立法會
Legislative Council

LC Paper No. CB(2)1735/00-01
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of special meeting
held on Tuesday, 27 February 2001 at 10:45 am
in Conference Room A of the Legislative Council Building

Members Present	:	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman) Dr Hon LO Wing-lok (Deputy Chairman) Hon Cyd HO Sau-lan Hon CHAN Yuen-han Hon Andrew CHENG Kar-foo Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP Hon Michael MAK Kwok-fung
Members Absent	:	Hon Bernard CHAN Dr Hon YEUNG Sum Hon LAW Chi-kwong, JP
Members Attending	:	Hon CHAN Kwok-keung Hon CHOY So-yuk
Public Officers Attending	:	<u>All items</u> Mr Gregory LEUNG, JP Deputy Secretary for Health an Welfare Mr Jeffrey CHAN Assistant Secretary for Health and Welfare

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Items II and III

Dr P Y LAM, JP
Deputy Director of Health

Dr T H LEUNG
Assistant Director of Health (TCM)

Item IV

Dr W M KO
Deputy Director (Operations & Public Affairs)
Hospital Authority

Deputation by Invitation : Item IV

Hong Kong Public Doctors' Association

Dr LAI Kang-yiu
President

Dr LEUNG Ka-lau
Vice President

Dr CHEUNG Wing-yung
Secretary

Dr WONG Tak-cheung
Treasurer

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

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

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I. Draft outline of research report on Regulation of Medicines in Australia
(LC Paper No. CB(2)944/00-01(01))

Members noted the draft outline of the research study on regulation of medicines in Australia prepared by the Research and Library Services Division, and did not raise any query.

II. Report on the Bao Ning Dan incident
(LC Paper No. CB(2)944/00-01(02))

2. At the invitation of the Chairman, Deputy Director of Health (DD(H)) briefed members on the Administration's paper which reported on the recent lead poisoning incident due to an herbal pill named "Bao ning dan" and outlined the regulatory framework for Chinese medicines.

3. Although it was mentioned in paragraph 5 of the Administration's paper that of the more than 4 000 samples tested by the Department of Health (DH) for the detection of heavy metals in Chinese medicines in the past five years, 99% were within acceptable limits for heavy metals, Dr LO Wing-lok nevertheless expressed concern that the remaining 1% could still pose a considerable threat to public health having regard to the high volume of consumption of Chinese medicines in the community. In this connection, Dr LO enquired about the number of people who had fallen sick in the past five years as a result of ingesting Chinese medicines which contained heavy metals exceeding the acceptable limits.

4. DD(H) responded that to his knowledge, apart from the recent lead poisoning due to the ingestion of "Bao ning dan", no other poisoning incident as a result of taking proprietary Chinese medicines had occurred in the past five years. DD(H) pointed out that to safeguard public health, efforts on detecting heavy metals in Chinese medicines were continuously being stepped up by DH, as evidenced by the fact that the number of samples selected for the test had increased from 200-odd a year to between 1 400 to 1 600 a year over the past 10 years. If a sample was detected to be containing heavy metals exceeding the acceptable limits, the Chinese medicine product concerned would be withdrawn from the market promptly. DD(H) further said that the Chinese Medicine Ordinance provided a comprehensive regulatory framework for the regulation of Chinese medicines. The subsidiary legislation for the control of Chinese medicines was being prepared by the Chinese Medicine Council of Hong Kong (CMC). The regulations would cover, among other things, licensing of traders including manufacturers, and registration of proprietary Chinese medicines. The Administration planned to table the subsidiary legislation at the Legislative Council (LegCo) later this year. He was confident that with a comprehensive regulatory framework for the regulation of Chinese medicines in place, the safe use of

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traditional Chinese medicine products would then be further enhanced.

5. Dr LO Wing-lok queried whether the "Bao ning dan" incident was the only occurrence of poisoning in the past five years due to taking of Chinese medicines, having regard to the fact that the "Bao ning dan" incident only became known to the public as a result of being reported in the newspapers. In this connection, Dr LO enquired whether consideration would be given to establishing a reporting system whereby doctors would be required to report to DH if they suspected their patients had taken Chinese medicines containing excessive levels of heavy metals.

