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## **Panel on Public Service**

### **Report of the Subcommittee to Follow Up Issues Relating to Benefits for Civil Servants, Retired Civil Servants and Eligible Persons**

#### **Purpose**

This paper reports on the deliberations of the Subcommittee to Follow Up Issues Relating to Benefits for Civil Servants, Retired Civil Servants and Eligible Persons (“the Subcommittee”) formed under the Panel on Public Service (“the Panel”).

#### **Background**

2. Apart from salaries, civil servants are eligible for various fringe benefits depending on their terms of appointment, rank, length of service and other rules. The benefits include medical and dental benefits, education allowances, housing benefits, leave, passages and retirement benefits.
3. A new set of terms of appointment and conditions of service (including fringe benefits) for new appointees to the Civil Service was introduced on 1 June 2000. Civil servants appointed on or after 1 June 2000 (“civil servants on new terms”) are no longer eligible for certain fringe benefit, for example, education allowances. Changes in scope or rate of other allowances have also been made, for example, housing allowances.
4. The Chief Executive has announced in the 2022 Policy Address that the Government will explore new service delivery modes for providing

fringe benefits to civil servants and eligible persons (“CSEPs”)<sup>1</sup> in a more cost-effective way. The introduction of the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons (“Pilot Scheme”) is an example.

5. Based on the information provided by the Civil Service Bureau (“CSB”), the number of CSEPs is about 570 000 as of 31 August 2023. These include around 175 000 serving civil servants, 135 000 retired civil servants and 257 000 other eligible persons (mainly the dependants of civil servants and retired civil servants).

### **The Subcommittee**

6. In view of public concerns about the high attrition rate of civil servants, the Panel decided at its meeting on 20 February 2023 to set up a dedicated subcommittee to examine issues on how the Government’s protection for civil servants, retired civil servants and eligible persons should be enhanced with a view to attracting, retaining and motivating talents. The terms of reference of the Subcommittee is in **Appendix 1**. The Subcommittee commenced work in May 2023.

7. Mr LAI Tung-kwok and Mr Dennis LEUNG Tsz-wing have been elected Chairman and Deputy Chairman of the Subcommittee respectively. The membership list of the Subcommittee is in **Appendix 2**. The Subcommittee has held a total of seven meetings with the Administration. This apart, the Subcommittee has invited the public and 128 civil servants’ unions/organizations to submit their written views on issues under study. The submissions received for this purpose and consolidated summaries of major views have been uploaded on [the website of the Legislative Council](#).

8. At the request of the Subcommittee, the Research Office of the Legislative Council Secretariat has prepared [a fact sheet](#) on medical benefits

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<sup>1</sup> CSEPs consist of:

- (a) monthly paid civil servants and their eligible dependants;
- (b) retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their eligible dependants living in Hong Kong;
- (c) eligible dependants of civil servants killed on duty and living in Hong Kong;
- (d) eligible dependants living in Hong Kong and in receipt of a pension under the Widows and Orphans Pension Scheme or the Surviving Spouses’ and Children’s Pension Scheme following the death of civil servants while in service or after retirement; and
- (e) other persons who are eligible for civil service medical benefits by way of their terms of appointment.

provided by private sector employers in Hong Kong and in the civil service in Macao; and CSB has provided [a paper](#) on examples of medical benefits for staff provided by statutory organizations in Hong Kong.

### **Declaration of interest**

9. The Chairman has declared that he is a retired civil servant. The Deputy Chairman has declared that he is a part-time coach of the Leisure and Cultural Services Department and some of his family members are serving and retired civil servants. Mr Tony TSE has declared that he is a member of the Standing Committee on Disciplined Services Salaries and Conditions of Service. Ms Nixie LAM has declared that some of her family members are retired civil servants.

### **Deliberations of the Subcommittee**

10. Members in general share the view that good fringe benefits package plays a crucial role in attracting, retaining and motivating talents; and enhancing the quality of public service. There is still room for further enhancement to the protection for civil servants in various aspects.

#### Medical services for exclusive use of civil servants and eligible persons

11. In accordance with the Civil Service Regulations, CSEPs are entitled to free non-inpatient medical services that are provided by the Department of Health (“DH”) or the Hospital Authority (“HA”), and are only required to pay a fee relatively lower than that for the general public if inpatient services of HA are used. In addition, CSEPs may apply to DH for reimbursement of medical expenses for drugs, equipment and services prescribed by attending HA/DH doctors according to the patients’ medical conditions but are not available in HA/DH.

#### *Families clinic services*

12. DH provides general out-patient services for CSEPs through six families clinics (two on Hong Kong Island, one in Kowloon and three in the New Territories). In order to improve the quality of care for CSEPs with diabetes mellitus (“DM”) (i.e. more than 7 000 DM patients in families clinics), the families clinics have launched the Integrated Care Programme (“ICP”) in March 2020. A question has been raised as to whether the Administration will expand the service scope of ICP to cover other chronic diseases.

13. As advised by the Administration, it will carefully examine factors such as manpower support for further expanding the scope of service to cover other chronic diseases in the long run. Meanwhile, the Stable Drug Use pilot programme, which is also launched by families clinics in March 2020, will continue to serve patients suffering from various chronic diseases (e.g. hypertension and hyperlipidaemia) with stable conditions to ensure that they take their drugs properly and safely.

*Priority discs arrangement for civil servants*

14. CSEPs may also visit the General Outpatient Clinics (“GOPCs”) under the management of HA free of charge. Of the 74 GOPCs under the HA, 65 of them have reserved priority discs for serving civil servants during day sessions.<sup>2</sup> Besides, Tuen Mun Clinic (“TMC”) and Violet Peel General Outpatient Clinic (“VPGOPC”) will each redistribute five priority discs to the evening session from the day session every Monday to Friday (except public holidays) under a pilot scheme. The main purpose of giving civil servants priority treatment is to enable them to receive medical treatment and return to work, if considered fit, as early as possible in order to maintain normal workforce. From 2015-2016 to March 2024, HA has conducted four rounds of redistribution of the priority discs from clinics with lower demand to those with higher demand.

15. Members and civil servants’ unions/associations which submitted views to the Subcommittee (“civil servants’ unions/associations”) have highlighted that the number of priority discs for civil servants is seriously inadequate, failing to meet the demand of civil servants. Some members have pointed out that between January and June 2023, among the 44 GOPCs with a utilization rate of over 75%, 24 had a utilization rate of over 90% and 10 even exceeded 100% (with the highest at 142.82%). Despite the redistribution of priority discs from GOPCs with lower demand to those with higher demand, nine of the 11 GOPCs where priority discs have been increased after redistribution are almost fully utilized.

