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**Legislative Council**

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(These minutes have been  
seen by the Administration)

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**Establishment Subcommittee of the Finance Committee**

**Minutes of the 2<sup>nd</sup> meeting**  
**held in Conference Room 1 of Legislative Council Complex**  
**on Wednesday, 31 October 2018, at 8:30 am**

**Members present:**

Hon Mrs Regina IP LAU Suk-ye, GBS, JP (Chairman)  
Hon Holden CHOW Ho-ding (Deputy Chairman)  
Hon James TO Kun-sun  
Hon WONG Ting-kwong, GBS, JP  
Hon WONG Kwok-kin, SBS, JP  
Hon Steven HO Chun-yin, BBS  
Hon WU Chi-wai, MH  
Hon YIU Si-wing, BBS  
Hon CHAN Chi-chuen  
Dr Hon KWOK Ka-ki  
Hon KWOK Wai-keung, JP  
Hon Christopher CHEUNG Wah-fung, SBS, JP  
Hon IP Kin-yuen  
Dr Hon Elizabeth QUAT, BBS, JP  
Hon Martin LIAO Cheung-kong, SBS, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, SBS, JP  
Ir Dr Hon LO Wai-kwok, SBS, MH, JP  
Hon CHUNG Kwok-pan  
Hon Alvin YEUNG  
Hon CHU Hoi-dick  
Hon HO Kai-ming  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun



Ms Alice CHEUNG  
Miss Yannes HO  
Ms Haley CHEUNG

Senior Legislative Assistant (1)1  
Legislative Assistant (1)6  
Legislative Assistant (1)9

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The Chairman drew members' attention to the information paper ECI(2018-19)10, which set out the latest changes in the directorate establishment approved since 2002 and the changes to the directorate establishment in relation to the five items on the agenda. She then reminded members that, in accordance with Rule 83A of the Rules of Procedure ("RoP"), they should disclose the nature of any direct or indirect pecuniary interest relating to the item under discussion at the meeting before they spoke on the item. She also drew members' attention to RoP 84 on voting in case of direct pecuniary interest.

**EC(2018-19)13      Proposed creation of one permanent post of Consultant (D4/D3/D2) in the Department of Health with immediate effect upon approval of the Finance Committee in enhancing the overall clinical supervision, planning, development and operation of Families Clinics**

2. The Chairman remarked that the staffing proposal was to create one permanent post of Consultant (D4/D3/D2) in the Department of Health ("DH") (to be designated as Consultant (Family Medicine) 2) with immediate effect upon approval of the Finance Committee ("FC") in enhancing the overall clinical supervision, planning, development and operation of Families Clinics.

3. The Chairman pointed out that the Administration consulted the Panel on Public Service on this proposal on 19 March 2018. Members of the Panel generally supported the Administration's submission of the proposal to the Establishment Subcommittee for consideration. Some members enquired how the proposal could substantially improve the medical services provided to civil service eligible persons ("CSEPs"). The Administration advised that at present, Consultant (Family Medicine) was responsible for providing overall clinical supervision, planning and quality assurance of Families Clinics. The current portfolio of Consultant (Family Medicine) was over-stretched in view of a number of factors, including the continuous service expansion of Families Clinics, the substantial increase in the number of consultation rooms and attendances, and the planned implementation of Risk Assessment and Management

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Programme ("RAMP") for patients with diabetes mellitus. The proposed additional Consultant post would enhance professional support in clinical service at the Consultant rank to ensure and sustain the standard of care and patient safety of Families Clinics.

Justifications for creation of the proposed post

4. Mr SHIU Ka-chun remarked that, as diabetes mellitus was a chronic illness with high mortality rate worldwide, he supported the introduction of RAMP by DH to enhance the quality of healthcare services provided by Families Clinics for patients with diabetes mellitus. However, he opined that, instead of creating the proposed post, the Administration could better utilize the resources by using the budget to recruit more allied health professionals, with a view to providing more systematic healthcare services to CSEPs suffering from diabetes mellitus.

5. Director of Health ("DoH") advised that in addition to overseeing the existing and new Families Clinics in the New Territories, the proposed post would take charge of the implementation of RAMP, a new initiative soon to be taken forward in Families Clinics. The proposed post had to ensure sustainable and smooth operation as well as quality service delivery of RAMP. Moreover, holder of the proposed post would be supervising the development and implementation of practice protocols in the Professional Development and Quality Assurance Service ("PDQAS"), as well as monitoring the use of updated medical evidence in clinical service.

Selection criteria and responsibilities of the proposed post

6. Mr YIU Si-wing expressed support for the creation of the proposed post. He requested the Administration to illustrate the selection criteria of the proposed post, including how the candidates would be assessed on their level of medical knowledge, management ability and overall work performance, and ensuring that holder of the proposed post would have planning experience.