6. DD(H) responded that although a reporting system similar to that suggested by Dr LO was not required in the legislation at present, an informal reporting system whereby Hospital Authority (HA) staff would report to HA any alleged poisoning cases due to taking of Chinese medicines had long been set up. Notwithstanding the aforesaid, DD(H) considered Dr LO's suggestion worth considering in the long term. DD(H) further said that the implementation of the subsidiary legislation for the control of Chinese medicines in Hong Kong should further enhance the safe use of Chinese medicines. For example, manufacturers of Chinese medicines would be required to report to DH in the first instance if they found out that their products would have adverse side effects on users and the importers or manufacturers concerned would be required to withdraw their problematic products from the market promptly.

7. Ms Cyd HO expressed concern that although the Chinese Medicine Ordinance had been enacted by LegCo in July 1999, the introduction of the subsidiary legislation for the control of Chinese medicines into LegCo was still outstanding. In this connection, Ms HO enquired about the reason for the delay and the timing for introducing such into LegCo. Ms HO was also of the view that proprietary Chinese medicines manufactured for use by individual patients should also be regulated, and the Chinese Medicine Practitioners Board, in vetting applications for registration as CMPs, should not approve those applications from applicants who had been convicted of committing an offence punishable with imprisonment or had been found guilty of misconduct in a professional respect, after submitting their applications for registration during the application period which expired on 30 December 2000.

8. DD(H) declared interest as a member of the Chinese Medicines Board and the Chairman of the Regulatory Committee of Chinese Medicines Traders. Responding to Ms HO's first question, DD(H) said that CMC was in the process of preparing the subsidiary legislation for the control of Chinese medicines and planned to table it at LegCo later this year. DD(H) explained that the long time taken to prepare the subsidiary legislation was because regulation of Chinese medicine was new to Hong Kong. Regarding the comments that proprietary Chinese medicines manufactured for use by individual patients should also be regulated, DD(H) said that the Administration had considered this point when drafting the Chinese Medicine Bill and concluded that there was no need to do so. The reason being that dispensing Chinese

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medicine, albeit in a finished dose form, for a particular patient was an essential part of Chinese medicine practice. Nevertheless, DD(H) said that CMC was currently considering as to whether proprietary Chinese medicines manufactured by CMPs for sale in their clinics and not intended for a particular patient should be regulated. As to the suggestion that CMPs who had submitted their applications for registration should not be allowed to become registered CMPs if they were subsequently convicted of committing an offence punishable with imprisonment or found guilty of misconduct in a professional respect, DD(H) said that the applicants would be asked to declare as to whether they had been convicted of committing an offence punishable with imprisonment or found guilty of misconduct in a professional respect during the interim period while their applications for registration were being processed by the Registration Committee of the Chinese Medicine Practitioners Board. If the applicants' offence or professional misconduct was considered to be unacceptable, their applications for registration could be refused.

9. Dr TANG Siu-tong raised the following questions -

(a) Whether CMPs who manufactured proprietary Chinese medicines beforehand and sold them in their clinics would be required to obtain a manufacturer's licence;

(b) Whether DH would check all proprietary Chinese medicines offered for sale in Hong Kong to ensure that they were fit for human consumption; and

(c) Whether consideration would be given to providing free blood tests to the public, so that people could check whether the Chinese medicine they had taken contained excessive levels of heavy metals.

10. DD(H) responded that the Chinese Medicine Ordinance allowed CMPs to compound proprietary Chinese medicine for use by a particular patient. However, if the subsidiary legislation for the control of Chinese medicine was passed, CMPs would need to obtain a licence to manufacture proprietary Chinese medicines for sale to the public. Although the situation whereby CMPs manufactured a small quantity of proprietary Chinese medicines and offered them for sale in their clinics was not rampant, CMC was presently considering whether such a situation should be allowed to continue after the enactment of the subsidiary legislation for the control of Chinese medicine. Regarding Dr TANG's second question, DD(H) said that apart from requiring all proprietary Chinese medicine manufactured or offered for sale in Hong Kong to be individually registered with the Medicines Board upon the implementation of the subsidiary legislation for the control of Chinese medicines, DH would continue to conduct random checks on all proprietary Chinese medicines on sale in Hong Kong to see whether they contained heavy metals; and if so, whether the heavy metals were within acceptable limits.

