

**立法會**  
**Legislative Council**

LC Paper No. CB(2)546/06-07  
(These minutes have been seen  
by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 13 November 2006, at 8:30 am**  
**in Conference Room A of the Legislative Council Building**

**Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)  
Dr Hon KWOK Ka-ki (Deputy Chairman)  
Hon Fred LI Wah-ming, JP  
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP  
Hon CHAN Yuen-han, JP  
Dr Hon YEUNG Sum  
Hon Andrew CHENG Kar-foo  
Hon LI Fung-ying, BBS, JP  
Hon Audrey EU Yuet-mee, SC, JP  
Hon Vincent FANG Kang, JP  
Hon LI Kwok-ying, MH, JP  
Dr Hon Fernando CHEUNG Chiu-hung

**Members absent** : Hon Bernard CHAN, GBS, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

**Public Officers attending** : Item IV  
Mrs Ingrid YEUNG  
Deputy Secretary for Health, Welfare and Food (Health) 2  
  
Mr Thomas CHAN  
Principal Assistant Secretary for Health, Welfare and Food  
(Health)

Dr Gloria TAM, JP  
Assistant Director of Health  
(Health Administration and Planning)

Dr LEONG Che-hung, GBS, JP  
Chairman  
Council on Human Reproductive Technology

Item V

Mr Patrick NIP, JP  
Deputy Secretary for Health, Welfare and Food (Health) 1

Miss Pamela LAM  
Principal Assistant Secretary for Health, Welfare and Food  
(Health)

Dr Constance CHAN  
Assistant Director of Health (Traditional Chinese Medicine)

**Clerk in attendance** : Miss Mary SO  
Chief Council Secretary (2)5

**Staff in attendance** : Ms Amy YU  
Senior Council Secretary (2)3

Ms Jenny HO  
Legislative Assistant (2)5

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**I. Confirmation of minutes**  
(LC Paper No. CB(2)192/06-07)

The minutes of meeting held on 12 October 2006 were confirmed.

**II. Information paper(s) issued since the last meeting**

2. There was no information paper issued since the last meeting.

**III. Items for discussion at the next meeting**

(LC Paper Nos. CB(2)271/06-07(01) and (02), and CB(2)367/06-07(02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting to be held on 11 December 2006 at 8:30 am -

- (a) Establishment of a community health and wellness centre at Yan Chai Hospital;
- (b) Subsidiary legislation to be made under the Human Organ Transplant Ordinance (Cap. 465); and
- (c) Grant for the Samaritan Fund.

4. Members further agreed to remove the following items from the list of outstanding items for discussion (LC Paper No. CB(2)271/06-07(01)), having regard to the responses already provided by the Administration -

- (a) Provision of dental care services by the Department of Health (DH) (item 19);
- (b) Waiving the fees and charges of needy Two Way Permit holders who are spouses of Hong Kong Identity Card holders for use of public health care services (item 20); and
- (c) Medical services in New Territories West (item 31).

5. Mr Andrew CHENG proposed to discuss -

- (a) telephone booking for the Hospital Authority (HA)'s general outpatient services in his letter dated 10 November 2006 tabled at the meeting (LC Paper No. CB(2)367/06-07(02)); and
- (b) preparedness for avian influenza outbreak in Hong Kong, having regard to a paper recently published by a group of scientists, including Professor GUAN Yi of the University of Hong Kong, in the Proceedings of the National Academy of Sciences of the United States of America about the emergency of an H5N1 influenza variant (Fujian-like) in poultry in the Mainland which was refuted by authorities concerned in the Mainland.

Mr CHENG also proposed to invite experts to give views on item (b). Members agreed and expressed support for Dr KWOK Ka-ki's suggestion of holding a

special meeting to discuss item (b) in view of the coming peak season for influenza. The Chairman suggested that a special meeting be held in December 2006 to discuss items (a) and (b). To facilitate discussion of item (b), the Chairman further suggested to request the Research and Library Services Division of the Legislative Council (LegCo) Secretariat to prepare a brief report on the latest development of avian influenza (AI), including treatment of AI infection in humans. Members expressed support.

