

## ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

**HEAD 37 – DEPARTMENT OF HEALTH**  
**HEAD 140 – GOVERNMENT SECRETARIAT:**  
**FOOD AND HEALTH BUREAU (HEALTH BRANCH)**  
**Subhead 000 Operational expenses**

Members are invited to recommend to Finance Committee the following proposals with immediate effect upon approval of the Finance Committee –

### **Creation and deletion of permanent posts –**

(a) the creation of the following permanent posts under **Department of Health** –

1 Controller, Public Health  
(D4) (\$225,900 - \$239,700)

1 Consultant  
(D4/D3/D2) (\$225,900 - \$239,700/  
\$199,050 - \$217,300/\$171,200 - \$187,150)

1 Assistant Director of Health  
(D2) (\$171,200 - \$187,150)

1 Assistant Director of Accounting Services  
(D2) (\$171,200 - \$187,150)

2 Principal Medical and Health Officer  
(D1) (\$144,100 - \$157,700)

1 Principal Dental Officer  
(D1) (\$144,100 - \$157,700)

1 Chief Pharmacist  
(D1) (\$144,100 - \$157,700)

to be offset by the deletion of the following permanent posts under **Department of Health** –

1 Principal Medical and Health Officer  
(D1) (\$144,100 - \$157,700)

1 Chief Treasury Accountant  
(D1) (\$144,100 - \$157,700)

- (b) the creation of the following permanent post under **Government Secretariat: Food and Health Bureau (Health Branch)** –

1 Administrative Officer Staff Grade C  
(D2) (\$171,200 - \$187,150)

to be offset by the deletion of the following permanent post under **Department of Health** –

1 Assistant Director of Health  
(D2) (\$171,200 - \$187,150)

**Creation of supernumerary post –**

- (c) the creation of the following supernumerary post up to 31 March 2024 under **Department of Health** –

1 Chief Systems Manager  
(D1) (\$144,100 - \$157,700)

**/Redistribution .....**

### Redistribution of duties and responsibilities

- (d) redistribution of duties and responsibilities among directorate posts in the Department of Health upon re-organisation

### PROBLEM

The organisation structure of the Department of Health (DH) is no longer fit for purpose. Additional directorate support is needed to take forward new statutes being introduced to step up protection of public health, as well as new initiatives and expanded services relating to Chinese medicine, disease prevention and health promotion, and strategic information technology (IT) development in DH. Besides, the work of the existing Deputy Director of Health (DDoH) is seriously overloaded. If the situation is not improved, the sustainability issue and directorate succession problem would exacerbate.

### PROPOSAL

2. There is an urgent need to augment the directorate support for the Director of Health (DoH) and to re-shuffle certain duties amongst the senior directorate. We propose to –

- (a) create **seven** directorate posts in DH (**five** new posts and **two** to be regularised from supernumerary posts) and upgrade **two** directorate posts; and
- (b) regularise **one** directorate post needed in the Health Branch (HB) of Food and Health Bureau (FHB) to support primary healthcare development, which has been on loan from DH.

The package of proposals will involve a net increase of five directorate headcounts in DH and HB of FHB.

3. Details are tabulated below –

/Initiative .....

	<b>Initiative</b>	<b>Rank (Creation)</b>	<b>No.</b>	<b>Rank (Deletion)</b>	<b>No.</b>
<b>Creation and deletion of posts in DH</b>					
<b>(A)</b>	To oversee DH services responsible for statutory and regulatory functions	Controller, Public Health (D4) #	1		
	To implement the new regulatory regime for private healthcare facilities (PHFs) in Hong Kong	Consultant (D4/D3/D2)	1	Supernumerary posts to expire on 21 April 2019	
		Principal Medical and Health Officer (PM&HO) (D1)	1		
Principal Dental Officer (PDO) (D1)	1				
<b>(B)</b>	To enhance the capacity of DH in regulating Chinese medicines and to develop the Government Chinese Medicine Testing Institute (GCMTI)	Chief Pharmacist (C Pharm) (D1)	1		
<b>(C)</b>	To implement the strategy and action plan for prevention and control of non-communicable diseases (NCD)	PM&HO (D1)	1		
<b>(D)</b>	To support the implementation of “Strategic Plan to Re-engineer and Transform Public Services (SPRINT)”	Chief Systems Manager (CSM) (D1) (supernumerary for about five years up to 31 March 2024)	1		
<b>(E)</b>	To enhance health promotion	Assistant Director of Health (ADoH) (D2)	1	PM&HO (D1)	1
	To enhance financial management	Assistant Director of Accounting Services (ADAS) (D2)	1	Chief Treasury Accountant (CTA) (D1)	1
<b>Creation of post in HB of FHB with deletion of post in DH</b>					
<b>(F)</b>	➤ To regularise directorate support for primary healthcare services in HB of FHB	Administrative Officer Staff Grade C (AOSGC) (D2) in HB of FHB	1	ADoH (D2) in DH	1

# The one rank Grade holding the existing post of Controller, Centre for Health Protection (C, CHP) has been named “C, CHP”. With the proposed creation of a new Controller, Regulatory Affairs (C, RA), the Grade of C,CHP will be renamed as “Controller, Public Health”. The Grade will cover two posts, namely, C, CHP and C, RA.

- Encl.1 The existing and proposed organisation charts of DH are at Enclosure 1 and those  
Encl.2 of the HB of FHB are at Enclosure 2.

## JUSTIFICATION

### Background and Present Position

4. DH was established on 1 April 1989 upon the re-organisation of the former Medical and Health Department to focus on the development of health services for the promotion of positive health and the prevention of diseases. With the changing health needs of the community brought about by challenges such as changes in trends of diseases, emerging and re-emerging infections, ageing population, and advances in IT and medical technology, DH has kept reviewing its structure to keep pace with the changes and meet challenges.

5. Following the outbreak of the Severe Acute Respiratory Syndrome (SARS) and the recommendations of the SARS Expert Committee's report released in October 2003, the Centre for Health Protection (CHP) with responsibility, authority and accountability for prevention and control of communicable diseases (CD), among others, was established in 2004. Over the years, new infectious diseases (e.g. Middle East Respiratory Syndrome, Zika virus and avian influenza) have emerged. With the increased awareness on public health in the community, there is also growing demand for DH services such as various vaccination programmes, health promotion, strategic action plans for prevention and control of NCD, and implementation of various public health-related subsidy schemes (e.g. Elderly Health Care Voucher (EHCV) Scheme and Colorectal Cancer Screening Programme).

6. Meanwhile, the statutory and regulatory functions of DH have grown substantially –

- (a) since 2003, DH has started to implement the regulatory regime for Chinese medicines traders (CMTs) and proprietary Chinese medicines;
- (b) since 2007, DH has implemented the smoking ban to all indoor workplace and public places and since 2018, DH has to enforce the ban on the commercial sale or supply of alcohol to persons aged under 18;

/(c) .....

- (c) since 2010, DH has beefed up the regulatory regime on the safety, quality and efficacy of pharmaceutical products. Hong Kong has since 2016 become a member of the Pharmaceutical Inspection Co-operation Scheme;
- (d) since 2012, DH has provided support in reviewing the regulatory regime for PHFs, and has now assumed licensing and enforcement responsibilities upon implementation of the Private Healthcare Facilities Ordinance (PHFO);
- (e) since 2014, DH has had to advise on measures for the regulation of health products for advanced therapies; and
- (f) since 2016, DH has implemented the pilot Accredited Registers Scheme for Healthcare Professions with a view to paving way for mapping out a statutory registration regime for some healthcare professions.

Additional directorate support is required to steer and take forward the new and expanded initiatives.

7. As at 1 March 2019, there are 64 established directorate posts<sup>1</sup> in DH, including the DoH (D6) underpinned by three senior directorate officers, viz. C, CHP (D4), DDoH (D3) and Consultant in-charge Dental Service (D4/D3/D2), who in turn oversee 20, 31 and nine directorate posts respectively. Among these 64 directorate posts, 31 are Consultants.

## **Key Proposals**

### **(A) Strengthen regulatory control by creating one Controller, Public Health post and three directorate posts for the regulation of PHFs**

8. At present, DH is the sole/lead agency for over 20 health-related ordinances in regulating, among others, medical and therapeutic commodities, healthcare facilities, healthcare professionals, and harmful substances, to ensure public health and safety. There are five regulatory Services in DH which are overseen by DDoH. Together with other non-regulatory Services, DDoH has to supervise a total of 11 Services (listed below) involving 31 directorate officers under her direct or indirect supervision –

/Regulatory .....

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<sup>1</sup> Including two supernumerary posts which are due to expire on 21 April 2019, two supernumerary posts which are held against two frozen posts, and one post on loan to FHB.

