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Legislative Council

LC Paper No. CB(2)1955/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 8 March 2004 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Hon Michael MAK Kwok-fung (Chairman) Dr Hon LO Wing-lok, JP (Deputy Chairman) Hon Cyd HO Sau-lan Hon CHAN Kwok-keung, JP Hon CHAN Yuen-han, JP Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP
Members absent	:	Dr Hon David CHU Yu-lin, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Hon Jasper TSANG Yok-sing, GBS, JP
Member attending	:	Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP
Public Officers attending	:	All items Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food (Health)

Mr H K WONG
Assistant Secretary for Health, Welfare and Food (Health) 5

Item III

Mr Donald LI
Executive Manager (Hospital Planning), Hospital Authority

Items III and IV

Mrs Ingrid YEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 2

Dr W M KO, JP
Director (Professional Services & Public Affairs)
Hospital Authority

Item IV

Mr Alex LEUNG
Coordinator (Human Resources), Hospital Authority

Item V

Mr Jeff LEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health) 1

Dr T H LEUNG
Deputy Director of Health (2)

Mr Anthony CHAN
Chief Pharmacist, Department of Health

Mr TAM Yiu-keung
Senior Superintendent of the Intellectual Property Investigation Bureau, Customs and Excise Department

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2) 4

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Staff in attendance : Ms Amy LEE
Senior Council Secretary (2) 8

The Chairman informed members that the proposed duty visit to the Health Protection Agency in London from 3 to 9 April 2004 was cancelled, since only himself and Dr LO Wing-lok, had indicated interest.

I. Confirmation of minutes

(LC Paper No. CB(2)1605/03-04)

2. The minutes of the meeting held on 5 January 2004 were confirmed.

II. Items for discussion at the next meeting

(LC Paper Nos. CB(2)1606/03-04(01) and (02))

3. Members agreed to discuss the following items at the next regular meeting scheduled for 19 April 2004 -

(a) Financial situation of Hospital Authority; and

(b) Rationalization of Maternal and Child Health Centres.

4. As for the third item to be discussed at the next regular meeting, Deputy Secretary for Health, Welfare and Food (DSHWF) said that he would advise the Secretariat after the meeting.

5. The Chairman informed members of the request made by Miss CHAN Yuen-han to include the following issues on the list of outstanding items for discussion by the Panel -

(a) Drug and treatment for retinal disorders; and

(b) Requiring doctors to purchase insurance to indemnify patients for medical negligence or malpractice as a condition to practise medicine.

Admin Members agreed. DSHWF said that he would strive to provide papers for the

two items proposed by Miss CHAN in April 2004.

6. Referring to the list of follow-up actions (LC Paper No. CB(2)1606/03-04(02), Dr TANG Siu-tong asked when the Administration would report to the Panel the progress on the tendering system for pharmaceutical products. In response, DSHWF said that the Administration would be in a position to report to the Panel in writing in one or two weeks' time.

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III. 58MM - Construction of a new infectious disease centre attached to Princess Margaret Hospital
(LC Paper No. CB(2)1606/03-04(03))

7. At the invitation of the Chairman, DSHWF took members' through the Administration's proposal to construct a new infectious disease centre attached to the Princess Margaret Hospital (PMH). DSHWF further said that the proposal of constructing an infectious disease hospital attached to an acute hospital, instead of constructing a dedicated infectious disease hospital, was also endorsed by the SARS Expert Committee.

8. Ms LI Fung-ying expressed support for the construction of an infectious disease centre to cope with infectious disease outbreaks. Nevertheless, Ms LI queried the need for providing facilities, such as a procedure room, radio-diagnostic imaging facilities and a clinical laboratory for the new infectious disease centre, as to do so was tantamount to constructing a dedicated infectious disease hospital. In view of the close proximity of PMH to residential districts, Ms LI questioned the appropriateness of constructing an infectious disease centre attached to PMH. Ms LI pointed out that as seen from the last outbreak of Severe Acute Respiratory Syndrome (SARS) in Hong Kong, the number of infected cases were markedly higher in the surrounding areas of the hospitals which admitted SARS patients.

