

LCQ6: Bringing in diversified talents

Following is a question by the Hon Mrs Regina Ip and a reply by the Secretary for the Civil Service, Mrs Ingrid Yeung, in the Legislative Council today (June 4):

Question:

It is learnt that the Government, public organisations and some private enterprises have set biliteracy and trilingualism (i.e. the ability to write Chinese and English fluently along with an excellent command of spoken Cantonese, Putonghua and English) as the language proficiency requirement for recruitment. However, there are views pointing out that such requirement makes it impossible for talents with exceptional qualifications but uneven levels of biliteracy and trilingualism, or those who are proficient in specific languages and possess specific expertise to be recruited, and this may affect the talent diversity and competitiveness of Hong Kong in the long run. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the number of personnel in the Government and public organisations who are proficient in specific languages at present; if so, of the details; if not, the reasons for that, and whether it will compile the relevant statistics;

(2) given that Hong Kong is following closely the footsteps of our country in deepening international exchanges and co-operation, such as promoting economic and trade co-operation with Latin America and the Middle East region, etc, of the specific measures the Government has put in place to recruit talents proficient in the languages spoken in such regions and with local connections to undertake the aforesaid work; and

(3) whether the Government will take the lead in formulating more flexible language proficiency standards for recruitment to some government posts (especially those requiring specific expertise or international experience), so as to bring in diversified talents and enhance Hong Kong's competitiveness?

Reply:

President,

Consolidated reply to various parts of the question is as follows:

The Government attaches great importance to attracting talents from different backgrounds to join the civil service and building up a diversified pool of talents to enhance the quality and efficiency of the Government and public service. Appointment to the civil service is conducted on the principle of open and fair competition in order to select and recruit the most suitable and most meritorious talents. Departments will, having regard to the job requirements of different civil service grades, specify

appropriate entry requirements, including academic qualification, experience, language proficiency, etc, and will review these requirements from time to time to ensure that they are commensurate with the objective of achieving good performance. In selecting applicants, we fully assess their character, performance, ability and capability to ensure that only candidates who meet the required standards in all aspects would be appointed. It is of paramount importance for appointed officers to be able to meet the core competency requirements, including language requirements, of their grades. In particular, for degree level jobs, apart from discharging professional duties, officers are generally required to communicate with members of the public, stakeholders and other government departments, and to express complicated concepts and views. They may also be promoted to directorate level. In this connection, they must have good communication skills.

We will ensure that the language proficiency requirements set by departments and grades would not be higher than the requirements of the job. For posts requiring a university degree, there are two different levels of Chinese and English language proficiency requirements. Departments and grades may set their language proficiency requirements at one of the two levels according to their operational need. For posts requiring qualification below university level, departments or grades may set their own language proficiency requirements.

While the Government has a basic requirement on the Chinese and English proficiency level of the majority of civil servants, we will flexibly adjust the language proficiency requirements for individual post having regard to job nature and operational need, so that those who possess exceptional qualities or professional expertise but with uneven levels of biliteracy and trilingualism may also be appointed. For example, Government Counsels handle professional legal works, including criminal advocacy, civil litigation, legal advice, law drafting, public international law and legal policy matters. In order to attract a wider pool of talents, the Department of Justice may, without affecting the operation of the Department, recruit a small number of persons with unique experience or professional knowledge, but whose Chinese language proficiency do not meet the entry requirement to be Government Counsel. If there is a need for departments to adjust the language proficiency requirements for other jobs to meet their operational needs and to better trawl talents of different backgrounds, we are prepared to consider giving greater flexibility provided that the overall quality of public service is not affected.

In international business, finance or other fields, English is still the main working language. Although different countries have their own official languages, English is widely used in most settings. People who need to work with foreigners are generally willing and accustomed to communicate in English. For attracting enterprises and investment, promoting Hong Kong and other international engagements (examples on international engagements include attending international conferences and liaison work outside the conference venue, Hong Kong's young civil servants working in United Nations and its affiliated organisations as Chinese personnel), they can generally be carried out in English. Depending on actual need, say organising investment

promotion activities overseas, interpretation service will be arranged by the relevant departments and/or Hong Kong's Economic and Trade Offices (ETOs) overseas.