Regulatory Services	Non-regulatory Services
(a) Special Health Services  (e.g. Tobacco & Alcohol Control Office (T&ACO) and Medical Device Control Office)	(f) Specialised Services  (e.g. Child Assessment Service, Clinical Genetic Service, Forensic Pathology Service (FPS) § and Family and Student Health Services)
(b) Office for Regulation of Private Healthcare Facilities (ORPHF)	(g) Primary Care Office (PCO)
(c) Chinese Medicine Division (CMD)	(h) Elderly Health Services (EHS)
(d) Drug Office	(i) Health Administration & Planning Division
(e) Boards & Councils Office	(j) Administration & Policy Division
	(k) Finance & Supplies Division (F&SD)

§ FPS also performs statutory function by closely working with the Hong Kong Police Force (HKPF) and provides professional input on medico-legal aspects of criminal cases. Services include clinical medico-legal examinations of victims and suspects of crime and provision of expert opinions in Courts of Law on medical matters.

**(a) Proposed Controller, Public Health (D4) post**

9. With new statutes being introduced to step up protection of public health, and the advances in healthcare technologies in recent years, such as introduction of advanced therapies, development of genomic medicine, and increasing complexity in healthcare delivery and public expectation, it is not sustainable for DDoH to continue overseeing both regulatory and non-regulatory services. A dedicated senior directorate officer is required for strategic leadership in ensuring that the regulatory system, legislation and enforcement functions are up-to-date and on par with the international standards.

10. We propose that the organisation structure of DH should be changed by strategically putting the regulatory services listed in paragraph 8 (a) to (e) above into seven Services (with T&ACO forming a Service on its own<sup>2</sup> to

/strengthen .....

<sup>2</sup> A Consultant in Community Medicine (ConCM) has been arranged to head the Service. The staffing arrangement will be subject to review.

strengthen tobacco and alcohol control and FPS hived off from the Specialised Services to form a new Service) under a new permanent Controller, Public Health (D4) post (designated as C, RA), with 15 directorate officers under the direct or indirect supervision of the post. The incumbent will underpin DoH to head and steer the enforcement of public health legislation and formulation of regulatory strategies capable of responding effectively to new challenges arising from the evolving landscape of healthcare services. C, RA will oversee the regulatory services, lead the strategic development of the DH's regulatory functions, ensure organised efforts of the regulatory units in delivering relevant health policies, oversee capacity building and ensure responsiveness in the regulatory regimes having regard to rapid development of healthcare technology and international standards. C, RA will also be responsible for establishing and maintaining network with international and overseas health regulatory authorities.

11. With the proposed C, RA focusing on public health regulatory affairs, the safety of healthcare services and products will be regulated in a more organised manner and the standard of healthcare industry is expected to be enhanced to safeguard public health. It will also enable the adoption of more coordinated efforts to achieve regulatory efficiency in meeting the public demand and facilitating business operation. C, RA will enhance DH's capacity to keep abreast of and respond promptly to these new developments and protect Hong Kong's leading role in healthcare technology and services.

Encl. 3 12. The proposed job description of C, RA is at Enclosure 3. The proposed C, RA post, together with the C, CHP post, will both belong to the renamed Grade/rank of Controller, Public Health.

***(b) Proposed Consultant (D4/D3/D2) post (to regularise the three-year supernumerary post created since 22 April 2016)***

13. Among the regulatory services, ORPHF is a dedicated office set up in April 2016 and is responsible for the registration and regulation of private hospitals and nursing homes (under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance, Cap. 165) and certain medical clinics (under the Medical Clinics Ordinance, Cap. 343), and supporting FHB in reviewing the regulatory regime for PHFs. Currently, there are 12 private hospitals, 66 nursing homes and 87 medical clinics registered under Cap. 165 and Cap. 343. ORPHF also assists HKPF in investigation of illegal medical practices and the Education Bureau in undertaking school health inspections under the Education Ordinance (Cap. 279).



14. The Government introduced the Private Healthcare Facilities Bill (the Bill) into the Legislative Council (LegCo) in June 2017 proposing to regulate four types of PHFs, namely hospitals, day procedure centres, clinics and health services establishments. The Bill was passed by LegCo in November 2018, and the new regulatory regime will commence in phases starting from 2019. It is estimated that about 5 500 premises providing ambulatory services in Hong Kong, including 500 day procedure centres and 5 000 medical and/or dental clinics, would be covered under the new regulatory regime.

15. At present, ORPHF is headed by a Consultant (D4/D3/D2), a supernumerary post designated as Head, ORPHF, who is supported by two PM&HOs. Principal Medical and Health Officer (PHF)1 (PMO(PHF)1) is responsible for regulation of PHFs currently licensed under Cap. 165 and Cap. 343, whilst Principal Medical and Health Officer (PHF)2 (PMO(PHF)2) (a supernumerary post) provides robust support to the legislative exercise to revamp the regulatory regime for PHFs and to implement interim measures pending the implementation of the new regime. The two supernumerary posts (Head, ORPHF and PMO(PHF)2), created since 22 April 2016, are due to expire on 21 April 2019. They need to be retained.

16. With the implementation of the new regime, the depth and scope of regulatory role and functions of ORPHF will be expanded and enhanced, covering other facets essential to the regulation of PHFs such as corporate governance, clinical governance and price transparency. The existing capacity of ORPHF in terms of manpower and expertise is far falling short of what is required for the expanded licensing and regulation work, and substantial strengthening is required. ORPHF will be re-structured from three sections (viz. Licensing Section, Planning and Development Section, and Administration Section) to four sections (viz. Licensing Section, Quality and Standards (QS) Section, IT Support Section and Administration Section). Professional inputs from a public health consultant are required to effectively institute the new comprehensive regulatory regime amid the evolving medical technology and practices and to liaise with relevant local and overseas stakeholders in standards setting and quality assurance. A permanent Consultant (D4/D3/D2) post (designated as Head, ORPHF) is required to head the much expanded ORPHF to –

- (a) provide strategic leadership to ORPHF and oversee all aspects of work, including the implementation and development of enforcement strategy of PHFO in phases and the regulation of different types of PHFs under the new regime;
- (b) oversee the investigations of and enforcement actions on contraventions by PHFs;

/(c) .....

- (c) steer the research and development of regulatory standards and measures for PHFO;
- (d) oversee the overall operation of the Secretariats supporting the Committee on Complaints against Private Healthcare Facilities (Complaints Committee) and other advisory committee(s) to be established under PHFO;
- (e) provide professional support to FHB on private healthcare development from public health perspective and monitor the implementation of policy initiative in promoting private hospital development; and
- (f) support C, RA to coordinate enforcement actions among various services and formulation of policies and strategies on regulatory affairs.

17. Head, ORPHF has to be knowledgeable in healthcare research and healthcare facility set-up and service delivery, in addition to public health administration and statutory functions. He/She is also expected to keep abreast of international development in the relevant specialised field and to consolidate network with external counterparts, local and overseas professional organisations and stakeholders to support departmental mission and to review the regulatory regime from time to time.

***(c) Proposed PM&HO (D1) post (to regularise the three-year supernumerary post created since 22 April 2016)***

18. The existing PMO(PHF)1 of ORPHF will continue to oversee the registration, licensing and inspection of all PHFs under the new regime, covering more than 2 000 private hospitals, day procedure centres and clinics. PMO(PHF)1 will also conduct investigation of complaints and take appropriate regulatory/enforcement actions against any contraventions by PHFs, and assist HKPF in the investigation of suspected illegal medical practice.

19. On the other hand, the supernumerary PM&HO (D1) post proposed to be regularised (designated as PMO(PHF)2) will –

- (a) oversee the new QS Section in the provision of secretariat and research support for the advisory committee(s) to be established under PHFO and their standard setting activities;

/(b) .....

- (b) oversee the provision of professional and executive support of the Secretariat to the Complaints Committee;
- (c) oversee the processing of requests for exemption of small practice clinics and the investigation on suspected contraventions by small practice clinics and the related regulatory/enforcement actions; and
- (d) provide inputs on, or oversee the monitoring and enforcement actions for health services related land grant conditions and Service Deeds of PHFs, and also the enforcement of school health under the Education Ordinance.

Encls.4 - 5      20.            The proposed job descriptions of Head, ORPHF and PMO(PHF)2 are at Enclosures 4 and 5 respectively.

***(d) Proposed PDO (D1) post***

21.            A Dental Regulatory and Law Enforcement (DRLE) Unit will be set up under the Dental Service of DH to perform the new regulatory functions arising from implementation of the new regime. A permanent PDO (D1) post (designated as PDO (Regulatory and Law Enforcement) (PDO(RLE))) is required to head the DRLE Unit.