*(Post-meeting note: With the concurrence of the Chairman of this Panel and the Chairman of the Panel on Food Safety and Environmental Hygiene, a joint meeting would be held on 12 December 2006 to discuss the issue of "Preparing for the peak season of avian influenza outbreak". The special meeting planned for December 2006 was cancelled. At the request of Mr Andrew CHENG and with the concurrence of the Chairman, the issue of telephone booking for HA general outpatient services would be discussed at the regular meeting on 11 December 2006.)*

#### **IV. Licensing and Complaint Procedures under the Human Reproductive Technology Ordinance**

(LC Paper No. CB(2)271/06-07(03))

6. At the invitation of the Chairman, Assistant Director of Health (Health Administration and Planning) conducted a power-point presentation on the regulations proposed to be made by the Council on Human Reproductive Technology (CHRT) under the Human Reproductive Technology Ordinance (Cap. 561) (HRTO) to provide for the licensing of and complaint handling procedures against reproductive technology (RT) service providers and embryo researchers, details of which were provided in the Administration's paper.

7. Dr KWOK Ka-Ki urged that efforts be stepped up to make RT information and services more easily accessible to infertile couples to better help them make informed decisions. Dr KWOK further asked the following questions -

- (a) how many of the about 50 treatment centres and research centres engaging in RT activities in Hong Kong were academic institutions and commercial organisations, and what was the number of complaints lodged against these centres in the past years; and
- (b) whether consideration would be given to amending the HRTO, which was enacted in 2000, to allow commercial surrogacy which was practised in many overseas developed countries to provide more choices to infertile couples.

8. Chairman, CHRT responded as follows -

- (a) the about 50 treatment centres and research centres engaged in RT activities in Hong Kong generally fell into three categories : (i) academic institutions or commercial companies engaged in carrying out RT procedures or conducting embryo research; (ii) private medical clinics engaged in carrying out artificial insemination by husband (AIH); and (iii) medical or research laboratories engaged in the storing of gametes and embryos;
- (b) the CHRT had no information on the number of complaints against the centres referred to in (a) above, as the operation of these centres was presently not yet subject to monitoring by the CHRT through a licensing system; and
- (c) it was the outcome of two public consultation exercises conducted in 1989 and 1993 respectively that commercial surrogacy should be actively discouraged, as it was very difficult to determine, say, whether payment to a surrogate mother by the commissioning couple for not being able to work during pregnancy constituted a commercial dealing.

9. Dr KWOK Ka-ki said that while he shared the difficulty of determining whether a surrogacy arrangement had commercial dealing, the issue nevertheless needed to be reviewed to meet the needs of infertile couples as the attitude towards surrogacy might have changed over time since the enactment of the HRTO some six years ago.

10. Chairman, CHRT responded that he was not aware of any significant changes in the public attitudes/opinions towards surrogacy since the enactment of the HRTO in 2000. Chairman, CHRT further said that it was difficult to decipher the views of infertile couples on RT procedures, as revealed in past consultation exercises that most of these couples were very reticent about disclosing their views on the matter.

11. Deputy Secretary for Health, Welfare and Food (Health) 2 (DSHWF(H)2) supplemented that prohibiting surrogacy arrangements on commercial basis was the result of extensive deliberations by LegCo prior to the enactment of the HRTO. In view of the complex social, moral, ethical and legal issues involved in RT activities, a multi-disciplinary approach was adopted by the CHRT to ensure the RT service providers and researchers paid due respect to human life, the role of the family, the rights of service users and the welfare of the children born as a result of the use of the technology. For instance, the suitability of a woman to be a surrogate mother needed to be assessed by doctor(s) and the commissioning

couple needed to undergo first counselling by lawyers, clinical psychologists and social workers. DSHWF(H)2 further said that the Administration would closely monitor public opinions on surrogacy and would conduct a review on allowing commercial surrogacy if warranted.

