

Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, May 24, 2023 is 103.1 (up 0.1 against yesterday's index).

LCQ8: Staffing establishment and employment arrangements of Hongkong Post

Following is a question by the Hon Dennis Leung and a written reply by the Acting Secretary for Commerce and Economic Development, Dr Bernard Chan, in the Legislative Council today (May 24):

Question:

Regarding the staffing establishment and employment arrangements of Hongkong Post (HKP), will the Government inform this Council:

(1) of the staffing establishment of the following ranks at HKP in each year from 2018 to March this year: (i) Senior Postal Officer, (ii) Senior Postman, (iii) Superintendent of Posts, (iv) Postman, (v) Postal Officer, (vi) Assistant Controller of Posts II, (vii) Assistant Controller of Posts I and (viii) Controller of Posts (set out in Table 1);

Table 1

Rank	2018	2023 (up to March)
(i)			
.....			
(viii)			

(2) of the (a) numbers of vacancies of, (b) target numbers of recruitment for, as well as (c) anticipated time for commencing the recruitment exercises for the following ranks at HKP at present: (i) Senior Postal Officer, (ii) Senior Postman, (iii) Superintendent of Posts, (iv) Postman, (v) Postal Officer, (vi) Assistant Controller of Posts II, (vii) Assistant Controller of Posts I and (viii) Controller of Posts (set out in Table 2);

Table 2

Rank	(a)	(b)	(c)
(i)			
.....			
(viii)			

(3) whether HKP will introduce measures to retain staff or attract talents to join the industry; if so, of the details; and

(4) as some frontline postal staff have relayed that at present, the contracts of some senior HKP management staff have been repeatedly extended after their retirement, and expressed worries that the promotion prospects of grassroots workers would be affected, of the arrangements and policies adopted by HKP for extending the employment of retired senior management staff (including the time limits for extension of the employment); of the current number of senior management staff who have their employment extended under such arrangements?

Reply:

President,

Hongkong Post (HKP) attaches great importance to maintaining reasonable and sufficient manpower in meeting service demand and ensuring service quality. The consolidated reply to the various parts of the question is as follows:

From 2018 to 2023, the staff establishment of Postman, Postal Officer and Controller of Posts grades is set out below:

	Rank	Staff Establishment (Figures as of December 31 each year)					
		2018	2019	2020	2021	2022*	2023#
Postman Grade							
(i)	Senior Postman	398	397	387	384	374	374
(ii)	Postman	2 907	2 830	2 749	2 612	2 358	2 302
Postal Officer Grade							
(iii)	Superintendent of Posts	117	117	112	106	104	103
(iv)	Senior Postal Officer	474	465	451	442	438	431
(v)	Postal Officer	1 067	1 068	1 047	1 007	995	995
Controller of Posts Grade							
(vi)	Controller of Posts	31	31	29	26	26	26
(vii)	Assistant Controller of Posts I	39	39	39	39	40	40
(viii)	Assistant Controller of Posts II	48	51	48	50	50	50

*The change in the establishment includes the deletion of 258 posts in the Postman grade, comprising 248 posts at the Postman rank and 10 posts at the Senior Postman rank, since the implementation of five-day mail delivery service in mid-May 2022.

#The staff establishment as of March 31, 2023.

At present, the vacancies of each grade and related recruitment situation in HKP are as follows:

	Rank	Number of Vacancies@ (Figures as of April 30, 2023)	Time of Recruitment and Recruitment Targets^
Postman Grade			
(i)	Senior Postman	30	A new round of open recruitment exercise for the post of Postman commenced in January 2023. The target number of officers to be recruited is about 170. It is expected that new recruits will report for duty starting from the third quarter of 2023.
(ii)	Postman	104	
Postal Officer Grade			
(iii)	Superintendent of Posts	12	For the 2022 open recruitment exercise for the post of Postal Officer, the target number of officers to be recruited is about 150. New recruits have been reporting for duty since February 2023. It is expected that a new round of recruitment exercise will commence in the third quarter of 2023.
(iv)	Senior Postal Officer	34	
(v)	Postal Officer	67	
Controller of Posts Grade			

(vi)	Controller of Posts	7	For the 2022 open recruitment exercise for the post of Assistant Controller of Posts II, the target number of officers to be recruited is about 20.
(vii)	Assistant Controller of Posts I and II	15	New recruits have been reporting for duty since February 2023. It is expected that a new round of recruitment exercise will commence in early 2024.

