

立法會
Legislative Council

LC Paper No. CB(2)1638/05-06
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 20 March 2006 at 8:30 am
in the Chamber of the Legislative Council Building

Members present : Dr Hon KWOK Ka-ki (Chairman)
Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH

Members absent : Hon Albert HO Chun-yan
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

Public Officers attending : Items V and VI
Miss Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Health)
Mr Jeff LEUNG
Principal Assistant Secretary for Health, Welfare and Food
(Health)

Dr LEUNG Ting-hung, JP
Deputy Director of Health

Item V

Mr Jonathan MCKINLEY
Principal Assistant Secretary for Economic Development
and Labour (Economic Development)

Mr Anthony CHAN
Chief Pharmacist, Department of Health

Consumer Council

Mrs CHAN WONG Shui, JP
Chief Executive

Ms Connie LAU Yin-hing
Deputy Chief Executive

Item VI

Dr Sammy NG
Principal Medical & Health Officer
Department of Health

Dr Henry NG
Senior Medical & Health Officer (Environmental Health)
Centre for Health Protection, Department of Health

Dr LIU Shao-haei
Deputy Director (Professional Services)
Hospital Authority

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Miss Mary SO
Senior Council Secretary (2) 8

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Confirmation of minutes

(LC Paper No. CB(2)1385/05-06)

The minutes of the meeting held on 13 February 2006 were confirmed.

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

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting

(LC Paper Nos. CB(2)1386/05-06(01) to (02))

3. Members agreed to discuss the following items at the next regular meeting to be held on 10 April 2006 at 8:30 am -

- (a) Work pressure of frontline health care workers in public hospitals; and
- (b) Contact lens care products.

Members further agreed to invite deputations to give views on item (a).

4. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) said that the Administration proposed to discuss fees and charges of the Department of Health (DH) not affecting people's livelihood in April 2006 where practicable.

IV. Proposed overseas duty visit to study financing models for health care system

5. Members agreed that an informal working group should be formed to discuss the timing of the proposed overseas duty visit to study financing models for health care system and the places to be visited.

V. Misleading or exaggerated claims made by slimming/fat reduction products and services provided by beauty parlours

(LC Paper No. CB(2)1386/05-06(03))

6. DSHWF(H) introduced the Administration's paper outlining the Health,

Welfare and Food Bureau and DH's policy and measures in educating the public against and protecting them from adopting inappropriate weight control measures, as well as the steps being taken to encourage more responsible practices in the promotion of related services.

Admin 7. Mrs Selina CHOW noted from paragraph 14 of the Administration's paper that there had been incidents of slimming centres administering dangerous drugs in the provision of slimming service. Of the nine prosecutions made against illegal possession of dangerous drugs in 2005, only one of them involved a slimming centre. In the light of this, Mrs CHOW asked about the number of inspections undertaken by DH to slimming centres in a year. Chief Pharmacist, DH undertook to provide the information after the meeting.

8. Ms LI Fung-ying asked the following questions -

- (a) of the nine prosecutions brought against outlets in illegal possession of dangerous drugs in 2005, how many of them had resulted in successful conviction and what were the penalties involved; and
- (b) what measures were taken to ensure that weight loss advertisements through television, radio and video on public buses would not be targetted at persons under the age of 18.

Admin 9. DSHWF(H) advised that the prosecution brought against a slimming centre for illegal possession of dangerous drugs in 2005 was successful. As a result, the centre had to pay a fine of \$150,000 and had all its dangerous drugs confiscated. As regards Ms LI's second question, DSHWF(H) pointed out that whether the advertisements had the effect of addressing persons under the age of 18 was a matter for the Broadcasting Authority (BA) to decide. Nevertheless, she agreed to check with BA on how it ensured that weight loss advertisements aired by licensed television and radio service providers and shown by bus companies on public buses would not be addressed to persons under the age of 18. DSHWF(H) further said that there had been an incident in the past whereby a television licensee ceased to broadcast an advertisement promoting the services of a slimming centre upon an enquiry from BA that the advertisement was misleading the consumers about the services under promotion.

