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Legislative Council

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LC Paper No. CB(2)2218/06-07
(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting held on Monday, 14 May 2007, at 8:30 am in Conference Room A of the Legislative Council Building

Members present : Dr Hon Joseph LEE Kok-long, JP (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon Fred LI Wah-ming, JP
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, GBS, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung

Member absent : Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP

Public Officers attending : Item IV

Mrs Ingrid YEUNG
Deputy Secretary for Health, Welfare and Food (Health)

Ms Margaret TAY
Chief Manager (Integrated Care Programs)
Hospital Authority

Item V

Miss Pamela LAM
Deputy Secretary for Health, Welfare and Food (Health) (Acting)

Dr Amy CHIU
Assistant Director of Health (Traditional Chinese Medicine)

Item VI

Miss Pamela LAM
Deputy Secretary for Health, Welfare and Food (Health) (Acting)

Dr T H LEUNG, JP
Deputy Director of Health

Dr Taron LOH
Senior Medical and Health Officer (Disease Prevention)
Surveillance and Epidemiology Branch
Department of Health

Dr LIU Shao-haei
Chief Manager (Infection, Emergency & Contingency)
Hospital Authority

Dr LAU Fei-lung
Consultant and Chief of Service (Accident and Emergency Department)
United Christian Hospital

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Ms Amy YU
Senior Council Secretary (2)3

Ms Sandy HAU
Legislative Assistant (2)5

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I. Confirmation of minutes

(LC Paper Nos. CB(2)1789/06-07 and CB(2)1790/06-07)

The minutes of meetings held on 12 March and 2 April 2007 were confirmed.

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

(LC Paper No. CB(2)1789/06-07(01))

2. Members noted the above Consultation Paper on Enduring Powers of Attorney prepared by the Law Reform Commission of Hong Kong issued since the last meeting.

III. Items for discussion at the next meeting

(LC Paper Nos. CB(2)1786/06-07(01) and (02), CB(2)1814/06-07(01) and CB(2)1851/06-07 (01))

3. Members agreed to discuss the following items at the next regular meeting to be held on 11 June 2007 at 8:30 am -

(a) Regulation of "Health Maintenance Organisations";

(b) Mortuaries in public hospitals; and

(c) Consultation Paper on Enduring Powers of Attorney.

In respect of (a), members agreed to invite deputations to listen to their views on the matter.

4. Members further agreed to hold a special meeting in early June 2007 to discuss the following items -

(a) Enforcement of smoking ban proposed by Mr Andrew CHENG in his letter (LC Paper No. CB(2)1851/06-07 (01)); and

(b) Increase in the approved commitment for the Health and Health Services Research Fund proposed by the Administration.

In respect of (a), Ms Audrey EU proposed to also include the discussion of introducing a fixed penalty system for smoking offence. Members expressed support.

(*Post-meeting note*: The special meeting was scheduled for 1 June 2007 at 10:45 am.)

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5. The Chairman suggested that a submission from a member of the public concerning the inspection of a residential care home for the elderly be referred to the Complaints Division of the Legislative Council (LegCo) Secretariat for follow-up. Members did not raise any query.

IV. Development of Chinese medicine clinics in the public sector
(LC Paper Nos. CB(2)1786/06-07(03) and (04))

6. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) briefed members on the Administration's proposal to part-upgrading of 49MM for establishing five additional Chinese medicine clinics (CMCs) in the public sector and for the setting up of the Chinese Medicine Information System (CMIS) in these clinics, details of which were set out in the Administration's paper (LC Paper No. CB(2)1786/06-07(03)). Subject to members' support, the Administration intended to seek funding support from the Public Works Subcommittee and the Finance Committee (FC) of LegCo on 23 May 2007 and 8 June 2007 respectively for part-upgrading of 49MM. In parallel, the proposal of setting up CMIS in the five CMCs would be submitted to FC on 8 June 2007.

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

(a) what was the reason for the delay in setting up 18 CMCs by 2005 as originally planned by the Administration, having regard to the fact that only 14 CMCs would be set up by 2009; and

(b) whether it was the ultimate goal of the Administration to set up a Chinese medicine hospital, so as to provide training to all local Chinese medicine degree programmes graduates.

8. DSHWF(H) responded that as the operation of CMCs was new to the public sector, in order to develop the mode of operation and collaboration arrangements of the clinics, it was decided that three clinics using a tripartite model in which the Hospital Authority (HA) collaborated with a non-governmental organisation (NGO) and a local university should first be established on a trial basis. With the successful experience in operating the first three CMCs, funding had been secured from FC in December 2005 for setting up six new CMCs in 2006-2007 using the tripartite model with some adjustments. The establishment of the nine CMCs so far had facilitated the development of knowledge management of Chinese medicine, establishment of a research framework in Chinese medicine based on internationally accepted research standards and ethics, and promotion of service interface between Chinese medicine and western medicine. With the consolidation of HA's experience in the collaboration arrangements with its various NGO and

university partners, the Administration stood ready to further increase the number of CMCs.

9. DSHWF(H) further said that the Administration would strive to identify suitable sites for setting up the remaining four planned CMCs. The criteria for selecting CMC sites included accessibility, proximity to residential areas and timing of availability of the sites for conversion works. Other considerations included whether the clinics would be able to attract sufficient number of patients to sustain themselves financially and their impact on the private Chinese medicine practice in the surrounding areas.

10. Regarding Ms LI's second question, DSHWF(H) said that it was too early to tell at this stage whether a Chinese medicine hospital would be ultimately established. DSHWF(H) however pointed out that steady progress had been made in the development of Chinese medicine service in the public sector. For instance, use of Chinese medicine and western medicine in treating patients was practised at the Tung Wah Hospital. DSHWF(H) further said that in order to provide better training opportunities for graduates of Chinese medicine in local universities, each NGO partner of CMC was required to engage and provide training for at least five graduates. Apart from this, the private sector had been encouraged to train new graduates as most of the latter would practice in the private sector environment on completion of training.

