

LCQ4: Planning and development of New Development Areas

Following is a question by the Hon Abraham Shek and a written reply by the Secretary for Development, Mr Michael Wong, in the Legislative Council today (April 21):

Question:

A planning study commissioned in the late 1990s identified Kwu Tung North (KTN) and Fanling North (FLN) as suitable New Development Areas (NDAs). In July 2013, the Government adopted an Enhanced Conventional New Town Approach for these two NDAs, under which private land owners may apply for lease modification (including in-situ land exchange) for private developments. Site formation and engineering infrastructure works for the first phase development of the two NDAs did not commence until September 2019. As the first resident intake for the two NDAs will not take place until the 2025-2026 financial year, i.e. about three decades after the inception of the development intention, some members of the public have criticised the unduly long planning and development process of NDAs. In this connection, will the Government inform this Council:

- (1) of the latest progress of the remaining phase of site formation and engineering infrastructure works at KTN and FLN NDAs;
- (2) of the respective numbers of applications for lease modification (including land exchange) in respect of private lots falling within the sites under the remaining phase of the two NDAs development (i) received by the Lands Department (LandsD), (ii) being processed by LandsD, and (iii) concluded with the applicant's acceptance of a binding basic terms offer (including premium);
- (3) whether it will consider taking measures to shorten the whole planning and development process of an NDA, so as to expedite the increase in housing supply;
- (4) whether, in order to expedite implementation of residential developments in NDAs, the Government will consider, by way of lease modifications for private lots in NDAs, entrusting the developers of such lots to build and then hand over to the Government those infrastructure works (e.g. building linking roads) in areas adjacent to the lots; and
- (5) whether it will review and relax the general criteria for consideration of lease modification (including in-situ land exchange) applications in the two NDAs, as set out in LandsD's Practice Note No. 1/2014, with a view to attracting more lease modification applications and shortening the processing time for such applications, thereby expediting the increase in housing supply?

Reply:

President,

Kwu Tung North/Fanling North New Development Area (KTN/FLN NDA) is the first New Development Area (NDA) project in the New Territories proceeding to implementation stage. Being one of the major sources of housing supply for the territory in the medium to long term, upon full development, it will provide a total of about 71 800 housing units (including about 48 500 public housing units and 23 300 private housing units), accommodating additional population of about 188 100.

Regarding the various parts of the question, after consulting the relevant departments, I reply as follows:

(1) KTN/FLN NDA is being implemented in two phases: first phase and remaining phase. With the funding approval given in May 2019, land resumption and clearance and the site formation and infrastructure works for the first phase development and the detailed design for the remaining phase commenced in September 2019 and December 2019 respectively, and have been progressing as scheduled. Subject to funding approval, site formation and infrastructure works for the remaining phase development is scheduled for commencement in 2024 for completion in 2031.

(2) An Enhanced Conventional New Town Approach (ECNTA) is adopted for implementing KTN/FLN NDA. Under this approach, the Government will resume and clear all the private land planned for public works projects, public housing and private developments, etc., carry out site formation works and provide infrastructure etc., before allocating the land for various purposes including disposal of land for private developments. Prior to the resumption and clearance of land, the Government may allow in-situ land exchange applications from private land owners of sites earmarked for private developments, subject to their meeting of the criteria and conditions as specified in the LAO Practice Note No. 1/2014 (PN) promulgated by the Lands Department in February 2014.

The processing of in-situ land exchange applications for the first phase development had been completed in 2017 and two applications were approved. We have also received 13 land exchange applications for land within the remaining phase development. The infrastructure works of the remaining phase development is in its detailed design stage with implementation planned for commencement in 2024, and we are processing the applications received having regard to such time frame. Information on the applications received will be published as and when they have been accepted for further processing under the existing mechanism.

(3) To develop an NDA or a new town, it usually takes more than 10 years from planning and building to commencement of population intake owing to the relative large scale. The actual progress may be subject to a variety of factors such as the complexity of individual projects, time required for statutory and administrative procedures, resource allocation, as well as

progress of compensation and rehousing arrangement, etc. We have adopted appropriate measures to expedite the NDA project delivery, including merging the original six development phases into two and making use of private initiative through the ECNTA to speed up the implementation. In this regard, the first population intake in KTN/FLN NDA will come from a private housing development scheduled for completion in 2023, which is only four years after the funding approval in 2019, whereas the large-scale public housing development under the first phase is expected to complete in 2026. For the implementation of the remaining phase development, we will continue to explore various practicable measures to expedite project delivery, e.g. compressing the time for technical studies as far as possible, speeding up the statutory procedures and conducting various procedures concurrently as circumstances permit.

