>45</td>
</tr>
<tr>
<td>Real-Time Manufacturing Tracking System</td>
<td>42</td>
</tr>
<tr>
<td>Augmented Reality Technologies System</td>
<td>22</td>
</tr>
<tr>
<td>Location Based Services</td>
<td>21</td>
</tr>
<tr>
<td>Solutions to Facilitate Compliance with Manufacturing Standards</td>
<td>18</td>
</tr>
<tr>
<td>Clinic Management System</td>
<td>16</td>
</tr>
<tr>
<td>Fleet Management System</td>
<td>11</td>
</tr>
<tr>
<td>Testing and Certification Services in Compliance with Other International Standards</td>
<td>10</td>
</tr>
<tr>
<td>Energy Management Systems</td>
<td>6</td>
</tr>
<tr>
<td>Obtaining Other ISO/IEC Qualifications</td>
<td>6</td>
</tr>
<tr>
<td>Building Information Modeling System</td>
<td>6</td>
</tr>
<tr>
<td>Waste Management Technologies</td>
<td>5</td>
</tr>
<tr>
<td>Technological Services/Solutions</td>
<td>Number of Applications(^{(2)})</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Information Security Management System (ISO/IEC 27001)</td>
<td>5</td>
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<tr>
<td>Environmental Management System (ISO 14001)</td>
<td>4</td>
</tr>
<tr>
<td>Energy Management System (ISO 50001)</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>192</td>
</tr>
</tbody>
</table>

Note:

(2) Some applications involve more than one technological service/solution.

MR CHUNG KWOK-PAN (in Cantonese): President, it is good that the authorities are planning to introduce enhancement measures now. Yet, among the cases I have received, two companies have encountered similar situations in the application process. After these two companies had submitted their applications, they phoned in to enquire about the progress and were told to wait for a further reply. The two companies did the same by calling again one month later to ask about the progress of their applications and they were again told to wait. Yet, in the end, they were given the reply that their applications were rejected. When they made enquiries about the reason for the rejection, they were told by the Secretariat that the documents submitted by them were incorrect. Why did the Secretariat not ask the applicants to supplement the documents outstanding as soon as possible so that it could consider whether or not the applications should be approved? Why did the authorities only tell the applicants to wait for a reply? I have heard that the relevant department is facing a shortage of manpower. May I ask the Secretary of the number of staff responsible for processing these applications?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): I thank Mr CHUNG for his supplementary question.

First, I would like to report to the Legislative Council that 12 employees in ITC are now responsible for the implementation of the scheme, and we plan to add four employees to process applications. We will consider appropriate deployment of existing manpower or increasing resources to cope with the relevant work according to workload. I thank Mr CHUNG for his reminder. We will keep an eye on the demand and increase the staff required accordingly.
Regarding the two cases cited by the Honourable Member, I can help to clarify the cases and the applicants may contact ITC. We will surely follow up on the cases.

I would like to point out that 6% of the applications are rejected mainly on the grounds that the products to be purchased are off-the-shelf software or hardware in which technology only accounts for an extremely small part of the project. These applications will not be accepted by ITC in general.

MR TONY TSE (in Cantonese): President, just now, the Secretary mentioned in part (2) of the main reply that the average processing time is about 80 working days. May I ask the Secretary whether he finds the performance satisfactory? In fact, a period of 80 working days is rather long.

The Secretary also mentioned that it is mainly because they have to spend time on following up unclear aspects in the application forms and await the submission of supplementary information from applicant enterprises. In this connection, has the Secretary considered any pertinent solutions to address these problems? The long processing time should be attributed to the time required for waiting.

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): I thank Mr TSE for his supplementary question.

Actually, we have been working on this all along. As I said just now, a sample of the application document has been uploaded onto the website. In fact, the application procedure is also very simple, not as complicated as Members imagine. However, if applicant enterprises are unwilling to provide the identity card copies of the parties concerned, we can do nothing. This is one issue.

No matter how, we will continue to work on that, for we also consider the average processing time of 80 working days unsatisfactory. We are now stepping up our cooperation with various organizations, business associations, SME associations and institutions in organizing briefing sessions to promote the scheme to applicants. So far, we have organized 52 briefing sessions which were participated by close to 5 000 persons. Yet, we will not be complacent and will continue to organize more briefing sessions.
On the other hand, as I said just now, we are planning to launch promotion videos on social media. We hope to use a simple and straightforward approach to let applicant enterprises know how to make applications.

MR ABRAHAM SHEK (in Cantonese): President, regarding the 377 successful cases granted TVP, after the funding is granted, has the Government assessed the productivity of the enterprises concerned and whether the projects are successful? If the projects are unsuccessful, have the authorities assessed the reasons for the failure?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): I thank Mr Abraham SHEK for his supplementary question.

As Members must be aware, the failure rate in innovation and technology industries is rather high. After funding is granted to enterprises, we will require the enterprises to submit a simple and final report stating whether the relevant expenses have been paid and whether the anticipated effect can be achieved. We will also make simple enquiries. These are the procedures we will take. Moreover, we will conduct sampling inspections with the consent of enterprises to understand whether the projects implemented can achieve the anticipated effect.

DR ELIZABETH QUAT (in Cantonese): President, I have received many views from SMEs and start-up enterprises stating that the amount of subsidy is too small and it may not necessarily be helpful to procuring the technology they need. They consider the scheme itself not very attractive and the application procedures too complicated. For enterprises not well versed in technology projects, they will find it very difficult to complete the application forms. When they do not know how to fill in the forms, they need to seek assistance and those companies will charge them a fee. This troubled them. Hence, the response of enterprises to the scheme has been lukewarm.

Moreover, according to some SMEs, even if they have identified a specific product or solution which they believe are helpful because they have tried it or because their counterparts are using it and wish to make a purchase, they are
required to obtain price quotations for other solutions for comparison. In fact, they do not know how to identify other solutions. It is difficult for them to identify and obtain price quotations for a number of solutions.

As the Secretary said earlier, certain solutions are widely used by enterprises in the trade, so will it be possible for the authorities to simplify the procedures by listing specific solutions widely used in certain industries, so that applicants do not have to find other quotations. Since the funding application is capped at $200,000, it will not be possible for applicants to propose astronomical prices. Applicants will not purchase extremely expensive solutions for there is a market price for relevant solutions in the trade. With this arrangement, applicants will not need to pay consultancies to write up proposals with three quotation options for them. They are really incapable of doing so. Moreover, some social enterprises have asked about …

PRESIDENT (in Cantonese): Dr Elizabeth QUAT, please state your supplementary question.

DR ELIZABETH QUAT (in Cantonese): In fact, social enterprises are also facing these difficulties. Will the authorities help them?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Cantonese): I thank Dr Elizabeth QUAT for her supplementary questions. Actually, the Independent Commission Against Corruption and the Competition Commission have also laid down similar guidelines, and our requirements have been relaxed relatively. For instance, for applications involving expenditure not exceeding $50,000, we only require applicants to submit two quotations but not three. For project expenses not exceeding $300,000, applicants have to submit three quotations. For similar procurement exercises of the Government, five quotations are required. Hence, our requirement is relatively more lenient. We will continue our study in this aspect to examine if the requirements can be relaxed further to strike a balance.

Moreover, if SMEs can provide ample justifications and obtain the consent of ITC, they will be waived the provision of quotations required by the scheme. In other words, they need only convince ITC by providing justifications. At the
same time, we will also accept the principle of awarding contracts to not the lowest bids. Yet, I understand the supplementary question of Dr QUAT, and we will continue to explore room for further improvement in this aspect.

As for social enterprises, our requirements are not targeted at social enterprises. If they are registered in Hong Kong under the Business Registration Ordinance, we will accept their applications. In this aspect, we are extremely lenient. Furthermore, in submitting applications, social enterprises may make special requests based on their objectives, say in relation to the requirement of submitting quotations. We can accept these.

As I emphasized earlier, we have not required applicants to write up proposals, nor have we required applicants to employ consultancies to assist them in completing the forms. Members may take a look at the application forms when they have time. The forms are very simple. If applicants in general consider it difficult to complete the form, we may have to think of new methods to help them. Yet, it is good that we will be conducting a comprehensive review by the end of this year. By then, we will incorporate all the views to enhance the project further.

DR ELIZABETH QUAT (in Cantonese): President, since many social enterprises …

PRESIDENT (in Cantonese): Dr QUAT, which part of your supplementary question has not been answered?

DR ELIZABETH QUAT (in Cantonese): It is the part about social enterprises. Since many social enterprises are registered as societies but not businesses, I hope the Secretary will pay attention to …

PRESIDENT (in Cantonese): I think the Secretary has already answered your supplementary question. Please follow up this issue on other occasions.

Second question.
Permitting the listing in Hong Kong of companies with weighted voting right structures

2. MR ALVIN YEUNG (in Cantonese): President, the Stock Exchange of Hong Kong Limited proposed in its consultation paper released last month that the Listing Rules be amended to permit the listing of emerging and innovative companies with weighted voting right structures ("companies with WVR structures") in Hong Kong. Some members of the securities industry have indicated that in the absence of a class action mechanism in Hong Kong at present, the interests of the minority shareholders of such type of companies may not be adequately protected. In this connection, will the Government inform this Council:

   (1) of the specific measures to be put in place to ensure that companies with WVR structures and issuers of their securities are subject to effective monitoring and regulation, so as to safeguard the interests of minority shareholders;

   (2) whether it will introduce a mechanism for class actions; if so, of the specific timetable; if not, the reasons for that; and

   (3) whether it will enact legislation to give the court greater discretionary power to consolidate its hearings of cases on litigation relating to the decisions made by the management of companies with WVR structures; if so, of the specific timetable; if not, the reasons for that?

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Cantonese): President, the Stock Exchange of Hong Kong Limited ("SEHK") published its consultation paper on a listing regime for companies from emerging and innovative sectors on 23 February 2018 which sets out detailed proposals to expand the existing listing regime to facilitate the listing of companies from emerging and innovative sectors in Hong Kong, including high growth and innovative companies that have weighted voting rights ("WVR") structures, subject to appropriate safeguards. SEHK will study and take into consideration the comments received on the consultation paper to decide on the way forward.
Having consulted the Department of Justice, the Securities and Futures Commission ("SFC") and SEHK on the relevant parts of the question, our response to the three parts of the question are as follows:

(1) In view of the potential risks associated with WVR, SEHK has proposed requirements in the proposals that only applicants with suitable characteristics for listing with WVR would be eligible for listing. SEHK will also reserve the right to reject an application on suitability grounds if the applicant's WVR structure is an extreme case of non-conformance with governance norms. An example is ordinary shares that carry no voting rights at all.

Meanwhile, SEHK also proposed detailed post-listing safeguards in relation to companies with a WVR structure, including limits on WVR power, protection of non-WVR holders' right to vote, measures to enhance corporate governance as well as enhanced disclosure requirements. In addition, WVRs will fall away if WVR beneficiaries transfer their WVR shares, if they die or become incapacitated or if they cease to be a director. This will result in a "natural" sunset for WVRs so that they do not exist indefinitely.

SEHK will incorporate the relevant safeguards into the Listing Rules using compulsive languages to facilitate its enforcement action. In other words, if a company listed on SEHK with a WVR structure breaches the safeguards set out in the Listing Rules, SEHK will take the breaches very seriously as with any breach of the Listing Rules by other listed companies. Where the conduct justifies it, SEHK will take appropriate action against the relevant parties, and will refer the matter to other regulatory authorities as appropriate. SEHK will also require WVR beneficiaries to provide an undertaking to the issuer that they will comply with the relevant WVR safeguards, which will expressly confer benefit on all existing and future shareholders. Besides, any circumvention of or non-compliance with a WVR requirement under the Listing Rules may also involve a contravention of the Securities and Futures (Stock Market Listing) Rules and/or the Securities and Futures Ordinance. SFC may, on a case by case basis, exercise its powers under the above legislation over the listing applicants or listed issuers.
(2) SEHK published concept papers on WVR twice in 2014 and 2017 for consultation. Only a small number of respondents considered the introduction of a class action regime to be a prerequisite for permitting the listing of companies with WVR structures. Some market participants were also concerned that there was a higher risk of frivolous cases being brought if a class action regime was implemented. The responses also indicated that in the United States class action cases were most often brought in relation to matters relating to the disclosure of information, and not for the abuses of control that possibly arose under a WVR structure. Having considered the views collected, SEHK stated in the consultation conclusions published in 2015 that it did not believe that a class action regime was a necessary prerequisite for the acceptability of WVR structures. In the consultation conclusions published in 2017, SEHK also stated that only several respondents advocated that a class action regime should be instituted if WVRs were introduced.

In addition, the Law Reform Commission ("LRC") published a report in 2012, recommending an incremental approach to implementing a class action regime in Hong Kong. The class action regime proposed by LRC is to start with consumer cases, covering tortious and contractual claims made by consumers in relation to goods, services and immovable property. The Department of Justice has established a cross-sector working group to study and consider the proposals of the LRC's report on class action. The working group will take into consideration views from different sectors and strike a balance for the overall benefits of society. It will make recommendations to the Government upon completion of the study. Therefore, our understanding is that according to the LRC's recommendation regarding the introduction of a class action regime, disputes among company shareholders or issues of shareholders' rights would not be covered at the initial stage.

(3) According to the Rules of the High Court (Cap. 4 sub.leg. A) and the Rules of the District Court (Cap. 336 sub.leg. H), the Court may, by order, consolidate or try two or more claims on the same occasion. Relevant court cases indicate that the Court has unfettered discretion
in deciding whether or not to consolidate the actions. The Court will also take into consideration the particular circumstances of the case and flexibly exercise the discretion with a view to saving time and costs.

In addition, the Court could handle proceedings involving the same interest of numerous persons through "representative proceedings". The plaintiff proposed to represent in the proceedings should satisfy the threefold test of establishing "a common interest, a common grievance and a remedy which is beneficial to all the plaintiffs". The Court is also empowered, on the application of the plaintiffs, to appoint a defendant to act as representative of the other defendants being sued. A judgment or order given in representative proceedings will be binding on all persons so represented.

In other words, under the existing rules, the Court already has unfettered discretion to issue appropriate orders to try actions including those involving decisions made by the management of the WVR companies by means of consolidation or "representative proceedings", having regard to the specific circumstances of the case concerned.

MR ALVIN YEUNG (in Cantonese): President, according to the Secretary's main reply, the Bureau seems to not have any plan to introduce a class action regime. May I ask the Secretary to clarify if the Bureau's position is that it does not subscribe to the notion that a class action regime can effectively protect the interests of minority shareholders of companies with WVR structures?

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Cantonese): President, as I said just now, LRC has published a detailed research report on the class action regime. The report recommended an incremental approach to implementing a class action regime, starting with consumer cases. Therefore, over the past few years, the priority task of the working group set up by the Department of Justice has been studying a class action regime for consumer cases. As regards WVR, as it is an issue that has arisen only in recent years and the LRC report was published in 2012, at present we have no plans to include the issue of WVR in the ongoing study on the class action regime.
Currently, SEHK has conducted consultation twice through publishing concept papers and collected various views. Most responses considered a class action regime not necessary. Taking the United States as an example, a class action regime has been put in place but its application is not a must. Moreover, the United Kingdom has also established a class action regime but it has been used mainly for actions in the Competition Appeal Tribunal. Therefore, currently the Government has no such plans.

MR AU NOK-HIN (in Cantonese): President, I have noted two problems in the reply given by the Secretary just now and I seek his clarification. First, the Bureau illustrated that Hong Kong does not have an urgent need to introduce a class action regime citing the report published by LRC. However, the Class Actions report was published by LRC in 2012 and SEHK conducted consultations on WVR respectively in 2014 and 2017. In other words, LRC could not have foreseen the emergence of the issue of WVR in 2012 and then did a study on it. Therefore, I find it an untenable argument advanced by the Bureau in citing the report to justify the exclusion of the issue of strengthening safeguards for minority shareholders through a class action regime from the scope of consultation on WVR. This is the first point. Second, I wish to …

PRESIDENT (in Cantonese): Mr AU Nok-hin, Members can ask one supplementary question only. Please ask your supplementary question direct.

MR AU NOK-HIN (in Cantonese): … Okay, never mind. Under the existing system, the protection of minority shareholders has indeed not been resolved, because they are most worried about legal costs. I hope the Secretary can clarify if he agrees that under the existing system, most of the time minority shareholders can only lodge claims with the Small Claims Tribunal due to costs while failing to seek justice through class action?

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Cantonese): President, I have stated in my main reply just now that, notwithstanding the absence of a class action regime in Hong Kong, through consolidation of actions and "representative proceedings", the Court has the
discretion to consolidate the proceedings of cases that carry "a common interest, a common grievance and a remedy which is beneficial to all the plaintiffs". The existing system has in place other procedures to allow those people suffering losses to seek justice through the law.

As regards legal costs, the proceedings I have just mentioned do not require all relevant parties to engage in actions. The plaintiff can request that a defendant be appointed to act as a representative of all other defendants, and the judgment thereafter handed down will be binding on all defendants.

To give an example, a similar situation arose in the action involving the Hospital Authority ("HA"). In 2009, the Court of Final Appeal handed down a judgment on the action regarding the claims made by over 100 doctors against HA for compensation for overtime work and on-call duties, and ruled that doctors should be entitled to compensation for on-call duties. The plaintiffs were a few doctor representatives, but HA later provided compensation for all eligible doctors. The case was not handled through "representative proceedings" but it shows that the Judge has the discretion to handle cases with numerous plaintiffs, such as a case in which the interests of minority shareholders of companies with WVR structures are affected.

MR CHRISTOPHER CHEUNG (in Cantonese): President, innovation and technology are the locomotive for future economic development. Various major stock exchanges, including SEHK, all strive for the WVR segment. Market development is as important as sound monitoring and regulation. However, in terms of investor protection, we should not pursue the complexity of the Listing Rules and impose excessive requirements on listing applicants; otherwise, Hong Kong will lose its competitive edge.

To protect the interests of small investors, the Government should strengthen investor education so that the latter can see clearly the nature of WVR structures and appreciate the risks involved. Second, the Listing Committee of SEHK should vet and approve listing applications with due diligence in accordance with the Listing Rules for higher transparency of risks. Of course, the market should be subject to stringent monitoring by the regulatory authority, SFC.
MR CHRISTOPHER CHEUNG (in Cantonese): May I ask the Secretary whether, if the aforementioned measures can be accomplished, it means that investors' interests are protected and there is no need for the establishment of a class action regime or action fund, so as not to slow down the pace of listing of emerging enterprises?

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Cantonese): President, the several aspects mentioned by Mr CHEUNG just now are precisely part of the overall safeguards. Certainly, investor education is very important and we will exert efforts in this respect. As regards disclosure, certain requirements are provided for in law.

Moreover, as stated in the SEHK consultation paper, special requirements have been put in place regarding corporate governance. For instance, the membership of corporate governance committees of listed companies must include independent non-executive directors and nomination committees would be set up to deal with the nomination of independent directors. And, as the Honourable Member mentioned just now, the Listing Committee approves listing applications whereas SFC monitors the market.

In addition, as explained in my main reply, listing applicants must meet certain requirements before their applications would be approved. In the event of transfer of shares, WVRs will be subject to a "natural" sunset. Furthermore, matters relating to corporate governance of listed companies, such as election of executive directors or amendment of the articles of association, will be dealt with on a "one share, one vote" basis. Therefore, we consider the overall safeguards for investors appropriate.

MR ABRAHAM SHEK (in Cantonese): I concur with Mr Christopher CHEUNG's supplementary question just now. The Secretary has given a reply in relation to corporate governance, which I also agree with, because companies with WVR structures should not be different from other listed companies in terms of corporate governance. The Secretary has given a lengthy answer in part (1) of his main reply on how to monitor such companies with WVR structures, but only given a one-sentence answer to which kind of listing applications would be
approved and which would not be approved. The Listing Committee of SEHK has the power to make decisions. Then will the Listing Committee explain what companies can make listing applications and what companies cannot? The Government cannot simply give the Listing Committee powers and let it make decision on its own but should set down clear rules. The Listing Committee is granted such great powers but the Government is unable to monitor it, resulting in the occurrence of incidents nowadays which are similar to the Lehman Brothers incident. I hope the Secretary will clearly explain how the Government will monitor the Listing Committee and set out very clear conditions for the applications of such companies in relation to WVR structures.

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Cantonese): President, as regards the Honourable Member's concerns, the SEHK consultation paper has made recommendations to this end. The consultation period ended on 23 March and SEHK is considering various views. The Listing Committee has the power to approve listing applications and relevant rules, such as approval requirements, have been set out in the paper. Of course, the amended Listing Rules, after issuance, will list the detailed information of companies, such as the definition of sophisticated investors, companies from the emerging sector, companies from the innovation sector, as well as eligibility of listed companies, for example, the eligibility for being waived the financial eligibility tests. The aforementioned information will be clearly presented in the document to be published.

MR CHAN CHUN-YING (in Cantonese): President, the decision-making power of companies with WVR structures is vested in the helmsmen of the companies, which is a far cry from decision-making being swayed by majority shareholders in non-WVR companies. There is already a listed company with a WVR structure (i.e. Swire Pacific Limited B) in Hong Kong, unknown to many people, I believe. Given that the governance of companies with WVR structures plays a key role in investor protection, and the Government also mentioned in the main reply measures to enhance corporate governance, I have this question for the Government. Will such measures include provision of specific training to the directors of companies with WVR structures, particularly independent non-executive directors, which is similar to the training offered by the Hong Kong Monetary Authority to directors of banks, so as to ensure that the governance of such companies is up to the recognized levels and standards?
SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY (in Cantonese): President, in fact, SEHK will mandate issuers with WVR structures to establish a corporate governance committee comprised of independent non-executive directors and ensure that the issuers are operated and managed for the benefit of all the shareholders and comply with the main board rules. Moreover, SEHK will also require issuers to engage full-time compliance advisers, and directors and senior management will also undergo appropriate training on WVR and its associated risks, as suggested by the Honourable Member just now. We will properly carry out such tasks to ensure the corporate governance standards of such companies.

PRESIDENT (in Cantonese): Third question.

Protection of lands with high ecological value from fire hazards

3. MR LEUNG CHE-CHEUNG (in Cantonese): President, it has been reported that Nam Sang Wai of Yuen Long is the major feeding and roosting ground for migratory birds, and the cormorants staying there overnight account for 30% to 60% of the cormorant population in Deep Bay. In the past few years, a number of fires broke out in Nam Sang Wai, with the most recent one occurring in the middle of this month. As the cause of that fire was suspicious, it has been classified by the Police as a suspected arson case. In this connection, will the Government inform this Council:

(1) as the fire that broke out in Nam Sang Wai in the middle of this month lasted for 17 hours before it was put out, and that some members of the public consider that the pace of that firefighting operation was too slow, of the difficulties encountered by firemen in the aforesaid firefighting operation, and whether the Fire Services Department had, in the light of the high ecological value of the place, deployed more firemen to the scene for putting out the fire, with a view to reducing the damage caused by the fire to the ecology of Nam Sang Wai; if not, of the reasons for that;

(2) as some members of the public have pointed out that a number of fires broke out and a number of tree-felling incidents occurred in Nam Sang Wai in the past few years, which have revealed the inadequacy of the Government's policies and measures in conserving
lands of high ecological value, whether the Government will consider resuming private lands of extremely high ecological value and offering reasonable compensation to affected landowners and fishermen, as well as enacting a dedicated legislation to enhance the conservation of such lands; if not, of the reasons for that; and

(3) apart from the Police's current investigation into the fire that broke out in Nam Sang Wai in the middle of this month, whether the other government departments concerned have followed up the repeated occurrences of fires in Nam Sang Wai, including studying the impacts of such fires on the ecological environment and migratory birds in that area, formulating post-disaster rehabilitation plans and preventing arson attacks to Nam Sang Wai; if so, of the details?

SECRETARY FOR THE ENVIRONMENT (in Cantonese): President, in consultation with the Security Bureau, the Fire Services Department ("FSD"), the Hong Kong Police Force ("Police") and the Agriculture, Fisheries and Conservation Department ("AFCD"), my reply to Mr LEUNG Che-cheung's questions is as follows:

(1) and (3)

For the hill fire at Nam Sang Wai on 12 March 2018, the Fire Services Communications Centre received a report on the incident some time after 3:00 pm that day, and despatched a fire appliance to the site. Fire personnel arrived about 16 minutes later, and subsequently two more fire appliances turned out as reinforcements to help tackle the fire. Assistance was also sought from the Government Flying Service ("GFS") to deploy helicopters for water bombing at the site.

The area of the fire scene was about 7.5 hectares. The dense overgrowth of reeds of more than one metre tall contributed to the rapid fire spread. In addition, as the reeds that caught fire grew on a wetland, the fire personnel had to manoeuvre with the lower part of their bodies immersed in the wetland while fighting the fire, impeding their movement and increasing the risks they faced during the operation.
About 11:00 pm that night, most of the fire in the affected areas was put out. As the hill fire covered an extensive area, to ensure that the fire was completely put out, FSD conducted another surveillance and firefighting operation with GFS at about 7:00 am on the following day (i.e. 13 March) to douse the remaining embers and prevent the fire from rekindling. FSD announced at 8.15 am that the hill fire was completely put out.

During this hill fire incident, FSD fought the blaze by mobilizing a total of eight fire appliances and 42 fire personnel. In each firefighting operation, FSD will flexibly deploy its manpower and resources, taking into account the risk assessment and firefighting strategy, and will seek assistance from GFS to deploy helicopters for water bombing at the site depending on circumstances.

As hill fire recurred at about 3:00 pm on 13 March at Nam Sang Wai and based on the evidence collected at the fire scene, FSD was suspicious about the cause of fire. The two hill fire incidents have been referred to the Police for investigation. At present, the Police has temporarily classified the case as arson for follow-up, and so far no one has been arrested.

AFCD conducted a site inspection at Nam Sang Wai immediately after the incident. It was found that the fire incident affected part of the grassy vegetation on pond bunds and reedbeds in Nam Sang Wai. Fortunately, various species of birds, including black-faced spoonbills, cormorants and reedbed-associated birds were observed to continue foraging or roosting in Nam Sang Wai after the fire. No significant or long-term ecological impacts to Nam Sang Wai were observed at the moment.

The affected reeds and grasses are fast-growing plants. These plants would readily regenerate in the coming wet season and thus restoration work is considered not necessary. AFCD will continue to closely monitor the conditions of Nam Sang Wai to assess any ecological impacts due to the fire. AFCD, FSD and the Police will also step up patrol in the area.

The Government has explored the option of resuming private land with high conservation value when conducting consultation for the nature conservation policy in 2003, and concluded that there should
not be land resumption or compensation for nature conservation purposes per se because land resumption would involve huge financial and/or land resources and thus would not be a sustainable option to handle private lands with conservation value. Also, the land resumption process would involve complicated issues related to private land ownership. The Government has no plan to change this existing policy.

The Government introduced the New Nature Conservation Policy in 2004 to enhance conservation of ecologically important sites that are under private ownership. We are pursuing practicable ways to achieve this while respecting the landowners' property rights. The Government has identified 12 priority sites for enhanced conservation, and the Deep Bay Wetland outside Ramsar Site, which includes Nam Sang Wai, ranks 9th amongst the 12 sites based on its ecological value. At these 12 priority sites for enhanced conservation, the Government implements the Public-private Partnership Scheme and, through funding support by the Environment and Conservation Fund ("ECF"), the Nature Conservation Management Agreement Scheme ("MA Scheme"). By providing financial incentives, both Schemes encourage the participation of landowners, non-governmental organizations and the private sector in nature conservation work. The Government has also reviewed the two Schemes in 2011 and made a number of enhancements. At present, ECF supports seven MA Schemes at Fung Yuen, Long Valley and Ho Sheung Heung, Ramsar Site, Deep Bay Wetland outside Ramsar Site, Sai Wan, Lai Chi Wo and Sha Lo Tung. We will review the implementation and effectiveness of relevant policies and measures from time to time and will conduct reviews again where necessary.

MR LEUNG CHE-CHEUNG (in Cantonese): President, the Secretary mentioned conservation policy in the main reply, in particular the New Nature Conservation Policy. In fact, it is the same as the Secretary's reply to our question at the Council Meeting on 18 May 2016. The Government has not made any changes to the policy so far.
This fire incident has made us see a serious question: Can the Government intervene or participate in the conservation of sites under private ownership? It seems that, under the New Nature Conservation Policy, an initiative needs to be advocated before people from different parties can be brought together. From this fire incident in Nam Sang Wai, it can be seen that this approach completely fails to achieve the original objective of the Government's New Nature Conservation Policy.

As such, may I ask the Secretary, insofar as Nam Sang Wai is concerned—as we know that a developer is poised to carry out development projects there—whether the Government has found any suitable organizations for cooperation in order to implement the New Nature Conservation Policy?

SECRETARY FOR THE ENVIRONMENT (in Cantonese): President, I thank Mr LEUNG for the supplementary question. As I have mentioned, ECF currently supports ecology conservation on private lands with high ecologic value, such as "Deep Bay Wetland outside Ramsar Site", which includes Nam Sang Wai and the fish pond within the piece of private land mentioned by Mr LEUNG, which has made use of ECF for conservation as the site has a relatively higher ecological value and is important to birds. Therefore, some measures under the New Nature Conservation Policy have been adopted within the Nam Sang Wai area.

I believe Mr LEUNG is particularly concerned about the ecology of this site because a number of fires have broken out there in recent years. If we look at the report by AFCD colleagues—of course, we must look at it long term—the reeds and grasses in the affected area can regenerate quickly. So, the ecological impact can be viewed more objectively from a scientific perspective. Meanwhile, we certainly welcome different organizations or groups to make good use of ECF so that sites with high ecological value can be better conserved. I reiterate that relevant work is underway in relevant areas at the Ramsar Site, making good use of ECF. I would like to point out again that the Government has all along adopted innovative thinking. For example, in the last Policy Address, the Chief Executive proposed the establishment of a Countryside Conservation Office which will bring new opportunities. We will think about how to proactively afford these sites better conservation.
MR GARY FAN (in Cantonese): President, the Secretary is here not just for answering parts (1) and (3) of the main question on behalf of the Commissioner of Police. He is the Secretary for the Environment. Part (2) of the main question is actually the most important. We can see that there have been 7 serious fire incidents in Nam Sang Wai in the past 11 years, that is, almost one in every 18 months. Malicious tree-felling incidents have also occurred. What was the purpose of all this? Developers tried to "destroy first, develop later". They wanted to influence and lower the environmental and ecological value of the site by destroying the environment so that the Environmental Impact Assessment ("EIA") report can be more readily endorsed by the Town Planning Board ("TPB"). This is an institutional shortcoming and a policy incentive inducing developers to adopt the scorched earth policy and set Nam Sang Wai on fire.

Part (2) of the main question has actually provided some answers. Why does the Secretary not join hands with other government departments to solve the fire issue in Nam Sang Wai? What exactly do these developers want? They want money which the Government has plenty and does not know how to spend. Why does the Government not …

PRESIDENT (in Cantonese): Mr Gary FAN, please ask your supplementary question immediately.

MR GARY FAN (in Cantonese): … I am asking my supplementary question now. Why does the Government not spend money on conversation and buy back private lands with conservation value using public funds as mentioned in the main question? The Government can afford to do so, but the Secretary did not give any justification as to why the Government has no plan to consider doing so. The New Nature Conservation Policy introduced by the Government in 2004 has not achieved its desired effect. Can the Secretary give us a reasonable explanation as to why effective use of public funds for buying back valuable private lands is not considered?

SECRETARY FOR THE ENVIRONMENT (in Cantonese): President, I thank Mr FAN. As I have mentioned, the Government did invest appropriate resources in conserving the natural eco-environment, including the fish pond in
Nam Sang Wai that Members are very much concerned about, through MA Scheme I mentioned earlier. A balance has been struck at the site using ECF so that fish farmers can maintain their living while the eco-environment and birds on the wetland can be conserved. Therefore, I do not agree with the view of the Honourable Member. The Government has actually allocated appropriate resources to achieving a certain degree of ecological conservation.

In fact, the Member has raised two points. The first point is whether fire incidents have an impact on TPB or EIA. According to my information, the two are actually separated matters. The requirements of TPB, such as the "no-net-loss in wetland" principle, must be satisfied. Therefore, the issues mentioned by the Member should not be mixed together. Of course, the final decision is up to TPB, but this is another topic and I do not wish to mix things together in an unscientific manner.

Another point is that we should not underestimate the approach of using public funds to resume lands. Several major considerations should be made in this connection. It was mentioned that views had been collected through consultation by the Government in 2003 before policy formulation. In this connection, I hope Members will understand that, under the Land Resumption Ordinance, land resumption is permitted only for a public purpose. Whether nature conservation can be considered as a public purpose for land resumption by the Government will depend on the circumstances in each individual case.

Second, and more importantly, many private lands in Hong Kong carry high ecological value. Therefore, a vast areas of land and huge resources are involved, and thus the matter should not be taken lightly. How to make the best use of the relatively limited resources to create a sustainable future and determine the priorities? Among the 12 private sites identified as presenting high ecological value, Mai Po is on the top of the list, followed by Sha Lo Tung. I have mentioned the priority of this site just now. The Government has not remained stagnant. As I mentioned earlier, an innovative approach has been adopted. For example, the piece of land at the Shuen Wan Restored Landfill will be granted in exchange for a conservation site in Sha Lo Tung under a non-in situ land exchange proposal. Discussion is being made with the other party. This is an individual case.
Therefore, we must look at this from a scientific perspective. Moreover, I have to mention another point. How will land resumption affect private property rights and bring negative impacts? We must also give due consideration to these important principles. While the Government invests resources in the conservation of sites with high ecological value, we also hope to adopt a new approach and innovative thinking to make effective use of policies and resources.

MR CHU HOI-DICK (in Cantonese): Secretary, I am not sure whether your colleague who wrote your script was trying to set you up. Since the introduction of public-private partnership by Dr Sarah LIAO in 2004, there has not been any successful case under the New Nature Conservation Policy for 14 years. This is because real estate developers will not put any effort in conservation. As you have mentioned, the Government has adopted an innovative approach in recent years, including using public funds for land resumption, developing a nature park in Long Valley and the non-in situ land exchange in Sha Lo Tung. Now, all public attention is focused on Nam Sang Wai. Given the two previous examples, can the Secretary undertake that the Government will make Nam Sang Wai the third case by means of land resumption or non-in situ land exchange so as to conserve Nam Sang Wai permanently?

SECRETARY FOR THE ENVIRONMENT (in Cantonese): I thank Mr CHU for the supplementary question. As public-private partnership must satisfy conservation, planning and land development requirements as well as divided views among stakeholders, it is not easy to strike a balance and I believe Members will understand that it takes a longer time. The Government reviewed this policy in 2011 and made some arrangements of refinement. Certainly, we will constantly review the policy. The New Nature Conservation Policy mentioned just now consists of two parts. The former part, as I have said, is more challenging, and thus requires more time …

MR CHU HOI-DICK (in Cantonese): Can the Secretary directly answer whether the Government will consider permanently conserve Nam Sang Wai using the same approach of Long Valley or Sha Lo Tung?
SECRETARY FOR THE ENVIRONMENT (in Cantonese): President, please allow me to continue.

PRESIDENT (in Cantonese): Secretary, please continue.

SECRETARY FOR THE ENVIRONMENT (in Cantonese): Secondly, what goal do we wish to achieve? We wish to achieve ecology conservation, even on sites under private ownership. As I have mentioned, under MA Scheme, ecology conservation in areas including the fish pond is achieved through funding support by ECF. Hence, our main consideration is the objective and its effectiveness. Insofar as Mr CHU's question about whether Nam Sang Wai can be the third case is concerned, we must consider that there are more than 10 similar sites. How do we determine the priorities and achieve better results for the ecology in a scientific way? This is a question that we need to answer.

MR CHU HOI-DICK (in Cantonese): My question is whether Nam Sang Wai can be the third one.

PRESIDENT (in Cantonese): Secretary, do you have anything to add?

SECRETARY FOR THE ENVIRONMENT (in Cantonese): President, actually, I have already answered Mr CHU's question. We must consider how to determine the priorities in asking this question. As I have mentioned, 12 private sites with high ecological value have been identified. Mai Po, which tops the list, has been properly conserved. The Government has made a breakthrough with a new mindset in recent years for the purpose of conserving Sha Lo Tung by means of non-in situ land exchange after decades of argument which we hope will succeed. How should we determine the priorities of these 12 sites with high ecological value from a scientific perspective? Is it necessarily Nam Sang Wai? This is the Government's view on the priorities of nature conservation.

PRESIDENT (in Cantonese): Fourth question.
Compensations and rehousing for residents affected by the North East New Territories New Development Areas Planning

4. MR LAU KWOK-FAN (in Cantonese): President, as early as 2008, the Government consulted the North District Council on the North East New Territories New Development Areas Planning. In 2013, the Government announced the revised proposals to first take forward the projects in the two New Development Areas ("NDAs") in Kwu Tung North and Fanling North under that Planning, and to adopt an enhanced Conventional New Town Approach under which the Government would take the lead in implementing the development project and allow landowners of private lands to apply for "conditional lease modification" (including in-situ land exchange) subject to specified conditions. It is learnt that an application for in-situ land exchange made by the landowner of a private land located within the boundary of the two NDAs has been approved. However, the Government has for a protracted period of time not implemented its rehousing and compensation proposals for the land resumption in the two NDAs, causing various kinds of inconvenience to the daily life of the residents in the areas. In this connection, will the Government inform this Council:

(1) as the North District Council unanimously passed motions in April last year urging the Government to improve its rehousing and compensation proposals for the two NDAs in Kwu Tung North and Fanling North and to conduct afresh discussions with the affected residents, of the Government's progress in following up the motions; whether it will put forward improved proposals; if so, of the details and implementation timetable; if not, the reasons for that;

(2) given that under the current mechanism, for residents affected by development projects to be eligible for rehousing and ex-gratia allowances, they must have been registered in the freezing survey concerned and are still living in the locations concerned upon clearance, but as the Government has for a protracted period of time not confirmed the dates for land resumption and clearance in the two NDAs, quite a number of residents have moved out due to coercion by landowners resulting in such residents being ineligible for compensations when development is carried out in NDAs, whether the Government will follow up such cases having regard to the survey records and offer assistance or compensations to the persons concerned; if so, of the details; if not, the reasons for that; and
(3) as the Government has approved the aforesaid application for in-situ land exchange, and the works soon to be carried out on the relevant land will adversely affect the daily life of the residents in the vicinity who have not yet been rehoused and offered compensation by the Government, of the support and subsidies that the Government will provide to such residents; whether the Government will consider pursuing land resumption in one go in lieu of the current phased land resumption plan so as to minimize the impacts on residents; if so, of the details; if not, the reasons for that?

SECRETARY FOR DEVELOPMENT (in Cantonese): President, the Kwu Tung North ("KTN") and Fanling North ("FLN") New Development Areas ("NDAs") (formerly called the North East New Territories Development) are an important source of land and housing supply in the medium and long term. The two NDAs will provide about 60 000 housing units, comprising 36 600 units (i.e. 60%) for public housing and 23 300 units (i.e. 40%) for private housing, and accommodate more than 170 000 new population. To optimize the utilization of land resources for increasing housing supply within NDAs, we will submit a planning application to the Town Planning Board ("TPB") to increase the development intensity of the housing sites within the year. The enhanced development intensity will all be used to increase public housing units. Should the proposed increase in development intensity be approved by TPB, the total number of public housing units will increase by about 12 000 to 48 400, whereas that of private housing units will remain unchanged at 23 300. The proportion of public housing provision within NDAs will increase from about 60% to about 68%.

My reply to Mr LAU Kwok-fan's question is as follows:

(1) Over the years, the Development Bureau has been liaising closely with the local groups and residents concerning KTN and FLN NDAs development. In April 2017, the North District Council ("DC") passed a motion requesting the Government to further enhance the ex-gratia allowance and rehousing arrangements. As for residents affected by the two NDA developments, the Government is fully aware of their concerns about clearance. We have hence proposed special ex-gratia compensation allowances ("SEGCA") and special rehousing schemes for affected eligible households, including a cash
allowance of $600,000 and local rehousing arrangements. At present, the Civil Engineering and Development Department and the Lands Department are undertaking the statutory and other procedures for the Advance and First Phase Works for NDAs. Based on the latest work progress, we plan to seek funding from the Legislative Council for the construction and land resumption of the Advance and First Phase Works in the first half of 2019. Meanwhile, we will continue to listen to the valuable views on SEGCA and rehousing arrangements and make preparations for our funding application.

(2) For all public works projects involving land resumption and clearance, the Government will conduct "freezing survey" to capture the current status of existing structures and occupants which might be affected by the proposed development. Upon confirmation of the need for land clearance, the information obtained by "freezing survey" will be used for assessing the eligibility for rehousing or compensation of the residents affected by clearance. The purpose of "freezing survey" is to support the Government to provide appropriate rehousing or compensation arrangement for the genuine affected residents who were captured during the "freezing survey". If the residents registered during the "freezing survey" for any reasons have moved out before the commencement of land clearance by the Government, they will not be the genuine affected residents and the Government could hardly offer rehousing or compensation to them as this would deviate from the prevailing policy. For the development of KTN and FLN NDAs, to protect the interests of affected occupants, the Government conducted the "freezing survey" in a timely manner so as to prevent any person from forcing the occupants to move out with a view to obtaining the rehousing or compensation for the registered occupants. This was also in response to the requests for an early undertaking of "freezing survey" by the locals and DC.

On the case mentioned by Mr LAU, it should be noted that the interests of both the private land owner and the occupant are governed by their private agreements. The private land owner is entitled to handling his/her own property in accordance with the conditions of the agreement or other lawful means. The "freezing
survey" undertaken by the Government cannot and should not prevent the landowner from exercising his/her legitimate rights. If the landowner, for any reasons, exercises his/her legitimate rights to request the occupant to terminate the use of his/her property, the Government is in no position to interfere. When in need, residents can seek assistance from the Social Service Team engaged by the Government. The Social Service Team will refer the case to relevant government departments for follow-up. If any resident was forced to move out by illegal means or unreasonable harassment, he/she shall report to the Police immediately.

(3) Processing of the two in-situ land exchange applications within the boundary of the Advance and First Phase Works of KTN and FLN NDAs has been completed. The landowner is required by the Government to reprovision the public facilities and pedestrian passageway within the land exchange site before commencement of works. Relevant government departments are considering the reprovisioning proposal submitted by the landowner. The Government will perform a gate-keeping role so as to minimize any construction impact on nearby residents. This includes requesting the landowner to undertake appropriate measures to protect public safety and minimize impacts on nearby residents and surrounding environment.

As with previous new town developments, we will trigger resumption of private land by phases to tie in with the scheduling of works programme. For large-scale NDA developments, there can be a time gap of several years between the commencement of different phases of works. If the Government proceeds with land resumption and clearance before the design of a particular phase is confirmed, this will affect residents earlier than necessary and deviate from the principle of optimizing utilization of public money based on policy priorities.

The two NDAs will broadly be implemented in two phases: the Advance and First Phase Works as mentioned above, and the Remaining Phases. The Advance and First Phase Works involving resumption of 68 hectares of private land and clearance of 500 households will be implemented in one go. While construction is
underway, the Government will implement all feasible mitigation measures to avoid causing unacceptable impacts on the residents remaining within the NDA areas.

The Remaining Phases involving resumption of 117 hectares of private land and clearance of 1,000 households were originally planned to be implemented in phases. In the light of concerns from various sectors, including Mr LAU's, we will consolidate the Remaining Phase into one single phase, and aim to seek funding from the Legislative Council for undertaking detailed design for that consolidated phase in the first half of 2019 together with our funding application for construction of the Advance and First Phase Works. This can allow us to confirm in a timely manner the design and land resumption boundary for the consolidated phase so that we can initiate follow-up work early.

MR LAU KWOK-FAN (in Cantonese): President, a Social Service Team has sought assistance from us on behalf of affected residents who had completed registration in "freezing survey" but were then forced to move out. The existing "freezing survey" system is indeed flawed, for it can only prevent someone from moving in to replace the existing residents or taking advantage of the Government after the announcement of development projects but can do nothing to stop residents in the affected areas from being forced to move out and hence possibly rendered homeless.

According to the original timetable, the North East New Territories ("NENT") Development project should have proceeded to land resumption, but an increasing number of residents have been requested to move out this year. I hope the Government can address this issue squarely and improve the "freezing survey" system expeditiously to give residents peace of mind when development projects are carried out in the future. Can the Secretary take remedial measures?

SECRETARY FOR DEVELOPMENT (in Cantonese): President, I thank Mr LAU for his supplementary question. Actually, we cannot necessarily have our cake and eat it. "Freezing survey" was undertaken by the Government ahead of schedule during the development of KTN and FLN. If Mr LAU is well versed in the situation, he should know that the Government would usually
conduct "freezing survey" shortly before the commencement of many other works, but why was the "freezing survey" conducted ahead of schedule at that time? Actually, I have briefly mentioned the reason in the main reply, and I will now explain it at greater depth. The Government considered then that there would be an incentive for landowners if "freezing survey" was not conducted until after a long period of time as certain landowners might, for compensation considerations, force out occupants living in their properties, in order to transfer the relevant interests to someone else. The Government holds that undertaking "freezing survey" ahead of schedule can effectively minimize this illegitimate incentive. However, as I pointed out earlier, there is a contractual relationship between the landowner and the occupant. The Government cannot and should not assume that the reason for land assumption by the landowner is illegitimate. We hope to initiate the ensuing works expeditiously and then undertake land resumption and clearance operations, as well as providing compensation or making rehousing arrangements for the affected occupants.

I also mentioned earlier in the main reply that we expected to submit funding applications to the Legislative Council in the first half of 2019. I would like to explain clearly that, for instance, it used to take several years' time for the First Phase Work to be completed before compensation or rehousing arrangements could be made for the relevant occupants when clearance was carried out. In future, however, the Government will adopt a new approach. If the funding can be approved smoothly in 2019, the Government will initiate land resumption expeditiously. I would like to reiterate that I am talking about land resumption, not clearance. In other words, if an occupant meets the compensation or rehousing conditions and is willing to move out, then even if their accommodation is not yet required to be cleared, we will still be pleased to process the applications submitted by those who are willing to contact us ahead of schedule. I hope this reply can address Mr LAU's concern, too.

MR GARY FAN (in Cantonese): President, NENT Development can be described as destructive, resulting in the occurrence of tragedies one after another in KTN and FLN. In a press conference convened by me in 2013 with planning professionals and a green group, Green Sense, I as a Legislative Council Member at that time proposed the 170-hectare Fanling Golf Course as an alternative option. However, the Government has once again renewed its tenancy agreement which is due to expire in 2020. What is more, a two-third land premium concession was offered …
PRESIDENT (in Cantonese): Mr Gary FAN, please ask your supplementary question.

MR GARY FAN (in Cantonese): My supplementary question is: To address this problem, can the Government reconsider not allowing the Fanling Golf Course to occupy the 170-hectare valuable site on a permanent basis and, instead, regarding the land occupied by it as a substitute option to prevent destructive development from being carried out in NENT? Can the Government reconsider this proposal? If not, what are the reasons?

SECRETARY FOR DEVELOPMENT (in Cantonese): President, I thank Mr FAN for his supplementary question. NENT, where FLN and KTN are situated, has a long history. Mr FAN, who has been following up the relevant work, should be aware that the use of the relevant land has broken the record of TPB, for it has used more than 40 days to hear public views before making its final decision. If the Government submits an application to TPB in due course and approval is granted, we will have 71,100 residential units, of which 68% will be public housing units. Certainly, 500 squatters will be affected by the Advance and First Phase Works, and 1,000 or so residents will be affected by the remaining works. I believe Members are well aware of the need to strike a balance in public interest.

As regards the question asked by Mr FAN just now concerning the Fanling Golf Course, the Honourable Member might be aware that a six-month consultation will be launched shortly by Secretary LAU Kong-wah from the perspective of sport. From the angle of land supply, the Chief Executive also mentioned in the Chief Executive's Question Time earlier today that a five-month public consultation would be launched by the Task Force on Land Supply ("Task Force") shortly. One of the directions to be explored by the 10-odd proposals is whether it is appropriate for sites currently used by private recreational clubs to be regarded as the Government's source of land supply in the future. The Fanling Golf Course has been cited by the Task Force in some of its papers, too. I hope the Honourable Member can understand that I cannot make any speculation about our future direction here.
MR CHU HOI-DICK (in Cantonese): President, the Government will invariably justify itself by, for instance, saying there is a need to promote sports when it intends to retain the Golf Course. I can only describe the Government's act as "helping the strong and oppressing the weak or fearing the strong but bullying the weak". Mr LAU Kwok-fan pointed out in his question that some members of the public were forced to move out because of the need to carry out development and freeze the population. As the saying goes, the monks are dismissed after performing the rituals for the delivering of the souls from the purgatory. Now the Government has sought to dismiss the monks even though the rituals are not yet concluded. Does the Government think that the authorities need not to be held accountable to residents forced by private land owners to move out from NENT Development Area? Will the Secretary please answer my question.

SECRETARY FOR DEVELOPMENT (in Cantonese): President, I thank Mr CHU Hoi-dick for his supplementary question. The authorities do not agree with Mr CHU's view. Actually, "freezing survey" was conducted ahead of schedule when the development of NDAs in Kwu Tung North and Fanling North were being carried out. I hope Honourable Members can do some soul-searching to see if this approach is better than the original one, that is, not conducting "freezing survey" until now? The answer is actually most obvious. Of course, some occupants will still be affected. As I pointed out earlier, the Government must give regard to greater public interest.

MR CHU HOI-DICK (in Cantonese): Does the Government consider it unnecessary to be held accountable to the residents?

PRESIDENT (in Cantonese): Mr CHU, the Secretary has already answered your supplementary question clearly.

MR CHU HOI-DICK (in Cantonese): The Secretary has not answered whether or not the Government should be held accountable. Does he think that the residents should be left to fend for themselves?
PRESIDENT (in Cantonese): Mr CHU, please sit down. Secretary, do you have anything to add?

SECRETARY FOR DEVELOPMENT (in Cantonese): The existing arrangement is reasonable in its own right. Just now I explained very clearly what we had considered in terms of reasons and the law, so I have nothing to add.

MS YUNG HOI-YAN (in Cantonese): President, I would like to follow up the question concerning "freezing survey, too". The problem now is that the residents have to live in the two NDAs after undergoing the "freezing survey". Nevertheless, a Member pointed out earlier the forced removal of these residents. The Secretary has also pointed out in the main reply that the Government can hardly offer rehousing or compensation to the residents as this would deviate from the prevailing policy. May I ask the Government whether the present definition of residents affected by clearance is problematic? Should "freezing survey" pinpoint the aforementioned residents without requiring them to continue to live in the two NDAs? Although the residents might no longer live in the NDAs, those having undergone "freezing survey" should be living in the NDAs and affected by clearance at that time. As they have already met the definition of "freezing survey", why should they be required to continue to live there? Should the authorities not re-define the relevant definition and exercise discretion to address the problem of requiring residents being subjected to forced removal to continue to live there?

SECRETARY FOR DEVELOPMENT (in Cantonese): President, I thank Ms YUNG Hoi-yan for her supplementary question. The two requirements in the relevant arrangement are actually indispensable and reasonable. As I pointed out in the main reply just now, if the relevant resident has moved elsewhere, that means he has already made other arrangements. As for residents in hardship, regardless of the place where they used to live, they are welcome to apply for public housing so long as they are eligible in terms of income or assets. Their housing problem will be addressed as well. I also mentioned earlier that should individual households encounter hardships, they may seek assistance from the Social Service Team in their districts, and their cases will be referred to appropriate departments. For instance, the Social Welfare Department may
provide subsidies or services for them. As regards the suggestion made by the Honourable Member to modify the "two legs" of the policy by, for instance, meeting the first requirement but not the second one, I am afraid substantial changes will have to be made. Moreover, it may lead to unpredictable consequences which might not be positive.

PRESIDENT (in Cantonese): Fifth question.

Grasping the opportunities brought by the "Belt and Road" Initiative

5. IR DR LO WAI-KWOK (in Cantonese): President, on the 3rd of last month, the Government held, in collaboration with the Belt and Road General Chamber of Commerce ("BRGCC"), a seminar in Beijing, which aimed to promote to the Mainland ministries and state-owned enterprises ways to make use of Hong Kong's highly internationalized platform and Hong Kong's distinctive edge in areas such as finance, professional services, commerce and trade, for forming strategic partnerships to jointly pursue the opportunities being brought about by the Belt and Road Initiative. In this connection, will the Government inform this Council:

(1) as BRGCC intends to establish a database on Chinese-funded investments in the countries and regions along the Belt and Road so as to help enterprises explore opportunities for investment or development, whether the Government will provide support to BRGCC in this regard; if so, of the details; if not, the reasons for that;

(2) given that the existing 70-odd countries and regions along the Belt and Road have different legal and tax regimes as well as investment environment, whether the Government will consider strengthening its collaboration with the academic institutions in Hong Kong and on the Mainland to provide the government officials and the persons-in-charge of enterprises who are involved in Belt and Road-related work with information on aspects such as law, finance, maritime, management and professional services in such countries and regions; and
(3) as quite a number of Hong Kong businessmen who had once invested in the countries and regions along the Belt and Road had nowhere to turn to for assistance after commercial disputes with local people had arisen, whether the Government will set up a dedicated channel to provide assistance for those Hong Kong businessmen who are caught in such situations; if so, of the details; if not, the reasons for that?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, the Belt and Road Initiative is a new engine for Hong Kong’s economic growth. The current-term Government has been proactively implementing policies and measures to seize the opportunities brought by the Belt and Road Initiative. According to the "Arrangement between the National Development and Reform Commission and the Government of the Hong Kong Special Administrative Region for Advancing Hong Kong's Full Participation in and Contribution to the Belt and Road Initiative" ("the Arrangement") signed in December 2017, we will enhance communication and cooperation with the Central Authorities, and take forward the various areas of work in the Arrangement, which include promoting strategic partnership between Hong Kong and Mainland enterprises. In February this year, the Government organized a large-scale seminar targeting state-owned enterprises under the theme of "Leveraging Hong Kong's Advantages, Meeting the Country's Needs" in conjunction with the Belt and Road General Chamber of Commerce in Beijing, which sought to facilitate establishment of direct contact between enterprises and professionals in the Mainland and Hong Kong. The seminar had been a success.

Replies to the various parts of Ir Dr LO Wai-kwok's question are as follows:

(1) As a focus of work in promoting participation in the Belt and Road Initiative, the Government has been seeking collaboration with relevant enterprises/professional associations and chambers of commerce through various means with a view to exploring business opportunities in the Belt and Road Initiative for companies and professional services sectors of Hong Kong. Such includes co-organizing conferences and seminars, and visits to the Mainland and Belt and Road related regions to promote the advantages of Hong Kong. The above mentioned seminar staged in Beijing is one of the examples. In addition, the Government has co-organized
with the Hong Kong Trade Development Council ("HKTDC") the annual Belt and Road Summit, and supported HKTDC's work in investment and business matching related to the Belt and Road Initiative. This year's focus will be "Collaborate for Success" to highlight the importance of wider, deeper and closer collaboration among governments and businesses for successful implementation of Belt and Road projects.

Besides, the Government has put in place a number of funding schemes which may support enterprises and organizations in taking forward work related to the Belt and Road Initiative. The Professional Services Advancement Support Scheme launched by the Government in November 2016 provides funding support for the implementation of industry-led non-profit-making projects which aim to increase the exchanges and cooperation of Hong Kong's professional services with their counterparts in external markets (including Belt and Road related regions), promote relevant publicity activities, and enhance their standards and external competitiveness. The SME Export Marketing Fund ("EMF") and the SME Development Fund which are being administered by the Trade and Industry Department provide financial assistance to small and medium enterprises ("SMEs") respectively to expand their markets outside Hong Kong including those in the Belt and Road, and enhance trade competitiveness.

