立法會
Legislative Council

LC Paper No. CB(2)1122/18-19
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 16 July 2018, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon Pierre CHAN (Deputy Chairman) Hon Tommy CHEUNG Yu-yan, GBS, JP Hon WONG Ting-kwong, GBS, JP Hon Starry LEE Wai-king, SBS, JP Hon CHAN Kin-por, GBS, JP Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Paul TSE Wai-chun, JP Hon YIU Si-wing, BBS Hon Charles Peter MOK, JP Hon CHAN Chi-chuen Hon CHAN Han-pan, BBS, JP Hon Alice MAK Mei-kuen, BBS, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, BBS, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, SBS, JP Hon CHU Hoi-dick Dr Hon Junius HO Kwan-yiu, JP Hon SHIU Ka-fai Hon SHIU Ka-chun Hon KWONG Chun-yu
Member attending	:	Hon Andrew WAN Siu-kin

Public Officers attending :

Item II

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Ms Wendy AU Wan-sze
Principal Assistant Secretary for Food and Health (Health) 5
Food and Health Bureau

Dr Sarah CHOI Mei-yee, JP
Head, Primary Care Office
Department of Health

Item III

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Mr Howard CHAN Wai-kee, JP
Deputy Secretary for Food and Health (Health) 1
Food and Health Bureau

Miss Grace KWOK Wing-see
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau

Dr Tina CHAN Siu-mui
Assistant Director of Health (Special Health Services)
Department of Health

Dr Terence CHEUNG Yung-yan
Principal Medical and Health Officer (5)
Department of Health

Ms Jennifer MAK Kit-shu
Senior Electronics Engineer (Medical Device Control Office) 1
Department of Health

Item IV

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

		Mr FONG Ngai Deputy Secretary for Food and Health (Health) 3 Food and Health Bureau
		Mr Chris FUNG Pan-chung Principal Assistant Secretary for Food and Health (Health)3
		Dr Roanld LAM Man-kin Assistant Director of Health (Health Administration & Planning) Department of Health
Clerk in attendance	**:**	Ms Maisie LAM Chief Council Secretary (2) 5
Staff in attendance	**:**	Miss Kay CHU Senior Council Secretary (2) 5
		Ms Priscilla LAU Council Secretary (2) 5
		Miss Maggie CHIU Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)1804/17-18(01) and CB(2)1806/17-18(01)]

Members noted that the following papers had been issued since the last meeting:

(a) referral from the Public Complaints Office of the Legislative Council Secretariat on issues relating to policy on and resource allocation to healthcare; and

(b) letter dated 10 July 2018 from Mr SHIU Ka-fai on the Administration's legislative proposal to regulate electronic cigarettes and other new tobacco products.

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II. District Health Centre Pilot Project in Kwai Tsing District
[LC Paper Nos. CB(2)1787/17-18(01) to (02), CB(2)1815/17-18(01), CB(2)1829/17-18(01) and CB(2)1864/17-18(01)]

2. Secretary for Food and Health ("SFH") briefed members on the Administration's proposals for setting up a pilot District Health Centre ("DHC") in the Kwai Tsing District, details of which were set out in the Administration's paper (LC Paper No. CB(2)1787/17-18(01)). Under Secretary for Food and Health ("USFH") then conducted a PowerPoint presentation on the salient points of the proposals, details of which were set out in the PowerPoint presentation materials (LC Paper No. CB(2)1864/17-18(01)) tabled at the meeting.

3. Members noted the updated background brief prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1787/17-18(02)) and two written submissions received by the Panel (LC Paper Nos. CB(2)1815/17-18(01) and CB(2)1829/17-18(01)) on the subject under discussion.

Role of the pilot DHC

4. Noting that various primary healthcare services were currently being provided in the community by the Department of Health ("DH"), the Hospital Authority ("HA") and non-governmental organizations ("NGOs"), Mr CHU Hoi-dick enquired about the role of the pilot DHC in this regard. Dr Fernando CHEUNG was of the view that there appeared to be no much difference in the health promotion, health screening and management of chronic diseases services provided by the pilot DHC and that provided by the elderly health centres under DH and the community health centres under HA. Mrs Regina IP asked whether the Primary Care Office of DH would have any roles in the pilot DHC project.