(4) and (5) The PN specifies the general criteria for consideration of lease modification (including in-situ land exchange) application for the KTN/FLN NDA under the ECNTA and we have no intention to amend such criteria at this stage. We would speed up the processing of the land exchange applications as far as practicable with a view to expediting the housing supply. The newly established Development Projects Facilitation Office under the Development Bureau will also facilitate the processing of development approval applications for private residential developments with 500 flats or more.

The design and construction of the infrastructures for the NDA, including roads, are currently co-ordinated by the Civil Engineering and Development Department. Entrusting the infrastructure works to individual developers might not be more efficient or cost-effective. If such works cost is to be deducted from the land premium, which constitutes Government revenue, whether such arrangement is cost-effective or not would also involve considerations on proper use of public funds. Notwithstanding, we will fully explore any feasible proposals when processing the applications for lease modification (including in-situ land exchange).

Public hospitals daily update on COVID-19 cases

The following is issued on behalf of the Hospital Authority:

As at 9am today (April 21), 15 COVID-19 confirmed patients were discharged from hospital in the last 24 hours. So far, a total of 11 302 patients with confirmed or probable infection have been discharged.

At present, there are 653 negative pressure rooms in public hospitals with 1 196 negative pressure beds activated. A total of 162 confirmed patients are currently hospitalised in 17 public hospitals and the North

Lantau Hospital Hong Kong Infection Control Centre, among which three patients are in critical condition, four are in serious condition and the remaining 155 patients are in stable condition.

The Hospital Authority will maintain close contact with the Centre for Health Protection to monitor the latest developments and to inform the public and healthcare workers on the latest information in a timely manner.

Details of the above-mentioned patients are as follows:

Patient condition	Case numbers
Discharged	11457, 11494, 11502, 11504, 11525, 11536, 11567, 11572, 11630, 11633, 11634, 11656, 11662, 11689, 11698
Critical	6794, 8078, 9907
Serious	6386, 6607, 10358, 11654

LCQ20: Influenza vaccination services

â€‹Following is a question by Dr the Hon Priscilla Leung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 21):

Question:

Under the Seasonal Influenza Vaccination School Outreach (Free of Charge) (the free scheme), a Public-Private-Partnership (PPP) Outreach Team or an Outreach Team of the Department of Health (DH) will go to those primary schools, as well as kindergartens, kindergarten-cum-child care centres and child care centres (collectively referred to as KGs/CCCs) participating in the scheme to administer influenza vaccines to schoolchildren free of charge. The participating primary schools are provided with the vaccines by the DH, but the vaccines for the participating KGs/CCCs need to be arranged by the participating doctors themselves. Schools not participating in the free scheme may participate in the Vaccination Subsidy Scheme School Outreach (Extra Charge Allowed) (the charge-allowable scheme) so as to arrange school outreach vaccination services for their students, and the Government will provide a subsidy of \$240 per dose of vaccine. On the other hand, the findings of a survey conducted at the end of last year have shown that 20 per cent of the early childhood educators surveyed indicated that last year, the KGs/CCCs in which they taught had participated in the free scheme, but had been unable to arrange for their schoolchildren to receive influenza vaccination due to the doctors being unable to procure the vaccines or the impact of class suspension. Moreover, 85 per cent of the respondents considered that the non-provision of vaccines by the DH to KGs/CCCs had

increased the workload of the teaching staff in those schools. Regarding influenza vaccination services, will the Government inform this Council:

(1) of the following information in each of the past two school years:
(i) the number of schools participating in the free scheme,
(ii) the number of schools participating in the charge-allowable scheme,
(iii) among the schools mentioned in (i), the respective numbers of those that opted for the matching of Outreach Teams by the DH, that were successfully matched with Outreach Teams by the DH, and selected doctors themselves,
(iv) among the schools mentioned in (i) and (ii), the number of those that eventually did not arrange for their students to receive vaccination, and
(v) the number of schoolchildren who received influenza vaccination under the two schemes;

of a breakdown of such figures by school type (i.e. primary school and KG/CCC);

(2) of the number of doses of influenza vaccines procured by the Government for the various vaccination programmes and the values of the relevant contracts in each of the past two school years; among such vaccines, the number of doses used in the free scheme;

(3) as the Government indicated in October last year that it would additionally supply in phases 100 000 doses of influenza vaccines to PPP Outreach Teams and doctors participating in the Vaccination Subsidy Scheme in need, of the number of doses of such vaccines supplied to those doctors providing outreach vaccination services to schoolchildren in KGs/CCCs, with a breakdown by vaccine type (i.e. inactivated vaccine and live attenuated nasal vaccine); and