Member states of the Association of Southeast Asian Nations ("ASEAN") are important Belt and Road partners. In November last year, the Government signed a Free Trade Agreement ("FTA") and a related Investment Agreement with ASEAN, which is an important Belt and Road market of Hong Kong. To further strengthen industry support, the Government has proposed in this year's Budget to increase the cumulative funding ceiling for enterprises under EMF from $200,000 to $400,000, and remove the existing condition on the use of the last $50,000 of grants. At the same time, it is proposed that $1.5 billion be injected into the Dedicated Fund on Branding, Upgrading and Domestic Sales ("the BUD Fund") and that the geographical scope of the Enterprise Support Programme under the BUD Fund be extended from the Mainland to also include the ASEAN region related to the Belt and Road Initiative.
(2) To provide the industry with the latest information on the Belt and Road Initiative, the Government is collaborating with HKTDC to enhance the function of its Belt and Road portal with a view to making it a one-stop platform for the latest and most comprehensive information on the Belt and Road Initiative. At the same time, HKTDC is looking into the possibility of offering online and offline business matching services to assist enterprises in identifying suitable Belt and Road projects.

Such activities as fora, conferences, seminars, roadshows and missions are organized by government bureaux and departments, quasi-government bodies, academic institutions, chambers of commerce and professional associations from time to time to provide stakeholders with the latest information on the Belt and Road Initiative. The Government also led trade and promotional missions to countries and regions along and related to the Belt and Road. For instance, the Secretary for Commerce and Economic Development has just led a business and professional mission to visit Cambodia and Vietnam from 19 to 23 March, and met with local government officials responsible for commerce and industry, investment and infrastructure development. The delegation not only gained better understanding of the latest local market situation, but also fostered connection and cooperation of Hong Kong enterprises and professional associations with local enterprises thereof.

In terms of training, many professional associations and organizations in Hong Kong, such as the MTR Academy, the Hong Kong International Aviation Academy and the Hong Kong Academy of Law, have been providing professional training in areas of law, mediation, railway management and operation, aviation management, etc. for nurturing local talents and those in the Belt and Road related regions. Such efforts not only help enhance their professionalism, but also raise the international status of Hong Kong's professional services.
(3) One of the underlying principles in pursuing the Belt and Road Initiative is to follow the market rule, with allocation of resources to be decided by the market. While enterprises would seek reasonable returns on their investment, the associated risks should also be prudently managed. The primary function of the Government is on the promotion and protection of trade and investment.

When Hong Kong enterprises encounter difficulties in conducting business activities outside Hong Kong, assistance may be sought from our overseas Economic and Trade Offices ("ETOs"), which will make their best endeavours to provide assistance on the basis of each case. Generally, ETOs would not intervene in private commercial disputes. We have currently set up 12 overseas ETOs which cover a good number of countries and regions along the Belt and Road, and we will further expand our overseas ETO network. HKTDC also has 47 offices globally, which will also refer requests for assistance from Hong Kong SMEs to appropriate authorities for follow-up. Also, the Government has been actively strengthening economic and trade ties with the economies along the Belt and Road by promoting mutual visits of senior officials and forging bilateral agreements such as FTAs and Investment Promotion and Protection Agreements with a view to providing investment protection for Hong Kong enterprises.

IR DR LO WAI-KWOK (in Cantonese): President, the Belt and Road Initiative will bring many opportunities of multilateral commerce and trade and infrastructure development. The implementation of the Belt and Road Initiative will facilitate the conclusion of a large number of relevant contracts of international commercial projects, services, etc., and it is possible that disputes will arise from the execution of such contracts. To deal with this kind of disputes, arbitration is one of the ways commonly adopted in the international community, and Hong Kong has the experience, international reputation and talents in respect of arbitration. May I ask if the Hong Kong Special Administrative Region ("SAR") Government will strive to establish Hong Kong as an arbitration centre for the Belt and Road so that different professionals concerned can also provide arbitration services and seize the business opportunities?
SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Ir Dr LO for his supplementary question. As I mentioned in the main reply, the Arrangement which we signed with the National Development and Reform Commission ("NDRC") in December last year covers six main areas, including "finance and investment", "infrastructure and maritime services", "economic and trade facilitation", "people-to-people bonds", "taking forward the Guangdong-Hong Kong-Macao Bay Area development", as well as "enhancing collaboration in project interfacing and dispute resolution services" for which Ir Dr LO expressed his concern.

Regarding arbitration services, Hong Kong indeed enjoys a considerable edge. In the areas mentioned just now, one of the items is "supporting Hong Kong in establishing itself as a centre for international legal and dispute resolution services in the Asia-Pacific region". Having strengths in this aspect, Hong Kong not only can serve state-owned enterprises but also become a service centre in the Asia-Pacific region.

First, with regard to promotion, we will continue to work closely with legal professional bodies and related dispute resolution organizations through the Department of Justice ("DoJ"), and promote Hong Kong's relevant international legal and dispute resolution services by organizing conferences, seminars, forums, etc. in Hong Kong, the Mainland and economies along the Belt and Road. Our upcoming promotional activities in 2018 are in preparation. Such promotional activities include the seminar on Hong Kong's legal and arbitration services tentatively to be held in Nanning by the Guangxi Liaison Office of the SAR Government in May this year, and the biennial Hong Kong Legal Services Forum tentatively to be held on the Mainland in the latter half of this year. As regards the training and support mentioned just now, for example, in respect of arbitration, the major work of DoJ is to enhance Hong Kong's arbitration regime in response to the latest international development, and proactively assist the profession in the promotion of Hong Kong's arbitration services. The training of talents will be entrusted to local academic institutes (including law schools), professional arbitration bodies and organizations. The laws of Hong Kong do not stipulate the qualifications required for becoming an arbitrator. At present, those interested in becoming an arbitrator may first take up a course offered by the Chartered Institute of Arbitrators or the Hong Kong Institute of Arbitrators, or a recognized university course. After passing the relevant assessment, they will become members of these institutes. Where necessary, we will work with the
professional organizations in Hong Kong to ensure the provision of timely and relevant training courses and programmes, thereby addressing the training needs of aspiring arbitrators.

DR PRISCILLA LEUNG (in Cantonese): President, first of all, I thank Ir Dr LO Wai-kwok for his question. Let me first declare that I am one of the founders and Vice-Presidents of the International Academy of the Belt and Road. A greater part of my brief is to conduct research on the legal rules which should be adopted to resolve legal disputes when such disputes arise among the countries along the Belt and Road. I have compiled with experts from 40-odd countries along the Belt and Road a set of rules which deal with this kind of legal disputes.

Just now I heard the Secretary keep mentioning forums. Actually there are already a lot of forums. Now the question is how to work in a down-to-earth manner. I wish to ask the Secretary if he knows that now—the Panel on Administration of Justice and Legal Services has just discussed this issue, too—in universities and community groups, as well as various university research departments responsible for the Belt and Road which I have visited, more people hold the view that the Government actually does not link up with them. The Government has only attached importance to those forums mentioned just now. Our academy cannot link up with the Government either. We only do our own work separately. Sometimes we wish to express our views to the Government, but there is no …

PRESIDENT (in Cantonese): Dr Priscilla LEUNG, please ask your supplementary question.

DR PRISCILLA LEUNG (in Cantonese): … Right, my question must be based on this point to let the Secretary know that there is in fact a strong view about this in the community. How will they improve, for example, the communication with various universities? Moreover, now some groups are in fact clearly conducting legal research on the Belt and Road. Can the Government link up with them more proactively? It should not do its own work separately, having no idea at all of what the other parties are doing. Some of the work may also overlap.
Can the Secretary talk about what other plans the authorities have apart from the forums mentioned by him? We just hope that the Government can be down-to-earth and the work it does can be useful to us.

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Dr LEUNG for her supplementary question. Regarding the engagement of relevant professional bodies, including the academic and legal sectors, we have actually done a large amount of work, including some visits. For example, in February, we led a delegation comprising members of the relevant sectors, including the legal and arbitration sectors, to attend a conference in Beijing. During the conference, the relevant stakeholders informed us how we could add value and what we could do in the whole Belt and Road scheme.

In another example mentioned by me in the main reply just now, we led a delegation to the ASEAN countries (i.e. Cambodia, Vietnam, etc.) and discussed with representatives of the local governments or business sectors in which aspects Hong Kong can capitalize on its edge to offer support in terms of professional services, including arbitration and mediation. Hence, we have communicated with the relevant stakeholders through actual contact to understand the whole matter.

Furthermore, we have provided relevant financial support, including "PASS" (i.e. Professional Services Advancement Support Scheme) mentioned in the main reply just now. We support the relevant bodies, including those mentioned by Dr LEUNG just now, through this support scheme, with a view to conducting in-depth studies on or promoting the professional services which they can provide. Hence, be it foreign visits or financial support, we will maintain close communication with the relevant bodies.

IR DR LO WAI-KWOK (in Cantonese): President, the Belt and Road Initiative will in fact straddle generations because it covers extensive territories with numerous populations. The opportunities brought about by the development in the future belong to not only our generation. They may also belong to the next generation and even the ones thereafter. Just now the Secretary spoke a lot on the promotion in professional sectors. Certainly, he also mentioned the work in tertiary institutions. More relevant educational activities should even be launched in secondary schools.
Although the Secretary for Education is not in attendance to answer our questions today, I wish to ask the Commerce and Economic Development Bureau whether there will be cross-bureau collaboration to conduct promotion from multiple angles and at multiple levels, including adding these elements to secondary school education?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Ir Dr LO for his supplementary question.

The current-term Government has placed the Belt and Road Office under the Commerce and Economic Development Bureau. Taking the lead and acting as a coordinator, the Commerce and Economic Development Bureau promotes the Belt and Road jointly with the other Policy Bureaux and government departments concerned because, as Ir Dr LO and Dr LEUNG have pointed out, the Belt and Road Initiative involves various matters such as finance, education and people-to-people bonds. The work in each aspect has to be done properly.

Regarding the question raised by Ir Dr LO just now, for example, the relevant colleagues in the Education Bureau, etc. have done a lot of work on the Belt and Road scholarship in the past. The Government will continue to examine how best to enhance the work on this in future.

The Commerce and Economic Development Bureau has set up "TIAB" (i.e. the Trade and Industry Advisory Board) consisting of members of different sectors. We have expanded its scope to cover representatives of start-ups and various industries who will from time to time provide the Commerce and Economic Development Bureau with practical views, including those from the education and legal sectors. We will continue to collect public views in this direction and do a proper job on this front.

DR PRISCILLA LEUNG (in Cantonese): President, the Belt and Road Initiative is certainly a golden opportunity which comes once in a century. But the question is that it is such a big hill. How can we pave the way for getting a share of the pie? In fact, the Belt and Road Initiative involves a lot of international commerce and trade. In the legal aspect, it belongs to the level of international economic law. In the past, we have mentioned that as far as law is concerned, the Government should actually formulate a legal policy and
encourage the establishment of a cross-sector and cross-jurisdictional academic subject. The Government should also assist in the promotion in tertiary institutions, secondary schools, etc. I strongly approve of conducting promotion in tertiary institutions. However, in secondary schools, I see that such promotion is still being carried out by the community. I have delivered speeches to 3,000 students myself. How can the Government intervene more proactively instead of staying passive on this front? For example, as I mentioned just now, we have compiled some model rules to facilitate 40 countries in jointly conducting international arbitration. Our country has heeded these recommendations, but the Hong Kong Government has yet to make good use of them. How can we take the lead to establish a foothold in this realm?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Dr LEUNG for her supplementary question.

In this connection, first of all, I totally agree that the Belt and Road Initiative has received increasing support from different economies in the international community. At the beginning, there were 60-odd economies, and now the number has increased to 100-odd. Actually, there is a lot of work on this front. For example, just now Dr LEUNG mentioned how to enable the young people in Hong Kong, including those who are still at school, to have more contact with the Initiative and better equip themselves. In this connection, I will share the view raised by Dr LEUNG just now with our colleagues concerned.

As I mentioned in the main reply, the document we signed with NDRC in December last year involves six main areas. In fact, specific work in each area has been going on all along. We will work closely with the colleagues concerned and endeavour to promote the work in this regard.

PRESIDENT (in Cantonese): Last oral question.

Trade relations between Hong Kong and the United States

6. DR CHENG CHUNG-TAI (in Cantonese): At the end of last month, the Government of the United States ("US") announced that it would impose the largest ever sanctions against North Korea in order to cut off the financial
sources for the nuclear programme of North Korea. It was reported that five Hong Kong shipping companies alleged to have aided North Korea in evading international embargoes were put on the sanction list. On the other hand, the US Department of Commerce released its investigation reports last month, claiming that the steel and aluminium materials exported by Hong Kong had brought serious damages to the US industries and threatened the US's national security. The reports therefore recommended the imposition of tariffs of 23.6% on those products. Regarding the trade relations between Hong Kong and the US, will the Government inform this Council:

(1) whether it has assessed the industries which will be affected by the sanctions, and their economic losses in the coming year; if so, of the details;

(2) of the measures, apart from expressing its dissatisfaction and position to officials of the US Consulate General and raising objections directly to the US Department of Commerce through the Economic and Trade Office in Washington, the Government will take to alleviate the impact on local enterprises to be brought about by the US's initiatives to raise the tariffs on steel and aluminium materials; and

(3) given that free trade is of utmost importance to the maintenance of Hong Kong's economic prosperity, whether the Government has liaised with the relevant officials of Hong Kong's other major trading partners lest they might follow the practice of the US?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): President, Hong Kong is an externally-oriented economy and pursues a free trade policy. As a founding member of the World Trade Organization ("WTO"), we have always been a staunch supporter of the multilateral trading system and are against any restrictive trade measures which are inconsistent with WTO agreements.

In respect of the additional tariffs unilaterally imposed by the United States on imported steel and aluminium, the United States Department of Commerce released on 16 February 2018 the "Section 232 investigation" reports relating to the threatening and impairment of the United States national security by imports
of steel and aluminium. The reports recommended that the United States President should consider unilaterally imposing quotas or additional tariffs on imported steel and aluminium\(^{(1)}\) covered in the investigation. One of the recommendations is to subject aluminium products imported from five countries/economies (including Hong Kong) to import tariffs at 23.6%.

We consider that such measures are unilateral, discriminatory, and based on unfounded allegations. Since the release of the investigation reports, the Government of the Hong Kong Special Administration Region ("HKSAR") has been actively following up the matter through various channels. We discussed our response with representatives of the five major local chambers of commerce\(^{(2)}\), and also got in touch with the American Chamber of Commerce in Hong Kong. We filed our formal representation to the United States Administration to register our objection on 27 February. On the same day, the five major chambers also issued a joint statement to support the HKSAR Government's follow-up actions. The Permanent Representative of the HKSAR of China to WTO registered our grave concern on the subject tariff measures at the WTO General Council Meeting held on 7 March and urged WTO Members to honour their WTO commitments.

Subsequently, the United States President decided on 8 March to impose global tariffs of 25% and 10% respectively on steel and aluminium imports covered in the Section 232 investigation reports.

In this connection, the Secretary for Commerce and Economic Development met with the Consul General of the United States to Hong Kong and Macau on 15 March to convey to the United States Administration our request for excluding Hong Kong from the United States plan to raise tariff on imports of steel and aluminium. We also request the United States

\(^{(1)}\) The coverage of the products in the investigations are set out below:
Steel: carbon and alloy flat products; carbon and alloy long products; carbon and alloy pipe and tube products; carbon and alloy semi-finished products; and stainless products.
Aluminium: unwrought aluminium; aluminium bars, rods and profiles; aluminium wire; aluminium plates, sheets, and strip; aluminium foil; aluminium tubes and pipes; aluminium tube and pipe fittings; aluminium castings and forgings.

\(^{(2)}\) The Federation of Hong Kong Industries; The Chinese Manufacturers' Association of Hong Kong; The Chinese General Chamber of Commerce; The Hong Kong General Chamber of Commerce; and The Hong Kong Chinese Importers' and Exporters' Association.
Administration to engage us in full dialogue prior to taking any unilateral action. Our Economic and Trade Office ("ETO") in Washington DC has taken corresponding follow-up actions in reiterating Hong Kong's standpoints and concerns to the relevant local authorities.

At the WTO Informal Ministerial Gathering held on 20 March in New Delhi, India, the Director-General of Trade and Industry reiterated that WTO Members should act within the WTO framework, and pointed out that unilateral moves could undermine WTO's rules and commitments that seek to uphold the fundamental principles of non-discrimination, transparency and predictability, and bring about systemic risks to the multilateral system. Protectionist measures will also impede global economic growth. At the WTO Council for Trade in Goods meeting held on 23 March, representative of the Geneva ETO reiterated our concerns and stated clearly our position on the subject tariff measures. We will continue to follow up the matter on the WTO platform and with the United States Administration. We also reserve our rights to pursue all necessary actions under WTO.

The HKSAR Government has been keeping in touch with the trade, and will provide advice and assistance to manufacturers who intend to make representation to the United States Department of Commerce to exclude their products from the tariffs unilaterally imposed by the United States.

According to the information of the Census and Statistics Department, Hong Kong has no domestic exports of the covered steel products to the United States. The values of Hong Kong's re-exports of the covered steel products to the United States in 2016 and 2017 were US$1.35 million and US$1.76 million respectively (both constituting 0.2% of Hong Kong's total exports of the covered steel products in the respective years). As for aluminium products, Hong Kong's total exports (including domestic exports and re-exports) to the United States in 2016 and 2017 were US$42.92 million and US$38.72 million respectively (constituting 9.0% and 8.7% of Hong Kong's total exports of the covered aluminium products in the respective years).

The HKSAR Government has all along been closely monitoring changes of import regulations and policies of our major trading partners, promptly providing trade information to our local traders and manufacturers, and where necessary, responding to trade restrictive measures in order to safeguard Hong Kong's trade
interest. Our overseas ETOs will continue to closely monitor changes in trade regulations of our trading partners and stay in close touch with the relevant local officials concerned on matters affecting our trade and economic interests.

Regarding sanctions against the Democratic People's Republic of Korea ("DPRK"), the United States imposed a new round of unilateral sanctions last month, adding 27 entities, 28 vessels and one individual to the unilateral sanctions list maintained by it. Five Hong Kong-registered companies have been included. The United States prohibits all persons and entities subject to its jurisdiction from engaging in transactions with persons and entities on the sanction list.

In 2017, DPRK ranked 180th among Hong Kong's trading partners in the world. Given that the trade volume between Hong Kong and DPRK is very small and that the unilateral sanctions list of the United States only involves a very small number of Hong Kong-registered companies, the unilateral sanctions imposed by the United States against DPRK would not have material impact on Hong Kong's industry and economy.

DR CHENG CHUNG-TAI (in Cantonese): If the situation were as casually as depicted by the Bureau in its response, for instance, in the main reply it was said that according to the information of the Census and Statistics Department, Hong Kong's re-exports of steel products to the United States were valued at some US$1 million only, or the re-exports of the covered aluminium products to the United States accounted for a very small proportion of the total exports, the Secretary would not have taken all the trouble to meet with the Consul General of the United States.

If the matter were so minor and simple, could it be that the Secretary, who is away from Hong Kong now, is in Beijing meeting with KIM Jong-un to negotiate issues relating to North Korea and Sino-American trade? If not, can the Government and the Bureau really give a response to Hongkongers and Hong Kong capitalists? That is, in view of a possible new round of protectionist actions to be implemented by the United States and even the emergence of a new Cold War, with regard to the meeting with the Consul General of the United States the other day, can the Secretary give a clear account of the conversations conducted that day to Hong Kong people and society, rather than just presenting some simple figures and describing the situation casually to entirely play down the problem, just as what he said in his reply today?
SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): First of all, I thank the Honourable Member for his supplementary question.

This issue involves two investigation reports, namely, the "Section 232 investigation" report and the "Section 301 investigation" report. With regard to the "Section 232 investigation" report, it imposes additional tariffs on aluminium and steel exported by some economies (including Hong Kong). In this respect, as I pointed out in the main reply, this measure is based on unfounded allegations. It is also unreasonable in numeric terms as our annual exports of steel and aluminium to the United States actually account for a most insignificant percentage only. Therefore, we held a meeting with the five major local chambers of commerce immediately and took follow-up actions with respect to the affected companies. Moreover, together with the colleagues concerned, we immediately set out our justifications and filed our formal representation to the United States Administration on 27 February.

We have continuously stated our position through bilateral and multilateral meetings or discussions, which include, as Dr CHENG said earlier, at the bilateral level, Secretary Edward YAU's meeting with the Consul General of the United States to clearly explain our statistics and position, whereas in respect of multilateral meetings, we gave an account of our justifications through the WTO platform on 7, 20 and 23 March respectively. We will continue to keep a watch on the developments.

As for the "Section 301 investigation", it is about the United States imposing a tariff of 25% on certain products of China and as at today, the report has only set out some broad categories of products, such as aerospace, machinery, and information and communication technology, but a product list has yet been formally provided. We will keep in view the developments. We will immediately proceed to study these tariffs or the details of the covered products, in an effort to expeditiously find out the impact on the industries in Hong Kong, especially Hong Kong enterprises engaging in production of the relevant products in the Mainland.

Both China and the United States are our major trading partners. Last year, for example, trade between Hong Kong and the United States totalled about $550 billion, while Hong Kong's re-export trade with China and the United States
totalled about $350 billion, accounting for about 65% of trade between Hong Kong and the United States. As such, in the event of a trade war between China and the United States, it would not only cause volatilities in the financial market but would also create a certain impact on some types of trade in Hong Kong, especially the re-export trade. Dr CHENG remarked earlier that we had depicted the situation casually. There is absolutely no question of we playing down this issue. Rather, it is an issue that warrants concern. We have, at the first opportunity, solemnly dealt with and addressed this problem with members of the relevant industries.

MR ALVIN YEUNG (in Cantonese): Deputy President, the Civic Party all along holds that free trade is crucial to Hong Kong. Therefore, we support in principle the SAR Government exerting its utmost to prevent Hong Kong from being dragged into the vortex of a Sino-American trade war. That said, my question is that according to the main reply, the SAR Government had, through the Secretary, negotiated with the Consul General of the United States and filed a representation but this aside, I would like to know whether the Bureau has other further strategy. When the United States has yet formally started a trade war—because it is only a proposal at the present stage—and before the start of a trade war formally, are there other measures or further strategies in place? For instance, other than lobbying the executive departments of the United States for support, will the Bureau also lobby the administrative departments or adopt other means in an attempt to convince the United States Government of our position, thereby preventing Hong Kong from being dragged into this trade war?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Mr YEUNG for his supplementary question. I agree with the view of Mr YEUNG. Apart from the Secretary meeting with the Consul General of the United States or our filing of a representation, we have taken actions at different levels, which include the multilateral level I mentioned earlier on. For instance, at WTO meetings, including the WTO General Council Meeting held on 7 March, the WTO Informal Ministerial Gathering held on 20 March, and the WTO Council for Trade in Goods meeting held on 23 March, we have taken follow-up actions. Our next step is to consider filing a complaint
through WTO's dispute settlement mechanism. In addition, the various ETOs overseas, such as the ETO in Washington D.C., have consistently explained the position of Hong Kong to the relevant government departments and officials there. The Geneva ETO has continued to reiterate our standpoints at the WTO level. Other ETOs will continue to keep in view the positions and directions of development of various economies on this issue.

MR DENNIS KWOK (in Cantonese): Deputy President, I visited Washington D.C. in early February and had the opportunity to talk to senators or members of the House of Representatives about the trade war and protectionist actions unilaterally started by the United States recently. I made it clear to them that this unilateral pursuit of a trade war and protectionism is extremely irresponsible and a gross mistake. It will not only harm international trade relations but also eventually damage the economic benefits of the United States and so, it is extremely unwise. In this connection, may I ask how the Government, especially its ETO in Washington D.C., will actively persuade members of the Congress or government officials of the United States not to push themselves deeper and deeper into troubles but should hold back as soon as possible, and in particular, how it will ensure that a Sino-American trade war, once started, will leave the interests of Hong Kong untouched?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): The Government is carrying out work at two levels. As I said just now, our ETO in Washington D.C. has been following up this issue with different government organizations in the United States while expressing the position of Hong Kong. Our colleagues have, through the liaison network established there, kept a close watch on the situation and collected the latest information for reporting to the SAR Government and the relevant industries, so that we can make appropriate responses in a timely manner. Besides, we maintain close liaison with the industries and as I have just said, with regard to the "Section 232 investigation", we have immediately discussed the magnitude of the impact with the five major local chambers of commerce. In the meantime, the five major local chambers of commerce issued a joint statement in support of the Government's follow-up actions. In respect of the "Section 301 investigation", as I said in my earlier response, we will keep a close watch on the product list to be released soon and then we will proceed to conduct analyses and studies to review the impact on the industries. Meanwhile, we hope that through the
provision of support measures, including the support schemes for enterprises and measures to remove restrictions announced several weeks ago, we can, to a certain extent, assist the industries in braving the potential storms.

MR CHUNG KWOK-PAN (in Cantonese): Deputy President, the "Section 301 investigation" report mainly targets products of China and as the Secretary mentioned earlier, a list has yet been provided. But more often than not, textiles are generally included. Therefore, textiles are comparatively more sensitive. May I ask the Secretary whether, if textiles are really included in the "Section 301 investigation" report, the Government will promote the OPA system previously adopted in Hong Kong and relocate some of the production processes back to Hong Kong for the products to be labelled "Made in Hong Kong", in order to minimize the impact on Hong Kong businesses engaging in production in the Mainland?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Mr CHUNG for his supplementary question. As I said earlier, from the information obtained by us for the time being, only some broad categories of products are named, including aerospace, information and communication technology, and machinery. We will keep a close watch on the product list to be released soon. We are also studying the tariff headings that may be involved or the specific product details.

In response to the suggestion made by Mr CHUNG just now, we will closely liaise with various industries and if there is any measure that will enhance the resilience of the industries or minimize the impact on them in this tug-of-war, we would be happy to listen to the industry views and look into how we can achieve better results.

IR DR LO WAI-KWOK (in Cantonese): Deputy President, in my work over the years, I have experienced situations similar to that of "Super 301". When the product list was announced and if the affected industries did not voice their views and present justifications to make a defence, tariffs would be imposed on them. Therefore, the trade and commerce departments of the Hong Kong Government were gravely anxious back then. They would study the product lists and then
take the initiative to contact the relevant industries right away, and if it was necessary to carry out lobbying or attend hearings or provide evidence, the relevant government departments would also provide assistance.

Regarding the signing of a memorandum by President TRUMP to impose punitive tariffs on goods exported by China valued at US$60 billion in total, the industries feel, in fact, gravely concerned, and although I have listened to the Secretary for so long, I still have no idea to what extent the Bureau has grasped the current situation. May I ask the Bureau whether it has initially known the products to be affected and concerning the work that needs to be carried out in this respect, has it already made the preparations, such as deploying suitable staff and resources? Of course, it is most imperative that we must oppose the United States starting a trade war.

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Cantonese): I thank Ir Dr LO for his supplementary question. Again, this involves the two investigation reports I mentioned earlier. In respect of the "Section 232 investigation" report, we have absolutely grasped the local enterprises to be affected and we have got in touch with them to look into how assistance can be provided. In this connection, as I said in my replies to the main question and supplementary questions, we have filed our representation and explicitly stated our justifications at some bilateral or multilateral meetings.

Regarding the "Section 301 investigation", as I said earlier, we will keep a close watch on the product list and at the same time commence studies on the relevant tariff headings or details of the products that may be affected, while the Trade and Industry Department will expeditiously work with the industries in an attempt to resolve the problem.

As we all know, there will be an interim period between the announcement of the product list and its formal implementation, and as Ir Dr LO has said, some hearings will be held then, and through our ETOs and the Trade and Industry Department, we will actively look into whether we can avail ourselves of this channel to enable the relevant enterprises to be spared the tariffs payable by all means.

WRITTEN ANSWERS TO QUESTIONS

Replacement exercise for new smart Hong Kong identity cards

7. MR DENNIS KWOK: President, the Government has adopted a new form of smart Hong Kong identity cards ("HKICs"), and will commence a territory-wide HKICs replacement exercise ("replacement exercise") in the fourth quarter of 2018. Section 7B(3) of the Registration of Persons Ordinance (Cap. 177) provides that any person who is a holder of identity card and fails, without reasonable excuse, to apply for a new identity card within the period specified by the Secretary for Security commits an offence and is liable to a fine at level 2 (i.e. $5,000). Also, paragraph 7 of Schedule 1 to the Immigration Ordinance (Cap. 115) provides that a Hong Kong permanent resident ("HKPR") who is not of Chinese nationality or a child of such HKPR under 21 years of age may lose the HKPR status under certain circumstances (e.g. having been absent from Hong Kong for a continuous period of not less than 36 months since he/she ceased to have ordinarily resided in Hong Kong). In this connection, will the Government inform this Council:

(1) whether it will examine, during the replacement exercise, if applicants for new HKICs have lost their HKPR status; if so, of the details of the examination and whether it will inform the public of such details; if it will not inform the public, the reasons for that;

(2) of the respective numbers of prosecutions instituted and persons convicted for failure to apply for replacement of their HKICs within the periods specified in the last replacement exercise conducted from 2003 to 2007; and

(3) whether the Government has plans to step up public education on the legal consequence of failure to apply for replacement of their HKICs within the periods specified by the Secretary for Security; if so, of the details; if not, the reasons for that?

SECRETARY FOR SECURITY: President, the Immigration Department ("ImmD") is developing the Next Generation Smart Identity Card System to address the obsolescence of hardware and software of the existing Smart Identity
Card System, and to introduce the new smart Hong Kong identity cards ("HKICs") so as to avoid the emergence of a large number of damaged or defective HKICs in a short period of time. A one-off territory-wide identity card replacement exercise will be launched by end of 2018 when all smart HKIC holders will be invited by phases to have their existing HKICs replaced in an orderly manner. Subject to actual progress, the exercise is expected to last until 2022.

Our reply to the questions raised by Mr Dennis KWOK is set out below.

(1) A person's eligibility for the permanent resident status is a matter of fact to be determined in accordance with the law. Same as the last identity card replacement exercise, except in a situation involving a change of circumstances falling within paragraph 7 of Schedule 1 to the Immigration Ordinance, persons who are holding the existing permanent identity cards will in the upcoming territory-wide identity card replacement exercise continue to be eligible for the new form of permanent identity cards. During the card replacement exercise, ImmD will remind applicants of the above provisions. Applicants will be invited to inform ImmD of any change in their permanent resident status, if applicable. For those who do not report any change in circumstances, their permanent resident status would not specifically be questioned and their applications for a new identity card will be processed in the normal manner.

(2) By December 2017, 11 persons were prosecuted and convicted for failing to apply for new HKICs, without reasonable excuses, within the specified period in the previous identity card replacement exercise.

(3) A comprehensive publicity programme through various means (such as advertisement on television, radio, newspapers, online platforms, public transportations and billboards, roving exhibitions, posters and pamphlets, etc.) will be in place to publicize and explain the details of the replacement exercise to the general public, including the replacement sequence and locations, and their obligations, before the start of and throughout the identity card replacement exercise.
Torture claims and non-refoulement claims

8. **DR PRISCILLA LEUNG** (in Chinese): President, it is learnt that in recent years, a large number of people of South Asian descent lodged, immediately upon illegal entry into Hong Kong, torture claims or non-refoulement claims (collectively referred to as "claims") under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. While handling such claims, the Immigration Department issues recognizance forms (commonly known as "going-out passes") to such claimants for them to temporarily stay in Hong Kong. As at the end of last year, nearly 6 000 claims were pending screening. It has been reported that from time to time in recent years, there are claimants committing crimes in Hong Kong, thus undermining the law and order. In this connection, will the Government inform this Council:

1. of the number of claimants arrested in each of the past three years on suspicion of having committed crimes and its percentage in the total number of claimants; how such percentages compare with the relevant percentages for Hong Kong permanent residents;

2. whether the Police have, in the light of the patterns of the crimes committed by the claimants, deployed more police officers to patrol the districts concerned; if so, of the details; if not, the reasons for that; and

3. whether the Government will consider afresh deploying existing resources, including existing or vacant correctional institutions, to set up closed camps for the claimants; if so, of the details; if not, the reasons for that?

**SECRETARY FOR SECURITY** (in Chinese): President, the Government has been operating the unified screening mechanism since March 2014 to screen non-refoulement claims on all applicable grounds, i.e. a claim made by someone to be removed from Hong Kong to another country that if he is removed to that country, he will be subject to torture, or his absolute and non-derogable rights under the Hong Kong Bill of Rights ("HKBOR") (section 8 of Cap. 383) will be violated (including being arbitrarily deprived of his life as referred to in Article 2 and cruel, inhuman or degrading treatment or punishment as referred to in Article 3 of HKBOR), or be persecuted, etc.
Non-refoulement claimants (including illegal immigrants and overstayers, etc.) are subject or liable to be removed from Hong Kong. Pursuant to the Immigration Ordinance (Cap. 115), a claimant may be detained before his removal (including before commencement of the screening process of his claim, during screening, pending appeal and the hearing of such appeal, and during arrangement for his removal). The Immigration Ordinance also stipulates that the Immigration Department ("ImmD") may require a claimant to enter into a recognizance as alternative to detention. Given previous court rulings that claimants could only be detained for a period of time that is considered reasonable under all circumstances, most claimants are currently released on recognizance in lieu of detention under the conditions imposed by ImmD.

In 2016, the Government commenced a comprehensive review of the strategy of handling non-refoulement claims. A number of measures have been implemented so far, such as preventing potential claimants from entering Hong Kong, expediting commencement of the screening process for pending claims, shortening the screening time per claim, appointing more members to the Torture Claims Appeal Board and increasing manpower of its secretariat, expediting repatriation of rejected claimants, and stepping up enforcement actions against offences such as taking up unlawful employment.

My reply to the various parts of Dr LEUNG's question is as follows:

(1) According to the Police's records, the number of non-ethnic Chinese ("NEC") persons on recognizance (mostly non-refoulement claimants) arrested for suspected criminal offences (i.e. the 64 crimes categorized by the Police by the type of crimes) in the past three years is as follows:

<table>
<thead>
<tr>
<th>Crimes</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop theft</td>
<td>277</td>
<td>463</td>
<td>428</td>
</tr>
<tr>
<td>Serious drug offences</td>
<td>159</td>
<td>179</td>
<td>200</td>
</tr>
<tr>
<td>Miscellaneous thefts</td>
<td>110</td>
<td>161</td>
<td>170</td>
</tr>
<tr>
<td>Wounding and serious assault</td>
<td>100</td>
<td>117</td>
<td>173</td>
</tr>
<tr>
<td>Serious immigration offences</td>
<td>85</td>
<td>117</td>
<td>111</td>
</tr>
<tr>
<td>Forgery and coinage</td>
<td>80</td>
<td>85</td>
<td>63</td>
</tr>
<tr>
<td>Disorder/fighting in public place</td>
<td>64</td>
<td>37</td>
<td>29</td>
</tr>
<tr>
<td>Others</td>
<td>238</td>
<td>347</td>
<td>368</td>
</tr>
<tr>
<td>Total</td>
<td>1 113</td>
<td>1 506</td>
<td>1 542</td>
</tr>
</tbody>
</table>
According to the Police's statistics, the total number of persons arrested (including the above mentioned NECs released on recognizance) for criminal offences in 2017 was 30,366.

Separately, according to ImmD's records, the number of NEC persons on recognizance (mostly non-refoulement claimants) arrested for taking up unlawful employment in violation of section 38AA of the Immigration Ordinance in the past three years is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of persons arrested</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>232</td>
</tr>
<tr>
<td>2016</td>
<td>302</td>
</tr>
<tr>
<td>2017</td>
<td>381</td>
</tr>
</tbody>
</table>

(2) The Police have always been concerned with the situation of crimes committed by NEC persons in Hong Kong. To handle the related issues in a focused manner, formulate relevant strategies and coordinate combating operations, the Police set up the "Crime Wing Working Group on NEC Involvement in Organized Crime and Triad Activities", chaired by the Chief Superintendent of Police of the Organized Crime and Triad Bureau ("OCTB") and consisted of representatives from the Criminal Intelligence Bureau and Crime Formations of all regions.

On combating crimes at district level, OCTB launched new strategies in 2017 to tackle the problem of NEC committing crimes with emphasis on four aspects, namely training, intelligence gathering and sharing, multi-agency cooperation and enhanced enforcement actions.

In addition, to reduce the economic incentives for non-refoulement claimants to take up unlawful employment, ImmD has continued to step up targeted inspection and intelligence gathering against venues like factories, restaurants, food processing industries, premises under renovation, recycling centres, container depots and warehouses in relevant districts and conduct raids (including joint operations with other law enforcement agencies as necessary) as appropriate.
In 2017, ImmD conducted 758 targeted operations against NEC illegal workers, representing a 27% increase over 2016. A total of 478 NEC illegal workers and 270 local employers were arrested in the operations. Also, ImmD will continue to enhance publicity to remind employers that employing a person who is not lawfully employable is a serious offence liable to immediate imprisonment.

(3) Sections 32 and 37ZK of the Immigration Ordinance stipulate that the Director of Immigration may detain illegal immigrants during the removal procedures and the screening process of their non-refoulement claims respectively. ImmD has formulated a detention policy on how such powers will be exercised. For example, matters to be considered for detention include whether the person concerned has conviction(s) associated with crime(s) of serious or violent nature, whether there is doubt on his true identity and whether he has a record of absconding.

Persons detained under the Immigration Ordinance may be detained in places stipulated under the Immigration (Places of Detention) Order (Cap. 115B), including the Castle Peak Bay Immigration Centre ("CIC"), ImmD's detention facilities at boundary control points, as well as sites and buildings that are set apart for the purposes of prisons under the Prisons Ordinance (Cap. 234) and specified in the Schedule of the Prisons Order (Cap. 234B). At present, illegal immigrants detained by ImmD (including claimants) are mostly detained at CIC.

We are also considering different measures from the legal, public security and resources perspectives, which include making available more detention facilities and providing more effective operational support to detention facilities. The Government will carefully consider different views in formulating suitable proposals. The Government is considering proposals on amending the Immigration Ordinance with a view to implementing effective measures to prohibit claimants’ delaying tactics during the screening and removal procedures.
Public toilets at the Peak

9. MR YIU SI-WING (in Chinese): President, in reply to a question raised by me on 22 March last year, the Government pointed out that the Food and Environmental Hygiene Department ("FEHD") and the Architectural Services Department had set up a working group, which frequently discussed ways to optimize FEHD's public toilets to ensure that the appearance of such toilets could blend well with the surrounding environment, and that their designs can keep up with the times. For public toilets at tourist attractions, FEHD would consider adopting thematic designs, featured facades, multi-colour artistic designs, decorative lighting with characteristics, etc., so as to give them an aesthetical and distinctive appearance. According to a Visitor Profile Report published by the Hong Kong Tourism Board, the Peak is the most popular tourist attraction in Hong Kong. Nevertheless, I have received complaints recently from members of the public that there were inadequate public toilets in the tourist district of the Peak, that the facilities of some of the public toilets there were substandard and that their hygiene conditions were poor, in particular the public toilet at Podium 2 of the Peak Tower. They consider that such a situation not only affects tourists' impression of Hong Kong, but also tarnishes the image of Hong Kong as an international metropolis. Given that the public toilet in the Peak Tower will be closed for refurbishment at the end of this year, some members of the public are worried that the problem of inadequate public toilets in the tourist district of the Peak will deteriorate by then, and that the facilities and design of the public toilet after refurbishment will still be incompatible with the level of the Peak as a world-class tourist attraction. In this connection, will the Government inform this Council:

(1) of the number of toilets available for public use in the tourist district of the Peak; whether it received relevant complaints and whether it conducted any public satisfaction survey in respect of such facilities, in the past three years; if so, of the details; if not, the reasons for that;

(2) whether it has planned, in response to the needs of tourists, to (i) provide additional public toilets in the tourist district of the Peak, (ii) improve the facilities of the existing public toilets and (iii) step up the management of such facilities; if so, of the details; if not, the reasons for that;
(3) whether, in the course of carrying out the aforesaid refurbishment works, the aforesaid working group has planned to incorporate, in the light of the actual situation, elements that reflect the characteristics of the Peak as a tourist attraction into the design of that public toilet, and to provide additional facilities therein, so as to meet the needs of tourists and other users and enhance tourists' impression of Hong Kong; if so, of the details; if not, the reasons for that; and

(4) of the short-term measures to solve the problem of inadequate public toilets in the tourist district of the Peak when the aforesaid refurbishment works are underway?

SECRETARY FOR FOOD AND HEALTH (in Chinese): President, the toilets for public use in the tourist area of the Peak are managed by several departments/organizations, including the Food and Environmental Hygiene Department ("FEHD"), the Leisure and Cultural Services Department ("LCSD"), the Agriculture, Fisheries and Conservation Department ("AFCD") as well as shopping centres in the private sector nearby.

My reply in respect of FEHD's purview to the question raised by Mr YIU Si-wing is as follows:

(1) FEHD provides a public toilet in the Peak Tower (with Peak Tram Terminus) with 6 cubicles and 4 urinals in the male section and 8 cubicles in the female section, in addition to a total of 19 cubicles and 29 urinals in male toilets, 25 cubicles in female toilets and 10 accessible unisex toilets provided in the Peak Tower's shopping centre and Peak Galleria nearby; 4 cubicles and 6 urinals in male toilets, 8 cubicles in female toilets and 2 accessible unisex toilets provided by LCSD in the Mount Austin Playground and Victoria Peak Garden; as well as 2 cubicles in the male section and 2 cubicles in the female section of the public toilet provided by AFCD in Lung Fu Shan Country Park for the use of the public and tourists.

FEHD received 8, 8 and 14 complaints about the public toilet of the Peak Tower in 2015, 2016 and 2017 respectively, mainly concerning its cleanliness and repairs of facilities. FEHD has already handled and followed up the complaints.
FEHD has not conducted any satisfaction survey on the services provided for the public toilet in the Peak Tower. That said, FEHD has long been mindful of the hygiene conditions and usage of the facilities of the toilet and taken follow-up actions as appropriate.

(2) Concerning the provision of additional public toilets, FEHD will consider a number of factors, such as the number of nearby toilets available for the public and tourists (including the toilets provided by other government departments and private sector shopping centres), local pedestrian flow, the availability of suitable locations for new public toilets, etc. and decide whether there is a need to build new toilet(s) according to the actual situation. As far as the tourist area of the Peak is concerned, FEHD has no plan to build any new public toilet at the Peak since there have already been quite a number of toilet facilities available for the public and tourists. That being the case, FEHD will review the service of public toilets in the area on a regular basis to ensure that the facilities provided can meet the requirements.

With respect to upgrading the public toilet facilities for the tourist area of the Peak, FEHD and the Architectural Services Department ("ArchSD") have set up a working group which holds frequent discussions on how to optimize FEHD's public toilets to ensure that the design of public toilet facilities could blend well with the surrounding environment and keep up with the times, with a view to making the public toilet facilities hygienic, clean, safe and decent. In planning new toilets and reprovisioning or refurbishing existing ones, FEHD will follow its established standards of provision. The working group will decide on the exterior design, installations and equipment, as well as materials having regard to the actual circumstances of individual toilets. For public toilets at tourist spots, FEHD will consider adopting thematic layouts, featured facades, multi-colour artistic designs and decorative lighting to make the toilets aesthetical and distinctive, providing good ventilation, making the best use of natural lighting in addition to artificial lighting, as well as utilizing advanced facilities such as infra-red sensor-activated taps and flushing equipment. Subject to site conditions and other circumstantial factors, FEHD will consider providing more pedestal type water closets to meet the needs of tourists.
As regards stepping up the management of public toilets of the Peak, FEHD has deployed toilet attendants to work there to ensure that the toilets are clean and hygienic with toilet paper and liquid soap replenished as well as damages of facilities reported for speedy repairs. In parallel, FEHD staff are deployed for daily inspection of the conditions of hygiene, cleanliness and facilities of the public toilets of the Peak. Blitz inspections will be strengthened to monitor the performance of cleansing service contractors and the cleanliness of the toilets. If any default or irregularity of the contractor is found, FEHD will take follow-up actions as appropriate, including issuing verbal and written warnings, and default notice to deduct the monthly payment for service. FEHD also holds regular meetings with the contractor to review its service performance and identify areas for further improvement.

(3) Apart from the current design standards, the working group set up by FEHD and ArchSD have considered a number of factors in vetting and approving the designs of the refurbishment works for the public toilet of the Peak Tower, including the toilet's existing conditions, utilization rate, the views of the Tourism Commission and the property management agency of the Peak Tower, etc. to ensure that the refurbished toilet can better meet the needs of users and blend well with the interior design features of the Peak Tower. In the light of the actual situation, there will be more urinals and cubicles in the male and female sections respectively after refurbishment, and one of the cubicles in the male section will be converted into a universal toilet. Facilities including lighting and ventilation systems will also be enhanced and upgraded.

(4) To address the temporary inadequacy of toilet facilities in the tourist area of the Peak during the refurbishment period of the public toilet at the Peak Tower (expected from the third quarter of 2018 to the second quarter of 2019), FEHD will provide mobile toilets for the use of tourists at suitable location in the vicinity of the public toilet. Besides, FEHD will refurbish the public toilet of the Peak Tower by phases so as to minimize the problems arising from temporary inadequacy of toilet facilities due to the refurbishment works.
Processing of food business licence applications

10. **MR SHIU KA-FAI** (in Chinese): President, recently, some organizations of the retail industry have relayed to me that the criteria for processing food business licence applications are too stringent, and the time taken for processing them is too long. The relevant processing criteria include the one that food premises must comply with building safety requirements (including the absence of unauthorized building works). The Buildings Department ("BD") will provide a reply to the Certificate on Completion of Building Works Not Resulting in a New Building or of Street Works ("completion certificate") submitted by a works contractor for the building works, advising either that the completed works have been accepted or there are outstanding issues to be rectified. In this connection, will the Government inform this Council:

   (1) as some restaurant licence applicants have alleged that the criteria adopted by BD for deciding whether to accept the completed building works are too stringent and that BD has taken too long to give a reply to the completion certificate, whether BD will conduct a review and make improvements (including setting a performance pledge on the response time);

   (2) whether the Food and Environmental Hygiene Department will consider setting up a task force to expedite the processing of (i) new applications for Composite Food Shop Licence, (ii) applications for alteration to the approved plan of licensed food premises, and (iii) applications for transfer of food business licence;

   (3) given that licensed restaurants/light refreshment restaurants currently operating in Government-managed venues and holding a liquor licence are required to apply for a temporary liquor licence separately on each occasion when they serve or sell liquor at places within the venues but outside their restaurants/light refreshment restaurants, whether the authorities will conduct a review and streamline the relevant procedure; and

   (4) as some restaurant operators have pointed out that restaurant premises are required under the current restaurant licence to provide ventilation facilities to ensure an adequate supply of fresh air for the people inside the premises, but it is difficult for some
small restaurants with seats placed in a non-enclosed area (such as the atrium) of a shopping mall to comply with such requirement, whether the authorities will conduct a review and make improvements?

SECRETARY FOR FOOD AND HEALTH (in Chinese): President, in respect of food business licensing, the Food and Environmental Hygiene Department ("FEHD") aims to provide efficient services for all applicants. To achieve this goal, it requires the joint efforts of various government departments and licence applicants. My reply to various parts of the question is as follows:

(1) For all approved alteration and addition ("A&A") works, the Buildings Ordinance (Cap. 123) ("BO") stipulates that the authorized person ("AP") together with the registered structural engineer ("RSE") and the registered contractor, are required to submit to the Buildings Department ("BD") a "Certificate on Completion of Building Works Not Resulting in a New Building or of Street Works" ("the Certificate") after the completion of the A&A works to certify that the works have been completed in accordance with the approved plans and in compliance with BO and its allied regulations. While there is no statutory time limit under BO for processing the Certificate, BD has set a work target and will provide a reply within 28 days after receipt of the Certificate advising the acceptance of the completed works or the outstanding issues to be rectified.

To facilitate the trade, FEHD will issue a provisional licence for the processing of food business premises so as to enable the applicant to have more time to deal with the certification for the approved A&A works. In applying for a provisional licence, the applicant is only required to appoint an AP or a RSE to confirm that the A&A works have been completed in accordance with the approved plans so that the applicant can run the food business in a safe building environment when following up the relevant matters relating to the Certificate.

(2) FEHD adopts a third party certification system for the issue of a full Composite Food Shop Licence. The Licensing Authority accepts a Certificate of Compliance (issued by an AP or a RSE) to confirm...
the compliance with all health requirements for the issue of a full licence. This arrangement enables the applicant to obtain the full licence early without requiring any site inspection by FEHD staff to confirm compliance with all health requirements. Each application is also coordinated by a case manager. However, the processing time for an application is contingent upon the time taken up by the applicant in complying with the relevant licensing requirements, settling objections raised by the public or other departments concerned and addressing relevant land issues, if any. It varies from case to case.

FEHD has since February 2018 recruited additional manpower to assist in handling the outstanding applications for alteration to the approved plans in district offices. With the addition of manpower, the time for handling other licensing matters including transfer of licence by health inspectors in district offices can also be shortened correspondingly.

(3) According to section 25 of the Dutiable Commodities (Liquor) Regulation (Cap. 109B), the Commissioner of Police may, on payment of the prescribed fee and subject to such conditions as he thinks fit, issue to the holder of a liquor licence a temporary liquor licence for the retail sale of liquors at any public entertainment or on any public occasion. When processing the applications for temporary liquor licences, the Police Force will consider whether the relevant sale will affect public order and public safety on a case-by-case basis. We currently have no plan to change the existing practice.

(4) According to Public Health and Municipal Services Ordinance (Cap. 132), restaurant which does not have adequate natural ventilation has to be provided with a ventilating system such that an amount of outside air not less than 17 cubic metres per hour for each person who may be accommodated in the premises will be provided. Application for approval of a mechanical ventilating system must be accompanied by the proposed layout plans of the mechanical ventilating system and a certificate from the supplier of the system in respect of the mechanical ventilating system for consideration. If
the proposed restaurant is in a shopping arcade, the applicant needs to provide the mechanical ventilating system block plan. Upon receipt of an application for approval of a proposed mechanical ventilating system, FEHD will preliminarily assess the acceptability of the proposal before forwarding the application to concerned departments (such as BD and Fire Services Department) for comment. FEHD will assess the acceptability of the proposal on its individual merits and ensure the compliance with statutory requirement with a view to protecting public health.

The award of glass management contracts

11. MR LAM CHEUK-TING (in Chinese): President, to tie in with the implementation of the producer responsibility scheme on glass beverage containers, the Environmental Protection Department invited tenders for three glass management contracts in February last year to provide regional glass container collection and treatment services covering the catchment regions of (i) Hong Kong Island and Islands District, (ii) Kowloon and (iii) the New Territories respectively. The tender results were announced in November last year. The two glass management contracts relating to Hong Kong Island and Islands District and the New Territories were awarded to the same company, whereas the contract relating to Kowloon was re-tendered in the same month. In this connection, will the Government inform this Council:

(1) of the considerations and justifications for the aforesaid decision on re-tendering;

(2) of the organizations currently responsible for the recycling of glass in Kowloon, and the timeframe for the provision of the service by the organizations concerned;

(3) whether it has assessed the award of the aforesaid two glass management contracts to the same company has given rise to a monopoly; if it has, of the assessment outcome and the improvement measures; if not, the reasons for that; and
(4) given that it is difficult for small recycling enterprises to be eligible to bid for the aforesaid glass management contracts, of the means the authorities have to assist those enterprises in bidding for such contracts in future?

SECRETARY FOR THE ENVIRONMENT (in Chinese): President, the Environmental Protection Department ("EPD") has been actively undertaking the preparation work for the producer responsibility scheme on glass beverage containers with a view to implementing it fully in 2018. In this regard, the Government conducted an open tender exercise in early 2017 for hiring suitable glass management contractors ("GMCs") to undertake waste glass container collection and treatment services for the catchment regions of Hong Kong Island (including Islands District), Kowloon and the New Territories respectively. While the tendering exercises for three contracts were conducted concurrently, they were separate contracts and were processed individually according to the terms set out in the respective tender documents.

Our responses to the questions raised are as follows:

(1) In line with the general practices as adopted in other open tender exercises, EPD assessed and evaluated the Technical Proposal and Financial Offer of the tenders in accordance with the principles and procedures set out in the tender documents approved by the Central Tender Board, and selected the successful tenderer according to the tender acceptance rules stipulated in the tender documents. But the Government has reserved the right not to award the contract in consideration of public interest, having regard to factors such as whether the contract is value-for-money and whether the relevant policy objective could be achieved. In the present case, after completing the above assessment process for the open tender, the Government announced in early November 2017 the tender outcomes in respect of the two glass management contracts for the catchment regions of Hong Kong Island (including Islands District) and the New Territories. As for the contract for the Kowloon region, having considered the tender assessment outcome and the tender acceptance rules stipulated in the tender documents, as well as the views of the Central Tender Board, EPD considered that the tender concerned did not meet the value-for-money expectation and
it would not be in the public interest to award the contract. EPD therefore decided to cancel the tender. The contract for the Kowloon region was immediately re-tendered in mid-November 2017. The tendering exercise is now underway and we expect to complete the exercise and award the contract in the second quarter of 2018.

(2) The Kowloon region was originally served by several voluntary glass container recycling programmes funded respectively by EPD, the hotel industry and the Environment and Conservation Fund. In view of the re-tendering of the glass management contract for the Kowloon region, EPD has been working to maintain the glass container collection services in the Kowloon region before the glass management contract is awarded through the Kwun Tong and Sham Shui Po Community Green Stations and through extending the EPD's existing contract for glass container collection services. As regards the collection points at the few hotels, bars and restaurants in the Kowloon region, as the parties originally providing collection services were unable to extend their services, we have arranged for the GMC responsible for the other two catchment regions to temporarily take up the services. Upon award of the glass management contract for the Kowloon region, the relevant GMC will take over the collection services accordingly.

(3) In making the arrangement for the waste glass container collection and treatment services, the Government divided the whole territory into three catchment regions and intended to hire up to three GMCs through open tender to serve each of the three catchment regions. This is to avoid over-reliance on a single contractor to provide glass container recycling services for the entire territory, while taking account of the need to achieve economy of scale and cost-effectiveness of the relevant services. To this end, the Government has set out in the tender documents that a single tenderer would not be awarded more than two contracts under normal circumstances. In the event that a tenderer had the highest combined score in all three contracts, the Government would award two of the three contracts to that tenderer in consideration of the overall costs of the contracts, while the remaining contract would be awarded to the tenderer with the second highest combined score in
that combination. But the Government reserved the right not to award any contract in consideration of public interest. In addition, in the re-tendering of the contract for the Kowloon region, similar terms were stipulated in the tender documents to ensure that the current GMC for the Hong Kong Island (including Islands District) and the New Territories, under normal circumstances, would not be awarded the contract for the Kowloon region to avoid monopoly in service provision.

(4) In the re-tendering exercise of the glass management contract for the Kowloon region, we had reviewed and adjusted the basic requirements of the tender in order to promote competition in the bidding process. For example, we have suitably relaxed the requirement of length of experience in providing waste or recyclables collection services within the past two years from one year to six months, which would allow enterprises with lesser experience (including small and medium ones) to meet the requirements for participating in the re-tendering exercise.

Child care services

12. MR HO KAI-MING (in Chinese): President, in response to an ageing population and the trend of a shrinking labour force in Hong Kong, the Government has indicated that it will take measures to release women to join the labour market. However, some women’s groups have pointed out that in Hong Kong, there is currently a shortage of subsidized child care services (e.g. child care services and after-school care services). As a result, quite a number of women are unable to join the labour market as they need to take care of their children. In this connection, will the Government inform this Council:

(1) of the details of the subsidized child care services currently available in various districts, and set out in tabulated form, broken down by District Council district and name of service provider, (i) the number of places and a breakdown of the figure by mode of service delivery (e.g. service hours), and (ii) the average staff-child ratio, in respect of each type of child care services;
(2) whether it knows the details of the public child care services currently available in places such as the Mainland, Taiwan, Japan, Singapore, etc., as well as the relevant experience and practices which are of reference value to Hong Kong for enhancing its child care services; and

(3) whether it will consider (i) increasing the number of subsidized child care service places, and (ii) encouraging the relevant organizations to offer more child care service training courses to assist women in working as home-based child carers or engaging in other child care jobs, so as to release more women to join the labour market?