12. Ms LI Fung-ying expressed concern about the following overlapping of work/conflicting of roles to be assumed/played by the CHRT. Ms LI pointed out that not only would the CHRT make regulations under the HRTA to provide for the licensing of and complaint handling procedures against RT service providers and embryo researchers, it would vet applications for licence to carry out RT activities and investigate complaint lodged against an applicant for a licence, a person responsible under a licence or a licensee.

13. DSHWF(H)2 responded that there was no cause for the concern raised by Ms LI in paragraph 12 above, as the functions and powers of the CHRT were clearly defined in the HRTA, which included keeping under review information about RT activities and advise the Secretary for Health, Welfare and Food about those matters, making regulations to provide for the licensing of and complaint handling procedures against RT service providers and embryo researchers, carrying out research into the social consequence of RT procedures and promoting research into the causes of human infertility. DSHWF(H)2 further said that although the Council was empowered to vet applications for licence to carry out RT activities, any person aggrieved by the Council's decision in respect of a license application, suspension, variation or revocation, or a complaint might appeal to the independent Administrative Appeals Board (AAB). If the Council's decision was reversed by AAB, the Council would be required to take all necessary actions to give effect of such reversal.

14. Responding to Ms LI Fung-ying's enquiry about whether the CHRT had the manpower to implement the licensing system, Chairman, CHRT said that the Council might face some difficulties if all of the about 50 treatment centres and research centres engaging in RT activities in Hong Kong applied for licence at the same time. Chairman, CHRT however pointed out that not all applications would take the same time, having regard to the varied requirements for different types of licences. For instance, the granting of an AIH licence should take less time than that of a storage licence. In view of the lack of professionals in Hong Kong experienced in carrying out inspections to ascertain whether the conditions of the premises under an application were suitable for performing the relevant RT procedures or embryo researches for the purpose of licensing, arrangements had been made for members of the Council to learn how this was being done in overseas places, such as Australia and the United Kingdom, which had ample experience in this regard. To ensure smooth implementation of the licensing system, the Council planned to invite overseas experts as well as local professionals in different medical and social fields to assist in its initial rounds of

inspection.

15. Noting that failure to comply with the Code of Practice on Reproductive Technology & Embryo Research (CoP) would not in itself result in liabilities to any proceedings, Ms LI Fung-ying expressed concern that this would render the CHRT powerless in enforcing the provisions in the HRTO.

16. DSHWF(H)2 responded that the situation mentioned by Ms LI in paragraph 15 above would not arise in the regulation of RT activities envisaged by the HRTO. DSHWF(H)2 pointed out that the HRTO had explicit and specific provisions on what would constitute criminal offences. On the other hand, the CoP was intended to provide guidance for practitioners and researchers in the field on the proper conduct of any relevant activity. Although non-compliance with the CoP would not in itself result in liabilities to any proceedings, the CHRT would take into account of such when considering renewal, variation, suspension or revocation of licences.

17. Noting that one of the objectives of the HRTO was to ensure the welfare of children born as a result of the use of RT, Mr LI Kwok-ying queried whether other factors, such as the ability of the infertile couples to provide a stable environment and good education for the child, should also be taken into consideration.

18. Chairman, CHRT responded that it was very difficult to ensure the well-being of children born as a result of the use of RT in all respects. Nevertheless, it was necessary to see to it that infertile couples undergo counselling so as to understand the consequences of using RT to have a child before deciding to pursue the procedure. For instance, the infertile husband should be willing to accept a child, born as a result of artificial insemination from donated sperms, as if his own. Chairman, CHRT further said that there was nothing in the Ordinance prohibiting infertile couples with meager means to use RT to have a child, so long as they were willing to provide the best for the child to the best of their ability.

