

**立法會**  
**Legislative Council**

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(These minutes have been  
seen by the Administration)

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**LegCo Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 12 February 2001 at 8:30 am**  
**in Conference Room A of the Legislative Council Building**

**Members Present** : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman)  
Dr Hon LO Wing-lok (Deputy Chairman)  
Hon CHAN Yuen-han  
Hon Bernard CHAN  
Dr Hon YEUNG Sum  
Hon Andrew CHENG Kar-foo  
Hon LAW Chi-kwong, JP  
Dr Hon TANG Siu-tong, JP  
Hon LI Fung-ying, JP  
Hon Michael MAK Kwok-fung

**Member Absent** : Hon Cyd HO Sau-lan

**Member Attending** : Hon LEUNG Fu-wah, MH, JP

**Public Officers Attending** : Mr Gregory LEUNG, JP  
Deputy Secretary for Health and Welfare

Dr W M KO  
Deputy Director (Operations & Public Affairs)  
Hospital Authority

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Dr S P MAK, JP  
Deputy Director of Health (Special Duties)

Mr Eddie POON  
Principal Assistant Secretary for Health and Welfare

Mr Jeffrey CHAN  
Assistant Secretary for Health and Welfare

**Clerk in Attendance** : Ms Doris CHAN  
Chief Assistant Secretary (2) 4

**Staff in Attendance** : Miss Mary SO  
Senior Assistant Secretary (2) 8

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**I. Confirmation of minutes of meeting held on 8 January 2001**  
(LC Paper No. CB(2)770/00-01)

The minutes of the above meeting were confirmed.

2. Before proceeding to the next agenda item, Dr LO Wing-lok, Deputy Chairman who was in the chair pending the arrival of the Chairman, informed members that Mr Tommy CHEUNG had informed the Secretariat on 15 January 2001 that he wished to withdraw from the Panel with immediate effect.

**II. Date of next meeting and items for discussion**  
(LC Paper Nos. CB(2)773/00-01(01) - (02))

3. Members agreed to convene a special meeting on 28 February 2001 at 10:45 am to discuss Chapter 5 of the Consultation Document on Health Care Reform (the Consultation Document) regarding the options for financing health care service. Members further agreed to discuss the following items at the regular meeting on 12 March 2001 -

- (a) Summary discussion on the Consultation Document;
- (b) Regulation of health claims; and
- (c) Long working hours of public hospital doctors.

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(*Post-meeting note* : The special meeting was rescheduled to 27 February 2001 at 10:45 am and at the request of the Administration, the agenda items for the two meetings were switched.)

**III. Reforms to the system of quality assurance (Paragraphs 79 to 104 of the Consultation Document on Health Care Reform)**

4. At the invitation of the Chairman, Deputy Secretary for Health and Welfare (DSHW) gave a power point presentation on the reforms to the system of quality assurance detailed in paragraphs 79 to 104 of the Consultation Document.

5. Dr YEUNG Sum expressed concern about the proposal to set up a Complaint Office in the Department of Health (DH) to assist patients in lodging complaints, as this was at variance with the public view that such an office should be an independent body.

6. DSHW responded that although the proposed Complaint Office to assist patients in lodging complaints would be set up in DH, the role of such an office as an independent third party was no different from that of a similar office set up outside the Government based on the following reasons. Firstly, DH had no conflict of interests with the health care professionals working in the private sector. Secondly, DH not only had no conflict of interests with the Hospital Authority (HA), it also did not have a subordinated relationship with HA and vice versa as HA was an independent statutory body. Thirdly, DH would in the future gradually phase out its direct health care services to the public, such as by transferring its general out-patient service to HA. Moreover, with DH taking on the role as an advocate for health and a regulator to ensure quality in the health care sector, DH was well placed to take on the task of handling patient complaints. Responding to Dr YEUNG's enquiry as to whether the reason for setting up a Complaint Office in DH was to compensate for the reduced workload of DH brought about by the transfer of its general out-patient service to HA, DSHW said that there was no question of such a situation as the reduced workload would be more than compensated by DH's role as an advocate for health and a regulator to ensure quality in the health care sector.

7. Referring to the proposal to require all health care professionals, including doctors, dentists, nurses and allied health providers, to undertake continuing education and development before their practising certificate might be renewed, Dr TANG Siu-tong enquired whether continuing education and development only meant examination; and if so, who would be the one to determine the format of the examination and other related matters.