10. Mr Fred LI noted that from paragraph 29 of the Administration's paper that according to the "Generic Code of Practice on Television Advertising Standards" and the "Radio Code of Practice on Advertising Standards" (TV and Radio Advertising Codes) issued by BA, television and radio licensees were required to obtain sound evidence showing that the advertised products or services were likely to be effective and would not cause harm. In the light of this, Mr LI questioned the justification for placing such responsibility on the television and radio

licensees, given that it was not possible for the licensees to check whether the advertised products or services were likely to be effective and would not cause harm to the consumers. Mr LI further said that weight loss or reduction of body fatness advertisements making misleading or exaggerated claims should be banned, despite the fact they posed low health risk. The recent promotion of a slimming belt was a case in point. Moreover, these advertisements were counter-productive to the efforts made by DH's Central Health Education Unit in educating the public on the importance of keeping a balanced diet and taking regular exercises in achieving proper weight control. Mr LI also considered the existing consumer protection mentioned in paragraph 24 of the Administration's paper far from adequate in deterring irresponsible advertisements. Mr LI then asked whether slimming/fat reduction pills were considered safe, if they did not any contain western pharmaceutical ingredients.

Admin

11. Responding to Mr LI's question on whether slimming/fat reduction pills were considered safe if they did not any contain western pharmaceutical ingredients, DDH said that some health food products were found to contain heavy metal, and among them, some were intended for slimming purposes. At the request of the Chairman, DDH agreed to provide information on the ingredients found in the samples of health food products purchased for laboratory analysis to see if they contained any western medicine ingredients after the meeting.

Admin

12. Regarding the issue of television and radio licensees being required under the Code of Practice to comply with the requirement that no advertisement may contain claims which depart from truth, DSHWF(H) said that she would find out from BA how such a provision was applied in practice and revert to members.

13. On protecting consumers against misleading or exaggerated advertisements, Principal Assistant Secretary for Economic Development and Labour (Economic Development) said that he was not in a position to comment on the issue, which might better be addressed under the existing arrangements set out in paragraphs 28 to 30 of the Administration's paper. He explained that the focus of consumer protection policy, which came under the purview of the Economic Development and Labour Bureau (EDLB), was to safeguard the legitimate interests of consumers, primarily in terms of the safety of products that were not otherwise subject to regulation on health, safety or other grounds, and fairness in transaction.

14. Mrs CHAN WONG Shui, Chief Executive, Consumer Council said that to better protect consumers, further consideration should be given to regulating products and services making claims relating to the promotion of slimming/fat reduction. Mrs CHAN pointed out that Australia and the United States had already banned advertisements for slimming belts, which lacked any scientific evidence to substantiate that such devices could eliminate fat. Mrs CHAN

further said that in a survey conducted by the Consumer Council last year on the slimming treatment industry, five out of the nine slimming centres which Council staff had visited posing as prospective clients had been providing their clients with orally consumed products containing medicinal ingredients, although whether these products were provided under the guidance of a doctor was not known. To better safeguard consumers' interest in the absence of any legislation regulating the claims made by slimming products and services, Mrs CHAN urged doctors to report to DH any cases where patients came to them for treatment for adverse effects after taking orally consumed products provided to them by slimming centres, so that appropriate enforcement actions could be taken by DH.

15. Mr Fred LI concurred with Mrs CHAN WONG Shui on the need to regulate claims made by slimming products and services.

Admin

16. DSHWF(H) responded that it was difficult, if not impossible, to lay down objective standards on what constituted a truthful advertisement, as advertisements invariably consisted of a creative element so as to arouse consumers' interests in the products or services being advertised. To deter slimming centres from giving out drugs to their clients for slimming purposes, DSHWF(H) said that DH would step up unannounced visits to these centres and call upon doctors to report to DH if they had patients coming to them for treatment after consuming products provided to them by these centres.

17. Mr LI Kwok-ying queried whether the examination-based accreditation system for Intense Pulse Light (IPL) operators, referred to in paragraph 16 of the Administration's paper, could provide adequate safeguard to consumers. Mr LI expressed concern that beauticians, who were not medically-trained, would not be able to decide whether the health conditions of their clients were suitable to receive treatment using the IPL equipment.