(4) as some principals of KGs/CCCs have relayed to me that since the Government does not provide influenza vaccines to KGs/CCCs participating in the free scheme, such schools need to shoulder a substantial amount of additional administrative work (e.g. assisting the doctors in ordering vaccines, and responding to parents' enquiries about the safety of the vaccines after the occurrence of cases in South Korea and Taiwan in which some residents died soon after receiving influenza vaccination), of the support provided in this respect to the KGs/CCCs by the DH and the Education Bureau; whether the Government will consider afresh providing vaccines to those KGs/CCCs participating in the free scheme from the 2021-2022 school year onwards; if so, whether the Government intends to provide inactivated vaccines or live attenuated nasal vaccines; if not, of the reasons for that?

Reply:

President,

Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Given that seasonal influenza vaccines are safe and effective, all persons aged six months or above, except those with known

contraindications, are recommended to receive influenza vaccination for personal protection. The Government has all along been encouraging members of the public to receive vaccination as early as possible. In the 2020/21 season, free or subsidised influenza vaccination is provided for eligible groups under the Government Vaccination Programme, the Vaccination Subsidy Scheme (VSS) and the Seasonal Influenza Vaccination School Outreach (Free of Charge) (School Outreach (Free of Charge)). To increase the influenza vaccination uptake rate of schoolchildren and to support schools in organising outreach vaccination services, apart from the continued provision of free outreach vaccination services at primary schools, outreach services to kindergartens/kindergarten-cum-child care centres/child care centres (collectively referred to as KGs/CCCs) have been regularised in the 2020/21 season. Schools not participating in the School Outreach (Free of Charge) may arrange outreach vaccination services through the VSS School Outreach (Extra Charge Allowed) (School Outreach (Extra Charge Allowed)).

In consultation with the Department of Health (DH), our reply to various parts of the question raised by Dr the Hon Priscilla Leung is as follows:

(1) The numbers of schools which participated in the School Outreach (Free of Charge) and the School Outreach (Extra Charge Allowed) and organised outreach vaccination activities in the 2019/20 and the 2020/21 seasons are set out below:

	2019/20 season		2020/21 season (as at April 6, 2021)	
	Primary schools	KGs/ CCCs	Primary schools	KGs/ CCCs
(i) Number of schools which participated in the School Outreach (Free of Charge) and organised outreach vaccination activities	430	701	438	697
(a) Number of schools with outreach vaccination activities provided by Government Outreach Teams	18	24	12	23
(b) Number of schools with outreach vaccination activities provided by Public-Private-Partnership (PPP) Outreach Teams	412	677	426	674
(c) Number of schoolchildren receiving influenza vaccination	195 600	82 300	167 000	67 700

(ii) Number of schools which participated in the School Outreach (Extra Charge Allowed) and organised outreach vaccination activities	114#	55##	120*	80**
(a) Number of persons receiving influenza vaccination (including schoolchildren and other eligible groups under the VSS)	43 900	10 900	41 000	13 300

There are another 53 primary schools participating in both the School Outreach (Free of Charge) and the School Outreach (Extra Charge Allowed).

There are another 62 KGs/CCCs participating in both the School Outreach (Free of Charge) and the School Outreach (Extra Charge Allowed).

* There are another 66 primary schools participating in both the School Outreach (Free of Charge) and the School Outreach (Extra Charge Allowed).

** There are another 85 KGs/CCCs participating in both the School Outreach (Free of Charge) and the School Outreach (Extra Charge Allowed).

Schools participating in the School Outreach (Free of Charge) may opt for self-selection of outreach vaccination teams or require matching by the DH. The breakdown of the figures in the 2019/20 and the 2020/21 seasons is set out below:

	2019/20 season		2020/21 season (as at April 6, 2021)	
	Primary schools	KGs/ CCCs	Primary schools	KGs/ CCCs
Number of schools with outreach vaccination activities provided by PPP Outreach Teams	412	677	426	674
(a) Self-selection of outreach vaccination teams	198	401	319	605
(b) Matching by the DH	214	276	107	69

Schools participating in the School Outreach (Extra Charge Allowed) are required to arrange their outreach vaccination teams.

(2) The number of doses of inactivated influenza vaccine (unless otherwise stated) procured by the Government for the influenza vaccination programmes mentioned above and the contract amount in the past two seasons are set out below:

Season	Number of doses	Amount (\$ million)
2019/20 (Actual)	815 000*	40.8
2020/21 (Estimate)	947 000#	93.0

* Including 1 700 doses of nasal spray live attenuated influenza vaccines (LAIV).