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11. As regards Dr TANG's last question, DD(H) said that he did not see the need for providing free blood tests to the public for checking whether the Chinese medicine they had taken contained excessive levels of heavy metals, having regard to the fact that the existing surveillance system had been effective in detecting heavy metals in Chinese medicines. This was evidenced by the fact that in the past five years, only 1% of the samples of proprietary Chinese medicine tested had been found to be exceeding the acceptable limits and samples which failed the tests were immediately withdrawn from the market. DD(H) also pointed out that the existence of heavy metals in Chinese medicine was not uncommon and necessarily harmful to human bodies if they were within acceptable limits. Apart from Chinese medicines which might contain heavy metals, many foods, such as seafood, might also contained heavy metals.

12. Dr TANG Siu-tong enquired whether the CMP who made and offered "Bao ning dan" for sale fell within the meaning of manufacturing or prescribing Chinese medicine. Given that fish, which was regularly consumed by the public in large quantities, might also contain heavy metals such as lead and potassium, Dr TANG maintained the view that it was necessary for DH to provide free blood tests to the public to check the level of heavy metal in their blood. DD(H) responded that he could not give an answer to Dr TANG's first question as legal advice was being sought on the "Bao ning dan" incident. As to Dr TANG's second question, DD(H) said that most of the heavy metals contained in some fish would not cause harm to human beings as they were organic and could not be absorbed by human bodies. DD(H) further said that the Food and Environmental Hygiene Department had a surveillance system to detect heavy metals in fish. In this connection, he considered that a better approach for the public to safeguard their health was to have a balanced diet and consult a doctor in the first instance if they felt unwell.

13. Mr Michael MAK expressed concern about the long time taken to introduce the subsidiary legislation for the control of Chinese medicine, and enquired about the actions which had been/would be taken by the Administration to prevent CMPs from making and selling herbal pills containing excessive quantity of heavy metals to the public in the interim period. Mr MAK was also of the view that since several ordinances, such as the Public Health and Municipal Services Ordinance, the Pharmacy and Poisons Ordinance and the Undesirable Medical Advertisements Ordinance, were involved in the regulation of drugs, they should be reviewed to ensure that there was coordinated control and enforcement.

14. DD(H) reiterated that as the formulation of a comprehensive regulatory framework for the regulation of Chinese medicine was unprecedented anywhere else in the world, it was prudent for CMC to proceed cautiously to avoid further amendments to the subsidiary legislation after implementation. He pointed out that CMC had been working very hard to work out the implementation details, as

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evidenced by the fact that it had held over 100 meetings in the past one-and-a-half-year period. On the question of actions to tackle the problem of CMPs making and selling herbal pills containing excessive quantity of heavy metals to the public in the interim period, DD(H) said that DH had discussed with various associations of CMPs about Chinese medicine practice in Hong Kong and concluded that the "Bao ning dan" incident was an isolated case. In this connection, DH considered that the existing surveillance system for detecting heavy metals in Chinese medicine was adequate to deter similar incident from recurring. DD(H) conceded that the existing legislation had not provided a comprehensive regulatory framework for the regulation of Chinese medicine. That was why the Administration was now working on providing such by way of subsidiary legislation under the Chinese Medicine Ordinance to be introduced into LegCo later this year.

15. Miss CHAN Yuen-han disagreed with the Administration that the phenomenon of CMPs manufacturing proprietary Chinese medicines for sale in their clinics was not common. On the contrary, such a phenomenon was increasingly becoming commonplace. In this connection, Miss CHAN enquired about the measures which would be taken by the Administration to prevent CMPs from selling proprietary Chinese medicines containing excessive levels of heavy metals prior to the implementation of the subsidiary legislation for the control of Chinese medicine. DD(H) responded that DH would liaise with associations of CMPs on ways to prevent the "Bao ning dan" incident from recurring. For example, consideration could be given to checking whether the proprietary Chinese medicines manufactured by CMPs for sale in their clinics were fit for human consumption. Miss CHAN requested the Administration to brief members on the actions to be taken after discussing with associations of CMPs on ways to prevent the "Bao ning dan" incident from recurring.

III. Regulation of health claims

(LC Paper No. CB(2)412/00-01(03))

16. Deputy Secretary for Health and Welfare (DSHW) introduced the Administration's paper which detailed the Administration's proposals on the regulation of health claims. DSHW further said that after listening to members' views, the Administration would develop some detailed proposals and seek the advice of members again.