8. DSHW responded that the Administration considered it best for the respective professional regulatory bodies to determine the continuing education and development

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requirements which their members must satisfy before their practising certificate might be renewed, as well as the detailed implementation plan. DSHW further said that the undertaking of continuing education and development did not mean sitting for examinations. It would usually include activities such as attending seminars and conducting researches that were relevant to the needs and professional standards of the profession concerned and that would enhance professional competence. Deputy Director, Hospital Authority (DDHA) supplemented that an accreditation point system for the continuing education and development programme was normally used by professional bodies in assessing applications for renewal of practising certificate, i.e. members were required to accumulate a certain number of accreditation points in a specified number of practice year(s) before their practising certificate might be renewed. Apart from this, depending on the extent of involvement of a member in a particular activity under the continuing education and development programme, different accreditation points would be credited to him/her. For example, merely attending a seminar would in general earn lesser accreditation points than if a paper was also presented at the seminar.

9. Dr TANG further enquired whether continuing medical education (CME) requirements for the registered medical practitioners whose names were included in the General Register maintained by the Medical Council of Hong Kong would be determined by the Hong Kong Medical Association or the Hong Kong Academy of Medicine. DDHA responded that if the proposal to require registered medical practitioners whose names were on the General Register maintained by the Medical Council of Hong Kong to undertake CME before their practising certificate might be renewed was adopted, it would be up to the Medical Council of Hong Kong to decide on the system of CME which should include, amongst others, authorising other persons or organisations such as the Hong Kong Medical Association, the Hong Kong Academy of Medicine, DH and HA, to accredit the number of CME accreditation points for a course, lecture, seminar, other programme or method of study provided for under the CME programme in accordance with the criteria and guidelines issued by the Medical Council of Hong Kong.

10. Noting that it would be up to the individual professional regulatory body to determine its own continuing education and development requirements with which its members must comply before their practising certificate might be renewed, Dr LO Wing-lok enquired whether requiring health care professionals to meet the continuing education and development requirements stipulated by their respective professional bodies before their practising certificate might be renewed was intended to be a Government policy. DSHW replied in the positive.

11. Mr Andrew CHENG said that the setting up of a Complaint Office in DH to replace the Public Complaints Committee (PCC) of HA was a regression in the development of an independent office to handle complaints against medical care providers, having regard to the fact that the former was a government-run office as opposed to the latter which was an independent statutory body consisting of members

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who were lay persons. Mr CHENG further questioned the efficacy of the proposed Complaint Office in DH in helping the complainants to pursue their cases, having regard to the statement made in paragraph 102 of the Consultation Document that the Office would only try to mediate between the complainant and the complained; and if that failed, the Office would, at the request of the complainant, forward its findings to the relevant regulatory body. In his view, the impartiality and therefore the effectiveness of such an office could only be assured if it were independent of the Government and have the power to deliver a verdict and to award discipline, if justified, rather than deferring such decisions to the relevant regulatory body. To this end, Mr CHENG considered the statement made in paragraph 103 of the Consultation Document, i.e. the professions would find it more acceptable that their practice and conduct were not to be judged only by a layman who did not possess the relevant professional knowledge, unacceptable as it had the connotation of bending to the wish of the professions at the expense of the interests of patients.

12. DSHW clarified that the proposed Complaint Office in DH was not meant to replace HA's PCC, as the ambits of the two bodies were different from one another. He explained that HA's PCC was responsible for handling and reviewing complaints of public hospitals ranging from medical services to staff attitude and administrative procedure, whereas the proposed Complaint Office in DH would only handle cases related to patient care occurred in both the public and the private sectors. DSHW further said that the proposed Complaint Office in DH and HA's PCC also could not replace the role of the professional regulatory body in exercising regulatory and disciplinary powers for the profession, if the principle of professional self-regulation were to be upheld. In the Administration's view, it was appropriate for allegations against sub-standard performance of health care professional or any alleged professional misconduct to be judged by the regulatory bodies which possessed the required professional knowledge. Moreover, only the professional regulatory body was empowered by law to de-register a person from its register. DSHW also disagreed with Mr CHENG's comments that the setting up of a Complaint Office in DH was a regression in the development of an independent patient complaints mechanism. He pointed out that not only would the independence of the Complaint Office not be compromised as explained in paragraph 6 above, complainants would have the full benefit of the expertise and advice of the Complaint Office and be in a better position to appreciate the facts of the case. The latter aspect was particularly important, having regard to the fact that many complaint cases were complicated and could involve several professions. On the suggestion of enlisting lay persons in the operation of the proposed Complaint Office in DH, DSHW agreed to consider it when formulating the detailed implementation plan of the Office.