16. To better meet the demand of civil servants for priority discs, members have made a number of suggestions for the Administration’s consideration. These include flexibly adjusting the daily number of priority discs among GOPCs according to the actual circumstances every day; reserving unused priority discs for use by civil servants in sessions/on days where the stipulated priority discs quota has been exhausted; conducting redistribution of priority discs from GOPCs with lower demand to those with

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<sup>2</sup> “Priority disc” has been renamed as “civil servant disc” since January 2024. Please refer to paragraph 20 below for further details.

higher demand more frequently (say for once a year); including issues relating to the priority discs for civil servants as a standing discussion item (with latest statistics on the utilization of priority discs) at the regular meetings between the Administration and the representatives of various civil servants' associations; and making good use of information technology to analyze the distribution of civil servants by districts, age distribution in various districts, civil servants' needs, etc. for improving the priority discs arrangement and effectiveness of the redistribution of priority discs. In the long run, the Administration should increase the number of priority discs in GOPCs in districts where the demand is particularly high, such as those in Shatin and Tuen Mun.

17. As advised by the Administration, over 300 000 priority discs have been reserved at GOPCs for civil servants in 2022-23. Since the normal general outpatient services in some GOPCs were suspended during the pandemic, the utilization rate of priority discs at some GOPCs was over 100%. In order to better utilize the priority discs resources and enable serving civil servants to receive appropriate medical services, priority discs arrangement has been a standard agenda item in the regular meetings with the staff side. As for unused priority discs, it will be difficult to allocate them to the next day for use by civil servants because the service capacity of a GOPC is restricted by its manpower and physical settings (e.g. number of the consultation rooms therein). HA will continue to maintain close communication with the staff side to enhance the services provided to civil servants and conduct redistribution of priority discs on a need basis.

18. Some civil servants' unions/associations have pointed out that the evening session priority discs arrangement in TMC and VPGOPC cannot achieve the aim of catering for the needs of civil servants who work on shifts or in evenings, as only 10 priority discs are provided every day. Noting that the priority discs in the evening session are redistributed from the day session, some members consider such arrangement inappropriate as this will affect GOP services in the day session, especially when the utilization rate of priority discs in the day session of TMC is already over 98%. The Administration has been urged to extend the provision of evening session priority discs to more GOPCs and more districts in such a manner that the general outpatient services in the day session will not be affected.

19. As advised by the Administration, having regard to the utilization rate of priority discs in the day session of TMC, the Administration considers it appropriate to redistribute five priority discs from the day session to the evening session. The Administration will continue to collect feedback from the staff side to facilitate effective allocation of priority discs.

20. Some members have expressed the view that the term “civil servant priority discs 公務員優先籌” may give the public an impression that civil servants are enjoying special medical privileges under the public healthcare system. In fact, medical benefits are provided for civil servants as a contractual obligation according to their conditions of service. The term should be renamed to avoid the public’s misperception. To address members’ concerns, the Administration has renamed “civil servant priority discs 公務員優先籌” as “civil servant discs 公務員籌” subsequently.

*Dedicated specialist outpatient services and diagnostic services*

21. Dedicated specialist outpatient (“SOP”) services have been provided to CSEPs in the Queen Elizabeth Hospital (“QEH”), Prince of Wales Hospital (“PWH”) and Queen Mary Hospital (“QMH”). An Imaging Centre was set up at QEH in 2011 to provide general Computed Tomography, Magnetic Resonance Imaging and ultrasound scanning services for the exclusive use of CSEPs. The service scope of the Imaging Centre was expanded in March 2019 to cover mammographic service.

22. Members share the grave concern of some civil servants’ unions/associations about the long waiting time for SOP and diagnostic services, which will lead to possible delays in diagnosis and treatment. The Administration has been urged to proactively explore ways to address the problem effectively. As advised by the Administration, SOP services will be adjusted in response to the demand of CSEPs as far as practicable. Sufficient resources will be allocated to ensure the service standard (e.g. there were 52 000 CSEPs’ annual attendances for SOP services in 2022-23). For diagnostic services, the waiting time for individual patients may vary according to the type and complexity of the diseases, status of disease progression, follow-up regimes and previous treatment given to the patient. With the establishment of the Imaging Centre at QEH, the waiting time for non-urgent cases of relatively stable medical condition is around 50 weeks, which is much shorter than that of the general public.

*Chinese medicine services*

23. At present, there are three Civil Service Chinese Medicine Clinics (“CSCMCs”), respectively located in Eastern District, Tsuen Wan and North District, to provide free general consultation and acupuncture services to CSEPs for treatment purpose. The annual service quota of Chinese medicine (“CM”) services for CSEPs is more than 100 000.

24. In view of CSEPs’ persistent demand for CM services, members have asked the Administration to consider setting up CSCMCs in all the 18

districts and CM Mobile Clinics 中醫流動醫療車 to provide a more convenient way for CSEPs to receive CM services. As advised by the Administration, it will in 2024-2025 enhance the service capacity of CSCMCs as appropriate to meet the growing demand for CM services among CSEPs. Moreover, CM Hospital is under construction. CSB will discuss with the Health Bureau (“HHB”) and HA on the provision of CM services for CSEPs at CM Hospital in future and the setting up of new CSCMC(s) by reprovisioning or redeveloping some of CMCs cum Training and Research Centres in the longer run. However, there is no plan to introduce CM Mobile Clinics for the time being.

25. Members have urged the Administration to explore, from a new perspective, diversified modes to enhance the capacity of CM services for CSEPs before completion of CM Hospital. There is a view that as the operational arrangements of CM clinics and Western medicine clinics are different and less space and facilities will be required for CM clinics. The Administration can therefore consider setting up CSCMCs in small rooms in government office buildings, which is more cost-effective and more convenient for civil servants.

#### Booking arrangement for civil service medical services

26. Members share the concern of some civil servants’ unions/associations that the telephone booking system for civil service medical services is not user-friendly. Some members have pointed out that the mobile application “HA Go” of HA, which has the functions of new case booking service and management of booked appointments, has received positive feedback from the public. The Administration should consider integrating the booking system of DH with HA’s to facilitate CSEPs in grasping the information on same-day appointment at the families clinics and the number of civil servant discs at GOPCs in one go.