17. Noting the Administration's proposals to require food products claiming to have the ability to prevent or cure a specific disease or clinical condition to first register with DH and then substantiate their claims with research or clinical trials, whereas food products claiming to have general beneficial effects on health would be exempted from registration with DH, with DH retaining the power to determine whether the health claim made was a general or specific one, Ms LI Fing-ying said that for these proposals to be workable, there should be clear definitions of claims having curative

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effects and general beneficial effects on health respectively. Ms LI also queried how the Administration's proposals would work on a food product claiming to have both a curative effect on a specific disease and beneficial effects on the overall health conditions if taken on a regular basis. DSHW responded that the Administration was well aware of the concerns raised by Ms LI. To this end, the Administration would carry out extensive consultation to reach decisions acceptable to the manufacturers, traders and the public. DSHW further said that in implementing the regulation of health claims, a balance would be struck in order not to undermine normal business activities and at the same time to safeguard public health.

18. Mr Michael MAK remarked that safeguarding public health should override protecting the interests of manufacturers and traders of food products claiming health benefits. Mr MAK shared Ms LI's views that unless clear definitions were made on what were meant by claims having curative effects and having general beneficial effects on health, regulation of health claims would not be truly workable. For example, it would be difficult to determine whether a particular Chinese medicine claiming to invigorate the kidney and nourish the "yin" should fall within the category of food products claiming to have curative effects or general beneficial effects on health, having regard to the fact that western medicine tended to consider the aforesaid claim as having curative effects whereas Chinese medicine considered the same as having general beneficial effects on health.

19. DSHW clarified that what he meant by not undermining normal business activities was not to protect the interests of manufacturers and traders of food products claiming health benefits, but to exercise regulation on food products claiming health benefits on a need basis in order not to interfere with normal business activities. As to how food products claiming certain health claims as those cited by Mr MAK should be determined, DSHW said that it might be better to base the decision on how the public perceived the claims instead of dwelling on how the claims would be interpreted by western and Chinese medicines.

20. Dr LO Wing-lok welcomed the Administration's proposals on the regulation of health claims. Noting that DH would retain the power to determine whether the claim made was a general or specific one, Dr LO was of the view that DH should enlist outside opinions in determining such as practised in Australia. As it would not be practical to subject every food product claiming health benefits to undergo research or trials to substantiate their health claims, Dr LO was also of the view that DH should consider the pre-market assessment method adopted in Australia whereby if a food product contained substances which were already listed in the Australian Register of Therapeutic Goods, the product concerned could be assessed by the sponsor himself/herself against the defined standards, i.e. the assessment was a self-assessment, and then it would be submitted to a simple "eligibility review" conducted by the Therapeutic Goods Administration.

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21. Ms Cyd HO said that given the many difficulties to be encountered in the drafting of legislation to regulate health claims and the enforcement of it if the legislation was passed by LegCo, it would be more practical for DH to put more efforts on educating the public on purchasing food products claiming health benefits and to work more closely with the Consumer Council in handling complaints regarding products making irresponsible health claims, having regard to the fact that it was proposed in the health care reform that DH should take on the role of health advocate and a regulator to ensure quality in the health care sector. DSHW responded that the Administration would step up work on educating the public on purchasing food products claiming health benefits. Responding to Ms HO's enquiry about the resources in regulating health claims, DSHW said that he could not give an answer as the matter was still at a very preliminary developmental stage.

22. The Chairman urged that the Administration, in formulating the regulation of health claims, apart from recognizing claims supported by scientific evidence, should also have regard to evidence based on traditional use as practised in Australia, so as to better promote the development of Chinese medicine in health care system and the development of Hong Kong into a Chinese Medicine Port advocated by the Chief Executive in his Policy Address.

IV. Working hours of public hospitals doctors

(LC Paper Nos. CB(2)944/00-01(03) and (04))

23. The Chairman welcomed representatives of Hong Kong Public Doctors' Association (HKPDA) to the meeting.

24. Deputy Director, Hospital Authority (DDHA) took members through the Administration's paper (LC Paper No. CB(2)944/00-01(03)) which detailed the progress made by HA in addressing the issue of long working hours of public hospital doctors, including the outcome of the review on doctors' working hours conducted by the Working Group on Work Hours of Doctors.

25. Dr LAI Kang-yiu of HKPDA expressed regret that no concrete plan had been drawn up by HA to achieve the following goals which were agreed by both HA and by members at the Panel meeting held on 10 March 2000 -

(a) Compensatory off should be provided to doctors who performed on-site on-call duties during statutory holidays and Sundays;

(b) Continuous working hours of doctors should be limited to 28 hours; and

(c) Doctors' on-call frequency should not be more than once in every three days.