@The number of vacancies is calculated by deducting the strength from the establishment. Appropriate manpower arrangements, for example acting appointments and recruitments, will be made by the department to fill the vacancies based on the operational needs.

^In setting the recruitment targets, HKP will consider the anticipated vacancies arising from natural wastage (for example retirement) in addition to the existing vacancies. As such, the target number of new recruits may be larger than the number of vacancies.

In the open recruitment exercises conducted by HKP for its various civil service grades in recent years, a significant number of applications have been received and the number of applicants is sufficient for the selection of suitable personnel to fill the vacancies. Besides, HKP is committed to retaining talent by providing a good working environment, career development, training plan as well as promotion opportunities for its staff.

As regards the arrangements for further employment (FE) of civil servants beyond retirement age, HKP has been following the relevant guidelines issued by the Civil Service Bureau (CSB) to first determine whether there is a need for FE of an officer beyond retirement age for a period of time (normally a FE period of 12 months or less for promotion ranks in each FE selection exercise) by taking into account the overall manpower situation of individual grades/ranks, so as to meet operational needs, upkeep the quality of public service and facilitate succession planning. The department should normally convene a promotion board beforehand to ensure that there is no undue promotion blockage. At present, only one out of the seven directorate officers in HKP is on FE under the above mechanism.

At the same time, in accordance with the relevant guidelines issued by the CSB, HKP may employ, where necessary, retired civil servants on contract terms under the Post-retirement Service Contract (PRSC) Scheme to undertake ad hoc, time-limited and seasonal or part-time tasks that require specific

civil service expertise/experience. All these positions should be at non-directorate equivalent level. The employment period of these retired civil servants, in general, should not exceed five years. As PRSC staff are not employed to take up posts on the civil service establishment, the promotion opportunities for civil servants will not be affected. The civil service vacancies arising from the retirement of these staff from the civil service will be filled by promotion (for posts of promotion ranks) or open recruitment (for posts of entry ranks) under the established mechanism. As of April 30, 2023, the number of PRSC staff employed by HKP stood at 46, including six at the managerial level and 40 at the non-managerial level.

HKP has been maintaining communication with the staff side on various human resources management issues, including the implementation of the measures concerned.

LCQ19: Breast Cancer Screening Pilot Programme

Following is a question by the Hon Elizabeth Quat and a written reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (May 24):

Question:

The Breast Cancer Screening Pilot Programme (the Pilot Programme) was officially rolled out in September 2021, aiming at early detection of women with breast cancer who do not appear any symptoms, so that they can receive early treatment. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the following information since the launch of the Pilot Programme in 2021: (i) the respective numbers of women who received breast cancer risk assessment in Women Health Centres and Elderly Health Centres and, (ii) among them, the respective numbers of those who were referred for mammography screening, and (iii) the number of those with confirmed breast cancer detected through such screening, together with a breakdown by quarter;

(2) given that in reply to a question raised by a Member of this Council in respect of the Estimates of Expenditure 2023-2024, the Government indicated that it would evaluate the effectiveness of the Pilot Programme, of the timing for publishing the relevant evaluation report; whether it has set up a working group, which targets at the Pilot Programme, to conduct regular reviews; if so, of the member composition of the group;

(3) given that the Primary Healthcare Blueprint released by the Government proposes to implement public-private partnership through strategic purchasing

to enhance patients' accessibility and affordability of primary healthcare services at the community level, whether the Government will consider procuring breast cancer screening services from private healthcare institutions, so as to expand and regularise the Pilot Programme; if so, of the details; if not, the reasons for that;

(4) given that the Acting Secretary for Health indicated earlier on at the special meeting of the Finance Committee of this Council that the Department of Health would implement a three-year Breast Cancer Screening Pilot Programme operated by non-governmental organisations in the coming year, of the respective numbers of organisations in the 18 districts across the territory which the Government expects will provide the relevant services under such programme; of the estimated service attendance and total expenditure of the programme; and

(5) as it is learnt that at present, the Pilot Programme mainly provides breast cancer screening services for persons at high and moderate risk, as well as persons with personalised risk factors, whether the target recipients of the breast cancer screening services under the Breast Cancer Screening Pilot Programme to be implemented in the coming year will be extended to cover low-risk persons?