18. DDH responded that the objective of the examination-based accreditation system for IPL operators was to ensure that IPL operators would have adequate knowledge on the safe use of the IPL so as to achieve better consumer protection. The accredited beauticians would be encouraged to display their certificates in their business establishments for clients' reference. DDH further said that the beauty/slimming industry had been advised to restrict the use of the high-power laser and IPL equipment on their clients to beautification and not to use them for medical treatment. With a close watch being kept by DH over the industry's use of laser and IPL equipment that might pose potential risks to members of the public, incidents of people suffering from thermal damage to their skin and/or eyes arising from the improper use of such devices had dropped. DH would draw reference from adverse incident reports on the improper use of laser and IPL equipment in the beauty/slimming industry occurred both locally and overseas for incorporation into the training course syllabus on the use of IPL equipment for

people with no medical training.

19. The Chairman enquired when the examination on the use of IPL equipment for non-medical personnel and the associated accreditation scheme would be launched. DDH replied that details of the accreditation examination organised by Vocational Training Council would be announced in the first half of the year.

20. Dr Joseph LEE said that to better protect consumers, the Administration should publicise the results of its regulatory actions, such as which advertisements had been asked to discontinue due to misleading or exaggerated claims, which beauty/slimming centres had been fined for selling drugs to their clients, which medical devices posed health risks, and which health food products contained western pharmaceutical ingredients.

Admin

21. DSHWF(H) responded that the suggestions made by Dr Joseph LEE in paragraph 20 were being carried out by the Administration, albeit not in a very systematic manner. The Administration would see how this could be improved, in consultation with the Consumer Council and EDLB.

22. Mr Andrew CHENG said that instead of waiting for BA to act in response to complaints received about television and radio advertisements on weight loss/fat reduction containing misleading or exaggerated claims, DH should take the initiative to check with the licensed television and radio service providers on whether the weight loss/fat reduction advertisements they aired had sound evidence that the advertised products or services were likely to be effective and would not cause harm.

23. DDH responded that DH was not in a position to implement Mr Andrew CHENG's suggestion, as the Undesirable Medical Advertisement Ordinance (Cap. 231) (UMAO) at present did not regulate the publication of advertisements to promote the use of products or services for slimming/fat reduction purposes.

24. Mr Vincent FANG considered that regulation of claims should be confined to those with high health risk. To regulate advertisements promoting the use of a product or service which had very low or no health risk would have the adverse effect of hampering the creativity of advertisements and the development of businesses. Mr FANG then asked the Administration whether there had been cases of people fallen sick after consuming products intended for slimming purposes.

25. DDH responded that there were instances of people fallen sick after consuming health food products or diet pills containing pharmaceutical ingredients. Out of the 2 221 health food products/proprietary Chinese medicines samples tested by DH in 2005, eight of them contained western pharmaceutical ingredients

intended for slimming purposes.

26. Mr Vincent FANG said that the Hong Kong Tourism Board welcomed the beauty/slimming industry to join its Quality Tourism Services Scheme. It was hoped that the beauty/slimming industry would become more self-disciplined and restraint in making claims about their products and services through their participation in the Scheme.

27. Dr YEUNG Sum said that merely relying on self-regulation by the beauty/slimming industry not to make misleading claims about their services and products was not adequate to safeguard public health. Dr YEUNG urged the Administration to regulate irresponsible claims made by services and products intended for weight loss or reduction of body fatness purposes.

28. DSHWF(H) responded that a review on including the promotion of slimming/fat reduction under the UMAO would be conducted after the registration of proprietary Chinese medicines that could be manufactured, imported and distributed in Hong Kong had been implemented for a certain period of time. In the interim, the Administration would continue to closely monitor the claims made by health food products relating to slimming/fat reduction, conduct random analysis on products not registered as drugs and making claims relating to slimming/fat reduction to see if they contained any western medicine, and educate the public on the importance of keeping a balanced diet and taking regular exercise in achieving proper weight control.

29. The Chairman said that it was regrettable that the last legislative exercise to amend the UMAO had not included the regulation of misleading or exaggerated claims made by slimming/fat reduction products and services provided by slimming centres. Even if the Administration should decide to do so after the registration of proprietary Chinese medicines was completed, it might still take some four to five years for the new arrangements to come into effect. The Chairman further said that it was unreasonable to leave the monitoring of misleading or exaggerated claims made by slimming/fat reduction products and services provided by slimming centres to the Consumer Council, having regard to the limited resources of the Council and the wide range of services and products it had to look into to protect the interests of consumers. Moreover, DH was vested with the responsibility to protect public health regardless of whether there was legislation in place to facilitate its work in this regard. The Chairman asked the Consumer Council about the limitations it faced in protecting consumer interests in the purchase of products services for slimming purposes, and the experience that could be learnt from other places for adoption in Hong Kong with regard to regulation of misleading or exaggerated claims made by slimming/fat reduction products and services provided by slimming centres.