27. As advised by the Administration, DH has been upgrading The Clinical Information Management System (“CIMS”) to support its various services, including registration and appointment arrangements by electronic means. It is expected that the upgrading works relating to families clinics and dental services will be completed in 2025. On HA, it is exploring adding a new function of booking civil servant discs in “HA Go” to facilitate appointment-making by serving civil servants, taking into account the feedback from users. Nevertheless, it will be difficult to integrate “HA Go” with CIMS, which are two distinct systems.

Dental services for civil service eligible persons

28. CSEPs can receive dental services in DH dental clinics. Save for dentures and dental appliances, other services are all free of charge. As at November 2023, DH operates 40 general dental clinics, two orthodontic clinics and one prosthodontic clinic. In addition, QMH, QEH, PWH and North District Hospital have each set up an oral and maxillofacial surgery for the exclusive use of CSEPs. All these dental clinics and surgeries provide CSEPs with general dental treatment services and specialist dental services.

29. Members have followed up with the Administration the concern of some civil servants' unions/associations that CSEPs often have to wait for a long time for dental services. According to the information provided by the Administration in June 2023, the waiting time for recall appointments for CSEPs is about 24 months. Some members have attributed the long waiting time to the shortage of Dental Officers ("DO") in DH. A question has also been raised as to whether DOs refuse to stay in DH because of the out-dated equipment and the heavy workload in DH dental clinics.

30. As advised by the Administration, a number of DOs are reaching retirement age which leads to a high wastage rate of DOs in DH. In fact there is an overall shortage of dentists in Hong Kong. To address the shortage, DH has adopted a multi-pronged approach to recruit and retain DOs, including conducting year-round recruitment of DOs, granting incremental credit for experience to candidates, creating post-retirement service contract and non-civil service contract positions. Additionally, HHB has collaborated with the University Grants Committee ("UGC") to increase the number of UGC-funded places for the Bachelor of Dental Surgery programme since the 2022-2023 academic year, and proposed to amend the Dentists Registration Ordinance (Cap. 156) to provide new pathways for the admission of qualified non-locally trained dentists to practise in specified institutions.

31. In some members' view, if dental hygienists are allowed to carry out dental scaling independently without the supervision of a dentist, DOs can be released to perform other dental work. This will in turn greatly shorten CSEPs' waiting time for dental scaling. Besides, some members have pointed out that many graduates of the two-year Higher Diploma programme in Dental Hygiene offered by the Prince Philip Dental Hospital do not prefer working in DH. The Administration has been urged to attract more students to enroll in the said programme and encourage more graduates to work in the dental clinics of DH to address the shortage of DOs. In doing so, the Administration can consider providing sponsorship to students



enrolled in the aforesaid programme on the condition that they have to work in the dental clinics of DH for a certain period of time upon graduation, and extending the recruitment of dental hygienists to first year students of the said programme so that recommended candidates will be granted a conditional offer for joining DH upon graduation.

32. As advised by the Administration, starting from the 2023-2024 academic year, the Government will gradually increase the training places of dental hygienists and dental therapists, and provide tuition sponsorship to attract more people to join the disciplines. DH may also, at a suitable juncture, explore how to suitably adjust the scope of work of dental hygienists and dental therapists, so that they may perform some preventive dental procedures without the presence of a dentist in the premises.

#### Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons

33. In order to alleviate the situation where CSEPs have to wait for a long time for dental services and free up consultation time slots for new consultations or other persons for regular check-ups or follow-up treatment, the Government has launched the 18-month Pilot Scheme in July 2023. Under the Pilot Scheme, over 140 000 CSEPs will be arranged in batches through SMS to receive dental scaling services earlier than their original appointments at more than 100 private dental clinics (“PDCs”).

34. Members are gravely concerned about low participation rate of the Pilot Scheme (i.e. as at 9 January 2024, about 31%<sup>3</sup> of CSEPs being invited have completed or booked dental scaling services). The Administration has been asked to increase the number of CSEPs receiving SMS invitations in each batch so as to improve the number of participants. On publicity and promotion, members consider it necessary to step up efforts in all channels to proactively reach out to eligible CSEPs, including asking the Pensions Division of the Treasury to send promotional emails to retired civil servants who opt to receive email messages on behalf of CSB, sending information on the Pilot Scheme to retirees by mail if manpower situation warrants, issuing departmental circulars to promote the Pilot Scheme (including the latest waiting time information of individual PDCs) and re-circulating them regularly, making good use of the Government intranet to disseminate

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<sup>3</sup> As some of the invitations were extended to CSEPs in the previous month, participation of the invitees concerned has not yet been reflected in the participation rate. Taking November 2023 as an example, 17 000 CSEPs were invited and about 6 100 of them have made appointments for or received dental scaling services, the participation rate was about 36%.

information on the Pilot Scheme, and following up by mail or by phone with CSEPs who do not respond after SMS invitations have been sent to them.

35. As advised by the Administration, in view of the low participation rate, the Administration has gradually increased the number of invitations in each batch. On the publicity and promotion front, the Administration has been disseminating information of the Pilot Scheme to eligible CSEPs through diversified means, including issuing memorandum to all bureaux/departments, and disseminating the information via staff unions and intranet. Assistance has also been sought from the retirees' associations to explain the Pilot Scheme to their members. The Administration will take members' suggestions into consideration when exploring ways to enhance promotion.

36. Members have reflected to the Administration some of the underlying reasons why CSEPs do not participate in the Pilot Scheme. These include CSEPs' worries that they cannot receive dental services at DH dental clinics anymore once they join the Pilot Scheme; inconvenient procedures for making appointments with PDCs (i.e. CSEPs have to contact PDCs direct to make an appointment within one month upon receipt of the invitation); solicitation of CSEPs for purchasing products and services by PDCs; user-unfriendliness of the information on the Pilot Scheme presented on social media; and CSEPs' concern about the authenticity of the SMS invitation.

37. To address CSEPs' worries, members have suggested that a centralized electronic platform should be developed on the Government intranet portal where CSEPs can select the PDCs they prefer and the Administration will help refer the appointments to PDCs thereafter; promotion of the Pilot Scheme on social media platforms should be enhanced by, for example, inserting a drop-down list of PDCs by districts and by waiting time for services to facilitate users to search the information required; direct marketing should be prohibited; and information on how CSEPs' concerns are addressed should be shared with CSEPs so as to build up their confidence in the Pilot Scheme.