SECRETARY FOR LABOUR AND WELFARE (in Chinese): President, my reply to the three parts of the question is as follows:

(1) The Social Welfare Department ("SWD") has all along been subsidizing non-governmental organizations ("NGOs") to provide a variety of child care services, including aided standalone child care centres ("CCCs"), aided CCCs attached to kindergartens ("KGGs"), occasional child care service ("OCCS"), extended hours service ("EHS") and the Neighbourhood Support Child Care Project ("NSCCP"). The numbers of places of all these services broken down by District Council district are set out in Annex 1. The service nature, service hours and the ratio of serving staff to the children receiving service are set out in Annex 2. As regards the information of the above services broken down by organization, please refer to the following website: <https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_childcares/>

In addition, after school care service is operated by NGOs on a self-financing and fee-charging basis to provide support services for children aged 6 to 12. SWD provides assistance to the needy and eligible families through the "Fee-waiving Subsidy Scheme ("FWSS") under the After School Care Programme ("ASCP") to enable parents of low-income families to attend work or receive vocational training. Currently, there are 156 ASCP centres operated by 55 NGOs joining the FWSS. The service hours of the
after school care service are generally from 3:00 pm or 4:00 pm to 7:00 pm or 8:00 pm from Mondays to Fridays. The numbers of ASCP places and full fee-waiving places broken down by District Council district and organization are set out in Annex 3. To further strength support for parents with long or unstable working hours, or those who need to work during weekends, SWD has since December 2014 provided additional subvention to some of the NGOs operating the ASCP by increasing the fee-waiving and fee-reduction places, so that they can provide extended service hours on weekday evenings, Saturdays, Sundays and school holidays, including from 3:00 pm to 9:00 pm on weekdays, 8 service hours on Saturdays and Sundays, and 10 service hours on school holidays. Currently, there are 34 ASCP centres operated by 18 NGOs providing the enhanced ASCP. The number of full fee-waiving places provided under the enhanced ASCP broken down by District Council district and organization is set out in Annex 4. SWD does not collate the information in respect of the average staff-to-child ratio of after school care service.

(2) In order to further review the existing supply and demand of child care services and formulate the way forward for the long-term planning of these services, SWD commissioned The University of Hong Kong to conduct a "Consultancy Study on the Long-term Development of Child Care Services" ("the Study") in December 2016. The Study will make reference to the experiences of other countries in providing child care services, conduct in-depth analyses of different aspects of child care services, including objectives, contents, targets, financing modes, service models, demand and supply situation, facility planning, manpower planning and training etc., and make recommendations. SWD expects that the Study will be completed within 2018.

(3) To support women in fulfilling work and family commitments, the Government will continue to monitor the demand for child care services and plan for new CCCs in districts with acute demand, including the provision of a total of about 300 additional aided standalone CCC places in phases in North District, Kwun Tong District, Kwai Tsing District and Sha Tin District starting from 2018-2019. The Government also plans to provide an additional 3 800 EHS places in phases having regard to the district demand.
Besides, the Government encourages NGOs to set up CCCs under the Special Scheme on Privately Owned Sites for Welfare Uses, and is exploring the feasibility of providing on a pilot basis 100 NGO-operated child care places for staff members in the proposed Government Complex in Tseung Kwan O.

To further support needy families in meeting their service needs in taking care of their children, SWD implemented the "Pilot Scheme on Relaxing the Household Income Limit of the FWSS under the ASCP for Low-income Families and Increasing Fee-waiving Subsidy Places" ("the Pilot Scheme") through the Community Care Fund ("CCF") in October 2017. The Pilot Scheme, with an overall provision of $52 million, will last for three years, providing an additional 2,000 full fee-waiving places. It is expected that about 3,000 children will be benefited. As at end-February 2018, there were a total of 210 persons benefiting from the fee-waiving subsidies of the Pilot Scheme. If more fee-waiving subsidy places are required, SWD will consider applying for additional resources under the CCF to meet such service need.

On the other hand, in accordance with the requirements of the Child Care Services Ordinance (Cap. 243) and the Child Care Services Regulations (Cap. 243A), CCCs providing service to children aged below three must employ registered child care workers ("CCWs") and child care supervisors ("CCSs") with certificates of a training course approved by the Director of Social Welfare ("DSW") or the equivalent qualification to take care of the children. As such, SWD has been exploring with relevant tertiary institutions to launch more DSW-recognized (self-financing) training courses for the registration of CCWs/CCSs, so as to meet the need for maintaining/expanding the CCC service. Besides, in accordance with the service agreement between SWD and the NSCCP operators, the latter is required to provide appropriate training to those women/persons who are ready and suitable to serve as home-based child carers, and the training contents generally include child care skills, children's nutrition, awareness of suspected child abuse and home safety, etc., so as to enhance their confidence to become home-based child carers under the NSCCP, and ensure service quality.
Annex 1

Number of Places for Aided Standalone CCCs, Aided CCCs attached to KGs, OCCS, EHS and NSCCP (As at end-December 2017)

<table>
<thead>
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<th>District</th>
<th>Aided Standalone CCCs</th>
<th>Aided CCCs attached to KGs</th>
<th>OCCS</th>
<th>EHS</th>
<th>NSCCP</th>
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<td></td>
<td>Number of places</td>
<td>Number of places&lt;sup&gt;(1)&lt;/sup&gt;</td>
<td>Number of places</td>
<td>Number of places</td>
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<td>954</td>
</tr>
</tbody>
</table>

Notes:

(1) Figures provided by the Education Bureau as at September 2017.

(2) The Operator has the flexibility to increase the number of places provided by home-based child carers on top of the minimum requirement set by SWD to meet the actual service demand.
### Service Nature, Service Hours and Ratio of Serving Staff to Children Receiving Service of Aided Standalone CCCs, Aided CCCs attached to KGs, EHS, OCCS and NSCCP

<table>
<thead>
<tr>
<th>Services</th>
<th>Service Nature</th>
<th>Service Hours</th>
<th>Ratio of serving staff to the children receiving service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aided Standalone CCCs and Aided CCCs attached to KGs</td>
<td>Provides long full day care services for children aged under 3.</td>
<td>Monday to Friday: 8:00 am to 6:00 pm Saturday: 8:00 am to 1:00 pm</td>
<td>For children aged under 2, 1 CCW should take care of 8 children. For children aged 2 to under 3, 1 CCW should take care of 14 children.</td>
</tr>
<tr>
<td>OCCS</td>
<td>Provides OCCS for children aged under 6 on full-day, half-day or two-hour sessional basis at some CCCs and KG-cum-CCCs for parents with sudden engagements or other commitments.</td>
<td>Monday to Friday: 8:00 am to 6:00 pm Saturday: 8:00 am to 1:00 pm</td>
<td>On every 3 places of OCCS, the notional staffing establishment is 0.5 CCW and 0.5 relief CCW.</td>
</tr>
<tr>
<td>EHS</td>
<td>Provides longer hours of child care service at some CCCs and KG-cum-CCCs to meet the social needs of families and working parents.</td>
<td>Monday to Friday: 6:00 pm to 8:00 pm Saturday: 1:00 pm to 3:00 pm or 8:00 pm</td>
<td>For every group (including 8 children aged under 2, or 14 children aged 2 to under 3), the notional staffing establishment is 1 CCW and 0.4 workman II.</td>
</tr>
</tbody>
</table>
NSCCP

Provides flexible child care services for children aged under 9 to support parents who are working long, unstable hours and/or in emergency need, lack support network and have financial hardship. The NSCCP has two service components, namely home-based child care service and centre-based care group.

Home-based child care service: 7:00 am to 11:00 pm
Centre-based care group: Operates till late evenings and covers some weekends and some public holidays

Ratio of serving staff to the children receiving service

Home-based child care service: A home-based child carer may at any one time take care of not more than 3 children aged below 9 (including their own children aged below 9).
Centre-based care group: 1 adult may at any one time supervise a group of no more than 14 children aged from 3 to aged below 9.

Annex 3

Number of ASCP places and full fee-waiving places broken down by District Council district and organization (as at end-December 2017)

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Place</th>
<th>Full Fee-waiving Place</th>
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<tbody>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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Wong Tai Sin

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Sai Kung (including Tseung Kwan O)

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Sha Tin

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**Kwai Tsing**

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**Tuen Mun**

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Number of Full Fee-waiving Places under The Enhanced ASCP
broken down by District Council district and organization
(as at end-December 2017)

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Monitoring the operation of the Hong Kong Housing Society

13. **MR LEUNG YIU-CHUNG** (in Chinese): President, although the Hong Kong Housing Society ("HKHS") is an independently operated, financially autonomous and self-financing statutory body, it has over the years been granted lands by the Government on concessionary terms for the purpose of building subsidized housing and a number of senior government officials have been appointed as members in its governance structure. On the other hand, the Office of The Ombudsman ("the Office") pointed out in a direct investigation report released in January 2015 that the Government had neither the statutory powers nor a mechanism to monitor the work of HKHS, and it did not have any policy documents relating to the monitoring of the provision of rental units by HKHS either. In this connection, will the Government inform this Council:

(1) of the details of the lands granted in the past 10 years by the Government to HKHS for housing development (including the concessionary terms offered and the policies based on which it made the relevant decisions);

(2) whether a mechanism is currently in place to monitor the work of HKHS in respect of the provision and management of rental units; if so, of the details; if not, the reasons for that; whether the Government will, pursuant to the recommendation of the Office, draw up written agreements with HKHS to ensure proper use of the lands to be granted to HKHS on concessionary terms and the achievement of the intended objectives;

(3) given that HKHS recently refused to send representatives to meet with me, other Members of this Council and District Council members to listen to the views of members of the public on its Well-off Tenants Policy, and that some tenants of HKHS's rental estates have indicated that it is difficult for them to contact HKHS staff to relay their housing problems, whether the Government will request HKHS to establish a mechanism to respond to the views and requests of members of the public and tenants of its rental estates; if so, of the details; if not, the reasons for that; and

(4) as the Office recommended that the Housing Department enhance the reporting mechanism with HKHS regarding double housing benefits, including drawing up a written agreement and establishing
a channel for regular communication, whether the Government has implemented such recommendations; if so, of the progress; if not, the reasons for that?

SECRETARY FOR TRANSPORT AND HOUSING (in Chinese): President, the Hong Kong Housing Society ("HKHS") has all along been providing the people of Hong Kong with affordable housing and related services to meet different housing needs through its provision of public rental units and subsidized sale flats for low to middle-income households. After consulting HKHS, my reply to various parts of the question raised Mr LEUNG Yiu-chung is as follows:

(1) and (2)

The Government has considered but has reservations about The Ombudsman's recommendation. The Government's position and views are set out in detail in the Government Minute in response to the Annual Report of The Ombudsman 2015 and the progress reports submitted to The Ombudsman. HKHS is a financially autonomous, non-profit-making housing organization operating independently on a self-financing basis without any direct subsidy from the Government, nor is it subject to Government supervision. HKHS was incorporated under the Hong Kong Housing Society Incorporation Ordinance (Cap. 1059) ("the Ordinance"). According to the Ordinance, HKHS has full power in various aspects, for instance, to dispose of land and property, to make investment decisions, to borrow or raise money, to do other things in accordance with its aim and objects, etc. The HKHS Constitution under the Ordinance governs the functions and powers of HKHS. HKHS establishes its governance structure in accordance with its Constitution. The structure of HKHS includes a Supervisory Board which is responsible for setting HKHS' mission and working direction, and an Executive Committee which is responsible for formulating policies of HKHS, so that HKHS can administer its business by itself. The Ordinance does not confer on the Government any powers to intervene and supervise the operation of HKHS. Such practice is also inappropriate.
HKHS has all along been a close partner of the Government in providing public housing to address the housing needs of the public. Subject to the overall planning of land resources, sites with restrictions on the land use have been granted to HKHS by the Government at a concessionary land premium for development of subsidized housing. In the past ten years, the Government granted to HKHS a site for developing rural public housing, and four sites for developing subsidized sale flats, in order to address keen demands of the general public for housing and home ownership. To ensure the proper use of the sites granted to HKHS for subsidized housing development and the achievement of the intended objectives, the Government has prescribed relevant terms and conditions or requirements in the Conditions of Grant of individual sites according to the nature and needs of the different housing projects. These terms and conditions include the requirement that HKHS has to rent or sell subsidized housing units to eligible low to middle-income persons, alienation restrictions of the units, etc. How the terms and conditions are implemented and carried out is a matter of internal operation of HKHS. This mechanism has been working effectively. The Government will continue to keep close liaison and communication with HKHS on various subsidized housing projects.

(3) As an independently operating organization, HKHS has managed its rental estates according to its independent policies. We understand that HKHS has regularly communicated with resident representatives (i.e. Mutual Aid Committees) of rental estates to understand and respond to residents' views and requests with respect to estate management. After announcing the introduction of its Well-off Tenants Policy in January 2018, HKHS has explained the Policy in details to Mutual Aid Committees. HKHS will announce the implementation details of the Policy in due course.

(4) As for The Ombudsman's recommendation that the Housing Department ("HD") should enhance the reporting mechanism with HKHS regarding double housing subsidies, HD has strengthened liaison with HKHS and held several special meetings to discuss how to improve the notification and coordination mechanism of tenancy duplication cases between HD and HKHS. The improved mechanism has been operating since July 2015. Measures
including enhancement of monthly computer reports, delivery of computer reports to HKHS by electronic means instead, and strengthening communication between HD and HKHS at both frontline staff and management levels, have been put in place to facilitate timely handling of tenancy duplication cases by HD and HKHS.

Foster care service

14. **DR CHIANG LAI-WAN** (in Chinese): President, the foster care service implemented by the Social Welfare Department ("SWD") provides children in need with the service of residential family care. It is learnt that between 2013 and 2016, there was on average a wastage of 60 (about 6%) foster families each year. However, due to recruitment difficulties, the number of newly-recruited foster families could not offset the wastage, resulting in a drop in the number of foster families from 938 in 2013 to 901 in 2016. In this connection, will the Government inform this Council:

(1) whether, in respect of those children who needed to change foster families in the past three years, SWD has compiled statistics on the (i) average number of times for which each child changed foster families, and (ii) average length of stay in various foster families of each child;

(2) of the current number of children waiting to be placed with foster families;

(3) whether SWD will step up its public education and publicity efforts to enhance the public's approval of foster care service, so that more qualified families will be willing to become foster families; if so, of the details; if not, the reasons for that;

(4) whether SWD will (i) increase the manpower and resources for offering child care courses for foster families, (ii) provide foster parents with leave which does not entail deduction of allowances, and (iii) improve the mechanism for seeking relief families for foster families, with a view to reducing the wastage rate of foster families; if so, of the details; if not, the reasons for that;
(5) whether SWD will strengthen its support for fostered children's families of origin, so that fostered children may be returned to their families of origin for care under appropriate circumstances; if so, of the details; if not, the reasons for that; and

(6) whether SWD has measures in place to follow up the situation of children living with foster families, so as to ensure that they receive proper care; if so, of the details; if not, the reasons for that?

SECRETARY FOR LABOUR AND WELFARE (in Chinese): President, my reply to the six parts of the question is as follows:

(1) Foster care service provides residential family care for children aged under 18 who cannot be adequately taken care of by their families due to family problems or crises, so that they may continue to enjoy family life before they re-unite with their families, join an adoptive family or live independently.

The Social Welfare Department ("SWD") has no record on the average number of times for which each foster child changed foster families and his/her length of stay in each foster family. With regard to the children discharged from foster care service in 2017-2018 (as at 31 December 2017), their average length of stay in foster care service was 35.2 months.

(2) As at end December 2017, there were 4 children waiting for matching with suitable foster families, while 216 children were under matching for suitable foster families.

(3) In order to let more general public learn about foster care service and recruit more suitable foster families, SWD launched a set of television/radio Announcement in the Public Interest and posters in respect of foster care service in April 2017, so as to strengthen the promotion of foster care service. SWD also organizes the Foster Families Service Award Presentation Ceremony on a biennial basis to encourage and recruit suitable persons to join as foster families through recognition and commendation of foster parents'
long-standing commitment to foster care service. SWD will continue to collaborate with the 11 foster care agencies to promote and recruit foster families through various channels and the media.

(4) To enhance the quality of foster care service, SWD regularly organizes various training programmes for foster parents so as to enhance their knowledge and skills in taking care of foster children. To further understand the needs of foster families, SWD keeps contact with foster parents through the Liaison and Sharing Groups in different districts so as to understand the service provision. Besides, all the foster care agencies regularly conduct training programmes and supportive groups that can meet the needs of the foster parents under their supervision, so as to strengthen service effectiveness.

In order to further support foster families in need and recruit more families to provide foster care service, SWD has raised various foster care allowances by more than 20% since 1 December 2017. SWD has also introduced a new grant of extra incentive payment for taking care of children under the age of three, so as to encourage foster families to take care of young children.

Under the existing arrangement, if a foster parent has to take leave due to personal reasons, the foster care worker will provide assistance by arranging the foster child to temporarily receive care under another foster family. Since double-payment of foster care allowance (including incentive payment for foster parents and maintenance grant to foster children) is not allowed, the foster care allowance concerned can only be made available to the parents providing foster care service during the time.

(5) The case social workers will formulate suitable long-term welfare plan for children receiving foster care service in accordance with the circumstances and needs of individual cases. In order to strengthen family functioning, the case social workers will provide counselling and support services to children and their birth families when the children are staying with foster families. Case review meetings will also be held regularly to follow up on the conditions and welfare needs of the children concerned. When it is practicable and in the
best interests of the children concerned, the case social workers will
strive to facilitate the reunion arrangement for the children
concerned with their birth families or other relatives.

(6) To ensure that children staying with foster families receive proper
care, SWD and the non-governmental organizations providing foster
care service conduct assessments and thorough investigations on
families applying for the provision of foster care service, including
the applicant's family life condition, home environment, experience
and capability in taking care of children etc., so as to assess whether
or not the applicant is suitable to join as a foster family. During the
time when the children are staying with foster families, foster care
workers keep in view the conditions of children at the foster families
through regular home visits, interviews and telephone contacts, and
provide support and professional advice to foster parents. SWD
also keeps regular contact with foster parents through the Liaison
and Sharing Groups in different districts to understand the needs of
foster families and the condition of foster care service, as well as
providing support and professional advice to foster parents to ensure
that the foster children receive proper care.

Developing Hong Kong into a smart city

15. **MR CHAN CHUN-YING** (in Chinese): President, the Chief Executive
pointed out in the Policy Address delivered in October last year that smart city
development could improve people's daily lives and make Hong Kong a more
liveable city. In order to develop Hong Kong into a smart city, the Government
would invest $700 million to push ahead with three infrastructure projects:
providing an "eID" for all Hong Kong residents, launching a pilot
Multi-functional Smart Lampposts scheme at selected urban locations, and
reforming the development technology of e-Government systems and building a
big data analytics platform. In this connection, will the Government inform this
Council:

(1) whether it has drawn up (i) a definition for "liveable city" and
(ii) the criteria for assessing the liveability of a city; if so, of the
details; if not, the reasons for that;
(2) whether it has drawn up timetables for implementing the aforesaid three infrastructure projects; if so, of the details; if not, the reasons for that; and

(3) whether it has plans to invite commercial organizations to collaborate on the research, development and application of the eID system, so that the system will support the services provided by public and private organizations; if so, of the details; if not, the reasons for that?

SECURITYY FOR INNOVATION AND TECHNOLOGY (in Chinese):
President, my reply to the various parts of the question is as follows:

(1) The Government published the Smart City Blueprint for Hong Kong in December 2017, outlining the vision and mission to build Hong Kong as a world-class smart city. It also maps out development plans in the next five years, providing a clear and specific direction for smart city development in Hong Kong. Smart city development is an evolving subject. Different cities formulate different smart city development goals and measures having regard to their special circumstances. We will closely monitor the latest development on smart city and make reference to relevant indicators or key performance indicator to assist us in assessing our work and progress.

(2) We briefed the Panel of Information Technology and Broadcasting of the Legislative Council on 12 March 2018 about the details of implementing the three smart city key infrastructure projects. We plan to seek funding approval of the Finance Committee in mid-2018 with an aim to commission the new "eID" system and "Next Generation GovCloud and Big Data Analytics Platform" by 2020. Funding for implementing the three-year "Multi-functional Smart Lampposts" pilot scheme will be sought in phases in accordance with the established procedures for public works projects. We expect about 50 smart lampposts under the first phase of pilot will come into operation progressively by mid-2019.
(3) We will actively promote eID to public and commercial organizations, and explore potential applications and development direction of eID in different electronic and online services. We issued a Request for Information on the eID project on 16 March to solicit information from relevant sectors and professional bodies to explore the technical solutions, applications and development direction of eID for various e-services. In developing the system, we will provide Application Programming Interfaces for e-service providers, including government bureaux/departments and public/private organizations, thus making identity verification and digital signing by different systems simple with the use of eID. When designing the eID system, we will adopt open architecture and modular design to allow flexibility for system upgrade and expansion to support future services to be provided by public and private organizations.

Depreciation and amortization costs for the Hong Kong Disneyland Resort

16. **MR WU CHI-WAI** (in Chinese): President, the earnings of the Hong Kong Disneyland Resort ("HKDL") before interest, taxes, depreciation and amortization ("EBITDA") were $914 million in fiscal year 2017. After deducting costs such as depreciation and amortization totalling $1,242 million, HKDL recorded a net loss of $345 million. The increase in depreciation and amortization costs was attributable mainly to (i) the completion of new attractions and a hotel, and (ii) the depreciation costs arising from the retirement of certain assets for taking forward HKDL's expansion and development plan ("the expansion plan"). In addition, the depreciation costs for the various types of assets of HKDL are calculated on the basis of (i) a straight-line method and (ii) the different ranges of depreciation periods applicable to different types of assets. In this connection, will the Government inform this Council:

(1) whether it knows the number of major attractions and sightseeing facilities retired by HKDL since its opening in 2005, and set out one by one the following information of such facilities: (i) name of facility, (ii) the annual depreciation cost before the retirement, (iii) the service period and the remaining depreciation period upon the retirement, and (iv) the depreciation cost arising from the retirement;
(2) whether it knows the projected (i) depreciation costs arising from the retirement of facilities, (ii) depreciation costs for new facilities, and (iii) total amount of depreciation costs, in each of the coming five years;

(3) whether it knows the attendance of HKDL in each of the coming five years which will enable HKDL's EBITDA to just offset its depreciation and amortization costs, calculated on the basis that factors such as admission fees and hotel occupancy rates remain at the current levels;

(4) as the Government indicated last year that the incremental revenues to be brought about by the expansion plan in each year would be higher than the depreciation costs for the new assets in the same year, but the revenue of HKDL last year failed to achieve that level, whether the Government or HKDL has assessed the revenues and earnings of HKDL in the coming five years; if so, of the details; whether the Government or HKDL has formulated remedial measures (e.g. lowering the royalties and management fees that HKDL is required to pay to the Walt Disney Company, or amending the terms concerning the option to buy the site for the Phase 2 expansion plan) to deal with the situation that the revenues of HKDL in each year are persistently lower than the depreciation costs for its new assets; and

(5) whether it knows the average anticipated service periods of the rides and attractions of HKDL or its counterparts; the factors based on which HKDL has set the range of depreciation periods for such facilities at eight to 25 years; how the criteria adopted for setting such range of depreciation periods compare with those used by HKDL's counterparts; whether other theme parks have similarly incurred a large amount of depreciation costs arising from the retirement of assets?

SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT (in Chinese): President, Hong Kong Disneyland Resort ("HKDL") is a major component of the tourism infrastructure in Hong Kong which helps consolidate
our position as an international premier tourist destination and promote the
development of Hong Kong's tourism and other related industries, bringing
substantial economic benefits and employment opportunities to Hong Kong.

HKDL has made sustained efforts in enriching its attractions and offerings
so as to enhance its attractiveness and competitiveness as well as to play to its
strength in attracting high value-added visitors from all over the world to Hong
Kong and fostering tourism development. In 2017, HKDL launched the "Iron
Man Experience" ride and the new resort-style hotel "Disney Explorers Lodge".
After obtaining the funding approval from the Legislative Council, HKDL has,
since the second half of 2017, been actively taking forward its expansion and
development plan ("the Plan"), with various new attractions to be launched
progressively from this year to 2023 for further enhancing HKDL's attractiveness.

Under the Plan, the first new attraction, "Moana: A Homecoming
Celebration" stage show, would be launched at a new outdoor venue at
Adventureland in May 2018. Other new attractions coming on stream in the
next few years include the transformed ride experience featuring "Marvel" super
heroes, namely "Ant-Man" and "Wasp"; the expanded and transformed Castle;
another "re-imagined" project; as well as two new themed areas based on
"Frozen" and "Marvel" respectively.

Our reply to the five parts of the question is as follows:

(1) and (2)

The annual depreciation costs of HKDL would increase when a new
asset is completed and commences operation, and would decrease
when certain assets are fully depreciated. The data in the past
shows that depreciation costs could go up or down, and it is difficult
to generalize the trend of such costs. For fiscal year 2017, the
increase of HKDL's depreciation costs was mainly due to the
addition of the above mentioned two major assets during the year,
namely "Iron Man Experience" and "Disney Explorers Lodge", and
the increased depreciation relating to the retirement of certain assets
for taking forward the Plan, which includes removing certain
original props installations, scene facilities, etc. of "Buzz Lightyear
Astro Blasters" progressively for re-decorating the building and
adjusting the system into a re-imagined ride based on "Marvel" super
heroes, namely "Ant-Man" and "Wasp", and removing certain original area designs around the Castle progressively to free up land for expanding the Castle. The Plan would retain the original major structures of "Buzz Lightyear Astro Blasters" and the Castle, and thus there would not be accelerated depreciation for these structures.

As the details of useful life, depreciation costs, etc. of the individual asset involve HKDL's confidential commercial information, according to the agreements between the Government and Disney's side, the information on this front cannot be disclosed.

HKDL expects that with the progressive launch of various new attractions under the Plan from this year to 2023, its attendance would have a steady year-on-year growth with the total attendance in fiscal year 2025 attaining 9.0 million to 9.3 million. The hotel occupancy would also increase accordingly, thereby increasing the overall revenues. While the related additional depreciation costs would also start to kick in during the relevant years, the incremental revenues brought about by the Plan are expected to be higher than the annual depreciation costs of the new assets. In this regard, the Government will continue to closely monitor the performance of the management company of HKDL in operating HKDL, and request the management company to endeavour to achieve the expected performance as well as to review the relevant situation and take improvement measures where necessary.

HKDL is an important tourism facility of Hong Kong, and its operation in the past 12 years has brought $90.9 billion of total value added (at 2015 prices) to and created a total of 232 500 jobs (in terms of man-years) in Hong Kong. Being the majority shareholder of HKDL, the Government will continue to monitor the developments and performance of HKDL. With the gradual launch of various new attractions under the Plan in the future, as well as the new opportunities to Hong Kong's tourism industry brought about by the upcoming commissioning of various cross-boundary infrastructures (including the Hong Kong Section of the Guangzhou-Shenzhen-Hong Kong Express Rail Link and the Hong
Kong-Zhuhai-Macao Bridge), we believe that the business performance of HKDL would be benefited with more tourists visiting HKDL, which would in turn further promote the development of Hong Kong's tourism industry.

(5) HKDL's policy for depreciation of assets is formulated according to Hong Kong Financial Reporting Standards and Hong Kong's generally accepted accounting principles, and is consistent with that for similar categories of assets and equipment of other theme parks (e.g. Ocean Park) and entertainment businesses. HKDL's depreciation of property, plant and equipment is calculated using the straight-line method which allocates the cost over the estimated useful life after deducting the residual value; and the depreciation period of different asset types of HKDL is shown in the following table:

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Depreciation period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and improvements</td>
<td>3 years to 40 years</td>
</tr>
<tr>
<td>Furniture, fixture and equipment</td>
<td>3 years to 10 years</td>
</tr>
<tr>
<td>Machinery and equipment</td>
<td>3 years to 40 years</td>
</tr>
<tr>
<td>Rides and amusements</td>
<td>8 years to 25 years</td>
</tr>
<tr>
<td>Shows and parades</td>
<td>5 years</td>
</tr>
</tbody>
</table>

Generally speaking, when a new asset of HKDL is completed and commences operation, the additional depreciation arising from such new asset is calculated based on the above depreciation policy. Moreover, taking into account the needs of HKDL's day-to-day operations or development plans, HKDL may need to suitably retire certain existing assets to complement its development, which would make those assets become fully depreciated earlier and thus speed up the relevant depreciation costs. The situations of adding and retiring assets are common to other theme parks' operations. As mentioned above, the way that HKDL handles the depreciation costs concerned is in line with Hong Kong Financial Reporting Standards and Hong Kong's generally accepted accounting principles, and is consistent with the practice of other theme parks.
Provision of glass container recovery facilities

17. MR KENNETH LAU (in Chinese): President, according to the information provided by the mobile application "WASTE LESS" launched by the Environmental Protection Department, glass container recovery facilities are currently not provided in some old districts (e.g. San Po Kong, Ngau Tau Kok, etc.) where there are a large number of tenement buildings or single-block buildings. Regarding the provision of glass container recovery facilities, will the Government inform this Council:

(1) whether the authorities will set up additional glass container collection points in the housing estates and public places in various districts across the territory; if not, of the reasons for that;

(2) whether the authorities will place glass container recycling bins alongside the three-colour waste separation bins which are currently placed in the housing estates/residential buildings and public places in various districts, so as to facilitate residents in the districts to participate in glass container recycling; if not, of the reasons for that;

(3) of the number of village-type Refuse Collection Points provided with glass container recycling bins at present, and the total number of such recycling bins;

(4) as the authorities have indicated that, in order to reduce space needed for providing recycling bins in public places, they will explore the feasibility of adopting mixed recycling bins to collect different types of recyclables, whether the types of recyclables to be collected by such recycling bins will include glass containers; if not, of the reasons for that; and

(5) given that it is provided in the glass management contracts awarded by the authorities that contractors are required to set up glass container collection networks in their responsible catchment regions, whether the authorities have issued to contractors guidelines for or standards of the distribution of collection points; if so, of the details; whether they have required contractors to include
in the collection networks all of the locations within their responsible catchment regions at which three-colour waste separation bins have been placed; if not, of the reasons for that?

SECRETARY FOR THE ENVIRONMENT (in Chinese): President, to promote glass bottle recycling, the Environmental Protection Department ("EPD") has, through its glass bottle collection services and other voluntary recycling programmes, been progressively increasing the number of glass bottle collection points in various districts since December 2013 to facilitate public participation in glass bottle recycling. In addition, in November 2017, the Government appointed through open tender the glass management contractor to undertake waste glass container collection and treatment services for the catchment regions of Hong Kong Island (including Islands District) and the New Territories. It is expected that the contract for the Kowloon region will be awarded in the second quarter of this year.

Our responses to the questions raised are as follows:

(1) and (2)

In general, glass bottle collection points under various glass bottle recycling programmes are mainly set up in places such as residential estates or suitable government facilities where their day-to-day management is taken care of by responsible personnel. This is to ensure that no nuisance or danger would be caused to the public. As at December 2017, there were over 1,490 glass bottle collection points set up in housing estates across the territory, mainly alongside the existing three-colour waste separation bins. There were also over 650 collection points set up in other facilities and places, including parks, sport centres, schools, hotels, shopping malls, pubs and other food premises, etc.

(3) Currently, there are 14 village-type Refuse Collection Points with glass bottle collection points, mainly in the Islands District covering Lamma Island, Cheung Chau, Mui Wo and South Lantau, Tai O, Peng Chau, etc. Depending on the actual requirements, each collection point will be provided with one to three recycling bins to facilitate the residents on the outlying islands to participate in glass bottle recycling.
(4) In response to the demand of the public on recycling bins and litter containers and to further enhance public participation in waste reduction and clean recycling, the Environment Bureau set up in 2016 the Steering Group on the Modification of Recycling and Refuse Collection Facilities in Public Places ("the Steering Group") to review the distribution and design of recycling bins and litter containers in public places. The Steering Group has discussed the pros and cons for introducing "mixed recycling bins" and considered that though "mixed recycling bins" could effectively reduce the space needed for providing recycling bins in public places, trial run should first be conducted to ensure smooth operation before introducing such bins to certain public places. The Steering Group has also commissioned a consultant to design for different recycling bins and litter containers. The consultant will collect views of the public and stakeholders on the proposed new designs at a later stage.

(5) As stipulated in the Glass Management Contracts, the contractors awarded with the Contracts shall take over the existing glass container collection points set up by EPD and those under various voluntary recycling programmes to ensure continuity of the collection services. The contractors shall also progressively expand their collection networks on this basis to achieve the Annual Recovery Targets as set under the Contracts. The Contracts have specified that the contractors shall set up new collection points at suitable locations or make appropriate arrangements to provide the required glass container collection services within 28 days upon receipt of requests for such services. In consideration of public safety and environmental hygiene, we consider it not suitable to provide glass container recycling bins on streets alongside the three-colour waste recycling bins for collection of glass containers.

Promoting the development of the e-sports industry

18. MR JIMMY NG (in Chinese): President, it has been reported that in recent years, video game playing has developed from a general leisure activity into electronic sports ("e-sports"). The size of the global e-sports market reached US$460 million in 2016, indicating that e-sports have become a new driving force for economic growth. Quite a number of countries and regions
regularly offer e-sports training programmes and organize professional leagues, and have classified e-sports as sports. On the other hand, when he announced the 2018-2019 Budget, the Financial Secretary indicated that the Government would allocate $100 million to the Cyberport to develop the Cyberport Arcade into an e-sports and digital entertainment hotspot for providing a venue for e-sports competitions, in order to promote the development of the e-sports industry. In this connection, will the Government inform this Council:

(1) whether it will consider (i) setting up indoor or outdoor e-sports venues in various districts and (ii) adjusting the sports policy to classify e-sports as sports; if so, of the details; if not, the reasons for that;

(2) given that the Cyberport made, in its Report on Promotion of E-sports Development in Hong Kong submitted to the Government in February this year, a host of recommendations on promoting the development of e-sports, which included nurturing professional and amateur e-sports talents by providing training to them, whether the Government will encourage various tertiary institutions to offer diploma and undergraduate programmes on e-sports, so as to enhance the recognition of e-sports talents and their professional status, thereby attracting more young people to join the e-sports sector; if so, of the details; if not, the reasons for that;

(3) whether it will support, by setting up an award pool, etc., the e-sports sector in organizing more local leagues, so as to nurture local players to participate in major international e-sports tournaments as representatives of Hong Kong; if so, of the details; if not, the reasons for that;

(4) given that industries such as digital entertainment, online streaming, competitive sports, electronic product research and development, as well as advertising industry are integral to the e-sports industry chain, whether the Government will consider building a cooperation platform for e-sports and the related industries to promote the long-term development of such industries, thereby creating a large number of relevant jobs; if so, of the details; if not, the reasons for that;
(5) whether the Government will provide more support for local e-sports game developers, such as setting up a fund to help them with product development as well as promotion and advertising, so as to enhance the international competitiveness of local e-sports game products; if so, of the details; if not, the reasons for that; and

(6) given that there have been cases in the past in which young people became so obsessed with playing video games that they put off sleeping and eating, and were lured away from their work or studies, of the measures the Government has in place to (i) remind young people to exercise self-control when playing video games and (ii) provide counselling for those who are addicted, so as to eliminate the public's negative impression on e-sports and video games and promote the healthy development of the e-sports industry?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Chinese): President, regarding the six parts of the questions, in consultation with the Education Bureau, Food and Health Bureau, Home Affairs Bureau and Labour and Welfare Bureau, our reply is as follows:

(1) The 2018-2019 Budget has announced the funding allocation of $100 million to Cyberport to promote the development of e-sports, of which $50 million will be used for developing the Cyberport Arcade into a local e-sports and digital entertainment node. This includes the conversion of part of the Arcade facilities into a competition venue for e-sports.

As regards the suggestion of classifying e-sports as a sporting activity, the Government will closely monitor international and local developments, including the position of the International Olympic Committee ("IOC") and whether a relevant "national sports association" would be established in Hong Kong according to the established procedures of the Sports Federation and Olympic Committee of Hong Kong, China, which is a member of the IOC and Asia Olympic Council.
(2) In December 2017, Cyberport submitted its Report on Promotion of E-sports Development in Hong Kong, which highlights that the e-sports industry involves the research and development and application of a wide variety of skills and technologies, including e-sports hardware, digital audio/video, broadcasting, game design and development, Virtual Reality/Augmented Reality and online marketing, etc. In respect of professional development of e-sports, Cyberport is currently discussing with the local tertiary institutions to utilize its venue and facilities as well as the funding allocation proposed by the Budget for nurturing talents.

Besides, the universities and post-secondary institutions also provide academic programmes on the professions related to e-sports. In the 2016-2017 academic year, 3,526 students were enrolled in the University Grants Committee-funded undergraduate programmes that are related to computer science, and information and technology ("IT"). In developing the curricula, the universities would work closely with relevant stakeholders (including the industry) to keep track of the latest manpower trend and industry needs.

Through the Study Subsidy Scheme for Designated Professions/Sectors ("SSSDP"), the Education Bureau also encourages the self-financing post-secondary education sector to offer programmes in selected disciplines, including creative industries, to nurture talent in support of specific industries with keen manpower demand. In the 2018-2019 academic year, 37 programmes will be under SSSDP, including 3 programmes related to digital entertainment, animation and visual effects, and multimedia technology and innovation.

The IT higher diploma programmes offered by the Vocational Training Council ("VTC") cover a wide range of areas which include game software development, mobile applications development, multimedia, and games and animation, and involve some e-sports components. In addition, VTC is studying the skills needs of the e-sports industry and will explore if it should offer module(s), a new higher diploma programme, or in-service training programmes on e-sports.
Apart from the provision of venue, Cyberport will utilize the remaining funding of $50 million to support the development of the industry, including organization of local and regional competitions and mega events, training programmes and public promotion activities. Cyberport will also improve its start-ups and talents development programmes, discover and equip the start-ups and talents in areas relating to e-sports technologies and game development. Cyberport is liaising with the sector to solicit their views and suggestions on how to make best use of the funding, for example, setting up an award pool, building a cooperation platform for the industry and supporting local e-sports game development, etc. We are planning to submit details of the Cyberport's proposals to the Legislative Council Panel on Information Technology and Broadcasting in May.

E-sports competitions are conducted mostly on a team basis (each team usually has five players) except for duels. Team competition emphasizes systematic training and requires team members to receive prolonged training and build rapport among them, to cooperate and communicate with one another, as well as to align with the professional analysis and tactics of the coaches and the team. As a group activity, e-sports is different from the common sense of "playing video games" which is a personal recreational pastime.

Cyberport will make use of the funding allocation as announced in the Budget to launch public promotion and engagement activities, including seminars, small-scale e-sports competitions and exhibitions on game history and products. Cyberport will also set up an experience corner at the future Cyberport e-sports and digital entertainment node and invite e-sports and digital entertainment industry to showcase related new technologies and e-sports products to raise the public's positive understanding and interest in e-sports, game development and related technologies.
On the other hand, learning elements helping students to develop healthy lifestyles, including regular daily schedule, not indulge in Internet surfing, etc., are covered in the curriculum of primary and secondary schools. The Education Bureau has also provided an information kit for reference by schools in undertaking relevant parent education. Through organizing seminars and workshops, the Education Bureau helps parents develop proper attitude of their children in using IT in daily life and study, in order to avoid Internet addiction. Besides, a telephone hotline has been set up to provide individual support to parents, teachers and students in need.

For community support, the Social Welfare Department ("SWD") subvents non-governmental organizations ("NGOs") to provide young people with a range of preventive, developmental and remedial services, including integrated children and youth services centres, school social work, youth outreaching service and the Community Support Service Scheme, so as to help them deal with their academic, social and emotional difficulties, including those problems arising from addiction to video games. Besides, SWD will, starting from 2018-2019, subvent NGOs to set up five cyber youth support teams, which will reach out to at-risk and hidden youth through the online platforms commonly used by young people. Apart from addressing their deviant behaviours relating to the use of the Internet (including addiction to using the Internet/playing video games), the teams will also provide immediate consultation and counselling services with regard to their social and emotional problems. Where necessary, the social workers will meet with the young people for in-depth discussions and provide suitable follow-up services, including referring them and their family members to relevant mainstream services. Besides, the Department of Health has been working closely with schools and NGOs to promulgate healthy use of Internet and electronic screen products among students and youths, and providing kids and other target groups (such as parents and teachers) with the information and resources to tackle related issues.
Police's work in detecting online deception cases

19. **MR HOLDEN CHOW** (in Chinese): President, information from the Hong Kong Police Force reveals that since 2014, there have been on average about 2,000 online business fraud cases each year, involving a total amount of around $30 million to $40 million. Although there has been a downward trend of corporate-level email scams in recent years, 683 cases involving a total amount as high as $1 billion were still recorded last year. Regarding the Police's work in detecting online deception cases, will the Government inform this Council:

(1) of the respective numbers of cases in which the suspects in the aforesaid two types of deception cases were prosecuted and convicted in each of the past five years, together with a breakdown by whether the cases involved websites or servers outside Hong Kong; and

(2) given that the Police, in detecting deception cases involving websites or servers outside Hong Kong, may encounter difficulties (including obtaining assistance from banks outside Hong Kong to intercept stolen funds and handling certain crimes committed in other jurisdictions), whether the authorities have explored measures to deal with such difficulties?

**SECRETARY FOR SECURITY** (in Chinese): President, my reply to the question raised by Mr Holden CHOW is as follows:

(1) Regarding online business frauds and corporate-level email scams, the number of cases and the amount lost in the past five years are set out below:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases</td>
<td>1,449</td>
<td>2,375</td>
<td>1,911</td>
<td>1,602</td>
<td>1,996</td>
</tr>
<tr>
<td>Amount lost ($ million)</td>
<td>43.1</td>
<td>48.4</td>
<td>40.4</td>
<td>32.1</td>
<td>34.5</td>
</tr>
</tbody>
</table>
"Corporate level" email scams

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases</td>
<td>1 153</td>
<td>1 095</td>
<td>968</td>
<td>867</td>
<td>683</td>
</tr>
<tr>
<td>Amount lost ($ million)</td>
<td>756.2</td>
<td>983.7</td>
<td>1 368.9</td>
<td>1 782.2</td>
<td>992.6</td>
</tr>
</tbody>
</table>

Online business frauds are usually local cases. Although victims and main offenders are usually in Hong Kong, the online social platforms or websites used for transactions may involve servers located outside Hong Kong.

Regarding corporate-level email scams, more than 40% of the victims of the cases in 2017 are Hong Kong companies. The vast majority of the fraudsters of these cases will send deceptive emails via email accounts outside Hong Kong. Therefore, corporate-level email scams usually involve servers located outside Hong Kong.

In the past five years, the detection rates for online business frauds and corporate-level email scams are respectively 16.7% and 9.4%. The Police do not maintain figures on prosecutions and convictions in respect of these two types of cases,\(^1\) nor do they keep statistics on the number of cases involving websites or servers outside Hong Kong.

\(^2\) In handling cases of online fraud, if the Police need to conduct investigation or adduce evidence in respect of incidents happened outside Hong Kong, it will unavoidably involve the laws and powers of different jurisdictions. The Police will encounter various difficulties in the course of investigation, evidence collection, arrest and prosecution, and the process is time-consuming. As in other cases involving cross-boundary crimes, the Police will conduct intelligence exchange and seek cooperation with relevant Mainland and overseas law enforcement agencies.

\(^1\) As a general practice, prosecution and conviction figures would only be maintained in respect of specific offences in the law (e.g. "obtaining property by deception" or "theft") but not specific cases. Since a particular case could involve various offences in the law (e.g. corporate-level email scam cases could involve "obtaining property by deception" or "dealing with property known or believed to represent proceeds of indictable offence", etc.), prosecution and conviction figures of specific case nature could not be provided.
The Cyber Security and Technology Crime Bureau ("CSTCB") and the Commercial Crime Bureau ("CCB") of the Police jointly coordinate the resources of various regions to formulate all-round strategies to combat online frauds, including intelligence exchange and enforcement actions, multi-agency cooperation and stepping up of publicity and education to combat online frauds on various fronts.

Regarding intelligence exchange and law enforcement operations, to help officers better understand the latest trends of and investigation techniques for online frauds and strengthen international cooperation, the Police are proactively exchanging intelligence and conducting working meetings with Mainland and overseas law enforcement agencies. To combat cross-boundary email scam syndicates, CSTCB launched Operation Panorama in 2017, working with CCB and Mainland and overseas law enforcement agencies for closer intelligence exchange and analysing various modus operandi. In addition, CSTCB has been exchanging intelligence with Interpol and other law enforcement agencies through the Interpol Global Complex for Innovation in Singapore, joining efforts to combat cross-boundary online frauds.

As for multi-agency cooperation, the Police and the Hong Kong Monetary Authority regularly conduct meetings on combating commercial frauds, review existing regulatory measures and their effectiveness, as well as look into various recommendations for preventing fraudsters from using bank accounts to commit crimes. The Police are also proactively maintaining communication with banks and secretary companies to remind them of the importance of observing customer due diligence and encourage them to report suspicious applications for setting up companies. Should any financial institution fail to observe customer due diligence, the Police will refer the case to the relevant regulatory organizations for follow-up.

On publicity and education, the Police regularly produce short videos and anti-crime information, as well as introduce the latest modus operandi of fraudsters to the public through various Internet platforms and discussion forums, and by using the Police's electronic platforms, including YouTube, the Hong Kong Police Mobile
Application, the Police website and the Police Facebook page, Instagram and the "Fight Scams Together" scam prevention information platform. Furthermore, the Police also disseminate anti-crime messages to the public through Police Magazine and traditional media (television, radio and newspapers).

Moreover, to comprehensively coordinate Police resources, reinforce the combat against deception cases and raise the public's anti-deception awareness, the Police's CCB established on 20 July 2017 the Anti-Deception Coordination Centre ("ADCC"), which operates round-the-clock. Its major duties include: monitoring and analysing the trends of deception cases, with a view to formulating and implementing combating strategies; coordinating anti-deception publicity work; setting up a 24-hour hotline "Anti-Scam Helpline 18222" to facilitate public enquiries and provide timely assistance; and enhancing cooperation with the banking sector to intercept payments to fraudsters, so as to minimize the loss of victims. In the eight months since it came into operation, ADCC has received more than 14,600 telephone enquiries, of which about half were general enquiries. Officers proactively provide anti-deception advice to members of the public making telephone enquiries, and assist those in need in making reports. ADCC also cooperates with the banking sector to intercept payments to fraudsters. In about 690 requests for interception of payments, more than HK$219 million have been successfully intercepted in 154 deception cases. In addition, ADCC has also successfully prevented 58 different deception cases from happening.

Assisting building owners in complying with the fire safety requirements

20. **MR PAUL TSE** (in Chinese): President, in recent years, the authorities have from time to time issued Fire Safety Directions ("Directions") or Fire Safety Compliance Orders ("Orders") under the Fire Safety (Buildings) Ordinance (Cap. 572) to owners of composite and domestic buildings, demanding them to install fire service installations such as water tanks and hose reel systems to meet the current requirements on fire safety. Quite a number of members of the owners' corporations ("OCs") of old buildings and owners of buildings which do not have an OC or residents' organization and have not engaged any property
management company (commonly known as "three-nil buildings") have coincidentally relayed to me that they have encountered a lot of difficulties in taking forward fire safety works in old buildings pursuant to the Directions or Orders. The difficulties include: most of the owners, being elderly persons and retirees, have little knowledge about applying for the relevant building maintenance subsidies or loans and inviting tenders for the works concerned; some of the owners do not know how to form an OC; and the costs of the works are substantial. In view of this, I, together with a number of members of the Kwun Tong and Wong Tai Sin District Councils, held a meeting earlier with representatives of the Fire Services Department, the Buildings Department and the Urban Renewal Authority to (i) relay the difficulties and constraints encountered by owners of old buildings in complying with the Directions or Orders, (ii) discuss ways to assist such owners in applying for building maintenance subsidies or loans, and (iii) urge the authorities to relax those policies that are considered to be too stringent and cause nuisance to the public (e.g. giving sympathetic consideration to relaxing the requirement that fire resisting windows of the stairway in single-staircase buildings must be sealed, having regard to the fact that elderly persons need more fresh air as they need more time and effort to climb up and down the stairs). On assisting building owners in complying with the fire safety requirements, will the Government inform this Council:

(1) of the subsidy or loan schemes currently in place to assist owners of old buildings in undertaking fire safety works; whether the authorities will consider increasing the amounts of subsidies or loans under such schemes so that they may benefit more owners with financial difficulties;

(2) as the Chief Executive ("CE") proposed in the Policy Address delivered in October last year that $2 billion be deployed for launching the Fire Safety Improvement Works Subsidy Scheme ("FSW Scheme"), of (i) the number of buildings which are 50 years old or above across the territory the fire safety facilities of which may be improved under the FSW Scheme, (ii) among such buildings, the respective numbers of those situated in Kwun Tong and Wong Tai Sin Districts, and (iii) the respective percentages of such numbers in the total numbers of old buildings in the two districts, as estimated by the authorities;
(3) as it is learnt that since the FSW Scheme will benefit only those owners who have not complied with the Directions or Orders, but not those who have spent several million dollars on complying with the Directions or Orders, some owners hold the view that such practice of the authorities is nothing but making "the black dog gets the food, the white dog takes the blame", whether the authorities will set a retrospective period for the FSW Scheme, thereby enabling those owners who have complied with the Directions or Orders within a certain period of time to apply for the subsidies;

(4) given that CE announced in the Policy Address delivered in October last year the launch of Operation Building Bright 2.0, of the (i) details, (ii) eligibility criteria for application, and (iii) implementation timetable of the programme; whether the authorities will distribute the relevant information to owners of the target buildings; the expected number of buildings across the territory the fire safety facilities of which may be improved under the programme, and among them, the respective numbers of those situated in Kwun Tong and Wong Tai Sin Districts;

(5) given that owners of three-nil buildings have not complied with the Directions or Orders because they have not formed an OC and some of the owners are uncooperative, resulting in those innocent owners among them who are willing to cooperate being punished, of the authorities' measures to prevent those owners who are willing to cooperate from being caught by the law, and whether they will consider exempting them from punishment;

(6) whether it will consider setting up a dedicated fund and empowering the enforcement authorities to carry out fire safety works for owners of three-nil buildings who have not complied with the Directions or Orders and recover the costs from the owners concerned upon completion of the works; if so, of the details; if not, the reasons for that;

(7) given that most owners of old buildings are elderly persons and retirees and are unwilling to spend their limited old-age savings which are commonly known as "funeral savings" to meet the substantial costs of fire safety works, of the authorities' policies to encourage them to comply with the Directions or Orders;
(8) given that the authorities announced last year the launch of a pilot scheme on the use of existing fresh water supply systems and rooftop fresh water tanks for firefighting purpose, of (i) the current number of buildings across the territory which have joined the scheme, (ii) the eligibility criteria for applying for the scheme, and (iii) whether the scheme is subject to a time limit;

(9) as some residents of old buildings have relayed that as the distance between the buildings in which they reside and the adjoining buildings is less than six metres, the fire resisting windows of the stairway are required to be closed under the current requirement, lest fires broken out in the adjoining buildings might spread to the buildings in which they reside, whether the authorities will conduct studies on, through allowing such buildings to apply fireproof/fire-resistant coating on the exterior surface, granting such buildings exemption from the requirement to keep the fire resisting windows closed, in order to keep the stairway well-ventilated so that elderly residents (especially those residing in single-staircase buildings) will not feel the stuffiness when climbing up and down the stairs; if so, of the details; if not, the reasons for that;

(10) as it has been reported that some owners of old buildings are unable to comply with the Directions or Orders due to technical difficulties of the fire safety works and the high costs which may be as high as several million dollars, whether the authorities will consider imposing more lenient fire safety requirements on those old buildings which are not far away from fire stations and can be reached by fire service vehicles within a specified time, such as requiring the provision on each floor of a fire alarm system and fire extinguisher only, instead of the installation of fire hydrants/hose reel systems connected to the fire alarm system, so as to alleviate the financial burden on the owners concerned; and

(11) as some community organizations have relayed that quite a number of members of the public do not know how to operate fire safety equipment such as fire extinguishers and fire hose reels, rendering them being useless in the event of a fire, whether the authorities will enhance public education to teach members of the public how to use fire safety equipment?
SECRETARY FOR SECURITY (in Chinese): President, the Fire Safety (Buildings) Ordinance (Cap. 572) ("the Ordinance") stipulates that the fire safety protection of composite and domestic buildings (target buildings) which were constructed on or before 1 March 1987, or with their plans of the building works first submitted for approval on or before that day, should be enhanced to meet the current requirements. The Ordinance is enforced by the Fire Services Department ("FSD") and the Buildings Department ("BD"). The two departments will issue Fire Safety Directions ("Directions") to owners and/or occupiers with regard to fire safety measures of the relevant buildings and specify the required fire safety improvement works.

We are aware that some owners may encounter financial difficulties, problems in coordination amongst owners/occupants, or structural or spatial constraints of the buildings in complying with the requirements under the Ordinance. As such, FSD and BD have been maintaining close liaison with the Home Affairs Department ("HAD"), the Hong Kong Housing Society ("HKHS") and the Urban Renewal Authority ("URA"). The two departments have also been taking an active part in offering professional advice to owners of old buildings in relation to technical support, financial support and owners/occupants' coordination, with a view to assisting the owners to comply with the Directions as soon as practicable.

Having consulted the Development Bureau and the relevant departments, the consolidated replies to various parts of the question raised by Mr TSE are as follows:

(1) to (3) and (7)

In order to assist owners of private buildings in conducting maintenance and repair of their buildings, the Government, HKHS and URA have been implementing various financial assistance schemes for owners in need. Those schemes include the Building Safety Loan Scheme, the Common Area Repair Works Subsidy ("CAS") and the Building Maintenance Grant Scheme for Elderly Owners ("BMGSEO"). Fire safety improvement works pertaining to the Ordinance have been incorporated into the list of works eligible for subsidies or loans under these schemes. In particular, CAS offers eligible owners an additional hardship grant of $10,000,
while BMGSEO provides financial assistance for elderly owner-occupiers to meet the costs of repairing the buildings they occupy, and each eligible owner may receive an allowance of up to $40,000. Please refer to URA's website for details of the above financial assistance schemes.

To further assist owners of old buildings in carrying out improvement works to enhance the fire safety standards, the Government proposes to devote $2 billion to launch the "Fire Safety Improvement Works Subsidy Scheme" ("FSWS") for subsidizing owners of old composite buildings in complying with requirements of the Ordinance. We estimate that the fund will benefit around 2,000 target buildings. The amount of subsidy for eligible building owners, which will be higher than that of existing financial assistance schemes, can be up to a maximum of 60% of the costs of the fire safety improvement works and consultancy fees, or the subsidy ceiling for the corresponding category of buildings, whichever is the less. Subject to funding availability, FSWS is expected to be rolled out in mid-2018.

The aim of FSWS is mainly to provide financial assistance to encourage and assist owners with greater financial difficulty in complying with the Ordinance's requirements. The targets of the scheme are therefore building owners who have received Directions but have not commenced the relevant works, or those with works commenced but yet to be completed, so as to encourage these owners to complete the works as soon as possible for improving the fire safety standards of their buildings.

By end February 2018, FSD and BD have issued Directions to 181 buildings in Wong Tai Sin District and 126 in Kwun Tong District. Whether these buildings are eligible for joining FSWS will depend on factors such as whether their average rateable values of the residential units are below $162,000 per annum (for buildings in urban areas including Hong Kong Island, Kowloon, Sha Tin, Kwai Tsing and Tsuen Wan) or $124,000 per annum (for buildings in the New Territories) at the time.
To protect public safety, the Government plans to launch the Operation Building Bright 2.0 ("OBB 2.0") at a cost of $3 billion to provide technical and financial assistance to eligible building owners to comply with the Mandatory Building Inspection Scheme ("MBIS") requirements. Based on a risk-based approach, OBB 2.0 would focus on residential and composite buildings aged 50 years or above with relatively low average rateable values, having regard to the relatively higher building safety risks of these buildings.