Including 69 000 doses of LAIV.

Among the influenza vaccines procured in the 2019/20 and the 2020/21 seasons, about 239 000 doses and 250 000 doses were respectively used in the School Outreach (Free of Charge).

(3) In view of the keen local demand and tight global supply of influenza vaccines when various influenza vaccination programmes were rolled out in the 2020/21 season, the Government, having reviewed the demand after the launch of various influenza vaccination programmes, announced on October 22, 2020 that it would procure additional vaccines and supply additional 100 000 doses in phases to PPP Outreach Teams and doctors participating in the VSS in need, so as to facilitate early vaccination of high risk groups and help relieve the tight supply in the private healthcare sector. Among the additional supply of vaccines, about 11 200 doses of LAIV were supplied to doctors providing outreach vaccination services for schoolchildren in KGs/CCCs.

(4) The School Outreach (Free of Charge) is primarily co-ordinated by the DH. Under the 2020/21 School Outreach (Free of Charge) – KGs/CCCs, vaccines are procured by the doctors of the PPP Outreach Teams matched to the participating schools, instead of the schools themselves. Besides, doctors of the Outreach Teams are responsible for answering parents' enquiries about influenza vaccination. In addition, the DH has also set up a telephone line for parents to enquire about matters in relation to influenza vaccination.

Having reviewed the arrangements for the 2020/21 School Outreach (Free of Charge) – KGs/CCCs, the DH has drawn up the arrangements for the 2021/22 season under which influenza vaccines will be provided by the DH to the participating KGs/CCCs. Depending on the supply, the DH will provide inactivated influenza vaccines and LAIV for selection by KGs/CCCs and doctors of the PPP Outreach Teams.

Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, April 21, 2021 is 101.4 (up 0.2 against yesterday's index).

LCQ6: Non-locally trained medical graduates and medical practitioners

Following is a question by the Hon Tommy Cheung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 21):

Question:

A non-locally trained medical practitioner is required to pass the Licensing Examination administered by the Medical Council of Hong Kong (MCHK) and work as an intern and undergo a period of assessment of normally 12 months in an approved hospital before he/she may apply to be a registered medical practitioner. The Licentiate Committee of the MCHK is responsible for conducting the Licensing Examination, while the Internship Sub-committee under the Licentiate Committee makes internship arrangements in collaboration with the Central Internship Committee of the Hospital Authority (HA) as well as supervises and assesses the performance of interns. In this connection, will the Government inform this Council:

(1) given that some Hong Kong people who studied medicine in overseas places and graduated with flying colours are not eligible for taking the Licensing Examination as they have not completed medical training in such places, whether the Government will amend the Medical Registration Ordinance (Cap. 161) to permit non-locally trained medical graduates who have not completed medical training to take the Licensing Examination; if so, of the details and timetable; if not, the reasons for that;

(2) as the Singapore authorities have stipulated that fresh graduates of overseas medical schools recognised by them may apply for provisional registration in Singapore after one year of internship in the public hospitals in Singapore, whether the Government will follow such practice and require that such graduates must serve in the public hospitals for a specified period of time, so as to increase the manpower of medical practitioners in the public hospitals; if so, of the details; if not, the reasons for that;

(3) whether the channels for locally trained and non-locally trained medical graduates to apply for internships are the same; if not, of the reasons for that;

(4) of the terms of reference and membership list of HA's Central Internship Committee;

(5) of the mechanism and criteria for selecting medical graduates to work as interns, and whether locally and non-locally trained medical graduates are

treated equally; if not, of the reasons for that;

(6) of the respective numbers of internship places offered to locally and non-locally trained medical graduates by (i) the HA, (ii) the Department of Health and (iii) the faculties of medicine of the two universities in each of the past five years; the criteria for setting the quotas of such places;

(7) of the mechanism for assessing the performance of interns; and

(8) of the medium and long term measures in place to further facilitate non-locally trained medical graduates and medical practitioners to come to Hong Kong to practise?

Reply:

President,

My reply to the question raised by the Hon Tommy Cheung is as follows:

(1), (2) and (8) The Government has adopted a multi-pronged strategy to tackle the severe shortage of doctors in the public healthcare system by, inter alia, increasing the number of medical training places, providing funding for universities to upgrade and increase their healthcare training facilities, as well as supporting the manpower initiatives of the Hospital Authority (HA).

