

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1523/99-00  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**LegCo Panel on Health Services**

**Minutes of special meeting  
held on Monday, 28 September 1999 at 10:45 am  
in Conference Room A of the Legislative Council Building**

**Members Present** : Hon Michael HO Mun-ka (Chairman)  
Dr Hon LEONG Che-hung, JP (Deputy Chairman)  
Hon Cyd HO Sau-lan  
Hon CHAN Yuen-han  
Hon Mrs Sophie LEUNG LAU Yau-fun, JP  
Hon YEUNG Yiu-chung  
Hon LAW Chi-kwong, JP  
Dr Hon TANG Siu-tong, JP

**Members Absent** : Hon HO Sai-chu, JP  
Dr Hon YEUNG Sum

**Member Attending** : Hon Mrs Selina CHOW LIANG Shuk-ye, JP

**Public Officers Attending** : All items  
Mr Gregory LEUNG, JP  
Deputy Secretary for Health and Welfare  
  
Mr Fletch CHAN  
Assistant Secretary for Health and Welfare

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Item I

Miss Angela LUK  
Principal Assistant Secretary for Health and Welfare (Medical) 1

Dr P Y LAM, JP  
Deputy Director of Health

Item II

Ms Jennifer CHAN  
Principal Assistant Secretary for Health and Welfare (Medical) 2

Dr K M KO  
Deputy Director of Hospital Authority

**Attendance by Invitation** : The Medical Council of Hong Kong

Dr LEE Kin-hung

Prof LAU Wan-ye, Joseph

Dr LEONG FUNG Ling-ye, Lilian

The Estate Doctors Association

Dr YEUNG Chiu-fat

The Pharmacy and Poisons Board

Mr CHAN Wing-kin

Miss CHOW Yan-yan

The Hong Kong Medical Association

Dr SO Kai-ming

Dr LO Wing-lok

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Mrs Yvonne LEUNG  
The Practising Estate Doctors Association

Dr CHOI Kin

The Practising Pharmacists Association of Hong Kong

Ms Scarlett PONG

Mr LI Kim-ho

Ms Tina YAP

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

**Staff in Attendance** : Ms Joanne MAK  
Senior Assistant Secretary (2) 4

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**I. Monitoring of sale of drugs**

(LC Papers Nos. CB(2) 2730/98-99(01), CB(2)2901/98-99(01) - (03) and CB(2) 2904/98-99 (01))

Ms Scarlett PONG of the Practising Pharmacists Association of Hong Kong pointed out that for the protection of the public from illegal sale of medicines, it was necessary for the Administration to strengthen the monitoring of the sale and supply of drugs. She made the following suggestions -

- (a) The Department of Health (DH) should step up the monitoring of the dispensing of drugs by doctors as it had been recently reported in the media that some doctors were found to have dispensed counterfeit drugs and expired antibiotics.
- (b) DH should review the effectiveness of the existing monitoring of medicine companies. As there were only some 20 pharmacist inspectors of DH responsible for conducting inspections to some 310 dispensaries and 2 500 medicine companies, the manpower should be strengthened.

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- (c) Pharmacists and doctors should provide clear labelling for drugs including the names of the drugs and/or clear and detailed descriptions of their chemical contents.
- (d) Patients should be allowed to choose whether they wanted to obtain drugs from their doctors or from dispensaries with a doctor's prescription.

2. Dr YEUNG Chiu-fat of the Estate Doctors Association pointed out that there were measures in place to monitor the sale and supply of drugs by doctors, who were required by law to maintain proper record of supplies of certain designated medicines and the proper storage of dangerous drugs. He explained that very often doctors were not aware whether a particular medicine was a generic drug which might have infringed on the patent of the original brand name drug. He suggested that the Administration should devise measures to solve the problem and provide appropriate assistance to doctors. He said that he had learnt from the media that most generic drugs were found being sold at dispensaries and he considered that the Administration should investigate and follow up the matter.