For inspection and repair works specified for the common parts of a building, all eligible applications (except elderly applicants) will be subsidized 80% of the cost subject to a cap of $40,000 per unit. Elderly eligible applicants aged 60 or above will be subsidized 100% of the cost subject to a cap of $50,000 per unit. In addition, for private projecting structures under MBIS, all eligible property owners will be subsidized 50% of the cost subject to a cap of $6,000 per unit. It is estimated that the funding under OBB 2.0 would be able to support the commissioning of the inspection and repair works of 2,500 buildings.

The Government will partner with URA in the implementation of OBB 2.0 and intends to, subject to funding availability, accept the first round of applications in mid-2018. The target for the first round of applications will be eligible buildings with outstanding MBIS notices or pre-notification letters.

In view of the lead time required for owners to reach a consensus, URA sent publicity materials to relevant buildings in February 2018 and is conducting a total of 10 briefings on the details of OBB 2.0 and FSWS in different districts from March to April 2018.

At present, there are some 100 and 130 residential and composite buildings aged 50 years or more in Wong Tai Sin District and Kwun Tong District respectively, but whether they are eligible to participate in OBB 2.0 will depend on the annual average rateable values of their residential units at the time. In regard to whether the subsidies from OBB 2.0 will be utilized to fire safety facilities of the buildings, it will depend on the circumstances of individual cases.
We understand that the owners of those buildings commonly known as "three-nil" buildings may encounter difficulties in coordinating fire safety improvement works. As such, FSD and BD will refer a list of target buildings without owners' corporations ("OCs") to HAD for the latter to assist in encouraging owners to set up OCs.

FSD will publicize the recruitment of Fire Safety Ambassadors Building and Fire Safety Envoys after issuing Directions to "three-nil" buildings, with a view to enhancing the residents' awareness of fire prevention and facilitating coordination of improvement works for fire service installations and equipment ("FSI") in the future. The Social Services Team appointed by BD would also provide further support if the need arises, including coordinating residents of the buildings in carrying out the related works and assisting them in applying for financial assistance schemes as appropriate, etc.

On prosecution, FSD and BD will, having regard to the circumstances of individual buildings and information provided by the owners, OCs or their authorized persons or consultants in relation to the execution of the Directions, reasonably relax some of the requirements or extend the compliance period of the Directions. If owners fail to comply with the Directions within a reasonable period, and cannot provide sufficient justifications to support their applications for time extension, the departments have the statutory duty to take actions under the Ordinance. The evidence and circumstances of each case, including follow-up actions taken by individual owners on the Directions, will be considered before prosecution is initiated.

There is no provision in the Ordinance empowering FSD and BD to carry out works relating to improving fire safety measures for target buildings. Since undertaking fire safety improvement works would involve various feasible proposals and works arrangements (such as where the facilities and what alternative equipment should be installed), and the scale of the works and associated costs would vary rather significantly depending on the proposals to be adopted, the
owners of the buildings must discuss among themselves having regard to the building's circumstances and reach a consensus before the works are carried out. It is therefore not appropriate for the enforcement authorities to make such decisions and to carry out the works for the owners. If the departments were to forcibly carry out the works, it could lead to unnecessary disputes or even litigation. The progress of the works would also be delayed. In addition, fire safety improvement works would require subsequent maintenance. For instance, the owners of FSI must, in accordance with the statutory requirements, arrange annual inspection to ensure that the installations or equipment are in efficient working order. We therefore consider it appropriate to assist owners of old buildings in establishing OCs in order to carry out fire safety improvement works.

(8) and (10)

We are aware that some old building owners may not be able to fully comply with the requirements set out in the Directions due to structural or spatial constraints of their buildings. As such, FSD and BD have been, on the premise of not compromising basic fire safety, adopting a flexible and pragmatic approach in handling individual cases. After careful consideration of the Department's response time in attending to building fire calls and its operational efficiency, FSD has also introduced a series of measures to suitably adjust the capacity requirements of the fire service water tanks so as to facilitate the owners in complying with the Directions. For example, FSD has lowered the capacity requirement of fire service water tanks to be installed in most of the target buildings of four to six storeys from 2 000 litres to 500 litres. Furthermore, for target buildings of seven storeys or above, provided that direct vehicular access to one of the major facades of the building is available and a street fire hydrant is located within a distance of 50 m, the capacity requirement of fire service water tanks may be substantially reduced from 9 000 litres to 4 500 litres. The above improvised measures have significantly reduced the size and capacity of water tanks and resolved the spatial and structural constraints in relation to the rooftops of most target buildings.
The pilot scheme on utilizing the existing fresh water supply systems and rooftop fresh water tanks for supporting the fire service systems is mainly for target buildings of seven storeys or above. FSD already issued letters to notify owners of the target buildings concerned and invited them to join the pilot scheme by the end of last year. As it requires expertise for technical calculations, owners may appoint fire service installation contractors, authorized persons or consultants to submit formal applications to FSD. FSD and the Water Supplies Department will assess the practicability of the proposals put forward on a case-by-case basis. To date, FSD has accepted three suitable target buildings as trial spots for evaluating the effectiveness of the new measure and the feasibility of its full implementation.

For the suggestion of replacing the fire hydrant/hose reel system with fire alarm system and fire extinguisher, FSI requirements under the Ordinance are basic fire protection measures which are imperative to reduce fire risks and for the protection of life and property. For example, a hose reel system is crucial for the fire safety of a building as it can effectively control the spread of fire in a building at the initial stage of a fire. A fire extinguisher provides limited fire protection due to limitations of its size and quenching distance and should not be regarded as a full replacement of a hose reel system. Furthermore, as a hose reel system is connected to a fire alarm system, when the former is activated, it will trigger the alarm to alert residents of a fire to evacuate in a timely manner.

(9) In accordance with the requirements under the Code of Practice for Fire Resisting Construction 1996 published by BD, if any window of a required staircase opposes and is within 6 m of any unprotected openings of a building (e.g. a window of a unit in the same building or a window of an adjoining building), the staircase should be protected by fixed light with a fire resistance period so as to prevent the spread of fire and smoke within the staircase. It provides a safe route for the occupants to escape in the event of fire, and allows firemen to enter the fire scene safely and smoothly for firefighting and rescue. Since the required staircases are crucial to the occupants in multi-storey buildings for escaping from the fire scene promptly, it is necessary to have the required staircases properly protected against the fire.
If it is considered necessary to enhance the ventilation within the required staircase after the installation of fixed light, the building owners may consider other alternative proposals without adversely affecting fire safety, such as enlarging the top vent at the top storey for enhancing the cross-ventilation with the exit at ground floor of the required staircase. In addition, the building owners and their appointed authorized persons may submit proposals in lieu of provision of fixed lights to BD for consideration, such as the installation of specially designed wind guard outside the openable window of the staircase. BD would consider whether the alternative proposals are acceptable and meet the fire safety requirements taking into account factors such as the number of storeys of the building, designs of the required staircase and staircase windows, as well as the distance between the staircase windows and nearby unprotected openings.

(11) To enhance the public's awareness of fire safety and knowledge on FSIs including fire extinguishers and hose reels, FSD has been organizing various fire safety publicity activities in collaboration with other government departments and the District Fire Safety Committees, as well as in liaison with different local organizations, including schools, building management companies, OCs, elderly centres, etc. Apart from fire safety talks, seminars, fire safety exhibitions and fire drills across the territory, FSD provides training to volunteers from different sectors of the community to become Fire Safety Ambassadors and Building Fire Safety Envoys. Training under these schemes includes the uses, types, operation and maintenance of FSIs.

Moreover, FSD produces promotional leaflets, posters and pamphlets regarding the proper use of FSIs. The Department also makes active efforts to disseminate information on the correct use of fire extinguishers and hose reels to the public through different channels such as FSD Mobile Applications, the FSD YouTube Channel, the Fire and Ambulance Services Education Centre cum Museum, the Mobile Publicity Unit, the Fire Safety Education Bus, etc.
Boosting the supply of talents with the latest skills in information technology

21. **MR CHARLES PETER MOK** (in Chinese): President, some information technology ("IT") practitioners have relayed that they need to incessantly undertake continuing education in order to grasp the ever-evolving IT professional skills. Such skills involve quite a number of areas such as data science, information security, financial technology, big data application, cloud computing, systems audit and project management. People working in various trades and industries also need continuing education to acquire the skills of applying the latest IT so as to maintain their competitiveness. However, tuition fees for continuing education courses as well as fees for examinations and certifications on professional qualifications are expensive, and yet many courses on IT professional skills (including web-based distance learning courses) and fees for professional qualification examinations are not within the funding scope of the Continuing Education Fund ("CEF"). Members of the industry have relayed that the scope of the Reimbursable Course List of CEF is so narrow that IT practitioners can hardly benefit from CEF. In this connection, will the Government inform this Council:

(1) of the number of persons, in each of the past five years, who applied to CEF for reimbursement of tuition fees upon completion of courses on IT and communications, with a tabulated breakdown by institution which offered the course and by course title;

(2) of the (i) number of persons who opened a CEF account, (ii) number of persons whose cumulative amount for reimbursement applications had reached the subsidy ceiling of $10,000, and (iii) number of cases in which the CEF account had been frozen due to the expiry of the four-year time limit and the total amount of money not reimbursed on account of that, in each year since CEF's establishment in 2002;

(3) of the number of reimbursement applications made to CEF in each year since its establishment, and among such applications, (i) the number of those approved and the total amount involved, as well as (ii) the number of those rejected (with a breakdown by the reason for rejection);

(4) as the Government indicated at the end of last year that all courses registered in the Qualifications Register ("QR") of the Qualifications Framework ("QF") would be included in the Reimbursable Course List of CEF, of the courses in QR which are courses on IT
professional skills and set out in a table the titles of such courses by
the institution offering the courses; in respect of the courses
belonging to the area of "computer science and information
technology" which have been registered in QR and are
reimbursable, whether it has assessed if the courses under this area
have covered training courses that teach the latest IT professional
skills; if it has assessed and the outcome is in the negative, whether
it will include in this area the latest preparatory courses for
professional examinations (e.g. courses on Certified Ethical Hacker
and Information Security Certifications);

(5) whether it will consider afresh including quality web-based distance
learning IT courses in the Reimbursable Course List of CEF; as
currently there are quite a number of quality web-based distance
learning IT courses (including massive open online courses) which
do not charge tuition fees but charge fees for skill certifications upon
completion of the courses, whether the authorities will consider
including such courses in the Reimbursable Course List of CEF so
that people taking such courses can have the certification fees
reimbursed;

(6) whether it will further encourage the cooperation among the
business sector, technology companies, IT professional associations
and tertiary institutions in organizing QF-recognized IT courses,
offering internship opportunities, scholarships and professional
certifications for students of such courses, as well as providing
subsidies to the graduates and serving practitioners for taking
short-term courses;

(7) given the keen demand in the market for talents who have mastered
IT skills, whether the Government will provide additional incentives
to encourage (i) working people to take the relevant courses, and
(ii) the middle-aged to change their professions and join the relevant
trades; and

(8) whether it will conduct studies and consult members of the IT
industry on the demand for IT talents, and formulate comprehensive
strategies for nurturing the workforce's digital skills and talents,
including the setting of the targets and timetables for the relevant
manpower training?
SECRETARY FOR LABOUR AND WELFARE (in Chinese): President, to further encourage members of the public to pursue continuing education and skill enhancement, the Government has earlier announced a series of enhancement measures of Continuing Education Fund ("CEF"), including the expansion of the scope of CEF courses to all courses registered in the Qualifications Register ("QR").(1) There will be no more specified course domains under CEF. Courses on a wide spectrum of aspects or skills can be registered as CEF courses as long as they are registered in QR. The number of eligible CEF courses will increase from about 7,800 at present to at least 11,800. This will meet the ever-changing social and occupational needs as well as the long-term development of Hong Kong. Moreover, it is announced in the 2018-2019 Budget that the Government will raise the subsidy ceiling of CEF from the current level of $10,000 to $20,000 per applicant, and further inject an additional funding of $8.5 billion into CEF. Other enhancement measures include the relaxation of the upper age limit for applicants from 65 to 70, lifting of restrictions on validity period and maximum number of claims, and enhancement of the quality assurance monitoring of CEF courses. The aforesaid series of enhancement measures will substantially increase the choices and flexibility for learners, streamline the administrative arrangements and strengthen the safeguards for learners' interests. Having consulted the relevant Policy Bureaux, my reply to the Member's question is as follows:

(1) Currently CEF courses are categorized under eight specified domains (i.e. Business Services, Financial Services, Logistics, Tourism, Creative Industries, Design, Languages, and Interpersonal and Intrapersonal Skills for the Workplace) as well as the Specification of Competency Standards ("SCS")-based courses under the Qualifications Framework ("QF"). Currently, 11 SCS-based courses of "Information and Communications Technology ("ICT")" are on the list of CEF reimbursable courses, details of which are set out at Annex 1. No applications for reimbursement claims for these courses are received since their inclusion under CEF in 2012.

Although there is no standalone classification for ICT under the existing eight specified domains, we note that a number of CEF courses contained content and elements of ICT. These courses are distributed amongst the eight specified domains in accordance with the course content offered and the nature of the industries involved. Examples include "Big Data Analytics and Data Mining",

(1) Except programmes funded by University Grants Committee and provided by Employees Retraining Board.
"Information Security", "Cloud Computing Applications and Management", "Digital Marketing", "Mobile Applications Development", etc., we however do not have statistics on such course contents and course providers.

(2) Since the establishment of CEF in mid-2002 until 31 January 2018, about 770 000 applicants have successfully opened CEF accounts. Among about 680 000 closed accounts, about 395 000 accounts of them were closed (though they had not used up the subsidy of $10,000) due to the existing four-year validity period, maximum number of four claims or age limit of 65 being exceeded. The unused balance concerned amounted to $2.76 billion. The remaining 285 000 accounts had used up the subsidy of $10,000.

The annual figures of newly opened CEF accounts and CEF accounts categorized in accordance with the subsidy ceiling of $10,000 in the past five years (i.e. 2013-2014 to 2017-2018) are set out below:

<table>
<thead>
<tr>
<th>Category of CEF accounts</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly opened CEF accounts</td>
<td>32 679</td>
</tr>
<tr>
<td>CEF accounts closed with the subsidy ceiling of $10,000 reached during the period</td>
<td>13 801</td>
</tr>
<tr>
<td>CEF accounts closed without reaching the subsidy ceiling of $10,000 during the period(^{(2)})</td>
<td>34 231</td>
</tr>
</tbody>
</table>

Note:

(2) Reasons for accounts closed include the existing four-year validity period, maximum number of four claims or age limit of 65 being exceeded.
"(3) The annual figures of CEF reimbursement applications received by the Office of CEF, recipients of approved CEF reimbursement and the total amount disbursed in the past five years (i.e. 2013-2014 to 2017-2018) are set out below:

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEF reimbursement applications</td>
<td>26 007</td>
<td>22 570</td>
<td>20 539</td>
<td>19 912</td>
<td>14 577</td>
</tr>
<tr>
<td>Number of recipients of approved CEF reimbursement</td>
<td>25 275</td>
<td>22 526</td>
<td>19 775</td>
<td>19 106</td>
<td>14 582</td>
</tr>
<tr>
<td>Total amount disbursed ($ million)</td>
<td>196.3</td>
<td>175.3</td>
<td>157.5</td>
<td>152.9</td>
<td>116.1</td>
</tr>
</tbody>
</table>

The annual figures of reimbursement applications not approved and the reasons in the past five years (i.e. 2013-2014 to 2017-2018) are set out below:

<table>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learners did not successfully complete the courses(^{(3)})</td>
<td>79</td>
<td>26</td>
<td>33</td>
<td>39</td>
<td>14</td>
</tr>
<tr>
<td>Claimants failed to attain the benchmark language test qualification(^{(4)})</td>
<td>53</td>
<td>28</td>
<td>26</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Others(^{(5)})</td>
<td>195</td>
<td>121</td>
<td>93</td>
<td>89</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>327</td>
<td>175</td>
<td>152</td>
<td>143</td>
<td>98</td>
</tr>
</tbody>
</table>
Notes:

(3) "Successful completion" of the course means that the learner must have attended no less than 70% of the contactable hours of the course or such higher attendance requirement as prescribed for the course (whichever is higher) and attained the overall mark of either 50% or such higher percentage of assessment(s) as prescribed for the course (whichever is higher) as assessed by whichever method approved by the Secretary for Labour and Welfare (including any examination and assignment requirements with approved weighting).

(4) Learners studying language courses (except written Chinese and Sign Language) are required to pass a specified benchmark test at the specified (or higher) level after the course commences and before the expiry of the four-year validity period.

(5) Other reasons of not approving reimbursement applications include claimants failed to submit reimbursement claim application within the validity period of the account, claimants started pursuing the course before submission of application for opening a CEF account, claimants failed to provide all necessary documents, and claimants obtained other public funds for the same course, etc.

(4) The enhancement measures of CEF include the expansion of the scope of CEF courses to all eligible courses registered in QR. QR now covers 14 areas of study and training including "Computer Science and Information Technology". As the number of courses registered in QR grows, we expect that more different training courses will be incorporated under the scope of CEF subsidy in the future.

According to the information provided by the Education Bureau, as at end February 2018, QR covers about 700 qualifications/programmes on the profession of Computer Science and Information Technology offered by 67 operators/agencies. It is believed that these courses should be able to cover the information technology ("IT") and digital skills as required by the market. The list of the relevant operators/agencies is set out at Annex 2. All qualifications/programmes listed in QR have gone through quality assurance and are recognized under QF. The detailed information on the qualifications/programmes has been uploaded onto QR's website at <http://www.hkqr.gov.hk> for free access by the public. Upon the implementation of CEF enhancement measures, course providers may apply to register their eligible QR courses as CEF courses taking into account the course content and market demands.
(5) To ensure the prudent use of public money, CEF subsidies disbursed must be subject to appropriate regulations. When we started the CEF review earlier in considering how the scope of CEF courses should be expanded, the principle that the institutions providing courses should be situated in Hong Kong has been confirmed. This is to impose the necessary monitoring measures to assure the course quality and safeguard the learners' interests. The enhancement measures of CEF currently proposed for implementation include the expansion of the scope of CEF courses to all eligible courses registered in QR. Course providers and relevant courses to be registered in QR must go through the quality assurance procedures conducted by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications ("HKCAAVQ") or universities with self-accrediting status. In this connection, online learning programmes provided by universities with self-accrediting status can already be registered in QR. Besides, HKCAAVQ will provide accreditation services for online learning programmes provided by institutions without self-accreditation status starting from April this year. Online learning programmes that have passed the accreditation will also be able to be registered in QR. HKCAAVQ will announce the details in due course.

(6) and (7)

The Innovation and Technology Bureau proactively encourages collaboration between the academia and the industry to nurture IT talents. Take information security skills as an example, the Hong Kong Productivity Council, the Hong Kong Computer Emergency Response Team Coordination Centre and the Government Computer Emergency Response Team have from time to time collaborated with trade organizations in organizing thematic seminars and workshops, including certificate courses on information security, in order to facilitate IT practitioners to master knowledge and skills of information security. The Government will also continue to work with professional information security associations to promote professional accreditation and train up more information security practitioners. The Government will continue to explore appropriate measures to encourage individuals to pursue IT-related courses and join the relevant industries.
Moreover, the Accreditation Grant Scheme under the QF Fund provides partial or full accreditation grant for course providers of self-financing programmes, including course providers of CEF courses.

(8) The Innovation and Technology Bureau has been assessing the manpower supply and demand of the IT sector through the Report on the Manpower Survey of the Information Technology Sector, which is released regularly by the Innovation and Technology Training Board of the Vocational Training Council. The Administration will make reference to relevant statistics and continue to maintain close liaison with the industry to explore feasible measures to continuously enhance the overall human resources and professional standards of the IT industry in Hong Kong. The Government also conducts manpower projection exercises from time to time, such as compiling the Report on Manpower Projection regularly, to assess the trend of manpower demand and supply of Hong Kong in medium term, as well as the manpower requirement of various sectors (including IT).

Annex 1

Information of 11 SCS-based Courses on Information and Communications Technology

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Training Council</td>
<td>Certificate For Cisco Certified Network Associate (Scaling Networks Module)</td>
</tr>
<tr>
<td>Vocational Training Council</td>
<td>Certificate For Cisco Certified Network Associate (Connecting Networks Module)</td>
</tr>
<tr>
<td>Vocational Training Council</td>
<td>Certificate For Cisco Certified Network Professional (Implementing Cisco IP Routing Module)</td>
</tr>
<tr>
<td>Vocational Training Council</td>
<td>Certificate For Cisco Certified Network Professional (Implementing Cisco Switched Networks Module)</td>
</tr>
<tr>
<td>Vocational Training Council</td>
<td>Certificate For Cisco Certified Network Professional (Troubleshooting And Maintaining Cisco IP Networks Module)</td>
</tr>
</tbody>
</table>
### Institution Name

<table>
<thead>
<tr>
<th></th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Vocational Training Council Certificate For Cisco Certified Network Associate (Introduction To Networks Module)</td>
</tr>
<tr>
<td>7.</td>
<td>Vocational Training Council Certificate For Cisco Certified Network Associate (Routing And Switching Essentials Module)</td>
</tr>
<tr>
<td>8.</td>
<td>Vocational Training Council Professional Certificate In CCNA Exploration &quot;Hands-On Intensive&quot; Workshop (Level 4)</td>
</tr>
<tr>
<td>9.</td>
<td>Vocational Training Council Professional Certificate In CCNP Hands-On Workshop (Level 4)</td>
</tr>
<tr>
<td>10.</td>
<td>Vocational Training Council Professional Certificate In Information Systems Security, Auditing And Governance (Level 4)</td>
</tr>
<tr>
<td>11.</td>
<td>Hong Kong Productivity Council Professional Certificate In IT Management</td>
</tr>
</tbody>
</table>

### Annex 2

Operators/Agencies under QR Offering Qualifications/Programmes on Computer Science and Information Technology (As at end February 2018)

<table>
<thead>
<tr>
<th>Operator/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aberdeen Kai-fong Welfare Association Limited (ERB)</td>
</tr>
<tr>
<td>2. Baptist Oi Kwan Social Service (ERB)</td>
</tr>
<tr>
<td>3. Caritas—Hong Kong (ERB)</td>
</tr>
<tr>
<td>4. Caritas Institute of Higher Education</td>
</tr>
<tr>
<td>5. Christian Action (ERB)</td>
</tr>
<tr>
<td>6. Chu Hai College of Higher Education</td>
</tr>
<tr>
<td>7. City University of Hong Kong—Academic Regulations and Records Office</td>
</tr>
<tr>
<td>8. City University of Hong Kong—Chow Yei Ching School of Graduate Studies</td>
</tr>
<tr>
<td>9. Community College of City University</td>
</tr>
<tr>
<td>10. Graduate School, The Chinese University of Hong Kong</td>
</tr>
<tr>
<td>11. Hang Seng Management College</td>
</tr>
<tr>
<td>12. Heung To College of Professional Studies (ERB)</td>
</tr>
<tr>
<td>Operator/Agency</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>13. HKCT Group Limited (ERB)</td>
</tr>
<tr>
<td>14. HKPC Academy of Hong Kong Productivity Council</td>
</tr>
<tr>
<td>15. HKU School of Professional and Continuing Education</td>
</tr>
<tr>
<td>16. Hong Kong Association for Democracy and People's Livelihood (ERB)</td>
</tr>
<tr>
<td>17. Hong Kong Baptist University</td>
</tr>
<tr>
<td>18. Hong Kong Baptist University, School of Continuing Education</td>
</tr>
<tr>
<td>19. Hong Kong College of Technology</td>
</tr>
<tr>
<td>20. Hong Kong Community College, The Hong Kong Polytechnic University</td>
</tr>
<tr>
<td>21. Hong Kong Employment Development Service Limited (ERB)</td>
</tr>
<tr>
<td>22. Hong Kong Federation of Women Limited (ERB)</td>
</tr>
<tr>
<td>23. Hong Kong Federation of Women's Centres (ERB)</td>
</tr>
<tr>
<td>24. Hong Kong Institute of Technology</td>
</tr>
<tr>
<td>25. Hong Kong Institute of Technology (ERB)</td>
</tr>
<tr>
<td>26. Hong Kong Institute of Vocational Education, Vocational Training Council</td>
</tr>
<tr>
<td>27. Hong Kong Rehabilitation Power (ERB)</td>
</tr>
<tr>
<td>28. Hong Kong Sheng Kung Hui Lady MacLehose Centre (ERB)</td>
</tr>
<tr>
<td>29. Hong Kong Young Women's Christian Association (ERB)</td>
</tr>
<tr>
<td>30. Hong Kong School of Commerce (ERB)</td>
</tr>
<tr>
<td>31. Institute of Professional Education And Knowledge, Vocational Training Council</td>
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<td>67. Youth College, Vocational Training Council</td>
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Preparing for the advent of an era of artificial intelligence

22. **MR KENNETH LEUNG** (in Chinese): President, the 2018-2019 Budget has mentioned that the application and omnipresence of innovative technology such as artificial intelligence ("AI") have not only spurred the birth of new industries, but also revolutionized the traditional business model, generating keen competition along with transformation opportunities for various sectors and industries. It is learnt that in recent years, the governments of various countries, apart from deploying resources for the research and development ("R&D") on AI, have also commenced studies on the impacts of AI on their societies, economies, human resources, etc. Moreover, the World Economic
Forum pointed out in a report it published last year that by 2020, most of the work processes for quite a number of jobs (including clerical work, administration, construction and production as well as writing and legal work) will be undertaken by AI. In this connection, will the Government inform this Council:

(1) whether the authorities conducted, in the past three years, in-depth studies on the impacts of the application and omnipresence of AI on Hong Kong's employment situation, economic and industrial structures, production processes, etc.; if so, of the details; if not, the reasons for that;

(2) of the policies and measures, apart from earmarking $10 billion in the coming year for supporting initiatives such as the establishment of a research cluster on AI/robotics technologies, that it has put in place to promote Hong Kong's R&D on AI; whether it will step up (i) the support for local start-ups which engage in R&D on AI and (ii) the nurturing of related scientific research talents; if so, of the details; if not, the reasons for that; and

(3) whether the authorities have plans to adjust the human resources planning, including adjusting the curriculums of programmes for formal education (including kindergartens, primary and secondary schools and tertiary institutions) and continuing education, in order to prepare for the advent of an AI era; if so, of the details; if not, the reasons for that?

SECRETARY FOR INNOVATION AND TECHNOLOGY (in Chinese): President, having consulted the Education Bureau and the Labour and Welfare Bureau, our reply to the various parts of the question is as follows:

(1) Artificial intelligence ("AI") technology has been developing rapidly in recent years. On enhancing industrial automation and intelligence, the local manufacturing industry has adopted more AI and robotics technologies in recent years to optimize production lines, testing systems, inventory management, etc., and improve operational efficiency. We notice that more and more other industries have also started to apply AI technology to improve
existing business processes and business models. Through further automation and improvements in operational efficiency, employees can focus more on innovative and high value-adding work, thereby driving business growth and increasing overall productivity. AI technology can also help product or service providers to identify and respond to customer needs in a faster and more effective manner, thereby improving the quality of the products or services provided and promoting business development.

Besides, technologies such as AI, big data analysis and machine learning can facilitate smart city management in Hong Kong, with a view to achieving the objective of developing a sustainable smart city which is efficient, safe and energy saving.

Universities in Hong Kong perform outstandingly in AI technology and related fields with world-leading research and development ("R&D") capabilities. For example, a research team of The Chinese University of Hong Kong developed a novel facial recognition system with the world's highest accuracy of 99.15% in 2014. Another local research team using AI technology to process medical image for lung cancer and breast cancer in order to improve efficiency in clinical diagnosis in 2017 achieved diagnostic accuracies of 91% and 99% respectively. Furthermore, according to Scopus, the world's largest abstract and citation database of peer-reviewed literature, universities in Hong Kong as a whole ranked third globally in terms of producing the most highly cited and impactful research on AI.

The Government will devote more resources to enhance Hong Kong's R&D and application capabilities in the AI field, train relevant talents and support technology start-ups to boost the development of AI technology in Hong Kong, thereby benefiting the community as a whole.

(2) On enhancing R&D capabilities, it was announced in the latest Budget that $10 billion would be earmarked to support the establishment of research clusters on health care technologies and on AI and robotics technologies to attract the world's top scientific research institutions and technology enterprises to Hong Kong for
conducting more midstream and downstream R&D projects in collaboration with local universities and scientific research institutions.

The Government will also continue to fund R&D projects on AI through different schemes under the Innovation and Technology Fund ("ITF"). For example, with the support of ITF, the Hong Kong Applied Science and Technology Research Institute has collaborated with local banks to develop a smart investment platform which provides investment options through the use of AI, big data analysis and machine learning programme calculations; and developed AI technology on Chinese character recognition which recognizes different handwritten Chinese characters for enhancing the efficiency of document processing.

To encourage enterprises to conduct more R&D activities, including those on AI technology, we will implement a measure within this year to provide enhanced tax deduction for local R&D expenditure incurred by enterprises.

On nurturing R&D talents, in the 2016-2017 academic year, there were respectively 28,339 and 4,925 students enrolled in the University Grants Committee ("UGC")-funded undergraduate and postgraduate programmes that are related to science, technology, engineering and mathematics ("STEM"). To build up a pool of local research talents and to incentivize more local students to apply for admission to research postgraduate ("RPg") programmes, the Education Bureau will inject $3 billion into the Research Endowment Fund. The investment income generated would be used for providing studentships for local students enrolled in UGC-funded RPg programmes. The amount of studentship will be pegged to the prevailing tuition fee payable by RPg students. The studentships scheme will commence from the 2018-2019 academic year.

In addition, through the Internship Programme, ITF supports ITF projects and incubatees/innovation and technology ("I&T") tenants of the Hong Kong Science and Technology Parks Corporation ("HKSTPC") and Cyberport to hire local university graduates as
R&D interns, with a view to nurturing I&T talents. To encourage more local university graduates to enter the field of I&T, we will further extend the Internship Programme in the second half of this year to cover local technology start-ups invested by the Innovation and Technology Venture Fund ("ITVF").

Furthermore, we will set aside $500 million under ITF to launch in the third quarter of this year a five-year Technology Talent Scheme to nurture and bring together more technology talent. The scheme comprises the Postdoctoral Hub programme and the Re-industrialisation and Technology Training Programme. The above measures all contribute to nurturing local research talents, including talents in the AI field.

On supporting technology start-ups, the Government will, through ITF and organizations like HKSTPC and Cyberport, continue to provide technology start-ups (including those engaging in AI technology) with various supports including incubation programmes, technical support, working spaces, shared facilities, etc.

In terms of funding, the Enterprise Support Scheme under ITF subsidizes enterprises for R&D work by providing dollar-for-dollar matching fund of up to $10 million for approved projects. There is no requirement for recoupment of Government's contribution and the recipient companies can own the intellectual property rights of the projects. The Technology Start-up Support Scheme for Universities provides an annual funding of up to $4 million for each of the six local universities, so as to support their teams to start technology businesses and commercialize their R&D results.

In addition, the Government launched ITVF in September 2017 to co-invest with venture capital funds in I&T start-ups in Hong Kong at a matching ratio of approximately 1:2. AI technology is one of the potential investment areas. Our assessment of partner venture capital funds is now underway. We will announce the results in the short term and make co-investment in local I&T start-ups gradually starting from the second half of the year.
(3) To cope with continuous developments on the social, economic, scientific and technological fronts, and to prepare our students for the challenges and opportunities brought by innovations and technological advancements, we need to ensure, through timely review and continual renewal, that the school curriculum can keep abreast of the times. The Education Bureau renewed the relevant curricula for different learning stages in 2017. For kindergarten level, the renewed curriculum puts further emphasis on fostering children's imagination and creativity. For primary and secondary levels, the renewed curricula comprise learning elements in technology education, which enable students to update themselves on innovations and technological developments as well as enhance their abilities in computational thinking for the development needs of the society. The Education Bureau attaches great importance to the continual promotion of a paradigm shift in the mode of teaching through various teacher professional development programmes and school-based professional support services. We encourage the adoption of student-centred teaching designs to equip students with the skills to create, collaborate and solve problems. In recent years, the promotion of STEM education has been our key focus. This includes strengthening teachers' capabilities in curriculum planning and organizing school-based STEM education programmes through training programmes and experience sharing sessions on STEM education for primary and secondary school teachers, so as to arouse students' interest and curiosity and promote self-directed learning by providing them with more opportunities to take part in hands-on and minds-on activities.

At post-secondary level, the Vocational Training Council ("VTC") launched the Higher Diploma in Data Science and Analytics in 2017 and will launch a new Higher Diploma in Financial Technology in September 2018. Both programmes will feature an AI and Machine Learning module in their curricula. Besides, VTC will set up a Robotics and AI Laboratory and a Big Data Laboratory to help introduce and apply the technology of AI and machine learning through new learning modules in higher diploma programmes, and facilitate students' participation in cross-disciplinary projects in collaboration with the industries, with an aim to nurture young talents with the relevant vocational and professional skills. VTC
has also been working closely with the industries to identify the learning needs of working adults, and if needed, will timely launch new in-service modules and professional diploma programmes to help them upgrade their knowledge in AI.

Through the Study Subsidy Scheme for Designated Professions/Sectors ("SSSDP"), the Education Bureau encourages the self-financing post-secondary education sector to offer programmes in selected disciplines, including computer science and financial technology, to nurture talent in support of specific industries with keen manpower demand. SSSDP was launched in the 2015-2016 academic year on a pilot basis to subsidize about 1 000 students per cohort to pursue designated full-time locally accredited self-financing undergraduate programmes in selected disciplines. It will be regularized in the 2018-2019 academic year with the number of subsidized places increased to about 3 000 per cohort. Current students of the designated programmes will also receive the subsidy from the 2018-2019 academic year. In the 2018-2019 academic year, there will be five Computer Science programmes and four Financial Technology programmes under SSSDP, which will provide 306 and 265 subsidized first-year intake places respectively.

As for promoting continuing education, the Government has earlier announced a series of enhancement measures of Continuing Education Fund ("CEF"), including the expansion of the scope of CEF courses to all courses registered in the Qualifications Register ("QR").(1) Currently, QR covers 14 areas of study and training which include "Computer Science and Information Technology". With the increased number of courses registered in QR in future, we expect that more training programmes with different scope will become eligible for registration as CEF courses. Besides, the 2018-2019 Budget announced the increase of the subsidy ceiling of CEF from the current level of $10,000 to $20,000 per applicant to further encourage members of the public to pursue continuing education and upgrade their skills.

(1) Except programmes funded by University Grants Committee and provided by Employees Retraining Board.
GOVERNMENT BILLS

Second Reading of Government Bills

Resumption of Second Reading Debate on Government Bill


MEDICAL REGISTRATION (AMENDMENT) BILL 2017

Resumption of debate on Second Reading which was moved on 7 June 2017

DEPUTY PRESIDENT (in Cantonese): Mr Tommy CHEUNG, Chairman of the Bills Committee on the Bill, will address the Council on the Committee's Report.

MR TOMMY CHEUNG (in Cantonese): Deputy President, in my capacity as Chairman of the Bills Committee on Medical Registration (Amendment) Bill 2017 ("the Bills Committee"), I now report on the salient points of the deliberations of the Bills Committee.

The Fifth Legislative Council formed a Bills Committee to scrutinize the Medical Registration (Amendment) Bill 2016 introduced into the Legislative Council by the Administration in 2016, and raised no objection to the resumption of the Second Reading debate on the aforesaid Bill by the Administration at the Council meeting of 29 June 2016. The Second Reading of the Medical Registration (Amendment) Bill 2016 was passed at the Council meeting of 6 July 2016 but the Committee stage proceedings could not be completed before the Fifth Legislative Council stood prorogued. The Medical Registration (Amendment) Bill 2017 ("the Bill") is formulated on the basis of the original proposals of the Medical Registration (Amendment) Bill 2016 and the then amendments proposed by the Administration to the aforesaid Bill, and with regard to the views of Legislative Council Members, the community and members of the Tripartite Platform on the amendments to the Medical Registration Ordinance set up by the Administration.
The Bills Committee has held 11 meetings with the Administration and received views from organizations and individuals. Members in general are supportive of the object of the Bill to change the composition of the Medical Council of Hong Kong ("MCHK"), improve the complaint investigation and disciplinary inquiry mechanisms of MCHK and extend the validity period and renewal period of limited registration to be granted to medical practitioners.

As regards the composition of MCHK, members are supportive of the increase in the number of lay members of MCHK from four to eight, three of whom will be elected by patient organizations and the remaining one will be nominated by the Consumer Council, so as to enhance accountability and credibility of MCHK. Members note that under the Bill, the Permanent Secretary for Food and Health (Health) is empowered to make a regulation to provide for the procedure in relation to an election of the three lay members elected by patient organizations. The new regulation will be subject to negative vetting of the Legislative Council. The Administration has undertaken that the regulation will be introduced into the Legislative Council within three months after the passage of the Bill. It is expected that the MCHK Secretariat will start the work in relation to the first election within 15 weeks upon the expiry of the scrutiny period of the new regulation.

Some Members and deputations are concerned about the proposal in the Bill to change the two registered medical practitioner members who are currently nominated by the Hong Kong Academy of Medicine ("HKAM") and appointed by the Chief Executive to two registered medical practitioner members elected by HKAM in accordance with its regulations or procedures. They are concerned that in effect, while the proportion of elected registered medical practitioner members in MCHK will remain at 50%, given that how HKAM elects the two registered medical practitioners to fill the two elected seats will be decided by HKAM itself, if these two elected seats should be elected by all Fellows directly, the registered medical practitioners so elected will need to be accountable to their voters. This may run contrary to the existing role of HKAM in MCHK. In response to views from members and stakeholders, the Administration will propose amendments to the Bill to the effect that the two existing appointed registered medical practitioner member seats to be nominated by HKAM for appointment by the Chief Executive will remain, and that the four registered medical practitioner member seats, two each nominated by the Director of Health and the Hospital Authority ("HA") will be halved, so that the two seats so spared will accommodate two registered medical practitioners who are Fellows to be
nominated and elected by Fellows in accordance with the regulations or procedures of HKAM, and the remaining two seats should be respectively taken up by the Director of Health and the Chief Executive of HA or their representatives. With such amendments, the proportion of elected registered medical practitioner members in MCHK may remain at 50%, as is the case now and that proposed under the Bill.

As regards the elections to be held for the purpose of filling the two registered medical practitioner seats to be nominated and elected by Fellows, some members have expressed concern about whether any additional thresholds will be imposed on the eligibility to stand for the election, to nominate and to vote under the regulations or procedures to be drawn up by HKAM in this regard. In response to the concern raised by these members, HKAM has advised the Bills Committee that all Fellows will be eligible to stand for election of the two proposed elected seats. There will be no prerequisite requirements or conditions, and these two seats will be nominated and elected directly by all Fellows.

Members note that the Medical Council currently receives about 500 new complaint cases each year, and as of August 2017, the total backlog of cases was about 760. Members in general are supportive of the proposal in the Bill to enable MCHK to establish more than one Preliminary Investigation Committees ("PIC") and appoint Inquiry Panels to take over the current function of MCHK of holding disciplinary inquiries, and significantly expand the size of the pool of medical assessors and lay assessors. The Bill also enables the appointment of more than one legal adviser to MCHK, and enables the Secretary for Justice to appoint, apart from legal officers, any solicitor or counsel to provide legal support to MCHK at PIC and inquiry stages. Members agree that the aforesaid proposal will improve the efficiency and enhance the flexibility of the complaint investigation and disciplinary inquiry mechanisms of MCHK in order to help clear the backlog of cases and shorten the waiting time for cases that require inquiry. Some members request that MCHK look into the low attendance rates of certain members and assessors in inquiries and the feasibility of providing assessors with an allowance for their voluntary work. In addition, members note the proposal in the Bill to provide for declaration of interest by members of an Inquiry Panel to ensure that each and every complaint case will be handled in a fair and impartial manner.
Most members agree that the proposal in the Bill to extend the term of registration of a medical practitioner with limited registration and the term for which such a medical practitioner can renew his or her registration from a period of not exceeding one year to a period of not exceeding three years will increase the number of experienced non-locally trained medical practitioners applying for limited registration and in turn help alleviate the medical manpower shortage of HA in the short term. But they are of the view that the promotion of those HA medical staff who are local medical practitioners with full registration should not be affected. The Administration has assured the Bills Committee that the recruitment of non-locally trained medical practitioners with limited registration is an immediate measure of HA to supplement the local recruitment drive. Medical practitioners with full registration, including local medical graduates, will continue to be the primary sources of medical manpower supply for HA.

Some members hold that as those medical practitioners with limited registration employed by HA, the University of Hong Kong and The Chinese University of Hong Kong will perform clinical duties according to the need in their work under the limited registration arrangement, for the sake of patient safety, MCHK and the bodies concerned must ensure that the medical practitioners so registered have met the required professional standard to practise medicine safely in Hong Kong. In addition, the bodies concerned must closely monitor the work performance of medical practitioners with limited registration employed and review their suitability for continued appointment as appropriate.

Deputy President, after consideration of the views from the Bills Committee, the Administration will move several amendments to the Bill. The Bills Committee does not object to such amendments to be proposed by the Administration later on.

Deputy President, this is my report on the work of the Bills Committee. On behalf of the Liberal Party, I would like to express our views on this Bill as follows.

The Liberal Party has all along been concerned about whether the medical complaints mechanism and medical manpower in Hong Kong meet the needs and expectations of society, but such issues are exceedingly complex. As they touch upon the interests of medical practitioners, they can easily turn political. It is precisely because of this reason that this Bill has been beset with difficulties. This Bill can generally be divided into three parts. The first part is about
restructuring MCHK with an increase in the number of lay members, which is the most controversial part of the Bill. Doctors' associations have all along refused to compromise, moving the goalposts time and again with the obvious purpose of ensuring that representatives of public hospitals and private medical practitioners at least have the majority control in MCHK.

In fact, the Bill introduced by the Government in mid-2017 already incorporated a wide spectrum of views, which might be regarded as a consensus reached by the Tripartite Platform readily supported by various political parties and groupings in the Legislative Council, the passage of which is just a matter of time. That said, in October 2017, Chief Executive Carrie LAM still went the extra mile to put forth a new concessionary proposal, i.e. the amendments proposed by the Government today, extending an olive branch to medical practitioners. The purpose of the Chief Executive is to honour the pledge made in her election manifesto: fostering harmony and reducing disputes in the community, which is appreciated and recognized by the Liberal Party. Nevertheless, I must point out that even though Mrs LAM has put forward a new proposal, the situation of medical practitioner members constituting the majority in MCHK will remain. Among the 32 members, 7 are representatives elected by all medical practitioners, 7 are representatives elected by the council members of MCHK, 4 are representatives from HKAM and 10 are medical practitioner representatives from the Faculties of Medicine of the two universities, the Department of Health and HA, comprising a total of 24 medical practitioners. While the ratio between medical practitioners and non-practitioners is 3:1, which is lower than the ratio of 6:1 in the past, it is still tilted in favour of medical practitioners. For this reason, it is believed that even if the new proposal is endorsed, public concern about doctors covering each other's back and the shortage of medical practitioners will remain unresolved.

Members may ask: should we not support this Bill? We should know that the second main part of the Bill is about improving the disciplinary inquiry mechanism, which is the utmost concern to patient organizations. As stated earlier, as of August 2017, MCHK has a backlog of about 760 complaint cases in total, on top of about 500 new complaint cases received on average each year. According to experience, on average, it takes about 72 months, i.e. nearly six years, for MCHK to process a complaint case involving a disciplinary inquiry, and what is more, the latest schedule for disciplinary inquiries is March 2020. To the patients and their families concerned, such prolonged proceedings have subjected them to all kinds of torments physically, mentally and spiritually, which are totally unacceptable.
The incumbent Chairman of MCHK, Joseph LAU, has also openly indicated that the caseload of MCHK is on the verge of collapse, fully reflecting the urgency of this Bill, which should brook no further delay. The passage of the Bill this time around will enable MCHK to establish more than one PIC and appoint Inquiry Panels in parallel. Also, the ceiling that limits the number of legal adviser to one will also be removed, so that there will be no limit to the number of legal advisers engaged. And the number of assessors will also be increased substantially from 14 to 140, thereby enabling MCHK to conduct investigations and inquiries more frequently, which will definitely expedite inquiry proceedings significantly and reduce schedule bottlenecks.

The changes involved in this Bill are just a small step taken by MCHK, but they mean much to patients. As patients have achieved nothing after struggling for more than a decade, the slight improvement now is already something earnestly awaited by them. Hence, while this Bill may not be perfect, particularly the method for returning representatives of HKAM which still disappoints many patient organizations, it is clear that members of the public expect enhanced efficiency in inquiry proceedings of MCHK, an increase in the number of lay members in MCHK and fewer cases of doctors covering each other's back. Hence, they would rather pocket it first than see any further delay. After weighing the pros and cons, we should embrace the outcome achieved at this stage if patients can stand to benefit early. Certainly, we will still keep going and strive for more reforms.

Deputy President, the third main part of the Bill concerns medical practitioners with limited registration, and I wish to take this opportunity to clear up the misconceptions held by some people about this system. In fact, medical practitioners with limited registration may only serve as a short-term measure to alleviate the shortage of medical practitioners in the public sector. But last year, some people deliberately spread rumours that the extension of the period of limited registration from one year to a maximum of three years sought to pave the way for admitting a large number of Mainland medical practitioners.

Nevertheless, following the elections, the truth has started to reveal itself gradually through debates. As the law presently stands, non-local medical practitioners may only be admitted by HA, the Department of Health and the Faculties of Medicine of the two universities through limited registration. They may only work for the specified institutions with which they are employed, and the registration is subject to renewal by MCHK. There are currently fewer than
150 such medical practitioners, constituting a small number only. Even if the two Faculties of Medicine allow engagement in private clinical practice by such medical practitioners, such work is carried out for the purpose of scientific research, teaching and clinical practice of professional application, which may not exceed 10% of their workload, thus making it impossible for them to compete with local counterparts.

Given the acute shortage of medical practitioners in public hospitals presently, HA only seeks to admit overseas medical practitioners with certain experience through limited registration who may perform relevant duties immediately without relying on guidance, thereby actually reducing the pressure on frontline staff. For this reason, HA has stringent requirements for the professional qualifications of applicants, and will only employ those non-locally trained medical practitioners who possess a specialist qualification comparable to the intermediate examination recognized by HKAM.

Members of the public need not worry that this will open the floodgates for admission of Mainland medical practitioners because currently, in the absence of a framework for recognizing specialist qualification as required on the Mainland, there is simply no way for medical practitioners who have only studied medicine and received their medical training on the Mainland to practise medicine in Hong Kong under this system.

As far as I know, in the past, some children of Hong Kong residents, having obtained their medical degrees overseas, such as in the United Kingdom, and met such specialist qualification requirements, returned to Hong Kong to complete their professional training and attained such qualifications under the limited registration system. Hence, we need not be unduly worried.

In fact, in a rare move, the Financial Secretary stated in this year's Budget speech that he would ensure full employment of all medical graduates in the future. On the contrary, what we should worry about is that even if the passage of the Bill this time around can somewhat cut the red tape for medical practitioners with limited registration, the shortage of local medical practitioners will remain unresolved.

We should know that since the abolition of exemption for medical graduates from Commonwealth institutions from taking the local licensing examination in Hong Kong, overseas medical practitioners have only been able to
sit the licensing examination held by MCHK to become qualified for practice in Hong Kong. But its questions are condensed from the contents of the many examinations taken by local medical practitioners during their long-term training, thus resulting in persistently low passing rates. As time goes by, Hong Kong has failed to effectively fill local vacancies with overseas medical practitioners, and meanwhile, it takes a long time to train local medical practitioners. For example, it takes seven years to train a general practitioner and as long as 13 years to train a specialist, which is by no means a prompt remedy.

The influenza epidemic this winter is so serious that even the HA management has indicated that public hospitals have been in a state of war. In fact, well before the influenza surge, last summer, sporadic overloading of accident and emergency departments and beds in medicine wards of public hospitals already raised the alarm. It is evident to all that problems brought by an increasingly ageing population have gradually surfaced in Hong Kong. Some members of the medical sector have estimated that the high number of influenza infection in Hong Kong in recent years is directly relevant to the present state of ageing population.

While the Government has planned to provide some 5 000 additional public hospital beds, having hardware but not the software will lead us nowhere. Even if the Government has undertaken to gradually increase the places for the medical discipline to 470 by 2018-2019, it will still fail to catch up with the growth in service demand. This, coupled with the continuous expansion of private hospitals in recent years resulting in a great loss of medical practitioners from public hospitals to the private sector in Hong Kong, has added to the load of the public health care system. Certainly, medical practitioners are now dubbed "men of the stars" by many, meaning that they can earn $1 million a week, which is rather attractive. If I were a medical practitioner in a public hospital, I would also like to carve out a career at a private hospital.

Last June, the Government released the report on Strategic Review on Healthcare Manpower Planning and Professional Development, which projected a shortage of about 500 medical practitioners by 2020, and about 1 007 by 2030. Nevertheless, I think these are just conservative projections. While the Government has arrived at such figures taking into account such factors as the development and expansion plans of public hospitals, the health care service model and level in 2015 and the ageing population, the doctor-to-population ratio of Hong Kong in 2015 just stood at 1.9:1 000, lagging behind such developed
countries as the United Kingdom, the United States, Japan, Korea or even Singapore. Singapore, whose social structure is similar to that of Hong Kong, has a doctor-to-population ratio of 2.3:1,000, showing that the shortage of medical practitioners will become more acute if Hong Kong is to achieve a more reasonable ratio of doctors.

After all, given the high costs of training medical professionals, we cannot rely on local training alone. In fact, a number of countries have brought in talent from renowned medical schools overseas. Medical practitioners seeking practice are not only exempted from further examination, but also provided local training. The Government must actively consider following the practice of such places as Singapore, exempting medical practitioners graduated from renowned medical schools overseas seeking practice in Hong Kong from further examination, and in particular, encouraging children of Hong Kong residents studying medicine overseas to return to Hong Kong—I have to declare that my daughter and son-in-law are currently studying medicine overseas—so as to alleviate the pressing needs of Hong Kong which faces an acute shortage of medical practitioners. This will not only cause no impact to the health care quality of Hong Kong, but also flexibly address local demand. Local medical practitioners really should not stand in the way because of personal interests, disregarding the needs of Hong Kong.

Certainly, instead of a blind pursuit of a rise in the number of medical practitioners, we should also enhance public-private collaboration, primary health care and community care, etc. to achieve complementarity, in an endeavour to ensure sustainable development of health care services and appropriate planning in response to demographic changes in Hong Kong given the limited resources.

After all, restructuring MCHK just serves to raise the curtain on our health care reform. The Government still has a lot on its plate. The Liberal Party and I earnestly hope that the Administration can present to patient organizations and us more concrete details in the days ahead.

Deputy President, I so submit.

DR KWOK KA-KI (in Cantonese): Deputy President, it seems that this is the first formal discussion on the reform of the Medical Council of Hong Kong ("MCHK") in the Legislative Council since 2016.
Deputy President, I have mixed feelings about this. If one had known, one would have acted differently. As a matter of fact, there was little controversy over many proposals in the Medical Registration (Amendment) Bill 2016, including increasing the pace and channels of the disciplinary inquiries by MCHK so as to clear the case backlog expeditiously; increasing the resources of MCHK, as well as increasing the number of legal advisers. The greatest controversy lies in the fact that the Medical Registration (Amendment) Bill 2017 ("the Bill") gives doctors and many other professionals in Hong Kong the impression that the Government is seeking to undermine professional autonomy.

Article 142 of the Basic Law clearly stipulates that the previous systems concerning the professions should be maintained after the reunification and that the parties concerned must be consulted before making any changes. It seems that the most controversial issue is whether doctors will obstruct disciplinary hearings. I have served in MCHK, too. We will exert our best and also hope to sanction all doctors who had violated professional conduct or ethics. This is also the duty of all medical personnel. However, we absolutely cannot approve of the Government's attempt to cover up its wrong decision by means of the Bill.

I have heard a number of Members question whether the Bill will impede the practice of medicine in Hong Kong by overseas doctors. I would like to share some figures here. Statistics have clearly shown that the majority of doctors who graduated from renowned medical schools overseas could pass the licensing examination without much difficulty. Take the three-part examination in 2016 as an example. In Part I "Examination in Professional Knowledge", the passing rates of graduates from Australia and the United Kingdom were 100% and 24% respectively; in Part II "Proficiency Test in Medical English", except Mainland graduates with a passing rate of 92%, the passing rate of graduates from all of the other countries was 100%; and in Part III "Clinical Examination", passing rates varied greatly. Graduates from Ireland scored a passing rate of 100%, while that of graduates from the Mainland was 3%. Among 36 Mainland graduates, only one passed the Clinical Examination.

I am not able to tell nor should I conjecture why graduates from certain countries or regions could not obtain a pass in these examinations, in particular the Professional Knowledge and Clinical Examinations. But I would like to point out that when a good intention can bring about tremendous and irreversible changes to the professional medical standard in Hong Kong, we must give it thorough deliberation.
I understand that the relatives of some members have graduated from renowned universities in the United States and taken up employment there. I believe these people with professional qualifications will have no difficulty starting practice in Hong Kong and making a contribution here. The medical schools of the two local universities and the Hospital Authority will also welcome the practice of these experienced, knowledgeable and qualified professionals in Hong Kong with open arms.

In fact, the licensing examination for doctors is nothing new. We must abide by the provisions within the World Trade Organization framework which require us to provide a fair and impartial channel to professionals from different countries to obtain the qualification and employment under an open system. Hong Kong graduates are conversely also required to take a licensing examination should they wish to engage in practice in most parts of Europe and the United States or even the Mainland. Exemption is available in a few countries only, such as Singapore. This system is proven and fair. If someone wants to convince people that all doctors are reluctant to let overseas graduates practise in Hong Kong, I would say that they are misleading and diverting attention on purpose. My concern is whether this reform will enable MCHK to realize professional autonomy more effectively.

Other professional registration systems in Hong Kong are operated by corporations incorporated under the law, such as the Hong Kong Institute of Architects, the Hong Kong Institute of Certified Public Accountants, The Law Society of Hong Kong, the Hong Kong Bar Association and the Hong Kong Institution of Engineers. These corporations have the power to draw up standards of practice for their professions and are responsible for handling complaints against their professions and conducting disciplinary inquiries. However, an obvious difference between them and MCHK is that these professional bodies are all free from the Government's control. They are autonomous and capable of conducting relatively fair elections—although elections of some bodies, such as the proxy voting in the election of The Law Society of Hong Kong, are controversial—I believe the elections of most other professional bodies are based on "one person, one vote".

In striving for the reform of MCHK, there were opinions demanding professional autonomy of MCHK. I hold the same opinion. Why do we have this demand? Past cases, such as the well-known Prince of Wales Hospital incident and the Kowloon Hospital incident, have indicated that many health care workers convicted by MCHK were practising in the public health care system. There were numerous incidents involving public hospitals in which,
unfortunately, frontline doctors, nurses or other allied health professionals are often the ones sanctioned and denounced. Some people may ask: are these people not supposed to bear responsibility? As everyone knows, although the Government seems to provide public health care services, the percentage of investment in public health care has been decreasing since more than 20 years after the reunification. Nowadays, the amount invested by the Government is less than that paid by each individual citizen. Under this system, all pressure is basically borne by frontline doctors, nurses and allied health professionals in the public health care system.

