

**Follow-up actions of LegCo Panel on Health Services**  
**(as at 31 May 2000)**

**Item 1. Proposed amendments to the Radiation (Control of Irradiating Apparatus) Regulations**

The Radiation Board has consulted the Hong Kong College of Radiologists which offered no comments on the proposed amendments. The Board is considering the latest comments from various parties and will decide how to take the matter forward at its meeting in June.

**Item 2. Patient referrals by optometrists to Hospital Authority specialist clinics**

We consider that the existing arrangement, whereby referrals to Hospital Authority (HA) specialist clinics are made through family physicians and general medical practitioners who can provide treatment and early detection of systemic diseases with eye manifestations, would help eliminate unnecessary referrals to the specialist service, resulting in more cost-effective use of our already stringent health care resources.

The HA has the following specific comments on the submissions made by the optometry profession:

- (a) While the Optometry programme covers systemic medical illnesses, only less than 10 hours of lectures are provided. In the opinion of HA, this could hardly provide adequate training for an optometrist to fully detect systemic medical conditions with eye manifestations. Although optometry students also receive a few sessions of demonstration of physical signs by attachment to the triage unit at the

Hong Kong Eye Hospital, these are not structured training and the practical knowledge gained on this front is limited.

- (b) The submission has made reference to the practices of some areas in the UK, where optometrists can refer patients direct to the hospital eye service in accordance with the local referral protocols agreed among optometrists, general medical practitioners and ophthalmologists. In the case of Hong Kong, we have a safety net in that optometrists can refer patients with ocular emergency conditions to the Accident & Emergency departments where patients will be attended by an ophthalmologist without going through the referral process.
- (c) We note that Canada and Australia accept referrals from optometrists, and UK accepts referrals from optometrists according to agreed referral protocols. But practices in other countries may not be applicable to Hong Kong. It would be misleading to simply compare practices adopted by different countries without considering the underlying factors leading to the respective arrangements. For example, the type of health care financing system adopted would have a bearing on the referral system. The geographical accessibility of ophthalmologists and general medical practitioners in countries like Canada and Australia necessitates the recruitment of paramedical personnel to provide suitable medical support to cater for emergencies. In contrast, people have easy access to the Accident & Emergency services in a city like Hong Kong.
- (d) The above said, we recognize that optometry is an important part of the HA ophthalmic service in the provision of comprehensive and quality eye care, and optometrists can assist ophthalmologists in various investigative procedures. HA will continue to seek ways to enhance the role of the optometrists by increasing referral of patients with refractory problems to optometrists for further management.

### **Item 3. Ancillary Dental Workers (Dental Hygienists) (Amendment) Regulation**

We have explained to the Dental Association of Hong Kong that the final version of the Regulation is in line with the spirit of its proposal. However, we cannot follow the wording of its proposal because it is ultra vires to require the Dental Council of Hong Kong to carry out a task which is beyond its scope. The Dental Association is encouraged to forward to us any comments it may have after it has further deliberated on the issue. We have since replied to Dr Leong Che-hung's letter of 24 January 2000.

#### **Item 4. Process of registration of new pharmaceutical products**

- (a) To further facilitate the process of registering pharmaceutical products, the Pharmacy and Poisons Board and its two Committees, i.e. Registration Committee and Poisons Committee, have already fixed a schedule of meetings to be held once every 3 months for the year 2000. The industry has been informed of the arrangement.
- (b) The Pharmacy and Poisons Board respects intellectual property rights when handling applications for drug registration. However, determining whether a product has or has not infringed the patent right of another product is not a simple record checking process. It may require substantial judicial proceedings where a full range of evidences from both sides are adduced. The Pharmacy and Poisons Board will facilitate patent rights holders to enforce their rights by publicising information of registered pharmaceutical products so that patent rights holders may be able to identify potential infringements and consider the remedial action most suitable to them.
- (c) The Intellectual Property Department is responsible for running the patent registration system in Hong Kong. Under the existing patent system, there are two kinds of patents, namely standard patents and short-term patents. Patent of medicine can be protected by registering either one of the above patents. The term of protection for a standard patent and a short-term patent is 20 years and 8 years respectively. Any litigation for infringement of patent rights will be determined by the court under the Patents Ordinance.

**Item 5.1 Subsidiary Legislation under the Chiropractors Registration Ordinance**

The proposed fees under the Chiropractors Registration Ordinance are set out at **Annex** for Members' consideration. The subsidiary legislation will be submitted to the LegCo for negative vetting later in the year.

**Item 5.2 Visiting Health Team and Community Geriatric Assessment Teams**

Reform proposals to the delivery system, including out-reach programmes, will be put forward later in this year for public consultation.