3. Dr CHOI Kin of the Practising Estate Doctors Association said that it was regrettable that no representative from medicine companies was invited to join the discussion of this item. He considered that there were already well established mechanisms in place for monitoring the sale and supply of dangerous drugs by doctors. In view of the large number of registered medicine practitioners (about 8 000 in total), Dr CHOI considered that DH would have manpower problems to conduct regular inspections of all doctors' clinics.

4. Dr SO Kai-ming of the Hong Kong Medical Association (HKMA) briefed members on the salient points of their submission. He pointed out that prescription of medicine was part of medical practice and in so doing, doctors had to comply with the Medical Registration Ordinance and the Professional Code and Conduct promulgated by the Medical Council. As regards the problem of control of prescription drugs, Dr SO said that as dispensaries were not required to have full-time pharmacists at the premises, the pharmacists could not supervise the dispensing and sale of prescription drugs and dangerous drugs at the dispensaries outside their working hours. He considered that the problem of accountability of pharmacists should be addressed. Dr SO concluded his speech by outlining the four suggestions as set out on page 3 of HKMA's submission (LC Paper No. CB(2)2904/98-99(01)).

5. Dr LEE Kin-hung of the Medical Council said that the Council was responsible for holding inquiry into complaint cases and for taking disciplinary action where appropriate. He said that from 1996 to 1998, a total of 25 complaint cases against doctors had been received in relation to improper dispensing of medicines. Inquiries had been held for seven cases with six registered medical practitioners convicted. The disciplinary actions taken ranged from serving warning letters to removal of the doctors' names from the

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register.

6. Mr CHAN Wing-kin of the Pharmacy and Poisons Board said that with the executive support of DH, the Board had been monitoring dispensaries and medicine companies by ensuring that they were in compliance with the statutory licensing conditions. He pointed out that both dispensaries and medicine companies were monitored by the pharmacist inspectors of DH who conducted regular and surprise inspections at these premises. With reference to paragraph six of the Administration's paper, Mr CHAN explained the statutory requirements applicable to dispensaries in relation to their sale and prescription of drugs. In addition, dispensaries were required to comply with a Code of Practice issued by the Board. Mr CHAN pointed out that apart from conducting surprise checks, DH staff conducted regular checks to each dispensary and medicine company at least twice a year. More frequent visits would be conducted to those with a poor record of compliance or being complained against. Besides inspections, Mr CHAN said that test purchases were conducted to detect any illegal sale of medicines. He pointed out that a total of 6 408 inspections had been conducted in 1998, out of which 671 inspections had been conducted to the existing 310-plus dispensaries. In 1998, DH had also conducted 9 399 test purchases and 35 dispensaries and 16 medicine companies had been prosecuted for offences detected. The Board had then taken disciplinary action against these dispensaries and medicine companies, including the issuing of warning letters and suspension of licence. Mr CHAN further pointed out that in 1998, two pharmacists had been censored and one had been disqualified for a period of time.

7. Dr LEONG Che-hung referred to some newspapers articles written by pharmacists themselves who had also pointed out that there were loopholes in the existing monitoring of dispensaries, such as that the licensees could be selling dangerous drugs while the pharmacists were absent from the premises. He sought the views of the Practising Pharmacists Association on how to solve this problem. In response, Miss Scarlett PONG said that over 90% of the local pharmacists were employees and they were in a difficult position to ensure that there were no irregularities at their dispensaries. She noted that there had been a suggestion of making it a legal requirement for pharmacists to be included in a dispensary's ownership and she suggested that members could consider this option.

8. Miss Scarlett PONG stressed that pharmacists were accountable for their services and pointed out that there was a disciplinary committee of the Pharmacy and Poisons Board responsible for handling the disciplinary problems of pharmacists. She said that the chairman of the committee was a doctor of DH and the appointment was made by the Chief Executive of the Hong Kong Special Administrative Region. As regards the problem of the sale of unregistered pharmaceutical products, dangerous drugs or prescription medicines at dispensaries outside their pharmacists' duty hours, Miss PONG said that such cases should be reported to DH by the telephone hotline specially set up for this purpose.