38. According to the Administration, it is an established practice for the dental clinics of DH to notify CSEPs of the dental appointments through SMS messages. Meanwhile, CSEPs being invited to participate in the Pilot Scheme can verify the authenticity of the SMS invitation by calling DH's telephone enquiry hotline. On appointment, it will be more appropriate and flexible for eligible CSEPs to make appointments directly with PDCs so that they can have their enquiries answered or reschedule their appointments conveniently if needed. In fact, the Administration has also considered

developing a centralized booking system initially, it however will take a relatively long time to develop the system. During the dental scaling procedure, PDCs are required to record any dental problems of the participants identified in a designated computer system for follow-up by DH dental clinics and are disallowed to make active marketing of dental treatment courses or services. The Administration will continue to collect from CSEPs their views on the Pilot Scheme as a reference for future reviews.

39. To enhance effectiveness of the Pilot Scheme, members consider that the Administration should gauge the views of CSEPs who refuse to participate in the Pilot Scheme and timely study the feedback collected by e-questionnaires from the participants of the Pilot Scheme for formulation of targeted measures for continuous improvement. As advised by the Administration, it has conducted random sampling to find out the reasons from those who choose not to join the Pilot Scheme. Some of them have expressed that they prefer receiving services at DH dental clinics according to their original appointments. In fact, the Administration will send out more invitations to eligible CSEPs with their original appointments on a later date, with a view to increasing attractiveness of the Pilot Scheme by shortening their waiting time in receiving dental scaling services.

40. Members note from the Administration that a review will be initiated about 12 months after the launch of the Pilot Scheme. They have asked the Administration to conduct the review earlier so that the Pilot Scheme can be extended to cover other dental services for CSEPs as soon as possible. According to the Administration, over 90% of the participants having received the services are satisfied with the Pilot Scheme. As the Pilot Scheme will last for 18 months, a review will be conducted about 12 months after its launch.

#### Registration arrangement for new dental cases

41. Members and civil servants' unions/associations have expressed dissatisfaction with the registration arrangement for new dental cases. They are particularly concerned that CSEPs using dental services for the first time can only make appointments via telephone system on the first working day of each month. When all the quotas of the month are exhausted, DH will not accept further registration. CSEPs who fail to make a registration will have to call again in the following month. Members consider it necessary for the Administration to review the quotas for new dental consultations (i.e. registration for new dental consultations to be free from monthly quota restrictions) and revamp the booking arrangements to provide a more convenient way, other than telephone calls, for CSEPs to make

appointments such as developing an electronic booking platform and a new mobile application.

42. In response to members' concern, the arrangement of calling DH on the first working day of a month for registration of new dental cases has been ceased with effect from 2 January 2024 and new registration arrangements for new dental cases have been implemented from 5 January 2024. CSEPs can submit the completed e-Registration Form for new dental consultation waiting list for CSEPs any time via the websites of CSB or DH to complete a one-time registration for consultation slots for new dental appointment. The registration platform has no quota restriction.

#### Housing benefit schemes and departmental quarters

43. Civil service housing benefits are provided to eligible civil servants according to their respective terms of appointment, as well as the terms and conditions of relevant housing benefit schemes. Under the current arrangement, a non-accountable cash allowance ("NCA") is provided to civil servants on new terms) and on or above Master Pay Scale ("MPS") Point 34 (or equivalent) as a condition of service. As for eligible officers below MPS Point 34 (or equivalent), housing benefits will be provided on a discretionary basis subject to the availability of resources. Such housing benefits include departmental quarters ("DQs") for the disciplined services, cash allowance provided subject to a quota system and the Civil Service Public Housing Quota ("CSPHQ") Scheme<sup>4</sup> targeted at junior civil servants. For civil servants appointed before 1 June 2000, apart from DQs and CSPHQ Scheme mentioned above, major applicable housing benefit schemes also include the Home Financing Scheme, Home Purchase Scheme, non-departmental quarters and Private Tenancy Allowance.

44. Members are given to know that the minimum length of service of successful applicants for public rental housing ("PRH") flats under CSPHQ Scheme ranges from several years to several tens of years of service. Also, in 2022-2023, the total number of civil servants applied for PRH exceeded the number of quota places for more than seven times and the waiting time was very long. Given the keen demand for public housing, there are views that the Administration can consider setting target waiting time for PRH flats under CSPHQ Scheme and encourage civil servants allocated with PRH flats under CSPHQ Scheme to purchase subsidized flats after they have been

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<sup>4</sup> Under CSPHQ Scheme, the normal annual quota has been maintained at 1 000 public rental housing flats and 500 Green Form Certificates ("GFCs"). From 2020-2021 to 2027-2028, an additional of 250 GFC quota places are provided annually, making a total of 750 quota places each year.

defined as well-off tenants, so that more civil servants can be allocated with PRH flats under the Scheme.

45. As advised by the Administration, CSB has not maintained statistics on the number of civil servants being allocated PRH flats under CSPHQ Scheme who are well-off tenants because they are only required to declare their household income to the Housing Authority under the Well-off Tenants Policies as other PRH households. There is no need for them to report such information to CSB. Nevertheless, the Government will continue to encourage public housing tenants including civil servants to become home owners through enhancement to existing housing policies.

46. On NCA, it is payable to eligible officers for a maximum aggregate period of 120 months during their service with the Government. Eligible civil servants on new terms and on or above MPS Point 34 or equivalent will be provided with the allowance as a condition of service. For officers on MPS Points 22 to 33 or equivalent with at least three years of continuous service, or officers below MPS Point 22 or equivalent with at least 20 years of continuous service, the allowance will be provided subject to a quota system providing an annual quota of 1 800. Some members have expressed concern that some officers below MPS Point 22 or equivalent may not be able to receive NCA for 120 months due to retirement, as they are only eligible for NCA after 20 years of continuous service.

47. As advised by the Administration, 80 applicants below MPS Point 22 or equivalent have been granted NCA in the past five years. Among them, five officers cannot receive NCA for the maximum aggregate period of 120 months before their retirement. These include four who had less than 30 years of serviceable period before retirement when they were first appointed and one who had not applied for the allowance immediately after obtaining a quota.

48. According to the Administration, as at 1 April 2024, a total of about 31 200 married disciplined services staff are eligible for DQs. Currently, there are in total about 25 000 DQ units available for allocation, with 80% of the demand met. Counting from the date of attaining eligibility, the average waiting time for officers quarters is around one to three years, while the average waiting time for rank and file quarters is around three to five years. A total of three DQs development projects with 2 007 units have been completed for intake over the past three years and the relevant departments are pressing ahead with three DQs development projects.