19. Ms Audrey EU asked the following questions -

- (a) what was the reason for taking the CHRT some six years to come up with a licensing system for RT service providers and embryo researchers;
- (b) whether there would be a rise in the number of infertile couples using RT to have a child after the regulations to give effect to the licensing and complaint handling procedures had come into operation; and
- (c) whether an act, in contravention of the CoP, committed by an

applicant or a licensee/person responsible outside Hong Kong would constitute a ground for the CHRT to turn down, suspend or revoke the licence.

20. Chairman, CHRT responded as follows -

- (a) the main reason why it took some six years to come up with the licensing system was due to the rapid developments in RT and embryo research;
- (b) the rise in the number of infertile couples using RT to have a child was expected to continue, owing to the high success rate of certain RT procedures such as artificial insemination; and
- (c) the CHRT was not in a position to turn down, suspend or revoke a licence for RT activities because of an act, in contravention of the CoP, was committed by an applicant or a licensee/person responsible outside Hong Kong.

21. Dr YEUNG Sum urged for the early implementation of the licensing system to ensure the safety of the infertile couples and the welfare of the child born as a result of the use of RT. Dr YEUNG hoped that practitioners and researchers of RT and other relevant professionals would be invited to give views on the proposed regulations to give effect to the licensing of and complaint handling procedures against RT service providers and embryo researchers, in the event that a subcommittee was formed by the House Committee to scrutinise these regulations.

**V. Registration of Chinese medicine practitioners**

(LC Paper Nos. CB(2)271/06-07(04), CB(2)315/06-07, CB(2)336/06-07(02) and CB(2)367/06-07(04))

22. Deputy Secretary for Health, Welfare and Food (Health) 1 (DSHWF(H)1) and Assistant Director of Health (Traditional Chinese Medicine) (ADH(TCM)) briefed members on the Administration's paper (LC Paper No. CB(2)271/06-07(04)) detailing the new arrangements to be implemented in 2007 to assist listed Chinese Medicine Practitioners (CMPs) to obtain registration status, among others.

23. Miss CHAN Yuen-han said that numerous complaints about the difficulty for listed CMPs to become registered CMPs remained unabated since the implementation of the Chinese Medicine Ordinance (Cap. 549) (CMO) in 1999. The feeling of listed CMPs that they were being treated unfairly was exacerbated



by not being accorded the same recognition as registered CMPs in giving certification and conducting medical examination and treatment for the purposes of entitlement to certain employees' benefits under the existing labour legislation. Miss CHAN urged the Administration to find out whether the cause of the grievances of listed CMPs lay on the handling of the registration system for CMPs by the Chinese Medicine Council of Hong Kong (CMC) or on certain provisions of the Ordinance, so as to come up with a solution to address these grievances. Miss CHAN was of the view that merely revising the format and arrangement of the Licensing Examination, as set out in paragraph 14 of the Administration's paper, was far from adequate.

24. DSHWF(H)1 responded that all practising CMPs who wished to be registered might obtain registration status in the long run with the training provided by the Department of Health and local Chinese medicine organisations on examination skills, the efforts of listed CMPs and the continuous exchanges between the Chinese Medicine Practitioners Board of the CMC (the Practitioners Board) and the CMP professionals about the Licensing Examination. DSHWF(H)1 further said that the Administration did not see the need to review the transitional arrangements for registration of CMPs, which were the result of extensive consultation with different sectors of the community, the CMP profession and LegCo prior to the enactment of the CMO. DSHWF(H)1 pointed out that the registration system for CMPs was introduced to ensure the professional standard of CMPs and protect the health and well-being of patients and that the transitional arrangements were provided having regard to the historical background and the livelihood of practising CMPs. Based on their practising experience and academic qualifications, listed CMPs were allowed to get registration through various avenues provided for under the CMO, details of which were in Annex I to the Administration's paper. DSHWF(H)1 advised that since the introduction of the registration of CMPs in Hong Kong, the number of listed CMPs had reduced from 7 707 in December 2001 to 2 909 in September 2006.