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Adm 9. Dr LEONG Che-hung considered that the cooperation and efforts shown by pharmacists in ensuring the quality of their professional services should be acknowledged. However, he considered that it was necessary to address the problems as it was widely reported that that owners of dispensaries often deliberately sent away the pharmacists in order to sell dangerous drugs and, in some cases, the pharmacists were even forced to turn a blind eye on the malpractice. He said that the Government needed to do more and impose heavier penalties. Referring to paragraphs 9 and 10 of the Administration's paper, Dr LEONG requested the Administration to provide the following information -

- (a) details of the penalties imposed on the dispensaries and medicine companies concerned following the 51 prosecutions made in 1998 against these premises for offences detected; and
- (b) the length of time for the suspension of licence of the 15 dispensaries concerned in 1998 and the kind(s) of licence suspended.

10. Deputy Director of Health (DD(H)) declared interest as a member of the Pharmacy and Poisons Board and the chairman of the disciplinary committee of the Board . He said that DH had devoted much effort to tackle the problem which had led to improvements. For example, the illegal sale of some cough medicines without the supervision of a registered pharmacist had virtually ceased. Most irregularities occurred outside a pharmacist's working hours. The Administration was going to review the Pharmacy and Poisons Ordinance and the opportunity could be taken to examine how to enhance pharmacists' accountability. Addressing Dr LEONG Che-hung's concerns about the adequacy of the level of penalties imposed on dispensaries and medicine companies which had been prosecuted and convicted, DD(H) said that the licensees concerned were subject to heavy fines or even revocation of licence. He pointed out that even suspension of licence was a heavy penalty because of the financial loss involved. As regards a suggestion of imposing on medicine companies the same licensing conditions as those on dispensaries, DD(H) said that it was necessary to consider the proposal very carefully in view of the large number of medicine companies involved and the possible effect on their employees.

11. The Chairman said that some dispensaries or medicine companies continued to sell unregistered pharmaceutical products after suspension of their licence and he asked how the Administration would tackle the problem. In response, DD(H) said that more frequent inspections would be conducted by DH inspectors to those dispensaries or medicine companies which had their licences suspended to ensure compliance.

12. Mrs Sophie LEUNG LAU Yau-fun took the view that it could not help to improve the monitoring of dispensaries by making it a legal requirement to include pharmacists in the ownership of dispensaries since they would likely be small partners only. She suggested that a pharmacist should be responsible for keeping an inventory of

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prescription drugs and dangerous drugs sold by his dispensary and these drugs must be stored in locked facilities under the custody of the pharmacist. The pharmacist should also take stock of these drugs every morning on commencement of work to see whether any items were missing. She agreed with HKMA that there was need to improve the existing monitoring system of dispensaries and medicine companies. In response, Ms Scarlett PONG pointed out that at present dangerous drugs, prescription medicines and so on sold at a dispensary were required to be kept in locked facilities, the key of which must be kept by the pharmacist. In addition, the pharmacist was responsible for acknowledging the receipt of these drugs when they were delivered to the dispensary. She therefore considered that the monitoring measures suggested by Mrs LEUNG had already been put in place.

13. Mrs Selina CHOW LIANG Shuk-yee concurred with Dr CHOY Kin that representatives from medicine companies should have been invited to join the discussion of this item and it was unfair to them that they could not attend the meeting to give their views. Referring to the submission made by HKMA, Mrs CHOW said she was glad to see that HKMA was in support of giving patients a choice of obtaining drugs from their doctors or dispensaries. However, she considered that to facilitate patients to really exercise this right of choice, doctors should be required to provide patients with the following information after every consultation -

- (a) the prescriptions; and
- (b) information on the consultation fee and medicine fee to be charged.

14. Mrs Selina CHOW LIANG Shuk-yee stressed that the above information was important to patients, without which they could not know the difference in cost between obtaining the medicines they needed from their doctors and from a dispensary. She further said that the non-provision of such information to patients now had made it an unfair competition between doctors and dispensaries / medicine companies in the provision of medicines at the retail level. She considered that the Administration should take into consideration the difficulties faced by the trade. Miss Scarlett PONG added that to her knowledge, many dispensaries did not even receive on average one prescription a day.