Take the Kowloon Hospital incident as an example. A nurse with only two years of nursing experience was appointed as shift-in-charge. I do not wish to go into the details of the case, but we can understand the situation. Why was a registered nurse with only two years of nursing experience capable of taking charge? It was of course not her wish to do so. She did not want to be in charge. Due to issues with the system and insufficient resources, many health care workers are forced to stand on the very front line as gatekeepers of a health care system riddled with problems. And unfortunately, more often than not, they become the scapegoats. When people understand this, they will understand why we have to fight for a professional body that is free from government control or influence.

During the 20-odd years since the reunification, examples of professional autonomy being sabotaged abound. It can be seen from the incident of the University of Hong Kong and the appointment of board members and council members of several universities that the Government intends to manipulate some statutory and academic bodies. Some may say that the current-term Government or the Chief Executive is vastly different from the previous LEUNG Chun-ying "689", but it must be understood that as long as the system remains unchanged, the Chief Executive returned by a coterie election is not accountable to Hong Kong people but to those vested interests or Beijing. The ultimate victims of all these appointments or manipulations by the Government are not only the professional sectors, but all Hong Kong people who are affected by them or who need to use professional services.

For instance, the Government failed to hire enough doctors after 2003 due to financial reasons. It stopped hiring newly graduated medical students and even cut the number of places in the two medical schools. Did the Government consider the people or future development of health care services back then? Certainly not. The Government might have considered its own problems, for example, how to cover up its reluctance to commit resources? Simply by not
hiring new recruits. So what if the Government did not hire enough doctors? The best way is leaving the doors wide open as long as doctors are coming to Hong Kong. Certainly, things will not go that far this time around. I do not see the need for the current-term Government to act so outrageously for the time being, but that does not mean it will not happen in the future. If the Government cuts again the number of medical students, nurses or other allied health professionals on financial grounds, causing the manpower shortage to persist for a few years, can it use the same approach to cover up the shame? Who will be the victims? I believe people must think about this carefully.

For the continuous development of Hong Kong, professional sectors, including the medical profession, should be free from the Government's control in order to maintain its registration at a certain level under a transparent system. Frankly speaking, every patient can make his own choice. Patients will judge if the relevant system is trustworthy based on the medical care received. Medical consultation may cost way less in the Mainland than in Hong Kong, but are there any Hong Kong people who seek medical treatment in the Mainland? I believe the number is limited not because of the price, but because Hong Kong people have confidence in the professional system in Hong Kong. If this system is compromised or destroyed beyond redemption, each and every citizen will be affected.

All future medical graduates are children of Hong Kong people. They should not bear the criticism from society, being blamed for focusing only on their own interests. Some impoverished young people who cannot afford to study in renowned universities abroad have no choice but to study in the two medical schools in Hong Kong. We must provide them with a level playing field.

I will not lash out at the Bill or the amendments any further because as many have said, changes need to be made to the Medical Registration Ordinance, although I am worried that such changes will bring even more serious damage to professional autonomy beyond the point of no return. What will be the future of Hong Kong if even the medical profession cannot be autonomous? How can we ensure the health care standard? These are questions that the Government cannot answer, but I believe many doctors will persist in contributing their efforts towards the reform of MCHK.

I so submit.
MR LEUNG YIU-CHUNG (in Cantonese): Deputy President, the dispute over reform of the Medical Council of Hong Kong ("MCHK") has been going on for more than two years. Today, this Bill has finally come to the Second Reading.

Compared with the 2016 Bill, the Government has proposed quite many amendments to the Medical Registration (Amendment) Bill 2017 ("the Bill") resubmitted to the Legislative Council this time around. In particular, the deletion of the provision on the appointment of four additional lay members by the Chief Executive reflects that the Government has the room and ability to heed the views of the community and the profession. I hope the Government can continue to do so and strive to heed public opinion when faced with controversial legislation in the future, rather than sticking to its guns.

Although I believe the Bill will be passed without any controversy, I still wish to make some suggestions because they relate to whether continuous improvements can be made to MCHK. I hope the Government can listen and respond to them.

First, in order to improve the complaint investigation and disciplinary inquiry mechanism, I propose that a new and independent inquiry body be set up to assist in the handling of complaint cases by MCHK. The frequent occurrence of medical blunders in Hong Kong in recent years has somehow rocked public confidence in Hong Kong's health care system. Each year, MCHK receives 500 or so complaint cases related to medical blunders. As at August 2017, the total backlog of cases has reached 760. According to the present progress of conducting inquiries, we know that it usually takes a very long time before a case can be handled. Mr Tommy CHEUNG also mentioned just now that it took approximately 72 months, or exactly six years, for a case to be handled. The wait is simply too long. Meanwhile, it usually takes the Preliminary Investigation Committee ("PIC") more than a year to come up with preliminary results. Insofar as patients and their family members are concerned, such progress is indeed extremely slow. A prolonged wait is utterly a torture. As such, I think the situation needs to be improved and the complainants should not be made to wait meaninglessly. As Members are aware, an endless wait is most inhumane. The Government should pay attention to this point. Moreover, as Members are also aware, a prolonged wait might make patients or their family members mentally and physically exhausted.
It is a good thing that the Bill proposes the establishment of more than one PIC and appointment of Inquiry Panels under the reformed complaint investigation and disciplinary inquiry mechanism, as well as the increase in the number of assessors from 14 at present to between 70 and 140 because doing so can, besides expediting the pace of handling cases, enable patients and their family members to have the results of enquiries expeditiously, which is worthy of support.

One of the controversies triggered by the Bill submitted by the Government in 2016 involved the appointment of four lay members by the Chief Executive, giving rise to the concern that MCHK would be manipulated by the Government. Now the Bill proposes that the four additional seats will no longer be appointed by the Government. In addition, the election of two additional seats by the Hong Kong Academy of Medicine ("HKAM") should be more acceptable to the general public. Although it is a good thing that the Government can truly listen to the views of the general public and the profession, is the reform perfect?

First of all, although the number of lay members will be increased from four to eight, or from 14% to 25%, the general public (particularly patients' groups) still consider the proportion of lay members relatively low and voice strong dissatisfaction. As such, I think that the Government should consider progressively increasing the proportion of lay members while raising the proportion of elected members, with a view to enhancing the credibility and transparency of MCHK.

Furthermore, although Inquiry Panels have the power of conducting disciplinary inquiries and increasing the involvement of lay assessors, they are nonetheless set up under the auspices of MCHK and their members are mostly medical practitioners. It is therefore hard to dispel the doubts of quite many patients' groups about the medical profession defending its own members. I do not mean to question the judgment or credibility of these doctor members, but why does the Government not consider setting up a new and independent inquiry body to handle these complaint cases should it wish to further enhance the credibility of the complaint investigation and disciplinary inquiry mechanism?

According to a survey conducted by the Public Opinion Programme of the University of Hong Kong ("HKU"), 68% of the 1,000 interviewees were in favour of and only 17% were against the establishment of an independent inquiry
body. According to another survey conducted by the medical profession, 93% of the elected members of the medical profession expressed support and only 7% expressed objection. In other words, even for doctors and medical students who are considered to involve the greatest conflict of interest, 50% were in favour of and 25% were against the establishment of the so-called independent inquiry mechanism. This is neither my personal opinion nor the view of patients' groups. Instead, the public at large share the same hope of setting up an independent body to conduct inquiries, so that credibility can be enhanced. Let us examine the practices of overseas countries. Although there are numerous examples of establishing independent medical complaints offices or independent medical investigation committees, the Special Administrative Region ("SAR") Government has been lagging behind others on this front and, regrettably, reluctant to make more efforts. For this reason, even if the Bill is passed this time around, I still hope the Government can conduct a review and make more efforts on this front.

Second, I consider that extending the duration of limited registration might still not be able to ameliorate the manpower problem mainly because of poor remunerations. Another important component of the Bill is the proposal that MCHK allows extending limited registration from a period of not exceeding one year to a period of not exceeding three years, with a view to increasing medical manpower.

Deputy President, non-locally trained medical practitioners with limited registration are predominantly employed by the two major universities, rather than the Hospital Authority ("HA"), to undertake mainly research and teaching work. I have looked up the relevant information and found that the number of medical practitioners with limited registration recruited by HA per annum over the past five years was less than 20, and their average length of service was 1.7 years. Moreover, most of them were not serving in specialties with the most acute shortage of manpower. From this angle, can an extension of the length of service for medical practitioners with limited registration address the existing problem of manpower shortage experienced by HA? Members should be able to find the answer from these figures.

To address the problem of manpower shortage experienced by HA, the authorities should identify the root of the problem rather than making more effort on this front. Quite a number of medical practitioners of HA have indicated that
the relatively poor remunerations and working environment of HA has led to manpower being drained to private medical institutions. Should the authorities fail to seriously address the problem of poor remunerations and working environment, I believe local medical practitioners, including those who are currently serving HA, will leave HA one after another for practice in private medical institutions instead. Even though the Government is seeking to lure overseas medical practitioners to practise in Hong Kong, this problem will still remain unresolved. I hope the Government can think about this carefully instead of diverting our attention.

Besides, given the frequent occurrence of medical incidents, members of the public are most concerned about whether the professional standard of medical practitioners is guaranteed. However, the Government has not addressed the qualification of medical practitioners in the Bill proposed in 2016 as well as this one. It has all along emphasized that none of the overseas doctors recruited by HA through limited registration to work in public hospitals was trained on the Mainland because there is no framework for recognition of specialist qualifications and qualification comparable to the Intermediate Examination of the constituent colleges of HKAM on the Mainland. In a paper subsequently submitted to this Council by the Food and Health Bureau, however, it was disclosed that 24 overseas medical practitioners employed by HKU and The Chinese University of Hong Kong had received training on the Mainland, and one of them had no clinical experience at all. Three others were found to have failed to be registered by overseas medical authorities in their renewal applications submitted. This has inevitably given rise to concern about whether the criteria adopted by HA to approve these overseas medical practitioners to practise in Hong Kong are too sloppy. As such, I hope the Secretary can answer my question later to let us know if the Government has room for conducting a detailed review to ensure the professional qualification of overseas medical practitioner in practice in Hong Kong.

Deputy President, I hope the Administration can draw reference from the following suggestions made by patients' groups.

Firstly, complainants are now required to lodge complaints and submit evidence in writing. However, medical procedures often involve complicated concepts and jargons, and so patients and their family members might not be able to grasp the key points, thereby affecting the acceptance of their complaints. Even the ruling to be made later will be affected, too. As such, MCHK should
assign dedicated staff to approach the complainants to gain a preliminary understanding of the key points of their complaints before assisting them in collecting evidence and drafting complaint letters, as well as preparing relevant information. In the long run, MCHK should consider recruiting dedicated examiners to investigate complaint cases before deciding if there is a need to proceed with disciplinary inquiries and take action.

Secondly, not only does it take a couple of years to deal with a complaint, but patients and their family members know nothing about the progress and can do nothing but wait, even if they are burning with anxiety. Hence, MCHK should draw up performance indicators, such as issuing letters to complainants every three months, to keep them informed of the progress of their complaint cases.

Thirdly, when MCHK decides not to take further disciplinary action, it will merely give simple reasons for rejection. Therefore, complainants can hardly know the rationale behind the rulings. Nor do they know how to take further follow-up action. This is why I consider that when MCHK refuses to handle certain complaints, it should explain the reasons for rejection in detail. Should complainants consider that there is such a need, MCHK should arrange for a meeting with them and give an explanation.

Fourthly, there is no specific appeal mechanism for complainants to take follow-up action should the processing of their complaint cases be stopped. Moreover, they might not be capable of meeting the huge expenses for judicial reviews. For these reasons, MCHK should establish a specific appeal review mechanism.

I hope the Administration can seriously consider the aforesaid four demands made by patients' groups and refrain from thinking that there is no need to deal with other matters as some improvements have been proposed to the Bill. As we all know, it is a fact that the Bill has led to changes to the framework as well as the background of MCHK members. Nevertheless, the Bill has failed to deal with many problems related to the framework and system which are inextricably linked with the complainants. I therefore hope that improvements can be made on this front when reviews are conducted in future. Otherwise, even if a complaint mechanism is already in place, the complainants might still not be able to lodge complaints to seek a fair ruling.
To my understanding, Deputy President, the purpose of many patients or their family members in lodging complaints is to see justice done, rather than fighting for compensation or sanctions. This is the most important point. As such, complainants should be informed of the rationale and facts when rulings are made. This is very important indeed. I also hope that the transparency of the complaint mechanism can be enhanced in the future, so that complainants can have a good understanding of the rationale of the rulings.

Deputy President, I so submit.

PROF JOSEPH LEE (in Cantonese): Deputy President, the Medical Registration (Amendment) Bill 2016 was "dragged to death" in the previous term. All came to naught. This term, the authorities have submitted the Bill to the Legislative Council again.

Yet, I am surprised that no Member has requested to speak. In that case, I cannot but rise to keep the ball rolling. Besides, as a member of the Bills Committee, I should speak after all. Hence, now, I will speak or filibuster to buy time, so that Members now having lunch may return to the Chamber to continue the debate later. This discussion should not be concluded so soon and the voting should not come so early. Why would we be caught in the present situation? The answer is straightforward. It is because political issues involved in the present case are significantly lesser. The debate mainly focuses on the overall operation and in-depth discussion of practical issues. Of course, some issues are still controversial. Indeed, all issues discussed in the Chamber are political and may involve a lot of political interpretations.

In fact, the Bill submitted by the Government in the previous term and the Medical Registration (Amendment) Bill 2017 submitted again in the current term are mainly on the reform of the Medical Council of Hong Kong ("MCHK"), including amendments in relation to the composition of MCHK and the Preliminary Investigation Committee ("PIC"), as well as limited registration. These amendments are basically technical amendments to us, yet they have aroused many different kinds of political interpretation and aroused strong reactions in the last term.

According to the Medical Registration Ordinance (Cap. 161) ("the Ordinance"), the statutory power of MCHK includes two aspects. First, it is the regulation of medical practitioners in Hong Kong. The regulation covers
various aspects based on a set of guidelines. Regarding the formulation of the relevant guidelines, it is natural that there are divergent views. Nowadays, in our civil society, should we adopt the bottom-up approach or the top-down approach in drafting the guidelines? There is considerable controversy in this aspect.

Yet, professional autonomy is essential to making judgments based on this set of professional guidelines. Since the guidelines are applicable to medical practitioners, it is appropriate for professionals in Western medicine to do the drafting, for they are people with the best and clearest understanding of the issues concerned. Certainly, opinions of certain lay persons and other legal advice should be included, and comments should be sought before finalizing the set of guidelines. The Ordinance empowers MCHK to regulate medical practitioners according to these guidelines. One of the main objectives of the Ordinance is to regulate clinical practices, other conduct and relevant issues concerning medical practitioners. This is the major function of MCHK.

Another issue is sanction. Mr LEUNG Yiu-chung mentioned it just now and other Members may also talk about it later on. According to the guidelines on regulation, if anyone considers that a medical practitioner has made mistakes, the medical practitioner will be subject to sanction once the case is proved to be true. Of course, views on sanction will be divergent. Nowadays, in Hong Kong, the complaint culture is very rampant in civil society. People may complain about all the things. For example, I may complain that the volume of my microphone is too small and request the President to do something about it. Is this the case? I do not know. Yet, the people of Hong Kong are prone to make complaints. The most outstanding achievement made by the people of Hong Kong in the past two decades should be the making of complaints. Since the Ordinance was enacted many years ago, in the handling of complaints involving medical practitioners in Hong Kong now, are there ambiguities in the code of practice and are there errors in the guidelines? Yet, none of these issues have been addressed in the present Bill and this has begged different interpretations.

The technical amendments to the Bill are targeted at the backlog of complaint cases. To speed up the complaint handling process of PIC or Inquiry Panels, the number of assessors will be increased from 14 to 140, hoping that complaints will be handled as soon as possible. However, the Bill has not addressed issues concerning impartiality and fairness in the handling of
complaints, as well as the concern of doing justice to the complainants, even though opinions on what is justice may vary. Hence, various Members have raised these concerns at the Bills Committee as well as in the discussion of the previous term. Mr LEUNG Yiu-chung also mentioned this point just now. I implore the Government to ponder if this is an obvious inadequacy of the Bill.

The present Bill is on MCHK's power to impose sanctions under the Ordinance in handling complaints, for MCHK is not merely responsible for handling complaints, it also has to impose sanctions, which is of the utmost importance. Can the complaints handling mechanism as a whole do justice to complainants in a transparent, fair and speedy manner? Deputy President, fairness may be considered from a subjective or an objective perspective. In my view, after the Bill is passed, MCHK should work on this aspect. Since MCHK is a statutory body, the Secretary has no authority to order MCHK to take any actions, yet the Secretary may make suggestions to MCHK. The future members of MCHK may consider working on this aspect, so as to establish among the public the impression that they can trust the set of guidelines, so that when they complain medical practitioners of making mistakes, violating or deviating from the guidelines, or making mistakes during clinical practice, they can trust that MCHK has a relatively satisfactory approach to handling their complaints. The approach should have high transparency and it should allow the public to feel assured, so that the public will have the perception that their complaints have been properly handled and the sanctions imposed are fair. Certainly, it should be fair objectively.

Under the present Bill, amendments have only been made to increase the number of members with a view to speeding up the handling process, yet the aforementioned issues are not addressed. I hope the Secretary will discuss with MCHK to identify relatively comprehensive and desirable approaches in this aspect, which can at least give regard to both the subjective and objective perspectives. The authorities will surely say that with the increase of assessors from 14 to 140, the handling process will be sped up significantly. Last August, the backlog of complaint cases was around 700-odd, and it may have increased to 800 now. Yet, these cases will be processed very soon.

This approach is materialistic yet it is not bad. It is after all good to speed up the process. We all desire to see complaints addressed speedily. Yet if the handling of the 800 cases are considered unfair after the conclusion of processing, it will be troublesome. How should these cases be handled? Secretary,
collective wisdom is essential in this connection. In other words, the Bureau, MCHK and members of MCHK or civil organizations may work on this aspect. Secretary, your incumbent boss Carrie LAM is also talking about communication and "big reconciliation"—though it was not posted by her, she looks forward to communication and reconciliation. We all aspire to the settlement but not worsening of issues. Will the authorities make some effort to facilitate communication in this aspect? The issues involved cannot be solved merely by increasing manpower to speed up the handling process technically. Regarding the mechanisms for complaint investigation and disciplinary inquiries under MCHK, is it possible to address efficiency and effectiveness at the same time, so that fairness is upheld both from the subjective and objective perspective? This is really a challenge to the wisdom of the Secretary. Certainly, regarding the proposal to increase manpower to speed up the handling process, it has our full support.

Second, it is about the composition of MCHK. In the previous term, the question was on professional autonomy. I recall that when I spoke in this Chamber in the previous term, I did say I did not quite understand the definition of professional autonomy. Professional autonomy includes three levels. I will not repeat it here, and if Members are interested, they may refer to my speech recorded in the Hansard. In fact, half of the members of MCHK are directly elected whereas the other half are appointed members. All of them are members of the sector. MCHK must be formed by professionals and members of the sector. Otherwise, how can members assess whether the professional guidelines and regulation of MCHK are fair and reasonable or below standard? Efforts are needed in this aspect. As for lay members, whether or not Members welcome the appointment by the Chief Executive, and no matter who is appointed, the role of lay members is to exercise check and balance. They will assess whether or not the professional guidelines are up to standard and whether or not the guidelines can serve the function of regulation from the layman's perspective based on common sense and intuition. I am referring to not only MCHK, for there are a number of professional committees established under the law in Hong Kong, such as the committee for nurses, to undertake the above mentioned tasks. Regarding the changes concerning this part, I think our debate should not be confined to whether there is professional autonomy, the ratio of "our own men" and the election method of "our own men", for these are operational practices or personal opinions.
Regarding the addition of lay members this time around, lay members have a certain role to play. I think that when the Government proposes that these members be elected by the Consumer Council or patient organizations, members elected must acknowledge they have the ability to know clearly the reason for setting guidelines, whether or not the guidelines are reasonable, whether or not the guidelines can fulfil the regulatory function and whether the guidelines can regulate medical practitioners in the professional aspect, and so on. This set of guidelines is important. I have no strong views about the changes made to the MCHK composition this time around. Yet, I have to point out that the newly included lay members, be they elected by the Consumer Council or patient organizations, must be competent in fulfilling the tasks I mentioned just now. If not, even though they have joined MCHK, they may only be able to serve as a rubber stamp—a criticism some people level at the Legislative Council—in dealing with issues and people. This is unacceptable and MCHK will fail to fulfil its regulatory functions. Hence, the amendments concerning MCHK under the present Bill, including changes to the composition of MCHK and mechanisms of complaint investigation and disciplinary inquiries, must fulfil the two requirements mentioned by me. We support the amendments this time around. Yet, we do not hope that it will leave some loose ends with no clear-cut arrangements. I urge the Secretary to spend time and resources on examining this part.

The other objective of the Bill is to address the limited registration of medical practitioners. A long time ago, Mr Tommy CHEUNG submitted a private Member's Bill to the Legislative Council, seeking to amend the arrangement on limited registration. Yet, for some unknown reasons, the Government considered it unacceptable and insisted on proposing the amendments of its own accord. Now, the authorities propose to extend the period of limited registration from one year to three years, which induces doubts about whether or not the Government is planning to introduce overseas medical practitioners into Hong Kong. As a layman, I do not have specific views on this. In fact, as I understand it, according to the mechanism for "limited registration" under Cap. 161 as proposed under the Bill, certain overseas experts do not have to sit any examination to obtain the medical practitioner licences immediately, yet they may still provide services in Hong Kong, such as teaching in universities or working as special consultants under the Hospital Authority ("HA") or in public hospitals. This is the origin of the relevant provision.
If the objective of the mechanism is to admit overseas medical practitioners for service in Hong Kong, neither the one-year period nor the three-year period will achieve this purpose. Deputy President, I have not attended the meetings of the Bills Committee on a regular basis. I must admit I am a bit lazy, yet I have listened to the relevant discussion at the committee. In fact, the objective of the mechanism is merely to allow those overseas experts and experienced medical practitioners, who are people with outstanding performance and practice licences overseas, to come to serve in Hong Kong, be it for one year or three years. The proposed mechanism allows them to practise in Hong Kong while they have not yet obtained the licence to practise in Hong Kong, as well as providing professional services, which include teaching, consultancy services and even clinical practices, so that they can use their professional knowledge to take care of patients.

In my view, the major merit of extending the period from one year to three years is to set the mind of these people at ease. The arrangement is not aimed at allowing them to practise as medical practitioners in Hong Kong to make money but to let them familiarize themselves with the environment in Hong Kong, so that they will consider and decide whether or not to sit for the examination to obtain the medical practitioner licence for practice in Hong Kong. If they decide that they will only stay for three years through the limited registration mechanism to engage in consultancy and teaching work in Hong Kong, then they cannot become private medical practitioners qualified to practise in Hong Kong when the period expires. Since they do not have the licence to practise as medical practitioners in Hong Kong, they will be arrested and imprisoned if they do so.

The extension of the period will enhance stability. More overseas experts and experienced overseas medical practitioners may come to Hong Kong to explore if there is room for providing services and to identify if there are attractive conditions in Hong Kong, so that they will consider it suitable to stay in Hong Kong for good and necessary to obtain the licence to engage in the relevant work. Is the arrangement an immediate solution to the shortage of medical practitioners under HA? I think this is not an effective solution to the problem. The only merit of the arrangement is the one I mentioned just now. Hence, after the passage of the Bill, the Secretary should remind HA and the universities that if they intend to invite these overseas experts to Hong Kong, the present change will only have the aforementioned effect. The authorities may offer to increase the frequency of examinations to two to three times a year. Yet, the relevant
examinations are already subject to strong criticism, such as low passing rate, and so on. These issues are not related to the Bill, so the Secretary has to examine the issues in this aspect.

On the whole, I support the amendments to the relevant parts proposed this time around. I would also like to take this opportunity to give a clear explanation so that the public would know the reasons and objectives of the Bill and the work of MCHK. We may engage in political debates, yet we have to examine the relevant amendments from practical perspectives.

I am about to finish now. Since I still have one minute to speak, I may as well use it to my advantage. Why am I saying this? In fact, apart from MCHK, there is also The Nursing Council of Hong Kong ("NCHK") which adopts similar practices. Many years ago, it was stipulated that six new members of NCHK would be returned by direct election and the arrangement was stated unequivocally in the relevant law, yet it has not been implemented to date. Hence, I hope that after the passage of the Bill, the Secretary will not wait for 20 years before implementing the relevant requirements. These requirements must be implemented as soon as possible. Meanwhile, the Secretary should examine when the direct election of the six new seats of NCHK will be held. In the civil society today, we should emphasize transparency and balance as well. Why does the Secretary not allocate some resources to the Department of Health, other departments or NCHK, so that they can hold the election for the six directly elected seats to increase the number of members of NCHK. At present, there are only 10-odd members on NCHK, and they will have to work extremely hard if inquiries have to be conducted. I hope the Secretary will tolerate my piggybacking on the present debate. I hope the Secretary will handle the amendments of MCHK, and more so, I hope she will help to allocate resources to enable the direct election of the six newly added seats of NCHK to be held as soon as possible. In fact, I have been working in the sector for more than 10 years and the arrangement has been discussed for a long time. Nonetheless, the authorities have hitherto not yet addressed this. Hence, I hope the authorities will handle the relevant issues altogether this time around. Thank you, Deputy President.

MR CHAN HAN-PAN (in Cantonese): Deputy President, today we are discussing the Medical Registration (Amendment) Bill 2017 ("the Bill"). I remember that before this we had discussed the Medical Registration
(Amendment) Bill 2016. That means it has changed from 2016 to 2017. Why is that the case? Because at the Committee stage of the Medical Registration (Amendment) Bill 2016 last year, some Members of the last term filibustered. There were also problems like the same political party casting votes of three different preferences. Consequently, the whole matter had been delayed all the way and even came to a halt against our wish.

We strongly support doctors. Why? Because now the Medical Council of Hong Kong ("MCHK") is criticized for harbouring doctors and lacking transparency, with the image of doctors tarnished. In the minds of the complainants or patients, they lack recognition. Just now I listened to the whole speech of Dr KWOK Ka-ki. Then I looked at the placard reading "Support doctors Protect patients Hong Kong needs health care" in front of him. We also greatly support this remark, but his speech was kind of sailing under false colours. In short, in the speech made by him just now, he regarded patient organizations as the Government's mouthpiece, a tool used to undermine professional autonomy, resulting in the desperate predicament of MCHK and the loss of protection in the health care system. Just now Dr KWOK Ka-ki also implied between the lines that even now, he is still a bit unconvinced. I find it inconceivable that a representative of public opinions can, for the interests of his own profession, turn a blind eye to public interest and the sufferings endured by countless family members of patients during the prolonged course of seeking redress of their complaints.

In the previous discussion about the Medical Registration (Amendment) Bill 2016, there were many misleading comments on its contents, including the allegation that four members were planted into MCHK for the Chief Executive's manipulation. In reality, three of the four new members would be elected from among patient organizations and one would be a representative of the Consumer Council. They would readily become members upon appointment by the Chief Executive as a final formality. That means the Chief Executive would not refuse to accept these election results and would simply make the appointment. Some people kicked up a great fuss over this, so the Government even withdrew this provision on appointment by the Chief Executive and let the relevant organizations directly elect the members with no need of appointment by the Chief Executive. There is actually no problem with this. It is just a minor amendment.
Besides, some people hold, like Dr KWOK Ka-ki said just now, that adding four lay members would undermine professional autonomy. However, as a matter of fact, among the present 28 members of MCHK, only four are lay members. All the rest are doctors. With the addition of only a few lay representatives, they already said this would completely damage professional autonomy. To give the matter its fair deal, I do not think we should say this.

Regarding this Bill, we find no change in the general principle, which is to expedite the whole process of examination of cases by MCHK. The approach of having four lay representatives elected by patient organizations and the Consumer Council has remained unchanged. We express our support for this.

Concerning the Hong Kong Academy of Medicine ("HKAM"), four members will come from HKAM, two of whom will be elected from among its Fellows with no need of appointment by the Chief Executive. In our view, there is no problem in principle because there is only one objective in amending the Medical Registration Ordinance ("the Ordinance"), which is to enable MCHK to operate more smoothly and convene more Preliminary Investigation Committees ("PICs"), thereby expediting the processing of complaints.

Let us look at some past figures. Before the reform of MCHK, the backlog of cases at the pre-PIC, PIC and disciplinary inquiry stages were 700, 150 and 80 respectively. A total of 930 cases were pending. If no reform is made, it will take about 72 months to finish processing a case. It is 72 months. Certainly, we have seen that in some past cases, the time taken was more than 72 months. Some people had to wait five to six years or even seven to eight years. Is such a length of time for processing complaints acceptable to patients or their family members? I hope Members will see this point.

Now, a year has since passed. Things have changed with the passage of time. There is no longer such a big controversy because the Government has made slight adjustments to convince us to support the Bill. In our view, there is absolutely no problem in principle, but regrettably, just now some Members still harped on the same old string in their speeches. I find it most absurd.

After the reform, MCHK will allow a legal adviser, counsel or solicitor to carry out the duties of the Secretary in an inquiry. In our opinion, this is greatly important because in the past, it was specified that only the Legal Adviser of MCHK could carry out the duties of the Secretary, which we consider questionable. Moreover, the increase in lay membership can broaden the
outlook of MCHK. This point is very important, too. Hence, we find it impossible to oppose the entire reform of the Ordinance because from the angle of members of the public, this is most important. In terms of the image of doctors, we also consider this a good thing. How would it be bad?

Earlier on, there was also a misleading allegation that the reform of MCHK would lead to an influx of Mainland doctors to practise in Hong Kong. However, looking at the figures, we did not see any Mainland doctors appointed under the system of the Hospital Authority ("HA") in the past. As at 2016-2017, how many overseas doctors were there in HA? There were 20 from the United Kingdom, 10 from New Zealand and Australia, 1 from the United States and 3 from Canada. The total number was 34. None came from the Mainland. How can we say that there will be an influx of Mainland doctors merely because the contract duration is revised from one year to three years? Such rumours have caused quite a number of doctors to query whether the amendments to the Ordinance will give rise to problems in Hong Kong's health care system. In the earlier discussion in the Legislation Council, some Members opposing the Bill also cited these misleading messages. I would like to emphasize again that in light of the past figures and contents of the Bill, it is impossible for the scenario mentioned by them to arise. Some people have wrongly spread such messages earlier. I hope Members will clarify the facts and set the record straight today. That is absolutely not the case.

In our view, now it is most imperative to revise the contract duration for overseas doctors with limited registration in Hong Kong from one year to three years. As we can see, during the recent influenza surge, patients in the accident and emergency departments had to wait for more than eight or ten hours. If there is a lack of help from overseas doctors while local doctors may not be willing to work in HA, and there is no way to train enough doctors within a short period, is this not a viable approach? Had the Medical Registration (Amendment) Bill 2016 been passed last year to extend the contract duration to three years, perhaps today we would have attracted enough overseas doctors to come to Hong Kong and cope with the influenza surge which has just passed. For this reason, I consider it regrettable that the Medical Registration (Amendment) Bill 2016 could not be passed last year. It is commendable that the Bill can be tabled at the Legislative Council again today. In the following discussion, I hope such previous arguments like there will be an influx of Mainland doctors, revising the period of limited registration from one year to three years will lower the threshold of the Licensing Examination, so on and so forth, will not appear again.
As regards the representatives of patient organizations and the Consumer Council, earlier on the Government has set up a Tripartite Platform consisting of representatives of patient organizations, the Legislative Council and doctors. Discussions have been held through the Platform. In this connection, we see that the Government is eager to address public aspirations and reform MCHK. We should also give credit to the Tripartite Platform. I have had the opportunity to participate in its operation and witnessed our exchanges without reservations on the Platform. Both doctors and patient organizations could express their views freely, and Honourable colleagues from the Council were also engaged. After such discussions on the Tripartite Platform, I believe the outcome derived is a consensus of all the parties. I did not see any significant change. Only some details have been amended to facilitate the passage of the whole Bill. I consider it a good thing for members of the public.

Hereafter, we expect MCHK to expedite the processing of complaints in future because now members of the public basically feel that after a complaint is lodged, it will remain unanswered like a stone dropped into the sea. I once contacted a patient who had made a complaint to MCHK, but the reply he received was that he had to wait a few years. He then withdrew the complaint because he wished to liberate himself from this painful process. However, recently I have met him again. Still bearing bitterness in his mind, he regards such a complaint handling procedure as a torture to him every day. If he can receive a reasonable result concerning his complaint, he will be able to forget the pain and set himself free. Now he still feels indignant.

I hope that the passage of the Bill will enable MCHK to operate more smoothly, and the result of a complaint case can thus be available in, for example, one or two years. This is my expectation. Certainly, some cases which are more complicated may take a longer time, but it should be only three years at the maximum. We do not think it will be good to patients or their family members if it takes longer than three years. Reducing it from six years at present to three years, in my view, is already a big progress. I hope that after the passage of the Bill, the approach of handling cases can be improved and the entire process can thus be expedited.

Certainly, we know that in the initial period of implementation, there will definitely be some glitches in respect of the details. If the Government finds any difficulties in the course of implementation, there is no need to be afraid. It can refer the matter to the Legislative Council for discussion because most Members
will stand on the side of justice. This Bill not only protects doctors and MCHK but also safeguards the interests of patients. It is not true that it protects only public rights and interests but not those of doctors. In discussing this Bill here today, all of us support doctors, Hongkongers and health care in Hong Kong. I hope the Bill can be passed smoothly today.

Deputy President, I so submit.

**MR ALVIN YEUNG** (in Cantonese): Deputy President, instead of making a lengthy speech, I wish only to make some observations for the record. Before I come to my speech proper, as the Leader of the Civic Party, I can tell Members in no uncertain terms that members of the Civic Party are going to vote as a party, giving our clear support to the Medical Registration (Amendment) Bill 2017 ("the Bill"), which seeks to reform the Medical Council of Hong Kong ("MCHK").

This Council's discussions on the Medical Registration (Amendment) Bill 2016 ("the 2016 Bill") in 2016 triggered great repercussions in society indeed. The 2016 Bill did in fact arouse grave concern among the medical profession, patient organizations and members of the public alike. Their worries, though perhaps not entirely founded on facts, were by no means groundless, for which the Government was largely responsible. It was the duty of the Government to convince the public and this Council how Hong Kong would benefit from the relevant amendment and how unnecessary were those public worries.

At the end of the day, Deputy President, everyone will fall ill at some point. When people seek medical treatment at private clinics or public hospitals, they are bound to worry about the prospect of getting in touch with MCHK in case of mishaps. Talks about reforming MCHK have been going on for over ten years, all because of the huge backlog of complaint cases—growing by 500 a year on average—piling up over the years. The community wishes to see an MCHK that is more efficient in handling complaints on the one hand, and fairer as well as more open and transparent in its composition on the other. The 2016 Bill two years ago fell through amid strong voices of opposition, with the pro-democracy camp working in a cooperative spirit and this Council performing its function of checking on the Government. After two years of effort from such parties as the Government, the medical profession and this Council, the Bill in its present form is certainly a proposal which people find more acceptable in all aspects than the previous version. The new proposals, from those on the proportion of members
directly elected by the medical profession to those concerning the representativeness of members of the MCHK composition, are more compelling than the existing structure. However, it is far from ideal to have the two seats originally nominated by the Director of Health and the Hospital Authority to be filled instead by representatives of the Hong Kong Academy of Medicine ("HKAM") through internal election for appointment. In addition to maintaining the tradition of the professionals being monitored by the professionals, reforms of MCHK should also be made by taking progressive steps towards democratization. The 7 000 or so Fellows of HKAM are undoubtedly experienced and capable leaders of the profession, people whom the community trust will investigate and handle complaints with professional knowledge and insights, rendering judgments in inquiries that are most reasonable and convincing to the public. However, Deputy President, registered medical practitioners who are accredited Fellows make up only about 60% of the total after all. It is ultimately best, for the medical profession, to have the two seats of MCHK filled by representatives who are elected by all 13 000 or so registered medical practitioners in Hong Kong on the basis of "one person, one vote".

The Bill is by no means perfect. In the days to come, we expect to follow the continued lead of the Government in examining the shortcomings of the relevant system and enhancing the degree of democracy and openness of the entire MCHK through further reforms, thereby contributing to the smoother operation of MCHK and facilitating it in performing the function of balancing the interests among such parties as the medical practitioners and patients. Following my speech, Mr Dennis KWOK will discuss this issue further from the perspective of patients.

I so submit.

MR DENNIS KWOK (in Cantonese): Deputy President, as stated by the Leader of the Civic Party just now, the Civic Party will support the Medical Registration (Amendment) Bill 2017 ("the Bill"). The Secretary may well recall the huge controversies arising from the Medical Registration (Amendment) Bill 2016 as it was submitted to the Council for scrutiny. Back then, I supported the intent of reforming the Medical Council of Hong Kong ("MCHK") as I was aware of the complaint system of MCHK that was clogged up by a huge backlog of complaint cases against doctors over the years. According to data, the Preliminary Investigation Committee ("PIC") has run up a backlog of over 700 cases—a
figure I believe has gone down somewhat now but remains large nonetheless. In our view at the time, increasing the number of PIC might not necessarily solve the problem, since the first stage of screening by PIC took 17 months in general, which was unacceptable indeed.

According to cases heard in Hong Kong Courts, during the first stage of screening, PIC needs only determine whether a prima facie case for complaint exists. If the complainant fails, for example, to disclose the name of the medical practitioner in question or give a full account of the incident, or the complaint is considered frivolous, such a case should be easily dealt with and dismissed by PIC. There is absolutely no cause for PIC to spend 17 months to complete the first-stage procedure of each case.

The first-stage work of PIC falls on its Chairman and Deputy Chairman. According to the present legal basis of Hong Kong and drawing reference to cases in Hong Kong and the United Kingdom, the first-stage work should not be this time-consuming. The fact that the opposite happens in reality points squarely to the Chairman and Deputy Chairman of PIC of their being not versed in the relevant legislation and cases as well as their lack of a clear idea about their responsibilities.

Why does the first stage of work by PIC take so much time? Some doctors suggest it may be due to PIC having to obtain information and files from the hospital or medical practitioner in question, in order to establish such facts as whether medical services have indeed been rendered to the complainant. This much I understand. However, it is hardly convincing that the first stage of screening by PIC drags on for 17 months just for the sake of obtaining information. Are the Chairman and Deputy Chairman too busy to handle a backlog of cases that has grown too large? It is indeed possible. In the scrutiny of the Medical Registration (Amendment) Bill 2016, I cited the British reform as an example, as the Secretary may well recall. The British reform, which targeted the system itself and was more in-depth, explored such issues as whether there was too much duplication in the procedures with cases twice reviewed by PIC at the first and second stages of examination before the opening of an inquiry? Were responsibilities regarding the handling of cases at the first stage by PIC too ambiguously defined which left the Chairman and Deputy Chairman without a clear focus and cases suffering serious delay? All this could be true in our case.
Let us talk about the British reform first. In the wake of the Harold SHIPMAN Scandal in 2004, the so-called Shipman Inquiry was conducted by a senior judge appointed by the British Government, reviewing the three-tier complaint handling system against medical practitioners adopted by the United Kingdom at the time, i.e. two stages at PIC followed by an inquiry, which is exactly the same as the present system of Hong Kong. As the senior judge responsible for the inquiry discovered, members of PIC were indeed not sure about their own roles and responsibilities, nor were they clear about the criteria according to which cases should be determined as frivolous, or valid for referral to the second stage. The review exposed how a waste of time and efforts the work processes of PIC were, and reforms were made accordingly. A case examiner was thus hired to handle the first-stage screening work full-time, relieving the Chairman and the Deputy Chairman of such a task that they had to deal with part-time. Upon receiving a complaint, the case examiner will first examine whether the basic information provided by the complainant is complete. If it is so, the case examiner will immediately request records and basic information from the relevant hospital and doctor. If the case is established as a normal complaint supported by basic information and founded on facts, the case examiner will decide right away whether to refer it to PIC.

It can thus be seen that the main duties of a case examiner are to take care of the administrative work and determine whether a complaint is substantiated by prima facie evidence. If the case examiner finds a complaint frivolous or groundless, say the hospital in question has never treated the complainant, he can decide to dismiss the case, or request more information or a clearer account of the complaint from the complainant. Since the adoption of the new system in the United Kingdom, time spent on the first-stage deliberation by PIC has been reduced significantly with the relevant administrative procedures greatly streamlined. Why? Simply because with the first-stage work of PIC being undertaken full-time by a case examiner who is salaried and professionally-trained, time saved for the relevant administrative procedures will understandably be considerable. In contrast, with the first stage of screening carried out by the Chairman and the Deputy Chairman, cases will suffer lengthy delays for, being full-time doctors themselves, they will have to attend to the day-to-day business of PIC, in addition to sparing time for the first-stage examination of complaint cases. Hence, I think the Bureau should consider the British reform, examining, upon the implementation of the Bill, whether the desired results are achieved and whether years of backlogged cases can be dealt with swiftly. I hope that when we discuss this issue again with the Secretary next year, the backlog of cases pending first-stage screening by PIC would have seen a sharp drop already.
Deputy President, the biggest problem of the entire complaint system presently lies in the waiting time, with some cases dragging on for over 10 years without making their way yet to the inquiry stage, due to scheduling, accommodation of schedules among members and legal procedures of inquiries. As a matter of fact, if a complainant has to wait 10 years before seeking justice in an inquiry, justice will not be done even if he prevails, because justice delayed is justice denied, as the saying—which is the fundamental principle—goes. The existing system, which spends so much time on handling complaint cases, is thus unfair to doctors, complainants or patients, as well as members of the public. It is unfair to members of the public because, if a certain doctor became the subject a complaint, should other patients seek consultation with him, or should they simply take those allegations of misconduct against the doctor as facts and seek treatment elsewhere? The doctor in question will suffer injustice as well if the inquiry drags on.

All in all, any policy and Bill that can reform the complaint system of MCHK is good and worthy of support. What the Government put forward two years ago, however, was a half-baked proposal for reform, and the entire lead-up to reform and consultation process had been conducted in extreme haste. Under such circumstances, it was inevitable that the submission of the reform proposal would arouse great repercussions. Therefore, we hope that government officials have learnt their lessons. There are things that simply cannot be rushed. Vowing rigidly that the relevant Bill must be passed by the end of the legislative year, as officials did back then, often proves counter-productive. As the Secretary can see, all Members of this Council now understand the content of the Bill and support its direction, precisely because, instead of urging Members to vote in the affirmative, the Government allowed in-depth discussions on the Bill among Members to take place on the basis of mutual trust. This would often result in greater trust, reducing the deliberation time and allowing Members to focus on issues arising from the Bill.

I therefore hope Members will understand that, sometimes, blocking a Bill can achieve better results and bring greater benefits to society, as it will give the Government the opportunity to make improvements to its original proposal and reform direction. I hope that with the passage of the Bill, patients, doctors and members of the public will all become winners, and the mechanism of complaints against medical practitioners will achieve greater efficiency and uphold justice more robustly.

I so submit, Deputy President.
DR CHENG CHUNG-TAI (in Cantonese): Deputy President, as a member of the Bills Committee on Medical Registration (Amendment) Bill 2017 ("the Bills Committee"), I see it a must to spell out the problems that arose in the course of formulating the Medical Registration (Amendment) Bill 2017 ("the Bill") and the clause-by-clause scrutiny, as well as state my position clearly.

First of all, I actually seldom join any Bills Committees, so with regard to this Bill, why did I consider joining it, apart from the fact that Dr Pierre CHAN had invited me to do so? Because the controversy surrounding the Medical Registration (Amendment) Bill 2016 ("the 2016 Bill") was very great but it was unnecessary. It was unnecessary because the 2016 Bill had too deep an unfathomable political undertone, particularly that part on reforming the composition of Medical Council of Hong Kong ("MCHK"), which was mentioned by many Honourable colleagues just now.

In 2016, the greatest controversy centred around the Government’s plan to add four lay members to be appointed by the Chief Executive and such a move made many netizens or people concerned about Hong Kong’s long-term development speculate if there was any political motive. It means that since the Chief Executive is not elected by Hong Kong people through universal suffrage, in many past instances, including the various university ordinances related to tertiary education, which involve the councils or management of various tertiary institutions, because of the appointments of members made by the Chief Executive, the direction of governance of these institutions seems to have tilted to the establishment and even in a feudalistic and conservative direction. Therefore, last time, during the discussions in 2016, our focus was on the political speculations and political implications that arose as a result of the provision that the four lay members of MCHK be appointed by the Chief Executive.

Of course, came 2017, in the discussion on the present Bill, one welcome and noteworthy point is that the Government has put the whole discussion back on the right track. This means the Government stressed right from the beginning that these four lay members would not be appointed by the Chief Executive. It does not mean that when the proposal was put forward, there was no dissent or voices from Members concerned about the reform of MCHK because actually, all people hope very much that the transparency of MCHK can be enhanced through this reform, that is, by enhancing its transparency, the medical issues raised by patients and their family members, and even the queries and complaints about human errors can be responded to more efficiently and effectively.
Although the political doubts concerning the appointments to be made by the Chief Executive have been removed, why do some doubts still remain? In the final analysis, it seems that in the part relating to the composition of MCHK or at the beginning, Members still had some disagreement over the part pertaining to the appointment or selection of doctors. One particular point of contention is how these 24 members will elect the representatives from the Hong Kong Academy of Medicine ("HKAM") to join MCHK. Of course, in this process, Members are all concerned that just as in the past, the Government may exercise great influence over those two HKAM members, so the composition of MCHK will be vulnerable to government control and no significant balance can really be established through the reform of MCHK, or better balanced say cannot be given to the three sides, that is, patients, their family members and doctors in MCHK.

Subsequently, after the summer recess, for some reasons unknown, and it was probably because Mrs Carrie LAM had taken over—various parties have made all sorts of speculations—the Government gave in suddenly, saying that the two members concerned will be elected by HKAM according to established procedures or rules to be laid down. On this matter, I believe this is apparently a concession but from patients' viewpoint, they would still worry and doubt whether the so-called election by HKAM will be an election among doctors without extensive representativeness, or the strongholds formed by some professional domains will dominate the election in yielding the result of two elected representatives, just as in the past? On this point, this proposal has not yet addressed this query and this is also a rather regrettable point.

In addition, another query is related to the eight lay members apart from the aforementioned 24 members. Of course, four of them are appointed by the Chief Executive, the other three elected by patient organizations and one is nominated by the Consumer Council. On this part, in particular, the part related to patient organizations, we actually have had little detailed discussion, that is, how the electoral arrangements or rules for patient organizations would be like and it seems no specific proposal or discussion has been made to date. For this reason, there are comments raising the query of whether patient organizations will bring about a more thorough reform, so as to overhaul the system of MCHK, or whether they will have a little bit of "pro-establishment" inclination, so as to ensure that certain sectors or vested interests can make improvements slowly.

From my standpoint, I believe that since a large amount of time has been spent on reforming MCHK, why do we not do so more thoroughly? This is the second regrettable aspect.
The third point—and this is also the most controversial aspect of the entire Bill—has to do with whether the passage of the Bill will bring about certain changes in the medical registration system and this is the part on limited registration mentioned by some Members just now. The part on limited registration was also a more controversial aspect of the 2016 Bill because various parties all speculated whether or not MCHK or the Government will relax the relatively stringent assessment regime for overseas doctors through the reform this time around, by means of such measures as the Licensing Examination for limited registration and extending the period of limited registration from one year to three years. On this point, in sum, if we look at the reforms of MCHK from such an angle, will the Government mask some details in which the devil can be found with a coat of sugar, so that there will be inequalities in the right of registration between local doctors and overseas doctors in the future?

In the discussions on the Bill, Members actually had a lot of doubts in this regard and they have not been resolved even now. This is a loophole in limited registration that must be faced. In particular, it refers to whether or not instances of inconsistent criteria will arise when the Hospital Authority selects or recruits overseas doctors under the system of limited registration, that is, whether or not there will be inconsistencies in the conduct of scrutiny. Besides, the several universities, that is, The Chinese University of Hong Kong and the University of Hong Kong, have their own recruitment and monitoring procedures in the process of recruiting Fellows, doctors and professors and in these processes, the professors may be engaged in frontline or clinical work. However, will they apparently receive preferential treatment compared to local doctors due to the changes brought about by the provisions on limited registration? All these issues, in particular, the part relating to limited registration, have not been explained clearly in the discussions on the Bill this time around. This also explains why, even now, some people still speculated wildly that eventually, the registration criteria for overseas doctors, in particular, Mainland doctors, under this part on limited registration will be relaxed. In this regard, I believe the Government will perhaps give us a response later, telling us that this will not be the case according to statistics or numbers. However, ultimately, this is the impression given to the general public, which is inevitable. I believe the reason for such an impression is that, apart from medical issues, over the past decade, the SAR Government has evidently given Hong Kong people the impression that it gives preferential treatment to the Chinese Government or the Mainland in respect of various social policies and that it somehow belittles the rights of Hong
Kong people. The effect is cumulative and even in respect of such a minor area, people would magnify it or elevate it to the political level in their consideration or analysis of it.

In sum, I believe that the Bill this time around, in particular, the part concerning preliminary investigation and inquiries, has indeed alleviated or made improvements to the past constraint of having just one Preliminary Investigation Committee ("PIC"), that is, a few more PICs may be set up. However, it seems little improvement can be seen no matter what, for example, to the issue of the attendance rates of appointed registered medical practitioner members in the meetings of PIC or inquiries, which was raised by Members in the discussions of the Bills Committee. It was found that in the past, in many instances, meetings of the PIC could not be convened because it was practically impossible to tie in with the schedules of appointed registered medical practitioners. Of course, in the future, several more PICs may be set up, so will any improvement be made to this situation? This takes us back to the fundamental issue, that is, will members' attendance rates remain unchanged? In this regard, I hope the Policy Bureau concerned can consider publicizing doctors' attendance rates, so that the general public, patient organizations and even doctors taking part in the selection process can truly monitor if doctors who have joined MCHK have fully discharged their duties as members, rather than turning MCHK into some sort of a club or drawing the criticism of being a mechanism for doctors to protect one another. I think that apart from the existing system and the Bill now under discussion, this is an additional administrative measure that can dispel our fundamental doubts about this issue.

Apart from the reforms in this regard, I believe we also have a clear understanding of patients' rights and the anxiety and emotions experienced by patients' family members in relation to their complaints. However, at the same time, I hope I can say something in all fairness for local doctors, particularly frontline doctors. To some extent, in reforming MCHK or amending this piece of legislation, society has to expend a great deal of effort to improve the system for dealing with problems only after they have arisen in society or the medical system, that is, it is only when patients have encountered medical blunders, or problems have arisen in the last link of health care due to insufficient manpower or resources in hospitals or the whole medical sector, that all parties will examine or scrutinize such inadequacy. No patient, doctor or hospital wish to see any incident happen. In the final analysis, in passing the Bill to carry out reforms today, the medical problem in Hong Kong, that is, inadequate resources, is not tackled at root.
Take for example this year's Budget, in the final analysis, the Government has a lot of money but it does not know how to spend it. Why does it not consider increasing the commitment to health care in the form of recurrent expenditure by making tens of billions of dollars of additional provisions, instead of making a show of doing so by allocating billions of dollars to a certain fund, and then using that amount of $300 billion only in the future?

From the angle of commitment, if the inadequacy of resources cannot be addressed, there will surely be an insufficient number of local doctors. Coupled with the inadequate training for local doctors, the final result is a vicious circle and when problems eventually arise, doctors and hospitals will all be criticized and patients and their family members will also suffer.

Therefore, I hope that through the reforms espoused in the Bill this time around, Members' attention or concern can be drawn to two fundamental issues in Hong Kong: First, health care financing has been discussed for two or three decades and today, it is not known where The Harvard Report is left lying. Have we actually discussed whether or not the health care system in Hong Kong warrants reform in the long term?

The second issue may touch the raw nerves of many people, that is, the discussion on the separation of prescription and dispensary. In fact, many modern developed regions or countries have already adopted such a practice. Through the separation of prescription and dispensary, the monopolization by the medical profession can be alleviated because there may be checks and balances between pharmacists and doctors. However, why does the Hong Kong Government still hold onto the Standard Drug Formulary and with regard to medicine, why does it still adopt such an outdated approach of dealing with the health care problems in Hong Kong in the colonial way?

Therefore, on the foregoing two points, the reforms under the Bill today are perhaps just a small step in the improvement of patients' rights. However, if we wish to reform the whole health care system in Hong Kong long term, I hope the Government and the Policy Bureau concerned can summon up some resolve and address the relevant problems in a pragmatic manner.

I so submit. Thank you.
MRS REGINA IP (in Cantonese): Deputy President, I am very glad to see the resumption of the Second Reading of the Medical Registration (Amendment) Bill 2017 ("the Bill") which is expected to be passed shortly. I clearly remember that the Bill was originally proposed by Mr Tommy CHEUNG as a Private Member's Bill. The Government then tabled the Medical Registration (Amendment) Bill 2016 to this Council which was eventually not passed due to filibustering by a few Members towards the end of the legislative session.

(THE PRESIDENT resumed the Chair)

Many people and patient organizations who spoke in the public hearings held during the scrutiny of the Bill highlighted several focal problems of Hong Kong's health care system. One of the problems is the overly long investigation time of medical incidents. A number of patient organization representatives or affected persons, including artiste Ms Eugina LAU and her husband, complained in the public hearing that their family members or relatives had died innocently and the investigation had taken a long time. Families of the deceased were deeply saddened by the fact that the truth could not be uncovered for such a long time. This is the problem of long investigation time of medical incidents.

Another problem is the manpower shortage of the Hospital Authority ("HA"). Dr CHEUNG Wai-lun, HA Director (Cluster Services) has pointed out at this Council that there is a persistent shortfall of 300 doctors in HA. HA really wishes to hire doctors with limited registration under the Medical Registration Ordinance. However, as the registration period is limited to one year, it is difficult for HA to recruit qualified doctors from overseas to practise in Hong Kong.

Another highly controversial issue is the composition of the Medical Council of Hong Kong ("MCHK"). The Medical Registration (Amendment) Bill 2016 was unfortunately not passed. I believe the Chief Executive, Mrs LAM, was aware of the crux of the problem of the composition of MCHK after having listened to views of the medical sector during the election period. Hence, she has made many compromises after her assumption of office to resolve the dispute, an act which is undoubtedly worthy of our commendation.
As mentioned by many Honourable colleagues who spoke before me just now, the current composition of MCHK is neither perfect nor entirely satisfactory, but there has been considerable progress. The number of lay members of MCHK has significantly increased, with many of whom being elected by patient organizations, or a representative of the Consumer Council, while doctors' representatives are also returned by election. The composition is relatively satisfactory to the medical sector and patient organizations.

On the other hand, during the debate, we realized that there were lots of misunderstandings in society. People believe that extending the practice period of doctors under limited registration is equivalent to opening the gate to Mainland doctors. As clarified by Members just now, this is really a groundless misunderstanding and an unfair accusation. Statistics submitted by the Government have clearly shown that the majority of Mainland doctors practising in Hong Kong were teaching staff at universities. HA had difficulties recruiting doctors under limited registration mainly because the initial practice period of one year under limited registration is too short. Many overseas doctors are unwilling to move to Hong Kong with their families for one year of practice without knowing how long will be the renewed tenure.

In the course of the debate, we saw a serious shortage of doctors in Hong Kong. The some 7 million local population and many visitors use public health care services. However, there are only 13,000 doctors. According to the statistics provided by the Government in HONG KONG: THE FACTS—Public Health, there were 1.9 medical practitioners per thousand population in 2015. The ratio is lower than that in the United Kingdom (3.7), the United States (3.3), Japan (2.3) and Korea (2.6), but higher than that in Malaysia (1.0) and Taiwan (1.7). In Singapore, there were 3 medical practitioners per thousand population.