Action

30. Mrs CHAN WONG Shui responded that the Consumer Council regularly liaised with its overseas counterparts to keep abreast of the latest developments of protecting consumer interests, for dissemination to the people of Hong Kong. Mrs CHAN further said that although advertisements to promote products and services for achieving weight loss or reduction of body fatness in the United Kingdom and Australia were self-regulated, such a self-regulatory regime was underpinned by legislation, i.e. the government could step in to impose sanction on those advertisers making irresponsible claims of the products or services being advertised. Many overseas places also had a more stringent regulation of the truthfulness of advertisements and claims about service/goods than Hong Kong. Even the Mainland had a legislation regulating the contents of advertisements. Mrs CHAN also said that upon receipt of a complaint against the unscrupulous practice of a slimming centre, the Consumer Council would inform DH and act on behalf of the complainant to take up with the slimming centre concerned. The Consumer Council also conducted studies from time to time to collect evidence on the practices of local industries so that consumers could make a more informed decision when purchasing services/goods. The Consumer Council would be happy to publicise the results of the enforcement actions taken by DH against unscrupulous practices by the beauty/slimming industry, so as to better consumer interests.

31. The Chairman expressed concern that the existing Broadcasting Authority Ordinance (Cap. 391) and the Broadcasting Ordinance (Cap. 562) could not effectively prevent the airing of television and radio advertisements containing claims which departed from truth. The Chairman requested the Administration to convey members' views on the matter to BA, so that appropriate follow-up actions could be taken by BA. The Chairman shared Mr Fred LI's view that it was not realistic to expect television and radio service providers and magazine publishers to obtain sound evidence showing that advertised products or services were likely to be effective and would not cause harm, as to do so was tantamount to breaking one's rice bowl.

Admin

32. DSHWF(H) agreed to convey members' views on advertising of products and services on television and radio for BA for its consideration. DSHWF(H) reiterated that as there was at present no legislation to regulate the claims made by weight loss or reduction of body fatness advertisements, no enforcement action could be taken against irresponsible claims made by these advertisements at this stage. Nevertheless, DH would continue its efforts in promoting healthy diets and healthy body image and in taking enforcement actions against the sale of health food products and diet pills adulterated with western drug ingredients.

33. Mr Fred LI said that the Food and Environmental Hygiene Department (FEHD) had a mechanism to disseminate information to the public on food incidents and response actions taken. DH could draw reference from FEHD in

Action

disseminating information to the public on incidents of misleading or exaggerated made by weight loss services/goods. DH could also consider working with the Consumer Council on testing whether the claims made by slimming products, such as the slimming belts, could be substantiated scientifically, as had been done by FEHD in relation to food items. Mr LI asked the Administration whether it would consider banning the advertisements or even the sale of slimming products which had proven to be ineffective in achieving weight loss.

Admin 34. DSHWF(H) agreed to consider Mr LI's suggestions mentioned in paragraph 33 above. As regards banning the advertisements or even the sale of slimming products which had proven to be ineffective in achieving weight loss, DSHWF(H) said that there was at present no legislation providing for such action. Currently, enforcement action could only be taken against the products concerned if they could cause harm to the users.

35. Mr Andrew CHENG said that it was not his intention to hamper the development of the trade and the advertising industry in his quest for regulating irresponsible claims made by slimming services and products. Although slimming services and products had low health risk, making claims which were ineffective was still unacceptable. Mr CHENG reiterated that DH should work closely with BA to see that television and radio service providers complied with the requirements that they had to obtain sound evidence showing that the advertised products or services were likely to be effective and would not cause harm. The present state of waiting for the public to lodge a complaint against the truthfulness of an advertisement before taking any action was unsatisfactory.