15. Dr LO Wing-lok said that the subject of separation of dispensing practice and prescribing practice had been widely discussed by the public recently and it was clear from the discussions that patients wanted to be allowed to choose to obtain their medicines from their doctors or from dispensaries. Dr LO also considered that patients should know very clearly that they had the right of asking their doctors to provide them with prescriptions so that they could buy the medicines from dispensaries. He said that a new measure would be introduced by the Medical Council stipulating that a doctor would be subject to disciplinary action should he refuse to give patients the prescription when they asked for it. Dr LO also pointed out that if patients wanted to know the medicine

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fee, doctors would have to let the patients know. However, Mrs Selina CHOW LIANG Shuk-ye disagreed that patients should be given the prescription and informed of the medicine fee only when they asked for them. She considered that doctors in so doing were not facilitating patients to exercise their right of choice. Miss CHAN Yuen-han concurred with Mrs Selina CHOW LIANG Shuk-ye that the public had a strong request to be provided with information on both of the consultation fee and medicine fee after every consultation. She supported that it was necessary for doctors to give patients such information as well as the prescription without waiting for the patients to ask for them.

16. Mrs Selina CHOW LIANG Shuk-ye asked Dr LO Wing-lok whether HKMA would support imposing the requirements on doctors that they must provide patients with the prescriptions and inform them of the consultation fee and medicine fee to be charged. In response, Dr LO reiterated that if the patients requested for the prescriptions and asked about the medicine fee, the doctors would certainly provide them with the information. Dr SO Kai-ming considered that a patient still enjoyed the right of choice even if he needed to make a request to a doctor for the provision of prescriptions and/or information on the medicine fee/consultation fee to be charged.

17. In response to the Chairman's question, DD(H) said that the Administration had taken steps to tackle the problem of illegal sale of unregistered pharmaceutical products and prescription drugs by the owners of some dispensaries outside the duty hours of their pharmacists. He pointed out that hotlines had been set up by DH for members of the public to report such cases. In addition, DH had stepped up publicity on the problem of such irregularities. It had also issued pamphlets to doctors to alert them not to use unregistered medicines. He said that an official index of all the medicines registered in Hong Kong had been published and was available for purchase and on the Internet.

18. Dr SO Kai-ming asked whether the Administration had considered imposing a requirement that there must be a pharmacist on duty during the operating hours of a dispensary. DD(H) said that it would be difficult for dispensaries to meet the requirement as each dispensary would then need to employ additional pharmacists. He assured members that DH would tighten the control on dispensaries and require them to strictly observe the requirement that the key of the locked facilities for storing prescription drugs and dangerous drugs must be kept by the pharmacist only. Dr LEONG Che-hung asked whether the licensee of a dispensary would be subject to any penalties if he was found in possession of the key as well. DD(H) said that in such a case the licensee would not be subject to any penalties as he was not proven to have committed an offence. The Chairman said as the Administration was going to amend the legislation to tighten the control on the sale of drugs, he suggested that the subject be further discussed when the relevant bill was introduced into the Legislative Council.

**II. Proposed out-patient service in the vicinity of Accident and Emergency (A&E) Departments of Public Hospitals**



(LC Paper No. CB(2) 2796/98-99(01))

19. Deputy Director of Hospital Authority (DD(HA)) briefed members on the HA's proposal of setting up family practice-type clinics next to A&E departments to ease the service demand at A&E departments. He said that the health care sector had been consulted on the proposal and some expressed support for it while others did not. He said that those who had expressed reservations about the proposal were mainly concerned whether these family practice-type clinics would be supported by adequate patients. DD(HA) further informed members that HKMA had expressed interest in assisting HA to set up the pilot clinics next to A&E departments of two selected hospitals. The clinics would be independent of the public hospitals and the private practitioners running the clinics would be responsible for the staffing and medicine supplies. DD(HA) said that after the two hospitals concerned had both identified suitable places for setting up the clinics, HA would further discuss with HKMA on how to take the issue forward. He said that HA had initially planned to implement the scheme within the first half of 2000.