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Although it was mentioned in the Administration's paper that 288 new doctors had been recruited by HA in July 2000, the paper failed to give a clear indication of the number of these new recruits being deployed for each of the following purposes - to replace doctors who had left the employ of HA, to provide new services and to alleviate the workload of doctors.

26. Dr LAI then pointed out that despite the time and efforts put in by the Working Group on Work Hours of Doctors formed in April 2000 to examine and review the working hours of HA's doctors and to recommend measures for improvements and the two audits conducted by HA's Group Internal Audit on working hours and work schedules of interns and medical doctors in major acute hospitals, HA still failed to grasp the severity of the problem of long working hours of doctors. The reason being that, unlike other healthcare professionals such as nurses which all had an objective and explicit system of recording their working hours, a similar system for doctors was not in place. In this connection, HKPDA had held a meeting with the Labour Department and HA last week urging HA to expeditiously put in place an objective and explicit system of recording the working hours of doctors. Moreover, the record system should be underpinned by a transparent reporting system so that HA Head Office executives and Hospital Chief Executives could be kept continuously informed of the working hours of doctors, and this, in turn, should help them to understand whether the problem of long working hours was due to inefficient administrative arrangements, lack of communication, etc, and then apply appropriate measures to solve it within a certain timeframe.

27. Dr LEUNG Ka-lau of HKPDA briefed the Panel on the results of two surveys conducted by HKPDA in August 2000 and between November and December 2000 respectively on compensatory off provided to doctors working in nine to 10 HA hospitals (LC Paper No. CB(2)944/00-01(04)), which were tabled at the meeting. In particular, Dr LEUNG said that about 70% of interns surveyed had never been provided with compensatory off for performing on-site on-call duties during statutory holidays and had not been given one rest day every seven days. Although medical officers, senior medical officers and consultants fared a bit better than interns in getting compensatory off for performing duties during statutory holidays, about 80% of them had never been given one rest day every seven days.

28. Mr CHAN Kwok-keung expressed dissatisfaction that officials of the Health and Welfare Bureau turned down his and another LegCo Member, Mr LEUNG Fu-wah,'s request for a meeting to discuss the issue of long working hours of public hospital doctors. Mr CHAN queried why the Administration's paper did not contain information on the working hours of different ranks of public hospital doctors, and requested that such information be provided. Mr CHAN pointed out that some frontline doctors had complained that the HA management had ignored their request to

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address the issue of long working hours, and had instead asked them to discuss with their senior officers about re-distributing the workload so as to reduce the long working hours of junior doctors.

29. DSHW responded that he was not aware of Mr CHAN's request for a meeting with his colleagues and undertook to follow up on the matter. DDHA explained that as the Administration's paper was a progress report on the actions taken by HA to address the issue of long working hours of public hospital doctors, detailed information on the working hours of different ranks of doctors was therefore not included. However, he would try to provide the information requested by Mr CHAN as far as possible after the meeting. He pointed out that the although the two audits conducted by HA's Group Internal Audit on working hours and work schedules of interns and medical doctors in major acute hospitals had captured information on the working hours of different ranks of doctors, it should be noted that the audits were conducted on selected HA hospitals and in some specialties.

30. Responding to Mr CHAN's further enquiry on the timeframe to achieve the goals mentioned in paragraph 25 above, DDHA said that he could not give an answer to the question as the workload of doctors was largely hinged on patients' demand which was outside the control of HA. At present, 93% of health care services in Hong Kong was provided by HA. To reduce the uneven distribution of workload between the public and private sectors, the Consultation Document on Health Care Reforms had proposed that HA should liaise with the private sector on ways to encourage more better-off patients to use hospital services in the private sector. Notwithstanding the various measures taken to alleviate doctors' workload as set out in paragraph 8 of the Administration's paper, DDHA considered that the long-term solution to the problem was to improve the unbalanced situation of Hong Kong's health care system and enable private hospitals to share more in providing health care services. DDHA further said that due to the nature of hospital operation which required the provision of round-the-clock services for patients, it was necessary to adopt work schedules extending beyond normal work hours. Such a phenomenon was not to unique to Hong Kong, for example, developed countries such as the United Kingdom was also facing the problem of long working hours of public hospital doctors.