9. Director, (Professional Services & Public Affairs), Hospital Authority (Director, HA) responded that the facilities for the infectious disease centre mentioned by Ms LI in paragraph 8 above were for the purposes of providing infectious disease patients with easy access to minor or routine checkup or treatment. However, this would not replace their needs to use the more comprehensive diagnostic and treatment facilities at PMH.

10. Director, HA assured members that constructing an infectious disease centre attached to PMH should not pose any major public health threat to people living in the vicinity of PMH, in view of the enhanced isolation facilities to be provided at the centre and stringent infection control to be adopted by the new

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centre and PMH. DSHWF supplemented that with the coming into operation of the Centre for Health Protection (CHP) in June 2004, infection control in all public hospitals and clinics would be further enhanced.

11. Director, HA further said that experience gained from the last SARS outbreak in Hong Kong and other places revealed that providing isolating facilities attached to an acute hospital would provide flexibility in terms of operation, logistic support and mobilisation of resources, and would allow infectious disease patients to have access to multi-specialty support that was available in acute hospitals. The world trend was moving away from constructing a stand-alone infectious disease hospital that was distant from where the patients resided. Director, HA also pointed out that in most instances where stand-alone infectious disease hospitals were used in overseas places, these hospitals were mainly for treatment of infectious disease patients in stable condition and/or recovered infectious disease patients.

12. Dr LAW Chi-kwong said that the Administration should strive to allay the concern of the Community Affairs Committee of the Kwai Tsing District Council (KTDC) that the construction of an infectious disease centre attached to PMH would not pose public health threat to people living in the vicinity of PMH. Reasons given in paragraphs 10 and 11 did not appear to be very reassuring in that regard. In his view, the Administration should apprise the public of the measures to be taken to ensure that the air and sewage from the isolation facilities would not contaminate the outside environment.

13. Executive Manager (Hospital Planning), HA responded that air exhaust standards higher than those required by the US Centre for Disease Control and Prevention (CDC) would be adopted for the infectious disease centre attached to PMH. Notably, air from the isolation facilities would undergo high-efficiency filtration before exhausting out, a measure of which was not required by US CDC. Although there was no international standard on the distance between an infectious disease centre and residential areas, a distance of at least 25 feet between the air exhaust outlets of the new infectious disease centre and residential areas would be kept. This was made having regard to the recommendation of the US CDC that to safeguard public safety, exhaust outlets of health care facilities should be located at least 25 feet from the air-intake systems. As regards sewage from the infectious disease centre, Executive Manager (Hospital Planning), HA said that it would be treated before discharging into the public sewerage system.

14. Dr LAW Chi-kwong enquired about the reason(s) for constructing a second infectious disease centre at Alice Ho Miu Ling Nethersole Hospital (AHNH), given that AHNH was not the major acute hospital in the North Territories East (NTE) cluster.

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15. DSHWF responded that in view of the high demand for isolation facilities in the NTE cluster during the winter months, decision was therefore made to construct a second infectious disease centre in that cluster. There was adequate site available at AHNH to construct an infectious disease block with about 100 to 120 beds, and this was one reason why AHNH was selected as the acute hospital for the second infectious disease centre to attach to. Director, HA supplemented that although AHNH was not the largest acute hospital in the NTE cluster, it should be noted that delivery of health care services was cluster-based. In case of infectious disease outbreaks, extra staff and equipment could be readily mobilised from within other hospitals in the cluster. Director, HA further said that although the Prince of Wales Hospital (PWH) was the largest acute hospital in the NTE cluster, its need to undergo a major renovation to meet rising service demands had rendered it not feasible to plan for an infectious disease block attached to it in the near future.