7. DoH explained that, apart from professional competence of a medical officer in the specialty of family medicine at a senior level, holder of the proposed post should possess leadership, staff management capacity, profound skills and experience in health facility set-up and service delivery, and the capability in making balanced decisions to ensure and sustain the standard of care and patient welfare of Families Clinics.

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8. Mr CHUNG Kwok-pan expressed support for the creation of the proposed post. He was concerned that upon creation of the proposed post, the two Consultants might have overlapping responsibilities, e.g. in planning and formulation of service development and long-term strategies for PDQAS. He was concerned that if both Consultants were engaged in supervision of regional clinics and administrative duties at the same time, the extensive scope of work would overstretch the incumbents. He also enquired whether the proposed post would be filled via open recruitment or internal promotion.

9. Dr CHIANG Lai-wan noted that the two Consultants would be supervising Families Clinics of different regions respectively. She asked if planning and formulation of service development and long-term strategies for PDAQS at different Families Clinics would vary given that they were supervised by different Consultants.

10. DoH advised that with an additional Consultant post, there would be a redistribution of work between the two Consultants. The existing Consultant (Family Medicine) post, to be re-titled as Consultant (Family Medicine)<sup>1</sup>, would be responsible for supervising the existing and new Families Clinics in the Hong Kong and Kowloon regions, the Education and Training Centre in Family Medicine as well as taking up administrative work. He would be the overall person-in-charge of PDQAS to promote its long-term development, including coaching and facilitation of colleagues to receive professional training, as well as monitoring the development on the application of technology into medical information sharing such as the Clinical Information Management System ("CIMS"). Holder of the proposed post would have to supervise the planning, development and operations of RAMP, in addition to overseeing the existing and new Families Clinics in the New Territories region. The proposed post would be filled via internal promotion of an officer in the Medical and Health Officer grade.

11. Ms YUNG Hoi-yan expressed support for the creation of the proposed post. She enquired about the time apportionment of the proposed post between provision of clinical services (that is, attending consultations at Families Clinics) and supervision of the work of service units.

12. DoH responded that the advance work of the proposed post would focus on the organization and implementation of RAMP project, as well as formulation of operation protocols and clinical guidelines. It was expected that holder of the proposed post would spend approximately two clinic sessions per week for providing consultation services at Families

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Clinics.

Families Clinic services

*Setting up Families Clinics*

13. Mr YIU Si-wing noted that the Administration anticipated that the total number of attendances would increase to 352 000 each year when all the Families Clinics were in full swing. He enquired whether the number of Families Clinics could meet the medical needs arising from the increased number of attendances, and whether the Administration would consider identifying sites in other districts for setting up Families Clinics.

14. Deputy Secretary for the Civil Service 2 ("DSCS2") advised that CSEPs could visit Families Clinics of DH and General Out-patient Clinics of the Hospital Authority ("HA") for free consultation service. DH was setting up a new Sai Kung Families Clinic with two consultation rooms for commencement of service in December 2018. Besides, DH had already started the planning work for the seventh Families Clinic in Tseung Kwan O. DSCS2 stressed that efforts had been made by the Administration to identify suitable space in different locations for setting up more Families Clinics for CSEPs, and incorporate such facilities into new government buildings where practicable at the initial planning stage of the buildings concerned.

15. Mr CHAN Chi-chuen noted that there were currently five Families Clinics in Chai Wan, Wan Chai, Hung Hom, Tsuen Wan and Fanling, and the Administration planned to set up the sixth and the seventh Families Clinics in Sai Kung and Tseung Kwan O. He was concerned that no Families Clinics were available in Northwest New Territories including Yuen Long, Tuen Mun and Tin Shui Wai. In this connection, he asked whether the proposed post would engage in the planning of the development of Families Clinics; the justifications for setting up Families Clinics in Sai Kung and Tseung Kwan O; and whether the Administration would consider setting up Families Clinics in Northwest New Territories.

16. DoH replied that while the Government would identify suitable places for setting up Families Clinics having regard to land use; the proposed post would not make suggestions at the policy level regarding selection of sites for Families Clinics. DSCS2 added that the Sai Kung Families Clinic was relatively small with just two consultation rooms. The proposed Tseung Kwan O clinic was of a larger planning scale which could cater for the medical needs of more CSEPs. At present, the Fanling

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Families Clinic, with a territorial scope covering New Territories West, was providing medical services to CSEPs in the region.

17. Ms YUNG Hoi-yan enquired about the progress and timetable regarding the planning work for the establishment of the Tseung Kwan O Families Clinic. DSCS2 replied that the Administration planned to set up the seventh Families Clinic in the new government buildings in Tseung Kwan O, of which the construction was anticipated to commence in 2020.