Admin 36. DSHWF(H) responded that as mentioned earlier at the meeting, the Administration would get in touch with BA to understand how it applied the TV and Radio Advertising Codes to regulate the advertisements aired by licensed television and radio service providers, and revert to members later. DSHWF(H) also undertook to explore how best the Administration might assist BA in ensuring the truthfulness of advertisements aired by licensed television and radio service providers.

Admin 37. DDH advised that many years ago, medical advertisements had to be pre-approved before they could be aired by licensed television and radio service providers. The Chairman requested the Administration to provide the relevant papers on the background and justifications for the policy change.

38. In closing, the Chairman urged the Administration to expeditiously come up with effective measures to prevent misleading or exaggerated claims made by weight loss products and services, pending outcome of the review of UMAO to regulate such.

VI. Poison prevention and control

(LC Paper No. CB(2)1386/05-06(04))

39. DDH briefed members on the background of the initiative to adopt a proactive approach in poison prevention and control and how the Administration planned to take it forward, details of which were set out in the Administration's paper and the powerpoint materials tabled at the meeting.

40. Dr Joseph LEE asked the following questions -

- (a) whether any performance indicators had been set for poison prevention and control; and
- (b) how much money would be allocated to implement the enhanced measures on poison prevention and control.

41. DSHWF(H) responded as follows -

- (a) about \$20 million had been earmarked in this year's budget for the Hospital Authority (HA) to run the Hong Kong Poison Information Centre (HKPIC) referred to in paragraph 16 of the Administration's paper, and other related work and services; and
- (b) no performance indicators had been set for reducing the number of deaths and people hospitalised due to poisoning for the time being. Efforts were presently focused on reducing the causes of unintentional poisoning, such as accidental ingestion of detergents by children at home or inhalation of toxic gases at work, and looking at ways to prevent such incidents from occurring.

42. DDH supplemented that deaths due to poisoning by drugs were relatively stable over the years, whereas deaths due to poisoning by substances other than drugs had seen a six-fold increase from 1997 to 2003. Although suicidal deaths due to carbon monoxide poisoning by burning charcoal had also been on the rise in recent years, this was tackled on various fronts, such as social and welfare, apart from health due to their different nature from unintentional poisoning. DDH further said that to better enable the public to take appropriate personal preventive actions against being poisoned, poison information would be disseminated to them from time to time. In this connection, publications such as pamphlets or fact sheets and websites on poisoning, would be prepared for the public.

43. Dr Joseph LEE opined that merely disseminating poisoning information to the public to enhance their awareness about common toxic agents was too passive.

Action

Dr LEE suggested utilising the information service operated by HKPIC to answer questions from the public. Mr LI Kwok-ying made similar suggestion.

44. DDH clarified that HKPIC, jointly established by HA and the Chinese University of Hong Kong in July 2005, was intended to provide poison information service to all healthcare professionals in Hong Kong. Urgent consultations were answered by its duty medical staff. DDH pointed out that most patients with acute poisoning sought treatment at the Accident and Emergency Departments (AEDs) of public hospitals. The availability of updated local toxicological information to the A&E doctors was therefore essential to ensure optimal care of these patients to improve the outcome and to avoid unnecessary admission.

45. Ms LI Fung-ying sought more details on the financial provision for carrying out the new initiative in adopting a proactive approach in poison prevention and control. Noting from paragraph 12 of the Administration's paper that the new initiative was aimed at developing a comprehensive and effective poison surveillance, notification, alert and treatment system, Ms LI wondered whether the aim and objective of such should start from developing a prevention system first.

46. Deputy Director (Professional Services) HA responded that the some \$20 million earmarked to HA to strengthen poison prevention and control would mainly be used on hiring doctors, nurses and pharmacists to run the HKPIC. A database had been set up for collecting information obtained from phone consultations and their clinical outcomes for analysis and sharing with DH for surveillance purpose. The capacity of the Toxicology Reference Laboratory (TRL), situated in the Princess Margaret Hospital, would also be strengthened in terms of its manpower and its network with the Cluster Toxicology Laboratory.