In Hong Kong, due to an ageing population and a large number of chronic illness patients, there is a serious shortage of doctors. During the scrutiny of the Bill and the public hearings, we learnt that it takes at least seven years to train a doctor. The training of specialist doctors takes even longer. Moreover, the senior management of HA has always sighed that, without being sex discriminatory, there is a serious drain of talent from HA because many trained female doctors have switched to part-time positions or resigned after marriage. As there are now more female than male among medical students, doctors are thus seriously in short supply.
Therefore, on top of extending the practice period of doctors under limited registration, I think the Government should consider holding discussions with MCHK in regard to the licensing examination system which is frequently criticized for being overly difficult, for instance. There is no way a doctor licensed and hospital-trained in the United Kingdom should fail the licensing examination in Hong Kong. What are the reasons? Many specialist doctors also complained that specialist doctors graduated in the United States or Canada were asked questions of medical students level, on Hong Kong current affairs or English proficiency in the licensing examination in Hong Kong. The English proficiency test may be necessary for Mainland doctors, but is it really necessary for doctors from the United Kingdom, the United States, Canada, Australia and New Zealand? Secretary, please further examine with MCHK whether the examination system can be simplified so as to raise the passing rate and let more doctors trained at outstanding universities overseas return to Hong Kong for practice.

Besides, there is of course the issue of investigation of medical incidents. As many Honourable colleagues have pointed out, the Government has allocated additional resources to setting up Preliminary Investigation Committees and Inquiry Panels as well as expanding the pool of both professional and lay assessors in order to expedite the procedure. Mr Dennis KWOK stated that this is not simply a matter of resources but a matter of procedure. Perhaps the pace can be quickened if we follow the practice in the United Kingdom. I certainly hope investigations can be expedited in future, but I wish to tell the Secretary that according to many patient organizations, the most agonizing thing to them is not only the long investigation period, but also the fact that investigation outcomes were determined solely by medical experts without giving any feedback whatsoever to patients' families. They felt that their family members were innocently killed and that they were completely kept in the dark and received no explanation from the experts on the outcomes. The final outcomes always claimed that the incidents were "negligence", "unavoidable negligence" or "extremely rare", and that no one should be responsible for it. All this broke the hearts of many patients' families. I hope the Secretary will pay attention to this.

In any case, although the Bill cannot solve all the issues in regard to health care services in Hong Kong, such as the shortage of doctors and the difficulty for overseas doctors to practise in Hong Kong, it is taking a big step forward, especially in terms of the composition of MCHK. I am glad that the
Government, the sector, patient organizations and individuals could reach an agreement. I understand that the Secretary has made a lot of efforts through the Tripartite Platform and it is worthy of our commendation.

President, the New People's Party supports the resumed Second Reading and Third Reading of the Bill, as well as the amendments proposed by the Government. Thank you, President.

MR KENNETH LEUNG (in Cantonese): President, on behalf of the Professionals Guild, I support the resumption of the Second Reading debate on the Medical Registration (Amendment) Bill 2017 ("the Bill").

President, I still remember that near the end of the session in the summer of 2016, the former version of the Bill, namely, the Medical Registration (Amendment) Bill 2016, was tabled before the Legislative Council for Second and Third Readings. I had taken part in the entire discussion. The discussion was conducted in great depth at that time, and Members should not call it a filibuster because I can see that this Medical Registration (Amendment) Bill 2017 tabled today is more enriched in contents and capable of addressing the problems at root, achieving many results that the Medical Registration (Amendment) Bill 2016 could not achieve back then. In fact, the Government can learn a lesson in the process and that is, if the discussion on a Bill is too hasty and subject to a deadline, it will often arouse dissatisfaction from all sides.

This Bill under discussion today has proposed changes in three aspects. First, making changes to the composition of the Medical Council of Hong Kong ("MCHK"); second, amending the composition of the Preliminary Investigation Committee ("PIC") and its number; and third, making changes to the composition and number of Inquiry Panels. These aside, other changes include extending the period of limited registration of medical practitioners from one year to three years.

With regard to disciplinary inquiries, I understand that over the past two years, all sides of the Tripartite Platform have made an effort to carry out a lot of work. Regarding the regulation of professionals, must it be undertaken by the professionals themselves or should a mixed approach be adopted for such purpose? The general spirit of the Bill is that the regulation of medical
practitioners should not be entirely taken up by medical practitioners but should have the involvement of lay persons. But of course, in other places of the world, the regulatory body of doctors can be fully independent of the medical council.

Certainly, the proposals made in the Bill are considered acceptable by all sides and if we look at the current proposals, we will see that the most important changes are made to PIC as the establishment of more than one PIC will be allowed in law, and in the course of an inquiry, the establishment of more than one Inquiry Panel will also be allowed. Apart from these changes, the Bill also allows the appointment of more assessors, including the appointment of 40 to 80 medical practitioners and 30 to 60 lay persons as assessors.

I would like to respond to the suggestion made by Mr Dennis KWOK earlier on. If we look at the entire suggestion of a disciplinary inquiry, where do we find the bottleneck? As Members can see, neither the assessors nor members of MCHK carry out the work of disciplinary inquiries on a full-time basis. Of course, on the Tripartite Platform I have read many papers in which reference was drawn from similar complaint handling mechanisms in the United Kingdom, Singapore and Australia for drawing up the structure proposed in the Bill now. However, I found that in many cases, the inquiry or preliminary inquiry of these disciplinary inquiry bodies or organizations involves a process which is time-consuming and cumbersome.

I think the only exception is the inquiry mechanism of the Australian Health Practitioner Regulation Agency ("AHPRA")—I do not know why you did not draw reference from this mechanism, or perhaps you did look into it but considered it inappropriate at the present stage—because this inquiry mechanism only consists of a three-step process. That is, upon receipt of a complaint, AHPRA will investigate the complaint and if it is substantiated, that is, if a prima facie case is established or the complaint is substantiated based on the fundamental facts, the case will be referred to hearing by a panel or tribunal. However, ours involves a more cumbersome process. To begin with, the first step of the preliminary inquiry is for the Chairman and Deputy Chairman to examine whether the case should be followed up and if so, it will be referred to PIC and of course, under the current proposal, several PICs can be set up. It is only after completion of the report by PIC that the complaint, if substantiated, can be referred for the conduct of an inquiry.
In fact, Members can take a look at the regulatory regimes for different professionals and President, I have to talk about Certified Public Accountants (Practising) of listed companies again. Currently, we have the Financial Reporting Council operating at a cost of close to $100 million per annum. I agree that at the stage of preliminary investigation or when a complainant has lodged a case to the complaint mechanism of MCHK, it is necessary to have full-time professional investigators responsible for information collection and analysis. We do not need to hire too many investigators and probably we need only five to six investigators to make up several investigation groups but all the investigators must work full time to investigate the complaints. Of course, some cases may be frivolous and meaningless but some cases will require the collection of more information. If these professional investigators are all professionals and after their investigation and analysis on the complaints, the results of the investigation will have great value for reference, and the Chairman and Deputy Chairman can refer to the recommendations of these investigators. Of course, they can accept these recommendations, and they can also reject them and request further investigation by the investigators. Upon completion of the investigation and if the Chairman and Deputy Chairman found the complaint substantiated, the case can be referred to an Inquiry Panel direct.

This is actually a mechanism that can address the problem of a bottleneck. While I understand that it is not easy for a consensus to be forged on this Bill, especially in respect of the inclusion of four additional lay members in the composition of MCHK, I hope that the Government can take this into consideration because insofar as the inquiry mechanism is concerned, there is actually great room for improvement procedure-wise.

Some people consider Hong Kong's health care system appalling, saying that the waiting time at the accident and emergency department is incredibly long. But I think we have to be fair because I also heard comments from many friends from overseas that the public health care sector in Hong Kong is not bad. Certainly, we must admit that there are blunders, and the frontline health care personnel, be they doctors, nurses or other health care workers, are under enormous pressure, and our statistics are not so good. As Mrs Regina IP said earlier on, according to the figures of the Food and Health Bureau and the Organisation for Economic Co-operation and Development ("OECD") in 2016, Hong Kong has only 1.9 doctors per 1 000 inhabitants, which is far below the figures in many countries, including the United Kingdom and Canada, and OECD's average is 3.4 doctors per 1 000 inhabitants. Apart from doctors, we
also have to examine the situation of health care workers who provide support to
doctors in their work. In respect of nurses, Hong Kong has 7.1 nurses per 1 000
inhabitants, comparing to 11.3 nurses per 1 000 inhabitants in the United States,
whereas OECD's average is 9 nurses. While we do not mean to make a
comparison of these figures, we do see a serious drain of manpower in respect of
doctors and nurses in the public health care sector. A reason is that they have
emigrated because they have professional health care qualifications. We have
spent over a decade training these health care workers. What should we do after
their departure? Of course, some of them may have switched to the private
health care sector but many of them have really emigrated. What should we do
to deal with the supply of doctors or health care personnel?

In fact, to a city with a population of over 7 million, I think it is indeed too
inadequate to have only two medical schools in our tertiary education. Does the
Government have a proposal for establishing a third medical school in its
planning blueprint? Certainly, any suggestion of importing a large number of
overseas doctors now will definitely become a most sensitive political issue. In
fact, many young people or classmates of my daughter very much wished to study
medicine but did not succeed often because their scores were marginal. Why do
Hong Kong not have the conditions for establishing a third medical school?
Certainly, a distant measure cannot address the pressing problem. But when a
blueprint for the establishment of a third medical school is formulated, we would
have a macro blueprint, and young people who aspire to serving the people and
who wish to make contribution to health care services can have more
opportunities. In fact, to many people with outstanding academic performance,
their first choice is medicine but when they do not succeed, they turn to Global
Business, which is one of the most popular disciplines in universities in recent
years. I think if young people aspire to working in the medical sector or other
sectors of public service, why do we not give them more opportunities? In the
long term, the establishment of an additional medical school will obviate the need
of importing a large number of doctors or health care workers from overseas.

Moreover, the Bill also proposes another change and that is, extension of
the validity period of limited registration of medical practitioners. Earlier on,
other Honourable colleagues have clarified that it does not serve to enable
overseas medical practitioners, such as those from the Mainland, to practise in
Hong Kong. That is not the objective. But is a three-year period appropriate?
If these medical practitioners wish to come to Hong Kong to provide their service
and if they wish to pass the Licensing Examination within the period of limited
registration, can we give them a longer time, say, a registration period of four or five years, so that on the one hand, they can put their minds at ease in serving Hong Kong people in hospitals and on the other, they can take the licensing examination without haste? Certainly, some Members mentioned the standard and the level of difficulty of the Licensing Examination. But indeed, we must not lower the threshold to attract more overseas doctors. We must maintain our professional standard. As to whether exemption from examination can be granted for certain subjects in individual examples or cases, I think this can be taken into consideration.

With these remarks, President, I will speak again on the other amendments later. Thank you, President.

MS CLAUDIA MO (in Cantonese): The Bill to amend the Medical Registration Ordinance has returned to the Legislative Council for consideration. Now looking at the previous debate on the Medical Registration (Amendment) Bill 2016 ("the 2016 Bill") in retrospect, I cannot help feeling uneasy and that now it seems another world.

Not long ago—it seemed like ages—in 2016, Dr LEUNG Ka-lau, the then Member representing the medical sector adamantly opposed the 2016 Bill, because he considered it flaw-ridden and, most importantly, completely undermining the profession of the medical sector and medical practitioners, impairing not only their dignity, but also their autonomy. Of course, someone may suggest such opposition from the medical sector was absolutely "doctors shielding doctors". Luckily I am not a doctor and have no interest relations of any sort with them. But back then I was startled when I read the Bill proposed by the Government. Certain wording in the 2016 Bill was specious at the first glance but after Dr LEUNG Ka-lau had given explanations for them, one would be startled and feel obliged to oppose. Opposition actions ended up being effective. I very much hope that society will stop the stigmatization of filibusters, because only by doing so can a draconian law be thwarted when resistance in the Council has reached a dead end.

Fortunately, this Government still knows how to reform itself. Now the Government has made improvements of its own accord in the Medical Registration (Amendment) Bill 2017 ("the Bill") currently proposed. Had the Government believed it was not at fault at all from the outset, it would introduce
again the Bill intact into the Legislative Council for scrutiny by the new term of Council. Why was it not accepted previously? Why was it not passed? Because the last term was disobedient and did not work with the Government. It was the fault of the dissenting Members at the time. And this term will deal with the Bill in the correct manner. It is not the case. The Government has made changes. In this regard, I must compliment the Government on responding to divergent views. But has it done its best? It of course warrants an unhurried discussion.

Many people have pointed out that, after all, the crux of the problem lies in medical practitioners' fear of external competition, who then raise opposition out of protectionism. However, Hong Kong is a civilized society. Let alone a profession, any industry will surely practise protectionism. Our worker organizations and trade unions certainly disapprove of the import of labour. Otherwise, how can the original economic system function, should doctors, workers, social workers, reporters, etc. be readily imported from overseas? Medical practitioners are not solely to blame for harbouring protectionism and being reluctant to open the market. It is unfair to make the accusation of "doctors shielding doctors", and so on. And do not presume that I mean to help the doctors; I do not.

I wish to make it clear that I was a victim myself. Perhaps nearly 30 years ago, I wrote a letter of complaint regarding a medical case to the then MCHK but never received any reply. Nonetheless, it was not a serious complaint so I gave up pursuing the matter afterwards. What do Honourable colleagues say about the kind of organization MCHK is? Though what I have just mentioned happened a long time ago, should it do better now?

On the subject of the composition of MCHK, the Government has in fact made compromises. I consider that a more democratic way can be adopted by the Hong Kong Academy of Medicine to elect registered medical practitioners to be members of MCHK. As regards the details of the election for medical practitioner members, people may not know how it can be more democratic, but at any rate, it is better than appointment by the Chief Executive who is not returned by a democratic election. At least we would not have to worry that the Chief Executive, out of nepotism or cronyism, or by means of "doing favours to friends", would allow some lay person, some relative or someone she is acquainted with (such as a child of a family friend or the tutor of a good friend's relative) to become a member of MCHK. People will have no way to find out,
will they? The current proposal seems to afford basic protection to the medical profession because what worries medical practitioners the most is laymen leading experts. When a decision is to be made by holding a vote, unintentionally lay members are greater in number and then a decision contrary to the medical profession could have been made. Vote is about the number of people and headcount, isn't? It is only natural that they are worried and we should make allowances for them.

Moreover, the Bill proposes to set up more than one Preliminary Investigation Committee and Inquiry Panel. It is a good thing. As for complaints made by patient organizations, it is appalling that a complaint takes five to eight years to process: from acceptance to a meaningful inquiry. My understanding is that the handling of a complaint involving health care practitioners—who can be just doctors, but nurses play relevant roles as well—may be delayed pending some reports. However, legal opinions have to be sought before the final inquiry. It poses a great obstacle—I am not sure if it should be referred to as a bottleneck—which indeed stems from the Department of Justice ("DoJ"). Due to heavy workload, it may take half a year to seek legal opinions from DoJ. Should the complaint involves serious conditions or deaths of patients, it ought to be dealt with expeditiously. And for cases that the authorities consider problematic, the inquiries for which will have to be arranged speedily, but not until legal opinions are sought. The initial legal opinions may be ambiguous—perhaps someone does not want to take any blame. Upon another enquiry, DoJ would then state that a further study is required. To seek a more concrete explanation for an opinion, the legal correspondence may well take half a year. Therefore, we cannot solely put the blame of the prolonged processing of complaints on the health care sector.

Another issue that sparked off debate in the Bills Committee is the extension of the term of registration of medical practitioners with limited registration and the term of renewal from a period not exceeding one year to a period not exceeding three years. In the short run, Hong Kong lacks at least 500 medical practitioners. Considering only the ratio of the population of Hong Kong to the number of medical practitioners, how many medical practitioners are there per 1 000 people? 1.9. Is the ratio very undesirable? Not really. It is still slightly better than that of Taiwan. But the population keeps growing. Given such a low birth rate in Hong Kong, why is the population growing? Because 150 new immigrants arrive in Hong Kong every day. We all know what it is about. For this reason, more medical practitioners are needed locally.
However, health care is not achieved merely by greater numbers; quality matters as well. Many people say we are worried about Mainland medical practitioners practising in Hong Kong. It is not the case. Let us first take a look at the numbers. The so-called Mainland medical practitioners join The Chinese University of Hong Kong ("CUHK") and the University of Hong Kong ("HKU") to assist in teaching and research, instead of being stationed at public hospitals. Nevertheless, some people did receive consultation by Mainland medical practitioners in public hospitals. Then who were those medical practitioners? Understandably, they were probably assigned by the faculties of medicine of the universities to perform diagnoses as consultants without extra charge.

However, the problem is that under the current system, medical practitioners with limited registration have a short term of registration. One can tell the situation just by looking at the numbers, which are right in front of us. The existing Bill proposes to change the term of registration from one year to three years. And they can apply for renewal of registration for another three years. Three plus three equals six, and then six plus one equals seven. The system does not preclude such a practice. They can enjoy right of abode after having lived in Hong Kong for seven years. Therefore, we cannot determine that there is no problem simply judging by the numbers.

Of course, are we very worried about Mainland medical practitioners practising in Hong Kong? I dare not say so and would not say I cannot trust any Mainland medical practitioners and that they should never be allowed to come to Hong Kong. But we have heard Honourable colleagues who are medical practitioners ask: during a consultation by a medical practitioner, would you intentionally reject locally trained medical practitioners and opt for Mainland medical practitioners? It is a matter of confidence in general. I understand that the medical sector has taken a mixed stance on it, with half of the medical practitioners considering it best to hire overseas medical practitioners, preferably from the Commonwealth. Suffice it to say, who does not know? However, some medical practitioners hold that it is better to open the limited registration to Mainland medical practitioners. I do not know what is the thinking underlining such an idea. Perhaps they want to make it easier to enter medical schools in the Mainland, or maybe they have medical business contact with their Mainland counterparts, or they are relatives or friends of Mainland medical practitioners.
Certainly, it all boils down to the rather limited scope of the medical sector in Hong Kong. Why are faculties of medicine established in only two universities? As some people say "doctors have the hearts of parents", or perhaps because it is a matter of life or death that not just any university can set up a medical school. I understand that I cannot make random statements as such. And I do not mean a third faculty of medicine has to be established as soon as possible because two are not enough. It will do by making a casual comment, but consideration can be initiated in this respect. One needs not be informed by the mainstream media, for I read an article in the student publication of the School of Journalism and Communication, CUHK to learn that a tiny difference in scores would render students unable to be admitted to the Faculties of Medicine of CUHK or HKU in Hong Kong. Such students would instead receive offers from many medical schools in the Mainland, and can then return to work in Hong Kong through limited registration. The result is the same so our worry is not unnecessary.

But at the end, I find the Bill proposed by the Government, which has understood the cause for such large-scale resistance in the Legislative Council in 2016, a determined rectification of its errors. The Bill proposed now is an improvement, though not perfect, but I will still lend it my support.

Thank you.

MR IP KIN-YUEN (in Cantonese): President, with the green light given by the Chief Executive a month ago to the consensus reached by medical practitioners, the belated Medical Registration (Amendment) Bill 2017 ("the Bill") seeking to reform the Medical Council of Hong Kong ("MCHK") stands a good chance of actual implementation following its Third Reading and passage in the Legislative Council after a delay of almost two decades.

The key legislative amendments are mainly an increase in the number of lay members and assessors for enhanced accountability of MCHK, and improved efficiency in handling complaint cases. The Bill also proposes an extension of the limited registration of non-local medical practitioners employed by the Hospital Authority ("HA") or the Department of Health, etc. from a period of not exceeding one year at present to a period of not exceeding three years, so as to alleviate the pressure resulting from the shortage of medical practitioners in public hospitals.
President, patients and their families who have to go here and there for their complaints and be kept waiting for years before disciplinary inquiries can proceed are subject to great torment. According to the report of the Bills Committee, as of August 2017, MCHK had a total backlog of about 760 complaint cases. The Food and Health Bureau has repeatedly stated during the scrutiny of the Bill that as of the end of 2016, the total backlog of complaint cases of MCHK has increased to about 940. It is estimated that from receipt of a complaint to inquiry, it will take 72 months to conclude a case requiring disciplinary inquiry.

Under the proposal to strengthen the support provided by lay members, assessors and legal advisers, MCHK may establish more than one Preliminary Investigation Committee ("PIC") in parallel to handle preliminary investigation and disciplinary inquiry cases, which is expected to be an effective remedy for the existing bottlenecks caused by the backlog. Based on the account given by the Government to PIC, the target is to clear the backlog in three years' time and thereafter complete the majority of cases requiring inquiries within two years.

President, things are heading in the right direction, and the addition of four lay members is already a consensus in the community. In fact, far back in 2001, MCHK already endorsed the reform proposal to add four lay members in response to public concern about doctors covering each other's back. This, coupled with multiple disputes concerning the professional conduct of medical practitioners and protracted processing of complaints in the interim, has actually presented a pressing need for reforming the complaint investigation and disciplinary inquiry mechanism of MCHK. Nevertheless, supporting the addition of lay members does not equate to concurring with increasing the power of the Chief Executive to make appointments. For example, as originally proposed in the Bill, with the addition of four lay members, the ratio of appointed to elected members will change from 14:14 to 18:14, thus resulting in an improper tilt. Hence, without safeguards for professional autonomy, the medical sector will inevitably feel unsettled, worrying that MCHK will be tilted in favour of the ratio of appointment. In case the Chief Executive interferes with professional autonomy with such power of making appointments, the autonomy of medical practitioners will be undermined. There is no guarantee that the restrictions on non-local medical practitioners seeking practice in Hong Kong will not be further relaxed at the cost of local medical standards in the future, and patients will be the ones who ultimately suffer.
Consequently, this problem has been lingering for a long time, and the Government has also made a number of verbal undertakings. But an institutional guarantee offered by the Government will be much more convincing than any verbal elucidation. After assumption of office, Mrs LAM took the initiative to study the provisions and actively sought a way out and consensus with various stakeholders for the Bill, including drawing reference from the consensus reached by medical practitioners to convert one of each of the two seats respectively held by the Department of Health and HA into seats to be nominated and elected by Fellows in accordance with the regulations or procedures of the Hong Kong Academy of Medicine ("HKAM"), so that the half-and-half ratio of elected and appointed seats may be directly reflected in the provisions. This is undoubtedly the strongest guarantee which will allay the concerns of the medical sector and break the deadlock. HKAM has also conducted a survey among all Fellows and based on the survey findings, concluded that no additional threshold will be imposed, so that all Fellows will be eligible to stand for election. This has also greatly facilitated the Bills Committee in completing the scrutiny in a short period of time.

President, just like other statutory professional regulatory regimes, MCHK also acts as a gate-keeper with such functions as stipulating and monitoring the professional standards of medical practitioners, including vetting and approval of the qualifications of medical practitioners practising in Hong Kong. Given that under the limited registration system, non-local medical practitioners may practise in Hong Kong without passing the common licensing examination and internship in hospitals, such a gatekeeping system may be more important than the duration of the validity period of registration.

Undeniably, in view of the long waiting time for public hospital services and the burnt-out medical staff, we really need to address the problem of manpower shortage. As to long-term solutions to the medical manpower shortage, it is only by such initiatives as provision of more training places can the problem be solved at root in the long run, and it is equally important to ensure the service provision and quality of medical staff.

President, in the process, we see that the Tripartite Platform set up by the Government comprising medical practitioners, patient organizations and Legislative Council Members is actually crucial to tackling such problems. On this issue, we notice that the Government has taken another route, actively
discussing with various parties instead of going its own way. I believe the Government will positively resolve not only health care issues, but also many other issues if it can adopt such mentality, steps and measures in its entire policymaking process. On the education front, I also have deep feelings, hoping that the Government can address education issues with the same attitude.

At present, the new composition of MCHK has yet to be implemented, pending the election of three lay members, i.e. patient representatives. Hence, I urge the Government to expeditiously formulate the relevant electoral regulations after the passage of the legislative amendments in order to elect patient representatives to MCHK under a fair and impartial electoral system, so that the reform exercise may formally commence.

President, I so submit.

DR HELENA WONG (in Cantonese): President, today I rise to speak in support of the passage of the Medical Registration (Amendment) Bill 2017 ("the Bill"). The legislative amendments are necessary, and the proposed reform is quite mild. In fact, I consider the Bill much too mild. It seeks to address three problems we now face: first, the composition of the Medical Council of Hong Kong ("MCHK") is imbalanced. Led by doctors, it lacks appropriate lay participation. Second, there is a shortage of doctors. We need to appropriately relax the requirements for doctors with limited registration. Third, there has been a backlog of cases of complaints against doctors. The system of redress needs improvement.

Let me first talk about the first problem. The proportion of membership of MCHK forms an important part of this Bill. At present, MCHK consists of 28 members. Among them, 24 are doctors, accounting for 86% of the total, whereas four are lay members, that means not doctors, accounting for 14%. The Bill proposes the addition of four lay persons, thus increasing the number of lay members to eight. If the Bill is passed today, the proportion of lay membership will only be increased to 25%. Is the Democratic Party satisfied with this proportion? Actually we are not, but it is still better than having no change. Hence, we hope that after the passage of the Bill, the proportion of lay membership will continue to rise in future.
Now the proposal in this Bill will simply make the composition of MCHK slightly balanced. There will be more monitoring by members of the public and more voices from persons outside the profession, especially patients. It has nothing to do with interfering in doctors' professional autonomy. The Democratic Party still holds the expectation of ultimately breaking the complete dominance of doctors in MCHK. It is only by breaking professional dominance and medical hegemony that the rights and interests of both doctors and patients will be equally respected, and protectionism of local doctors will be breached. Consequently, qualified and eligible doctors around the world who have passed the local examinations may consider coming to Hong Kong's aid, thereby alleviating the shortage of doctors in public hospitals.

Apart from the proportion of lay persons, there are also concerns in the community about how the representatives of medical practitioners in MCHK are returned. The Democratic Party supports any proposal which can enhance the electorate base of medical practitioners or democratic elements. For this reason, regarding the Government's final proposal for the Hong Kong Academy of Medicine ("HKAM") to elect two representatives to join MCHK in accordance with its own regulations, the Democratic Party agrees with this arrangement.

The Democratic Party also hopes that the Hong Kong Medical Association ("HKMA") will introduce a reform of its own accord in future. The present Bill does not touch on how the seven representatives of HKMA are returned. According to the rules, these seven representatives from HKMA are elected from among its Council members, and not every doctor can participate in this election. Hence, at most this is only an indirect election. The two representatives of HKAM are elected by eligible Fellows. Seven other members of MCHK are jointly elected by medical practitioners of full registration and doctors with limited registration in a direct election. In comparison, the representatives of HKMA carry fewer democratic elements. Perhaps given the high standing of HKMA in the professional sector in the past, when the Bill was handled last time and this, neither the Government nor the medical sector mentioned whether it was necessary to reform the manner of electing the HKMA representatives. I hope that when the proportion of various types of stakeholders in MCHK is further revised in the future, this matter will also be reviewed and HKMA will be invited to introduce more democratic elements so that its seven representatives can be elected in a more democratic manner, thereby expanding the electorate base of HKMA and manifesting the spirit of democracy.
The second issue is about appropriately relaxing the requirements for doctors with limited registration to practise in Hong Kong. When the last term of the Legislative Council was drawing to an end, the discussion about the Bill had caused concerns among frontline doctors and fresh graduates from medical schools. They were worried whether the Government would open the door wide and allow unqualified doctors to come to Hong Kong to work and compete for jobs with them, thus giving them a hard time and depriving them of opportunities of promotion. A great panic was thus aroused.

According to the information provided by the Government, all along there have been doctors with limited registration practising in Hong Kong, but they are not great in number, ranging from 134 to 175. As a matter of fact, not all these 100-odd doctors with limited registration are engaged in frontline work in hospitals. The majority of doctors with limited registration (about 70 to 100) are employed by the Faculty of Medicine of The Chinese University of Hong Kong and that of the University of Hong Kong for the purpose of teaching, research or performing hospital work, since the medical schools of these two universities are associated with local hospitals, such as the Queen Mary Hospital and the Prince of Wales Hospital. A small number of doctors with limited registration are directly employed by the Hospital Authority ("HA"), but they are only a minority. They are engaged in research, clinical practice of medicine or hospital work. Since they only account for a small number and some of them need to undertake teaching or research work, the remaining number of doctors with limited registration who really assist in medical consultation, treating patients and conducting clinical work in the front line is minimal.

Hence, even if a reform is carried out now, it will not help much, but still it is better than nothing. For this reason, the Democratic Party supports relaxing the relevant requirements. The Government’s past practice was to require them to renew the registration every year. Now renewal will take place once every three years. To those foreigners who have families, annual renewal means their contract may be renewed or otherwise. There may not be a great incentive for them to take all the trouble to move to Hong Kong with the whole family. But now registration will be renewed once every three years. A three-year period is fixed. If a foreign doctor comes to Hong Kong to work, he or his family will stay in Hong Kong for a period. Hence, this approach can enhance the incentive to attract qualified doctors to come to Hong Kong to serve in our health care system, especially in public hospitals. Given the present shortage of health care manpower in Hong Kong, I believe this approach is worthy of support.
As mentioned just now, some doctors asked whether this would open the door wide and affect their livelihood in future. Actually, I believe the Government is not giving approval for doctors with limited registration to come to Hong Kong to set up clinics for private practice. Instead, they will work in the medical schools of the two universities or the public system of HA. So they will not snatch the jobs of other private doctors. At the same time, they need to meet strict requirements. To my understanding, the existing threshold for doctors with limited registration to come to Hong Kong is very high. They must possess a specialist qualification comparable to the intermediate examination of the constituting colleges of HKAM; have at least three years' working experience in hospitals after completion of internship, and speak fluent English and Cantonese. This last requirement is more difficult. I believe it is meant to ensure that they can communicate with the local staff and patients. But it is exempted in three specialties, namely, anaesthesia, pathology and radiology. Doctors with limited registration in other departments must be able to speak Cantonese and English. I believe that insofar as this requirement of Cantonese is concerned, many overseas doctors and other qualified Mainland doctors outside Guangdong Province may not be able to pass such a high threshold.

Hence, will the passage of the Bill cause a huge influx of qualified overseas or Mainland doctors into Hong Kong? Actually, no. The Democratic Party and I thus hold that the key problem of Hong Kong is in fact the shortage of health care talents and doctors. Moreover, there is such a shortage in both short and long terms. For this reason, irrespective of nationalities, so long as these doctors have received training recognized by us, possess adequate qualifications and are willing to come to Hong Kong, we should welcome them. They will not snatch the "rice bowls" of local doctors. In fact, now it is quite impossible for medical graduates in Hong Kong to be unable to find openings of internship in HA. The Government should undertake that all the local medical graduates will be able to secure internships in hospitals.

Issues relating to the backlog of cases of complaint, the mechanism of investigating complaints and disciplinary sanctions against doctors are among the concerns of the Bills Committee. MCHK is a statutory organization. For this reason, to revise its composition, we have to make legislative amendments in the Legislative Council. MCHK has a clear objective of upholding justice and protecting the rights and interests of the public and those of patients. Protection of public interest is an important objective it pursues. MCHK has a vital function of investigating medical incidents and conducting inquiries into complaints against doctors. We are glad that there is little controversy over the reform in this respect this time.
At present, the number of new cases of complaint against doctors received by MCHK each year is about 500. A large number of outstanding cases is pending. As at August 2017, the backlog of cases in MCHK was 760. Although we find it necessary to respect doctors and safeguard their interests, I believe no one would agree that it is acceptable or reasonable to leave a backlog of hundreds of cases pending for a long period and not to speed up the pace. As we can see, actually the number of complaints in recent years has far exceeded the existing capacity of MCHK at the pre-Preliminary Investigation Committee ("PIC") stage (i.e. under initial consideration by the Chairman and Deputy Chairman of PIC), the subsequent preliminary investigation stage and inquiry stage. The existing backlogs at these three stages are respectively 700, 150 and 80 cases, and the time taken for processing a case is six years on average, which is quite a lengthy period. I have personally participated in the work of the Independent Police Complaints Council and handled complaints against police officers. We would not stall for six years to process a complaint against a police officer. Why does it take six years to process a case about a doctor's professional misconduct? Hence, we must carry out a reform. We are pleased to know that the Government is willing to allocate more resources to MCHK so that it will have sufficient secretarial and legal support to process the cases more quickly.

The amendments to this piece of legislation are necessary, since four lay members are added to expedite the progress of processing complaints and conducting inquiries. As a matter of fact, in recent years, we kept hearing complaints from members of the public about professional misconduct of doctors. We consider the majority of doctors very professional, but still there will be cases which need to be handled by us. For this reason, the Democratic Party greatly welcomes this Bill. I hope that after the passage of the Bill, various parties can expeditiously do the following things: firstly, patient organizations will elect their representatives as soon as possible; secondly, HKMA will reform its system for electing representatives; and thirdly, MCHK will progressively reform its inquiry mechanism to make it more down-to-earth and closer to the public. In the long term, with regard to monitoring doctors' performance, we should conduct a study on further increasing the proportion of lay members in due course to make the composition of MCHK better balanced. Targets and timetables should be set for gradually increasing the proportion of lay persons to not less than 50%.

President, I so submit.
PRESIDENT (in Cantonese): Does any other Member wish to speak?

DR FERNANDO CHEUNG (in Cantonese): President, I rise to speak in support of the Medical Registration (Amendment) Bill 2017 ("the Bill").

Concerning the Medical Registration Ordinance, last time, unfortunately, there was actually a great deal of mistrust. Politically, LEUNG Chun-ying adopted what to the public and the legislature was arguably a rather provocative and confrontational mode in dealing with the relations with them and as a result, when deliberating the Medical Registration (Amendment) Bill 2016 ("the 2016 Bill"), be it the medical profession or civil society, they all had a great deal of mistrust of the 2016 Bill. Nevertheless, reforms are essential and urgent. Therefore, I also find such a long delay regrettable.

Hong Kong is such an affluent society and our health care standard has all along been high. However, we are plagued by the problem of insufficient doctors and the fact that when many medical complaints are processed by the Medical Council of Hong Kong ("MCHK"), it is actually very difficult to make any headway. These accumulated problems have actually come to the fore for some years. On the protection of patients' rights, we do not have an effective MCHK to make justice prevail for patients when they have complaints or grievances. At the same time, due to the various constraints with MCHK, we also encountered quite a lot of difficulties in respect of the number of doctors or bringing in overseas doctors.

In fact, MCHK serves many functions. It sets a professional standard and in this regard, we absolutely agree that it needs professional autonomy. However, at the same time, MCHK is also given the statutory power to determine who can be brought in and register as medical practitioners in Hong Kong. This aspect involves the issue of professional interest. Another important function served by it is to handle patients' complaints and professional misconduct, so it has the power of investigation and inquiry. It is just like a small court of law within the profession. Inevitably, this also leads to the conflict of interests between patients and doctors.

Therefore, generally speaking, in view of the several functions served by MCHK, we think that if it is not independent of certain major influences, it will be impossible for MCHK to uphold justice and keep public interests in mind as
far as possible when conducting its business. We can see that the General Medical Council of the United Kingdom is precisely taking such a course and according to their experience, the most important thing is for the General Medical Council to be independent of the Government and of some major employers—in Hong Kong, the biggest employer is the Hospital Authority—and it should also be independent of doctors. Doctors, as a collective interest group, also need to maintain their independence.

In fact, this is a rather difficult balancing act. The various parties (that is, the three parties mentioned by me just now) are actually the most powerful ones and nowadays, the power of MCHK is the greatest in Hong Kong. However, when such power is so great that MCHK often sacrifices public interests and patients' rights in order to protect its own interests, it has precisely failed to serve the functions mentioned by me just now.

In fact, for many years, there has been little controversy over the professional standard of doctors. All along, we believe that with the training of the Faculties of Medicine of the two universities and the accreditation of professional standards by MCHK, the professional standard of doctors is maintained at a very high level. There is no controversy over this point. The controversy centres around how the manpower of doctors can be increased when we have this shortage of doctors. Is the Government willing to provide more resources to increase the number of training places in the two universities, or even in other universities, so that more doctors can be trained in Hong Kong? When the number of doctors trained is insufficient in the short run, can overseas doctors whose level and standard meet Hong Kong's requirements be brought in as soon as possible? All along, there are problems in this regard and the same is true of complaints, so I am not going to recap them.

For this reason, in the case of the General Medical Council of the United Kingdom, in order to ensure independence, firstly, the proportion of medical practitioner members to non-medical practitioner members is actually 50:50. Medical practitioners are not allowed to become the majority because in that case, there will often be bias in favour of professional interests. In fact, consideration can even be given to making non-medical practitioner members the majority.

For many years, among the 28 members of MCHK, 24 are medical practitioners, so it is an overwhelming majority. In fact, given such a composition of MCHK, many past actions were indeed skewed in favour of
medical practitioners. On this point, Honourable colleagues of the pro-democracy camp and I actually hold somewhat different views. I consider the functions and role of MCHK from the angle of public interests, so I absolutely agree with reforming the MCHK composition to increase the number of members from 28 to 32 and give all the four additional new seats to non-medical practitioners. In fact, I even consider this inadequate. We should follow the example of the United Kingdom as soon as possible. If there are 32 seats, non-medical practitioners should account for at least 16 of them. Only in this way would other members be prevented from considering the several functions of MCHK entirely from the perspective of medical practitioners and a balance can be struck when making decisions.

However, frankly speaking, in this amendment exercise by way of the Bill, if we put forward new proposals and even some amendments, I am afraid the passage of this piece of legislation today will be further delayed. For this reason, let me make it clear here that actually, our position—that of the Labour Party—is that it hopes the number of seats for non-medical practitioners in MCHK can be increased further at an early date. We believe that such seats should account for at least half of the seats.

In the reform this time around, we can see that some improvements have been made, either in the manpower for Preliminary Investigation Committees ("PIC"), the number of lawyers or the process of handling complaints. We hope that, as the Government said, some indicators for handling complaints can be set as soon as possible, so that complaints do not have to drag on for months or years, as is the case at present. We absolutely agree with this point.

As regards the direct elections to be held by Hong Kong Academy of Medicine ("HKAM"), here, I must state clearly that the medical practitioner members returned by elections will surely be accountable to doctors. President, this is a bit strange because all along, under a democratic system, we favour returning members through elections. However, we believe that under the principle of having to be independent of the Government, the profession and major employers, if MCHK is formed through election among doctors and the seats occupied by them account for the majority, we have one concern, that is, this organization will ultimately be mainly accountable to doctors, so its independence will relatively speaking be compromised, since they have to go through elections, they have to be accountable to their voters. This is something quite natural.
Therefore, on the question of whether the members should be elected or appointed, I believe there can be quite a lot of discussion and struggle in this regard. However, our position is that we do not necessarily think that it will be desirable only if the seats for medical practitioners are returned through elections. On this point, I also have to talk about the bigger picture. Today, we will also support returning the members through elections, the reason being that our Government or the leadership of our Government is not returned by a system of popular elections or democracy. Therefore, we have some innate deficiency as the governing authority is not returned through a democratic process. As a result, when she appoints some people to these important statutory bodies, it induces the concern that she definitely has some bias. This has given rise to doctors' general distrust of the Government nowadays and it is believed that the seats in MCHK should be returned by elections as far as possible in order to ensure fairness. Therefore, we appreciate and support this point.

However, in the long run, if—I do not know if such a day will come—be it the leadership of our Government, the Chief Executive or principle officials, if they are really returned by elections, that is, they are accountable to all members of the Hong Kong public, in that case, it may be better for them to make some appointments to these statutory bodies or statutory regulatory professional bodies than let the professions concerned return the majority of the seats through direct elections.

Therefore, here, I have to make our position clear. We support this amendment but at the same time, we consider the amendment this time around inadequate, so its independence cannot be maintained. However, given the constraints at present, we will lend it our support first, in the hope that the legislation can be implemented and patients benefited as soon as possible. More importantly, we hope that after the reform of MCHK, through contracts, that is, by extending the period of limited registration from one year to three years, MCHK ought to consider directly recognizing graduates of overseas medical schools of absolutely adequate professional standards. In the past, recognized doctors who graduated in Commonwealth countries can also come to Hong Kong for practice, so nowadays, given such a severe shortage of doctors, why have we imposed such a big hurdle? We understand that there is a great deal of mistrust and there is concern about bringing in graduates from medical schools of inadequate standards in, say, the Mainland or other regions. There is this concern that such a situation will arise. However, MCHK is precisely playing the role of a gate-keeper. In view of this, at this stage, I think consideration can
be given to directly recognizing some medical schools as a short-term measure, so that their graduates can choose to come to Hong Kong at an early date, such that our manpower shortage can be relieved.

Recently, I read an article published by the Dean of Faculty of Medicine of The Chinese University of Hong Kong in the newspaper. He said he was having a reverie. Suppose there were 800 additional doctors in Hong Kong tomorrow, these 800 doctors could be posted to the eight leading hospitals and each hospital would have 100 doctors more, so the present plight of the accident and emergency departments, which resemble battlefield hospitals, could be relieved almost instantly. He said that it was only a reverie and such talk of "800 brave souls" was just mere talk. However, I really hope that we can have the resolve and the Government also has to consider in earnest how the ranks of doctors and other health care workers in Hong Kong can be beefed up at an early date.

**PRESIDENT** (in Cantonese): Does any other Member wish to speak?

**DR PIERRE CHAN** (in Cantonese): President, upholding professional autonomy and accountability to the public at the same time has been a principle embraced by medical practitioners and a consensus in the medical profession. The medical profession, including myself, does not resist reforms so long as they are reasonable. The Medical Registration (Amendment) Bill 2016, which is the former version of this Medical Registration (Amendment) Bill 2017 ("the Bill"), was proposed by the last-term Government rather hastily in the last year of the last-term Legislative Council, that is, near the end of the session in 2016. Great reactions and controversies had been aroused. In the end, the Bill could not be passed in time during its Second Reading in the Legislative Council and was scuttled. Some people said that the Bill was scuttled because of filibusters. Actually it is better to say that the Bill was scuttled because it was far from satisfactory and would compromise the professional autonomy of the medical profession and hence, it was hardly acceptable not only to the medical practitioners but also members of the public.

The Bill has three objectives. The first objective is to improve the complaint investigation and disciplinary inquiry mechanisms of the Medical Council of Hong Kong ("MCHK"). This is considered necessary by both the medical practitioners and the public because if the investigation and inquiries take
too long, while the complainants seeking justice will suffer physically and mentally, the medical practitioners under complaint will also be put under psychological pressure for a long time and so, all parties would hope that MCHK can make a decision as soon as possible. As a member of MCHK myself, I have taken part in the inquiries, and I must say that many situations are beyond the control of MCHK. For example, when we request documents from hospitals or when we ask the complainants to provide documents, or when we have to look for expert witnesses, the situation is often beyond the control of MCHK. Besides, for cases heard by the Coroner's Court or involving lawsuits, MCHK can follow them up only after a court judgment is made. MCHK has no control over the timing, nor can it intervene in the process because once judicial proceedings commenced, MCHK cannot step in, and the lawsuit can even span as long as several years.

Certainly, the provision of additional manpower for hearing complaints will be helpful to speeding up the conduct of inquiries in some measure. The Bill in 2016 proposed the inclusion of four additional lay members, an increase of the number of medical assessors from 10 to 20, and an increase of the number of lay assessors from 4 to 14. The new proposals in 2017 will greatly increase the number of assessors, with medical assessors and lay assessors adding up to 160 at a maximum. Added to this is the establishment of more than one Preliminary Investigation Committee and Inquiry Panels. These proposals can expedite the progress of complaint investigation and disciplinary inquiry. Dr LEONG Che-hung, who had formerly been Chairman of the Hospital Authority ("HA"), President of the Hong Kong Medical Association and a Member of the Legislative Council, considers that if the objective is purely is to expedite the progress of complaint handling and inquiries, an increase in the number of assessors can already serve the purpose and obviate the need for changes to the composition of MCHK.

Speaking of the reform of MCHK, I have to mention the reform carried out some two decades ago. As society advances, it is necessary for the Government and public bodies to be accountable to the public. We doctors very much share this view as it is our objective to serve the people. During the colonial era before the reunification, MCHK had quite a strong bureaucratic overtone. In 1955, the 14 members of MCHK, who included one lay member, were all appointed by the Government. The Medical Registration (Amendment) Bill 1995 originally proposed to increase its membership from 14 to 24 members of whom 12 members, including two lay members, would be appointed by the
Government, whereas the other 12 members from the profession would be returned by elections. In other words, half of its membership would be made up of appointed members and the other half elected by the profession. Medical practitioners were hoping to strive for professional autonomy, rather than letting the official members have a say on all issues.

Back then, some Members considered it inadequate to have only two lay members and proposed the inclusion of two additional government-appointed lay members. The Government accepted this proposal and so, the membership would be made up of 14 appointed members and 12 elected members, thus upsetting the balance achieved by a half-and-half ratio between appointed members and elected members. Dr LEONG Che-hung, the then representative of the medical profession in the Legislative Council, emphasized that the profession did not oppose increasing the number of lay members but the number of elected medical practitioners must still constitute half of the total number of members, in order to uphold professional autonomy, which has been a key principle persistently upheld by the medical profession all along. In the end, the Government accepted the view of Dr LEONG and the medical profession by including two additional seats for elected medical practitioners, resulting in a membership comprising 14 appointed members and 14 elected members.

Why was the Medical Registration (Amendment) Bill 1995 introduced? It was because of the impending reunification and implementation of "one country, two systems" at the time. As MCHK was formerly comprised of representatives of the British medical council and the Government, it was impossible for this composition to continue. This is precisely why the Medical Registration (Amendment) Bill 1995 was introduced. It was because of our reunification with the Motherland in 1997. This also explains why we are no longer eligible for the mutual recognition arrangement of the Commonwealth. It was because of the reunification, a fact we must admit. We have to accept "one country, two systems" and we can no longer recognize the registration system of the Commonwealth.

Why is it that elected medical practitioner members must constitute half of the membership in order for professional autonomy to be upheld? The reason is simple. Because elected medical practitioner members are accountable to the doctors' profession, whereas the appointed members, be they doctors or lay members, are accountable to the Government by which they are appointed. When the appointed members outnumber the elected members, the Government
would have a bigger say over the profession. Apart from professional autonomy, the Government's considerations will definitely involve other factors, including political factors. MCHK is a body responsible for assessing and approving the qualifications of medical practitioners for practice, and to ensure immunity from influence by external factors, it is most important and pivotal to upholding professional autonomy.

Let us take a look at the Medical Registration (Amendment) Bill 2016 introduced by the last-term Government. The third object of this Bill is to facilitate the admission of non-locally trained doctors, including non-local and overseas doctors, to practise in Hong Kong. This is a point mentioned in the fourth paragraph of LC Paper No. CB(2)1818/15-16. Assuming the Bill in 2016 was not scuttled but passed, the elected doctor members in MCHK would constitute less than half of its membership. If the Government said that convenience should be provided for non-locally trained doctors to practise in Hong Kong, it could, through MCHK, lower the threshold for non-locally trained doctors to be licensed for practice in Hong Kong because the composition of MCHK would no longer be balanced. This is no alarmist talk. I have heard people say openly that in view of a shortage of doctors in Hong Kong, it would be better to admit less well qualified or substandard doctors than making patients wait in long queues in hospitals.

Some government officials have repeatedly made unfair, irresponsible remarks against the medical profession. For instance, they said that they met obstacles in the admission of doctors, criticizing us for being protectionist. I wish to tell Members that doctors are actually being protective of the people. On the issues of cigarettes and alcohol, we still strongly insisted on protecting the public despite that we might not have the support of the majority public. The registration system implemented by MCHK is not meant to be protectionist but to guarantee that medical practitioners registered in Hong Kong meet a certain professional standard. Only in this way can adequate protection be afforded to the public. Hong Kong doctors who wish to practise overseas likewise have to take the licensing examinations in foreign places and these examinations are difficult, too. Only when MCHK is able to uphold professional autonomy can this professional standard be guaranteed. Every medical practitioner, disregarding whether he is trained locally or overseas, must meet this standard in order to practise in Hong Kong. Is it very difficult for non-locally trained doctors to register in Hong Kong? At a meeting of the Legislative Council I made enquiries with the Government about the relevant information. The
Government said in response that from 2012 to 2016, there were some 1,000 registered medical practitioners who are graduates from the two local universities and some 200 medical practitioners from overseas who were granted registration after passing the Licensing Examination and completing internship assessment, and non-local medical practitioners accounted for more than 13% of the newly registered doctors in those five years. So, their proportion is not low at all. Regarding medical practitioners currently practising in Hong Kong, due to the past colonial system, overseas doctors currently practising in Hong Kong, due to the past colonial system, overseas doctors currently practising in Hong Kong account for close to one quarter of all doctors in practice.

Another function of MCHK is to monitor the operation of medical practitioners. To this end, public involvement is required and for this reason, medical practitioners have never opposed the increase of lay members and lay assessors. This was the case some two decades ago and remains the same now. All that we insist on is that elected medical practitioner members should continue to constitute half of the membership to ensure that the professional autonomy remains intact and that MCHK can be free from external intervention in serving the people wholeheartedly.

In fact, this is a most humble demand of us doctors but in the process, we have seen how this demand was vilified and besmirched, and how the doctor-patient relationship was jeopardized. Daring to face the pressure of accusations by people outside the profession, my predecessor, Dr LEUNG Ka-lau, had blocked the passage of the Medical Registration (Amendment) Bill 2016 to uphold the professional autonomy of the doctors' profession. In fact, had the Bill not been scuttled, the reform of MCHK would not have made a favourable turn. This new Government has indeed listened to the views of all sides in proposing that the two seats elected by the Hong Kong Academy of Medicine ("HKAM") in accordance with its regulations or procedures will remain to be appointed seats and then the seats of the Department of Health and HA will be reduced by one each, so that the two seats so vacated will be returned by HKAM by election. Under the electoral method announced by HKAM recently, nominations can be made by the Fellows direct for election by all the Fellows, in order to reflect the mainstream view of the 7,000-odd Fellows. Although these seats will not be elected by the 14,000-odd registered medical practitioners in Hong Kong, the medical profession generally considers this proposal desirable compared to the old one. To facilitate the reform of MCHK, the medical practitioners are prepared to make a compromise and do not insist on the election of members by all medical practitioners in Hong Kong.
Under the proposal in the new Bill, the period of limited registration granted without examination will be extended from not exceeding one year to not exceeding three years. The authorities said that this can attract more non-local doctors to provide service for HA through limited registration as a short-term measure to alleviate the pressure of manpower shortage. However, in response to my follow-up questions, the information of HA showed that in the five years between 2012 and 2017, 379 applications were received from overseas medical practitioners but 90% of them were rejected by HA, and HA eventually submitted only 34 applications to MCHK, which were all approved by the latter. But it turned out that among those 34 medical practitioners, only 29 came to Hong Kong for practice. As shown by these statistics, it was not the case that no non-local doctors were willing to apply for a job in HA; nor was it the case that MCHK had rejected their applications. There must be a diversity of reasons why the applicants had failed to meet the requirements.

Extending the period of limited registration from one year to three years may not be helpful to HA in recruiting more doctors with limited registration. Worse still, it may give rise to problems. Under the existing Promulgation No.2 of limited registration, overseas doctors can be employed by HA under limited registration for the purpose of research work or for such clinical practice of medicine or hospital work as specified by HA, and they can be employed by the two universities for the purpose of teaching, research or performing hospital work in their Faculties of Medicine.

Dr LEONG Che-hung who had taken part in the deliberations on the Medical Registration (Amendment) Bill 1995 stressed that the original purpose of limited registration was to admit specialists not found in Hong Kong for the purpose of clinical demonstration and teaching, not to increase the provision of manpower for hospitals. This discrepancy has aroused not only misgivings in us, but also concerns among Honourable colleagues in the Legislative Council about whether the doctors employed by the two universities under limited registration are sufficiently qualified and experienced clinically to attend to patients. As a matter of fact, it has been reported in the news that doctors with limited registration can simply leave the hospital if they committed mistakes, and such cases did happen before. There is no way for MCHK to pursue responsibility and the patients are entirely deprived of protection. We conducted an opinion survey among members of the public, medical practitioners, and members of the Election Committee for the Medical Subsector respectively at the end of 2016. All of them were clearly opposed to the admission of medical
practitioners with limited registration, and their respective opposition rates were 78%, 82% and 85%. This also reflects that the community generally has great misgivings about the system of limited registration for medical practitioners.

I believe this Bill will be read the Third time and passed. In the spirit of seeking common ground while accommodating differences, the medical profession will make a compromise and will not oppose the Bill. I have taken all the trouble to raise questions only to remind Members of the inadequacies of this Bill and the need to keep them in view on a continued basis.

Lastly, let me stress once again that it is the bounden duty of doctors to serve for public health, and we are being protective of the people. The upholding of the professional conduct of medical practitioners hinges not on administrative orders. Rather, it hinges on the professional autonomy of the medical sector and also a system of public accountability, which complement each other instead of conflict with each other. Likewise, the relationship between doctors and patients has never been conflicting but one of mutual trust and coexistence.

I so submit.

MR SHIU KA-CHUN (in Cantonese): President, I support the tabling of the Medical Registration (Amendment) Bill 2017 ("the Bill") before the Legislative Council again for Second Reading. Nevertheless, I wish to state clearly that I support the Bill not because I am very satisfied with the amendments proposed by the Government. Rather, I think that the Medical Registration Ordinance ("the Ordinance") is seriously flawed and there is an urgent need for reform. As such, I hope that, after the passage of the Bill, the Government can improve the existing situation and break down the hegemony of Western medicine that has taken root in Hong Kong through conducting a timely review to improve the Ordinance, with a view to achieving a balanced proportion of lay members and professional members and ensuring protection for patients' interests.

President, the number of cases currently received by the Medical Council of Hong Kong ("MCHK") every year is approximately 500. As at August 2017, the backlog of complaint cases was 760 or so in total. This means that the waiting period for an inquiry is very long. The fact that it takes MCHK 72 months on average to process a case demonstrates that both the patients and their
family members have to go through enormous hassle before justice can be done. As a Western proverb goes, justice delayed is justice denied. Even if a doctor at fault has to eventually take the blame for his misconduct, the prolonged wait itself is already unjust.

Members of the public clearly understand that there is an urgent need for MCHK to carry out reform and expedite the handling of the inquiry work. Should the Bill be passed, more than one Preliminary Investigation Committee can be set up and more Inquiry Panels can be appointed to share the duties of MCHK of conducting disciplinary inquiries. The Bill can expedite the progress of inquiries conducted by MCHK and prevent the public from waiting too long. I hope justice can be done expeditiously, too.

The profession and I as a Legislative Council Member representing the Social Welfare Constituency are very much concerned about patients' interests. I support the Bill proposed by the Government because I seldom see the Government make self-improvement. I could see the efforts made by Dr Pierre CHAN in the past year regarding this subject. More importantly, the Government has really listened to the views voiced by members of the community rather than clinging obstinately to its course as in dealing with other political or policy issues.

Contrary to the Medical Registration (Amendment) Bill 2016 tabled before the Legislative Council last year, I particularly approve of the election of the three additional lay members by patient organizations according to the procedures and the nomination of the remaining one by the Consumer Council. In other words, the four lay members will not be appointed by the Government. As for the two seats belonging to the Hong Kong Academy of Medicine ("HKAM"), as with the Medical Registration (Amendment) Bill 2016, they will no longer be appointed by the Government. Instead, the seats will be elected by HKAM.

Besides eight lay members, the remaining 24 members of the reformed MCHK will still be medical practitioners, only that they might be elected or appointed by the relevant organizations. For this reason, I generally support the Bill. If further amendments can be made, I sincerely hope that another adjustment can be made to the number of medical practitioner members of MCHK in the future.
Meanwhile, MCHK should be reformed expeditiously to improve its efficiency in handling complaints and making it independent of the Government, major employers and medical practitioners. As such, medical practitioner members should account for not more than half of the membership in MCHK. If I propose amendments at this stage, however, the reform timetable will be affected. This is why I am inclined to supporting the amendments currently proposed by the Government.