22.            PDO(RLE) will give steer in planning, implementing and evaluating measures and operational arrangements in the regulation of private dental healthcare facilities. Having regard to the wide spectrum of regulatory standards covering, among others, management and governance, physical conditions, service delivery, patient safety and infection control of dental premises, professional input from an officer at the PDO level is essential in overseeing the administration and monitoring of compliance of the statutory requirements. PDO(RLE) is expected to lead the enforcement of the regulatory standards applicable to different types of dental premises, to keep abreast of international developments and to review the regulatory regime from time to time in view of the evolving dental technology and practices. The incumbent will also play a key role in engaging and liaising with stakeholders, which include the Dental Council of Hong Kong, Hong Kong Dental Association, dental profession, and operators of dental premises, and in reviewing code of practice for compliance by private dental healthcare facilities and in alignment with the Code of Professional Discipline for registered dentists. The proposed job description of PDO(RLE) is at Enclosure 6.

Encl. 6

/(B) .....

**(B) Beef up directorate support for Chinese medicine by creating one C Pharm post**

23. CMD is responsible for the enforcement of the Chinese Medicine Ordinance (CMO) (Cap. 549) which provides for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines. It also provides support to Chinese Medicine Development Committee to implement the policy direction of developing Chinese medicine. Since its establishment in 1998, Assistant Director (Traditional Chinese Medicine) (to be retitled as Assistant Director (Chinese Medicine) (AD(CM))) is the only directorate post in the establishment. Apart from the regulation of Chinese medicine practitioners and traders, there is rapid expansion of the regulation and development of Chinese medicines since the beginning of CMT licensing and proprietary Chinese medicines (pCm) registration regimes in 2003, including processing of about 16 700 applications for the CMT licences and about 18 200 applications for registration of pCm; and substantial increase in investigation and prosecution work since the enforcement of section 119 (mandatory registration of pCm) in 2010 and sections 143 & 144 (requirements of label and package insert of registered pCm) in 2011 which signified full implementation of CMO. Together with the impending setting up of GCMTI, there is an imminent need to beef up the directorate support in CMD by creating one permanent C Pharm (D1) post (designated as C Pharm (Chinese Medicine) (CP(CM))).

24. Supported by some 220 staff, AD(CM) oversees the operation of CMD including enforcement, surveillance, testing and standard setting of Chinese medicines, registration of Chinese medicine practitioners and Chinese medicines products, and licensing of CMTs. The incumbent directly supervises three functional sections, two secretariats and one testing institute, attends over 100 formal meetings and pre-meetings per year, and represents CMD to attend all negotiations, functions and conferences. AD(CM) also acts as the focal point with relevant authorities in the Mainland and overseas on investigation, information exchange and capacity building in Chinese medicine. With such a wide portfolio and heavy burden of work, AD(CM) needs more dedicated directorate and professional support on the testing and standard setting of Chinese medicines to ensure the effective running of CMD and meeting new challenges ahead.

25. The proposed CP(CM), with in-depth training in pharmaceutical science, drug manufactory and Good Manufacturing Practice for the manufacture of pCm, will deputise AD(CM) in overseeing the following –

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- (a) the establishment of GCMTI as announced in the 2015 Policy Address which will specialise in the testing and scientific research on Chinese medicines, with a view to setting reference standards for the safety, quality and testing methods of Chinese medicines;
- (b) law enforcement relating to Chinese medicine products by providing expert advice on the macroscopic examinations on Chinese Materia Medica samples and expert statement services; and
- (c) regulation on Chinese medicines through licensing and inspection of CMTs, registration of pCm and import/export control of Chinese medicines.

Encl. 7 The proposed job description of CP(CM) is at Enclosure 7.

**(C) Step up NCD control by creating one PM&HO post**

26. With growing concerns on increasing burden of NCD to the healthcare system and its threat to sustainable development, the Steering Committee on Prevention and Control of NCD under the chairmanship of the Secretary for Food and Health (SFH) formulated the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong (SAP)” which has been developed based on the World Health Organization guidance and local situation. Launched in May 2018, it sets out the direction, principles, approaches, actions, key players, NCD targets, indicators and monitoring requirements to achieve nine local targets by 2025 for Hong Kong. In addition, the Government has committed to promoting a healthy lifestyle in the community at full speed in order to reduce NCD such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. The Colorectal Cancer Screening Pilot Programme is an example. Launched in September 2016, colorectal cancer screening will be progressively extended to cover a wider net of eligible people. The initiative is expected to significantly reduce the burden on healthcare system and society, from both financial and manpower perspective, and improve the quality of life of the patients and their families.

27. At present, ConCM(NCD) is the only directorate officer in the permanent establishment overseeing NCD Division. To take forward the above initiatives under SAP, we propose creating a new permanent PM&HO (D1) post (designated as PMO (Disease Prevention) (PMO(DP))) to ensure the smooth implementation of the SAP with a view to achieving the pledged targets by 2025. PMO(DP) will take the lead in liaison with the overseas health authorities to keep abreast of the latest development in global strategy development and local actions

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implementation. The incumbent will also spearhead the work related to the regularisation of colorectal cancer screening, and keep abreast of the new developments on cancer prevention and screening strategy to ensure that the screening programme is scientifically sound, effective and capable of generating the greatest health benefits. The proposed job description of PMO(DP) is at Encl. 8 Enclosure 8.

**(D) Revamp IT of DH by creating one supernumerary CSM post for about five years up to 31 March 2024**

28. With the increasing demand for quality service and the fast evolving healthcare landscape, DH has completed an Information Systems Strategy Study in 2017-18 and carved out an Information Systems Strategy Plan (ISSP) to transform DH into a data-driven organisation for better support of DH's operations and enhancement of its capability to meet Hong Kong's healthcare need and challenges in this digital era. ISSP is an implementation programme comprising IT re-organisation and a phased development of a series of IT projects called SPRINT underpinned by three major pillars, namely (a) IT infrastructure enhancements; (b) development of data analytic capability; and (c) service and process enhancements.

29. The Finance Committee of LegCo approved in June 2018 the creation of a capital commitment of about \$1,057 million for implementation of an IT enhancement project in DH. The first phase of SPRINT (SPRINT-1) which comprises 35 IT projects, aims to put in place a comprehensive clinical system to enhance DH's capacity in meeting various public health challenges and deliver higher quality services to the public. The development of SPRINT-1 runs from October 2018 to 2024 with its nursing in 2025.

30. DH will re-engineer the resources for IT development, staff structure and operation workflow to comprehensively increase the application of information and communication technology, and strengthen the development of public health data. A new Health Informatics and Technology Services Division (HITSD) will be set up by integrating three existing IT units (i.e. the IT Management Unit, Electronic Health Record Management Team and Programme Management Office under the Emergency Response & Information Branch (ERIB)) into two Sections, namely the Health Informatics Section and the Technology Services Section. An ADoH will head the Division to oversee the implementation of SPRINT-1 and the related departmental practices and workflow, and ensure alignment across DH's complex and multi-faceted portfolios. The staffing arrangement will be subject to review.

31. Given the large scale of SPRINT-1, a CSM (D1) post (designated as CSM(HITSD)) is required to provide technical support at directorate level on a supernumerary basis for about five years from 2019-20 to 2023-24. CSM(HITSD) will assist in planning, formulating and reviewing the policies and strategies on the IT application in DH operations. CSM(HITSD) will be responsible for steering and executing the IT strategies and initiatives of DH, leading and coordinating the work for implementation of IT projects as well as ensuring the effective use and maintenance of existing systems. The incumbent will advise on IT management, governance, standards and best practices, privacy, security and enhance IT awareness and competencies for DH in support of the implementation of IT projects and initiatives in SPRINT-1. The proposed job description of CSM(HITSD) is at Enclosure 9.

Encl. 9

**(E) Enhance health promotion and financial management by upgrading two directorate posts**

***(a) Creating one ADoH post, to be offset by deletion of one PM&HO post, for health promotion***

32. An ADoH post, designated as Assistant Director (Health Promotion) (AD(HP)), has been created on a supernumerary basis by holding against a vacant Consultant post in DH to head the Central Health Education Unit (CHEU) and is responsible for formulating, steering, implementing and reviewing the health promotion strategy for prevention of NCD and prevention and control of CD. The incumbent oversees the planning and implementation of health promotion initiatives and monitor their progress and effectiveness, conduct research on health promotion, build organisational workforce capacity in health promotion and establish international collaboration. AD(HP) also oversees the organ donation promotion activities as well as the work of the Community Liaison Division (CLD). CLD is currently headed by a Community Physician occupying a PM&HO (D1) post and is responsible for district liaison and community-based health promotion, serves as a focal point for community liaison on matters related to DH and public health, and facilitates information flow between DH services and the community.