47. On the aim and objective of the new initiative, DSHWF(H) said that with the development of a comprehensive and effective poison surveillance, notification, alert and treatment system, it was hoped that control in respect of hospitalisations and mortality caused by poisoning could be improved. This in turn should result in the reduction of incidence and severity of poisonings, given that many poisoning cases were in fact preventable. DSHWF(H) pointed out that at the moment, poison prevention and control was undertaken by DH, HA and the academia covering clinical service, collation of poison information, analytical service and toxicovigilance, i.e. surveillance of the overall toxic risk in the environment and population, and monitoring trends in the type and severity of poisoning over time, and formulating effective measures to tackle the risk. Despite the efforts made by different parties on various fronts of poison prevention and control, the various Government departments and agencies functioned rather independently, and there was a lack of coordination. Exchange of experience was also limited. There was hence a need to strengthen, better coordinate and

integrate these efforts.

48. Ms LI Fung-ying asked whether the Administration would continue to provide some \$20 million to HA to maintain its enhanced poison prevention and control measures in future. DSHWF(H) responded that the Administration considered that \$20 million was adequate for HA to implement the improvement measures on poison prevention and control. The Administration would continue to bid for funds for HA to carry out its poison prevention and work if such work had proven to be worthy of support.

49. Dr YEUNG Sum noted that from the powerpoint materials that during the period from 1 July to 30 September 2005, 8% of the 613 poisoned patients who sought medical assistance at the AEDs of six acute regional hospitals involved environmental chemicals, while 6% involved Chinese medicines. In the light of this, Dr YEUNG asked for more information on the enforcement work carried out by the Administration on the labelling of environmental chemicals and Chinese medicines so as to prevent unintentional poisoning cases.

Admin

50. DDH responded that he was not in a position to answer the question on the labelling of environmental chemicals, which was under the purview of another department. Nevertheless, he agreed to relay the questions to the relevant department after the meeting. As regards the monitoring of the labelling of Chinese medicines, DDH said that under the Chinese Medicine Ordinance, all Chinese proprietary medicines were required to be properly labelled and attached with package inserts. On the other hand, the supply and sale of Chinese herbal medicines were regulated by a licensing system covering areas such as storage, labelling and packaging. DDH further said that poisoning cases involving Chinese medicines were generally caused by inappropriate use of the medicines, rather than improper labelling and overdose. Although the number of poisoning cases involving Chinese medicines was far below that involving western medicine, DDH hoped that the number of poisoning cases involving Chinese medicines would drop after the completion of the registration of Chinese proprietary medicines.

Admin

51. Mr LI Kwok-ying asked what percentage of the poisoning cases involving Chinese and western medicines were due to the fact that the medicines themselves were poisonous. DDH undertook to provide the numbers and breakdown of the nature of poisoning cases involving Chinese and western medicines in the latter half of 2005 after the meeting. DDH supplemented that most poisoning cases involving western medicine were due to overdose of sleeping pills, anti-depressants and painkillers.

52. Miss CHAN Yuen-han urged the Administration and HA to strengthen coordination on various fronts of poison prevention and control. Noting that

many developed jurisdictions had developed a system for poison prevention and control, which was built upon a network of poison control centres, Miss CHAN asked whether overseas experience had been taken into consideration in this regard.

53. Deputy Director (Professional Services) HA responded that the TRL had regular communication with similar laboratories outside Hong Kong and other jurisdictions to exchange experience and information on poison prevention and control.

54. The Chairman expressed support for the new initiative, but considered that the importance of educating the public on poison prevention should be strengthened. Noting from paragraph 21 of the Administration's paper that training sessions on the clinical and public health aspects of poisoning were being planned for healthcare professionals in the public and private sectors, the Chairman asked whether Chinese medicine practitioners (CMPs) and family doctors in the public and private sectors would also be invited to attend the training sessions.

55. Deputy Director (Professional Services) HA responded that the training sessions on the clinical and public health aspects of poisoning were aimed at providing basic training to doctors of different specialties and enhancing the toxicology knowledge of those doctors who were specialists in their respective fields. The Chairman hoped that the aforesaid training sessions could also include CMPs and family doctors in the public and private sectors.

VII. Any other business

Late submission of paper

56. The Chairman said that the Administration's paper on "Misleading or exaggerated claims made by slimming/fat reduction products and services provided by beauty parlours" did not meet the agreed arrangement that papers for a Panel meeting should be provided five clear days before the meeting for items with at least three weeks' notice. He hoped that the Administration could adhere to such in future.

57. There being no other business, the meeting ended at 10:44 am.