



27 November 2018

To: Panel on Health Services, Legislative Council panel_hs@legco.gov.hk

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Dear Chairman, Deputy Chairman and Honourable members of the Panel on Health Services,

RE: Objection to deletion of the frozen Consultant Oral and Maxillofacial Surgeon and Consultant Forensic Pathologist posts on the pretext of redeployment of directorate posts in the Department of health

The Government Doctors' Association (GDA) represents all doctors and dentists working in the Government of the HKSAR and we are writing to express our deepest concern and utmost objection to the deletion of the captioned consultant posts in DH.



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2. In 2003/2004, two dental consultant posts, namely (1) Consultant in-charge Dental Service and (2) Consultant Orthodontics, along with a Deputy Director of Health post were deleted upon the creation of the Centre for Health Protection (CHP). The reason for deletion given at that time was to “rationalize the operation of the Dental Service and redistribute the duties among its Consultants to achieve higher cost-effectiveness” ([LC Paper No. EC\(2003-04\)18](#)).

“ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 37 DEPARTMENT OF HEALTH

Subhead 000 Operational expenses

...

Deletion of Consultant and Deputy Director of Health Posts

13. *The Director of Health considers that there is scope for rationalizing the operation of the Dental Service and re-distributing the duties among its Consultants to achieve higher cost-effectiveness in operation. There are currently 11 Consultant posts in the Dental Service. We propose to delete the following posts:*

(a) The Consultant in-charge Dental Service post on 1 April 2004. This Consultant is responsible for the overall management of the Dental Service. Following the deletion of this post, a suitable officer will be identified among remaining Consultants to take charge of the Dental Service in addition to his/her own duties.

(b) One Consultant post in Orthodontic Service on 1 June 2004.”

FACTS NOT MENTIONED

*Both the Consultant in-charge Dental Service and the Consultant in Orthodontic Service aforesaid mentioned were vacated due to the **VOLUNTARY RETIREMENT SCHEME**. This means that these two posts were considered **redundant** by the Department of Health and **extra public funds** have been approved as compensation. The Government Dental Service has been serviced with **TWO LESS** consultants already, even before the present proposal to delete **ONE MORE**.*

3. Around the same period, under another pretext of “Efficiency Saving” to offset the fiscal deficit in the economic crisis of Hong Kong, an administrative decision was made, with or without public knowledge, to freeze two more Consultant posts **servicing the general public**, namely:

(1) Consultant Oral and Maxillofacial Surgeon (OMS) in Queen Mary Hospital following the retirement of the incumbent in September 2003; and



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(2) Consultant Forensic Pathologist in the New Territories (NT) Division, upon the retirement of the incumbent in August 2005. These decisions were made despite strong objection by GDA and by both Service Heads of the Hospital Dental Service and the Forensic Pathology Service.

4. In 2006/2007, with subsequent improved economy, another administrative decision was made to create two supernumerary Directorate posts (an Assistant Director of Health (AD of Health) post and a Principal Medical and Health Officer (PMHO) post) by fundings allocated to the above two frozen posts. Since then, public money has been diverted from clinical services to administrative operations in various guises, without keeping the public and the staff side informed.

5. In 2008, there was a third administrative attempt to dispose of the frozen posts once and for all. On 22 November 2009 and 23 April 2010, the Government Doctors' Association submitted our humble opinion to the Panel on Health Services of the Legislative Council to express our objection repeatedly ([LC Paper No. CB\(2\)380/09-10\(1\)](#)). However, another 10 years have passed, there has been no review on the effect after freezing of the two Consultant posts nor any consultation on the proper arrangement to address the need of the Hospital Dental Service and Forensic Pathology Service.

6. In 2018, DH again proposed to regularize the two supernumerary Directorate posts, along with creation of more **administrative** Directorate posts, while permanently deleting the two frozen **clinical** Consultant posts. Such proposal would complete the decade-long move to finally strip away two important and unique services that DH is providing to the public. Before this proposal is made to the Panel on Health Service, the staff side has not been consulted and the impact of the changes is never measured.

Consultant Oral and Maxillofacial Surgeon

7. The Consultant in-charge Dental Service post was deleted on 1 April 2004. This Consultant post was responsible for the overall management of the Dental Service. Following the deletion of this post, a suitable officer would be identified among the remaining Consultants to take charge of the Dental Service in addition to his/her own duties. Furthermore, a Consultant Oral and Maxillofacial Surgeon (OMS) post was frozen after a Consultant retired in September 2003, reducing the Consultant posts from 6 to 5 in the Hospital Dental Service. These 5 Consultants are taking charge of the Hospital Dental Service in 7 hospitals all over Hong Kong. Besides a scheme to enhance the specialist dental services for *Civil Servants and Eligible Persons*, there has been **NO** expansion to cater for the general public in the Hospital Dental Service for the last 20 years.



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8. The Hospital Dental Service is providing service to all people of Hong Kong, (i.e. not only limited to *Civil Servants and Eligible Persons*) and has been the sole provider committed to offering dental services to severely mentally and physically disabled persons in the territory. In this context, dental treatments provided to all hospital in-patients and out-patients are different from the conventional community-based “dental treatments” such as dental fillings and dentures for healthy, walking individuals. Specialist Oral and Maxillofacial Surgeons are required in these units to meet more sophisticated demands imposed by the more medically compromised patients. Collaboration with different departments e.g. the Accidents & Emergency Department, Clinical Oncology Department, Medical Department, Surgical Department, Paediatrics Department etc. provide essential dental treatments as part of their medical treatment. Such imperative services are provided by DH in seven regional hospitals (i.e. Pamela Youde Nethersole Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital, North District Hospital and Tuen Mun Hospital). Patients with special needs including but not limited to trauma, pathologies and those who could not be treated in out-patient settings could only receive treatment at these Hospital Dental Units.