33. The Government will continue to promote healthy eating which is one of the key action areas that needs to be enhanced and strengthened under SAP in order to achieve the various targets in SAP including halting the rise in prevalence of raised blood pressure, diabetes and obesity as well as attaining a 30% relative reduction in mean population daily intake of salt/sodium. In addition, the Government has announced in the 2018 Policy Address that an annual funding of \$50 million will be earmarked on an on-going mental health

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promotion and public education initiative. The first phase of the new initiative aims to enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs, with a view to building a mental-health friendly society in the long run.

34. The above initiatives are on-going and the continued workload and responsibilities on health promotion demand an ADoH to steer and monitor the work on a permanent basis. We propose to merge CHEU and CLD and rationalise the directorate support by creating one permanent ADoH (D2) post, to be offset by deletion of one permanent PM&HO (D1) post of CLD, to head the merged unit. The proposed job description of AD(HP) is at Enclosure 10.

Encl. 10

***(b) Upgrading one CTA post to one ADAS post for financial management***

35. F&SD is currently headed by a CTA (D1) post which was first created on a supernumerary basis upon the setting up of DH in 1989 and subsequently on a permanent basis in 1994 to assume overall direction and supervision of all financial, accounting and supplies matters in DH.

36. Over the years, DH's business has been evolving and expanding having regard to the changing needs of healthcare services in the society. DH's budget has increased from \$1.9 billion for 1994-95 to \$5.6 billion for 2013-14 (+195%) when the Treasury conducted a ranking review of the Treasury Grades posts and recommended DH to strengthen the overall management of F&SD in 2013. DH's budget has kept on increasing and the current budget for 2018-19 is \$11.1 billion, representing a further increase by 98% when compared with that in 2013-14. DH's budget for 2018-19 ranks the seventh highest among all the Government bureaux and departments.

37. DH needs to administer over 400 fee items. With the rising public health awareness and the ageing population in the community, DH has introduced various public health related subsidy schemes in recent years, including the EHCV Scheme, Vaccination Programmes, Colorectal Cancer Screening Programme, and Smoking Cessation Programme.

38. Given the increasing complexity and versatility of the F&SD's business, the present ranking at D1 level for the head of the office is no longer commensurate with its responsibilities. There is a genuine need to upgrade the CTA post to an ADAS post (designated as Assistant Director (Finance) (AD(Fin))

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to strengthen the overall management of F&SD and its ability to provide quality financial management services to DH for discharging its existing functions and meeting future challenges. The proposed job description of AD(Fin) is at Encl. 11 Enclosure 11.

**(F) Other changes**

**(a) *Regularising directorate support for primary healthcare services in HB of FHB***

39. Following the announcement in the Chief Executive's 2017 Policy Address that the Government would accord priority to boosting primary healthcare services, the Steering Committee on Primary Healthcare Development (SCPHD), chaired by SFH, was set up in November 2017 to formulate the development strategy and devise a blueprint for primary healthcare services. FHB has set up a Primary Healthcare Office to oversee and steer the development of primary healthcare services at the bureau level. It also oversees the development of District Health Centres (DHC), monitor the performance of DHC operators, plans and materialises the mission of establishing DHC in all districts in Hong Kong.

40. Currently, Team 5 of the HB of FHB is responsible for policy issues on primary care matters, including providing secretariat support to SCPHD, conducting analysis for drawing up a development blueprint on primary care and mapping out strategies on the planning and provision of primary care services at community level and the related subsidisation issues. Besides, policies on tobacco control, organ donation and transplant, human reproductive technology, etc. are also under the purview of Team 5. This Team is at present spearheaded by Principal Assistant Secretary (Health)5 (PAS(H)5), who is occupying an AOSGC post on loan from DH. To tie in with the Government's pledge in enhancing primary care services, there is an operational need to regularise the PAS(H)5 post by creating a permanent AOSGC post in HB of FHB, to be offset by deletion of one permanent ADoH post (i.e. Head, PCO) in DH. The job description of PAS(H)5 is at Encl. 12

41. PCO/DH will perform a complementary role to support the Primary Healthcare Office/FHB on matters relating to the development of primary care services in Hong Kong. PCO will continue its work relating to the development and updating of the reference framework for primary care setting, maintenance and promoting the use of the Primary Care Directory, and promotion of the

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family doctor concept and/or family medical practice, etc. PCO will also need to support FHB in setting up the DHC system. The work and initiatives of PCO will be overseen by Assistant Director (EHS) in DH.

**(b) *Minor restructuring for units under DDoH, C, CHP and Consultant in-charge Dental Service***

Encl. 13 42. Upon transfer of the regulatory duties to the new C, RA, DDoH will focus on overseeing the non-regulatory services listed in paragraph 8 (f) to (k) above. Under the new organisation structure, the number of Services under DDoH's charter will be reduced from 11 to seven (including the new HITSD mentioned in paragraph 30 above), and the number of directorate officers under his direct and indirect supervision will be reduced from 31 to 18. The proposed job description of DDoH is at Enclosure 13.

Encl. 14 43. CHP was established in 2004 and comprises six functional Branches. After 14 years of operation and upon review, we propose CHP be re-structured. The Surveillance and Epidemiology Branch will be split into three Branches, namely CD Branch, NCD Branch and Health Promotion Branch, having regard to the latest focus and development on disease prevention and health promotion. The revised job description of ConCM(CD) after the restructuring is at Enclosure 14. ERIB and the Programme Management and Professional Development Branch will be merged to form the Emergency Response and Programme Management Branch (ER&PMB) which will be responsible for emergency preparedness and management of public health crisis as well as management and support of professional public health programmes.

Encl. 15 44. The revised job description of Head(ER&PMB) is at Enclosure 15.

44. With these changes, the number of Services under C, CHP's charter will be increased from six to seven, and the number of directorate officers under his direct and indirect supervision remains at 20.

45. To improve oral health and prevent dental diseases through promotion and education, in particular for the needy persons in the community including the elderly and persons with intellectual disability, the Dental Service plans to improve and strengthen the special dental care services to the needy persons by introducing Special Oral Healthcare Programmes (SOHP) in 2019-20. DH plans to arrange under the established mechanism to create a supernumerary Dental Consultant post by holding against a frozen Dental Consultant post in the Hospital Dental Service (HDS) to oversee the development,

/provision .....

provision and management of SOHP for elderly, persons with intellectual disability and pre-school children with special oral healthcare needs. DH will review the staffing arrangement as well as the service needs of HDS in a year's time.

## **STAFF ENGAGEMENT**

46. In view that the DH re-organisation proposal in paragraph 3 above involved creation/deletion of a number of directorate posts of the Medical and Health Officer (M&HO) and Dental Officer (DO) grades, DH organised two staff forums on 20 December 2018 and 24 January 2019 specifically for the M&HO and DO grades officers to brief them on the proposal. In addition, DH briefed the staff representatives of the Departmental Consultative Committee and the Grades Consultative Committees on 8 January 2019. Staff members echoed the need for additional manpower to deliver the increasing scope and complexity of DH's services and functions, in particular the rapid expansion of the statutory and regulatory functions in various health related issues in recent years. They in general supported and welcomed the creation of additional directorate posts and the re-organisation proposal.

47. DO grade members working in HDS and the Government Doctors' Association have expressed serious concerns about the proposal to delete one frozen Dental Consultant post in HDS for SOHP (which was the arrangement under the original proposal). DH has responded positively to their requests by putting the original proposed deletion on hold and by planning to create a supernumerary directorate post for SOHP under the established mechanism, to be held against the frozen Dental Consultant post in HDS instead to meet the imminent needs of special dental care services. DH will continue to communicate with staff on the issue on the long term manpower requirements for SOHP and HDS.

## **ALTERNATIVES CONSIDERED**

48. We have critically considered whether the present set-up of DH and HB of FHB could take forward the new initiatives and expanding services and whether the existing staff complement could cope with the increasing workload. Having regard to the portfolio and workload of the existing directorate officers, we consider it not feasible without affecting the quality of their work as all of these officers are fully engaged in their respective duties.