16. Mr Andrew CHENG asked why the demand for isolation facilities in the NTE cluster was so high to justify for a second infectious disease centre to be constructed in that cluster. Mr CHENG also questioned the appropriateness of constructing a second infectious disease centre attached to AHNH, having regard to the proximity of the hospital to several public housing estates. Moreover, both PWH and the North District Hospital appeared to have more open space than AHNH to construct an infectious disease block. Given PWH was the largest acute hospital in the NTE cluster, Mr CHENG wondered whether the reason for not selecting PWH for the second infectious disease centre to attach to was due to the tense relationship between HA and the Medical Faculty of the Chinese University of Hong Kong.

17. DSHWF explained that an upsurge in the number of people crossing the border displaying symptoms which warranted isolation facilities had confirmed the need for isolation facilities to be provided in the NTE cluster. As AHNH was located close to the border, coupled with its availability of site, AHNH was therefore selected as the hospital for the second infectious disease centre to attach to.

18. Mr Andrew CHENG remarked that in terms of proximity to the border, the North District Hospital (NDH) was closer to the border than AHNH. In terms of expertise and facilities for treating infectious disease patients, PWH was best equipped for such a task over other hospitals in the NTE cluster. In the light of this, Mr CHENG requested the Administration to provide a paper comparing the expertise and facilities for treating infectious disease patients amongst AHNH, PWH and NDH as well as reason(s) for selecting AHNH over PWH and NDH.

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19. DSHWF responded that the Administration would respond to the questions raised by Mr Andrew CHENG in paragraph 18 above in its proposal to construct a second infectious disease centre attached to AHNH, which would be submitted for members' consideration probably in May 2004.

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20. Dr LO Wing-lok welcomed the construction of an infectious disease centre attached to PMH. Dr LO however said that it was understandable that no one would like to have an infectious disease hospital constructed in a location nearby where they resided. In the light of this, Dr LO asked about the measures which would be taken by the Administration to deal with the objection from local community groups, such as the district councils. Dr LO further asked apart from the spread of infectious disease from PWH to the community during the last SARS outbreak, whether similar incidents had happened to HA hospitals in the past.

21. DSHWF responded that the Administration and HA would strive to explain to the public of the measures to be taken, say, in terms of the design of the isolation facilities and infection control measures, to allay their concern over the spread of infectious diseases to the community. Outside experts would also be enlisted to help in such an endeavour. As regards Dr LO's second question, Director, HA replied that that he did not recall any incident of spread of infectious diseases from public hospitals to the community. Nevertheless, he undertook to check for such records and revert to members later.

HA

22. Dr TANG Siu-tong asked the following questions -

(a) How many isolation beds would PMH have as a result of providing the infectious disease centre attached to PMH with 100 to 120 isolation beds;

(b) How would be the costly intensive care unit (ICU) beds at PMH be used during normal times; and

(c) Whether the Administration would consult KTDC to secure their support on the proposal to construct an infectious disease centre at PMH before seeking the Public Works Subcommittee (PWSC) of the Finance Committee's endorsement to upgrade the project to Category A in May 2004.

23. Director, HA responded that at present, PMH had about 200 isolation beds. As regards Dr TANG's second question, Director, HA said that the 14 ICU beds in the new infectious disease centre would be used to accommodate non-infectious disease patients who required intensive medical care when there was no outbreak of infectious disease. As to Dr TANG' last question, DSHWF replied in the

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positive.

24. Responding to the Chairman's enquiry about the manpower and training requirement for servicing these isolation facilities, Director, HA said that no additional manpower would be required. This was because the overall bed capacity of the public hospital system would not be increased as a result of the enhancement in the isolation facilities, which were provided at the expense of reduction in other hospital beds. Director, HA further said that HA would continue its work to ensure that HA had an adequate pool of trained ICU and other appropriate staff for deployment to deal with any infectious disease outbreak.