5. SFH advised that the Primary Care Office under DH was responsible for supporting the implementation of strategies to enhance primary care through, among others, promulgating the reference frameworks for primary care settings and maintaining the Primary Care Directory. While there was currently a good mix of family doctors, allied health professionals and primary healthcare programmes at district level, there was a need to enhance co-ordination among the service providers. The pilot DHC would serve as a hub on the provision of co-ordinated primary healthcare services at multiple access points. SFH further advised that a Steering Committee on Primary Healthcare Development ("the Steering Committee") and a Working Group on District Health Centre Pilot Project in Kwai Tsing

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District had been set up to oversee the development of a primary health care blueprint and take forward the pilot project respectively.

6. Mr SHIU Ka-fai expressed support for the establishment of the pilot DHC to enhance disease prevention. In his view, the provision of primary healthcare services through a network of service providers could address the capacity constraint of the public healthcare system due to shortage of medical manpower in HA.

Services provided by the pilot DHC

7. Ms Alice MAK considered that the pilot DHC should take over the provision of dental care service and eye care service which were launched by the Kwai Tsing District Council and well-received by local residents under a scheme funded by the Government's one-off grant of $100 million for each district. She enquired about whether screening for atrial fibrillation to identify the risk of stroke would be provided by the pilot DHC. Mr POON Siu-ping asked whether evening service would be a designated service the pilot DHC had to provide. Dr KWOK Ka-ki was of the view that the pilot DHC should provide cancer screening tests, physical check-up for the elders and mental health services to meet the health needs of Kwai Tsing population. Dr Fernando CHEUNG considered that the pilot DHC should engage patient groups when carrying out the health promotion work.

8. SFH advised that the objectives of establishing the pilot DHC were to raise public awareness on personal health management, enhance disease prevention, and strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services. Against the above, the pilot DHC would tackle the most prevalent chronic diseases that consumed substantial medical resources and manage their conditions through risk management and early intervention. On the advice of the Steering Committee, the pilot DHC would accord priority to handling hypertension, diabetes mellitus, obesity, fall risk, and lifestyle risk factors such as smoking and physical inactivity. Basic health assessment would be offered to facilitate early identification of these diseases and risk factors.

9. Dr Pierre CHAN referred to the Administration's stance that a comprehensive and co-ordinated primary healthcare system would enhance overall public health, reduce hospital re-admission and rectify the situation where accident and emergency ("A&E") service was regarded as the first point of contact in seeking medical consultation. He was concerned about how the pilot DHC could achieve the above objectives as the health assessment it provided might result in an increase in demand for further

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examination and diagnosis. Dr KWOK Ka-ki asked whether further examination and diagnosis, if needed, would be provided by HA.

10. SFH advised that the A&E Departments of public hospitals currently handled a number of semi-urgent and non-urgent cases, among which some were related to inappropriate chronic disease management. There was a need to establish a more systematic and coherent platform to incentivize the community to manage their own health, to promote awareness of the importance of primary healthcare services and to improve service accessibility. The pilot DHC would encourage residents to manage their health with the assistance of healthcare service providers in their localities. Clients of the pilot DHC with health risk factors identified might be referred to a DHC network doctor for further examination and diagnosis as needed. Those patients who were diagnosed by the DHC network doctors with chronic diseases would be offered service packages.

11. Mr CHAN Chi-chuen considered that the pilot DHC should conduct studies or surveys to collect health data of local residents so as to identify health risk and lifestyle risk factors of the population. The district-based health data would in turn facilitate the formulation of health policies and the allocation of healthcare resources. Mrs Regina IP held the view that operator of the pilot DHC should be obliged to provide to the Administration health data of its clients for the planning of healthcare services. SFH advised that the information technology system of the pilot DHC would be connected with the Electronic Health Record Sharing System and subject to the consent of the DHC clients, certain health data collected under the DHC system would be required to upload to the System.