**/FINANCIAL .....**

**FINANCIAL IMPLICATIONS**

49. The above directorate proposals will bring about an additional notional annual salary cost at mid-point of \$15,049,418, as follows –

Directorate Posts	No. of posts	Notional annual salary at mid-point (\$)
<i>DH</i>		
Controller, Public Health (D4)	1	2,793,000
Consultant (D4/D3/D2)	1	2,387,018
ADoH (D2)	1	2,179,800
ADAS (D2)	1	2,179,800
PM&HO (D1)	2	3,673,200
PDO (D1)	1	1,836,600
CP (D1)	1	1,836,600
PM&HO (D1)	-1	-1,836,600
CTA (D1)	-1	-1,836,600
ADoH (D2)	-1	-2,179,800
CSM (D1)	1	1,836,600
<b>Total:</b>	<b>6</b>	<b>12,869,618</b>
<i>Government Secretariat: FHB(HB)</i>		
AOSGC (D2)	1	2,179,800
<b>Total:</b>	<b>1</b>	<b>2,179,800</b>

The additional full annual average staff cost, including salaries and staff on-cost, is around \$21,625,000.

50. We have included the necessary provision in the draft Estimates of 2019-20 to meet the cost of the proposals and will reflect the resources required in the subsequent years.

**PUBLIC CONSULTATION**

51. We consulted the LegCo Panel on Health Services on the above proposals on 18 February 2019. Members supported the proposals. On the Government's plan to improve and strengthen the special dental care services to the needy persons, some members suggested that sufficient directorate support should be ensured. DH will review the staffing arrangement in this respect.

**/ESTABLISHMENT .....**

**ESTABLISHMENT CHANGES**

52. The establishment changes under relevant Heads for the past two years are as follows –

Establishment (Note)	Number of posts			
	Existing (as at 1 March 2019)	As at 1 April 2018	As at 1 April 2017	As at 1 April 2016
<b>DH</b>				
A <sup>^</sup>	62 + (2) <sup>#</sup>	61 + (2)	61 + (2)	61
B	1 303	1 260	1 239	1 202
C*	5 089	4 971	4 936	4 882
<b>Total</b>	<b>6 454 + (2)</b>	<b>6 292 + (2)</b>	<b>6 236+(2)</b>	<b>6 145</b>
<b>Government Secretariat: FHB(HB)</b>				
A <sup>^</sup>	11 + (1)	8	8 + (4)	8 + (4)
B	44	37	37	36
C	91	73	72	71
<b>Total</b>	<b>146 + (1)</b>	<b>118</b>	<b>117 + (4)</b>	<b>115 + (4)</b>

Note:

A - ranks in the directorate pay scale or equivalent

B - non-directorate ranks, the maximum pay point of which is above MPS Point 33 or equivalent

C - non-directorate ranks, the maximum pay point of which is at or below MPS Point 33 or equivalent

( ) - number of supernumerary directorate posts approved by the Establishment Subcommittee/Finance Committee

<sup>#</sup> - as at 1 March 2019, there was no unfilled directorate post in DH.

\* - excluding posts created to accommodate general grades staff working in general outpatient clinics of the Hospital Authority

<sup>^</sup> - excluding supernumerary posts created under delegated authority

**CIVIL SERVICE BUREAU COMMENTS**

53. The Civil Service Bureau supports the proposed creation of permanent and supernumerary directorate posts in DH and HB of FHB. The grading and ranking of the proposed posts are considered appropriate having regard to the level and scope of responsibilities required.

/ADVICE .....

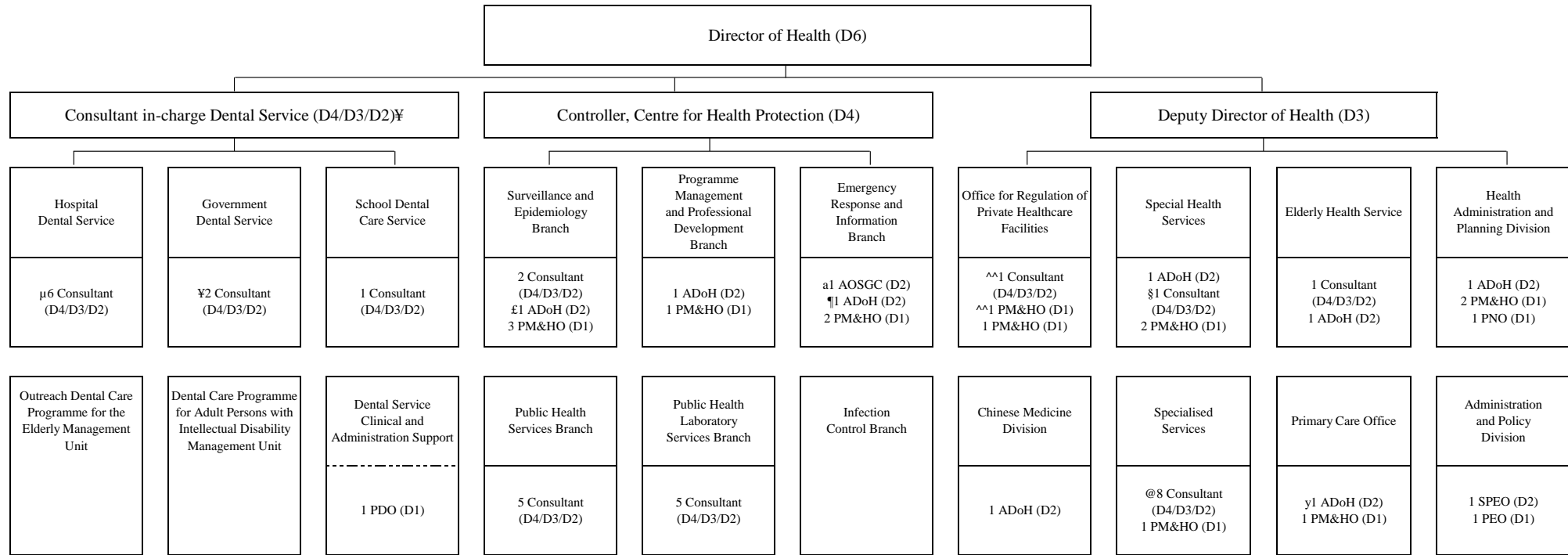
**ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE**

54. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the grading proposed for the posts would be appropriate if the proposals were to be implemented.

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Food and Health Bureau  
Department of Health  
March 2019

Existing Organisation Chart of the Department of Health



- Legend:
- ADoH - Assistant Director of Health
  - AOSGC - Administrative Officer Staff Grade C
  - C Pharm - Chief Pharmacist
  - CTA - Chief Treasury Accountant
  - PEO - Principal Executive Officer
  - PM&HO - Principal Medical and Health Officer
  - PNO - Principal Nursing Officer
  - SPEO - Senior Principal Executive Officer

¥ One Consultant in the Government Dental Service takes up the role of Consultant in-charge Dental Service in addition to his own duties

μ Including one post being frozen for creation of one supernumerary ADoH post in the Central Health Education Unit under the Surveillance and Epidemiology Branch

£ Supernumerary post held against one frozen Dental Consultant post in the Hospital Dental Service

a Post frozen for creation of one supernumerary ADoH post in the Emergency Response and Information Branch

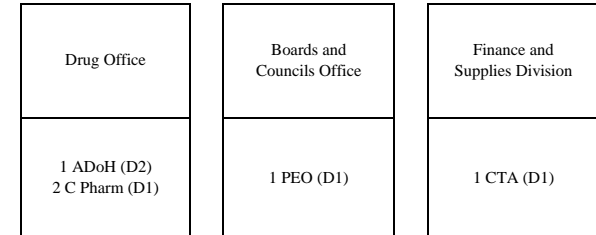
¶ Supernumerary post held against one frozen AOSGC post in the Emergency Response and Information Branch