49. Members have expressed concern about the long waiting time for DQs and the slow progress of providing DQs. They have asked the Administration to speed up the construction progress of DQs to cope with the demand, expedite the processing of retiring officers' applications for PRH flats to facilitate the turnover of DQs, and explore measures to support those eligible staff but not yet allocated DQs such as providing rental subsidies. According to the Administration, it is aware of the shortage of DQs. It is addressing the shortage through examining the possibility of redeveloping existing sites of DQs and identifying more sites for construction of DQ units in accordance with the established mechanism. As advised by the Administration, it aims to increase the supply of DQs by taking forward about 20 DQ departmental projects including those at Kau Yi Chau Artificial Islands and Northern Metropolis.

### Retirement benefits

50. Unlike civil servants appointed before 1 June 2000, those on new terms are not eligible for pension benefits upon retirement. Besides, civil servants on new terms and their eligible dependants are entitled to civil service medical and dental benefits only when they are in service. Such benefits will cease when the civil servants leave service.<sup>5</sup> Members and civil servants' unions/associations are gravely concerned about the retirement benefits of civil servants on new terms. They consider this one of the reasons for the high attrition rate in the civil service.

51. Civil servants appointed on new terms will be provided with mandatory provident fund ("MPF") benefits under the Mandatory Provident Fund Schemes Ordinance (Cap. 485) (for new recruits serving on probationary or agreement terms) or the Civil Service Provident Fund ("CSPF") Scheme (those progress onto new permanent terms). Under the existing arrangement of CSPF Scheme, the Government will make voluntary contributions on top of the mandatory contributions as stipulated in the MPF Schemes Ordinance. Under CSPF Scheme, the Government's contributions will follow a progressive contribution rates schedule starting from 5% up to 25% of the basic salary depending on the civil servants' years of service.<sup>6</sup>

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<sup>5</sup> If the service of a civil servant appointed on new terms is terminated as a result of injury on duty or occupational disease, he/she (excluding his/her eligible dependants) will continue to be eligible for lifelong civil service medical and dental benefits after leaving service.

<sup>6</sup> Disciplined services officers will, in addition, receive Special Disciplined Services Contributions equivalent to 2.5% of the basic monthly salary.

52. Some members have expressed concern about the high fees and the unsatisfactory return of CSPF funds, which greatly affect the retirement savings of civil servants. The Administration has been urged to explore feasible ways to lower the fees and charges of CSPF funds, so as to make it more value-for-money.

53. In addition, under CSPF Scheme, the Government's voluntary contributions ("GVC") benefits will be fully vested and payable to the civil servants who leave the civil service after having completed ten years of continued service since first appointment on civil service terms. Members consider this may explain why quite a number of civil servants have chosen to resign after working in the civil service for ten years.

54. Some civil servants' unions/organizations have suggested that the Government should consider providing post-retirement medical and dental benefits to civil servants on new terms and eligible persons. Some members have pointed out that civil servants on new terms and eligible persons can still seek public medical and dental services as a member of the general public even if they are not provided with such benefits after retirement. Hence, the provision of post-retirement medical and dental benefits will not pose an increasing burden on the public healthcare system.

55. As advised by the Administration, CSPF Scheme is set up as an MPF scheme under the Mandatory Provident Fund Schemes Ordinance. The appointment terms of civil servants on 1 June 2000 and after which are designed to be pitched at a level closer to those of the private sector are formulated after careful consideration. Any change will bring significant impact on public financial resources. The Government has no intention to change the policy concerned. The Government's contributions follow a progressive contribution rates schedule, while civil servants will receive a higher rate of Government's contribution with longer service years. The highest rate of Government's contribution can reach 25%, which is way above the rate commonly offered in the private sector. The Administration conducts tender exercise regularly to select suitable service providers from the market to offer more choices for CSPF members. With the implementation of the eMPF Platform, it is expected that there will be a reduction in administration fees payable by scheme members. The Administration will continue to liaise with the Mandatory Provident Fund Schemes Authority on the various suggestions and comments related to the mechanism of the MPF scheme.

## **Way forward for enhancing civil servants' protection**

56. In the foregoing Parts, the Subcommittee has examined various fringe benefits provided for civil servants, retired civil servants and eligible persons and considered it necessary for the Administration to set explicit targets for different stages, with a view to enhancing civil servants' protection. In the course of its study, a number of policy issues worth-exploring have also been identified for the Administration's consideration.

### Medical and dental benefits

57. Members have pointed out that the Government, as the employer, has an obligation to provide dental and medical benefits for civil servants according to the conditions of service. However, the Government has failed to ensure provision of adequate medical and dental services as CSEPs generally have to wait for a long time for these services. The services available for CSEPs have fallen far short of their expectations. Without appropriate medical services, civil servants' efficiency in the delivery of public services may be affected. The Administration has been urged to implement measures as far as practicable, including re-allocating resources to provide facilities dedicated for the exclusive use of CSEPs and improving service through optimizing procedures, to enhance the quality of the civil service medical and dental benefits provided by DH and HA.

58. In addition, it is an undeniable fact that the public healthcare system is facing unprecedented staffing pressure. To shorten CSEPs' waiting time for medical services and alleviate the service pressure of public hospitals in Hong Kong, there is general agreement among members that the Administration should, in addition to the aforementioned enhancement measures, explore the provision of medical and dental benefits for CSEPs by modes other than through the public healthcare service, as detailed in paragraphs 59 to 72 below.

### *Taking out medical insurance*

59. Members have pointed out that many statutory organizations and private companies have provided medical benefits for employees in the form of group medical insurance schemes. The Administration has been strongly urged to explore whether it is a more appropriate option for providing medical benefits to civil servants by taking out medical insurance cover in terms of resource implication and operational efficiency.



60. As advised by the Administration, the coverage of different insurance policies may vary, certain diseases will not be covered and the insured may need to share the cost of insurance coverage. Moreover, the cost of insurance for medical benefits depends on the scope, terms and amount of premium. As about 39% of the 570 000 CSEPs are retired civil servants and their dependants, insurance companies will charge them high premium rates and considerable expenses will be incurred. Since taking out medical insurance from the private market will be a major policy shift with significant resources implications, the Administration has no plan to implement such change for the time being. Nevertheless, the Administration will continue to improve the service provided by DH and HA to CSEPs through various public-private collaborations such as the Pilot Scheme.