Reply:

President,

The Government attaches importance to cancer prevention and control. This is an important strategy to prevent and control non-communicable diseases. As early as 2001, the Government established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering prevention and screening, surveillance, research and treatment. The CCC is now chaired by the Secretary for Health and comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the CCC regularly reviews local and international evidence and makes recommendations on cancer prevention and screening applicable to the local setting.

Based on the revised recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening. The Department of Health (DH) launched the Breast Cancer Screening Pilot Programme (BCSPP) and started to provide screening services for eligible women at three Woman Health Centres (WHCs) and 18 Elderly Health Centres (EHCs) since latter half of 2021, with an aim of detecting early breast cancer in women before any symptoms appear, so that treatment can be carried out early.

The reply, in consultation with the DH, to the question raised by the Hon Elizabeth Quat is as follows:

(1) As of March 31, 2023, 19 287 women aged between 44 and 69 received breast cancer risk assessment in WHCs and EHCs, of which 5 475 women (around 28 per

cent) were referred for mammography (MMG) screening. Among the women receiving MMG screening, 777 (around 14 per cent) were arranged for breast ultrasound scanning as a supplementary examination. Among the women who had MMG screening and breast ultrasound scanning as a supplementary examination as needed, 407 (around 7 per cent of women received MMG screening) were referred to specialists for further management. Relevant figures by quarters are tabulated as below:

Period	Number of women received breast cancer risk assessment	Number of women referred for MMG screening
Sep – Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844
Q1 in 2023	3 396	862
Total	19 287	5 475

With the consent of the women participating in the BCSPP, the DH has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

(2) and (4) To further strengthen breast cancer screening services, the Government has commissioned a local university to conduct evaluation study on the BCSPP to assess its effectiveness and provide references for the implementation of the local breast cancer screening strategy. The DH is planning to launch the next phase of three-year BCSPP by end-2023. The relevant details of the programme will be announced in due course. In addition, the DH has also established a working group comprising experts from the public and private sectors, as well as the academia, in various fields (including public health, breast surgery, radiology, family medicine and clinical oncology), to provide professional advice on the next phase of the BCSPP.

(3) District Health Centres (DHCs) have been actively complementing the promotion of cancer screening programmes implemented by the Government. At the health management level, DHCs have been promoting cancer screening education and relevant cancer-related risk assessment, including providing professional advice, co-ordination and referrals to screening for individuals with high risk factors. In the long run, as the district-based, family-centric community health system evolves along the implementation of the "Family Doctor for All" concept, various disease screening and management programmes provided by the Government shall be migrated to the primary healthcare system at the helm of the Primary Healthcare Commission to be set

up in the future. Where necessary, such services shall be strategically purchased from private healthcare providers and non-governmental organisations to ensure effective and holistic primary healthcare service delivery.

(5) Based on the revised recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening. According to the CEWG's recommendations, women aged between 44 and 69 with certain combinations of personalised risk factors of breast cancer (including presence of history of breast cancer among first-degree relative, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer (viz. risk higher than 75 per cent of Hong Kong women of the same age) are recommended to consider MMG screening every two years.

The personalised breast cancer risk assessment tools developed by the University of Hong Kong and accessible at the Cancer Online Resource Hub (www.cancer.gov.hk/en/bctool) are used by the BCSPP to assess the risk of developing breast cancer for eligible women, who would be provided with breast cancer screening as appropriate. Breast ultrasound scanning as a supplementary examination may also be arranged for them if necessary.

