

新邨西醫協會的信頭

Letterhead of ESTATE DOCTORS ASSOCIATION LTD.

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Your ref.:

20<sup>th</sup> October 1999

By fax & mail

The Hon. Mr. Andrew Cheng Kar-foo  
Chairman  
Subcommittee on Regulations relating to  
Occupational Safety and Health  
Legislative Council  
Legislative Council Building  
8 Jackson Road  
Central, Hong Kong

Dear Mr. Cheng,

**Re: Appointed Medical Practitioners for annual examination of “industrial workers”**

EDA objects to the recommendation by the Expert Working Group on Occupational Health Services that doctors must complete training on occupational medicine before they are allowed to perform medical examinations for workers in hazardous occupation. We believe all doctors who are registered and interested are competent to do all physical examinations including insurance examination for life and accident policies, for immigration purpose and pre-employment examination for entry into any industry.

We would like to draw your attention to the Government’s Statement on Competition Policy dated May 1998, Clause 6(d):-

“unfair or discriminatory standards among members of a trade or professional body intended to deny newcomers a chance to enter or contest in the market, and have the effect of impairing economic efficiency or free trade.”

We are of the opinion that the above recommendation of the Expert Working Group on Occupational Health Services is unfair and discriminating and has denied the general medical practitioners a chance to carry out statutory medical examinations for the workers in hazardous occupation.

We object to the restriction of industrial worker examination to Appointed Medical Practitioners (AMPs) because of the following:-

- (1) We believe AMPs are not the only doctors that can be taught proper examination of “industrial workers”. Doctors can acquire skills and knowledge through self-study, advice/guidance from colleagues, and not just through attending formal courses. Examination protocols and procedures can be standardized and all registered doctors would be able to follow such guidelines to perform such examinations.
- (2) Regulations and laws of Occupational Medicine can be easily accessible. Afterall, the Occupational Health Services should help doctors interested in performing such examinations. Whether those doctors with certain occupational medicine qualifications who are automatically appointed as AMPs can have up-to-date knowledge on the recent advances in such regulation is questionable.
- (3) Apparently only Singapore has such regulation. In other countries, some companies would prefer to employ occupational medicine specialist to do such job but that is not required by law. Unlike other countries, there is little industry/plants dealing with bizarre chemicals in Hong Kong. The varieties of occupational hazards that Hong Kong workers may be commonly exposed to are rather limited. In fact, 90% of the workers requiring periodic examinations are just to be screened or monitored for noise-induced deafness.
- (4) In most countries, all medical doctors are allowed by law to perform all medical procedures, undertake all medical roles and functions. The limit is the ability of the doctor but he has to take up the responsibility for what he has performed. All the higher qualifications, specialists status are indicative only. Hong Kong has been using this system for years without any problem. In Hong Kong, the Specialist Register is just for indicative purpose. The AMP scheme is a dangerous precedent. If it is accepted, there will soon be diploma in circumcision, diploma in erectile disorder, diploma in insomnia etc. and non-diploma holders would be prevented from treating these patients.
- (5) The recommendation that general practitioners should attend the hundred hours Diploma Course in occupational health recommended by the Hong Kong College of Community Medicine amount to promotion of such course. It is not appropriate to promote a course by legislation. Consumers (employers and workers) should be allowed to choose to have the examination of “industrial workers” done by graduates of the Diploma Course or by other doctors. If consumers are convinced that the diploma holders can provide a better service, doctors would then be attracted to take the course. Doctors should not be bribed into the course.

- (6) The supply of AMP in private practice is limited to presently around 25 for them to do examinations of the estimated 200,000 workers is unreasonable. It creates a monopoly for the AMPs. The fee for medical examination would be inflated. Open the examination of “industrial workers” to all doctors would definitely lower the fee (which is more reasonable) and also allow earlier implementation of the regulation.
- (7) The policy of Appointed Medical Practitioners to perform examination of “industrial workers” touches on professional autonomy, we suggest a non-interference policy is the best policy.

To promote occupational health, we suggest the following to be pursued by the Occupational Health Services or the Administration.

- (a) To set up a Register of examiners who are interested in carrying out medical examination for the “industrial workers”. All doctors are free to enrol in such register. There should not be any mechanism to prevent any doctor from enrolment.
- (b) To formulate guidelines for examiners, like periodically publishing hints for examiners. The Authority can update regulations on occupational health for examiners and arrange site visits to factories, standardized testing centres, etc. for the registered medical practitioners.
- (c) Monitoring mechanism such as random checking of reports submitted by the examiners and procedures of handling complaints from “Industrial workers” could be devised.

Yours sincerely,

Dr. Ho Ock Ling  
Hon. Secretary  
Estate Doctors Association