Government positions in overseas ETOs involve extended postings abroad, where officers must develop long-term and in-depth political, commercial and cultural ties with places where they work. As such, their roles call for higher proficiency in foreign languages. At the moment, we do not maintain statistics on the number of civil servants who are proficient in foreign languages. However, in respect of Administrative Officer (AO) grade which have the largest number of posts in overseas ETOs and the greatest opportunities to be responsible for external liaison and promotion work of Hong Kong, we will collect information on foreign languages proficiency of the applicants during recruitment. In addition, we also subsidise AO grade officers to learn foreign languages so as to build up a pool of officers with foreign languages ability for selection. For civil servants posted to ETOs or seconded outside Hong Kong, for example Executive Officers, Information Officers and Trade Officers, subsidies will be provided for them to learn foreign languages. Separately, where there is a need to use a foreign language for a specific period of time, departments may recruit persons who know the foreign language on civil service agreement or non-civil service contract terms. If there is a long-term need for the post holder of a particular post to know a foreign language, but applicants who know the relevant foreign language and proficient in both Chinese and English are rare, as mentioned in the earlier part of my reply on special arrangement, without affecting the operation of the departments, they may employ persons with unique foreign language ability but whose Chinese or English language proficiency do not meet the entry requirement.

The Government will also, having regard to the needs of the job at different times, fill vacancies in an appropriate way. For posts at promotion ranks, including directorate posts, if they require experience which may not be commonly found in the civil service, we will consider filling vacancies by open recruitment to widen the pool of candidates. Examples on open recruitment of directorate posts include Commissioner for Innovation and Technology, Director of Legal Aid, Director-General of Investment Promotion and Commissioner for Belt and Road, all of which are at the rank of Directorate Grade 6. Unlike recruitment of officers at entry ranks which require no or limited working experience, in the above cases, applicants' proficiency in Chinese and English is evident in their working experiences. For those who have rich experience and outstanding achievements in various industries, their communication skill in Chinese and English would not be inadequate to cope with their work. In this connection, the Government generally requires applicants to have good command in Chinese and English, instead of requiring them to possess specific public examination or civil service examination results, in order to attract talents who have the most suitable experience and capability.

Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, June 4, 2025 is 103.4 (same as yesterday's index).

LCQ9: Complaints and medical incident claims handled by Hospital Authority

Following is a question by the Hon Chan Hoi-yan and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 4):

Question:

It has been reported that the Hospital Authority (HA) will handle cases of medical incident claims by such means as compensation and mediation, including the handling of compensation matters through the medical incidents insurance scheme of HA (the scheme). Regarding the complaints and medical incident claims handled by HA, will the Government inform this Council whether it knows:

- (1) the administrative expenses (including insurance and legal costs, etc.) incurred by HA in respect of the scheme in each of the past five years;
- (2) the number of cases of medical incident claims received by HA in each of the past five years; the total amount of compensation paid in such cases and, among them, the respective amounts of compensation borne by insurance companies and HA;
- (3) the number of cases of medical incident claims in the past five years in which HA had reached settlements with the complainants before proceeding to legal proceedings; the total amount of compensation paid in such settled cases and, among them, the highest and lowest amounts of compensation paid;
- (4) the number of medical complaints or cases of medical incident claims in the past five years in which HA had taken the initiative to pay compensation without going through legal proceedings because the responsibility was clearly established; the amounts of compensation paid in such cases; and
- (5) in respect of the medical service-related complaints received by HA in each of the past five years, the average time taken from the receipt of a complaint to the completion of its handling; given that according to HA's complaint handling mechanism, the target response time for first-time complaint cases is six weeks (three months for complex cases), the number of

first-time complaint cases which could not be responded to within the target time in the past five years?

Reply:

President,

In consultation with the Hospital Authority (HA), the reply to the question raised by the Hon Chan Hoi-yan is as follows:

Upon receipt of a case of claim arising from a medical incident, it is the usual practice of the HA to conduct an investigation, consider medical opinions and seek legal advice before responding and explaining its stance on the claim to the patient or his/her lawyer. The nature of healthcare services involves various known and unknown risks that reflect the actual situations of medical practice. Depending on the circumstances of individual cases, the HA will appoint a loss adjuster or lawyer to conduct negotiation for settlement of the case. In the event that court proceedings have been commenced, the HA will appoint a lawyer to file a defence, collect medical and factual evidence, conduct mediation and negotiate a settlement, etc in light of the circumstances and development of individual cases. For cases of claims received by the HA, some of the claimants may, after learning the explanation from the HA or considering various factors, stop pursuing their claims further.

The HA attaches great importance to service quality and patient safety. It has put in place mechanisms and guidelines for management and monitoring of medical incidents in public hospitals. Subject to the circumstances of individual cases, the HA will appoint an expert group (such as Root Cause Analysis Panel or Clinical Co-ordinating Committee/Central Committee) as necessary to conduct detailed analysis, identify the possible causes of the incident, study and formulate improvement measures or optimise clinical practice standards and guidelines to prevent similar incidents from happening again in the future. Each year, the HA Head Office will submit to the HA Board a report of sentinel and serious untoward events, which will also be released to the public. The HA will continue to review the relevant mechanisms and arrangements from time to time and make suitable adjustments when necessary.