61. In response to the Administration's concern about the high premium rates for CSEPs aged 65 or above, members have further suggested that the Administration can consider taking out medical insurance cover only for new recruits who are younger or for the outpatient service for CSEPs to help shorten the overall waiting time for the general public for medical service in the public healthcare system, thereby reducing the burden on the system.

62. According to the Administration, it may not be appropriate to provide medical benefits to CSEPs on different employment terms, ranks or grades, as all CSEPs are entitled to the same level of medical benefits. Instead of spending additional resources in taking out medical insurance for CSEPs, it may be more efficient and can benefit more people including CSEPs if these resources are allocated to enhance the overall medical services.

63. Members note that the Voluntary Medical Insurance Scheme for Civil Servants ("VMIS") has been introduced to encourage and facilitate civil servants to take out medical insurance plans on their own since 1996. Nevertheless, as at 30 November 2023, VMIS only has a cumulative total of approximately 38 000 policies and 55 000 policyholders (including civil servants, non-civil servants employed by the Government and their dependants). In members' view, if more civil servants can enjoy additional medical coverage through medical facilities and professionals in the private sector by taking out medical insurance on their own, the waiting time for civil service medical services will be shortened significantly. Members have asked the Administration to strengthen the promotion efforts on VMIS.

64. Some members have further reflected to the Administration that only a few civil servants have participated in VMIS because many civil servants cannot afford medical insurance on their salary. Consideration

should be given to allowing serving civil servants appointed on new terms to early withdraw part of the accrued benefits attributable to GVC (say 1 to 2%) under CSPF Scheme when they are in service for purchasing medical insurance. Members consider this a feasible option worth exploring as civil servants can have an additional choice other than utilizing the public healthcare service, without imposing any financial burden on the Government. In addition, as civil servants appointed on new terms are not entitled to medical benefits after retirement, they can renew their medical insurance easier at a more affordable premium after retirement should they take out medical insurance when they are in service.

65. As advised by the Administration, the contributions made by the Government entail a funded approach in respect of the provision of retirement benefits. The arrangement concerned enables officers appointed on new terms to have a sum of provident fund in addition to their personal savings upon retirement from the civil service so that they can arrange for their future needs, such as living expenses and medical expenses, according to their own circumstances. Thus, the relevant contributions (including GVC benefits) should in no way be regarded as money ready for withdrawal at any time. The CSPF achieves the effect of retirement protection through long-term and regular investment and accumulation of benefits with the advantages of snowballing effect and cost-averaging for continuous value growth. If the Government allows civil servants to make early withdrawal of their accrued benefits from the provident fund, this will not only defeat the original purpose of establishing CSPF system to safeguard the livelihood of civil servants after their retirement, but also have a direct impact on their retirement protection. In addition, with reference to the medical insurance plans currently available in the market, the annual premium for basic medical insurance with hospitalization coverage for the age group of 25 to 50 is about \$2,000 to \$4,000 per annum while that for the age group of 50 to 65 is about \$4,000 to \$8,000 per annum. Such premiums should be affordable to the vast majority of civil servants. Hence, the Government has no plan to allow serving civil servants to make early withdrawal of GVC benefits under CSPF Scheme for other purposes.

#### *Public-private partnership*

66. Members and some civil servants' unions/organizations have suggested that the Administration can consider providing medical and dental benefits for CSEPs by introducing more public-private partnership programmes such as the Pilot Scheme. For instance, if DH cannot provide ICP services to all CSEPs with DM in families clinics when the new families

clinics in Tseung Kwan O and Kwun Tong<sup>7</sup> are established, the Administration can explore the feasibility of establishing public-private partnership programme for eligible CSEPs with DM, so as to provide services to more CSEP patients and reduce health expenditure in the long run.

67. As explained by the Administration, it will first assess the effectiveness of the Pilot Scheme in providing dental services to CSEPs before launching other schemes. As to whether to provide other medical services for CSEPs through public-private partnership, it has to carefully examine and review other factors such as cost effectiveness, supervision mechanism and committable service capacity of the private healthcare sector, in the light of the experience and effectiveness of the Pilot Scheme.

68. Some members share the view of a number of civil servants' unions/organizations that CSEPs should be allowed to seek medical treatment in private clinics with full reimbursement from the Government if HA fails to meet the performance pledges for various medical services for them, or to seek outpatient service from private doctors subject to a ceiling which is equivalent to the cost incurred for providing outpatient services in the public healthcare system. Any outstanding cost will be financed by the civil servants themselves.

69. As advised by the Administration, it has optimized the allocation of resources with a view to significantly reducing waiting time for CSEPs to obtain the medical services. The proposal of subsidizing CSEPs to seek medical treatment in private clinics is a major policy change that involves huge financial resources and should be carefully considered. The Administration has no plan to change the policy at present.

#### *Cross-boundary medical collaboration*

70. The Chief Executive's 2023 Policy Address has put forward strategic purchasing of healthcare services from suitable healthcare institutions in the Guangdong-Hong Kong-Macao Greater Bay Area ("GBA") for Hong Kong citizens. As there is an acute shortage of healthcare manpower and more and more serving and retired civil servants live in GBA, members have suggested that the Administration should communicate with HHB in exploring whether there can be collaboration with "Grade 3A" hospitals in areas popular among CSEPs' residences in GBA for

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<sup>7</sup> The families clinic in Tseung Kwan O and Kwun Tong are expected to commence service gradually in the third quarter of 2025 and the second quarter of 2027 respectively.

providing medical services to CSEPs. Initially, relevant trial schemes can be carried out to assess whether this is a viable alternative.

71. As advised by the Administration, there will be practical considerations to implement public-private partnership in the provision of medical benefits for CSEPs in GBA, such as cost effectiveness, operational arrangements, and cross-boundary transferral of medical records. Nevertheless, it will not rule out the possibility of exploring other viable options to enhance the medical and dental benefits of CSEPs, including the procurement of services from GBA.

#### *Healthcare voucher*

72. Some members have suggested that the Administration should consider giving each CSEP an annual healthcare voucher amount of \$2,000 for seeking private medical services (including those in GBA), as the annual expenditure on the vouchers provided for 570 000 CSEPs will be much lower than the annual provision for HA. According to the Administration, CSEPs will still make use of the medical services of HA or DH after exhausting all their vouchers. The effect of using health care vouchers on relieving the burden on the public healthcare system will therefore be very limited.