18. As there were no Families Clinics in districts such as Tuen Mun, Yuen Long and Tung Chung, Mr CHU Hoi-dick queried how CSEPs attending HA's General Out-Patient Clinics in those districts could be diverted to other Families Clinics. He requested the Administration to give a detailed account on the development plan of Families Clinics, including whether consideration would be given to the setting up of a Families Clinic in the proposed new government offices complex in Tung Chung.

19. DSCS2 advised that the Administration was committed to enhancing the medical services provided to CSEPs. For example, dedicated specialist out-patient services and imaging services were provided to CSEPs at Prince of Wales Hospital, Queen Mary Hospital and Queen Elizabeth Hospital to shorten their waiting time for such services in hospitals administered by HA. The Civil Service Bureau would continue to work closely with the Food and Health Bureau and HA to enhance the civil service medical benefits for CSEPs under HA's Ten-year Hospital Development Plan.

*Fanling Families Clinic*

20. Dr CHIANG Lai-wan noted from the Administration's paper that, upon the commissioning of the Sai Kung Families Clinic, there would be six Families Clinics across the territory, with a total of 44 consultation rooms. However, according to the information provided in the paper, the projected number of consultation rooms would be 40 instead, i.e., 38 existing consultation rooms plus two consultation rooms to be provided in the Sai Kung Families Clinic. She requested the Administration to provide details regarding the remaining four consultation rooms.

21. DSCS2 explained that DH's Fanling Families Clinic provided six consultation rooms upon its commissioning in 2016, with another four consultation rooms not yet fully operational. DH was working on recruitment of suitable healthcare professionals to tie in with the

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commissioning of the Families Clinics.

22. The Chairman declared that she was a retired civil servant eligible for the medical services provided by Families Clinics. She enquired if DH could recruit enough doctors and nurses to tie in with the opening of Families Clinics, and in particular, when sufficient doctors could be recruited to fill up the vacancies at Fanling Families Clinic.

23. DoH advised that DH conducted seven recruitment exercises between 2015 and 2017 to fill up the vacancies of doctors in Families Clinics. DH was now proactively recruiting healthcare professionals, including recruitment of doctors not having medical qualifications for registration in Hong Kong on contract terms through limited registration. Regarding the four consultation rooms that were not yet operational, DH had kicked off a new round of recruitment exercise for doctors in October 2018; subject to the outcome of the recruitment exercise, DH would increase the number of doctors in the Fanling Families Clinics.

*Interface between Families Clinics and HA's General Out-Patient Services*

24. Mr WU Chi-wai opined that, given the limited public resources, Families Clinics should be administered directly by HA in order to address the medical needs of CSEPs and provide healthcare services to members of the public in a more cost-effective manner. He requested the Administration to provide a data comparison of the consultation time at Families Clinics and HA clinics. He was concern that the need for rotation of doctors at Families Clinics would adversely affect the clinics' efforts in promoting the development of family medicine in Hong Kong. He also asked how the proposed post could help promote and enhance primary healthcare services.

25. Dr Pierre CHAN expressed support for the creation of the proposed post. He welcomed the Administration's efforts in enhancing the medical services for CSEPs, and urged the Administration to review how the standard of public healthcare services could be enhanced.

26. DSCS2 pointed out that the Administration provided civil service medical benefits through public healthcare sector to ensure cost-effectiveness, standard of service and prudent use of public resources. Families Clinics were set up to provide focused medical services to CSEPs and to avoid public perception of civil servants competing with members of the public for medical resources. DoH added that each consultation room in a Families Clinic could serve about 8 000 attendances a year, reaching an



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utilization rate of as much as 99%. From the perspective of family medicine, it would be most ideal for the same doctor to follow up the health condition of a patient on a long term basis. However, it was difficult to put in place such an arrangement given the shortage of manpower resources at Families Clinics. Nevertheless, patients visiting Families Clinics for the first time would have their personal and family medical history recorded in detail by doctors for other doctors' future reference in subsequent consultations.

27. Mr CHUNG Kwok-pan asked if setting up Families Clinics could effectively improve the usage of civil servants priority discs in HA clinics in various districts to make available more consultation timeslots for public use. The Chairman requested the Administration to monitor closely whether the number of attendances to HA clinics by civil servants would be reduced by the establishment of Families Clinics. Mr AU Nok-hin questioned whether setting up Families Clinics could effectively reduce the number of attendances by civil servants using priority discs at HA's General Out-Patient Services and alleviate the problem of fully-booked General Out-Patient Services in various districts and inability in meeting public demands. In this connection, Mr AU requested the Administration to provide information on the usage of civil servants priority discs at HA clinics in different districts.