9. An Oral and Maxillofacial Consultant is required to handle the clinical and administrative duties of each single unit. Yet, there are only 5 Oral and Maxillofacial Consultants manning 7 units since 2003. The Oral and Maxillofacial Surgery and Dental Units (OMS & DU) at Princess of Margaret Hospital and North District Hospital have been functioning without a Consultant for over a decade. The situation is desperate as the OMS & DU at Princess Margaret Hospital is the only unit providing service to the Kowloon West Cluster overseeing Caritas Medical Centre, Kwai Chung Hospital, Yan Chai Hospital, with the addition of North Lantau Hospital since 2013. The Kowloon West Cluster has expanded rapidly with the addition of North Lantau Hospital as well as the surging population of Hong Kong from 6.4 million in 2001 to 7.4 million in 2018. The unit is the only unit receiving referrals from the General Public Sessions from Government Dental Clinics in Kowloon and Hong Kong Island.

10. The addition of the NGOs to provide dental service through Health Care Voucher (長者醫療券), Community Care Fund (關愛基金), Outreach Dental Care Programme for the Elderly (長者牙科外展服務) and Loving Smiles Service (盈愛·笑容服務) also increased the demand for hospital dental services. The OMS & DUs serve as the safety net when those schemes could not meet the need of the patients and provide essential dental care to patients with complex medical conditions requiring specialist care. It is a backsliding if not ludicrous situation to have only 5 Consultants OMS serving all these increase in demands and populations now as compared to 6 Consultants back in the early 2000s. There is no way to deliver a backup service by further loading a twenty-year-outdated service model.



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11. The fundamental differences between frontline clinical Consultant posts providing direct services to patients and the back-office administrative Directorate posts must be stressed. The escalating demand for higher level of public service directly translate to increased need of staff training and development on top of sustaining quality services. The Consultant as a leader of the team has the clinical competence and experience to manage complex cases, and to train and mentor junior doctors. Consultants often take up an important role in the training of junior officers of their own specialties and act as a role model by active participation in the Colleges of their own specialties.

12. The 2018 proposal involves resurrection of another dental **administrative** Directorate post, which was considered redundant and well paid off with public fund in 2004. The number of non-clinical/administrative Dental Officers is now higher than ever. In stark contrast, the Consultant Oral and Maxillofacial Surgeon post was frozen and the number of **hospital clinical** Dental Officers serving the public has suffered the same fate. On the other hand, the number of patients demanding hospital dental care services is rising more than ever. Unprecedented demands for backup service for the new initiatives for the elderly (Health Care Voucher (長者醫療券), Outreach Dental Care Programme for the Elderly (長者牙科外展服務)), CSSA recipients and low-income persons (Community Care Fund (關愛基金)), and disabled persons (Loving Smiles Service (盈愛·笑容服務)) etc. are competing for resources allocated to existing patients, so much so as to the point that the future viability of such programmes will be affected.

Consultant Forensic Pathologist

13. To achieve efficiency savings in 2004 the Consultant Forensic Pathologist posts were reduced from 3 to 2 by the time a Consultant retired in August 2005. The frozen post was from the NT Division, leaving only two Consultants in the HK and KLN Divisions, another awkward imbalanced situation.

14. Forensic Pathology Service is a unique service of the Department, in terms of the medical specialty of our doctors, the types of services provided and clients served. Forensic medicine as a specialty is at the interface of medicine and the legal justice system involving the dynamics of multidisciplinary partnership. Forensic Pathology Service is the only Government unit that provides services in forensic pathology and clinical forensic medicine, which are indispensable to crime investigation by the Hong Kong Police Force and other law enforcement authorities, and essential to the maintenance of an open and fair judiciary system cherished by Hong Kong people.



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15. Practical experience has proved that the maintenance of regional operation teams within the Forensic Pathology Service is a crucial element in the effective and efficient service delivery, as the Hong Kong Police Force, our major working partner and client, operates on a regional basis. It is essential that each regional operation team is to be led by a core personnel who has the caliber and is given the due respect and status of a Consultant Forensic Pathologist.

16. As both the administrative and professional head of a regional operation team, a Consultant Forensic Pathologist is required to maintain constant dialogue with the respective Regional Commanders of the Police at the rank of Assistant Commissioner of Police on various issues related to regional service delivery as well as on professional matters. The Consultant Forensic Pathologist is also ultimately responsible for the training, education and professional output of his staff. He is also to be available to provide professional consultations to investigating officers of the law enforcement authorities, senior members of the Department of Justice and experienced defense counsels as well as to provide expert opinions in courts of law and to establish networking both local and overseas. Moreover, considering the contentious nature of many of our cases, harsh media and public scrutiny and even political backfire have to be anticipated. It is clear that all these functions demand a team head at Consultant level. Therefore, we have to submit that maintaining a Consultant Forensic Pathologist post in each of its three Divisions is essential for the Forensic Pathology Service to continue delivering quality service for all stakeholders and clients.

Therefore, GDA would like to reiterate our strongest objection to the deletion of the two captioned Consultant posts. We implore you to ponder seriously on DH's proposal and its long-term consequences on public health services. Thank you for your kind attention.

Yours sincerely,

Dr. Joyce LEE Wai-yan

Chairman

Government Doctors' Association