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25. In summing up, the Chairman hoped that the Administration, in its proposal to PWSC in May 2004, would provide details on the environmental measures it would take to reduce the risk of spread of infectious diseases to the community. In the meantime, the Administration should strive to allay the concern of KTDC about the construction of the new infectious disease centre attached to PMH.

IV. Adjustment of monthly allowance for HA staff appointed on or after 1 April 1998

(LC Paper No. CB(2)1606/03-04(05))

26. DSHWF briefed members on the background behind the recent discussion on the possible adjustment of monthly allowance for HA staff appointed on or after 1 April 1998, details of which were set out in the above Administration's paper. DSHWF also advised that the Secretary for Health, Welfare and Food had met with representatives of the Front Line Doctors Union (FLDU) on 6 March 2004 to hear their concerns. Representatives of FLDU understood the background of the staff package that was implemented for all new appointees after 1 April 1998, as well as the cost comparability principle. Their major concern was however centered on whether they could complete their specialist training at HA and whether they would be retained by HA after completing their specialist training.

27. Director, HA supplemented that special consideration had been given to retaining more residents who had completed training and attained specialist qualification this year. Flexibility had also been given to extend the contract period for training beyond seven years to meet the examination schedules of the Colleges of the Hong Kong Academy of Medicine on a case-by-case basis and on individual merits.

28. The Chairman asked whether HA had met with other staff groups, apart

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from doctors, to discuss the possible adjustment of monthly allowance for staff appointed on or after 1 April 1998. Mr CHAN Kwok-keung considered it important that HA should initiate talks with other staff groups over the same matter.

29. Director, HA responded that at the moment, HA was conducting a series of staff discussions, through its existing staff group meetings mechanism, on ways and means to maintain overall cost comparability with the civil service. The Chief Executive of HA had met with various staff groups to explain to them the background of the staff package that was implemented for all new appointees after 1 April 1998, as well as the cost comparability principle. HA would continue to work closely with the staff groups to arrive at the most appropriate solution to suit the circumstances.

30. Ms LI Fung-ying pointed out that the fact that HA had agreed to adopt the cost comparability principle in the remuneration packages of staff appointed on or after 1 April 1998 did not necessarily mean that staff concerned were agreeable to such an arrangement. In the light of this, Ms LI asked whether the background on the use of the cost comparability principle in the remuneration package was clearly spelt out in the employment contracts of HA staff appointed on or after 1 April 1998.

31. Director, HA replied in the negative to Ms LI's question mentioned in paragraph 30 above. Director, HA however pointed out that it was clearly spelt in the employment contracts of staff appointed on or after 1 April 1998 that their monthly allowance would be of a fixed amount for each pay point. The amounts of the monthly allowance would also be subject to review by HA from time to time at its discretion.

32. Ms LI Fung-ying urged HA to respect the spirit of employment contracts in applying the overall cost comparability principle in the remuneration package of HA staff appointed on or after 1 April 1998.

33. Director, HA assured members that HA would not only respect the spirit of employment contracts, but would also strive to reach an arrangement which was acceptable to the affected staff on the one hand and could maintain overall cost comparability with the civil service on the other.

34. Dr LO Wing-lok pointed out that the fact that FLDU understood the background of the staff package for all new appointees after 1 April 1998, as well as the cost comparability principle, should not be construed to mean that FLDU agreed to the possible downward adjustment of their monthly allowance. It was unacceptable that junior doctors, who had the least bargaining power, should be

the target of HA's cost saving exercise. Dr LO believed that members and the general public would not condone such treatment of junior doctors by HA and the Administration. Dr LO then raised the following questions -

(a) Which grade in the civil service would HA doctors be compared with for cost comparability purpose, having regard to the nature of work and working hours of HA doctors;

(b) Whether there was any timetable for HA to implement measures to achieve overall cost comparability with the civil service; if so, what it was; and

(c) Whether, and if so, what flexibility would be allowed in the application of the cost comparability principle.