*(Post-meeting note: The information provided by the Administration was circulated to members on 16 November 2018 vide LC Paper No. ESC22/18-19(01).)*

28. DSCS2 advised that Families Clinics provided around 297 000 attendances in 2017-18. With the commissioning of the Sai Kung Families Clinic, it was expected that the pressure on General Out-Patient Services arising from the demand of civil servants would be further reduced. Furthermore, any unused priority discs for civil servants would be re-allotted to the general public for use on the same day; therefore, there would be no wastage of consultation quotes.

29. With regard to the provision of medical benefits for civil servants, Mr James TO asked whether reference had been made to the private market with respect to the benefits provided by employers to the employees. Sharing Mr TO's concern, the Chairman requested the Administration to provide supplementary information on the comparison of the provision of medical benefits for employees by the Government and HA. Mr James TO also asked the Administration to provide information on (a): a comparison between the waiting time of CSEPs for General Out-Patient and Specialist

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Out-Patient Services in Families Clinics and that of the public for the same services in clinics of HA; (b) a comparison between the arrangements of Families Clinics and HA clinics for the increase in the number of staff at the senior management level for the enhancement of supervision in support of expansion in establishment (including the ratio of Consultants to Medical Officers and Senior Medical Officers); and (c) with the expansion and improvement of the services of Families Clinics, it was expected that fewer civil servants would use the priority discs of General Out-Patient Service under HA, and, in this connection, would the medical services provided to the public by the General Out-patient Clinics under HA increase in proportion as a result.

*(Post-meeting note: The information provided by the Administration was circulated to members on 16 November 2018 vide LC Paper No. ESC22/18-19(01).)*

30. DoH advised that with the creation of the proposed post, the manpower ratio of Consultant to Senior Medical and Health Officer and Medical and Health Officer in PDQAS would be improved from 1:45 to 1:23. The manpower ratio of Consultant to Senior Medical and Health Officer and Medical and Health Officer under DH's various specialist services were:

Specialist Service	Social Hygiene Service	Tuberculosis and Chest Service	Child Assessment Service
Manpower ratio of Consultant to Senior Medical and Health Officer and Medical and Health Officer	1:14	1:15	1:23

31. Dr KWOK Ka-ki indicated support for the creation of the proposed post. He pointed out that while HA was mainly responsible for provision of public medical services, it also provided medical benefits to CSEPs, which would inevitably create a perception among members of the public that civil servants were competing with them for medical resources. In this regard, he urged the Administration to review the long term planning of the civil service medical benefits. Furthermore, he opined that the service standard adopted by Families Clinics should be used as a benchmark for the purpose of enhancing the service standard of public

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medical services. Dr KWOK requested the Administration to provide supplementary information on the prevailing per-head cost for provision of medical services by Families Clinics to CSEPs.

*(Post-meeting note: The information provided by the Administration was circulated to members on 16 November 2018 vide LC Paper No. ESC22/18-19(01).)*

32. Mr CHUNG Kwok-pan remarked that public medical services in general were facing a shortage of healthcare personnel. As the number of attendances of Families Clinics was far lower than that of General Out-patient Clinics administered by HA, and the work pressure was lower as well, he was concerned that it may cause serving doctors at HA to apply for jobs in Families Clinics. Dr KWOK Ka-ki requested the Administration to provide information on the current number of doctors in DH who were qualified Specialist in Family Medicine and the career prospect of the relevant grade.

33. Mr WU Chi-wai requested the Administration to provide information on the vacancy and wastage rates of officers in the Medical and Health Officer grade in DH over the past 10 years, and the specific measures taken by DH to improve the situation in the light of such rates of the grade.

*(Post-meeting note: The information provided by the Administration was circulated to members on 16 November 2018 vide LC Paper No. ESC22/18-19(01).)*

34. DoH remarked that the vacancy rate of officers in the Medical and Health Officer grade in HD was about 9%, and there was no indication of drainage of medical doctors from HD to Families Clinics.

Enhancement on provision of medical services for CSEPs

35. Mr HO Kai-ming indicated support for the creation of the proposed post. Given the long waiting time for HA's specialist consultation services, he urged the Administration to consider implementing a public-private partnership programme by allowing private healthcare facilities to participate in the provision of civil service medical benefits, thus giving CSEPs an option to seek medical consultation from private healthcare facilities and apply for reimbursement from the Government. In this regard, he asked if holder of the proposed post would carry out the relevant policy review.

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36. Dr KWOK Ka-ki expressed similar concern. He pointed out that CSEPs living in New Territories West including Yuen Long and Tin Shui Wai had to visit Families Clinics in other districts such as Fanling and Tsuen Wan, which was undesirable. He opined that resources should be given so that CSEPs could seek medical consultations in private clinics near their homes.

37. DSCS2 responded that she was aware of the views that civil servants aspired to having privately-run healthcare facilities engaged in provision of medical services to CSEPs. However, policy review in this regard was beyond the duties of the proposed post. Given the substantial impacts on the mode of provision of medical services to CSEPs, the Administration would not consider implementing private medical consultation programmes at this stage. She reiterated that provision of standard services by HD and HA could better cater for the various medical needs of CSEPs.