Operation of the pilot DHC

12. Dr Fernando CHEUNG opined that the pilot DHC should adopt a case management approach to ensure that its clients, most of whom might be elders suffering from the designated chronic diseases or with health risk factors, could receive appropriate district-based primary healthcare services offered by the service providers in the DHC network. He was particularly concerned about whether the operator of the pilot DHC which, according to the Administration, would be a non-government entity to be identified by tender would be capable to take up a central co-ordination role among the service providers and take a proactive approach in assisting the DHC clients. Noting that the pilot DHC, which would have a core centre supplemented by five satellite centres, was required to serve the some 520 000 population in the whole Kwai Tsing District, Mr CHU Hoi-dick considered it more desirable to have one centre per 20 000 to 30 000 population, rather than 80 000 to 90 000 population as presently planned.

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13. SFH advised that the pilot DHC would be operated under the concept of a network in terms of physical venues and service providers for the provision of accessible district-based multi-disciplinary primary healthcare services. Apart from the core centre and the five satellite centres, the service network of the pilot DHC would comprise a number of medical and healthcare practitioners practising either in the Kwai Tsing District, or in the three districts immediately adjoining Kwai Tsing (namely, Tsuen Wan, Shatin and Sham Shui Po) that had contracted with the pilot DHC operator. It should be noted that the DHC network doctors would be required to make reference to the relevant reference frameworks of the Primary Care Office on diagnostic criteria and the guidelines to be developed on chronic disease management. The Administration could explore in the longer term whether there was a need to assign to each DHC client a designated case manager to follow up their service needs.

14. Mr POON Siu-ping sought elaboration on the manpower requirements of the pilot DHC. Mr YIU Si-wing asked about the healthcare manpower requirements of each satellite centre which would be manned by a registered nurse. SFH advised that the core centre had to house a team of allied health professionals including registered nurses, pharmacist, physiotherapist, occupational therapist, social workers, as well as administration, information technology and finance supporting staff. The pilot DHC operator would be expected to develop and manage a network of service providers including Chinese medicine practitioners, dietitians, medical practitioners, nurses, occupational therapists, pharmacists and physiotherapists.

15. In response to Ms Alice MAK's enquiry about the location of the core centre of the pilot DHC, SFH advised that the core centre would be located at a rental premises to be announced at a later stage.

16. Pointing out that there had long been a call for the Administration to incorporate the Chinese Medicine Centres for Training and Research ("CMCTRs"), which were currently operated by NGOs under the tripartite collaboration model, into the public healthcare system, Mr CHAN Han-pan asked about the rationale of the Administration to continue to require a non-governmental entity to operate the pilot DHC. At the very least, the core centre of the pilot DHC should be operated by the Government. While expressing support to promote primary healthcare, Dr Helena WONG had reservation that the pilot DHC had to be operated by a non-governmental entity as this might result in competition of healthcare resources in the community. In her view, the core centre of the pilot DHC should be run by the Government.

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17. SFH advised that the Government would finance the establishment of the pilot DHC. It should be noted that the concept of DHC was not to replace the district level primary healthcare services currently provided by different service providers but to co-ordinate these services according to the specific healthcare needs of the population in the district concerned, to improve service accessibility and to incentivize the community to manage their own health.

Operator of the pilot DHC

18. Ms Alice MAK noted that the Administration intended to launch a tendering exercise in the third quarter of 2018 to identify a non-government entity to operate the pilot DHC. She sought elaboration about the entities that would fall within the meaning of "non-government entity". Dr Helena WONG raised a similar question. Mr POON Siu-ping asked whether non-government entities included private entities and NGOs. SFH advised that the essential requirements of tenderers would be set out in the tender document and there would be a briefing session on the invitation to tender.

19. Mr YIU Si-wing opined that those tenderers which were NGOs with experience in providing primary healthcare services in the community should be given a higher technical score. Noting that a technical to price weighting of 70:30 would be adopted for tender evaluation, Mr CHAN Chi-chuen was concerned that some tenderers might lower the staff cost of the core centre by proposing unfavourable remuneration package for the medical and healthcare staff in order to achieve a higher price score. Mr CHAN Han-pan asked whether a pay scale would be developed for the operator of the pilot DHC to follow in setting the salary of its staff.