In addition, in response to systemic issues and the need for reform in the management of public hospitals, the HA set up a review committee on July 2, 2024, to conduct an in-depth review on various fronts. The scope of the review was comprehensive, covering areas of governance, appraisal, accountability, operations, risk control, and procedural compliance, etc and touching upon various levels, including the HA Head Office, hospital clusters, hospitals, service units/teams and staff. After detailed deliberations, the review committee consolidated its observations and made a total of 31 improvement recommendations in five areas, namely governance and accountability, safety culture, compliance and monitoring, incident management and enabling factors of the HA. The HA announced the review committee's report on November 22, 2024. The HA is implementing various improvement measures in an orderly manner and monitoring the implementation

progress and effectiveness on an ongoing basis, while submitting progress reports to the Health Bureau on a regular basis.

(1) to (4) During the process of mediation and settlement negotiation on medical incident claims, the HA takes into account the litigation risk apart from considering whether medical error and legal liability are involved. The agreement of out-of-court settlement without adjudication by court comes as a result of settlement negotiation between two parties after weighing various considerations and negotiation. The table below sets out the statistics on claims received by the HA in respect of medical incidents from 2022 to 2024 (as at early March 2025):

Year in which claims were reported (Note 1)	2020	2021	2022	2023	2024
Number of claims	97	105	94	105	81
Number of claims for which compensation was paid (Note 2) (Among them, number of claims settled before commencement of court proceedings)	25 (16)	18 (15)	12 (10)	15 (15)	4 (3)
Total amount of compensation paid in respect of claims settled out of court (Note 3) (Among them, total amount of compensation for claims settled before commencement of court proceedings)	Figures in million dollars				
	23.75 (7.28)	10.38 (8.22)	5.94 (4.38)	10.09 (10.09)	3.21 (0.21)

Note 1: Claims reported refer to those reported under the medical incidents insurance scheme of the HA.

Note 2: All cases were out-of-court settlement cases.

Note 3: A claim may only be received by the HA after a period of time following the medical incident. Moreover, the duration taken for reaching an out-of-court settlement depends on the nature and complexity of each claim. For example, out of the claims reported in 2024, only four claims were settled out of court as at March 6, 2025. On the other hand, according to the information available, the HA, in 2024, reached out-of-court settlements for 28 claims, covering reporting years from 2016 to 2024.

Compensation for the above claims was paid by the HA. As the HA is required to keep the settlement details of each claim confidential, the maximum and minimum compensation amount cannot be provided. The amount of compensation for such cases ranged from a few thousand dollars to several million dollars. Apart from the premiums paid to the insurance companies, there are no other administrative expenses for the medical incidents insurance scheme of the HA. As premiums involve commercially sensitive information, they cannot be disclosed.

(5) The HA attaches great importance to the opinion and enquiries of the

public and has in place a two-tier system to handle complaints from patients and the public. All the initial complaints regarding services of public hospitals (including HA's clinics) will be referred to the relevant hospitals for follow-up and reply. The HA has set the target response time for initial complaints at six weeks, while complex cases may take up to three months. The HA is actively implementing measures, including setting up Cluster Patient Relations Offices, standardising the complaint handling workflow with a view to shortening the response time for complaints. The statistics on the handling of healthcare service complaints by the HA in the past five years are as follows.

Year	2019-20	2020-21	2021-22	2022-23	2023-24
Number of complaints related to healthcare services	1 133	920	968	1 242	1 135
Among them, number of complaints completed beyond target response time (Note 4)	128	92	136	51	3
Average response time of cases	60 days	56 days	64 days	38 days	31 days

Note 4: As each complaint case varies in complexity, the time required for handling individual cases will be different. For some of the complaint cases that cannot be concluded within the target response time, it may be due to the case involving several hospitals or several departments within a hospital, necessitating repeated clarification or collection of evidence during the handling process; or involving complex clinical management requiring advices from independent medical experts. In addition, with the impact of the COVID-19 epidemic from 2020 to early 2023, healthcare staff needed to focus the manpower on clinical duties and patient care; other staff including Patient Relation Officers might be temporarily deployed to support the logistic work in the fight against the epidemic; and some of the staff members who were confirmed cases were not able to return to the hospitals to work, resulting in handling of some of the healthcare service complaints not being completed within the target response time.