25. Ms LI Fung-ying shared the view that merely revising the format and arrangement of the Licensing Examination would not help to placate the grievances of listed CMPs, having regard to the arbitrary classification of practising CMPs to obtain registration status. A case in point was that applicants who had been practising Chinese medicine in Hong Kong continuously for less than 15 years but not less than 10 years immediately before 3 January 2000 and had obtained academic qualifications acceptable to the Practitioners Board could apply to be registered CMPs directly, whereas applicants who had been practising Chinese medicine for the same period immediately before 3 January 2000 but had not obtained academic qualifications acceptable to the Practitioners Board had to undertake the Licensing Examination. Noting from paragraph 15 of the Administration's paper that viable means would continue to be explored to assist

Action

listed CMPs who wished to become registered CMPs to obtain registration status, Ms LI asked the Administration to shed some light on these means.

26. DSHWF(H)1 responded that the CMC would continue to listen to the views of CMP professionals about means to assist listed CMPs to obtain registration status, whilst upholding the principle of maintaining the professional standard in Chinese medicine practice.

Admin

27. Ms LI Fung-ying urged the Administration not to overly rely on the CMC in exploring means to assist listed CMPs to obtain registration status. At the request of the Chairman, DSHWF(H)1 undertook to revert to the Panel when it had identified other viable means to assist listed CMPs to become registered CMPs and timetable for implementation.

28. Dr Fernando CHEUNG said that according to the submissions from a group of students of a part-time degree course in Chinese medicine offered by the Open University of Hong Kong in collaboration with the Xiamen University (LC Paper Nos. CB(2)336/06-07(02) and CB(2)367/06-07(04)), they were led to believe by the CMC back in 2000 that students who had satisfactorily completed undergraduate degree course in Chinese medicine or equivalent could sit the Licensing Examination. However, the CMC changed its eligibility criterion for undertaking the Licensing Examination in 2002 that only students who had satisfactorily completed full-time undergraduate degree course in Chinese medicine or equivalent were eligible to undertake the Licensing Examination. As a result, students who had satisfactorily completed the aforesaid part-time degree course in Chinese medicine could no longer sit the Licensing Examination, although they were told they could do so before deciding to enrol in the course in 2000. In the light of this, Dr CHEUNG asked the Administration whether the allegation made by these students was true, and the reason for not allowing graduates of part-time degree course in Chinese medicine to undertake the Licensing Examination.

29. ADH(TCM) responded that she would need to check with the CMC on the allegation mentioned in paragraph 28 above before she could confirm whether the allegation was true. ADH(TCM) pointed out that the Practitioners Board had announced in 2002 that only students who had satisfactorily completed full-time undergraduate degree courses in Chinese medicine or equivalent as approved by the Practitioners Board could sit the Licensing Examination. Basic requirements for the Chinese medicine undergraduate course as laid down by the Practitioners Board encompassed (a) no less than five years of full-time on campus Chinese medicine undergraduate degree course or equivalent, with at least 30 weeks of clinical internship; and (b) the course should cover the following ten compulsory subjects: Basic Theories of Chinese Medicine; Diagnostics of Chinese Medicine; Chinese Materia Medica; Chinese Medicinal Formulary; Internal Medicine of

Action

Chinese Medicine; External Medicine of Chinese Medicine; Gynaecology of Chinese Medicine; Paediatrics of Chinese Medicine; Orthopaedics and Traumatology of Chinese Medicine, and Acupuncture and Moxibustion. ADH(TCM) further said that Chinese medicine being a medicine profession, it was reasonable for the Practitioners Board not to accept any distance learning or part-time programmes. This requirement was in line with the practice in other medical professions such as doctors and dentists.

Admin

30. The Chairman requested the Administration to provide information on the number of listed CMPs who were in the same predicament as the students mentioned in paragraph 28 above. ADH(TCM) agreed to obtain the information as far as possible.