^ Supernumerary post due to expire on 21.4.2019

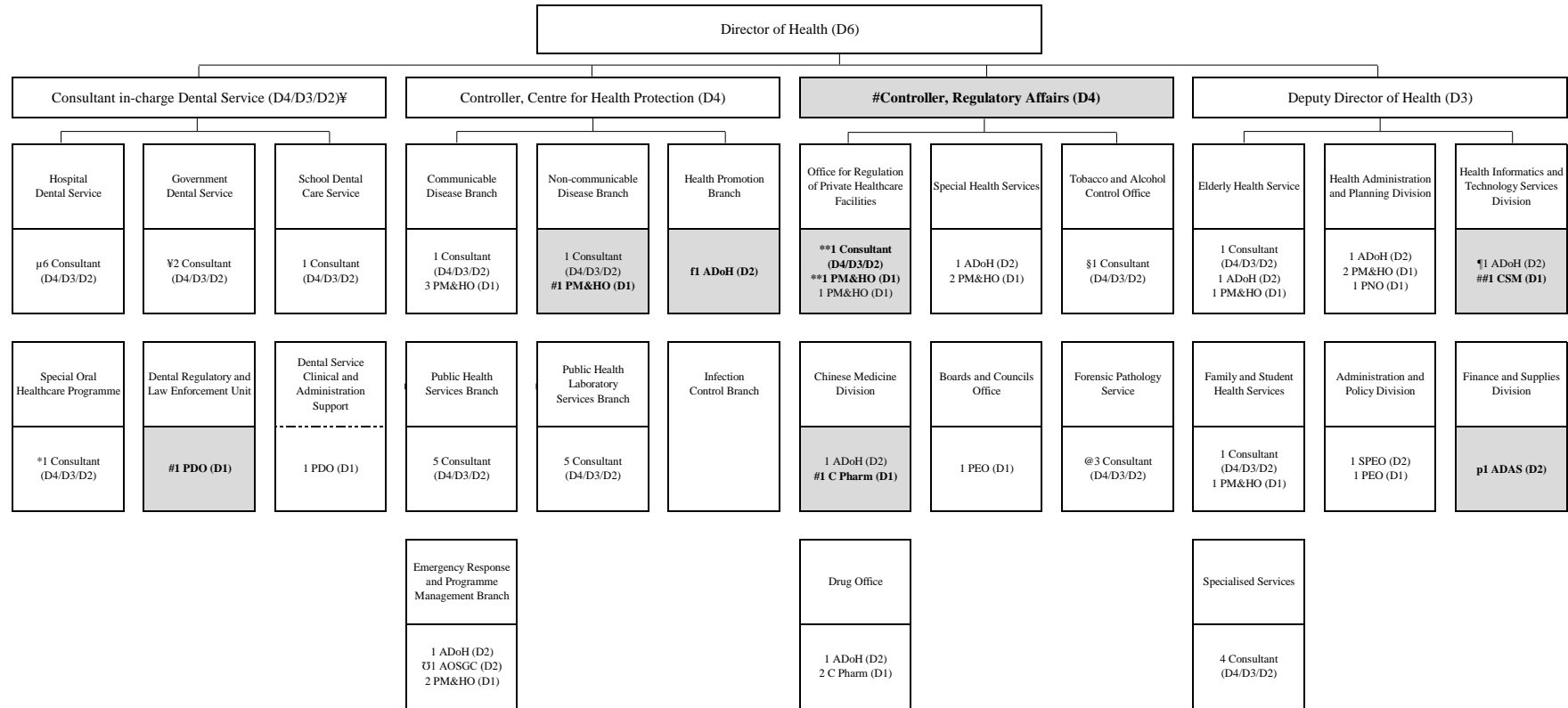
§ Supernumerary post held against one frozen Consultant post in the Forensic Pathology Service under the Specialised Services

@ Including one post being frozen for creation of one supernumerary Consultant post in the Tobacco and Alcohol Control Office under the Special Health Services

y Post being frozen for creation of one supernumerary AOSGC post on loan to Food and Health Bureau



Proposed Organisation Chart of the Department of Health

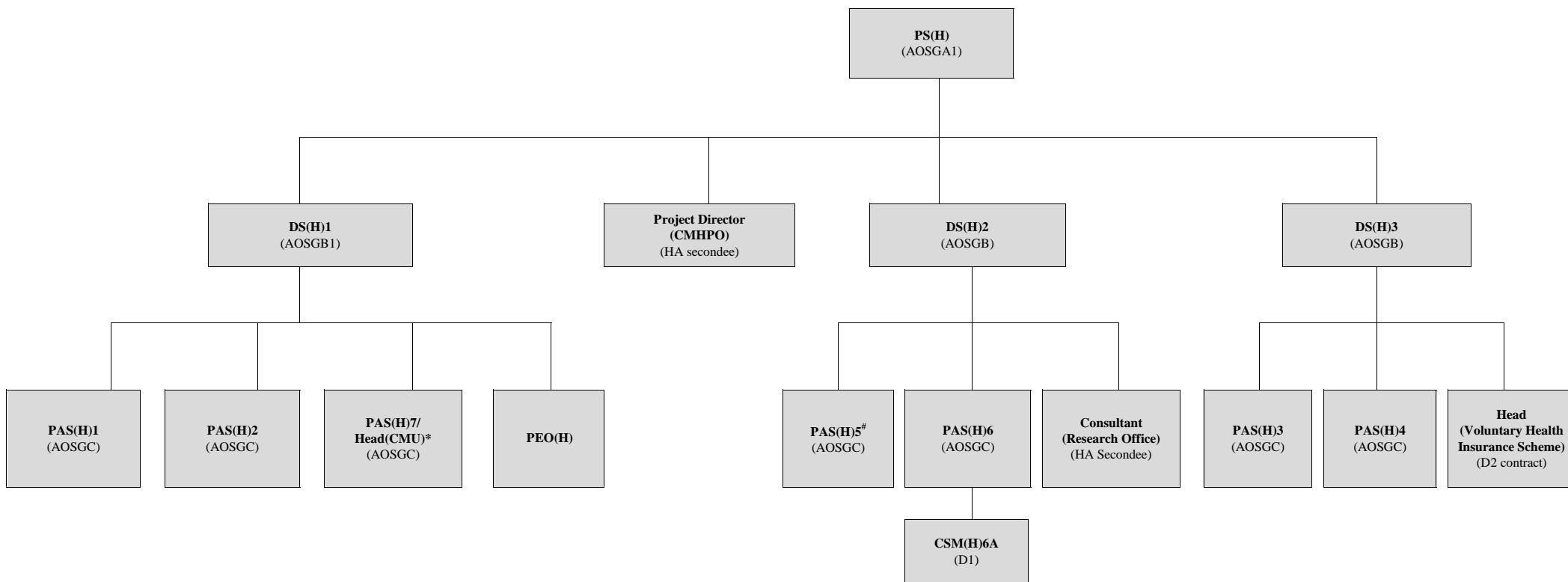


- ¥ One Consultant in the Government Dental Service takes up the role of Consultant in-charge Dental Service in addition to his own duties
  - µ Including one post being frozen for creation of one supernumerary Dental Consultant post in the Special Oral Healthcare Programme
  - \* Supernumerary post held against one frozen Dental Consultant post in the Hospital Dental Service
  - # Proposed new post
  - Ů Post being frozen for creation of one supernumerary ADoH post in the Health Informatics and Technology Services Division
  - f Post proposed to be created by offsetting deletion of one PM&HO post
  - \*\* Post proposed to be created for regularising the two supernumerary posts due to expire on 21.4.2019
  - § Supernumerary post held against one frozen Consultant post in the Forensic Pathology Service
  - @ Including one post being frozen for creation of one supernumerary Consultant post in Tobacco and Alcohol Control Office
  - ¶ Supernumerary post held against one frozen AOSGC post in the Emergency Response and Programme Management Branch
  - ## Proposed new supernumerary post for 5 years
  - p Post proposed to be created by upgrading of one Chief Treasury Accountant post
- Legend:
- ADAS - Assistant Director of Accounting Services
  - ADoH - Assistant Director of Health
  - AOSGC - Administrative Officer Staff Grade C
  - C Pharm - Chief Pharmacist
  - CSM - Chief Systems Manager
  - PEO - Principal Executive Officer
  - PM&HO - Principal Medical and Health Officer
  - PNO - Principal Nursing Officer
  - SPEO - Senior Principal Executive Officer

Note: The title of Divisions/Services will be revised and tidied for consistency upon re-organisation of DH which will take effect in 2019-20