LCQ15: Regulation of premises providing Chinese-style wellness and health services

Following is a question by Professor the Hon Chan Wing-kwong and a

written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 4):

Question:

It has been reported that on March 20 this year, a woman had to be sent to hospital for treatment as she got burnt while receiving cupping service at a blind massage parlour in Sham Shui Po. It has also been learnt that at present quite a number of premises in the market providing beauty, hairdressing, massage, foot spa, wellness and health services (such premises) openly boast that they can provide customers with such services as tuina, bone-setting, pain relief, moxibustion, cupping and scraping. Regarding the regulation of premises providing Chinese-style wellness and health services, will the Government inform this Council:

(1) of the number of complaints received by the authorities in relation to such premises and the follow-up situation in each of the past five years; among them, of the number of cases involving unlicensed medical practice, and the respective numbers of persons prosecuted and convicted;

(2) of the measures taken by the authorities to regulate such premises; whether they have taken the initiative to inspect such premises in prevention of illegal medical practices at such premises; if so, of the number of inspections carried out by the authorities and the result in each of the past three years; and

(3) whether the authorities will step up promotion and education efforts to prevent members of the public from inadvertently falling into the trap of illegal medical practice at such premises; if so, of the details?

Reply:

President,

In consultation with the Security Bureau, I provide a consolidated reply to the question raised by Professor the Hon Chan Wing-kuo as follows:

In order to safeguard public health and safety, a statutory regulatory system is in place for healthcare professions in Hong Kong. At present, there are 13 healthcare professions (Note) which are subject to statutory registration in order to practise in Hong Kong so as to ascertain that their qualifications are up to standards, and that their professional conducts are regulated by relevant statutory boards and councils. Any person who practises as these healthcare professions or uses these healthcare profession titles without registration may violate relevant laws.

As mentioned in the question regarding services such as tui-na, bone manipulating, pain management, moxibustion, cupping and gua-sha, premises providing relevant services in the community can be broadly classified into two categories:

(1) involving healthcare services which should be provided by the 13 healthcare professions under statutory registration or enrolment to provide

services in accordance with their respective scope of practice, such as prescription of drugs, performance of medical procedures (for example, Chinese medicine treatment, physiotherapy or surgery); and

(2) not providing healthcare services concerning the practice of healthcare professionals, such as solely providing services of massage, foot bathing, beauty or hairdressing.

Statutory regulation of relevant healthcare facilities and/or healthcare professions

As the services provided by premises under the first category mentioned above are healthcare services, hence these services should be subject to statutory regulation targeting relevant healthcare facilities and/or healthcare professions. As regards services commonly known as "bone manipulating" and "pain management", they may be similar to the nature of treatments provided by Chinese medicine practitioners, physiotherapists and chiropractors under their respective scope of practice. Depending on the actual services performed, relevant legislation would come into play when healthcare services which must be provided by registered healthcare professionals are involved. This serves to prevent non-professionals from performing such acts so as to safeguard public health.

The provision of a service will be considered as practising Chinese medicine if it involves the performance of any act or activities on the basis of traditional Chinese medicine in general practice, acupuncture or bone-setting as stipulated in the Chinese Medicine Ordinance (Cap. 549). Any person who is neither a registered nor listed Chinese medicine practitioner providing such service commits an offence and is liable to a fine at level 6 and imprisonment for three years. By the same token, any person who practises the profession of a physiotherapist as stipulated in the Supplementary Medical Professions Ordinance (Cap. 359) without registration commits an offence and is liable to a fine at level 2 and imprisonment for six months; whereas any person who is not listed in the register of registered chiropractors under the Chiropractors Registration Ordinance (Cap. 428) but practises chiropractic as defined in the Code of Practice by the Chiropractors Council commits an offence and is liable to a fine at level 5 and imprisonment for one year.

Members of the public who suspect that someone is practising without registration and/or unlawfully using the title of a registered healthcare professional should report to the Police. The Department of Health (DH) and the statutory boards and councils of relevant healthcare professions will provide professional support to the Police as appropriate. Records concerning number of cases upon conclusion of prosecution process in relation to section 28 of the Medical Registration Ordinance (Cap. 161) and section 108 of the Chinese Medicine Ordinance (Cap. 549) during the period from 2020 to 2024 are tabulated in the Annex.

Since 2018, the Private Healthcare Facilities Ordinance (PHFO) (Cap. 633) has regulated premises where registered medical practitioners and/or dentists practise. Operators are required to obtain a licence or a letter of

exemption in order to operate the relevant private healthcare facilities. The existing law specifically covers premises of these two healthcare professions as their daily operation may very likely involve high-risk aspects such as blood management. It is therefore necessary to put in place the most stringent regulatory system under a risk-based principle in addition to the specific legislations regulating these two healthcare professions. As of April 30, 2025, there are 14 licensed private hospitals and 259 licensed day procedure centres in Hong Kong. The Government is also implementing the regulatory regime for clinics and small practice clinics (SPCs) under the PHFO, and will begin to accept applications for a clinic licence and requests for a letter of exemption for a SPC from October 13, 2025 onwards.