Admin

31. Mrs Selina CHOW said that if the allegation referred to in paragraph 28 above was true, the Practitioners Board should consider adopting a grandfathering approach by allowing the students concerned to sit the Licensing Examination. Notwithstanding, Mrs CHOW said that she failed to see the justification for not allowing graduates of part-time degree courses in Chinese medicine to undertake the Licensing Examination, if the curriculum and standard of these part-time courses were no different from those of the full-time courses in Chinese medicine. Mr LI Kwok-ying, Ms Audrey EU and Dr YEUNG Sum echoed similar views. Dr YEUNG further said that many professions such as lawyers and accountants recognised the academic qualifications attained through distance learning or part-time programmes. In view of the seriousness of the allegation, the Chairman requested the Administration to find out whether the CMC had indeed informed all local universities in 2000 that part-time undergraduate degree course in Chinese medicine would be recognised by the Practitioners Board, the reason why the Practitioners Board changed its policy in 2002 that only five-year full-time on campus undergraduate degree course in Chinese medicine would be recognised, as well as the reason for not adopting a grandfathering approach on students affected. DSHWF(H)1 undertook to provide a response in writing to the issues raised by the Chairman in three to four weeks' time.

32. Mrs Selina CHOW asked the following questions -

- (a) whether there was any appeal mechanism in place for people who were not satisfied with the decisions of the Practitioners Board;
- (b) what criteria were used by the Practitioners Board to determine whether an applicant had been practising Chinese medicine continuously for a certain number of years; and
- (c) what requirements the Chinese medicine undergraduate degree

courses offered by Mainland institutions must fulfill in order to be recognised by the Practitioners Board.

33. Responding to Mrs CHOW's first question, DSHWF(H)1 said that any person aggrieved by a decision of the Practitioners Board might appeal within a specified time period against that decision to the CMC. Although the decision of the CMC on the appeal was final, the appellant could seek judicial review from the court if he/she was dissatisfied with the decision of the CMC. DSHWF(H)1 further said that past court judgments on judicial review had all affirmed the decisions of the CMC.

34. Regarding Mrs CHOW's second question, ADH(TCM) said that in determining whether an applicant had been practising Chinese medicine continuously, the Practitioners Board would have regard to all relevant documentary proofs such as patient prescriptions issued, business registration certificate (if the applicant was a self-employed CMP) and proof of practising period issued by the employer (if the applicant was an employed CMP). ADH(TCM) further said that a reasonable and flexible approach was adopted by the Practitioners Board in determining whether an applicant had been practising Chinese medicine continuously in order to enable practising CMPs to obtain registration status.

35. As to Mrs CHOW's last question, ADH(TCM) said that when an application for recognition of a Chinese medicine undergraduate degree course of a Mainland institution was received by the Practitioners Board, the Practitioners Board would obtain recommendation by the State Administration of Traditional Chinese Medicine (SATCM). ADH(TCM) pointed out that the undergraduate degree courses in Chinese medicine awarded by the first 27 Mainland institutions set out in Annex 2 to the Administration's paper were recognised by the Practitioners Board on recommendation by the SATCM during the formulation of the scope and form of the examination. The 28<sup>th</sup> and last Mainland institution awarding an undergraduate degree course in Chinese medicine was recognised by the Practitioners Board after the promulgation of the Licensing Examination following the aforesaid procedures.

36. Mrs Selina CHOW requested the Administration to provide information after the meeting about the number of appeals lodged with the CMC against the decisions of the Practitioners Board and how these appeals were finally resolved since the implementation of the CMO. ADH(TCM) agreed.

Admin

37. Dr KWOK Ka-ki asked the Administration how many of the 2 909 listed CMPs it estimated could eventually obtain registration status. In response, DSHWF(H)1 said that it was difficult to provide an answer to the question but it was envisaged that listed CMPs could become registered CMPs with the adoption

of the three complementary elements mentioned in paragraph 24 above.