38. The Chairman remarked that, due to their job nature, staff members of the disciplined services might not be able to seek medical consultation during Families Clinics' service hours, and civil service staff associations had proposed that reference should be made to the private sector and that the Government should take out group-based medical insurance for their employees for CSEPs to utilize private medical services. In this regard, she urged the Administration to keep an open mind in examining the feasibility of taking out medical insurance for CSEPs in order to satisfy their demands.

39. DSCS2 pointed out that taking out group-based medical insurance with government monies would require additional resources. Beside, it might not be better than the current arrangement of providing free medical services to CSEPs by HD or HA. While efforts would be made to improve civil service medical benefits within the authorities' contractual obligations, a balance had to be struck between improving civil service medical benefits and ensuring prudent use of public monies.

40. Mr SHIU Ka-chun asked if any specific measures were in place to cater for the mental health of civil servants. DoH responded that DH had increased the number of clinical psychologist from one to three in 2017-2018 with a view to enhancing related services.

41. Referring to footnote 1(e) of LC Paper No. EC(2018-19)13, Mr CHU Hoi-dick asked about (a) the number and definition of "other

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persons who are eligible for civil service medical benefits by way of their terms of appointment" and (b) details of the personnel responsible for making decisions on provision of medical benefits to non-civil service contract staff. Regarding (a) above, DoH undertook to provide the information requested by Mr CHU after the meeting.

*(Post-meeting note: The information provided by the Administration was circulated to members on 16 November 2018 vide LC Paper No. ESC22/18-19(01).)*

42. Mr CHAN Chi-chuen was concerned that "eligible persons" did not include same-sex partners of civil servants. Even if a civil servant had entered into a same-sex marriage in an overseas jurisdiction, he/she would remain ineligible to the medical services provided by the Administration to CSEPs. He referred to Leung Chun Kwong's case about provision of employment benefits to same-sex marriage partner, for which an application for leave to appeal to the Court of Final Appeal had been made.

43. The Chairman reminded members that according to Rule 41 of the Rules of Procedure, reference should not be made to a case pending in a court of law in such a way as might prejudice that case.

Risk Assessment and Management Programme

44. Mr Holden CHOW indicated support for the creation of the proposed post. He noted from the Administration's paper that DH would, in the coming year, set up a multi-disciplinary team including experienced nursing and allied health professionals to deliver RAMP. In this regard, he asked for details of relevant manpower planning, including the proposed number of staff to be employed, and whether those staff were employed to implement RAMP or to provide clinical healthcare services. Mr CHOW further enquired whether the Administration would consider including other type of illnesses in RAMP.

45. Ms YUNG Hoi-yan pointed out that according to the job description, the duties of the proposed post included development and introduction of healthcare models for chronic disease management. She enquired about the coverage of chronic diseases. Furthermore, given that heart disease was the top killer disease in Hong Kong, she asked if Families Clinics would conduct risk assessment for patients with heart disease and follow up on aftercare services for patients suffering from stroke. She also enquired about the details regarding selection of DM patients attending Families Clinics to join RAMP.

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46. DoH responded that eight and six non-directorate civil service posts including optometrist, physiotherapist, dietitian and clinical psychologist would be created in 2018-2019 and 2019-2020 respectively to support the implementation of RAMP. Currently, there were over 5 000 DM patients attending Families Clinics. When DH implemented RAMP in Families Clinics, there would be health assessment and intervention sessions for patients conducted by the multidisciplinary healthcare professionals. The programme would stratify DM patients into different risk groups according to their risk factors identified. Patients identified as suitable for joining the programme (about 3 000 patients) would undergo regular and comprehensive risk assessment to identify early complications and receive appropriate interventions and education. Given that DM patients normally suffered from other diseases such as hypertension and hyperlipidemia with higher risks of disease complications, priority was given to including DM in RAMP and review would be conducted on the effectiveness of the programme in a timely manner. DH would consider whether to include other chronic diseases in RAMP.

47. Mr CHUNG Kwok-pan asked how patients with chronic diseases (including DM, heart disease and cancers) would be identified under RAMP, how their cases would be followed up, and whether adequate treatment would be provided to such patients through regular medical check-up for CSEPs.

48. DoH replied that some patients were already aware that they suffered from DM before they sought medical consultations, whereas some patients were identified as suffering from DM during medical consultations. If a patient was confirmed as having cancer, Families Clinics would refer the patient to other specialist clinics for follow up consultation.