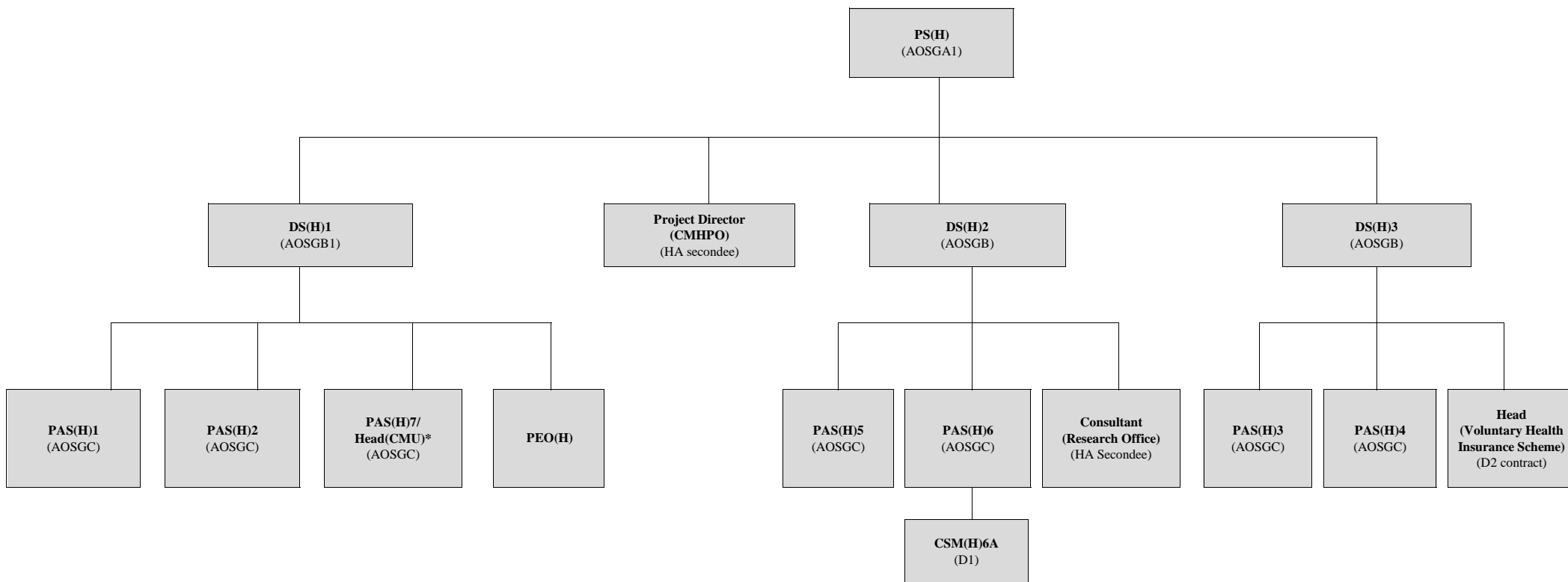


Existing Organization Chart of Health Branch, Food and Health Bureau



- Legend :**
- AOSGA1/B1/B/C - Administrative Officer Staff Grade A1/B1/B/C
  - CMHPO - Chinese Medicine Hospital Project Office
  - CMU - Chinese Medicine Unit
  - CSM - Chief Systems Manager
  - DS - Deputy Secretary for Food and Health
  - H - Health
  - HA - Hospital Authority
  - PAS - Principal Assistant Secretary for Food and Health
  - PEO - Principal Executive Officer
  - PS - Permanent Secretary for Food and Health
- # Post on loan from Department of Health  
\* Supernumerary post

Proposed Organization Chart of Health Branch, Food and Health Bureau



**Legend :**  
 AOSGA1/B1/B/C - Administrative Officer Staff Grade A1/B1/B/C  
 CMHPO - Chinese Medicine Hospital Project Office  
 CMU - Chinese Medicine Unit  
 CSM - Chief Systems Manager  
 DS - Deputy Secretary for Food and Health  
 H - Health  
 HA - Hospital Authority  
 PAS - Principal Assistant Secretary for Food and Health  
 PEO - Principal Executive Officer  
 PS - Permanent Secretary for Food and Health

\* Supernumerary post

**Proposed Job Description for the post of  
Controller, Regulatory Affairs**

**Rank** : Controller, Public Health (D4)

**Responsible to** : Director of Health (DoH) (D6)

**Main duties and responsibilities –**

1. To advise the DoH on the enforcement of public health legislation and formulation of regulatory strategies capable of responding effectively to new challenges arising from the evolving landscape of healthcare services.
  2. To be responsible for the overall management of the regulatory affairs which comprise seven statutory/regulatory units/divisions (i.e. Boards and Councils Office, Chinese Medicine Division, Drug Office, Forensic Pathology Service, Office for Regulation of Private Healthcare Facilities and Special Health Services, and Tobacco and Alcohol Control Office).
  3. To lead the strategic development of the regulatory functions of the Department of Health and ensure organised efforts of the regulatory units/divisions in delivering relevant public health policies.
  4. To oversee capacity building and ensure responsiveness in the regulatory regimes having regard to the latest development of healthcare technology and international standards.
  5. To determine, develop, implement and evaluate health regulation initiatives and represent the Government or DoH in various statutory and advisory committees.
  6. To establish and maintain an active network with local stakeholders, Mainland and international health authorities in health regulation.
-

**Proposed Job Description for the post of  
Head, Office for Regulation of Private Healthcare Facilities**

**Rank** : Consultant (D4/D3/D2)

**Responsible to** : Controller, Regulatory Affairs (D4)

**Main duties and responsibilities –**

1. To oversee the implementation and development of enforcement strategy of the Private Healthcare Facilities Ordinance (PHFO) in phases and the regulation of different types of private healthcare facilities (PHFs) under the new regime.
2. To provide professional support to the Food and Health Bureau on private healthcare development from public health perspective and monitor the implementation of policy initiative in promoting private hospital development.
3. To oversee the investigations and regulatory actions for contraventions by PHFs.
4. To oversee the overall operation of the secretariats supporting the Committee on Complaints against Private Healthcare Facilities and other advisory committee(s) to be established under PHFO.
5. To steer the research, development and review of regulatory standards and measures for PHFO and to lead the development of the Office for Regulation of Private Healthcare Facilities having regard to the updated international standards, overseas practice and latest scientific evidence.
6. To engage and consult relevant stakeholders on the regulation of PHFs, standards setting and quality assurance.
7. To support Controller, Regulatory Affairs to coordinate enforcement actions among various services and formulation of policies and strategies on regulatory affairs.

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**Proposed Job Description for the post of  
Principal Medical and Health Officer (Private Healthcare Facilities)2**

**Rank** : Principal Medical and Health Officer (D1)

**Responsible to** : Head, Office for Regulation of Private Healthcare  
Facilities (D4/D3/D2)

**Main duties and responsibilities –**

1. To oversee the provision of secretariat and research support for the advisory committee(s) to be established under Private Healthcare Facilities Ordinance and coordinate activities relating to the development and review of regulatory standards for private healthcare facilities.
  2. To oversee the provision of professional and executive support of the Secretariat to the Committee on Complaints against Private Healthcare Facilities established under the new regime.
  3. To oversee the processing of requests for exemption of small practice clinics and the investigation of complaints against any suspected contraventions by small practice clinics and take appropriate regulatory/enforcement actions.
  4. To advise relevant bureaux and departments on matters relating to project proposals for private hospital development, and to provide inputs on or oversee the monitoring and enforcement actions for health services related land grant conditions and Service Deeds of private healthcare facilities.
  5. To oversee the enforcement of school health under the Education Ordinance.
-

**Proposed Job Description for the post of  
Principal Dental Officer (Regulatory and Law Enforcement)**

**Rank** : Principal Dental Officer (D1)

**Responsible to** : Consultant in-charge Dental Service (D4/D3/D2)

**Main duties and responsibilities –**

1. To plan, implement and evaluate measures in enhancing inspections and regulation of private dental healthcare facilities.
2. To communicate with relevant regulatory and enforcement agencies or departments for development of regulatory standards for dental premises.
3. To coordinate the review of code of practice for registered private dental healthcare facilities, having regard to the latest international standards, technology advances, and in alignment with the Code of Professional Discipline for registered dentists.
4. To provide professional input and support for other units of the Department of Health in relation to regulating private dental healthcare facilities.
5. To promulgate the requirements as stipulated in Private Healthcare Facilities Ordinance through collaboration with key stakeholders in dental profession and to ensure information on the code of practice and related standards is widely disseminated among the dental profession working in licensed and exempted dental premises.
6. To support Consultant in-charge Dental Service and Head, Office for Regulation of Private Healthcare Facilities on coordination of enforcement efforts and implementation of regulatory standards for private healthcare facilities.

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**Proposed Job Description for the post of  
Chief Pharmacist (Chinese Medicine)**

**Rank** : Chief Pharmacist (D1)

**Responsible to** : Assistant Director (Chinese Medicine) (AD(CM)) (D2)

**Main duties and responsibilities –**

1. To assist AD(CM) to exercise vested powers in relation to the enforcement of the Chinese Medicine Ordinance (Cap. 549), and to oversee the investigation of incidents related to Chinese medicines.
2. To support the Chinese Medicine Council of Hong Kong regarding licensing of Chinese medicines traders and registration of Chinese medicines products.
3. To support the Chinese Medicine Development Committee regarding the development of Chinese medicines.
4. To oversee and provide technical support to the establishment of permanent Government Chinese Medicines Testing Institute.
5. To conduct timely review of Cap. 549 to ensure its continuing suitability in achieving its statutory functions and emergent needs.
6. To keep close watch on concerns and needs of the trade and their impact on regulatory initiatives and policies.
7. To assist AD(CM) to liaise with the mainland and international counterparts to promote the development of Chinese medicines.
8. To assist AD(CM) to oversee the overall administration of the Chinese Medicine Division.