20. SFH advised that tenderers had to submit in two separate envelopes a technical proposal and a price proposal for tender evaluation. For the former which accounted for 70% of the combined score, tenderers had to provide, among others, information on their operation plan for the pilot DHC according to the service specifications, such as their plans for developing a DHC network of service providers, engaging NGOs in the community to enhance the local support network and outreaching services for addressing healthcare service needs of specific groups. Making reference to the generally unsatisfactory remuneration packages of the Chinese medicine practitioners employed by the operators of CMCTRs which were run on a self-financing basis, Mrs Regina IP called on the Administration to monitor the remuneration packages for the medical and healthcare professionals to be employed by the pilot DHC operator.

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21. Mr CHAN Chi-chuen sought information about the contract term of the successful tenderer. SFH advised that the contract term would be for a fixed 36-month operation period. The Administration might extend the contract for a period up to an aggregate of 36 months. At the request of the Chairman, SFH agreed to provide, when available, for members' reference a copy of the tender document in respect of the provision of services to operate the pilot DHC.

Admin

Financial support from the Administration

22. Mr SHIU Ka-chun sought information on the extra fee that might be charged by DHC network doctors for clients of DHC identified with health risk factors that were referred to these doctors for further examination and diagnosis. Mr YIU Si-wing considered it necessary to specify the criteria for imposing extra charge by the DHC network doctors.

23. USFH advised that a flat rate of subsidy would be offered for the patient in each DHC approved medical consultation. Health promotion services or activities and basic health risk assessment provided by the pilot DHC would largely be free of charge. For other DHC services such as treatments offered by physiotherapists, a cap with reference to the service fee levels currently charged by NGOs would be imposed on the fee levels which the pilot DHC operator or its network service providers might charge the clients. SFH added that eligible elders could make use of the Elderly Health Care Vouchers to pay for the services provided by the pilot DHC.

24. Given the long waiting time of public healthcare services, Dr KWOK Ka-ki was concerned about whether the pilot DHC could meet the needs of those grass-root residents who suffered from chronic diseases and required long-term treatment and care. He requested the Administration to advise in writing the types of service to be provided by the pilot DHC which the Administration would provide subsidy for the patients concerned, and the respective levels of subsidies so offered.

Admin

25. Mr CHAN Chi-chuen, Mr CHU Hoi-dick and Mr POON Siu-ping enquired about the estimated amount of funding required for setting up the pilot DHC. SFH advised that the estimated cost would be included in the draft Estimates of the 2019-2020 financial year.

Monitoring of the pilot DHC

26. Mr SHIU Ka-chun considered that measures had to be put in place to monitor the management and the service of the pilot DHC. He was of the view that the Management Committee to be set up to provide guidance and

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oversight to the pilot DHC operator should include representatives from the welfare sector in order to ensure medical-social collaboration in service provision as well as representatives of local residents or service users. SFH advised that reporting to her, the Management Committee would be chaired by a directorate officer of the Food and Health Bureau ("FHB") and with participation of Kwai Tsing locals. The pilot DHC operator had to comply with guidelines imposed by FHB for the effective administrative and financial management of the pilot DHC, and report to FHB on its performance and financial status regularly and whenever requested. In addition, FHB would in due course commission a local institution to conduct an evaluation of the pilot DHC.

[At 5:38 pm, the Chairman suggested and members agreed that the meeting be extended for 30 minutes beyond its appointed time at 7:00 pm to allow more time for discussion.]

Motion

27. The Chairman ruled that the motion proposed by Mr SHIU Ka-chun, the wordings of which had been tabled at the earlier part of the meeting, were directly related to the agenda item under discussion, and invited members to consider whether the motions should be proceeded with at this meeting. Members agreed.

28. Mr SHIU Ka-chun moved the following motion:

"本委員會促請政府在制訂葵青區地區康健中心的收費時，不能只交由市場決定，而該充分考慮基層市民的實際支付能力，例如直接跟隨公立醫院普通科門診收費。"

(Translation)

"This Panel urges the Government to, when setting the fees charged by the District Health Centre in Kwai Tsing District, give due consideration to the actual affordability of the grassroots instead of only leaving it to the market. An example to do so is to follow the public general outpatient fee schedule directly."

29. The Chairman put the motion to vote. The results were: four members voted in favour of the motion, no member voted against the motion, and two members abstained from voting. The Chairman declared that the motion was carried.