**Item 6. Outcome of the latest manpower evaluation in respect of medical practitioners**

We are currently updating the latest projection. The last forecast was made more than one year ago and is outdated.

**Item 7. Use of acupuncture and herbal medicine by other health care professionals: Adm to check whether any herbal medicines used in Homeopathy overlap with Schedule 1 medicines**

To our knowledge, practitioners of homeopathy use finished dose products instead of raw herbs. As such, the practice of homeopathy practitioners will not be affected by Schedule 1 of the Chinese Medicine Ordinance which requires all herbs on the Schedule to be prescribed by registered Chinese Medicine Practitioners.

**Item 8. Long working hours of public hospital doctors**

A Working Group on "Work Hours of Doctors in HA Hospitals",

chaired by the Chief Executive of HA and with senior HA executives, Hospital Chief Executives, and representatives from all ranks of frontline doctors as members has been established. The Working Group held its first meeting in April 2000. The Working Group will submit its recommendations on ways to further alleviate the workload of doctors in October this year.

#### **Item 9. Provision of hospital services for Kowloon East**

Gynaecology service in Tseung Kwan O Hospital will commence operation in the third quarter of 2000.

#### **Item 10. Referral of complaint cases to the Public Complaints Committee (PCC) of HA**

HA has provided guidelines to PCC members in relation to the investigation of complaint cases. Personal data should only be collected and used for purposes directly related to the investigation of a complaint, and that such personal data collected should be properly handled to avoid unauthorized or accidental release of information. PCC members are also reminded from time to time at meetings to avoid possible conflict of interest in the course of investigation of complaint cases.

In 1999, of the 83 complaint cases handled by PCC in respect of which investigations had been completed in the same year, 30 involved the commissioning of medical experts to review the cases.

According to legal advice, under the existing legal framework, the PCC cannot be made independent. This is because the power to establish and maintain a system for providing a proper consideration of complaints from users of hospital services, or of members of the public, in relation to hospital services is vested in HA under section 5(m) of the Hospital Authority Ordinance Cap 113 (the Ordinance). Only HA may exercise the power under section 5(m) of the Ordinance. Insofar as the institution of disciplinary actions against HA staff is

concerned, it is a matter between HA and its employees. If there is sufficient evidence of misconduct disclosed in a complaint investigation, HA may institute disciplinary proceedings against the staff concerned.

**Item 11. Regulation of health claim under the Undesirable Medical Advertisement Ordinance (UMAO)**

The matter is still being followed up by DH.

**Others follow-up matters not listed in the check list**

**Meeting on 14.2.2000 – Adm to provide information on previous cases in which persons accidentally injured in the vicinity of the clinics had requested for emergency treatment.**

In the past three years from 1997 to 1999, according to DH's records, there were a total of 25 incidents requesting emergency service by personnel in the GOPC of DH. Among these, out-reach emergency services were provided on 24 occasions. Out-reach assistance turned out to be unnecessary in the remaining case because an ambulance had already arrived and the victim taken care of.

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Health and Welfare Bureau  
June 2000

**Fees Payable under Chiropractors Registration Ordinance**

<b><u>Item</u></b>	<b><u>Particular</u></b>	<b><u>Fee</u></b> <b>\$</b>
1.	Application for registration under section 10 of the Ordinance.	4,360
2.	Application for issue of a practising certificate under section 12 of the Ordinance.	1,770
3.	Application for renewal of a practising certificate under section 12 of the Ordinance.	1,770
4.	Certificate of registration issued under section 14 of the Ordinance.	3,390
5.	Restoration of an applicant's name to the register under section 20 of the Ordinance.	930
6.	Certificate signed by the Secretary, certifying any of the following – (a) that the name of a person has been entered in the register; (b) that the name of a person has not been entered in the register; (c) that the name of a person has been removed from the register; (d) that the name of a person has been ordered to be removed from the register.	1,000
7.	Certificate signed by the Secretary, certifying that at a date specified in the certificate a person is not or was not the holder of a practising certificate then in force.	1,000
8.	Verbatim record of proceedings of an inquiry for each folio of 72 words or part thereof.	73

- (c) Intellectual Property Department is responsible for running the patent registration system in Hong Kong. Patent of medicine is registered in Hong Kong only if the applicant can produce evidence that a patent has already been granted in respect of the medicine by the patent offices of the People's Republic of China, the European Union, or the United Kingdom. The application, however, must be filed in Hong Kong within 6 months after the publication of the designated patent application in one of the above designated patent offices. The Patents Registry of Intellectual Property Department will only examine applications for patent to ascertain whether minimum requirements under the law are complied with. No substantive examination is conducted which is done by the three designated offices. The validity of a patent is usually not more than 20 years. Any litigation for infringement of patent rights will be determined by the court under the Patents Ordinance.