13. DDHA also said that no one organisation, no matter how independent it was of the Government, could take over the role of the professional regulatory bodies in dealing with unethical behaviour of health care professionals by ordering the individual to be de-registered from the profession; the HA's patient redress system in dealing with complaints of public hospitals by exercising disciplinary action to the staff concerned, such as suspension of service and dismissal; and the courts in dealing

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with professional negligence which resulted in bodily harm to the patients by ordering the responsible person to make a monetary compensation to the aggrieved. DDHA pointed out that as most complainants initially had no idea what they wanted to get out of lodging their complaints, the proposed Complaint Office in DH, with its tasks to conduct investigations into the complaints, assist complainants to obtain expert advice and brief complainants as much as possible of the facts of the case as known, could therefore help complainants to decide what they really wanted and on the best course of action to take in pursuing the matter.

14. Mr CHENG maintained the view that the credibility and impartiality of the Complaint Office to handle patient complaints could only be assured if it was independent of the Government and that its members were lay persons. To address the concern that only health care professionals were capable of investigating into the complaints against medical providers, Mr CHENG was of the view that, as practised in some overseas countries, outside health care professionals could always be invited to provide expert advice on a need basis.

15. Miss LI Fung-ying echoed the views expressed by Dr YEUNG Sum and Mr Andrew CHENG that the office to handle patient complaints should be independent of the Government. Noting that the Administration would consult the health care professions and patient groups about the proposed Complaint Office in DH and set up a committee this year to formulate the detailed implementation plan, Miss LI enquired about the timetable for setting up the Office. Miss LI further expressed support for the proposal to require all health care professionals to undergo continuing education and development before their practising certificate could be renewed. She however had concern whether health care professionals working in the public sector, particular those engaged in frontline work, had the time to undergo such given their existing heavy workload.

16. DSHW responded that if the health care professions, patient groups and Members of the Legislative Council (LegCo) were supportive of the proposed Complaint Office in DH, the Administration intended to set the Office up in 2002. Regarding Miss LI's concern about health care professionals in the public sector not having the time to undergo continuing education and development because of their heavy workload, DSHW said that he was confident that health care professionals would be supportive of the proposal, the aim of which was to maintain the high standards of medical care in Hong Kong. He further said that DH and HA were well aware of the workload of their health care professionals, and arrangements would be made to release the staff concerned to undergo continuing education and development as far as possible. To further address the concerns raised about the proposed Complaint Office in DH, DSHW reiterated the views expressed by DDHA in paragraph 13 above, and also pointed out that according to his contacts with the health care professions, they generally did not wish to see the complaint cases settled between the complainants and the complained. Instead, they much preferred to have the cases brought to the attention of the relevant regulatory bodies for follow-up so as

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to better protect patient interests.

17. As the proposed Complaint Office mainly performed the role of an intermediary by referring the complaint cases to various bodies for follow-up, Miss CHAN Yuen-han said that she saw no reason why the Office had to be set up in DH and not followed the mode of operation adopted by, say, the Office of the Ombudsman and the Equal Opportunities Commission (EOC), so as to avoid any allegation that it would be biased in favour of the Administration, HA and the relevant regulatory bodies. Miss CHAN further wondered whether the reason for setting up a Complaint Office in DH was to compensate for its eventual reduction in workload brought about by the transfer of its general out-patient service to HA.

18. DSHW responded that the role of the proposed Complaint Office in DH was not as simple as being an intermediary, as its tasks were to conduct investigations on the complaints received and then present the findings to the complainants for making a decision on the best way forward. To allay members' concern over the independence of the proposed Complaint Office in DH, DSHW said that the performance and effectiveness of such would be monitored by LegCo. However, if members so wished, the Administration would be happy to explore other mechanisms to monitor the performance and effectiveness of the proposed Complaint Office in DH.