President, Members might not know the reason for my first engagement in a public discussion held in the Legislative Council. I graduated from university in 1992 and the topic of my study back then was "Concerns about Patients' Interests" as relatively few people in Hong Kong studied patients' interests at that time. We brought with us the study report to the Legislative Council for Members' reference. I still recall that the government official in charge of a debate being conducted in the Legislative Council at that time was Mrs Elizabeth WONG. Moreover, our study report was quoted by many Legislative Council Members. Upon the conclusion of the debate and the meeting, Mrs WONG looked at the public gallery and gave me a thumbs up. I still vividly recall the scene in which we looked at each other and she gave me a thumbs up. Like the romantic and yet dramatic feeling mentioned by Mr Ronny TONG, I felt exactly the same. The move of Mrs WONG to raise her thumb gave me enormous encouragement during my first participation in a public discussion in this Council. She made me understand that our study could really change Hong Kong's public policies. Moreover, Members in the debate would really refer to the findings of our study.

Today, 26 years on, I am still participating in debates in the Legislative Council, discussing issues related to patients' interests. As a social worker, I consider it our duty to fight for patients' interests and public interests. It is also my duty to pursue professional misconduct of medical practitioners, fight for justice and seek justice. I very much appreciate the hardships encountered by patients in the course of lodging complaints with MCHK and seeking justice. The reason is that the relatively small proportion of lay members in MCHK has prevented them from reflecting the aspiration of society regarding the professional misconduct of medical practitioners. Meanwhile, the entire procedure, from lodging a complaint to conducting a disciplinary enquiry, is tedious and time-consuming. Moreover, the victims can hardly receive fair treatment. As such, I will continue to fight for reforming MCHK and safeguarding patients' interests.
President, Dr Pierre CHAN pointed out earlier that filibustering was not to be blamed for the scuttling of the Medical Registration (Amendment) Bill 2016. Rather than blaming Members for making use of filibustering tactics, it would be better to say that the Bill was negatived since it was riddled with mistakes and problematic. Today, the Bill is tabled before the Legislative Council again. I think the Government made a lot of efforts in the past year, and so did Dr Pierre CHAN. Through close communication between the two parties, the Bill has managed to make self-correction and become a good demonstration. I hope this demonstration is not an isolated example. Like dealing with this Bill, I also hope the Hong Kong Government can rehabilitate through self-treatment in dealing with other motions or Bills.

Thank you, President.

MR MICHAEL TIEN (in Cantonese): President, after two years, the Bill to amend the Medical Registration Ordinance (currently the Medical Registration (Amendment) Bill 2017 ("the Bill")), which is also the reform of the Medical Council of Hong Kong ("MCHK"), has eventually come to the final stage. Since the predecessor of the Bill, i.e. the Medical Registration (Amendment) Bill 2016 ("the 2016 Bill"), was scuttled, the Government set up a Tripartite Platform which conducted countless discussions. Each change was met with resentment. President, considering the matter on its merits, the Bill, which seeks to amend the Medical Registration Ordinance, has transformed, from the original draft, to the 2016 Bill, the Bill, the "AU Yiu-kai" proposal put forth by doctor organizations and to the eventual "ultimate resolution", and this process fully epitomizes that politics is the art of compromise. I think that the Special Administrative Region Government and Chief Executive Carrie LAM have exerted their utmost in handling this matter and should be given some credit.

During the discussion on the Bill, doctor organizations made a counter-proposal—the "AU Yiu-kai" proposal, which suggests that among the members of MCHK, each of the two registered medical practitioner member seats originally nominated by the Director of Health and the Hospital Authority ("HA") respectively should be converted to two elected seats for direct election by all registered medical practitioners in the territory. Eventually, the Government made a self-sacrifice and proposed the "ultimate resolution" to reduce one of the two seats nominated by the Director of Health and HA respectively and convert the two seats to election by the Hong Kong Academy of Medicine ("HKAM").
Frankly speaking, I initially did not expect the Government to give in, but as it has already made such a step, other stakeholders should also learn the art of compromise.

According to the views that I heard at the time, these two seats should be filled through direct election by all medical practitioners in the territory, rather than by HKAM. However, the Hong Kong Medical Association had conducted a survey to interview over 2,000 medical practitioners. While half of them were in favour of these two seats being filled through direct election by medical practitioners in the territory, the other half agreed that the two seats should be elected by HKAM. It indicated a tie of both sides and that the medical sector did not have a consensus. Nonetheless, it is a compromise acceptable to both the Government and patient organizations that the two seats would be elected by HKAM. Therefore, in the final analysis, it is the best option. I do not understand why some people should insist on an option supported by only half of the people. Exactly do they serve their own interest or the common good?

After the proposal of the "ultimate resolution", the focus of the discussion then switched to the details of the election for two registered medical practitioner member seats by HKAM. Some people requested the imposition of thresholds on the eligibility to stand for election while some suggested that there should not be any threshold. The way to settle such divergent views should also be the conduct of a survey to find out, and subsequently accord respect to, the mainstream view. A recent survey undertaken by HKAM indicated that 75% of its Fellows did not consider it necessary to impose any requirement of qualifications on the eligibility of candidates in the election. I also trust that the professional organization will not mess things up and its Fellows would consider if the candidates are truly qualified when casting their votes.

The longer I am engaged in politics, the more I agree that no single proposal can please everyone because everyone would want to "go the whole hog", unwilling to compromise. If so, the earth will stop operating. As regards whether the offsetting mechanism of the Mandatory Provident Fund System should be abolished, the dispute has been going on for many years. It is a typical example.

Of course, I maintain that not everything should be settled by compromise. For instance, the cash handout by the Government is a compromise made to please certain people regardless of principles. Now the Government has done a
disservice despite its good intentions and bought itself trouble: those asking for a cash handout have much to say about the complicated procedures and high administrative cost while those not eligible for receipt of such cash deem the policy unfair and non-compliant with the principle of sharing.

During the scrutiny of the Bill, I requested the Government to give a clear explanation on the details of limited registration of medical practitioners before I would consider accepting its proposals. In a meeting, I even had a 20-minute uninterrupted debate with a government expert. Needless to say, we have this shortage of medical practitioners. I will accept any solution and limited registration is definitely helpful. Currently, only some 10 overseas medical practitioners will join HA through limited registration every year. If the Bill is passed today to extend the period of limited registration from one year to three years, which will increase the incentive for overseas medical practitioners to come to Hong Kong, HA will then be able to recruit 60 or more additional overseas medical practitioners every year. It is a fairly good arrangement.

However, as a potential patient, I would then think: where does this medical practitioner who is examining me now come from and is he reliable? Mainland medical practitioners can come to work in Hong Kong after passing the Licensing Examination or through limited registration. In view of the uniform standards of the Licensing Examination, as long as the medical practitioner has passed the examination, I will have trust in him no matter which country he is from. The problem lies in limited registration. Medical practitioners with limited registration from the Mainland cannot work in HA because, given the absence of specialist qualifications in the Mainland, they do not meet the HA requirements of specialist intermediate examinations. Accordingly, medical practitioners with limited registration hired by HA are all from the United Kingdom, the United States, Australia, Canada or New Zealand.

The situation changes as the setting is switched to the University of Hong Kong ("HKU") or The Chinese University of Hong Kong ("CUHK"). As at end of June 2017, the Faculties of Medicine of both universities have hired in total 88 medical practitioners with limited registration, 24 of whom are from the Mainland. It would be fine if they undertake only teaching and research work. The problem is: will they take charge of frontline clinical work? One day when I am hospitalized, will I be treated by these medical practitioners?
Members of the profession suggest that the two are different in nature. HA requires overseas medical practitioners under its employ to adapt to the working environment as soon as possible while universities mainly focus on training "star" medical practitioners to conduct sophisticated research. It is difficult to compare the two. This I full understand. It is the professional blind spot: certain things taken for granted by members of the profession are fairly incomprehensible to the general public, myself included. We do not understand why there are two sets of standards. After all, the number of "star" medical practitioners in universities is not my prime concern. Now the profession is divided into numerous domains, namely specialist, clinical, consultant, research and teaching. I have absolutely no idea who is the best to give me treatment. I cannot tell the difference. To the general public and me, they are all medical practitioners.

For this reason, I have strongly requested the Government to implement triennial reviews of medical practitioners with specialist qualifications and maintains annual reviews of medical practitioners without specialist qualifications, and make a full guarantee that medical practitioners with limited registration not having specialist qualifications must be supervised by senior medical practitioners when performing clinical work. Otherwise, I find it difficult to support the government proposals.

In this regard, the Government and the two universities have given their word to me that medical practitioners in training will definitely be supervised by senior medical practitioners. Will the Secretary please remember that I heard their undertaking. Moreover, not all applications for limited registration will be granted a term of three years. The Government has replied that a term of only one year can also be granted.

As the Government has now made an undertaking, I trust it for the time being. Should any incident occur in future where medical practitioners with limited registration have performed clinical work in the absence of supervision by senior medical practitioners, it would be a very serious incident. I hereby openly call for proper gatekeeping by the Government, HKU and CUHK. Please do not fail my vote of confidence today. I so submit.

PRESIDENT (in Cantonese): Does any other Member wish to speak?
MS ALICE MAK (in Cantonese): President, I have strong mixed feelings about the Medical Registration (Amendment) Bill 2017 ("the Bill").

For a long time in the past, a group of Honourable colleagues, patients' families, patient organizations and I have always hoped the Bill can be passed as soon as possible, so that we can take the first step towards the reform of the Medical Council of Hong Kong ("MCHK"). More importantly, through amendments to provisions in the existing ordinance which are detached from the actual situation, such as the one providing that only one Preliminary Investigation Committee ("PIC") can be set up, we hope the procedure and progress of handling of complaints by MCHK can be expedited. However, I must point out that the Bill is definitely not perfect. It is just that we reckon the reform of MCHK should not be delayed any further, so we have no choice but to support the Bill with reluctance.

For the purpose of this debate today, I made it a point to look up my script for the resumption of the Second Reading debate of the Bill two years ago. In the script I said: "It is an indisputable fact that MCHK is inefficient when handling complaints against doctors. According to the information by the Food and Health Bureau, there were more than 900 backlog cases"—that was the figure in 2016—"The preliminary inquiry stage takes 28 months (i.e. about two and a half years) on average. If a disciplinary inquiry is required, it takes 58 months (i.e. more than five years) on average to complete a case". In Hong Kong society which stresses efficiency in everything, how can we imagine such a thing as taking more than five years to handle a complaint? Two years have passed and the situation has become even worse. As we did not pass the Bill in 2016, the situation has continued to deteriorate in the past two years. In fact, the Legislative Council owes patients' families, patients or even affected doctors an explanation.

As far as I am aware, the authorities have allocated additional resources to MCHK to support its secretariat and administrative work. We also hope with good faith that the number of backlog cases and the time needed to process complaints can be reduced. However, we also understand that, as long as the greatest limitation, that is, only one PIC can be set up according to the ordinance, is not removed, it will be difficult to clear the backlog. Doctors of MCHK are not "supermen". With only one PIC, this bottleneck can never be eliminated even if they work day and night to clear the backlog. Therefore, although the Bill is not perfect, we support it because we hope the existing issues can be
improved expeditiously, such as the bottleneck effect rendered by having only one PIC. I cannot say I support the Bill in tears, but definitely with great reluctance.

I also hope the Administration will tell us later or on another occasion the current number of backlog cases and time required to handle them so as to keep us abreast of the latest status which we hope will improve after the amendment. I have repeatedly stressed that we do not consider the amendment perfect because the matter under discussion now cannot be solved simply by allowing the establishment of more than one PIC, hiring one more legal adviser or adding more assessors. The truth of the matter is that there are problems within the entire mechanism.

I think Members may remember the case of Eugina LAU. It took her and her husband nine years to seek justice for their baby who died as a result of a medical blunder. If everyone does not mind that I recount her case—I have asked her and she did not object to my mention of her case again—Her complaint was initially refused by MCHK on the grounds that it was an "unfortunate incident". She then sold her property to raise cash for instituting a civil action. More evidence found during the civil action together with the judgment were submitted to MCHK again before MCHK agreeing to handle her complaint. The inquiry conducted by MCHK eventually came to the conclusion that the persons involved had committed professional misconduct. This was not an isolated case.

In 2009, a rather well-known paediatrician treated a 14-month-old boy who subsequently had to have half a finger excised due to wound infection. The father of the boy later complained to MCHK against the doctor for professional misconduct. However, PIC under MCHK refused to initiate an inquiry in 2012 on the grounds of insufficient evidence. The parents of the boy then filed a claim against the doctor with the High Court which ruled that the doctor was negligent and liable to compensation to the parents. The father of the boy subsequently lodged the complaint to MCHK again in January 2013, with the latest information such as the judgment of the High Court. However, PIC maintained that there was no new evidence showing professional misconduct on the part of the doctor and rejected the complaint again. The parents of the boy then applied for judicial review. It was clearly stated in the judgment of the judicial review that the incumbent Chairman and Deputy Chairman of PIC acted ultra vires at preliminary evidence screening; that the Chairman of PIC failed to
declare that he was acquainted with the doctor involved; and that the High Court's ruling of negligence on the part of the doctor was ignored. Hence, the Court ordered that the decision of PIC refusing a disciplinary inquiry against the doctor be revoked. PIC eventually admitted its mistake and agreed that the complaint be examined afresh by a new Chairman and Deputy Chairman.

We can see that, under the system, patients or their families may originally complain to a professional body in the event of an incident, but unfortunately, this professional body is also a tall gate, making it difficult for them to seek redress. They may need to sell their properties like Eugina LAU or be persistent in pursuing civil action or judicial review like the boy's father if they want to seek justice. However, not all patients' families can afford to do so.

When I first assumed office as a Member of the Legislative Council in 2012, a woman sought our help in regard to her mother's death and we helped her lodge a complaint to MCHK. In the case, a doctor performed mastectomy on her mother who subsequently passed away due to, in her opinion, a lack of proper treatment after surgery. She had no idea that the complaint would lead to a lengthy procedure and the furnishing of a great variety of information. MCHK eventually stated that it would not investigate her complaint. I told the daughter that she might draw reference from others and lodge an appeal, but she refused to do so because the procedure was too lengthy indeed. She had waited two to three years without any result. Now she had to raise money for an appeal. So, she decided not to pursue any further. In 2014, I received a complaint from another woman who had received the same surgery by the same doctor in the same hospital. There was again a medical blunder, causing her to rush to another hospital for treatment by another doctor. It can then be seen that the doctor in question may really be at fault. As the family of the patient in the first case did not have the resources to appeal, the situation persisted and led to the occurrence of the second case. Therefore, we believe a review of the entire mechanism is necessary.

In another case in 2012, a woman who had been treated for high white blood cell count passed away after some treatments. Her husband made a complaint of which an inquiry was scheduled for October 2016 originally. Two months before the inquiry, MCHK informed him that the inquiry had been cancelled without any explanation nor an appeal mechanism. Actually, I know the wife. They were an affectionate couple in their 60s who had just retired. They had planned a happy retirement life of playing mahjong, dancing and
travelling. An medical incident separated this affectionate couple. The husband wanted to seek justice for his wife and MCHK informed him the date of the inquiry. Just when he thought the day had eventually come, he was informed that the inquiry had been cancelled without any justification. Could he lodge an appeal? MCHK told him to apply for judicial review at his own cost.

This case was not handled by me. I have read about it from the newspaper only. But actually I knew the couple, and I know that some co-workers are helping him. I am not sure if he has lodged an appeal eventually, but I can see that, under this system, doctors being complained against can lodge an appeal against the decision, but patients or families making the complaints cannot do so. We lack a system that is favourable to patients and their families. Therefore, I believe we must further review and improve the existing mechanism as soon as possible after the passage of the Bill. Many people said that we should draw reference to the system in the United Kingdom. We hope the mechanism can be improved to protect patients and their families so that they receive due protection when making a complaint. At the very least, they should not have to sell their properties to raise money in order to seek justice.

Another part of the Bill concerns doctors with limit registration. Many Honourable colleagues have pointed out the thrust of the issue during the discussion in the last term of the Legislative Council, that the problem does not lie in the system but in confidence. They do not trust the Government and wonder what kind of doctors will come to Hong Kong under this system. We can now see that the public health care system is crammed full of people, exerting immense pressure on doctors working in public hospitals. We really hope manpower can be increased. Hence, I have asked the Government numerous times and I would ask the Secretary here again to give another assurance that doctors recruited under limited registration will be responsible only for clinical work (i.e. taking care of patients) and will not be handling administrative work, so as to avoid impeding the promotion of local doctors. They will work in public hospitals only for taking care of patients and relieving the pressure of the manpower shortage. Will the Secretary please give this assurance to us in his speech later.

As we all know, extending the limited registration period from one year to three years aims at attracting overseas doctors or children of Hong Kong people who are studying and working overseas to practise in Hong Kong's public health care system under limited registration. We believe this will not lower the
standard of our health care services. However, some people do think that extending the period from one year to three years will lower our health care service standard. Will the Secretary please clarify this fallacy later? Extending the period has nothing to do with the health care standard because all applications for doctor registration are subject to MCHK's approval.

We hope the extension of the limited registration period to three years can provide more flexibility so that doctors working overseas will be attracted to accept employment and practise in Hong Kong. Of course, the effectiveness is unknown for the time being. We hope that, after the passage of the Bill, the Government will closely monitor whether extending the limited registration period from one year to three years is really helpful to recruiting doctors for the purpose of easing the pressure borne by doctors in public hospitals.

We understand that the workload in Hong Kong's health care system is very heavy, especially for doctors and nurses working in public hospitals who are subject to immense pressure. Therefore, it is imperative to increase health care manpower and relieve the pressure exerted on them so that better services can be provided to patients.

Paragraph 145 of the Budget stated that the Government will ensure that HA has adequate resources to employ all local medical graduates. With this assurance by the Financial Secretary, we hope the Government will train up more local medical students and that they will not have to worry about finding jobs after graduation. In this way, more local doctors can be trained up to ease the manpower pressure in the public health care system. The reform of MCHK should also be examined expeditiously after the passage of the Bill so that patients' rights can be better protected.

I so submit.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): If not, I now call upon the Secretary for Food and Health to reply. Then, the debate will come to a close.
SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, in July 2017, I presented the Medical Registration (Amendment) Bill 2017 ("the Bill") to the Legislative Council to amend the Medical Registration Ordinance (Cap. 161) with the main purposes of improving the complaint investigation and disciplinary inquiry mechanism of the Medical Council of Hong Kong ("MCHK"), enhancing the participation of lay members in MCHK for greater accountability and credibility, and enabling MCHK to approve applications for limited registration for a period from not exceeding one year to not exceeding three years.

The proposal to improve the operation of MCHK has in fact been in the making for years. It has already been 20 years since the last substantive amendment to the Medical Registration Ordinance. It is MCHK's mission to ensure justice, maintain professionalism and protect the public. But the credibility and operational efficiency of MCHK have been under public scrutiny in recent years. As the backlog of complaint cases grows, the number of pending cases is now about 770 in total, with the processing of a typical case—from receipt of complaint to conduct of disciplinary inquiry—taking around six years on average. An amendment of the Medical Registration Ordinance brooks no delay indeed.

In October 2015, the High Court made suggestions on improving the complaint handling mechanism and addressing the issue of conflict of interest of MCHK. In October 2015, Mr Tommy CHEUNG proposed a Member's Bill, calling for greater lay participation in MCHK. The Strategic Review on Healthcare Manpower Planning and Professional Development also highlights the necessity of ensuring a regulatory framework for health care professionals that keep abreast of the times. For these reasons, the Government introduced the Medical Registration (Amendment) Bill 2016 ("the 2016 Bill") into the Council in March 2016.

The relevant Bills Committee of the Legislative Council held 10 meetings on the 2016 Bill and in this process, government officials held over 50 meetings for discussions with Members, the medical profession and patient organizations. However, the 2016 Bill failed to gain passage by the end of the last term of the Legislative Council. Though extremely disappointed, we were never disheartened. In a bid to reach a consensus, the Government set up a Tripartite Platform shortly thereafter, to which Members of the Legislative Council, the medical profession and representatives of patients' interests and consumers' interests were invited to give views on legislative amendment proposals regarding the composition and operation of MCHK.
By forging consensus with the greatest sincerity and efforts, the Government sought to work hand in hand with the various sectors to improve the operation of MCHK. Having considered the views of the various parties, we introduced the Bill into the Council in June 2017. The Bills Committee on Medical Registration (Amendment) Bill 2017 ("the Bills Committee") has held 11 meetings in total to discuss in detail the policy objectives and provisions of the Bill.

(THE PRESIDENT'S DEPUTY, MS STARRY LEE, took the Chair)

I thank the Chairman, Mr Tommy CHEUNG, and all members of the Bills Committee, the Secretariat and the Legal Adviser for their contribution to the smooth completion of the Bill's scrutiny. The Bills Committee also held two public hearings, gauging views from numerous groups—including MCHK, the Hong Kong Academy of Medicine ("HKAM"), the medical schools, various doctors' groups, patient organizations, patients' families—and individuals. I wish to thank those groups and individuals who have participated in the discussions and given their valuable views.

The various sectors of the community, including Members of the Legislative Council, the medical profession, patient organizations and the public, are aligned in their aspirations for improved operation of MCHK. We all support greater lay participation in MCHK, improvements in the complaint investigation and disciplinary inquiry mechanism of MCHK and more efficient hiring of non-locally trained doctors to serve in public hospitals in Hong Kong through limited registration. It is the common wish of the Government and the community for a speedy passage of the Bill so that the proposal to improve the operation of MCHK can be implemented expeditiously.

The Bill is formulated on the basis of the original proposals and the Government's amendments of the 2016 Bill, and with regard to the discussions and concerns of Members of the Legislative Council and the community on the 2016 Bill; the views expressed by members of the Tripartite Platform on various occasions; as well as the deliberations and views, including those on overseas experience, at the Tripartite Platform. The proposed legislative amendments are as follows:
First, the complaint investigation and disciplinary inquiry mechanism of MCHK will be improved to enhance efficiency and accountability. This is one of the major objectives of the Bill and a topic on which numerous Members have expressed their views. Views given in the Tripartite Platform, discussions among stakeholders and deliberations of the Bills Committee were generally supportive of our proposal on improving the complaint investigation and disciplinary inquiry mechanism.

Under the existing legislation, MCHK can establish only one Preliminary Investigation Committee ("PIC"); there can only be one legal adviser to MCHK whose presence is required at every inquiry meeting, which means there can only be one inquiry meeting at a time; the role of an assessor is also limited; and the Department of Justice cannot engage outside lawyers to represent the Secretary of MCHK in inquiries. In view of the aforementioned constraints imposed by the existing legislation, an increase in resources and administrative support can only provide limited relief. There is a pressing urgency to amend the law to substantially improve the efficiency and enhance the flexibility of the mechanism with a view to completing complaint investigation and disciplinary inquiry within a reasonable period of time.

The Bill is more comprehensive in scope than the 2016 Bill. Apart from easing the bottlenecks created under the current legislation and enhancing the efficiency of the complaint handling mechanism, an additional modern mechanism is recommended to be set up separately under MCHK. Highlights of the relevant amendments are as follow:

(a) inquiries are to be conducted by the newly established Inquiry Panels ("IP") instead of MCHK;

(b) in the spirit of professional autonomy, PIC and IP will be set up and their respective members appointed by MCHK. MCHK will also be empowered to appoint the chairman and deputy chairman of PIC as well as the chairperson of IP, and set the qualification requirements of assessors. In addition, the Bill stipulates that doctors should constitute the majority of PIC (4 doctors to 3 lay persons) and IP (3 doctors to 2 lay persons);

(c) greater lay participation;
(d) more than one PIC and IP will be set up;

(e) members of MCHK and assessors will be conferred with the same duties and authorities and empowered to sit on both PIC and IP;

(f) there will be enough doctor assessors and lay assessors to sit on PIC and IP as the number of assessors in total are to increase from 14 to up to 140, among which the number of doctor assessors are to increase from 10 to up to 80 while that of lay assessors are to increase from 4 to up to 60; and

(g) legal support will be strengthened accordingly to deal with the expected increase in cases. Under the Bill, MCHK can appoint more than one legal adviser; the Secretary of Justice will also be able to appoint a counsel or solicitor in private practice to carry out the legal duties of the Secretary of MCHK in respect of an inquiry.

With the passage of the Bill, MCHK can set up more than one PIC and IP and appoint more assessors, substantially speeding up the pace of complaint handling and inquiry. After the legislative amendments, the Government expects MCHK to expeditiously clear the backlog of over 700 cases within three years and then complete the processing of most of the cases that call for an inquiry within two years.

I thank members of the Bills Committee for their valuable views on the arrangements for declaring interests in respect of the handling of complaints and disciplinary inquiries and on those arrangements concerning the appointment of legal advisers. After passage of the Bill, the Government will request MCHK to consider how to further improve the mechanism on declaration of interest, and to review the existing arrangements regarding the appointment of legal advisers. A number of Members mentioned areas of improvement in respect of the complaint mechanism of MCHK, such as lengthy processing. They discussed ways in which the complaint mechanism could be improved to achieve greater efficiency and gave their views on improving the administrative work. Some Members pointed out that MCHK should be sensitive to the feelings of patients and their families, suggesting ways in which the mechanism can be improved in this respect in order to afford more protection to patients and their families. Ms Alice MAK also recounted the experiences of quite a few complaint cases and
pointed out the problem of lengthy processing. MCHK and the Government are duty-bound to enhance the mechanism for greater efficiency and will do more to this end.

The second aspect of the amendments concerns the composition of MCHK. To achieve greater lay participation in MCHK, we propose under the Bill an addition of four lay members to MCHK, boosting the proportion of lay members from four (about 14%) to eight (25%). As stipulated by the Bill, of the four additional lay members, whose appointment by the Chief Executive is not required, three are to be directly elected by patient organizations and one is to be directly nominated by the Consumer Council. Arrangements regarding the election of the three patient representatives will be set out in subsidiary legislation.

In the course of deliberations of the Bill, we took note of the different views expressed by some members of the medical profession in respect of the composition of medical practitioner members in MCHK. Following months of consultation with such key stakeholders as the medical profession, patient organizations and Members of the Legislative Council, and having reached a general consensus on how best to balance the concerns and considerations of all parties, we proposed a set of amendments to the Bills Committee in October 2017.

According to the proposed amendments, HKAM will have a total of four seats in MCHK. The existing two seats to be nominated by HKAM for appointment by the Chief Executive will remain, while those seats nominated by the Director of Health and the Hospital Authority ("HA") will be reduced by one each, sparing two seats to be filled by representatives nominated and elected by Fellows of HKAM in accordance with the regulations or procedures of HKAM. The Bills Committee has endorsed these proposed amendments after discussions.

In respect of the arrangements regarding the two additional seats, HKAM announced the nomination and election arrangements in January 2018 and notified the Bills Committee of the relevant details. In short, all Fellows will be eligible to stand for election of the two additional HKAM seats in MCHK and there will be no qualification restrictions or conditions. Nominated and elected directly by all Fellows, the winning candidates will assume the two additional seats in MCHK as representatives of HKAM. We respect the nomination and election arrangements put forward by HKAM after consultation with Fellows,
and we believe HKAM will ensure a fair, open and just election. HKAM is now working out the details of the entire nomination and election procedure and has promised to launch the election process as soon as possible after the Bill’s passage.

We have also proposed to the Bills Committee the specific arrangements regarding the election of the three representatives of patients' interests in MCHK. The three lay members in MCHK will be elected every three years for a term of three years. Re-election bid is allowed. The Secretary of MCHK will conduct the election in accordance with the procedures set out in subsidiary legislation. Prof Joseph LEE pointed out that there are some criteria that lay members must understand. The Secretary of MCHK will ensure that elected lay members will be provided with adequate information.

Subject to the Bill being passed in March, we plan to present as soon as possible within the second quarter the regulation regarding the election by patient organizations to the Legislative Council for scrutiny. Subject to the passage of the relevant regulation in the 2017-2018 legislative year, the three representatives of patient organizations could hopefully be elected by the end of 2018 and assume their seats as members of MCHK in early 2019.

The third aspect of the amendments concerns limited registration, enabling MCHK to approve applications for limited registration for a period from not exceeding one year to not exceeding three years. At present, the validity periods of registration and renewal of medical practitioners with limited registration last no more than a year. They must be employed by specified institutions (including the Department of Health ("DH"), HA and the two medical schools) and their registration is subject to annual renewal. As at the end of 2017, there were about 150 medical practitioners with limited registration practising in Hong Kong, 14 of them working in HA. The Bill proposes an extension of the validity periods of registration and renewal of applications for limited registration, to be approved by MCHK, from not exceeding a year to not exceeding three years. We believe such a move will help attract more qualified non-locally trained medical practitioners (including those who are Hong Kong people but received medical training overseas) to choose a career in Hong Kong by serving in specified institutions (including DH, HA and the two medical schools), thereby easing the shortage of doctors (especially in public hospitals) in the short term. I must stress that these amendments seek only to enhance the existing arrangements for limited registration. Applications are still subject to the
approval of MCHK and the qualification requirements for medical practitioners practising in Hong Kong will not be lowered as a result. As Ms Alice MAK requested clarifications from us on this score just now, I reiterate that we will not lower the qualification requirements for medical practitioners practising in Hong Kong.

I wish to stress that doctors trained by Hong Kong's two medical schools (of the University of Hong Kong and The Chinese University of Hong Kong) are undoubtedly the foundation of doctor supply in Hong Kong. As announced in the 2017 Policy Address, HA will employ all qualified local medical graduates trained by the two universities and provide them with relevant specialist training. Over the past 10 years, we have substantially boosted the number of training places for medical students, from 250 to 470, or an increase of 90%. To meet the long-term manpower needs, we are considering a further increase of training places for doctors. Some members expressed their concern over the qualifications of medical practitioners with limited registration. I wish to state that HA and the two universities engage medical practitioners with limited registration for different reasons. The two universities hire these medical practitioners for the purpose of teaching and research and they have set up stringent hiring and monitoring mechanisms for the exercise. And we respect their academic and professional autonomy. In respect of individual cases cited by a Member, the Government has provided further information, showing that the medical practitioners concerned do possess clinical experience and were qualified medical practitioners with overseas registration when they applied for limited registration in Hong Kong, though they have ceased registering overseas at the time of renewal of their limited registration.

In the course of deliberations on the Bill in the Bills Committee, members raised concerns over allocation of additional resources. We have responded in the Bills Committee that the Government had allocated additional resources to the MCHK Secretariat to ensure ample support for the Secretariat and facilitate the speedy handling of complaints and conduct of disciplinary inquiries by MCHK. The Government will also allocate more resources to the Department of Justice to bolster its legal support to MCHK. If the Bill is passed, the Government will allocate more resources still, depending on such factors as the number of additional PIC and the frequency of disciplinary inquiries. Many Members raised the issues of doctor shortage and resources for the public health care system. From the perspective of supply, as I said just now, the number of training places for doctors funded by the University Grants Committee has
increased substantially over the past 10 years, from 250 to 470, representing an increase of 90%. In the next five years, a total of 2,000-plus medical students will become registered medical practitioners. And we will ensure that HA will have sufficient resources to employ all doctors graduated locally. A number of Members also expressed concern about the Licensing Examination administered by MCHK. The number of Licensing Examination has been increased from once a year to twice a year, and flexible arrangements regarding the internship period of assessment have also been made available for non-locally trained doctors with a specialist practising licence. In the past five years, 46 doctors on average have passed the Licensing Examination and completed the internship assessment each year.

I will propose a set of amendments later on, including those concerning the composition of MCHK and its complaint investigation and disciplinary mechanism, as well as some technical amendments. These amendments have been discussed in detail in the Bills Committee and endorsed by members. I hope Members can support these amendments by the Government.

Deputy President, with the passage of the Bill, the number of MCHK members will increase from 28 to 32 in total. In response to the long standing aspirations of the community for greater accountability in and credibility of MCHK, the number of lay members will increase from 4 to 8, boosting the percentage share from about 14% to 25%.

After the passage of the Bill, MCHK can establish more than one PIC and IP and appoint up to 140 assessors, making it possible to handle multiple complaint investigations and inquiries concurrently. We expect MCHK will expeditiously process the backlog of over 700 cases and then have most of the cases that call for an inquiry dealt with within two years. Many Members gave their views just now with the purpose of enhancing the administrative work and mechanism of MCHK. After the Bill is passed, MCHK and the Government will work on this proactively.

Lastly, with the Bill's passage, the validity periods of registration and renewal for limited registration to be approved by MCHK will be extended from not more than a year to not more than three years. We hope more qualified non-locally trained doctors will choose a career in Hong Kong by serving in public health care institutions. Some Members also raised issues relating to other councils, including the Nursing Council of Hong Kong. As a matter of
fact, having published the Strategic Review on Healthcare Manpower Planning and Professional Development in 2017, we will proactively consult the relevant councils and committees on ways to implement the recommendations of the Report and make legislative amendments as and when necessary.

Deputy President, it is imperative for MCHK to keep its composition and operation abreast of the times so as to meet the aspirations of the community. I implore Members to support and pass the Bill. Thank you, Deputy President.

DEPUTY PRESIDENT (in Cantonese): I now put the question to you and that is: That the Medical Registration (Amendment) Bill 2017 be read the Second time. Will those in favour please raise their hands?

(Members raised their hands)

DEPUTY PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

Dr Pierre CHAN rose to claim a division.

DEPUTY PRESIDENT (in Cantonese): Dr Pierre CHAN has claimed a division. The division bell will ring for five minutes.

(While the division bell was ringing, THE PRESIDENT resumed the Chair)

PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.
Mr James TO, Mr Tommy CHEUNG, Prof Joseph LEE, Mr WONG Ting-kwong, Ms Starry LEE, Mr CHAN Hak-kan, Mr CHAN Kin-por, Dr Priscilla LEUNG, Mrs Regina IP, Mr Paul TSE, Ms Claudia MO, Mr Michael TIEN, Mr Steven HO, Mr WU Chi-wai, Mr YIU Si-wing, Mr MA Fung-kwok, Mr Charles Peter MOK, Mr CHAN Chi-chuen, Mr CHAN Han-pan, Mr LEUNG Che-cheung, Mr Kenneth LEUNG, Ms Alice MAK, Dr KWOK Ka-ki, Mr KWOK Wai-keung, Mr Dennis KWOK, Mr Christopher CHEUNG, Dr Fernando CHEUNG, Dr Helena WONG, Mr IP Kin-yuen, Dr Elizabeth QUAT, Mr Martin LIAO, Mr POON Siu-ping, Ir Dr LO Wai-kwok, Mr CHUNG Kwok-pan, Mr Alvin YEUNG, Mr Andrew WAN, Mr CHU Hoi-dick, Mr HO Kai-ming, Mr LAM Cheuk-ting, Mr SHIU Ka-fai, Mr SHIU Ka-chun, Mr Wilson OR, Ms YUNG Hoi-yan, Dr Pierre CHAN, Mr CHAN Chun-ying, Ms Tanya CHAN, Mr CHEUNG Kwok-kwan, Mr LUK Chung-hung, Mr LAU Kwok-fan, Mr Kenneth LAU, Dr CHENG Chung-tai, Mr KWONG Chun-yu, Mr Jeremy TAM, Mr Gary FAN, Mr AU Nok-hin, Mr Vincent CHENG and Mr Tony TSE voted for the motion.

THE PRESIDENT, Mr Andrew LEUNG, did not cast any vote.

THE PRESIDENT announced that there were 58 Members present and 57 were in favour of the motion. Since the question was agreed by a majority of the Members present, he therefore declared that the motion was passed.


Council became committee of the whole Council.

Consideration by Committee of the Whole Council

CHAIRMAN (in Cantonese): Council now becomes committee of the whole Council to consider the Medical Registration (Amendment) Bill 2017 ("the Bill").

Members may refer to the Appendix to the Script for the debate and voting arrangements for the Bill.
MEDICAL REGISTRATION (AMENDMENT) BILL 2017

CHAIRMAN (in Cantonese): I will first deal with the clauses with no amendment. I now propose the question to you and that is: That the following clauses stand part of the Bill.

CLERK (in Cantonese): Clauses 2, 5, 8 to 12, 14 to 17, 19, 20, 21, 25 to 28, 32, 33, 36, 37, 38, 40, 42, 43, 45 to 50, 52, 53, 56 to 62, 64 to 73, 75, 77 and 79.

CHAIRMAN (in Cantonese): Does any Member wish to speak?

DR KWOK KA-KI (in Cantonese): Chairman, the Bill has now entered the Committee stage and the relevant clauses will stand part of the Bill. Chairman, this Council has spent considerable time discussing and considering the amendments, particularly those concerning the two seats for the Hong Kong Academy of Medicine ("HKAM"). However, are the amendments proposed today perfect? I can hardly say so. Chairman, the original intent of the amendments is to manifest professional autonomy. It is also fairer to allow all medical practitioners registered in Hong Kong to elect members of the Medical Council of Hong Kong ("HKMC") on a one-person-one-vote basis. Nevertheless, the Government has all along insisted this is not a feasible method, thereby eventually leading to a so-called compromise proposal, whereby new members will be elected by Fellows of HKAM on a one-person-one-vote basis.

However, Chairman, judging from the Bills Committee's report today, it has not been plain sailing for the Bill. Even the amendments proposed today have gone through quite many twists and turns. Without the efforts made by the various groups in the Bills Committee, particularly young and frontline doctors, to mediate with the Government, I believe the Bill proposed today would definitely look different.

I would also like to say a few words about Dr LEUNG Ka-lau, a former Legislative Council Member. Although he is still being criticized by a lot of people nowadays and facing constant verbal attacks from quite many people, from a macroscopic perspective, he has adopted a rare approach in order to safeguard professional autonomy in Hong Kong. Even functional constituency Members seldom put up such a struggle in this Council.
Today, with the Bill having reached the final stage, we are discussing whether or not the relevant clauses should stand part of the Bill. Through this speech, I hope to remind the Government once again that the story has not yet come to an end. Through the inclusion of the clauses in the Bill and the passage of the Bill after Third Reading, the Government has actually opened up a big, black hole because this is the first time the Government has wielded its knife at professional bodies after the reunification. I have no idea whether more professional bodies and sectors, including lawyers, solicitors, accountants, and so on, will have their influence further undermined by the Government by this approach which appears to pose no significance. This is like the Government employing administrative or legislative means to further clamp down on some educational institutions or other organizations.

(The Chairman's Deputy, Ms Starry Lee, took the Chair)

The developments on the Mainland are actually more or less the same. Prior to 1949, many groups on the Mainland, including medical bodies, enjoyed an independent and clear position. Now, decades on, if we examine the situation on the Mainland, we will find that these groups, whether they belong to the medical or legal profession, have become silent under the one-party rule of our great Motherland. I definitely do not wish to see MCHK and other professionals bodies in Hong Kong manipulated, blackmailed or taken advantage of by the Government for the pursuit of interests, as with the case of the professional bodies on the Mainland. I am now warning the Government against regarding the Bill as a testing case for further restriction on speech and professional autonomy in Hong Kong as well as the democracy and freedom that Hong Kong has yet to enjoy. I will definitely not allow the Government to employ these tactics to further harm medical practitioners as well as other professional bodies.

Deputy Chairman, I do not oppose the clauses standing part of the Bill. Regarding the many more amendments to be proposed, however, I have to point out that the Government has not yet returned to the right track. I so submit.

Ms Alice Mak (in Cantonese): Deputy Chairman, I originally had no intention to speak in this session, but after hearing the speech delivered by the Member just now, I cannot but give a response. He mentioned that Dr Leung
Ka-lau, a former Legislative Council Member, has been under attack all along. I would like to point out that we have been under attack, too. Sometimes, we are even compelled to resort to a tit for tat response.

The doctor-patient relationship is currently very tense. If Members really wish to address the concerns of patients and doctors as well as the entire health care system, they should not have stirred up quarrels again through the debate today. Actually, Members showed great restraint in the previous debate session. A Member pointed out that the Government was meant to wield its knife at doctors through proposing amendments. I really do not understand what he meant. In theory, a doctor will only operate on a patient as and when required for the sake of treating the patient. If what the Member meant is that the Government proposes the amendments to improve certain parts of the Bill which were originally inappropriate or not kept abreast of the times in the hope of offering assistance to patients while safeguarding doctors, I believe this is the original meaning of "wielding its knife at doctors".

Actually, I do not see any need for the Member to mean something else and hence make some irrelevant remarks. The ultimate purpose of the amendments proposed by the Government is to address the concerns of patients and doctors and, through reform, enable doctors under complaint to get an answer expeditiously and patients who lodge complaints to get justice done expeditiously.

Meanwhile, patients who are waiting for medical services in hospitals and doctors who are busy treating patients there will have their pressure alleviated as a result of the provision of additional manpower through the reform. Are those Members who like to exaggerate and politicize everything really acting for the well-being of patients? Members should give it careful consideration.

Deputy Chairman, I support the clauses standing part of the Bill, including extending the validity period of registration of medical practitioners with limited registration from not exceeding one year to not exceeding three years. I think such a move can increase the number of public hospital doctors to serve more patients while enabling patients to enjoy more appropriate and proper services and alleviating the pressure faced by public hospital doctors.

Deputy Chairman, I so submit.
MR TOMMY CHEUNG (in Cantonese): Deputy Chairman, I wish to discuss these several amendments together. Earlier on, I heard Ms Alice MAK say that she could not make no response, and I wish to ask Dr KWOK Ka-ki, who is not present now, who criticized others? I did not criticize former Member, Mr LEUNG Ka-lau. Why did I not criticize him? Because I heeded the advice of former Member, Mr Albert HO, from the Democratic Party. He already said to me last year, "Tommy CHEUNG, if you wish to see the passage of this Bill, you had better shut up, control your temper and smile more." I am grateful to this friend for his advice, and maybe because of this, since 2016, I may have looked more approachable with a softer voice because I have not criticized anyone. Hence, today I am not going to criticize anyone either because we hope the Medical Registration (Amendment) Bill 2017 ("the Bill") will be passed, and I am also glad to see 57 votes in favour of it just now.

Deputy Chairman, let me come back to this amendment. In fact, the amendment relating to the Hong Kong Academy of Medicine ("HKAM") concerns the composition of the Medical Council of Hong Kong ("MCHK"), for which medical practitioners kept bargaining with the Government in the past two years. But as the Deputy Chairman may be aware, the most ridiculous thing is that seven medical practitioners of MCHK are nominated by members of the Hong Kong Medical Association ("HKMA")—its Chinese name unknown to me—while seven others are elected by medical practitioners, actually taking up 14 out of 28 seats in the past. When they complained that appointed seats were different from elected ones, I was also taken aback by the prompt response of the Chief Executive back then. According to the Chief Executive, if that being the case, the two seats of HKAM previously approved and appointed by the Chief Executive would be left in the hand of HKAM instead of being appointed by the Chief Executive, thereby achieving a ratio of 16:16.

Surprisingly though, when we asked HKAM how they were going to handle it, they said they would allow their members to elect two representatives. But it was subjected to a barrage of criticisms by a group of medical practitioners dismissing it as inappropriate. I have really never seen the like of it. Having lived in this world for a few decades, they are still like that. While they see nothing wrong with the appointment of members by their own HKMA, they see something wrong with HKAM doing the same. They opine that elections should be held. HKAM thus queried why it would be necessary to hold elections. Why do they not hold elections themselves? If my memory has not failed me, at that time, their president quit on the grounds that he failed to convince that group
of medical practitioners. While half of the 14 medical practitioner member seats may be nominated by the HKMA Council, they forcefully ask HKAM to hold elections.

Earlier on, Dr KWOK Ka-ki kept saying that the Government would affect their professional autonomy. Certainly, Dr KWOK Ka-ki is also a specialist. But may I know whether the interference with the nomination and election procedures of HKAM by that group of medical practitioners may also be seen as interference with professional autonomy? That is what I think. Nevertheless, while that group of medical practitioners may interfere with HKAM, they consider it wrong for the Government to raise no query about how they are going to handle it. Sometimes, seeing our Honourable colleagues confuse the facts, stand on the moral high ground and point fingers at others like this, I also wonder if they will look into the mirror or play the recorder to listen to what they have said. Certainly, he does not hear my words as he is not present now. In fact, he may not even hear his own words. Hence, even if the Government and the Chief Executive were willing to do it at once back then, they turned it down on such grounds.

In order to allay their concerns, the Government has proposed this amendment today. Why? Because members of HKAM hold that under the established practice, they will nominate two members themselves, so why should they be changed to elected seats? Hence, the amendment proposed by the Government today has converted one of each of the two appointed seats originally held by the Hospital Authority and the Department of Health respectively to two seats held by HKAM, so that the latter will now have two seats to be appointed by its members and two others to be elected. Judging from this, the former and incumbent Chief Executives actually take the same stance on this Bill all the way through, hoping to bring the relevant reform to fruition.

Nevertheless, what does it actually mean by elected members? It sounds nice, which seems that representatives returned by elections will definitely have representativeness and credibility, and that the process is impartial, fair and open. But Members should be mindful. Who are the electors and candidates? Just now, I said that they have got double standards up their sleeves. Now let me say it again. I think they are confusing the facts, always being able to come up with new tactics. Maybe instead of "them", I should say "he", i.e. Dr KWOK Ka-ki. We should know that at meetings of the Bills Committee, Honourable colleagues of medical background have time and again requested a clear account of the
electoral method by the Government and HKAM in order to ensure that the two HKAM representatives are truly elected members. But why does their HKMA not elect members through elections? They have been tight-lipped on it and raised no query at all.

When we take a good look at the composition of MCHK, we will know that the elected members referred to by the medical profession are actually the seven representatives elected by over 10,000 registered medical practitioners in the General Register through "one person, one vote". They are the ones who can truly be regarded as representatives elected by medical practitioners. As to the other seven representatives, let me say it again. Deputy Chairman, as I grow older, sometimes I have to repeat my words. I am also worried that he does not hear me, and as he has the habit of confusing the facts, members of the public will not understand what we are talking about if I do not make any repetition. The other seven representatives are actually elected by members of HKMA themselves. While they often criticize seats in the functional constituencies for being returned by a small-circle election, I do think that their election is actually an ultimate form of small-circle election. As stated by me earlier on, while they target the elections of representatives of HKAM, why do they point fingers at others without reflecting on themselves? Anyway, I think members of the public should open up their eyes and ears, listening carefully to the speeches of such Members returned by geographical constituencies through direct elections. They are even worse than Members returned by functional constituencies representing the trades. I think we should really listen carefully. I know Ms Alice MAK is infuriated because a number of patients and their families cannot see justice done. I do have this question in mind. Are they not living in the New Territories West? How can he still win that many votes? Sometimes I am really baffled.

In fact, speaking of whether elected members can uphold justice without fear or favour and put public interest first, it has actually been called into question. Earlier on, a number of Honourable colleagues mentioned the inquiry report of the General Medical Council of the United Kingdom on a case of professional misconduct by a medical practitioner in 2000, which points out that elected members, being held accountable to their voters, often run the risk of covering each other's back.

As for Hong Kong, there was also a judicial review case concerning MCHK heard in the High Court in October 2015. Judge Kevin ZERVOS, who heard the case, pointed out in his judgment that the then Chairman and Deputy
Chairman of the Preliminary Investigation Committee ("PIC") of MCHK went beyond their powers and duties, attempting to resolve conflicts of evidence during the first screening stage, instead of resolving them by way of inquiry. He also criticized the then Chairman of PIC, Dr CHOI Kin, for not declaring his acquaintance with the interested party, Dr Alvin CHAN, etc. These examples have reflected that elected members may not necessarily have credibility.

We actually have to look at overseas examples. In a bid to better protect public health, there is a global trend away from self-regulation by the medical profession in its own interest towards co-regulation in partnership with the public. Look at the examples of British Columbia of Canada, Australia and New Zealand. Under their regulatory and supervisory frameworks for medical practitioners, the proportion of lay members all stands at 33%, which is even higher than the 25% that the Bill seeks to achieve. And the United Kingdom has gone even further, with a proportion of lay members at 50%.

Hence, I felt glad just now, and Dr Fernando CHEUNG's speeches rarely make me feel this way. As proposed by Dr Fernando CHEUNG, Hong Kong should follow the practice of the United Kingdom, bringing the ratio of medical practitioner members to lay members in MCHK to 16:16, i.e. 50% for each side. Dr KWOK Ka-ki threatened the Secretary earlier on, telling the Secretary and the Government to handle other Bills with caution and not to follow the path of this Bill. Instead of warning the Secretary, I will just give the Government a friendly reminder, that it must not back away from those medical practitioners just because they stand on the moral high ground. In fact, this is only the first step, and things should speed up.

In fact, such a trend is readily comprehensible because we have learnt from experience that it is hard for professionals to exercise self-regulation, making it impossible to accord fair protection to patient interest. As for MCHK, as the regulatory body of medical practitioners in Hong Kong, it has long been unable to shrug off the image of "peers investigating peers" and "doctors covering each other's back". Why is it unable to shrug off such an image? Because the fact is that they do cover each other's back.

Hence, I must tell the Government that the amendment today is just a small step. This is the second time I am repeating it—I like repeating my words in this speech. Dr Fernando CHEUNG and members of the public still have high hopes for the Government's reform of MCHK in future.
Lastly, I wish to talk about the argument advanced by the medical profession about appointed members being an easy target for manipulation by the Government. We should know that as far as the appointed members of MCHK are concerned, the Chief Executive has never appointed anyone other than the nominees of the two Faculties of Medicine or HKAM in making appointments. To put it more bluntly, the Chief Executive may somewhat be likened to a rubber stamp. Over the years, none of the serving Chief Executive has appointed anyone other than the nominees. I find it hard to accept the claim that representatives appointed by the Chief Executive have no credibility.

The addition of three lay members to be elected by patient organizations under this Bill shall also be returned by elections, the appointment of whom is just symbolic. While they will similarly be appointed by the Chief Executive, after consulting patient organizations and relevant stakeholders, Chief Executive Carrie LAM has taken a step further, voluntarily giving up the power to make appointments in response to sound advice tendered. The Chief Executive was still vested with such power in 2016, but now, she is ready to give it up and hand it over to the Permanent Secretary for Food and Health, demonstrating her effort to give us assurances with concrete actions, which is worthy of commendation and support, and such changes even cover a representative of the Consumer Council. For this reason, I think as long as we see and listen carefully, we will know how directly elected Members perform. Fortunately, there is only one among them who has advanced a whole host of fallacious arguments on the Bill. Members must listen carefully.

DR HELENA WONG (in Cantonese): Deputy Chairman, the Democratic Party supports the clauses standing part of the Medical Registration (Amendment) Bill 2017 ("the Bill"). We understand that some medical practitioners or Members are very much concerned about certain issues, such as whether amending the Medical Registration Ordinance will affect professional autonomy. I did not give a detailed explanation in my previous speech. In fact, I think the Secretary should consider another more desirable option: if they truly value professional autonomy so much, the direction for study in the future should be whether the composition of the Hong Kong Medical Council ("MCHK") should be reformed again so as to separate its function of establishing the professional standards and quality of medical practitioners from its function of monitoring medical practitioners and handling complaints of professional misconduct against medical practitioners. It will make the redress mechanism of medical practitioners more
impartial, more independent and more answerable to the public, thereby eradicating the so-called problem of "doctors shielding doctors" arising from medical practitioners handling complaints against themselves. I hope the Secretary will commission a study in this direction.

Moreover, one of the amendments the Bill seeks to make is the term of limited registration of medical practitioners. However, the Food and Health Bureau should pay attention to not only the limited registration of medical practitioners. The Bill has given much more mention to issues relating to medical practitioners, but there are in total 12 types of health care professionals who must register with relevant boards or committees before being qualified for practice. Other than medical practitioners, such 12 types of health care professionals are dentists, pharmacists, nurses, midwives, Chinese medicine practitioners, chiropractors, medical laboratory technologists, physiotherapists, occupational therapists, radiographers and optometrists. Including medical practitioners, the first seven types have their respective independent boards or committees, whereas the remaining five types are governed by their respective boards under the purview of the Supplementary Medical Professions Council in accordance with the Supplementary Medical Professions Ordinance.

The Bill proposes amendments to the proportion of members of MCHK. The Democratic Party still very much hopes that the Food and Health Bureau, after the subsequent passage of the Bill, can conduct a review of the standardization of the existing regulatory authorities of various health care professions and their functions, particularly the method for selecting the chairman of the Supplementary Medical Professions Council, the ratio of professional members to lay members, the Government's role and its weighting, as well as the ratio of appointed members to elected members, etc. Among all the regulatory bodies of health care professions, should the proportion of members representing various professions who are elected by democratic elections be increased?

I am particularly concerned about representation of nurses in MCHK. In the course of the scrutiny of the Bill, there was the view that MCHK should add elected nurse members. However, the nurse sector told me there has never been any nurse representative elected to MCHK. The Food and Health Bureau has similarly never attended to this matter, let alone a review of whether the proportion of members are reasonable or whether the number of elected members is sufficient.
We have spent a lot of time discussing the Bill today. After it is passed and implemented, I very much hope that the Secretary for Food and Health can undertake to review at the same time the composition and proportion of elected members of the regulatory bodies of the other 11 types of health care professions.

I so submit.

DEPUTY CHAIRMAN (in Cantonese): Does any other Member wish to speak?

DR PIERRE CHAN (in Cantonese): Deputy Chairman, I am very grateful to all Honourable colleagues for their participation in the scrutiny of the Medical Registration (Amendment) Bill 2017 ("the Bill") and their support for the resumption of the Second Reading of the Bill. I hope to demonstrate to all Honourable colleagues that at times some politically contentious Bills are not passed after being discussed and voted on in the Legislative Council. Taking the Bill as an example, after the non-passage of its previous version, medical practitioners squared up to it and made a bold move ahead to enable the reintroduction of the Bill into the Legislative Council. I voted for the motion on the Second Reading of the Bill earlier on. I hope we can talk things out. And I also thank all Honourable colleagues for being tolerant and sensible in the discussion.

(THE CHAIRMAN resumed the Chair)

The Bill has three main objectives. The first one is to improve the complaint investigation and disciplinary inquiry mechanism of the Hong Kong Medical Council ("MCHK"). I personally very much subscribe to the use of some methods—including administrative means, an increase in resources or even an amendment to the ordinance—to speed up the inquiry mechanism. But I wish to raise the point that, as the Secretary and Members have repeatedly mentioned, the average duration of processing a complaint is 72 months. I wish to explain to all Honourable colleagues that indeed not all complaints require 72 months to handle. Allow me to illustrate it with numbers. For instance, as per the latest numbers, among 100 complaints, the Preliminary Investigation Committee ("PIC") can complete all the procedures of 90% of cases within 15 months and then give replies to the complainants. The remaining 10 cases, i.e.
10%, upon decision by the Chairman or the Deputy Chairman of PIC for referral, will be considered in an PIC meeting and scheduled for an inquiry. Only 10% of cases will have to endure a prolonged wait. I agree that some cases should be subject to serious handling, but I also hope Honourable colleagues can understand that, as I have pointed out, 90% of cases only take 10 months or so to handle. Not all cases need 72 months to conclude. I hope the Secretary and Members can discern the small inaccuracy in terms of numbers. As I have heard them mention this point repeatedly, I wish to take this opportunity to do some explaining.

The second objective of the Bill is to increase the number of lay members of MCHK. I have mentioned in the previous speech that, as regards the amendment of adding lay members made by Dr Edward LEONG in 1995 and the proposals of the Bill, neither did Dr LEONG, other medical practitioners or myself express opposition. I would like to take this opportunity to give a response. We devoted a lot of efforts to the tripartite talks so as to discuss an acceptable proposal and eventually formulated the improved "AU Yiu-kai" proposal. I would like to thank the Hong Kong Academy of Medicine ("HKAM") for conducting a survey in order to solicit views from its Fellows and treating their views with respect. It decided to have its Fellows nominate and elect medical practitioners as members of MCHK in accordance with its regulations. I hereby thank HKAM and its Council once again.