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III. Proposed regulatory framework for medical devices
[LC Paper Nos. CB(2)1787/17-18(03) to (04) and CB(2)1864/17-18(02)]

30. USFH recapped the background for the Administration's legislative proposal to regulate medical devices. Assistant Director of Health (Special Health Services), Department of Health ("AD(SHS), DH"), with the aid of a PowerPoint presentation, then briefed members on the latest development on and the refinements made to the legislative proposal ("the refined legislative proposal"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1787/17-18(03)), and the PowerPoint Presentation materials (LC Paper No. CB(2)1864/17-18(02)) tabled at the meeting.

31. Members noted the updated background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1787/17-18(04)) and two submissions received by the Panel (LC Paper Nos. CB(2)1815/17-18(01) and CB(2)1829/17-18(01)) on the subject under discussion.

Definition of medical devices

32. Whilst expressing support for regulating devices for medical purpose for the sake of public health, Mr SHIU Ka-fai relayed the beauty industry's concern that the definition of medical devices under the refined legislative proposal would cast the net too wide to cover also low-risk cosmetic devices. In addition, it would be difficult for traders to ascertain whether a cosmetic device fell within the definition of medical device. Mr CHAN Chi-chuen asked the Administration to cite some examples of devices commonly used by the beauty industry that would fall outside the scope of regulation under the refined legislative proposal.

33. USFH and Principal Medical and Health Officer (5), DH ("PMO, DH") advised that the refined legislative proposal would adopt the comprehensive definition and the classification rules of medical devices as recommended by the International Medical Device Regulators Forum ("IMDRF") (or the former Global Harmonisation Task Force ("GHTF")). Hence, devices used in cosmetic procedures which met the definition of medical device would be regulated as medical devices. DH would conduct briefings to the trade and upon enquiry, give advice on whether an individual device would fall within the definition of medical devices after the implementation of the regulatory regime. Depending on circumstances, fitness equipment in general would not be regarded as medical devices.

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Documentary evidence for registration of medical devices

34. Dr Fernando CHEUNG and Mr CHAN Chi-chuen asked about the rationale that under the refined legislative proposal, the documentary evidence for registration in the initial phase would include, in additional to the marketing approvals from authorities of five GHTF (now IMDRF) founding members (i.e. Australia, Canada, European Union, Japan and the United States), the marketing approvals from authorities of Mainland and South Korea. PMO, DH advised that the adjustments were proposed in response to the concerns raised by the local traders of medical devices.

Introduction of a transitional listing system for medical devices

35. Dr Fernando CHEUNG was of the view that the refined legislative proposal, which allowed the continuous supply and use, under a five-year transitional window that was subject to renewal once every five years, of certain Class II (i.e. medium to low risk level) or Class III (i.e. medium to high risk level) non-invasive active general medical devices that failed to meet the registration requirements had defeated the original policy intent of introducing a regulatory regime of medical devices to protect public health. Noting that an example of the safety and labelling requirements that these general medical devices had to comply with in order to be qualified for transitional listing was a set of general requirements for household and electrical appliance, Dr KWOK Ka-ki considered that such requirements would be too lax and incapable of properly protecting public health. In particular, he was concerned about how to ensure that the listing devices had the efficacy as claimed. The Chairman sought elaboration about the coverage of the transitional listing system. Ms Alice MAK remarked that the introduction of a transitional listing system could serve as an interim measure to help the industry to take steps to migrate to the statutory registration regime.

36. Deputy Secretary for Food and Health (Health) 1, Food and Health Bureau ("DS(H)1, FHB") advised that for the better protection of public health, prior to filing an application for listing a device to the Department of Health ("DH"), the local traders of those active Class II or III non-invasive general medical device which might be used by beauty industry or members of the public for modifying the anatomy or physiological process of skin of a person to enhance physical appearance had to register with DH as an authorized representative. They had to fulfil the trader requirements including compliance with product recall arrangements and record keeping requirements. PMO, DH supplemented that these devices had to comply with, among others, the labelling requirements to be stipulated by the Director of Health. USFH stressed that no new applications for listing

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would be allowed beyond the five-year transitional period. The goal of the Administration was for all medical devices for use in Hong Kong to meet all registration requirements under the proposed regulatory regime in the longer term. Mr SHIU Ka-fai was worried that traders could not import those new devices which fell short of the registration requirements but were safe to use by beauty industry or members of the public five years after the implementation of the regulatory regime of medical devices.