38. Mr Vincent FANG asked -

- (a) how many of the 2 909 listed CMPs had undertaken the Licensing Examination; and
- (b) whether, under the new arrangement set out in paragraph 14(i) of the Administration's paper, a candidate would be considered as passing the written examination even if he/she did not attain a pass in either Paper 1 or 2 so long as the mark of the paper which he/she had re-sat, when combined with the mark of the other paper which he/she had previously sat, totalled up to a passing score.

39. ADH(TCM) responded that some 1 900 of the 2 909 listed CMPs had never undertaken the Licensing Examination. As regards Mr FANG's second question, ADH(TCM) replied in the negative as the passing of the written examination was determined on the total score of Paper 1 and 2 attained in one sitting, i.e. it was possible for the candidate to not pass either of the paper so long as the combined score of both papers attained a passing mark. DSHWF(H)1 supplemented that under the new arrangement for the Licensing Examination, a candidate did not have to re-sit both Paper 1 and 2 if he/she had already attained a pass in either of the paper. This was to allow candidates to concentrate on learning and studying for the subjects of one paper and make it possible for them to attain the standard expected by the profession in different subjects in phases. DSHWF(H)1 however pointed out that a candidate would not be prevented from re-sitting the examination of both Paper 1 and 2 if he/she chose to do so. This was to allow the candidate the opportunity to try to score a higher mark in the paper which he/she had already passed so as to improve the chance of passing the written examination even if the candidate could not secure a passing mark in the other paper which he/she had failed to attain a pass in the past.

40. Mr LI Kwok-ying said that it was against the objective of ensuring the professional standard of CMPs if the tabulation of the passing mark of the written examination could be made on the combined marks of both Paper 1 and 2 attained in one sitting. If the aforesaid arrangement was adopted in order to address the fact that some practising listed CMPs might not be familiar with the examination as a mode of assessment, it might be better to only require the candidates to undertake clinical examination which could also accurately assess their suitability as registered CMPs. Mr LI further asked whether the Administration had a cut-off date of the transitional arrangement for CMPs.

41. DSHWF(H)1 responded that no cut-off date of the transitional arrangement for CMPs had been set. The most important task at the present stage was to assist

those listed CMPs who wished to be registered to obtain registration status. DSHWF(H)1 further said that the Administration would take into account factors in the public interest, including the latest development of the Chinese medicine profession at that time and the views of the community before deciding on the schedule for putting an end to the transitional arrangement.

42. Ms Audrey EU asked whether consideration could be given to allowing listed CMPs to sit the Licensing Examination for certain subjects for obtaining registration status in certain specialty. DSHWF(H)1 responded that the suggestion was not feasible, as registered CMPs should be able to master the fundamental and clinical skills of Chinese medicine practice in order to ensure the professional standard of CMPs. Given that the traditional Chinese medicine system was an integrated whole, the Licensing Examination was therefore directed at a comprehensive professional assessment of the candidates fundamental knowledge of Chinese medicine.

43. Miss CHAN Yuen-han remained of the view that the new arrangement of the Licensing Examination was not targeted at the crux of the problem, which was inherent in the provisions of the CMO. Miss CHAN suggested setting up a subcommittee under the Panel to review the Ordinance. Mrs Selina CHOW said that she did not see the need for a review of the CMO to help listed CMPs obtain registration status, as the transitional arrangements for listed CMPs had undergone extensive public consultations. Mrs CHOW proposed to make the issue of registration of CMPs a standing agenda item for discussion by the Panel every six months. The Chairman suggested that a questionnaire be issued by the Secretariat after the meeting to seek members' views on the aforesaid two proposals before deciding on the way forward. Members agreed.

## **VI. Progress report on promoting healthy eating habit among school children**

(LC Paper Nos. CB(2)271/06-07(05) and (06))

44. Due to time constraint, members agreed to defer the discussion of this item to another meeting.

## **VII. Any other business**

45. There being no other business, the meeting ended at 10:40 am.