Electronic Clinical Information Management System

49. Mr Jeremy TAM was concerned that Families Clinics had been using paper medical records, and DH had started implementing a pilot electronic CIMS for Families Clinics only in 2016. He pointed out that according to a paper provided by the Administration to the Panel on Health Services in April 2018 (LC Paper No. CB(2)1218/17-18(03)), DH's information systems were siloed and fragmented with limited interfacing. He asked why and when had the Administration decided not to introduce an Electronic Health Record Sharing System ("eHRSS") similar to that introduced by HA.

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50. Dr Pierre CHAN recalled that approval had been given by FC regarding the funding proposal on "Information Technology Enhancement Project of the Department of Health". He remarked that civil servants as well as members of the public were looking forward to an early interfacing of DH's CIMS with HA's eHRSS, so that healthcare workers could retrieve patients' health record and information. He pointed out that with limited automation, some of DH's service units still heavily relied on paper-based and manual workflows for many day-to-day operations. The Chairman and Mr James TO shared Dr CHAN's concern. Dr CHAN and the Chairman called on the Administration to ensure that the proposed post could effectively supervise DH's staff for electronic services and process enhancements, supervise DH's CIMS for a full interfacing with eHRSS to facilitate continuity of care and to improve the quality of healthcare services. The Chairman also enquired when HD's CIMS would fully interface with eHRSS. Mr TO asked the Administration to provide supplementary information on the timetable for full implementation of CIMS in Families Clinics.

*(Post-meeting note: The information provided by the Administration was circulated to members on 16 November 2018 vide LC Paper No. ESC22/18-19(01).)*

51. DoH remarked that DH commissioned in 2016 an Information Systems Strategy Study ("ISSS") with a view to formulating an overarching strategy plan on the use of information technology. ISSS was completed in early 2018. The consultant made a number of recommendations to DH, such as promoting the use of shared systems and common platforms. As DH was liaising with HA on the expansion of electronic CIMS, DH was unable to provide a timetable for the new system to interface with eHRSS for the time being. The proposed post would continue to liaise with relevant parties such as HA for user requirements, monitoring of the applicability of full implementation, enhancement feasibility, staff training and supervision of patient data security etc. She also pointed out that Consultant (FM)1 would endeavor to monitor the application of technology in medical information sharing including CIMS.

Voting on the item

*(At 10:05:05 am, the Chairman directed the members to be summoned as a quorum was not present. A quorum was present at 10:05:25 am.)*

52. As members raised no further questions on the item, the Chairman put the item to vote. She was of the view that the majority of the

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members voting were in favour of the item. She declared that the Subcommittee agreed to recommend the item to FC for approval.

53. Mr CHU Hoi-dick requested that the item be voted on separately at the relevant FC meeting.

**EC(2018-19)15      Proposed creation of one permanent post of Chief Air Traffic Control Officer (D1) with immediate effect upon approval of Finance Committee; and one supernumerary post of Chief Air Traffic Control Officer (D1) with immediate effect upon approval of FC up to 31 March 2025 in the Civil Aviation Department to strengthen managerial oversight of daily air traffic control ("ATC") operations to ensure the provision of safe, reliable and efficient ATC service**

54. The Chairman remarked that the staffing proposal was to create one permanent post of Chief Air Traffic Control Officer (D1) (to be designated as Chief Air Traffic Control Officer (Operations and Personnel)<sup>2</sup>) with immediate effect upon approval by FC and one supernumerary post of Chief Air Traffic Control Officer (D1) (to be designated as Chief Air Traffic Control Officer (Three-Runway System)) with immediate effect upon approval of FC up to 31 March 2025 in the Civil Aviation Department ("CAD") to strengthen managerial oversight of daily ATC operations to ensure the provision of safe, reliable and efficient ATC service.

55. The Chairman pointed out that the Panel on Economic Development discussed this staffing proposal at its meeting on 28 May 2018. Members supported the proposal in general. Some members opined that the Administration should proceed with the creation of the two posts as soon as possible with a view to meeting the increased workloads, but some other members were of the view that given the unresolved problems relating to airspace arrangement, the supernumerary post for the Three-Runway System ("3RS") should be created at a later time. In order to enhance public confidence on the existing ATC system, the Panel passed a motion and requested the Administration to provide information on international standards regarding notification mechanism for major incidents involving ATC or ATC-related systems. The information provided by the Administration was circulated to members vide LC Paper No. CB(4)1276/17-18(01).



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Management of Air Traffic Control in the Pearl River Delta Region

56. Mr Jeremy TAM was of the view that CAD should create the two posts as soon as possible. He was dissatisfied with the present manpower arrangement where only one Chief Air Traffic Control Officer was deployed at the Air Traffic Management Division to oversee the overall ATC operations at the ATC Centre and Aerodrome Control Tower, which were located at different locations. He further criticized the Administration for failing to create the proposed supernumerary post in a timely manner for the purpose of optimizing the usage and management of the Pearl River Delta airspace (including formulation of ATC procedures regarding aircraft approaching to and departing from the airport in response to the commission of the 3RS).