To attract non-locally trained doctors to practise in Hong Kong, the Medical Council of Hong Kong (MCHK) has, since August 2019, shortened the period of assessment from six months to two days for non-locally trained specialists who have passed the Licensing Examination and have already worked full-time in the public healthcare sector for three years. Besides, several Colleges of the Hong Kong Academy of Medicine (HKAM) have agreed to admit non-locally trained doctors with qualifications at the pre-intermediate level for continuation of their specialist training in Hong Kong on the premise that the specialist training opportunities for locally trained doctors will not be compromised.

Upon relaxation of the threshold for non-locally trained doctors to practise in Hong Kong, their number and percentage among all newly registered doctors during the same period have slightly increased. However, they are far from sufficient to fill the shortfall. The Government hence considers it necessary to create a new pathway (i.e. special registration) under the existing Medical Registration Ordinance (Cap. 161) (MRO) to allow more qualified non-locally trained Hong Kong doctors to practise in our public healthcare sector so as to increase the supply of doctors in Hong Kong.

We propose that a non-locally trained doctor may apply for special registration subject to the following criteria being met:

(i) he/she is a Hong Kong Permanent Resident;

(ii) he/she is a graduate of a recognised medical school outside Hong Kong, and has been registered as a medical practitioner or has obtained a specialist qualification in any country or region where the recognised medical schools are located; and

(iii) he/she has been engaged in full-time employment in any of the local public healthcare institutions (i.e. the HA, the Department of Health, the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK)).

The proposed requirement for an applicant to have been registered as a medical practitioner or obtained a specialist qualification in the country or region where the recognised medical schools are located is meant to ensure that his/her standard of practice has been recognised.

A non-locally trained doctor who has been registered as a specialist in the country or region of practising medicine and whose qualifications are recognised by the HKAM may apply for full registration after working in the public healthcare institutions for a specified period and passing the on-the-job assessment. For those who have yet to receive specialist training in the country or region of practising medicine, they will have to complete the entire specialist training in Hong Kong, which normally lasts for at least six years. As for those who have attained a qualification comparable to the pre-intermediate/intermediate examinations of constituent Colleges of the HKAM, they will have to continue the remaining specialist training (for a period of at least three to five years) in Hong Kong. After obtaining a recognised specialist qualification from the HKAM, they are required to work in the public healthcare institutions for a specified period and pass the on-the-job assessment before they can apply for full registration.

The Government will introduce the relevant bill into the Legislative Council in the second quarter of this year to take forward the above-mentioned proposal.

(3), (5) and (6) The HA has been collaborating with the MCHK and the faculties of medicine of the two local universities in promoting internship training opportunities for local medical graduates and non-locally trained doctors who have passed the Licensing Examination and upgrading their standards.

Under section 12 of the MRO, a person who has passed the Licensing Examination or a qualifying examination administered by HKU or CUHK leading to the award of a degree of medicine and surgery may apply to the MCHK for provisional registration for internship purpose. At present, the HA is the sole provider of internship training places while the MCHK and the two local universities are responsible for ensuring the training standards and levels. Those who meet the internship training requirements under the MRO are treated equally and will be offered internship training places by the HA.

The numbers of medical interns working in the HA in the financial years from 2015-16 to 2019-20 are as follows:

Financial Year	Number of Interns
2015-16	368
2016-17	373
2017-18	470
2018-19	469
2019-20	475

(Note: The statistics for 2020-21 are still under compilation.)

The HA does not maintain information on the respective internship places for local medical graduates and non-locally trained doctors who have passed the Licensing Examination.

(4) The Central Internship Committee (CIC) set up by the HA is responsible for overseeing matters relating to internship training, which include monitoring and improving the quality of internship training. Members of the CIC include the Chairman of the Internship Sub-committee under the Licentiate Committee of the MCHK, representatives of the medical schools of the two local universities, the HA executives and senior doctors in public hospitals. The current membership of the CIC is at Annex.

To ensure that internship training meets the standards of medical training, the CIC monitors the working and training arrangements of interns on a regular basis, and advises the HA and the two local medical schools on changes that need to be made to those arrangements. In addition, the CIC is responsible for drawing up the eligibility criteria for intern training sites. These criteria form the basis on which all hospitals and hospital departments are assessed for the purpose of training post accreditation. The CIC also maintains close communication with training hospitals and collects feedback from interns regularly, so as to ensure compliance with the standards and requirements of internship training.

(7) Medical interns will be deployed to various specialties of different hospitals during the training period. They will be assessed by each specialty according to relevant standards and levels. They are required to pass the assessment in order to complete the internship training and obtain a certificate of experience from the MCHK or the two local universities before they can apply to the MCHK for full registration.