35. DSHWF responded that whilst the overall cost comparability principle with the civil service should be adhered to, the Administration had not set down exactly how HA should comply with this principle nor a timetable for measures to be introduced for HA staff appointed on or after 1 April 1998. It was up to HA's discussions with its staff groups in coming up with the most appropriate solution to suit the circumstances.

36. Dr LO Wing-lok said that if HA and the Administration could not answer his question mentioned in paragraph 34(a) above, it should not unilaterally reduce the monthly allowance of HA doctors appointed on or after 1 April 1998.

37. Mr Andrew CHENG expressed opposition to any reduction in the monthly allowance of junior doctors who risked their lives in the fight against SARS, whilst top management who faltered in their handling of the SARS outbreak still received year-end incentive awards amounting to $12.6 million. In his view, if HA had to save money to maintain overall cost compatibility with the civil service, any pay reduction to achieve such should be applied to all staff regardless of their rank and date of joining HA. Mr CHENG hoped that HA would not resort to using a high-handed manner in adjusting the monthly allowance of HA staff appointed on or after 1 April 1998 downward as expressed by the Hong Kong Chinese Civil Servants' Association in their submission to the Panel tabled at the meeting.

38. DSHWF reiterated that HA was working closely with staff groups to arrive at the most appropriate solution to suit the circumstances. DSHWF further said that the phenomenon of the remuneration package of new recruits in HA being less favourable than their counterparts who had joined HA earlier was not unique, and had occurred in the civil service and other organisations during the past

several years. Despite such, efforts would be made in terms of improving the training and career prospect of HA staff appointed on or after 1 April 1998 where possible.

39. Director, HA supplemented that there was no question of HA offering all new recruits from April 1998 onwards a monthly allowance of a fixed dollar amount for each pay point was for the purpose of saving money, but to implement a recommendation of the Public Accounts Committee of the Legislative Council that the staff costs of HA should be comparable to those in the civil service. However, in order to honour its contractual obligation with staff appointed between 1991 and March 1998, HA had decided not to apply the cost comparability principle to the remuneration package of staff appointed before 1 April 1998. Apart from the basic salary, these staff would continue to receive a cash allowance calculated as a fixed percentage of their basic salary.

40. Mr CHAN Kwok-keung asked whether HA staff on contract terms earned incremental salary point for each year of service. Director, HA responded that staff on contract terms would not automatically receive an incremental salary point for each year of service, as such increment was based on how well the staff had performed last year.

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41. In summing up, the Chairman requested the Administration and HA to revert to members on the ways for HA to maintain overall cost comparability with the civil service before deciding on the way forward. DSHWF agreed.

V. Regulation of Counterfeit Pharmaceutical Products
(LC Paper No. CB(2)1606/03-04(04))

42. Deputy Director of Health (DDH) briefed members on the legislative provisions relating to the control of counterfeit pharmaceutical medicines and monitoring of the sale and supply of medicines under the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), details of which were set out in paragraphs 2 to 10 of the above Administration's paper. Senior Superintendent of the Intellectual Property Investigation Bureau, Customs and Excise Department (SS/IPIB, C&ED) then briefed members on the enforcement action taken against the sale and supply of counterfeit goods under the Trade Descriptions Ordinance (Cap. 362) (TDO), details of which were set out in paragraphs 11 to 15 of the same paper.

43. Mr CHAN Kwok-keung asked the following questions -

(a) How were the ingredients of the counterfeit pharmaceutical products differed from those of the genuine products;

(b) Which were the brands commonly forged by manufacturers of counterfeit pharmaceutical products and were these brands mainly local, Mainland or overseas brands; and

(c) What were the common types of counterfeit pharmaceutical products.