31. Mr Andrew CHENG expressed concern that the attitude adopted by the HA management in taking doctors working long hours for granted, particularly subjecting interns to work excessively long hours so that they could gain experience, was not conducive to HA actively tackling the issue of long working hours. This was evidenced by the fact that no formal mechanism had been established by HA to address the issue of long working hours, but instead it had relied on asking management and staff to negotiate amongst themselves to resolve matters with regard to the arrangement for weekly rest days and the provision of appropriate rest after a stretch of excessively long hours. Mr CHENG noted that it was stated in paragraph 12(c) of the Administration's paper that one of the targets in HA's 2001/02 Annual

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Plan for all hospitals to follow was that individual hospitals should enhance their communication mechanisms between managers and staff to address the issue of long working hours. Mr CHENG said that he could not understand why HA could not figure out how many new doctors it needed to tackle the issue of long working hours and the timeframe required to achieve such, and requested HA to provide such information in a paper to members.

32. DDHA responded that the attitude described by Mr CHENG in paragraph 32 above was never adopted by the HA management, and he did not believe that was the view of the doctors themselves. DDHA pointed out that although enhancing communication between management and doctors was considered important in tackling the issue of long working hours, it did not mean that HA would solely rely on such to address the issue. Other measures which had been taken by HA to reduce the long working hours of doctors were as follows -

(a) Combining calls for doctors of different subspecialties to reduce the number of staff required for on-call duty, and hence, the call frequency of doctors;

(b) Flexibly adjusting the length of on-call hours to better match the number of staff on-call with the workload during peaks and troughs to reduce the overall on-calls required;

(c) Rationalising workload among doctors to reduce their working hours, including requiring on-call doctors to conduct evening ward rounds and handing over patients to on duty doctors during weekends;

(d) Assigning different doctors for the morning ward round and for the operating theatre or the outpatient clinics to better manage work schedules of doctors;

(e) Giving post-call compensatory off to doctors at less busy time; and

(f) Giving Saturday off to doctors who had to be on-call on Sunday.

33. DDHA further pointed out that to ensure that the long working hour issue would be appropriately taken forward at hospital level, HA would incorporate the following targets in its 2001/02 Annual Plan for all hospitals to follow -

(a) Doctors should be on-call no more than once in every three days;

(b) Compensation for statutory holiday would be provided in accordance with the Employment Ordinance;

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(c) Individual hospitals should enhance their communication mechanisms between managers and staff with regard to the arrangement for weekly rest days, and the provision of appropriate rest after a stretch of excessively long working hours;

(d) At least 270 new doctors would be recruited annually in 2001/02 and 2002/03 to further address pressure areas in different public hospitals; and

(e) Various targets would be set in the HA Annual Plan to manage the increase in service demands and alleviate doctors' workload.

34. DDHA said that in order to strike a balance between improved working condition of doctors against patient care, professional standards and adequacy of training, HA considered it better to achieve such through re-arranging work duties and designing on-call roster and duty list flexibly, instead of setting down rule to provide doctors with one rest day every seven days. DDHA assured members that although the Employment Ordinance allowed employees to work on a rest day voluntarily, HA would not abuse such a provision by forcing doctors to work on a rest day voluntarily or not providing them with compensatory off for working continuously for six days.

35. On the question of setting a timeframe to fully resolve the issue of long working hours, DDHA reiterated that this was not possible because demand for hospital services was outside the control of HA. In this connection, it was not a question of recruiting a certain number of new doctors so as to tackle the issue of long working hours. Despite the lack of a timeframe, DDHA stressed that HA was committed to tackling the issue of long working hours and progress had been made in the past months to address the issue.

36. Dr LO Wing-lok urged HA to expeditiously put in place a system to record the working hours of doctors, and enquired when this could be done. Dr LO then referred members to a pamphlet published by the Australian Medical Council which stated that doctors working 80 hours per week were considered high risk. As public hospital doctors in Hong Kong working up to 80 hours per week were very common, Dr LO enquired whether HA would consider setting a limit on working hours per week for doctors so as to safeguard service quality.