57. Mr CHU Hoi-dick noted that according to the proposed job description, the duties of the Chief Air Traffic Control Officer (Three-Runway System) included overseeing and monitoring the Pearl River Delta airspace optimization initiatives and supervising relevant technical developments to support the 3RS operations. He referred to the concerns expressed by Mr LAM Chiu Ying, the former Director of the Hong Kong Observatory, that the capacity of the 3RS might be severely restricted, as the new airspace the system required would overlap with that of the neighbouring Shenzhen Airport. He asked about the progress on airspace co-ordination among the aviation authorities of Hong Kong, the Mainland and Macao, including whether there were any disputes on the issue of airspace, and how the authorities would address issues relating to airspace arrangement.

58. Deputy Director-General of Civil Aviation (2) (“DDGCA2”) remarked that, due to the strong growth in regional air traffic demand and Hong Kong's unique geographic position, Hong Kong had experienced a robust growth of air traffic in the past ten years from 2008 to 2017. During the period, the annual aircraft movements at the Hong Kong International Airport (“HKIA”) recorded a cumulative increase of 39.6%. The annual overflight traffic also recorded a cumulative increase of 110%. In light of increasing workload and complexity of air traffic management in the Hong Kong Flight Information Region, the Administration considered it necessary to create one permanent post of Chief Air Traffic Control Officer to lead the operations of the Approach Control Unit and Aerodrome Control Unit for sharing out the existing heavy workload.

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59. DDGCA2 further remarked that the Civil Aviation Administration of China, CAD of Hong Kong and the Civil Aviation Authority of Macao SAR had jointly established a Tripartite Working Group which formulated a Pearl River Delta Region Air Traffic Management Planning and Implementation Plan (Version 2.0) in 2007 ("the 2007 Plan"), under which the whole Pearl River Delta airspace planning was considered in a holistic manner. In formulating the 2007 Plan, the operational needs of the future 3RS of HKIA and the future development need of various airports in the Pearl River Delta region had been taken into account. Furthermore, the modelling and simulation (i.e. fast-time simulation) of the airspace and air traffic in the Guangdong-Hong Kong-Macao Greater Bay Area had been initiated for planning and formulating air traffic management procedures and measures. It was envisaged that the initial results of the assessment would be available by 2019. DDGCA2 further explained that as airspace was not restricted to a single dimension, its planning and usage had to be considered three dimensionally. Simply put, an airspace, i.e., a space at a certain geographical location, had various levels that would allow a number of aircraft to operate safely at different levels simultaneously.

60. Mr Jeremy TAM requested the Administration to provide supplementary information on the latest progress of discussion with the Mainland and Macao on the airspace arrangement upon commissioning of 3RS.

*(Post-meeting note: The Chinese and the English versions of the information provided by the Administration were circulated to members vide LC Paper No. ESC24/18-19(01) on 20 and 22 November 2018 respectively.)*

The Three-Runway System Project

61. Mr WU Chi-wai remarked that procurement of new/replacement and upgrade of air navigation service equipment (including the Ground-based Augmentation System ("GBAS")) should allow more aircraft movements at the airport, enhance the frequency of flight service and increase the competitiveness of HKIA in relation to other airports. He asked if other specific measures were in place for HKIA to cope with the competition from neighbouring airports on aviation business.

62. DDGCA2 responded that since GBAS would mainly be used in conjunction with the new third runway, which was planned to be commissioned in 2022, the scheduled time for implementing GBAS would fall between 2022 and 2024. CAD was liaising with stakeholders

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including airliners, and was planning to carry out a field test of GBAS by end of 2018 with a view to enabling an early commissioning of the system.

63. Mr Holden CHOW supported the creation of the proposed post in principle. He noted that the maximum capacity of HKIA under the existing two-runway system was 68 air traffic movements ("ATMs") per hour, whereas the planning target of the 3RS was to achieve a maximum capacity of 102 ATMs per hour incrementally after the commissioning of the 3RS at HKIA. He asked how the proposed post could ensure maximum effectiveness of the 3RS and how the target of 102 ATMs per hour could be reached by 2030.

64. Mr CHUNG Kwok-pan indicated support for the creation of the proposed post. He was concerned that after the commissioning of the Hong Kong-Zhuhai-Macao Bridge, some of the mainlanders coming to Hong Kong from Guangdong West using the bridge would then head off to other cities by using HKIA. He remarked that based on the compound annual growth rate of ATMs at HKIA in the past 10 years (i.e. 3.39%), the ATMs at HKIA were expected to exceed 607 000 by 2030. He asked if the projected annual ATMs at HKIA by 2030 had taken into account the number of visitors from Guangdong West after the commissioning of the Hong Kong-Zhuhai-Macao Bridge; and if not so, he urged the Administration to review the relevant estimates.