19. Miss CHAN disagreed with the setting up of another mechanism to monitor the performance and effectiveness of the proposed Complaint Office in DH in handling cases related to patient care, which was a duplication of resources. She held the view that an independent office should be set up to handle patient complaints, and that it should have the power to deliver a preliminary verdict before referring the cases to the relevant regulatory bodies for follow-up, so as to provide a check and balance on the verdict delivered by the relevant regulatory bodies. She further said that the explanation given by the Administration for the setting up of a Complaint Office in DH was contradictory. On the one hand, it said that the reason for setting up a Complaint Office in DH was because DH staff had the expertise to conduct investigations into the complaints and brief complainants on the facts of the cases as known, but on the other hand it said that DH had to refer the findings of the investigations to the relevant regulatory bodies for follow-up because only the latter possessed the required professional knowledge.

20. DDHA responded that the independence of a Complaint Office set up outside the Government should not be greater than that set up in DH, as suspicion about the independence of the former could still be raised having regard to the facts that people hired to run it would be funded by public money and people invited to serve on its Board would be appointed by the Government. In his view, the best way to gauge the independence of a Complaint Office was to see how it performed in practice. He cited HA's PCC as an example whereby its internal deliberations as well as the criticisms made by some of its members about the inadequate investigative powers of

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PCC were in full view of a free and open press. Dr YEUNG Sum held a different view. He said that if an office to handle public complaints was set up in the Government, say, if EOC was a working group under the Home Affairs Bureau, public perception about the independence of such an office would inevitably be diminished. Miss CHAN Yuen-han also said that the only way to instill public confidence in the credibility and impartiality of a Complaint Office to handle patient complaints was for it to be independent of the Government. This point was supported by the public and advocated by the Harvard team. She further said that public confidence in the credibility and impartiality of Government-appointedees serving on the Board of an independent Complaint Office could be assured if the persons concerned were known to the public to be credible and trustworthy. Noting that the Administration would consult the health care professions and patient groups on the setting up of a Complaint Office in DH to handle patient complaints, Miss CHAN requested the Administration to brief the Panel on the outcome of the consultation before deciding on the way forward. DSHW agreed.

21. The Chairman said that notwithstanding the importance of protecting patient interests, due regard should be given to the feelings of health care professionals, as they had often been criticised by the public as the culprits for the medical blunders before all the facts of the cases were known. The Chairman expressed concern that if this situation was allowed to persist, the morale of health care professions would be adversely affected.

22. Responding to members' comments that the reason for DH to take up the work of handling patient complaints was because it had idle time arising from the transfer of its out-patient service to HA, Deputy Director of Health (DDH) clarified that this was not the case as a large part of DH's work was to execute health care policies and statutory functions as well as to safeguard the health of the community through promotive, preventive, curative and rehabilitative services. It was envisaged that the workload of DH would be increased when taking on the role as an advocate for health and a regulator to ensure quality in the health care sector. She further said that the reason for DH to set up a Complaint Office to handle patient complaints was because DH was considered the most suitable candidate for the job under the current proposal.

23. Dr LO Wing-lok declared interest that he was the Chairman of the Hong Kong Medical Association. Dr LO then enquired about the meaning of the word "unbiased" in the context of a public complaint mechanism and the Administration's definition of high standards of health care service.

24. DSHW responded that "unbiased" meant the proposed Complaint Office in DH would only focus on finding out all the facts of the cases as known and not be partial to the complainants or the complained. Upon completion of the investigations, DH would try to mediate between the complainants and the complained; and if that failed, it would, at the request of the complainants, forward the findings to the relevant regulatory body for follow-up. Regarding Dr LO's second question, DSHW said that



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although there was no universal definition of high standards of health care service, there were nevertheless several indicators to show how such high standards could be achieved. Firstly, a system must be put in place to ensure that the knowledge, practice and skills of all health care professionals were updated. Secondly, there must be good systems support mechanisms to facilitate continuous quality improvement. These included the use of clinical protocols, a system of clinical supervision, regular peer review and clinical audit, and risk management. Thirdly, there should be a good regulatory framework to exercise appropriate control and facilitate enforcement. And lastly, the patient complaints mechanism must be open, transparent and impartial.