Use control of specific medical devices

37. Dr Helena WONG said that the Democratic Party, which had all along been supportive of an early introduction of a regulatory framework for medical devices, was disappointed by the Administration's decision to not include use control of specific medical devices in the refined legislative proposal. She asked whether, and if so, when the Administration would formulate a legislative proposal in this regard. Raising a similar question, Dr KWOK Ka-ki and Dr Fernando CHEUNG expressed disappointment at the shelving of use control of specific medical devices. Mr SHIU Ka-fai remarked that there were cases that the medical devices involved in the adverse incidents which caused casualties or injuries were operated by registered medical practitioners.

38. USFH advised that as a first step, the Administration would take forward the refined legislative proposal to impose pre-market control and post-market control over medical devices. It would in tandem continue to communicate with the stakeholders over the issue of use control of medical devices and work closely with the industry to promote training regarding the proper use of medical devices. DS(H)1, FHB stressed that the refined legislative proposal was mapped out after having taken into account, among others, the motions on the subject passed by the Panel at its meeting on 28 February 2017 ("the motions") to which the Administration had provided its response vide the letter dated 10 July 2017 to the Panel (LC Paper No. CB(2)1769/16-17(01)). The Administration would revert to the Panel on how the issue of use control of medical devices would be taken forward as and when appropriate.

39. Referring to the request of the Panel as set out in the motions that the Administration should set up a deliberation platform comprising, among others, representatives from the beauty sector, the medical sector and manufacturers of relevant devices to clearly differentiate medical devices and cosmetic devices, Ms Alice MAK asked about the progress made in this regard in order to take forward the legislative exercise on use control of specific medical devices. Mr CHAN Chi-chuen remarked that physiotherapists should be invited to take part in the deliberation platform

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so established. DS(H)1, FHB explained that the Administration would revisit the issues of use control of specified medical devices and related matters at a later stage. Efforts had been and would continue to be made to maintain close communication with the stakeholders in mapping out the way forward in this regard.

40. Mr CHAN Chi-chuen sought information about the views of the physiotherapist profession on the shelving of use control of specified medical devices. DS(H)1, FHB advised that both the medical and physiotherapist professions had long been calling for an early implementation of use control of specified medical devices.

41. Expressing concern over the long-term development of the beauty industry, Mr SHIU Ka-fai asked whether the Administration would set up an accreditation system such that beauticians who had fulfilled a set of skills and competency requirements would be allowed to operate selected medical devices for cosmetic purpose. Mr CHAN Chi-chuen raised a similar question. DS(H)1, FHB reiterated that the Administration would work closely with the stakeholders to promote training regarding the proper use of medical devices.

Motion

42. The Chairman ruled that the motion proposed by Dr KWOK Ka-ki and seconded by Dr Fernando CHEUNG, the wording of which had been tabled at the meeting, was directly related to the agenda item under discussion. He invited members to consider whether the motion should be proceeded with at this meeting. Members agreed.

43. Dr KWOK Ka-ki moved the following motion which was seconded by Dr Fernando CHEUNG:

"對於政府提出的規管醫療儀器立法建議未有規管儀器使用者，本委員會表示遺憾。

本委員會要求，政府立即展開規管醫療儀器立法工作，包括規管醫療儀器的使用。"

(Translation)

"This Panel expresses regret that the proposed regulatory framework for medical devices put forward by the Government does not include the use control of medical devices, and requests that the Government

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should immediately commence the legislative exercise to regulate medical devices, including the use control of medical devices."

44. The Chairman put the motion to vote. At Mr SHIU Ka-fai's request, the Chairman ordered that a division would be taken on the motion.

The following five members voted in favour of the motion:

Mr CHAN Chi-chuen, Dr KWOK Ka-ki, Dr Fernando CHEUNG, Dr Helena WONG and Mr SHIU Ka-chun

The following two members voted against the motion:

Mr Paul TSE and Mr SHIU Ka-fai

No member abstained from voting.

45. The Chairman declared that the motion was carried.

Conclusion

46. In closing, the Chairman requested the Administration to take into account members' views on the regulation of medical devices, in particular the call for providing a timetable for imposing use control on specific medical devices.