Providing breast cancer screening for women at low risk is incompatible to the risk-based recommendation on breast cancer screening of the CEWG which is based on local and international evidence. When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health, and take into account the perspective of good utilisation of medical resources to determine the priority. Excessive screening under public health programme not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

EDB announces arrangement for additional Basic Law and National Security Law Test

To provide a facilitation service to teachers who plan to serve in primary and secondary schools or change schools but have not yet taken the Basic Law and National Security Law Test held earlier, the Education Bureau (EDB) today (May 24) announced that an additional Basic Law and National Security Law Test for degree holders will be held on July 15 (Saturday). The test is open for application from 9am on June 1 to 5pm on June 14.

The target participants for the test are those who have attained a bachelor's degree or will have attained a bachelor's degree in the 2022/23 academic year and plan to join or change to another secondary school, primary school or kindergarten to take up a graduate teaching post. Applications can be made through the EDB's online application system (www.edb.gov.hk/en/blnst). Limited places for the test will be available on a first-come, first-served basis. Those who have already obtained a pass result in the Basic Law and National Security Law Test organised by the EDB for degree holders will not be accepted to sit for the test again.

The EDB has conducted five rounds of the test in the 2022/23 school year, three of which were for degree holders and two for non-degree holders. Starting from the 2023/24 school year, all newly appointed teachers in public sector schools, Direct Subsidy Scheme schools and kindergartens joining the kindergarten education scheme (including newly joined teachers and teachers changing schools) are required to pass the test in order to be considered for appointment. The requirement applies to all ranks of the teacher grade including principals.

Details about the test are available on the EDB webpage (www.edb.gov.hk/en/blnst).

[LCQ2: Coping with simultaneous spread of influenza viruses and novel coronavirus](#)

Following is a question by the Hon Edward Leung and a reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (May 24):

Question:

It has been reported that given the double blow dealt to Hong Kong recently by seasonal influenza (influenza) viruses and novel coronavirus, the waiting time for consultation for patients at the accident and emergency departments of public hospitals has reached over eight hours for days on end, with the average daily attendance reaching 6 000, and the bed occupancy rate of medical wards has also exceeded 100 per cent on average. While the Hospital Authority (HA) has appealed to members of the public with respiratory tract infections to seek medical treatment at general outpatient clinics (GOPCs) or private clinics, it is learnt that those clinics and private hospitals are also full. In this connection, will the Government inform this Council:

(1) whether it knows the average daily consultation quota of GOPCs of public hospitals, and whether the consultation quotas have been increased to cope with the double blow of the influenza surge and the novel coronavirus, since the 1st of last month;

(2) whether it knows the respective daily numbers of persons admitted to hospitals due to influenza virus infections and novel coronavirus infections, as well as the bed occupancy rates of various private hospitals, in the past three weeks; and

(3) as it is learnt that HA has earlier on opened additional wards in the North Lantau Hospital Hong Kong Infection Control Centre to receive patients infected with novel coronavirus, whether the Government knows if such wards will receive patients infected with influenza viruses, and whether the authorities have other corresponding measures in place to cope with the influenza surge?

Reply:

President,

The winter surge of seasonal influenza (flu) in Hong Kong generally occurred during January to March/ April in the past. However, the activity level of flu has remained low for the past three years due to territory-wide anti-epidemic measures. With the lifting of mask-wearing requirements in Hong Kong since March this year, the surveillance data revealed that Hong Kong entered flu season in early April this year. The activity level of the flu had been on steady rise since then and reached its peak in end April, and has started to subside recently. Concurrently, the number of cases of coronavirus disease 2019 (COVID-19) was also increasing and the activity level of COVID-19 still remains high, resulting in the recent peak of relevant infectious diseases. Nonetheless, various data (including regular sewage surveillance, laboratory surveillance) indicated that the COVID-19 epidemic or COVID-19 situation had reached its recent peak, and the latest real-time effective reproductive number has dropped to 1.