44. Chief Pharmacist, Department of Health (Chief Pharmacist, DH) responded that the majority of counterfeit pharmaceutical products only contained between 30% to 70% of the ingredients of the genuine products, and some of counterfeit pharmaceutical products even contained none of the ingredients contained in the genuine products. As regards Mr CHAN's second and third questions, S/IPIB, C&ED said that the brands and the types of products commonly forged by manufacturers of counterfeit pharmaceutical products varied, as they depended very much on public demand for the genuine products. For instance, the more common counterfeit western medicine was painkiller, whilst detoxification product was one of the more common counterfeit Chinese medicines discovered.

45. Mrs Selina CHOW urged C&ED not to treat retailers of pharmaceutical products too harshly when carrying out its enforcement action on counterfeit pharmaceutical products in pharmacies, as there was no proof then that the retailers concerned knowingly sold counterfeit pharmaceutical products. Moreover, to do so would adversely affect the business of the innocent retailers. Mrs CHOW then asked about the source of intelligence which C&ED acted on to carry out enforcement action against counterfeit pharmaceutical products. Noting that to enhance effective enforcement, C&ED had launched a reward scheme in cooperation with the Hong Kong Association of Pharmaceutical Industry in November 2003 to provide monetary rewards to members of the public who would provide information leading to the successful seizure of counterfeit pharmaceutical products and prosecution of the related offenders. In the light of this, Mrs CHOW asked whether C&ED would consider forming a similar scheme with owners of dispensaries and medicine companies to encourage them to provide information on real or suspected cases of pharmaceutical products.

46. SS/IPIB, C&ED responded that apart from relying on self-developed intelligence, C&ED generally acted on complaints made or information provided by members of the public or trade mark owners to carry out enforcement action against counterfeit pharmaceutical products. A total of 13 such complaints were received by C&ED in 2003 and less than 10 in each of the preceding two years. As mentioned in paragraphs 13 and 14 of the Administration's paper, rigorous enforcement action had been taken against counterfeiting activities in Hong Kong. Where pharmaceutical products were concerned, there had been no substantive

manufacturing activity in the past years, and major cases concerned only low-level retailer activities of a relatively limited scale.

47. SS/IPIB, C&ED further said that although there was at present no formal communication channel between C&ED and dispensaries and medicine companies to exchange views on ways to combat counterfeit drugs, the latter were welcomed to join the campaign entitled "Hong Kong - The Real Experience". Under the campaign, different sectors of the industry had pledged to work together to protect intellectual property rights and help C&ED to combat counterfeiting and piracy through a closely knitted network built up for market surveillance, information exchange and reporting of suspected cases. Assistance would also be provided for retailers to guard against involvement in selling counterfeit goods.

48. Mrs Selina CHOW hoped that C&ED would strengthen its link with dispensaries' owners, say, by meeting with them once a year, to exchange views on ways to combat counterfeit drugs. In response, SS/IPIB, C&ED said that C&ED saw no problem with the suggestion.

49. Dr YEUNG Sum wondered whether the small number of cases uncovered by C&ED in 2002 and 2003 with regard to counterfeit drugs was due to the cost-saving exercise being implemented in all Government departments which had resulted in less resources given to C&ED to carry out its enforcement work. Dr YEUNG pointed out that the public had the general impression that the scale of counterfeiting activities with regard to pharmaceutical products was not as limited as C&ED had depicted and as reflected in its enforcement statistics.

50. SS/IPIB, C&ED responded that resources being put in to combat counterfeit goods, including pharmaceutical products, had not been reduced as a result of the efficiency saving exercise being carried out in C&ED. SS/IPIB, C&ED further said that he could not comment on the public impression on the scale of counterfeiting activities with regard to pharmaceutical products. SS/IPIB, C&ED however reiterated that according to Customs intelligence and based on complaints made or information provided from members of the public or trade mark owners on suspected cases of counterfeiting activities, the fact of the matter was the scale of counterfeiting activities with regard to pharmaceutical products in Hong Kong was of a relatively limited scale. Despite such, priority enforcement actions were given to counterfeit pharmaceutical products, as they could be hazardous to health.