IV. Accredited Registers Scheme for Healthcare Professions

[LC Paper Nos. CB(2)1787/17-18(05) to (06)]

47. USFH briefed members on the implementation progress of the Pilot Accredited Registers Scheme for Healthcare Professions ("the Pilot AR Scheme"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1787/17-18(05)).

48. Members noted the background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1787/17-18(06)) and the 158 submissions received by the Panel (LC Paper Nos. CB(2)1674/17-18(01) to (63), CB(2)1735/17-18(01) to (27), CB(2)1787/17-18(07) to (09), CB(2)1799/17-18(01) to (08), CB(2)1815/17-18(03) to (11) and CB(2)1829/17-18(03) to (50)) on the subject under discussion.

49. Dr KWOK Ka-ki was concerned about the effectiveness of the implementation of the Pilot AR Scheme on a voluntary basis in regulating

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the 15 non-statutorily registered healthcare professions, in particular how to monitor the possible use of confusing and misleading titles by the healthcare personnel concerned. To better protect the public, he asked for the Administration's timetable for introducing a mandatory accreditation scheme or a statutory registration of the healthcare professions concerned. Whilst raising no objection to implement the Pilot AR Scheme to enhance the regulation of the 15 healthcare professions, Dr Fernando CHEUNG considered that a statutory registration should be implemented in the long run. Mr SHIU Ka-chun declared that he was a member of the Social Workers Registration Board. Citing the stringent regulation of the use of specified descriptions related to social work under the Social Workers Registration (Cap. 505) as an example, he wondered how the implementation of the voluntary scheme could ensure the proper use of titles by the healthcare personnel concerned.

50. USFH advised that the implementation of the Pilot AR Scheme had taken into account a number of factors, including, inter alias, the recommendations of the report on the Government's control of healthcare professions not subject to statutory registration released by the Ombudsman in 2013, and the findings of the feasibility study on launching a voluntary accredited registers scheme conducted by The Chinese University of Hong Kong, as well as international experience. It was expected that the Pilot AR Scheme could enhance the society-based registration arrangements for the healthcare professions concerned.

51. Mr CHAN Chi-chuen expressed concern over the Administration's plan to commence the accreditation process of clinical psychologist professions in the fourth quarter of 2018, having regard to the fact that consensus had yet been reached on which of the two existing professional bodies of clinical psychology should represent the profession and apply for accreditation under the Pilot AR Scheme. Expressing similar concern, Mr SHIU Ka-chun, Dr Fernando CHEUNG and Dr Helena WONG asked whether the Administration had any role to play in the accreditation process. Mr Paul TSE questioned if the The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong, which had been appointed by the Administration as the Accreditation Agent under the Pilot AR Scheme, was professionally capable enough to assess the applications and award accreditation.

52. Deputy Secretary for Food and Health (Health) 3, FHB ("DS(H)3, FHB") advised that with the general support from the relevant healthcare professions to the Pilot AR Scheme, the Administration implemented the Scheme on a voluntary basis to cater for the circumstances and readiness of individual professions concerned. The independent Accreditation Agent

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had provided training on the implementation details and requirements of the Pilot AR Scheme for the clinical psychologist profession. Efforts had been and would continuously be made by the Accreditation Agent to facilitate discussion among relevant parties.

53. The Chairman sought information on the financial arrangements for the implementation of the Pilot AR Scheme. DS(H)3, FHB advised that FHB had earmarked funding for helping healthcare professions accredited under the Pilot AR Scheme to overcome the difficulties in covering the developmental and initial set-up costs for attaining the standards under the Pilot AR Scheme.

54. Mr Paul TSE remarked that there was a trend of subjecting professions and industries to statutory registration. He enquired about the Administration's stance in this regard. DS(H), FHB advised that the level of risks posed by the practice of the healthcare professionals concerned was one of the factors to be considered in determining whether statutory registration should be introduced. On this premise, it was considered appropriate to first implement the Pilot AR Scheme for those healthcare personnel not subject to statutory registration.

V. Any other business

55. This being the last meeting of the Panel in the current legislative session, the Chairman thanked Panel members for their contribution and support to the work of the Panel.

56. There being no other business, the meeting ended at 7:22 pm.

Council Business Division 2
Legislative Council Secretariat
28 March 2019