#### *Separation of annual provision of Hospital Authority*

73. Members are deeply concerned that in working out the amount of subvention to HA, the annual provision for providing medical services to CSEPs is not separately accounted for. In fact, members consider that the Administration should separate the lump sum provision to HA into two accounts and find out the actual cost spent by HA on civil service medical benefits each year, so as to review the cost-effectiveness of the existing provision of medical benefits for CSEPs, assess whether medical services should be provided for civil servants through local healthcare system and formulate targeted measures to improve the medical benefits for CSEPs. By doing so, CSEPs will know whether they are provided with the best medical benefits according to the conditions of service and members of the public will not form a perception that CSEPs are competing for resources with the public under the public healthcare system.

74. As advised by the Administration, it is difficult to separate the annual lump sum provision to HA into two accounts. HA has not calculated the cost of each treatment case, and hence it is unable to provide a breakdown on the cost spent by HA on civil service medical benefits each year. To change the perception of the public, the Administration will strike a balance

between the needs of CSEPs and the public in the provision of medical services.

### Housing benefits

75. Members understand that land supply in Hong Kong is limited and the housing is the most challenging problem faced by Hong Kong people including civil servants. With the well-developed cross-boundary transportation networks, more and more civil servants intend to live in the Mainland. To facilitate their development in the Mainland, members have suggested that the Administration can consider purchasing flats in GBA for renting to serving and retired civil servants as DQs or PRH flats, so that PRH flats in Hong Kong can be released for more civil servants; and expanding the scope of CSPHQ Scheme and other housing benefit schemes to cover flats in the Mainland.

76. To respond to the aspiration of the public including civil servants for home ownership, members have strongly urged the Administration to consider allowing civil servants to early withdraw part of the accrued benefits attributable to GVC (say 1 to 2%) under CSPF Scheme when they are in service for purchasing property. As advised by the Administration in paragraph 65 above, from the angle of retirement benefits, allowing civil servants to withdraw benefits early for other purposes will be incongruent with the original objective of the CSPF Scheme and will result in serious adverse effects on the retirement protection of civil servants. It has no plan to provide such option for civil servants.

77. Meanwhile, members note that the Government will provide about 410 000 public housing units from 2024-2025 to 2033-2034. They have asked CSB to liaise with the Housing Bureau for more PRH quota under CSPHQ Scheme early.

### Retirement benefits

78. Retirement benefits is a crucial factor to enhance employee retention. Members have asked the Administration to put in effort to strengthen the retirement benefits of civil servants, in particular those appointed on new terms. Given that the fees of Subsidized Schools Provident Fund (“SSPF”) Scheme is low and the return is good, there is a view that the Administration should review CSPF Scheme by making reference to the administration and control of SSPF of which a Board of Control is set up to formulate the investment strategies.

79. For better retirement protection, members have called on the Administration to devise a mechanism for civil servants to withdraw part of the accrued benefits attributable to GVC under CSPF Scheme when they are in service, including the percentage to be withdrawn, eligibility, purposes, etc. Members consider this arrangement worth exploring as it offers more options and flexibility for civil servants' retirement planning.

80. Members and some civil servants' unions/organizations have suggested that the Administration should re-consider providing all civil servants with the same retirement protection (in particular post-retirement medical and dental benefits) for fairness and for boosting morale. As explained by the Administration, the Government has no plan to change the policy concerned as such change will bring significant impact on public financial resources.

### **Summing up**

81. The Subcommittee is disappointed with the aforesaid explanation given by the Administration. As the provision of competitive fringe benefits is one of the key considerations for attracting qualified candidates at all levels, the Subcommittee considers it vital for the Administration to keep an open mind to all views and suggestions about enhancements to the benefits for civil servants from members and the civil servants' unions/organizations, and explore the feasibility of every suggestion seriously. For instance, the Administration can engage a consultancy firm to conduct a study to explore the feasibility of taking out medical insurance for CSEPs and assess the required expenditure to be incurred; and conduct a survey to gauge civil servants' view on their wish to live in the Mainland. In tandem, the Administration should proactively explore diversified options with new thinking and greater determination, and take pragmatic steps to address the demands of civil servants.

### **Summary of recommendations**

82. The Subcommittee recommends that the Administration and relevant authorities should:

In respect of the medical services for use of civil servants and eligible persons (paragraphs 11 to 27 refer)

(a) explore in collaboration with HA practicable ways to shorten the

long waiting time for GOP, SOP, diagnostic and CM services;

- (b) tackle the problem of insufficient civil servant discs (previously known as priority discs) in GOPCs by various means, including:
  - (i) keeping in view the utilization of civil servant discs and adjust the number of civil servant discs of clinics;
  - (ii) allowing flexibility in allocating the unused civil servant discs of individual GOPCs to sessions/days with exceeding stipulated quota;
  - (iii) conducting more frequently the redistribution of civil servant discs from clinics with lower demand to those with higher demand to better meet the demand of civil servants;
  - (iv) making use of information technology to grasp information, such as distribution of civil servants by districts and age distribution of civil servants in various districts, for effective allocation of civil servant discs;
  - (v) regularizing the evening session civil servant discs arrangement and extend it to more GOPCs, without affecting GOP services in the day session; and
  - (vi) where manpower and resources warrant, increasing the total number of civil servant discs in the long run;
- (c) expand the service scope of ICP to provide effective care and management for CSEPs with chronic diseases other than DM;
- (d) actively explore the setting up of CSCMCs in all 18 districts and introduction of CM Mobile Clinics to enhance the capacity of CM services for CSEPs;
- (e) expedite the upgrading of CIMS and “HA Go” to facilitate efficient registration and appointment making by CSEPs;
- (f) continue to maintain close communication with the staff side to enhance the provision of quality medical services to civil servants;

In respect of the dental services for civil servants and eligible persons  
(paragraphs 28 to 42 refer)

- (g) step up efforts to shorten CSEPs' waiting time for dental services provided by DH to ensure adequate provision of dental services to CSEPs, including:
  - (i) tackling the problem of insufficient DOs;
  - (ii) suitably adjusting the scope of work of dental hygienists; and
  - (iii) exploring feasible ways to encourage more local dental graduates and graduates from the programme of Higher Diploma in Dental Hygiene to work in the dental clinics of DH;
- (h) explore effective ways to boost the participation rate of the Pilot Scheme, including:
  - (i) developing a centralized booking system with convenient appointment-making methods for the Pilot Scheme;
  - (ii) improving the layout of the website for displaying information on PDCs under the Pilot Scheme;
  - (iii) stepping up monitoring and where necessary, reviewing the guidelines for PDCs to ensure quality services to CSEPs;
  - (iv) setting a service pledge for CSEPs with dental problems to be followed up by DH dental clinics within a specified timeframe after receiving dental scaling services from PDCs; and
  - (v) proactively collecting and responding to views of CSEPs on the Pilot Scheme, and finding out CSEPs' reasons for not joining the Scheme;