51. Dr TANG Siu-tong wondered whether the court had been too lenient in passing sentences on people dealing with counterfeit pharmaceutical products, as evidenced by an upsurge in the number of counterfeit drugs seized by C&ED from 2002 to 2003, i.e. 18 622 in 2002 and 218 095 in 2003. Dr TANG further said

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that suspending the licence of a dispensary selling counterfeit drugs would not have any deterrent effect, as the owner concerned could always open another dispensary under a different registered name.

52. SS/IPIB, C&ED disagreed that the court had been too lenient in sanctioning people dealing with counterfeit pharmaceutical products. For instance, the highest penalty passed by the court for people engaging in the sale and supply of counterfeit drugs was a fine of $20,000 and imprisonment for two months, which in his view had a strong deterrent effect on dispensary operators the majority of whom were small retailers. SS/IPIB, C&ED further said that the increase in enforcement statistics in 2003 as compared with 2002 was mainly due to a territory-wide operation launched in September 2003. In that operation, C&ED effected 31 cases, arrested 38 persons including the supplier, and seized over 212 000 units of various counterfeit pharmaceutical products. Other than this specific operation, remaining cases in the year were but isolated violations in small scales.

53. DDH supplemented that registered pharmaceutical products were sold or supplied by dispensaries, medicine companies and registered medical practitioners. It was a statutory requirement under the PPO for dispensaries and medicine companies to licence from the Pharmacy and Poisons Board (the Board) prior to commencement of business. The Board would only issue a licence to applicants who had adequate experience, knowledge and a good track record related to the sale of medicines.

54. Dr LO Wing-lok asked about the number of pharmacist inspectors of the Department of Health (DH) and the collaboration between C&ED and DH in combatting counterfeit drugs.

55. Chief Pharmacist, DH responded that there were 28 pharmacist inspectors in DH. On the collaboration with C&ED, Chief Pharmacist, DH said that this included notifying C&ED upon receipt of complaints of suspected counterfeit pharmaceutical products, and supplying other relevant information, such as the registration particulars of the dispensary alleged to knowingly sell counterfeit drugs.

56. Dr LO Wing-lok was of the view that the number of inspections and test purchases conducted by DH pharmacist inspectors appeared to be on the low side, given the number of pharmacist inspectors.

57. Chief Pharmacist, DH clarified that the enforcement work of DH pharmacist inspectors included not only that of the PPO, and also that of the Antibiotics Ordinance (Cap.137) and the Dangerous Drugs Ordinance (Cap.134) through inspection and licensing of manufacturers, wholesalers and retailers,

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sampling of products for analysis and institution of prosecutions against offenders. Chief Pharmacist, DH further said that DH attached great importance to combat the sale and supply of counterfeit goods. In 2003, DH sampled over 2 000 medicines for laboratory analysis to determine whether they were genuine registered medicines.

58. Dr LO Wing-lok further enquired whether consideration would be given to disclosing the names of the dispensaries and medicine companies found to be selling counterfeit pharmaceutical products.

59. SS/IPIB, C&ED responded that C&ED could only disclose the names of the dispensaries and medicine companies after the owners of which were convicted of dealing with counterfeit drugs. C&ED was in the process of working out the implementational details for such disclosure.

60. The Chairman said that another effective way to combat counterfeit drugs was to step up efforts in educating the public on how to identify counterfeit pharmaceutical products and to buy such products from registered dispensaries and medicine companies.

61. Chief Pharmacist, DH responded that DH had been educating the public on how to identify genuine pharmaceutical products through various channels, such as DH's website. A hotline had also been set up to receive complaints or information from members of the public on suspected cases of counterfeit pharmaceutical products.

62. In summing up, the Chairman called upon the Administration to enhance its enforcement work against counterfeit drugs to safeguard public health.

63. There being no other business, the meeting ended at 10:33 am.

Council Business Division 2
Legislative Council Secretariat
16 April 2004