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**Proposed Job Description for the post of  
Principal Medical and Health Officer (Disease Prevention)**

**Rank** : Principal Medical and Health Officer (D1)

**Responsible to** : Consultant Community Medicine  
(Non-Communicable Disease) (NCD) (D4/D3/D2)

**Main duties and responsibilities –**

1. To assist, and deputise Consultant Community Medicine (Non-Communicable Disease) in leading the work for NCD prevention.
2. To liaise with international authorities and overseas health authorities to keep abreast of the latest development of the international strategy on NCD prevention.
3. To establish, maintain and foster partnership with multiple stakeholders in the local setting to increase public's health literacy and further NCD prevention goals.
4. To oversee enhancement of surveillance activities and statistical reporting in relation to major NCD and its behavioural risk factors as well as environmental issues of public health significance.
5. To provide guidance for secretariat support rendered to various Steering Committee, Working Group and Task Force for preparation of meeting materials, discussion papers, progress reports, and information updates in relation to NCD prevention.
6. To oversee planning, implementation, ongoing review and enhancement of cancer screening services and cancer control activities.
7. To oversee provision of professional input on and response to environmental health issues and toxicological matters.

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**Proposed Job Description for the post of  
Chief Systems Manager (Health Informatics and Technology Services  
Division) (HITSD)**

**Rank** : Chief Systems Manager (D1)

**Responsible to** : Head, Health Informatics & Technology Services  
Division (D2)

**Main duties and responsibilities –**

1. To be in charge of the Technology Services Section under the HITSD and assist Head, HITSD to lead the stream-specific information technology (IT) teams, and various technical teams for planning, formulating and reviewing the Department of Health (DH)'s policies and strategies on the application of IT in the operations of the Department.
2. To steer and execute the IT strategies and initiatives of DH, lead and coordinate the work for implementation of IT projects and the effective use and maintenance of existing systems, give directions and make decisions relevant to the projects, manage service provider selection and engagement exercises and monitor the progress of the IT projects and decommissioning of information systems.
3. To serve as the Technical Lead from clinical, public health and business perspectives in the implementation of the Strategic Plan to Re-engineer and Transform Public Services (SPRINT).
4. To formulate, recommend and execute strategies for the procurement of IT services and computer equipment.
5. To provide IT professional advice on policy, legal and operational matters pertaining to the IT projects and initiatives adopted by DH as well as analyse and propose measures on IT-related technical matters including IT security, privacy and compliance.
6. To advise on IT management, governance, standards and best practices, and enhance IT awareness and competencies for DH in support of the implementation of IT projects and initiatives in SPRINT.
7. To monitor and ensure the proper use of staffing and financial resources relating to the maintenance and development of information systems in DH.

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**Proposed Job Description for the post of  
Assistant Director (Health Promotion)**

**Rank** : Assistant Director of Health (D2)

**Responsible to** : Controller, Centre for Health Protection (D4)

**Main duties and responsibilities –**

1. To oversee the planning, implementation and evaluation of the programmes on healthy eating and regular physical activity.
2. To oversee the planning, implementation and evaluation of the new and on-going mental health promotion and public education initiative to be launched in 2019. The new initiative aims at reducing stigmatisation towards persons with mental health needs, with a view to building a mental-health friendly society in the long run.
3. To oversee the health promotional activities with community partners and Healthy City Projects and the work of community liaison related to health promotion.
4. To oversee the conduct of organ donation programmes, and support the Committee on Promotion of Organ Donation of the Food and Health Bureau.
5. To support effective prevention and control of communicable diseases and publicity for Government vaccination programmes and various Vaccination Subsidy Schemes.
6. To steer the conduct of research on health promotion and promote opportunities for health promotion capacity building for colleagues of the Department of Health (DH) and external stakeholders.
7. To participate in inter-departmental/stakeholders meetings and other DH's initiatives.
8. To maintain ties with the World Health Organization (WHO) and Western Pacific Regional Office of WHO in health promotion.

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**Proposed Job Description for the post of  
Assistant Director (Finance)**

**Rank** : Assistant Director of Accounting Services (D2)

**Responsible to** : Deputy Director of Health (D3)

**Main duties and responsibilities –**

1. To advise Director of Health and other senior officers in Department of Health (DH) on making the best use of resources available and ensuring that the Department's objectives are met in the most cost-effective manner possible.
2. To formulate and review financial, accounting and supplies policies in the delivery of public health services provided by DH.
3. To promote good financial management practices throughout the Department and to ensure that proper and adequate financial information is produced to facilitate budgetary control, planning and decision-making processes.
4. To initiate regular review of fees and charges collected by DH and review the revenue collection and information systems.
5. To assume overall supervision and management of the departmental finance and supplies functions, including overall budget control, payment and revenue operation, and stores and procurement services.
6. To coordinate the Resource Allocation Exercise and the Special Meetings of the Finance Committee (SFC) exercise, and manage the logistical support team for the SFC exercise.

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**Proposed Job Description for the post of  
Principal Assistant Secretary (Health)5**

**Rank** : Administrative Officer Staff Grade C (D2)

**Responsible to** : Deputy Secretary (Health) 2 (D3) of the Food and Health  
Bureau

**Main duties and responsibilities –**

1. To assist in policy matters relating to development, financing and promotion of primary healthcare, including interface between services provided by District Health Centres and other primary and social care facilities, formulation of primary healthcare development blueprint, matters related to medical-social collaboration, as well as secretariat support to Steering Committee on Primary Healthcare Development.
2. To assist in overseeing the anti-smoking and tobacco control policies and legislation.
3. To devise policies and legislation on human reproductive technology.
4. To devise policies and legislation on human organ transplant and donation.
5. To devise policies on healthcare matters of transgender persons.
6. To provide policy direction for the development of community health centres and general outpatient clinics in Hong Kong.

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**Revised Job Description for the post of  
Deputy Director of Health**

**Rank** : Deputy Director of Health (D3)

**Responsible to** : Director of Health (DoH) (D6)

**Main duties and responsibilities –**

1. To supervise Service Heads in the administration and development of respective Services including elderly health service, family and student health services, child assessment service, clinical genetic service, professional development and quality assurance service and health administration and planning to ensure the delivery of quality customer-oriented services.
  2. To oversee matters relating to financial management and control, human resource management and departmental administration of the Department.
  3. To lead the development of information technology strategies and initiatives and the implementation of the Information Systems Strategy Plan in the Department.
  4. To assist the DoH in the formulation of policy and strategies and implementation plans on topical and ad-hoc health-related issues.
  5. To represent the Government or DoH in various statutory and advisory committees.
  6. To act as Government's representative on public health issues and to establish and maintain a collaborative and co-operative working relationship with Mainland and overseas health authorities, other Government departments, professional associations, non-governmental organisations and academic stakeholders.
-

**Revised Job Description for the post of  
Consultant Community Medicine (Communicable Disease)**

**Rank** : Consultant (D4/D3/D2)

**Responsible to** : Controller, Centre for Health Protection (D4)

**Main duties and responsibilities –**

1. To be responsible for management of the Communicable Disease Branch (CDB).
2. To oversee the strategic development and performance of disease surveillance systems, including tripartite collaboration and international networks.
3. To steer CDB and liaise with other Government departments, authorities and stakeholders to respond quickly and effectively to infectious disease outbreak.
4. To steer CDB to provide professional input to Scientific Committees meetings.
5. To supervise Chief Port Health Officer in the administration of Port Health Division.
6. To advise on risk communication strategy and risk management in infectious disease outbreaks.
7. To administer and supervise a Field Epidemiology Training Programme up to global standard.

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**Revised Job Description for the post of  
Head (Emergency Response and Programme Management Branch)**

**Rank** : Assistant Director of Health (D2)

**Responsible to** : Controller, Centre for Health Protection (D4)

**Main duties and responsibilities –**

1. To oversee and coordinate administration of the Centre for Health Protection (CHP) and to assist the Controller, CHP in monitoring progress and ensuring timely achievement of designated public health programme objectives.
2. To oversee the development and implementation of various Government and subsidy vaccination programmes across all ages for effective infectious disease prevention.
3. To oversee local and international networking, professional exchange and collaborative initiatives on health protection and contingency preparedness.
4. To coordinate the responses and contingent measures of Government departments and agencies in times of communicable disease outbreaks or other exigent public health circumstances.
5. To provide advice on contingency planning for different public health emergency scenarios and to conduct regular drills.
6. To facilitate the development of strategy related to public health emergency in collaboration among Government departments and relevant non-government organisations and oversee cross-sector logistic support and maintain an effective network for prompt reaction.
7. To oversee health advisory and liaison activities with District Councils and District Offices.

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