20. As regards the locations for setting up the clinics in question, DD(HA) explained that they would be in the vicinity of A&E departments but not be within the area of A&E departments to avoid confusions that the clinics were extensions of A&E departments.

21. Dr LEONG Che-hung said the problem of abuse of A&E services in public hospitals by patients not in need of urgent medical attention had been much discussed but it seemed no solutions had come up to solve the problem. He considered that the HA's proposal would not help ease the service demand at A&E departments unless charges were imposed on patients for attending A&E units. He was worried that the HA's proposal might give people the wrong impression that those who could afford to pay would be given priority in receiving medical attention. He considered that imposing charges at A&E departments would help addressing the problem of abuse of A&E services and he urged the Administration to consider the suggestion. In addition, he suggested the Administration to explore why patients preferred to go to A&E departments instead of the out-patient clinics run by DH. He recalled that Hon Fred LI Wah-ming had conducted a study on this issue a few years ago and made some suggestions for improvement, such as extending the operating hours of the out-patient clinics of DH. He urged the Administration to explore the option.

22. In response, Deputy Secretary for Health and Welfare 1 (DSHW1) said that the Administration had to consider very carefully whether or not charging schemes should be introduced to A&E departments and the fees to be charged. He clarified that in peak periods of A&E departments, the out-patient clinics of DH were also in operation. However, some patients preferred A&E departments because a full range of services could be provided there as compared with primary care out-patient clinics. However, Dr LEONG Che-hung argued that if this was the reason accounting for the preferences of patients, the setting up of the family practice-type clinics, which also provided primary out-patient medical care, next to A&E departments would not help ease the service

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demand at A&E departments. Dr TANG Siu-tong suggested that the out-patient clinics of DH should extend their operating hours. DSHW1 said that at present many of them operated after 5 pm. He reiterated that the peak periods of A&E departments occurred during the opening hours of DH clinics. For the reason explained earlier, he considered that A&E departments and out-patient clinics of DH catered for the different needs of patients.

23. Mr LAW Chi-kwong considered that patients would be in need of the following information to help them decide whether they should go to the family practice-type clinics or A&E departments -

- (a) whether the patients attending the family practice-type clinics could be admitted to hospitals immediately if they were found suffering from urgent or emergency medical conditions;
- (b) the difference in waiting time for attending A&E departments and attending the clinics; and
- (c) the charging schemes for these clinics.

24. In response, DD(HA) said that at present the triage system in all A&E departments operated by experienced nurses was functioning quite effectively. He said that as the proposed clinics were meant to cater for the needs of patients with semi-urgent or non-urgent conditions, the chance for them to be in need of hospitalization services should be slim. Nevertheless, he agreed that there should be arrangements for referring back patients in a small number of cases. DD(HA) further said that at present patients of various triage categories were told the respective waiting time of each category. He said that there would be no problem to provide information on the waiting time for using the family practice-type clinics for patients' consideration. As regards the fees to be charged for these clinics, DD(HA) said that they must be reasonable and affordable to patients in order to influence their choice.

25. DD(HA) pointed out that increasing public reliance on A&E services was only one of the problems of the health care system. The proposal of setting up pilot clinics next to A&E department was only an experiment pending decisions on the health care reform.

26. The Chairman asked whether HA would consider adopting a turn-away policy in A&E departments by rejecting semi-urgent and non-urgent patients after implementation of the scheme. In response, DD(HA) said that this suggestion had been considered but HA, at this stage, tended not to adopt it as the policy might in practice give rise to disputes with patients and put pressure on frontline staff. The Chairman noted that in 1998-99, semi-urgent and non-urgent cases comprised about 63% and 11% respectively of the total A&E attendance. If A&E departments continued to provide free services and did not adopt a turn-away policy for those semi-urgent and non-urgent cases, he

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doubted whether the proposal under discussion could really help ease the service demands at A&E departments. He also pointed out that should the Administration decide to impose charges for A&E service, the current proposal would not be necessary. He therefore suggested that the Administration should take these points into consideration before finalising its proposals.

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27. The meeting ended at 1 pm.

Legislative Council Secretariat

28 March 2000