37. DDHA responded that although having a record of working hours of doctors would help the management in addressing the issue of long working hours, HA considered that with the measures set out in paragraph 32 above and the targets set for all hospitals to follow as set out in paragraph 33 above were more effective in alleviating doctors' workload. Moreover, given the nature of the work of doctors, it was very difficult for them to log the actual number of hours they were on duty. On the suggestion of setting a limit on working hours per week for doctors, DDHA said

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that this was not workable in the sense that the service needs of different specialties were varied and that demand for hospital services could not be controlled by HA. Moreover, such an approach would impact on the continuity of patient care and a doctor's training with regard to teaching time allocation and the trainee's ability to learn from clinical duties. In HA's view, a better approach would be to closely monitor the progress made in alleviating doctors' workload through regular management meetings.

38. Ms LI Fung-ying expressed regret that HA had all along failed to adhere to the Employment Ordinance by providing doctors with compensatory off for working during statutory holidays and providing them with rest day every seven days. DDHA responded that HA was committed to providing compensation for statutory holidays and a directive had been issued to ensure this was implemented. As regards rest day, DDHA reiterated that although the Employment Ordinance allowed employees to work on a rest day voluntarily, HA would not abuse such a provision by forcing doctors to work on a rest day voluntarily or not providing them with day off if they had to work on a rest day. DDHA further said that HA was equally concerned that doctors' performance would be undermined thereby jeopardizing patients' lives if they worked excessively long hours. To this end, every effort would be made to ensure that doctors would be provided with appropriate rest after a stretch of excessively long working hours.

39. Ms Cyd HO was of the view that if the issue of long working hours of doctors could not be resolved, the quality of medical service would suffer and patients' lives at risk. Ms HO echoed members' view that there was a need to set a limit on working hours per week and other related standards such as a limit on continuous working hours, and urged that these be implemented as soon as possible. Ms HO further expressed concern that the Administration's paper failed to provide information on the number of compensatory-off days which had not been provided to doctors, the actual working hours per week of doctors, including on-call hours, and the average number of hours which a doctor had to work continuously, and requested that such information be provided to members.

40. DDHA responded that HA would continue to discuss with frontline doctors and representatives of doctors' associations to address the issue of long working hours of doctors. Regarding the information requested by Ms HO, DDHA said that he would try to provide it as far as possible.

41. Miss CHAN Yuen-han said that she could not understand why HA could not set a limit on the working hours per week for doctors, having regard to the fact that disciplinary forces, which also operated on a 24-hour basis, could do so. Miss CHAN further said that although it was reckoned that HA could not control people's demand for hospital services, it should not be made a justification for subjecting doctors to work long hours. Miss CHAN also pointed out that the fact that HA

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provided the bulk of hospital services to the public had created heavy workload not only for doctors, but also other frontline healthcare staff such as nurses and ward assistants. This situation was further aggravated by the implementation of the Enhanced Productivity Programme in HA. DSHW responded that the Administration was equally concerned about the issue of long working hours of public doctors and close monitoring would be made to ensure that the targets set down for alleviating doctors' workload were followed.

42. Mr Michael MAK declared interest that he was an employee of HA. Mr MAK echoed members' concerns about HA taking doctors working long hours for granted and not adhering to the Employment Ordinance by providing doctors with compensatory off for working during statutory holidays and weekly rest days. He opined that it was a problem caused by HA's culture and structure. Holding the view that the implementation of the two-tier structure had some impact on doctors' working hours, Mr MAK enquired whether senior doctors had helped to share the workload of junior doctors. He also asked whether the number of doctors trained by the two universities could meet HA's requirement.

43. DDHA reiterated that HA was committed to addressing the issue of long working hours of its doctors, and it had never been the stance of HA to subject doctors to work long hours because people in the management level and senior doctors had all gone through the process of working long hours in the past. DDHA replied in the positive to Mr MAK's first question. As to what extent senior doctors had shared the workload of their juniors, DDHA said that this varied from one department to another but there was a trend that senior doctors would involve in more frontline work. As to Mr MAK's second question, DDHA said that HA would inform the two universities providing medical training how many doctors HA would require in the coming years. DDHA however pointed out that HA was not responsible for the placement of all graduates from the two universities concerned. It should also be noted that the impending health care reform would inevitably affect the manpower requirement of doctors and other health care professionals.

44. Dr LO Wing-lok suggested and members agreed that the Administration should report back to the Panel on the progress made in addressing the issue of long working hours before the end of this year.

45. There being no other business, the meeting ended at 1:10 pm.

Legislative Council Secretariat
7 June 2001