Regulation of facilities not providing healthcare services

Regarding matters relating to premises under the second category mentioned above which do not involve healthcare services nor practice of healthcare professions, such premises should fulfill the requirements of other relevant legislation. For instance, the Massage Establishments Ordinance (Cap. 266) aims to regulate massage establishments through a licensing regime in order to prevent and combat vice or illegal prostitution activities committed by criminals in these establishments. At present, the requirement for a Massage Establishments Licence does not apply to a number of specified services such as salon, beauty salon and nursing home. The Government does not maintain relevant statistics for such facilities.

To prevent the public from seeking improper treatment of certain conditions regardless of the type of premises which provides such services, the Undesirable Medical Advertisements Ordinance (Cap. 231) prohibits/restricts the publication of advertisements that will likely lead to the use of any medicine, surgical appliance or treatment for the purpose of treating or preventing diseases or conditions specified in Schedules 1 and 2 to the Ordinance. These include any disease of the musculo-skeletal system, including rheumatism, arthritis and sciatica. The DH has put in place an established mechanism for screening advertisements. Appropriate actions will be taken in accordance with the law against any contravention of the Undesirable Medical Advertisements Ordinance.

The Government urges members of the public not to casually believe the claims of being able to offer so-called "treatment" from random persons who are not registered or accredited as healthcare professionals. Since the professional qualifications and standards of these persons have not been attested, the safety and effectiveness of the so-called "treatment" cannot be assured. It may even worsen the condition or cause injury. Before receiving healthcare services, members of the public can browse the online registers of the statutory boards and councils of relevant healthcare professions (www.dh.gov.hk/english/main/main_rhp/main_rhp.html) to ascertain the qualifications of service providers. If members of the public have doubts about the qualifications of the healthcare professionals, they can also request the person concerned to provide relevant certification documents in order to better protect their safety. The DH has enhanced public education and publicity, and urges members of the public to check the qualifications of service providers before receiving healthcare services and only to consult

healthcare professionals being regulated.

Note: These 13 healthcare professions are medical practitioners, dentists, nurses, Chinese medicine practitioners, physiotherapists, occupational therapists, medical laboratory technologists, optometrists, radiographers, chiropractors, dental hygienists, midwives and pharmacists.

Inspection of aquatic products imported from Japan

In response to the Japanese Government's plan to discharge nuclear-contaminated water at the Fukushima Nuclear Power Station, the Director of Food and Environmental Hygiene issued a Food Safety Order which prohibits all aquatic products, sea salt and seaweeds originating from the 10 metropolis/prefectures, namely Tokyo, Fukushima, Ibaraki, Miyagi, Chiba, Gunma, Tochigi, Niigata, Nagano and Saitama, from being imported into and supplied in Hong Kong.

For other Japanese aquatic products, sea salt and seaweeds that are not prohibited from being imported into Hong Kong, the Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department is conducting comprehensive radiological tests to verify that the radiation levels of these products do not exceed the guideline levels before they are allowed to be supplied in the market.

From noon on June 3 to noon today (June 4), the CFS conducted tests on the radiological levels of 193 food samples imported from Japan, which were of the "aquatic and related products, seaweeds and sea salt" category. No sample was found to have exceeded the safety limit. Details can be found on the CFS's thematic website titled "Control Measures on Foods Imported from Japan"

(www.cfs.gov.hk/english/programme/programme_rafs/programme_rafs_fc_01_30_Nuclear_Event_and_Food_Safety.html).

In parallel, the Agriculture, Fisheries and Conservation Department (AFCD) has also tested 50 samples of local catch for radiological levels. All the samples passed the tests. Details can be found on the AFCD's website (www.afcd.gov.hk/english/fisheries/Radiological_testing/Radiological_Test.html).

The Hong Kong Observatory (HKO) has also enhanced the environmental monitoring of the local waters. No anomaly has been detected so far. For details, please refer to the HKO's website (www.hko.gov.hk/en/radiation/monitoring/seawater.html).

From August 24, 2023, to noon today, the CFS and the AFCD have conducted tests on the radiological levels of 140 985 samples of food imported from Japan (including 92 799 samples of aquatic and related products, seaweeds and sea salt) and 32 338 samples of local catch respectively. All the samples passed the tests.