- (i) in the long run, regularize the Pilot Scheme and expand it to cover other dental services for CSEPs, without incurring additional expenditure;
- (j) keep the registration arrangements for existing and new dental cases under ongoing review and enhancement;

In respect of the housing benefit schemes and departmental quarters  
(paragraphs 43 to 49 refer)

- (k) critically review the existing housing benefits of civil servants for enhancement, including:
  - (i) reviewing NCA Scheme (including whether the years of service of eligible staff can be relaxed) to ensure that all eligible civil servants can receive NCA for the maximum aggregate period of 120 months before retirement;
  - (ii) setting target waiting time under CSPHQ Scheme and explore whether the quota should be increased if the target cannot be met for a long period of time; and
  - (iii) collecting relevant statistics such as number of well-off tenants under CSPHQ Scheme for encouraging civil servants who have been allocated PRH flats under CSPHQ Scheme to purchase Home Ownership Scheme flats if they are defined as well-off tenants, with a view to facilitating the turnover of PRH flats under the Scheme;
- (l) formulate long-term plans and strategies to increase the supply of DQs for disciplined services staff, including:
  - (i) speeding up the construction and allocation of DQ units;
  - (ii) expediting the processing of retiring officers' applications for PRH flats to facilitate the turnover of DQs; and
  - (iii) exploring the possibility of providing rental subsidies to eligible staff while awaiting DQs;

- (m) enhance the facilities and equipment of new DQs (such as full provision of high-speed electric vehicle (EV) charging facilities) and facilitate the installation of EV charging facilities in existing DQs;

In respect of the retirement benefits (paragraphs 50 to 55 refer)

- (n) explore ways to enhance the retirement protection for civil servants in particular those on new terms;
- (o) as far as practicable, lower the fees and charges of CSPF Scheme and enhance accrued benefits for civil servants so as to increase the retirement savings of civil servants;
- (p) consider providing post-retirement medical and dental benefits to civil servants on new terms;

In respect of the way forward for enhancing civil servants' protection (paragraphs 56 to 80 refer)

- (q) proactively break out of traditional mindsets and take bold steps to enhance civil servants' benefits and address the demands of civil servants;
- (r) keep an open mind to all views and suggestions about enhancement to civil servants' benefits, and explore the feasibility of every option seriously;
- (s) re-allocate resources and optimize procedures to improve the quality of medical services for CSEPs;
- (t) review the cost-effectiveness of the existing provision of medical benefits for CSEPs by separating the annual lump sum provision for HA into two accounts to clearly show the provision of medical benefits for CSEPs and finding out the actual cost spent by HA on civil service medical benefits each year;
- (u) explore the provision of medical benefits for civil service eligible persons by modes other than the public healthcare service, including:

- (i) seriously exploring the feasibility of taking out medical insurance cover for civil servants;
  - (ii) providing incentives to encourage and facilitate civil servants to take out medical insurance on their own;
  - (iii) where necessary, collecting information on the salary level and term of appointment of the civil servants participating in VMIS for formulating targeted measures to strengthen the promotion of VMIS;
  - (iv) exploring the provision of medical and dental services to CSEPs in the form of public-private partnership;
  - (v) considering allowing CSEPs to seek medical treatment from private healthcare sector and apply for reimbursement from the Government (capped at maximum fees and charges of public healthcare services);
  - (vi) collating relevant statistics for obtaining an overview of the distribution of civil servants using public and private healthcare facilities from the medical certificates of civil servants taken sick leave with a view to formulating targeted measures to improve medical benefits;
  - (vii) initiating trial schemes to explore the feasibility of extending the coverage of civil service medical and dental benefits to healthcare facilities in the Mainland; and
  - (viii) considering giving annual healthcare vouchers to CSEPs for seeking private medical services;
- (v) continue to proactively explore various measures to enhance housing benefits, including:
- (i) following up with the Housing Bureau on the development of PRH flats and exploring whether the quota under CSPHQ Scheme can be increased;

- (ii) purchasing flats in the Mainland for renting to civil servants as PRH flats or DQs; and
- (iii) expanding the scope of housing benefit schemes to cover flats in the Mainland;
- (w) review CSPF Scheme and make reference to SSPF Scheme to enhance the return of CSPF funds; and
- (x) explore the feasibility of devising a mechanism for serving civil servants to early withdraw the Government's voluntary contributions benefits under CSPF Scheme for specified purposes, such as purchasing property and taking out medical insurance.

Council Business Division 4  
Legislative Council Secretariat  
25 June 2024

**Panel on Public Service**

**Subcommittee to Follow Up Issues Relating to Benefits for Civil Servants,  
Retired Civil Servants and Eligible Persons**

**Terms of reference**

To study and review the Government's protection for civil servants, retired civil servants and eligible persons (including medical, dental, housing and retirement benefits), and make recommendations to the Government for changes to policies and improvement.

**Panel on Public Service**

**Subcommittee to Follow Up Issues Relating to Benefits for Civil Servants, Retired Civil Servants and Eligible Persons**

**Membership list\***

**Chairman** Hon LAI Tung-kwok, GBS, IDSM, JP

**Deputy Chairman** Hon Dennis LEUNG Tsz-wing, MH

**Members** Hon KWOK Wai-keung, JP  
Hon CHAU Siu-chung  
Hon Nixie LAM Lam  
Hon Kingsley WONG Kwok, BBS, JP  
Dr Hon NGAN Man-yu

Total : 7 Members

**Clerk** Ms Angel WONG

**Legal Adviser** Miss Yvonne WONG

\* Changes in membership are shown in Annex to Appendix 2.

## **Annex to Appendix 2**

### **Panel on Public Service**

#### **Subcommittee to Follow Up Issues Relating to Benefits for Civil Servants, Retired Civil Servants and Eligible Persons**

#### **Changes in membership**

<b>Member</b>	<b>Relevant date</b>
Hon Tony TSE Wai-chuen, BBS, JP	Up to 4 January 2024