25. Mr Michael MAK declared interest that he was an employee of a public hospital and the executive member of the Association of Hong Kong Nursing Staff. Mr MAK disagreed with the Administration's explanation about the proposal to set up a Complaint Office in DH. He pointed out although the Complaints Against Police Office (CAPO) was set up by the Police to investigate complaints against Police officers, the results of CAPO's investigations were nevertheless rigorously scrutinized by the Independent Police Complaints Council, the members of which were appointed by the Chief Executive from a wide spectrum of the community and were not government officials. In this connection, he could not understand the Administration's reluctance to set up a Complaint Office outside the Government. Mr MAK further disagreed with the Administration's view that one of the reasons for the Complaint Office to be set up in DH was because DH staff possessed professional knowledge to conduct investigations into the cases. In his view, not all cases required professional knowledge as sometimes the practitioners concerned were clearly in the wrong. He therefore shared Mr Andrew CHENG's view that, where necessary, an independent office comprising of lay persons could invite outside experts to give advice. Mr MAK was of the view that, if the Administration insisted on setting up a Complaint Office in DH, a mechanism should be put in place to monitor whether the verdict delivered and the discipline awarded by the regulatory bodies were appropriate. Mr MAK further enquired whether the requirement for all health care professionals to undertake continuing education and training before their practising certificate might be renewed would be made compulsory. In view of the recent incidents of lead poisoning due to ingestion of an herbal pill named "Bao ning dan" and the recent illegal sale of three "health food" products which contained a western medicine called Sildenafil, Mr MAK enquired about the measures adopted by the Administration to safeguard the health of the public against similar Chinese medicine and "health food" products.

26. DSHW responded that the Administration would take into account members' views on the setting up of an independent Complaint Office outside the Government expressed at the meeting. As there would be consultation with the health care professions and patient groups, he assured members that such proposal was still open for further discussion before a final decision on it would be reached. However, he pointed out that he could not agree with the view that the Complaint Office should have the power to deliver a verdict on cases concerning professional misconduct. The

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Administration maintained the view that the most appropriate way was for the relevant regulatory bodies to deliver a verdict and award discipline, as each regulatory body had its own code of practice/ethics for its members to follow, and a disciplinary mechanism to handle and investigate complaints lodged by the public. DSHW also pointed out that unless the principle of professional self-regulation was abandoned, there was no ground for placing such responsibility on a lay body. Regarding Mr MAK's question about whether the requirement for all health care professions to undertake continuing education and development before their practising certificate might be renewed would be made compulsory, DSHW replied in the positive. He further said that the Administration planned to request the professional regulatory bodies to incorporate such a requirement in their practice. If this was not put into practice by the relevant regulatory bodies, the Administration would consult LegCo's view on whether action should be taken to enforce these bodies to implement such a requirement by way of legislation.

27. Responding to Mr MAK's last question, DDH said that DH had a surveillance programme to regularly sample and analyse "health food" and proprietary Chinese medicine to detect the presence of western medicine ingredients, and products containing western medicine were pharmaceutical products and must be registered under the Pharmacy and Poisons Ordinance before they were allowed to be put on sale. DDH further said that the regulation of proprietary Chinese medicine would be further enhanced, following LegCo's approval of the subsidiary legislation to be made by the Chinese Medicines Board on the use, manufacture and trading of Chinese medicines under the Chinese Medicine Ordinance in the near future. DH would also look into ways on strengthening regulation of "health food" products.

28. On the suggestion of putting in place a mechanism to monitor whether the verdict delivered and the discipline awarded by the regulatory bodies were appropriate, DDHA said that there was no need for such for two reasons. Firstly, the law had empowered the regulatory bodies to deliver a verdict and award discipline on the practitioners; and secondly, the complained and the complainants could seek judicial review from the courts if they were dissatisfied with the verdict delivered and/or the discipline awarded by the regulatory bodies. DSHW supplemented that the public was the best monitor in assessing whether the regulatory bodies had acted fairly in handling the complaint cases. If the regulatory bodies had consistently acted partially to their members, public mistrust in them would eventually lead to their demise.

29. Mr LAW Chi-kwong urged the Administration to adopt an open attitude on establishing a patient complaints mechanism. He said that he would not oppose the setting up of a Complaint Office in DH on an experimental basis to see how effective it would work in practice before ruling out the possibility of setting up such an office outside the Government. Mr LAW then queried whether, in the absence of legal backing, the relevant regulatory bodies had the power to require their members to undergo continuing education and training before their practising certificate might be renewed, having regard to the fact that it was stipulated in some ordinances regulating

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the registration of health care professionals, say, the Medical Registration Ordinance, that their members had to undergo CME before their practising certificate might be renewed. Mr LAW also enquired whether consideration would be given to setting aside funding to provide continuing education and training to all health care professionals in Hong Kong which presently numbered between 40 000 and 50 000.