The Government has all along been adopting a multi-pronged approach by implementing various measures in response to upper respiratory tract infections such as the flu. In addition, we have also been summarising experiences periodically having regard to the development of the COVID-19 epidemic, so as to sustain appropriate responses to different aspect of the epidemic. At the current stage, we manage COVID-19 as a type of upper respiratory tract infections, with anti-epidemics measures focusing on protection of high risk groups. With concerted efforts from all, the protection and treatment capacity of the Hong Kong's healthcare system has been significantly enhanced. With the experience learnt, the healthcare system is able to cope with the current situation.

Recently, most of the infected patients, especially those who have been vaccinated for the flu and COVID-19, are mild cases. Symptomatic citizens may directly attend medical consultations at private doctors/clinics and the General Out-patient Clinics (GOPCs) under the Hospital Authority (HA).

Visiting Accident and Emergency (A&E) departments or public hospitals is not necessary.

In fact, vaccination is one of the most effective means to prevent the flu and COVID-19 and their complications, as well as reduce hospitalisation and death cases arising from the infections. Flu and COVID-19 vaccines can be co-administered. Persons aged six months or above, except those with known contraindications, can receive flu vaccination for personal protection. We appeal to members of the public again, especially the elderly and children, to get vaccinated against the flu and receive appropriate doses of COVID-19 vaccine as soon as possible.

In consultation with the Department of Health and the HA, the consolidated reply to the question raised by the Hon Edward Leung is as follows:

(1) At present, the service of GOPCs under the HA are primarily used by elderly, low-income persons and chronic patients. Patients under the care of GOPCs comprise two major categories, including chronic disease patients with stable medical conditions (such as hypertension, diabetes) and episodic patients with mild symptoms (such as influenza, cold, gastroenteritis). Patients with episodic illnesses can make an appointment for consultation timeslots within the following 24 hours through the GOPC telephone appointment system or the "Book GOPC" function of the HA's one-stop mobile app "HA Go". In addition, persons infected with COVID-19 may also make appointment for consultation at GOPCs through the "BookCOVID" function of the "HA Go".

To meet service needs, the GOPCs under the HA offer about 20 000 consultation quotas each day on weekdays, some of which are reserved for patients with episodic illnesses including the flu, and some quotas are also reserved for persons infected with COVID-19. The HA has uploaded to its GOPC's webpage the average number of consultation quotas of GOPCs for the preceding four weeks and presented the information based on districts, so that the public has an overview of the number of consultation quotas in various clinics. The HA will closely monitor the situation of each clinic and allocate consultation quotas as necessary to ensure that patients receive appropriate treatment.

Reply to questions (2) and (3) are summarised as follow:

As for hospitalisation, the current situation is similar to that in previous flu surges. The provisional figures of the weekly number of persons infected with the flu and COVID-19 and admitted to public hospitals in the past three weeks are listed in the Annex. In brief, as I have mentioned earlier on the latest overall situation, the weekly number of persons admitted to public hospitals with principal diagnosis as the flu had gradually decreased from about 700 in late April to less than 300 in early May. On the contrary, the weekly number of COVID-19 patients admitted to public hospitals had gradually increased from about 1 300 in late April to more than 2 000 in early May. Fortunately, these cases are mild cases.

The HA has been closely monitoring the situation of the flu surges and making preparation for arrangement of facilities and manpower, including deploying temporary beds, enhancing gate-keeping to reduce unnecessary admissions, strengthening ward rounds, arranging patients for discharge and transferring suitable patients to private hospitals for treatment. The HA will also mobilise facilities and resources when necessary to cope with the increasing service demands.

In view of the recent rise of flu and COVID-19 cases, the North Lantau Hospital Hong Kong Infection Control Centre opened additional wards on May 10, 2023, mainly for admitting persons infected with COVID-19 as well as other patients such as those with the flu.

The Government will continue to closely monitor the latest situation and risks of COVID-19, the flu and other infectious diseases to ensure the prevention and treatment capacity of the healthcare system can meet the evolving healthcare needs brought about by changes in the infection situation, with emphasis on protecting high risk groups and safeguarding the health of the public. Thank you, President.