As regards the election of members by the Hong Kong Medical Association ("HKMA") to MCHK, we touched on this issue in the course of the scrutiny. Between 2016 and 2018, we have been lobbying HKMA to open up the nomination for MCHK membership to all of its medical practitioner members. Subject to the Medical Registration Ordinance, only its Council members can vote in the election. In fact, in the Bills Committee on Medical Registration (Amendment) Bill 2017, I asked the Government if it would propose an amendment of its own accord but the Government replied that the existing regulations would continue. We did bring up this issue, which showed that medical practitioners squared up to difficulties.

On the subject of limited registration of medical practitioners, I wish to explain to all that, in the colonial era, medical practitioners from the Commonwealth practised in Hong Kong. In the past, Commonwealth medical practitioners came to work in Hong Kong from India, the United Kingdom and other places. They still work in Hong Kong and continue to work with us in perfect harmony. However, why do only a hundred or so medical practitioners
with limited registration work in the Hospital Authority ("HA") every year? The answer is simple. Because the work of HA has too much of a Hong Kong characteristic—it is in fashion to say whatever characteristics nowadays—and what is the Hong Kong characteristic? Medical practitioners will participate in overseas visits and exchange trips to Australia, the United Kingdom, the United States and other countries. In the course of it, we have learnt that foreign medical practitioners only render consultations to six or seven patients in three hours of outpatient service, but medical practitioners in Hong Kong have to do so to 25 to 30 patients. It is a fivefold difference. In hospital wards, foreign medical practitioners need only take care of 10 or fewer patients while their counterparts in Hong Kong have to attend to 20 or 30 patients. As regards working hours, foreign medical practitioners work on average 44 hours or less each week whereas frontline medical practitioners in Hong Kong work on average over 60 hours, meaning the working hours of Hong Kong medical practitioners are 50% more than those of foreign medical practitioners. The numbers I have mentioned indicate the intensity of work required of medical practitioners in Hong Kong. As for the reason for fewer foreign medical practitioners working in HA, my take on it is that they have difficulty "acclimatizing". Indeed, it is Hong Kong medical practitioners who are abnormal and we really wish to change the situation. We do not want to spend just three minutes on a consultation for a patient. As a child, I only had three minutes to consult the doctor. Now having become a medical practitioner myself, I still can only spend three to five minutes in a consultation for a patient. I consider the situation in need of improvement.

As medical practitioners, we would do soul-searching. But I hope people can understand that the very characteristic of Hong Kong to strive for efficiency will cause "poor acclimatization" of overseas medical practitioners. I hope people can understand why so few medical practitioners with limited registration work in HA and renew their registration. This is the reason.

I hope all Members will continue to support the motions on clauses of the Bill and the amendments thereto proposed in the committee of the whole Council and the subsequent Third Reading. I so submit.

CHAIRMAN (in Cantonese): Does any other Member wish to speak?

(No Member indicated a wish to speak)
CHAIRMAN (in Cantonese): Secretary for Food and Health, please speak.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Chairman, I thank the five Members, Mr Tommy CHEUNG, Ms Alice MAK, Dr Helena WONG, Dr Pierre CHAN and Dr KWOK Ka-ki, for their views given just now. I would like to make a brief response.

Dr KWOK Ka-ki mentioned the election to be conducted by the Hong Kong Academy of Medicine ("HKAM"). In fact, HKAM has decided, in light of the views of its Fellows, that there will be no precondition for the nomination and election qualifications in respect of the two additional seats for HKAM in the Medical Council of Hong Kong ("MCHK"). I believe HKAM will conduct the election in a fair, just and open manner.

I thank Ms Alice MAK for raising the issue of doctor-patient relationship. I reaffirm that the passage of the Medical Registration (Amendment) Bill 2017 ("the Bill") will be an important milestone in the mending and strengthening of doctor-patient relationship, which hopefully will bring the Government, patients, patients' families and the medical profession to work together in future for the healthy development of Hong Kong's health care system.

As regards professional autonomy, the Bill seeks to enhance the accountability and credibility of MCHK. We thus hope that the passage of the Bill by Members will bring about an MCHK with improved operation, strengthened doctor-patient relationship and benefits to patients, doctors and the health care system of Hong Kong.

Dr Helena WONG and Prof Joseph LEE, who spoke earlier, both raised regulation issues regarding other health care professions. As a matter of fact, in the Report on Strategic Review on Healthcare Manpower Planning and Professional Development published in June last year, we have stated our intention to proactively consult the relevant councils and committees on ways to implement the recommendations in the Report, which obviously will involve some issues of law. We will make the relevant legislative amendments if and when necessary and follow up the recommendations on other aspects made in the Report.
I thank Mr Tommy CHEUNG for stating his expectations for the Government. Other Members also discussed the way forward. Dr Pierre CHAN said that if the Bill was passed, he hoped the Government and MCHK would monitor closely the handling of complaint and inquiry cases, and conduct timely reviews of the relevant mechanism. He also hope that MCHK would further review its administrative measures with a view to better meeting the needs of complainants while ensuring fair treatment for doctors subjected to complaints. Thank you, Chairman.

CHAIRMAN (in Cantonese): I now put the question to you and that is: That the clauses read out by the Clerk stand part of the Bill. Will those in favour please raise their hands?

(Members raised their hands)

CHAIRMAN (in Cantonese): Those against please raise their hands.

(No hands raised)

Dr Pierre CHAN rose to claim a division.

CHAIRMAN (in Cantonese): Dr Pierre CHAN has claimed a division. The division bell will ring for five minutes.

CHAIRMAN (in Cantonese): Will Members please proceed to vote.

CHAIRMAN (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Mr Tommy CHEUNG, Prof Joseph LEE, Mr WONG Ting-kwong, Ms Starry LEE, Mr CHAN Hak-kan, Dr Priscilla LEUNG, Mrs Regina IP, Ms Claudia MO, Mr Steven HO, Mr YIU Si-wing, Mr MA Fung-kwok, Mr Charles Peter MOK, Mr CHAN Chi-chuen, Mr CHAN Han-pan, Mr LEUNG Che-cheung,
Mr Kenneth LEUNG, Ms Alice MAK, Mr KWOK Wai-keung, Mr Christopher CHEUNG, Dr Fernando CHEUNG, Dr Helena WONG, Mr IP Kin-yuen, Mr Martin LIAO, Mr POON Siu-ping, Ir Dr LO Wai-kwok, Mr CHUNG Kwok-pan, Mr Andrew WAN, Mr CHU Hoi-dick, Mr HO Kai-ming, Mr LAM Cheuk-ting, Mr SHIU Ka-fai, Mr SHIU Ka-chun, Mr Wilson OR, Ms YUNG Hoi-yan, Dr Pierre CHAN, Mr CHAN Chun-yung, Mr CHEUNG Kwok-kwan, Mr LAU Kwok-fan, Dr CHENG Chung-tai, Mr KWONG Chun-yu, Mr Jeremy TAM, Mr Gary FAN, Mr AU Nok-hin, Mr Vincent CHENG and Mr Tony TSE voted for the motion.

THE CHAIRMAN, Mr Andrew LEUNG, did not cast any vote.

THE CHAIRMAN announced that there were 47 Members present and 46 were in favour of the motion. Since the question was agreed by a majority of the Members present, he therefore declared that the motion was passed.

CLERK (in Cantonese): Clauses 1, 3, 4, 6, 7, 13, 18, 22, 23, 24, 29, 30, 31, 34, 35, 39, 41, 44, 51, 54, 55, 63, 74, 76, 78, 80, 81 and 82.

New clause 35A section 8 amended (filling of casual vacancy where unexpired period is less than 1 year).

CHAIRMAN (in Cantonese): The Secretary for Food and Health will move her amendments and add a new clause to the Bill, as set out in the Appendix to the Script.

Members may now proceed to a joint debate on the original clauses, the amendments and the proposed new clause.

I will first call upon the Secretary to speak and move her amendments. Upon the conclusion of the debate, committee of the whole Council will first vote on the Secretary's amendments before proceeding to the addition of new clause.

Secretary for Food and Health, you may move your amendments.
SECRETARY FOR FOOD AND HEALTH (in Cantonese): Chairman, I move my amendments to amend clauses 1, 3, 4, 6, 7, 13, 18, 22, 23, 24, 29, 30, 31, 34, 35, 39, 41, 44, 51, 54, 55, 63, 74, 76, 78 and 80, and delete clauses 81 and 82, as set out in the Appendix to the Script.

The amendments to clause 4 and the relevant clauses are proposed having regard to the discussions held by the Bills Committee and the consensus reached upon consultation with the relevant stakeholders.

Firstly, regarding the composition of the Medical Council of Hong Kong ("MCHK"), we propose:

(a) The two seats nominated by the Hong Kong Academy of Medicine ("HKAM") and appointed by the Chief Executive should remain unchanged;

(b) The seats nominated by the Department of Health and the Hospital Authority ("HA") should be reduced to one respectively, with the two seats so vacated being taken up by two members who shall be nominated and elected by Fellows of the Academy of Medicine in accordance with the regulations or procedures of the Academy;

(c) The Director of Health (or his or her representative) and the Chief Executive of HA (or his or her representative) will take up one seat of the Department of Health and HA as ex officio members.

Secondly, an amendment is made so that when the office of a lay member representing patient organizations becomes vacant and the unexpired term of the office is less than one year, the Permanent Secretary for Food and Health (Health) shall, on nomination by any lay member of MCHK, appoint a person who represents the interests of patients to fill the vacancy.

The remaining amendments are technical or textual amendments as well as amendments proposed to the complaint investigation and disciplinary inquiry as well as the transitional arrangements having regard to the views of the Legal Adviser to the Legislative Council.

I implore Honourable Members to support the passage of the amendments.
Proposed amendments

Clause 1 (See Annex I)
Clause 3 (See Annex I)
Clause 4 (See Annex I)
Clause 6 (See Annex I)
Clause 7 (See Annex I)
Clause 13 (See Annex I)
Clause 18 (See Annex I)
Clause 22 (See Annex I)
Clause 23 (See Annex I)
Clause 24 (See Annex I)
Clause 29 (See Annex I)
Clause 30 (See Annex I)
Clause 31 (See Annex I)
Clause 34 (See Annex I)
Clause 35 (See Annex I)
Clause 39 (See Annex I)
Clause 41 (See Annex I)
Clause 44 (See Annex I)
Clause 51 (See Annex I)
Clause 54 (See Annex I)
Clause 55 (See Annex I)

Clause 63 (See Annex I)

Clause 74 (See Annex I)

Clause 76 (See Annex I)

Clause 78 (See Annex I)

Clause 80 (See Annex I)

Clause 81 (See Annex I)

Clause 82 (See Annex I)

CHAIRMAN (in Cantonese): I now propose the question to you and that is: That the amendments moved by the Secretary for Food and Health be passed.

CHAIRMAN (in Cantonese): Does any Member wish to speak?

(No Member indicated a wish to speak)

CHAIRMAN (in Cantonese): I now put the question to you and that is: That the amendments moved by the Secretary for Food and Health be passed. Will those in favour please raise their hands?

(Members raised their hands)

CHAIRMAN (in Cantonese): Those against please raise their hands.

(No hands raised)

Dr Pierre CHAN rose to claim a division.
CHAIRMAN (in Cantonese): Dr Pierre CHAN has claimed a division. The division bell will ring for five minutes.

CHAIRMAN (in Cantonese): Will Members please proceed to vote.

CHAIRMAN (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Mr Tommy CHEUNG, Mr WONG Ting-kwong, Ms Starry LEE, Mr CHAN Hak-kan, Mrs Regina IP, Ms Claudia MO, Mr Steven HO, Mr YIU Si-wing, Mr MA Fung-kwok, Mr Charles Peter MOK, Mr CHAN Chi-chuen, Mr LEUNG Che-cheung, Mr Kenneth LEUNG, Ms Alice MAK, Mr KWOK Wai-keung, Mr Christopher CHEUNG, Dr Helena WONG, Mr IP Kin-yuen, Mr Martin LIAO, Mr POON Siu-ping, Ir Dr LO Wai-kwok, Mr Alvin YEUNG, Mr Andrew WAN, Mr CHU Hoi-dick, Mr HO Kai-ming, Mr LAM Cheuk-ting, Mr SHIU Ka-fai, Mr SHIU Ka-chun, Mr Wilson OR, Ms YUNG Hoi-yan, Dr Pierre CHAN, Mr CHAN Chun-yiing, Mr CHEUNG Kwok-kwan, Mr LAU Kwok-fan, Dr CHENG Chung-tai, Mr KWONG Chun-yu, Mr Jeremy TAM, Mr Gary FAN, Mr AU Nok-hin, Mr Vincent CHENG and Mr Tony TSE voted for the amendments.

THE CHAIRMAN, Mr Andrew LEUNG, did not cast any vote.

THE CHAIRMAN announced that there were 42 Members present and 41 were in favour of the amendments. Since the question was agreed by a majority of the Members present, he therefore declared that the amendments were passed.

MS STARRY LEE (in Cantonese): Chairman, I move that in the event of further divisions being claimed in respect of any provisions of or any amendments to the Medical Registration (Amendment) Bill 2017, this committee of the whole Council do proceed to each of such divisions immediately after the division bell has been rung for one minute.
CHAIRMAN (in Cantonese): I now propose the question to you and that is: That the motion moved by Ms Starry LEE be passed.

CHAIRMAN (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

CHAIRMAN (in Cantonese): Those against please raise their hands.

(No hands raised)

CHAIRMAN (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the motion passed.

I order that in the event of further divisions being claimed in respect of any provisions of or any amendments to the Medical Registration (Amendment) Bill 2017, this committee of the whole Council do proceed to each of such divisions immediately after the division bell has been rung for one minute.

CHAIRMAN (in Cantonese): As the amendments to delete clauses 81 and 82 have been passed by committee of the whole Council, clauses 81 and 82 are deleted from the Bill.

CLERK (in Cantonese): Clauses 1, 3, 4, 6, 7, 13, 18, 22, 23, 24, 29, 30, 31, 34, 35, 39, 41, 44, 51, 54, 55, 63, 74, 76, 78 and 80 as amended.

CHAIRMAN (in Cantonese): I now put the question to you and that is: That the clauses as amended read out by the Clerk just now stand part of the Bill. Will those in favour please raise their hands?

(Members raised their hands)
CHAIRMAN (in Cantonese): Those against please raise their hands.

(No hands raised)

CHAIRMAN (in Cantonese): I think the question is agreed by a majority of the Members present. I declare the motion passed.

CHAIRMAN (in Cantonese): Secretary for Food and Health, you may move the Second Reading of the new clause.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Chairman, I move the Second Reading of new clause 35A, as set out in the Appendix to the Script.

CHAIRMAN (in Cantonese): I now propose the question to you and that is: That new clause 35A be read the Second time.

CHAIRMAN (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

CHAIRMAN (in Cantonese): Those against please raise their hands.

(No hands raised)

CHAIRMAN (in Cantonese): I think the question is agreed by a majority of the Members present. I declare the motion passed.

CLERK (in Cantonese): New clause 35A.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Chairman, I move that new clause 35A be added to the Bill.
**Proposed addition**

**New clause 35A (See Annex I)**

**CHAIRMAN** (in Cantonese): I now propose the question to you and that is: That new clause 35A be added to the Bill.

**CHAIRMAN** (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

**CHAIRMAN** (in Cantonese): Those against please raise their hands.

(No hands raised)

**CHAIRMAN** (in Cantonese): I think the question is agreed by a majority of the Members present. I declare the motion passed.

**CHAIRMAN** (in Cantonese): All the proceedings on the Medical Registration (Amendment) Bill 2017 have been concluded in committee of the whole Council. Council now resumes.

Council then resumed.

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese): President, I now report to the Council: That the Medical Registration (Amendment) Bill 2017 has been passed by committee of the whole Council with amendments. I move the motion that "This Council adopts the report".
PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by the Secretary for Food and Health be passed.

In accordance with Rule 59(2) of the Rules of Procedure, the motion shall be voted on forthwith without amendment or debate.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority of the Members present. I declare the motion passed.

Third Reading of Government Bill


MEDICAL REGISTRATION (AMENDMENT) BILL 2017

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I move that the Medical Registration (Amendment) Bill 2017 be read the Third time and do pass.

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the Medical Registration (Amendment) Bill 2017 be read the Third time and do pass.

Does any Member wish to speak?
MR TOMMY CHEUNG (in Cantonese): President, coming to Third Reading, I would like to recap the history of the Medical Registration (Amendment) Bill 2017 ("the Bill"). As I have said time and again, the Bill is what we have repeatedly called for. After going through the twists and turns with painstaking efforts, it overcame all obstacles and could finally come to light for discussion, scrutiny and then Third Reading today.

Actually, as early as in 2001, the Medical Council of Hong Kong ("MCHK") already set up the Working Group on Reform of the Medical Council …

(There were noises from some Members)

PRESIDENT (in Cantonese): Will Members please keep quiet.

MR TOMMY CHEUNG (in Cantonese): … and proposed a reform. Many of the views were similar to the Bill today and gained the approval of the then Health and Welfare Bureau. However, since the Secretary was replaced in 2005, the Government abruptly changed its tune and called a halt to the reform proposal.

I wish to point out that before I proposed my private Member's Bill, the Liberal Party and the Democratic Party had joined hands in 2013 and 2014. Four of our former colleagues, namely, Ms Emily LAU, Mr Albert HO, Mr James TIEN and Mr Vincent FANG, held a lot of views on the shortage of doctors in the whole public health care system. Issues relating to the handling of complaints and inquiries were also included. At that time we jokingly called it "the Liberal Democratic Federation", that is, the Liberal Party plus the Democratic Party. They sat down together and discussed how the two Parties could work together to present a proposal for alleviating the shortage of doctors. They also met with a lot of government officials and departments and held discussions with them.

At that time I did not make any participation because my daughter and son-in-law were considering returning to Hong Kong. Both of them questioned why they could not return to Hong Kong for practice. The four former Members started to address this matter, wrote a detailed report and took follow-up actions.
In 2015, having just finished my term as Chairman of the Finance Committee, I got more spare time and would not be dragged into any more filibusters. During the summer recess, I asked my two assistants if I could draw up a private Member's Bill—I thought I could finish it quickly—I originally intended to pass this private Member's Bill to "the Liberal Democratic Federation" after finishing it and see how they would handle it. Having served as a Member for 15 years, I had never drafted any private Member's Bill before. I had no idea of its complexity. Eventually, we also needed to seek assistance from a Law Draftsman to see whether this private Member's Bill was in order.

So, I started to work in July and finished the drafting in November. I need to thank that Law Draftsman. I heard that it was near her expected delivery date at that time, but she completed the relevant work for me in time before her maternity leave.

After my colleagues and I had finished this private Member's Bill, I wanted to refer it to the Liberal Party and the Democratic Party for discussion, but then I read from the timetable that the Panel on Health Services would hold its meeting on the following Monday or Tuesday. I was worried that if I did not hurry to submit it to the Panel on Health Services for discussion, it would be delayed for another month. For this reason, without discussing with the four former colleagues, I obtained the consent of Prof Joseph LEE, the then Chairman of the Panel on Health Services, to include my private Member's Bill in the agenda for discussion.

After this private Member's Bill was submitted, no Honourable colleague voiced any objection. Only former Members, Mr Albert HO and Ms Emily LAU, wondered why I did not adhere to their agreement to let the Democratic Party put forward the proposal. Apart from tendering my apologies, now I can only say sorry. Moreover, I really did not know that it would take such a long time to draft a private Member's Bill. I simply wished to submit this private Member's Bill to the Legislative Council in time. Certainly, the then President of the Legislative Council also considered it acceptable and placed it on the Agenda. I believe that after the former Chief Executive, Mr LEUNG Chun-ying, and former Chief Secretary for Administration, Mrs Carrie LAM, had seen it, they both shared the view that a Bill should be introduced by the Government.

In fact, my private Member's Bill was really prepared …
MR TOMMY CHEUNG (in Cantonese): I have almost finished my speech. At the beginning, my private Member's Bill only proposed the addition of lay members. But the Government raised two more points and came up with the Bill which we see today.

I also wish to thank my former colleague, Mr Vincent FANG, who promptly and efficiently completed the first complex scrutiny in 2016. This time my scrutiny work was much easier because he had already dealt with a number of difficulties. But unfortunately, something happened, and the previous Bill could not be passed in time in July. It only passed the Second Reading, and the examination could not be completed.

Here I also wish to thank Mr Patrick NIP. I have asked if he would be present today. This is the fruit of his hard work because last year, acting as the convenor of the Tripartite Platform, he spent much time on this matter.

President, the whole process was by no means easy. After spending some 10 to 20 years, we have just taken a small step forward.

In fact, many representatives of doctors and organizations have raised a lot of questions and concerns. We often heard them say they were worried that their professional autonomy would be undermined. However, I cannot see how it would be undermined.

The functions of MCHK include handling registration of doctors, holding Licensing Examinations and upholding doctors' professional ethics, professional standards and discipline. Although it is subject to regulation in law, the direction of development of these policies and the initiative, to a greater or lesser extent, still rest with MCHK. Hence, given that medical practitioners still account for the majority among the members of MCHK, the doctors' worry about their professional autonomy being undermined is only a false proposition.

As we all know, many problems still exist in MCHK or Hong Kong's health care system. Members of the public still hold expectations on the Government, including continuous promotion of more reforms of MCHK, raising
the efficiency and credibility of the inquiries of MCHK, reducing the possibility of doctors harbouring each other, and admitting more overseas doctors to Hong Kong.

After all, the duty of MCHK is not merely to protect the interests of doctors. Rather, it monitors doctors on behalf of the public to ensure that the health care standard in Hong Kong will not fall and the health care services can meet public needs. The Liberal Party and I urge the Government to continue the relevant work. Today we have only taken a small step. We still need to make a big stride forward. Many Honourable colleagues have already mentioned this point today. I hope that after the passage of the Bill, the Government can expeditiously respond to the public aspirations and introduced more targeted and comprehensive reforms and policies.

With these remarks, President, I support the Third Reading.

MS ALICE MAK (in Cantonese): President, Mr Tommy CHEUNG has talked about some of the history of the Medical Registration (Amendment) Bill 2017 (the Bill) just now. I remember that at that time, at a meeting of the relevant Panel, when Mr Tommy CHEUNG proposed his private Bill, no one actually pointed out what was wrong with the Bill and all people said they would support it. However, subsequently, for some reasons unknown, and I wonder if it was for political reasons or some other reasons, although the Bill was ultimately adopted by the Government as a Government Bill, so as to make amendments, it could not be passed in the last Legislative Council because of filibustering, so patients and patient organizations had to wait for two more years.

This time, we are able to reach the Third Reading stage and we can see that actually, in the deliberation, in particular, in the Bill, an enormous concession was made. We can see that on the proportions of medical practitioner members, elected members and appointed members, the Government has made a great concession.

Some people talk about defending professional autonomy all the time and believe that the amendments proposed in the past would affect professional autonomy. However, even if the original proposal were adopted, the composition of MCHK would still comprise overwhelmingly of medical practitioners, so I cannot help but ask those people why they think only elected
doctors would help doctors, whereas those appointed doctors would not help doctors? Alternatively, why do some people think that the additional lay members added this time around will surely sacrifice patients' interests, sacrifice the health care profession and lower professional standards for the sake of helping the Government? In fact, I find such a rationale really baffling. All that I can think of is whether or not they have a hidden agenda, whether their ulterior agenda or goal is to protect their own profession or trade, or there are other political motives. When they do this sort of thing, do they have patients' interest in mind?

In fact, in the debate earlier on—this time, it was conducted much faster than I had expected—when it came to this amendment …

PRESIDENT (in Cantonese): Ms Alice MAK, I wish to remind you that Council is having the Third Reading debate. You should only state if you support the Third Reading of the Bill, rather than continue with the debate on the Second Reading or the debate in committee of the whole Council. Please come back to the question and state why you support or oppose the Third Reading of the Bill.

MS ALICE MAK (in Cantonese): President, I was just about to tell you that we support the Third Reading but think that the Bill is still not good enough. Why is it not good enough? Because as I said just now, in terms of the system, be it the appeal mechanism, the complaints mechanism for patients or its transparency or the proportion of lay members to medical practitioner members, it still lags behind other professional regulatory bodies throughout the world. For this reason, we believe if the Bill passes the Third Reading later on, we hope the Government could conduct a review properly and as soon as possible. We hope MCHK can align more closely with similar professional regulatory bodies in other countries in respect of the proportion of lay and medical practitioner members, and put in place an appeal mechanism for patients.

As I said earlier on, for patients' sake, we will surely support the Third Reading this time around, one of the reasons being that after the Bill has passed through Third Reading and the relevant amendments are made, the efficiency of the mechanism for handling relevant complaints will be enhanced. It is also hoped that in this way, not only patients but doctors will also be helped because after complaints are lodged against doctors, they have to wait for a long time
before they are informed of the outcome, so this is some sort of torment to them. For this reason, I will support the Third Reading this time around and hope that after the amendments in the Bill have been passed, the Government can really further reform MCHK actively and introduce reforms to the various compositions mentioned by me just now, that is, the composition of members as well as the proportion between medical practitioner members and lay members, and establishment of appeal mechanisms.

The Government must also conduct a review actively to see how effective changing the registration period for doctors with limited registration from one year to three years is in attracting overseas doctors to practise in Hong Kong, so as to ease the work pressure of frontline doctors.

I also hope that the Government and the Hospital Authority can continue to have discussions with MCHK and doctors' groups on the supply of doctors and how, given the unsatisfactory distribution of resources, the system of medical practitioners with limited registration can be utilized to ease the pressure on public health care services.

Lastly, I wish to say that after the debates in the past few years, if you ask me whether or not the relationship between doctors and patients has really become strained, I would say it is. For this reason, we hope that after we have lent our support to the Third Reading and amendments have been made to the law, the Government will also start doing something to promote communication among various parties and ease the strained relation between doctors and patients. I also hope that after the Bill has passed Third Reading and the amendments passed this time around, no matter what arguments we have had because of the Bill, we should set them aside and continue to study how we can strive together for the long-term benefits of patients and for the reform and improvement of the entire health care system.

President, I will support the Third Reading of the Bill and also hope that after its passage through Third Reading, the Government can continue to reform the relevant system. Thank you, President.

DR PIERRE CHAN (in Cantonese): President, I rise to speak and call on Honourable Members to support the Third Reading of the Medical Registration (Amendment) Bill 2017 ("the Bill"). I would also like to make use of the
remaining limited room for speaking up in this Council to say a few words on some of my observations and views on the amendments proposed by the Government to the Bill.

I will begin by quoting the response made by the Government in June last year to the Committee stage amendments ("CSAs") proposed by Dr LEUNG Ka-lau as a representative of the Medical Constituency at that time. After looking up the Legislative Council paper CB(2)1629/15-16(02), I noted the Government had indicated clearly that it found the two CSAs, i.e. the "4+4" CSA and the "6+6" CSA, unacceptable. In addition, it reiterated that the intent of the Bill was to make it clear for medical assessors to participate in inquiries and ensure that there would be balanced participation in the inquiries, with a view to enhancing the openness, credibility and transparency of the inquiries.

The medical profession holds that increasing the number of assessors could already expedite the processing of complaint cases and achieve the purpose of the amendments without the need to add four lay persons. Though the last-term Government hoped to enact the piece of legislation within six months, it was actually impossible to do so. There was strong opposition from the Medical Council of Hong Kong ("MCHK") to the remark made by Dr KO Wing-man, former Secretary for Food and Health, that the purpose of adding four lay persons was to enhance the credibility of MCHK, since such a move was considered contrary to its professional autonomy and its objective of safeguarding patients' interests. Shortly afterwards, many newspaper commentaries defined remarks contrary to the Government's stance as "doctors covering doctors' back" or "protectionism", thereby shattering medical practitioners' ambition of rescuing people in distress and causing serious damage to the relationship between doctors and patients. As the saying goes, "the falling of one leaf heralds autumn". At that time, a number of professional bodies soon realized the effect of cooking frogs in lukewarm water and so they joined medical groups in a sit-in protest outside the Legislative Council. It is really distressing to see a situation without any winners due to the failure of the Government to strive to improve the situation of MCHK.

At that time, some people intentionally drew a line between professional autonomy and public interest, saying the former cannot override the latter and describing the former as a scourge. I must point out that doctors have to uphold professional autonomy in order to protect patients' interests and public interests. They can actually coexist.
Subsequently, the medical profession, patient organizations and Legislative Council Members set up a Tripartite Platform in pursuit of the greatest common factor to allow changes to be made. Meanwhile, the new Government proposed a "2.0" Bill and made a limited concession, whereby two appointed members will be elected by the Hong Kong Academy of Medicine so that elected members and appointed members comprise half of the membership each. In the absence of a democratic institution, we understand that we should eat the food bite by bite and proceed step by step. This explains why we accept this proposal offering "limited concession".

As regards the Government's proposal for extending the validity period of limited registration, I have presented the data of past surveys and raised questions repeatedly. For instance, more than 90% of the overseas doctors applying to serve in the Hospital Authority have fallen short of the standard …

PRESIDENT (in Cantonese): Dr Pierre CHAN, I have to remind you that in this Third Reading debate, Members can only state whether or not they support the Third Reading of the Bill, but you are now repeating the remarks made during the Second Reading debate and the committee.

DR PIERRE CHAN (in Cantonese): President, I will finish as soon as possible.

PRESIDENT (in Cantonese): Dr CHAN, please refrain from repeating your arguments.

DR PIERRE CHAN (in Cantonese): I know, but the Government has failed to identify the crux of the question.

During the fight against the Severe Acute Respiratory Syndrome outbreak in Hong Kong in 2003, no one was seen fleeing from public hospitals. Some doctors even died in the course of duty while rescuing people in distress. Now, 15 years on, my colleagues in the medical profession remain the same and bear in mind their original sense of mission of assuring the well-being of patients.
Lastly, I have to thank various medical organizations, including the Hong Kong Medical Association, Hong Kong Public Doctors' Association, Hong Kong Doctors Union, Frontline Doctors' Union, Médecins Inspirés, Government Doctors' Association, as well as Lumos and Eramedics, which comprise the medical students of the two universities in Hong Kong, for working tirelessly in the past year to tell the Government, Members and stakeholders in different sectors of the community the merits and demerits of the amendments. Meanwhile, on behalf of my colleagues, I sincerely thank the pan-democrat Members and their assistants who offered me a helping hand by fulfilling their duty of speaking up for the people in public interest and pursuance of procedural justice. I also have to thank open-minded colleagues from the pro-establishment camp for listening to dissenting views and joining hands in finding feasible options to resolve conflicts in society.

I hope the Government, Members from various parties and groupings and people from all walks of life can continue to support doctors and protect patients, as well as making concerted efforts to develop Hong Kong into a health-conscious city.

With these remarks, I support the Third Reading of the Bill.

MR DENNIS KWOK (in Cantonese): President, I would like to make a brief speech. First of all, we support the Third reading of the Medical Registration (Amendment) Bill 2017 ("the Bill"). But why do I have to make some brief comments? Just now Dr CHAN mentioned the point about professional autonomy. In fact, to many professional sectors, professional autonomy is crucial and a principle fully embraced by us.

We support the passage of the amendments to the Bill, but it does not mean that we have given up on the importance of professional autonomy. The legal profession is also a professional sector with professional autonomy. We understand that we can enjoy professional autonomy because we have the trust of the Legislative Council and various sectors of the community, and this has enabled us to uphold this most important principle. And, it is indeed necessary to secure the trust of the public in order for us to have professional autonomy. Therefore, when complaints lodged by the public against lawyers or doctors are handled by the professional sectors, we must discharge our duty because with rights come obligations; and with rights comes responsibilities, and our
responsibility is to handle all the complaints lodged by the public or users against the professional sectors fairly, impartially, expeditiously and efficiently. We have this responsibility towards the public.

Therefore, President, we will vote in support of the Third Reading of the Bill. Having said that, we must make it clear at the same time that the principle of professional autonomy is most important, but while enjoying professional autonomy, the professional sectors must bear responsibilities. I hope that after the reform, the Medical Council of Hong Kong ("MCHK") can truly listen to the dissatisfaction expressed by many people and patients with the mechanism of complaints against medical practitioners over the years, and with the passage of so many years, indeed a large number of complaints have been accumulated. I hope that this reform can really bring hope to these complaints which have piled up for ages and improve the existing complaint mechanism of MCHK.

President, I so submit.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands.

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

Dr Pierre CHAN rose to claim a division.

PRESIDENT (in Cantonese): Dr Pierre CHAN has claimed a division. The division bell will ring for five minutes.
PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Mr James TO, Mr Tommy CHEUNG, Prof Joseph LEE, Mr WONG Ting-kwong, Ms Starry LEE, Mr CHAN Hak-kan, Ms Claudia MO, Mr Steven HO, Mr MA Fung-kwok, Mr Charles Peter MOK, Mr CHAN Chi-chuen, Mr CHAN Han-pan, Mr LEUNG Che-cheung, Mr Kenneth LEUNG, Ms Alice MAK, Dr KWOK Ka-ki, Mr KWOK Wai-keung, Mr Dennis KWOK, Dr Helena WONG, Mr IP Kin-yuen, Dr Elizabeth QUAT, Mr POON Siu-ping, Ir Dr LO Wai-kwok, Mr CHUNG Kwok-pan, Mr Alvin YEUNG, Mr Andrew WAN, Mr CHU Hoi-dick, Mr HO Kai-ming, Mr LAM Cheuk-ting, Mr SHIU Ka-chun, Mr Wilson OR, Ms YUNG Hoi-yan, Dr Pierre CHAN, Mr CHAN Chun-ying, Mr CHEUNG Kwok-kwan, Mr LUK Chung-hung, Mr LAU Kwok-fan, Dr CHENG Chung-tai, Mr KWONG Chun-yu, Mr Jeremy TAM, Mr Gary FAN, Mr AU Nok-hin, Mr Vincent CHENG and Mr Tony TSE voted for the motion.

THE PRESIDENT, Mr Andrew LEUNG, did not cast any vote.

THE PRESIDENT announced that there were 45 Members present and 44 were in favour of the motion. Since the question was agreed by a majority of the Members present, he therefore declared that the motion was passed.


SUSPENSION OF MEETING

PRESIDENT (in Cantonese): I now suspend the meeting until 9:00 am tomorrow.

Suspended accordingly at 7:26 pm.
Annex I

Medical Registration (Amendment) Bill 2017

Committee Stage

Amendments moved by the Secretary for Food and Health

<table>
<thead>
<tr>
<th>Clause</th>
<th>Amendment Proposed</th>
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<tbody>
<tr>
<td>1(3)(b)</td>
<td>By deleting “4(25)” and substituting “4(27)”</td>
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<tr>
<td>3</td>
<td>By adding—</td>
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<td>“(1A) Section 2(1), definition of Secretary—</td>
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<td></td>
<td><strong>Repeal</strong></td>
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<td>“section 3B”</td>
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<td><strong>Substitute</strong></td>
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<td>“section 3B(1)”.”</td>
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<tr>
<td>3(2)</td>
<td>By adding in alphabetical order to the proposed definitions—</td>
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<td>“Fellow (院士) has the meaning given by section 2 of the Hong Kong Academy of Medicine Ordinance (Cap. 419);</td>
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<td>**Permanent Secretary (常任秘书长) means the Permanent Secretary for Food and Health (Health);” .”</td>
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<td>4</td>
<td>By adding—</td>
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<td>“(1A) Section 3(2)—</td>
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<td><strong>Repeal paragraph (c)</strong></td>
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<td></td>
<td><strong>Substitute</strong></td>
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<td></td>
<td>“(c) the Director, or his or her representative, as ex officio member (<em>ex officio member</em>);”.</td>
</tr>
<tr>
<td>1B</td>
<td>Section 3(2)—</td>
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<td></td>
<td><strong>Repeal paragraph (db)</strong></td>
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<td><strong>Substitute</strong></td>
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<td></td>
<td>“(db) the Chief Executive of the Hospital Authority, or his or her representative, as ex officio member;”.”</td>
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</tbody>
</table>
By deleting subclause (4) and substituting—

“(4) After section 3(2)(h)—

Add

“(ha) 2 registered medical practitioners who are Fellows nominated and elected by Fellows in accordance with the regulations or procedures of the Academy of Medicine;”.”.

By deleting subclause (6) and substituting—

“(6) Section 3(3)—

Repeal

“(2)(c), (d), (da), (g) or (h) shall hold office for a period of”

Substitute

“(2)(d), (da), (g) or (h) holds office for”.”.

In the proposed section 3(3AA), by adding “or (ha)” after “subsection (2)(ga)”.

By deleting the proposed section 3(3AAC).

In the proposed section 3(3A), by deleting “or elected to fill a vacancy caused by a person ceasing to be a member in accordance with subsection (4) or (6A)”.

In the proposed section 3(3AB), by deleting “(2)(h)” and substituting “(2)(ha)”.

By adding—

“(10A) Section 3(4), after “Council”—

Add

“who is not an ex officio member”.”.

In the proposed section 3(5AA)(b), by deleting “Council must, as soon as possible, on the nomination of any lay member of the Council, appoint a person who, in its opinion” and substituting “Permanent Secretary must, as soon as possible, on the nomination by any lay member of the Council, appoint a person who, in the opinion of the
Permanent Secretary”.

4(11) By adding—

“(5AAB) A member elected or appointed to fill a vacancy under subsection (5AA) holds office from the date of election or appointment until the end of the unexpired term.”.

4(12) By deleting the proposed section 3(5AAB).

4(12) In the proposed section 3(5AAE), by deleting “(2)(h)” and substituting “(2)(ha)”.

4 By deleting subclause (17) and substituting—

“(17) Section 3(5B)(b)—

Repeal

“of any member of the Council”

Substitute

“by any member of the Council who is a registered medical practitioner”."

4 By adding—

“(19A) Section 3(6), after “by the Chief Executive”—

Add

“, or any ex officio member”.”.

4(22) By deleting “appointed by the Chief Executive” and substituting “described in subsection (6)”.

4(27) In the proposed section 3(9), by deleting “office under subsection (2)(ga), (gb), (h) or (i)” and substituting “an office in the Council described in subsection (2)(ga), (gb), (ha), (i) or (j)”.

6 By adding—

“(1A) After section 3C(1)—

Add

“(1AA) If any member of the Council described in section 3(2)(ga) is, because of illness, absence from Hong Kong
or any other reason, unable to perform the member’s duties and exercise the member’s powers for any period, the Permanent Secretary may appoint another person who is suitably qualified for appointment under section 3(2) (not being one who is disqualified from holding office under section 3 or who has been removed from office under that section) to be a temporary member of the Council in the place of the member during that period.”.”.

6 By deleting subclause (2) and substituting—

“(2) Section 3C(1A)—

Repeal

everything after “If any” and before “for any”

Substitute

“member of the Council described in section 3(2)(gb), (ha), (i) or (j) is, because of illness, absence from Hong Kong or any other reason, unable to perform the member’s duties and exercise the member’s powers”.

(3) After section 3C(1A)—

Add

“(1B) In subsections (1), (1A) and (1A), a reference to any member of the Council includes a person who is appointed, nominated or elected under section 3 to fill a vacancy in the office of the Council.”.”.

7 By adding—

“(1A) Section 4(3), after “appointment”—

Add

“, nomination or election”.”.

13 In the proposed section 20BD(3)(c), in the English text, by adding a comma after “bankrupt”.

18(4) In the Chinese text, by deleting “Preliminary” and substituting “Preliminary”.

22 By deleting the proposed section 20X(1) and substituting—

“(1) The Council must appoint an inquiry panel for the inquiry of a
case if—

(a) the Council receives a notification under section 20T(2A) informing the Council of a Preliminary Investigation Committee’s decision to refer the case to an inquiry panel; or

(b) the Court of Appeal remits the case to the Council under section 26(1A)(b)(ii).”.

22 By deleting the proposed section 20X(5)(a) and (b) and substituting—

“(a) the inquiry panel has decided to make an order referred to in section 21(1); but

(b) the order has not yet been issued.”.

23(2) By adding “or any case remitted by the Court of Appeal,” after “section 33.”.

23(30) By adding—

“(4CB) Subsection (4CA) does not apply if, when the vacancy occurs because of the circumstances mentioned in that subsection, the inquiry panel—

(a) has made a determination under subsection (4D)(a); but

(b) has not yet announced the determination under subsection (4D)(b).”.

23 By deleting subclause (31) and substituting—

“(31) Section 21—

Repeal subsection (4D)

Substitute

“(4D) On a review by an inquiry panel under subsection (4B), the panel must—

(a) make a determination as to any decision or order made in the inquiry by affirming, varying or revoking it; and

(b) announce the determination.”.

24(2) By deleting “, (b) and (c)” and substituting “and (b)”.
24 By adding—

“(3) Section 21A(1)—

Repeal paragraph (c)

Substitute

“(c) make an order referred to in paragraph (a) or (b) but suspend its application, subject to the conditions that the Council thinks appropriate, for a period, or periods in the aggregate, not exceeding 3 years;”.

(4) Section 21A(1)(d)—

Repeal

“any such order as aforesaid and further order that such”

Substitute

“an order referred to in paragraph (a) or (b) and further order that the”.

(5) Section 21A(3)—

Repeal

“(b) or (c)”

Substitute

“or (b)”.

29 By deleting subclause (2) and substituting—

“(2) Section 25—

Repeal subsection (1A)

Substitute

“(1A) If an inquiry panel makes an order under section 21(1)(v), the Registrar must immediately serve the order, together with the warning letter, on the registered medical practitioner concerned, either personally or by registered post addressed to the practitioner’s registered address.”.”.

30(4) In the proposed section 26(1A)(b)(i), by adding “(old panel)” after “panel”.

30(4) In the proposed section 26(1A)(b)(ii), by adding “(new panel)” after “panel”.

By adding—

“(5A) Section 26(3), proviso, after “25(1)”—

Add

“or (1A)”.”.

30(6) In the proposed section 26(6), by deleting everything after “subsection” and substituting—

“(1A)(b)(ii) (new inquiry), the validity of the proceedings before the new panel is not to be called into question only because—

(a) a member of the old panel who was present at the former inquiry is not present at the new inquiry; or

(b) a member of the new panel who is present at the new inquiry was not present at the former inquiry.”.

31(3) In the proposed section 33(3A), by deleting “for Food and Health (Health)”.

31 By deleting subclause (7) and substituting—

“(7) Section 33(4)(a)—

Repeal subparagraph (viii)

Substitute

“(viii) inquiries held by the Council or an inquiry panel;”.”.

34 In the proposed Schedule 5, in the English text, in Table 2, in item 6, in Column 2, by deleting “Hong Kong” and substituting “The Hong Kong”.

34 In the proposed Schedule 6, in section 1, by deleting the definitions of pre-amended Ordinance and pre-amended Regulation.

34 In the proposed Schedule 6, in section 1, by adding in alphabetical order—

“pre-amended Disciplinary Regulation (《原有紀律處分規例》) means the Medical Practitioners (Registration and Disciplinary Procedure) Regulation (Cap. 161 sub. leg. E) as in force immediately before the commencement;
pre-amended Electoral Regulation (《原有選舉規例》) means the Medical Practitioners (Electoral Provisions) (Procedure) Regulation (Cap. 161 sub. leg. B) as in force immediately before the commencement;

pre-amended Ordinance (《原有條例》) means this Ordinance as in force immediately before the commencement.”.

In the proposed Schedule 6, by deleting section 2 and substituting—

“2. Filling vacancy in office of member of Council under section 3(5B)(b) of pre-amended Ordinance

If, immediately before the commencement, the Secretary has sent an invitation under section 8 of the pre-amended Electoral Regulation, then section 3(5B)(b) of the pre-amended Ordinance and section 8 of that Regulation continue to apply in relation to a nomination of candidate made pursuant to the invitation.”.

In the proposed Schedule 6, in section 5(1)(a), by deleting “pre-amended Regulation” and substituting “pre-amended Disciplinary Regulation”.

In the proposed Schedule 6, in section 5(1)(b), by deleting “, a decision” and substituting—

“—

(i) a decision”.

In the proposed Schedule 6, in section 5, by deleting everything after “direct that it be” and before subsection (3) and substituting—

“investigated further under section 6(3), (4) or (5) of the pre-amended Disciplinary Regulation;

(ii) the chairman or the deputy chairman of the former PIC has directed that the existing case be referred to the former PIC under section 9(1) or 10(1) of the pre-amended Disciplinary Regulation for its consideration (existing direction), and a decision has not yet been made under section 11(8) or (9) of that Regulation in respect of the existing case; or

(iii) the Chairman has, under section 15(1) of the pre-amended Disciplinary Regulation, referred the existing case back to the former PIC for further consideration, and a decision has not yet been made under section 11(8) or (9) of that Regulation in
In the proposed Schedule 6, in section 5(5), by deleting “section 20S(1), (1A), (2)” and substituting “sections 20BA(5) and 20S(1), (1A), (2), (2A)”.

In the proposed Schedule 6, in section 5(5), by deleting “, apply to and” and substituting “, apply”.

In the proposed Schedule 6, in section 5(5)(b), by deleting “to and”.

In the proposed Schedule 6, in section 5(8), by deleting “Section 20S(1), (2), (3) and (5) of the pre-amended Ordinance applies to and in relation to the deemed PIC as if that section” and substituting “Sections 20BA(5) and 20S(1), (2), (3) and (5) of the pre-amended Ordinance apply in relation to the deemed PIC as if those sections”.

In the proposed Schedule 6, in Part 3, by adding—

“5AA. Referral of existing cases back to PIC on or after commencement

(1) This section applies if—

(a) an existing case (within the meaning of section 5(1)(a) of this Schedule) has been referred by the former PIC to the Council for an inquiry under section 21 of the pre-amended Ordinance; and

(b) the case falls within the description of section 5A(1)(b) or 6(1)(b)(i) of this Schedule.

(2) If the chairperson of an inquiry panel exercises the power under section 15(1)(a) of the amended Regulation to refer the case back to a Preliminary Investigation Committee (PIC) by virtue of section 5A(2)(b) of this Schedule, or the chairperson of the deemed panel (within the meaning of section 6(2)(a) of this Schedule) exercises that power by virtue of section 6(3) of this Schedule, then—

(a) the deemed PIC (within the meaning of section 5(3)(a) of this Schedule) is taken to be the PIC to which the case is referred back; and

(b) section 5 (other than section 5(1) and (7)) of this Schedule applies for all purposes in relation to the
further consideration of the case by the deemed PIC.”.

In the proposed Schedule 6, in Part 4, by adding—

“5A. Council’s inquiry yet to commence under section 21 of pre-amended Ordinance

(1) This section applies if—

(a) a case has been referred by the former PIC to the Council for an inquiry under section 21 of the pre-amended Ordinance (former PIC’s decision); and

(b) immediately before the commencement, no meeting has been held in accordance with section 21B of the pre-amended Ordinance for the purpose of conducting the inquiry.

(2) The former PIC’s decision is taken to be a decision referred to in section 20T(2A) of the amended Ordinance, and the Council is taken to have received a notification referred to in section 20X(1) of the amended Ordinance, and accordingly, on and after the commencement—

(a) the Council must, as required by section 20X(1) of the amended Ordinance, appoint an inquiry panel for the inquiry; and

(b) the provisions of this Ordinance apply for all purposes in relation to the further conduct (including the inquiry) of the case.

5B. Council’s inquiry yet to commence under section 26 of pre-amended Ordinance

If the Court of Appeal has remitted a case under section 26(1) of the pre-amended Ordinance to the Council for another inquiry and immediately before the commencement, the inquiry has not yet commenced, then—

(a) the Council must appoint an inquiry panel for the inquiry under section 20X(1) of the amended Ordinance; and

(b) the provisions of this Ordinance apply for all purposes in relation to the further conduct (including the inquiry) of the case.”.
In the proposed Schedule 6, in section 6(1)(b), by deleting “, a meeting” and substituting—

“(i) a meeting”.

In the proposed Schedule 6, in section 6(1)(b)(i), by deleting “order or referral has been made under section 21(1) of the pre-amended Ordinance.” and substituting—

“decision or order has been made under section 21(1) of the pre-amended Ordinance;

(ii) a decision or order has been made by the Council under section 21(1) of the pre-amended Ordinance and—

(A) no review is taking place under section 21(4B) of that Ordinance and the period for reviewing the decision or order under that section has not yet expired; or

(B) the Council is reviewing the decision or order, but has not yet made any determination under section 21(4D) of that Ordinance;

(iii) the Court of Appeal has remitted a case under section 26(1) of the pre-amended Ordinance to the Council for an, or another, inquiry, and the inquiry has commenced but has not yet been concluded; or

(iv) the Court of Appeal has remitted a case under section 26(1) of the pre-amended Ordinance to the Council for an inquiry, and the inquiry has not yet commenced.”.

In the proposed Schedule 6, in section 6(2), by deleting everything before paragraph (a) and substituting—

“(2) Despite sections 3 and 4 of this Schedule, on and after the commencement, the members of the Council and (if applicable) assessors who, immediately before the commencement, have conducted the inquiry, or have been conducting the inquiry or review (inquirers), may continue to conduct the inquiry or review (including a review that commences before the expiry of the period referred to in subsection (1)(b)(ii)(A)) as an inquiry panel, and may do so beyond the expiry of their term of office, as if—”.

In the proposed Schedule 6, in section 6(2)(b), by deleting “mentioned
in subsection (1)(b)” and substituting “held in accordance with section 21B of the pre-amended Ordinance”.

In the proposed Schedule 6, in section 6(3), by deleting “to and in relation to the deemed panel, the inquirers and the inquiry” and substituting “in relation to the deemed panel, the inquirers and the inquiry or review”.

In the proposed Schedule 6, in section 6(3)(b), by deleting “to and in relation to an inquiry panel, its members and an inquiry” and substituting “in relation to an inquiry panel, its members and an inquiry or review”.

In the proposed Schedule 6, in section 6(4)(a), by deleting “if a vacancy occurs amongst the members of the deemed panel” and substituting “in relation to the inquiry conducted by the deemed panel if a vacancy occurs amongst its members”.

In the proposed Schedule 6, in section 6(4), by adding—

“(ba) section 21(4CA) of the amended Ordinance applies in relation to the review conducted by the deemed panel if a vacancy occurs amongst its members;”.

In the proposed Schedule 6, in section 6(4)(c), by deleting “and”.

In the proposed Schedule 6, in section 6(4)(d), by deleting the full stop and substituting “; and”.

In the proposed Schedule 6, in section 6(4), by adding—

“(e) section 13A of the amended Regulation applies in relation to the review conducted by the deemed panel.”.

In the proposed Schedule 6, in section 6(5), by deleting “referred to in subsection (1)” and substituting “or review”.

In the proposed Schedule 6, by adding—

“6A. Remittal of cases on or after commencement for inquiry by deemed panel

If the Court of Appeal, by virtue of section 7(3) of this Schedule, exercises its power to remit a case referred to in
section 7(1) or (2) of this Schedule under section 26(1A)(b)(i) of the amended Ordinance to an inquiry panel for holding a new inquiry, then—

(a) the deemed panel (within the meaning of section 6(2)(a) of this Schedule) is taken to be the inquiry panel to which the case is remitted; and

(b) section 6 (other than section 6(1) and (6)) of this Schedule applies for all purposes in relation to the further conduct of the case by the deemed panel.

Part 5

Appeal Against Orders in Inquiries”.

In the proposed Schedule 6, in section 7, by deleting everything after the heading and substituting—

“(1) If—

(a) in respect of an existing case (within the meaning of section 5(1)(a) of this Schedule), an order was made by the Council under section 21 of the pre-amended Ordinance; and

(b) immediately before the commencement, an appeal has been made to the Court of Appeal against the order under section 26(1) of the pre-amended Ordinance,

then, on and after the commencement, the appeal is taken to be made under section 26(1A) of the amended Ordinance.

(2) If—

(a) in respect of an existing case (within the meaning of section 5(1)(a) of this Schedule), an order was made by the Council under section 21 of the pre-amended Ordinance; and

(b) immediately before the commencement, the period provided in section 26(3) of the pre-amended Ordinance for an appeal to be made under section 26(1) of that Ordinance against the order has not yet expired,

then, on and after the commencement, an appeal against the order may be made under section 26(1A) of the amended Ordinance as if the order were an order made by an inquiry panel.
(3) On and after the commencement, the provisions of this Ordinance apply for all purposes in relation to the further conduct (including any appeal or remittal) of the case referred to in subsection (1) or (2).”.

35(3) By deleting “3(2)(h)” and substituting “3(2)(ha)”.

35 In the English text, by deleting subclause (4) and substituting—

“(4) Section 4(2)(d)—

Repeal

“composition”

Substitute

“a composition or arrangement”.”.

New By adding—

“35A. Section 8 amended (filling of casual vacancy where unexpired period is less than 1 year)

(1) Section 8(1), after “members of the Council”—

Add

“who are registered medical practitioners”.

(2) Section 8(2)(b), after “Council”—

Add

“who are registered medical practitioners”.

(3) Section 8(4), after “members of the Council”—

Add

“who are registered medical practitioners”.”.

39 (a) By renumbering the clause as clause 39(1).

(b) By adding—

“(2) Section 24(4)—

Repeal

“may”

Substitute

“must”.”.
41. (a) By renumbering the clause as clause 41(2).

(b) By adding—

“(1) Schedule 1, Form 2, Part II, paragraph 2—

Repeal

“and for”

Substitute

“in an”.”.

44(2) By deleting the proposed section 8(1)(a) and substituting—

“(a) at a meeting or an inquiry mentioned in section 6(1);”.

51. By deleting the clause and substituting—

“51. Section 9 amended (reference of case to Committee)

Section 9—

Repeal subsection (1)

Substitute

“(1) Except where section 10 or 16(1A) applies, the chairman or the deputy chairman of a Committee who receives a case under section 6 must make the directions specified in subsection (1A) if—

(a) the case has not been dismissed under section 6(3);

(b) the case has not been referred to the Health Committee under section 6(4); or

(c) he or she has directed that the case be investigated further under section 6(5).

(1A) The directions specified for subsection (1) are—

(a) that the case must be referred to the Committee for its consideration; and

(b) that the Secretary must fix a date on which it is proposed that the Committee meets to consider the case.”.”.

54. By adding—

“(3A) Section 13(4)—
Repeal
“of the receipt of a notification under subsection (1)”

Substitute
“after a direction by the chairperson of the inquiry panel under subsection (2)”.

By adding before the proposed section 13A(1)(a)—
“(aa) holds an inquiry under section 21 of the Ordinance;”.

In the proposed section 13A, by adding—
“(3A) Subsections (2) and (3) have effect in relation to a review under section 21(4B) of the Ordinance as if the references to inquiry in those subsections were references to review.”.

In the proposed section 13A(4), by adding “or review the decision or order, as the case may be” after “the case”.

In the proposed section 21(2), by deleting “including” and substituting “or”.

By deleting subclause (5) and substituting—
“(5) Section 32—
Repeal subsection (3).”.

By deleting the clause and substituting—

“76. Section 34 substituted
Section 34—
Repeal the section
Substitute

“34. Review by inquiry panel
(1) If, after an inquiry under section 21 of the Ordinance, an inquiry panel has decided to—
(a) review its decision or order under section 21(4B) of the Ordinance; and
(b) invite any specified person to attend the review
under section 21(4C) of the Ordinance,
the chairperson of the panel must direct the Secretary to notify the specified person in writing and invite the specified person to appear before the panel at the time and place fixed for holding the review.

(2) At the review, the inquiry panel may invite a specified person to address the panel in the order it thinks appropriate.

(3) The inquiry panel may proceed with the review in the absence of any specified person.

(4) After the review, the chairperson of the inquiry panel must—
(a) announce the panel’s latest decision in writing; and
(b) direct the Secretary to—
(i) serve a notice of the decision on the defendant; and
(ii) notify the complainant of the decision.

(5) The Secretary must comply with a direction given under subsection (1) or (4).

(6) In this section—

*specified person* (指明人士) means—
(a) a party to an inquiry under section 21 of the Ordinance; or
(b) any other person who has appeared before an inquiry panel in the inquiry.”.”

78 By adding—
“(8A) Section 37(6)—
Repeal
“, the deputy chairman”.”.

80 By deleting subclause (2).

80(3) In the proposed section 39(3), by deleting the definition of section 21
order.

81  By deleting the clause.

82  By deleting the clause.