30. DSHW responded that some ordinances already empowered the regulatory bodies to make rules to require their members to undergo continuing education and training before their practising certificate might be renewed, without the need for further legislation to effect such. However, he agreed to seek legal advice to ascertain which ordinances needed to be amended in order to enable the regulatory body to implement such a requirement. DSHW further said that HA would take the lead in providing training opportunities for its staff and adequate funding would be set aside for such. Although no funding would be provided for health care professionals working in the private sector to undergo continuing education and development, the Administration planned to discuss with the private sector on ways in which the public sector could help to facilitate such undertaking by private practitioners.

31. Dr YEUNG Sum expressed concern as to whether the various measures to improve the system of quality assurance as proposed in the Consultation Document could be fully implemented, having regard to the already heavy workload of staff working in the public sector. To reduce the uneven distribution of workload between the public and the private sectors which in turn should reduce the workload of staff working in the public sector, the Administration should adopt the "money follows the patient" concept recommended by the Harvard team. As the main reason why better-off patients were reluctant to go to the private providers was because they did not know how much such services would cost in the end, and, more importantly, whether they could afford them, Dr YEUNG was of the view that the private providers should be encouraged to make their fees and charges more transparent so that potential patients could have an idea at the outset about how much the medical services would cost and whether they could afford them.

32. DSHW agreed with Dr YEUNG's view that there would be some difficulties in implementing the various proposals to improve the system of quality assurance if staff working in the public sector already had their hands full. DSHW further said that there was no quick and easy solution to narrow down the present uneven distribution of workload between the public and private sectors, having regard to the fact that the huge price differences between the two sectors provided no incentive for the public at large to go to the private hospitals for treatment. The Administration however did not wish to greatly raise the fees and charges of public hospitals or to interfere with the pricing of the private hospitals to rectify the existing lopsided situation. As there was a demand for private hospital services priced at a level affordable by the middle-class, HA would explore with the private sector to develop new health care products in which both the public and private sectors could participate, thereby expanding the patients' choice. DSHW also said that the proposed Health Protection Account

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scheme was a way to encourage people to go to the private sector, as savings from the Health Protection Accounts could be used to pay for medical or dental insurance plans. On the suggestion of encouraging the private providers to make their fees and charges more transparent, DSHW said that the Administration was currently in discussion with the private providers on how to take this suggestion forward. The Administration hoped to brief the Panel upon coming to some concrete agreements with the private providers in this regard.

33. Miss CHAN Yuen-han enquired about the measures to assist health care professionals working in the private sector to keep up with the rapid changes in medical knowledge and technology, in order that the high standards of health care service in the private sector could be maintained. Miss CHAN further enquired about the measure to be adopted by the Administration to address the problem of compartmentalised health care system in Hong Kong. Miss CHAN also expressed regret that the Administration had abandoned the various recommendations put forward by the Harvard team, such as the "money follows the patient" concept, to reduce the present uneven distribution of workload between the public and private sectors.

34. Responding to Miss CHAN's first question, DSHW said that all health care professionals working in the private sector would also be required to undergo continuing education and training to ensure that their the knowledge, practice and skills were in line with the rapid changes in medical knowledge and technology. The sharing of health and patient information between the public and private sectors should also help to enhance the knowledge, practice and skills of the private practitioners in their work. Regarding Miss CHAN's second question, DSHW said that the adoption of common clinical protocols and the development of an electronic Health Information Infrastructure linking up all relevant providers in the community should help to ameliorate the compartmentalised health care system in Hong Kong. DSHW further said that it was debatable whether creating competition between the public and private sectors, which was the nature of the recommendations of the Harvard team to reduce the uneven distribution of workload between the two sectors, was necessarily the best approach to address the problem. In the Administration's view, a better approach might be to have a health care system whereby both sectors could complement one another.

35. Mr Andrew CHENG strongly urged the Administration to seriously consider the view of the public, the Harvard team and LegCo Members in support of a Complaint Office which was independent of the Government. DSHW assured members that they would be consulted on the proposal to set up a Complaint Office in DH upon completion of the consultation exercise with the health care professions and patient groups on the proposal.

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**IV. Any other business**

36. There being no other business, the meeting ended at 10:45 am.

Legislative Council Secretariat

6 March 2001