65. DDGCA2 responded that efforts were being made by the Administration to enhance the facilities of HKIA and to plan ahead for the increasing demand in the future. According to the HKIA Master Plan 2030, with the commissioning of 3RS, ATMs at HKIA were expected to further grow to 607 000 by 2030. The Airport Authority of Hong Kong would monitor closely the impact of the commissioning of the Hong Kong-Zhuhai-Macao Bridge on air traffic.

66. Mr CHAN Chi-chuen noted from the Administration's paper that the duties of the post of Chief Air Traffic Control Officer (Three-Runway System) included overseeing and coordinating submissions of operational requirements for preparing tenders of systems and equipment related to the 3RS Project. He asked about the details of those systems, and whether those systems included new air traffic management systems and surveillance radar systems. He further asked whether the Administration had reviewed the procurement procedures of such equipment in light of the experience in using Autotrac III, the air traffic management system developed by Raytheon, with a view to avoiding problems such as overspending and failure to procure the correct systems.

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67. DDGCA2 advised that approval had been given to the funding proposal for 3RS at HKIA by FC on 18 July 2018. Chief Air Traffic Control Officer (Three-Runway System) would be responsible for overseeing and coordinating submissions of operational requirements for preparing tenders of systems and equipment related to the 3RS Project, including replacement/upgrade of Primary and Secondary Surveillance Radar. CAD was preparing the relevant tender documents which would set out the relevant technical requirements, contract terms and assessment criteria. Regarding procurement of equipment that were of higher complexity and technically more demanding, CAD would conduct more market surveys, participate in major international conferences and have more exchanges with different users. As for assessment criteria, consideration would be given to giving a consolidated score based on technicality and bidding prices; where necessary and appropriate, an increased weighing would be given to the scores on technicality in the formulation of the relevant criteria.

68. Mr CHU Hoi-dick noted that the proposed supernumerary post would be created for approximately seven years up to 2024-2025. He enquired whether CAD would consider deleting the supernumerary post upon commissioning of 3RS. DDGCA2 confirmed that the post would be deleted upon commissioning of 3RS.

Civil Aviation Department staff working overtime

69. Mr Jeremy TAM and Mr Wu Chi-wai expressed grave concern that the existing ATCOs had to work overtime on a long term basis in order to maintain effective operation of air traffic management. Mr WU noted that CAD anticipated that there would be a total of 524 posts in the Air Traffic Management Division by 2018-19, representing an increase of about 10% in manpower. He was concerned whether the increased manpower would be able to meet the need of the future operation of air traffic management and to effectively address the problem of ATCOs having to work overtime. Mr WU further enquired whether measures were in place to address the problem.

70. DDGCA2 remarked that, since the commissioning of the Air Traffic Management System, the problem of frontline ATCOs having to work overtime had been alleviated. In 2017, the accumulated overtime of each ATCO per year was approximately 92 hours. CAD was planning to recruit 42 additional staff to fill its non-directorate vacancies, and it was expected that the move could further reduce the need for ATCOs to work

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overtime.

71. Mr Jeremy TAM and Mr Wu Chi-wai asked the Administration to provide details of the overtime work situation of ATCOs, including details of the overtime work situation prior to the creation of some 40 non-directorate posts in 2018-2019, as well as the anticipated improvement to be made to ATCOs subsequent to the proposed creation of the non-directorate posts.

*(Post-meeting note: The Chinese and the English versions of the information provided by the Administration were circulated to members vide LC Paper No. ESC24/18-19(01) on 20 and 22 November 2018 respectively.)*

Recruitment of and training for Civil Aviation Department staff

72. Mr WU Chi-wai enquired about CAD's plans on recruitment of and training for ATCOs for strengthening the support for daily ATC operation and the 3RS project. He requested the Administration to provide detailed information on the manpower plan of CAD between now and up to 2024, including the number of ATCOs to be recruited each year and the training programme to be provided.

*(Post-meeting note: The Chinese and the English versions of the information provided by the Administration were circulated to members vide LC Paper No. ESC24/18-19(01) on 20 and 22 November 2018 respectively.)*

73. DDGCA2 advised that CAD had in place a comprehensive manpower plan, and recruitment of and training for additional ATCOs would be carried out on a continuous basis. Successful applicants for ATCO posts would undergo training for up to seven years.

*(At 10:23 am, the Chairman asked if members agreed to extend the meeting by 15 minutes. No members expressed objection.)*

Voting on the item

74. As members raised no further questions on the item, the Chairman put the item to vote. She was of the view that the majority of the members voting were in favour of the item. She declared that the Subcommittee agreed to recommend the item to FC for approval.

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75. Mr Jeremy TAM requested that the item be voted on separately at the relevant FC meeting.

76. The meeting ended at 10:40 am.

Council Business Division 1  
Legislative Council Secretariat  
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