11. Dr Fernando CHEUNG said that as 20% of the quota of CMCs were allocated to recipients of Comprehensive Social Security Allowance (CSSA) whose fees and charges were waived, consideration should be given by the Administration to bear the costs incurred by the clinics for providing Chinese medicine services to these recipients so that the clinics, which operated on a self-financing basis, could reduce its fee of $120 per attendance to better meet the demand from needy patients not on CSSA. Mr Fred LI expressed similar views.

12. DSHWF(H) responded that the Administration did not see a need to change the arrangements for CSSA recipients at this stage, as the existing arrangements were able to meet the needs of CSSA recipients and the financially vulnerable not on CSSA. First, the NGO operating the CMC was at liberty to waive fees and charges in full or in part above the 20% quota to CSSA recipients as well as patients with financial difficulty where practicable. Second, apart from public CMCs, there were other CMCs operated by charitable organisations in the community offering free Chinese medicine services to the public. DSHWF(H) pointed out that the NGOs were able to waive fees and charges above the 20% quota because some of them were resourceful and that they were allowed to generate more income by providing Chinese medicine services other than herbal medical services provided at the clinic at market rate. Notwithstanding the aforesaid, the Administration would closely monitor the adequacy of the provision of Chinese medicine services to

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needy patients.

13. DSHWF(H) further said that for the Government to bear the cost of providing fee waiver to CSSA recipients at CMCs would not result in fee reduction by CMCs, as the fee was set based on factors such as the operating costs of the clinics which to some extent were shared between the Government and the clinics and the level of charge in the private sector. DSHWF(H) also said that if CSSA recipients were entitled to enjoy free medical services at CMCs with no quota set at CMCs, the patient base would be too narrow for the clinics to offer a wide range of exposure to Chinese medicine graduates and a wide spectrum of medical conditions for research purposes.

14. Mr Fred LI disagreed with the Administration's view that providing fee waiver to CSSA recipients at CMCs would render it not possible for the clinics to achieve their objectives because of the narrow patient base as CSSA recipients also consisted of different age groups and physical conditions as the general public. Mr LI further urged the Administration to speed up the setting up of a CMC at the Buddhist Hospital in the Wong Tai Sin district to better meet the needs of the district which had the highest number of older persons with limited income in the territory. Mr LI also hoped that more quota of the CMC at the Buddhist Hospital could be allocated to CSSA recipients and people with low income.

15. DSHWF(H) responded that the renovation works for setting up a CMC in a vacant building at the Buddhist Hospital was expected to complete in May 2008. The criteria to be selected as partner to operate the CMC in the Wong Tai Sin district included having the capability of implementing the collaboration arrangement, having a network in the district, in particular in the provision of medical services (to attract a sufficiently large pool of patients to use the service and join the research programmes), and having strong commitment to the district and having readiness and ability to top up the recurrent operating expenses in the case of having deficits.

16. Dr KWOK Ka-ki expressed support for establishing five additional CMCs. Dr KWOK further asked the following questions -

(a) to what extent the setting up of the five additional CMCs would be able to provide training to all graduates of local Chinese medicine degree programmes;

(b) whether consideration could be given to diverting more annual recurrent expenditure for each clinic, which was estimated to be around $5 million, for use on increasing the quota allocated to CSSA recipients and people with low income; and

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(c) whether the capability and readiness of a NGO in providing financial assistance to CSSA recipients and people of limited means could be made one of the criteria in selecting NGO as partner to operate the CMC.

17. DSHWF(H) responded as follows -

(a) each clinic was required to engage and provide training for at least five graduates of local Chinese medicine degree programmes. With the establishment of 14 CMCs by 2009, a minimum of 70 graduates should be able to receive training each year at the clinics then;

(b) the annual recurrent provision for Chinese medicine clinic service by the Government covered mainly the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, the development of and provision of training in "evidence-based" Chinese medicine, maintenance of the Chinese Medicine Information System and part of the expenses for the operation of the clinics; and

(c) selection of NGO partners to CMCs was made through a tendering exercise run by HA. Interested NGOs were required to submit a business plan to demonstrate their capabilities to operate the CMC in accordance with the service specifications. The Administration planned to make it a service requirement that the NGO must set aside a certain percentage of the operating surplus of the clinic for use on providing financial assistance to needy patients.

18. Ms Audrey EU welcomed the setting up of more CMCs. Noting that only one of the five additional CMCs would be located at the Pamela Youde Nethersole Eastern Hospital in the Eastern district, Ms EU asked whether there was any plan to provide more CMCs on Hong Kong Island.

19. DSHWF(H) responded that there were currently two public CMCs on Hong Kong Island, namely, the clinic attached to the Tung Wah Hospital in the Central and Western district and the clinic attached to the Tang Shiu Kin Hospital Community Ambulatory Care Centre in the Wan Chai district. Apart from these two public CMCs, a private CMC run by an NGO at So Kon Po in Causeway Bay also provided comprehensive Chinese medicine outpatient services to the public. At the request of the Chairman, DSHWF(H) agreed to provide information on the distribution of public CMCs as well NGO-run non-profiting-making CMCs by district after the meeting.

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20. Mr Vincent FANG noted from paragraph 4 of the Administration's paper that the number of patient attendances at CMCs in 2006 was around 132 000. Mr FANG considered such figure to be on the low side, having regard to the fact that nine CMCs had been established. Mr FANG asked the Administration whether the number of patient attendances fell short of its original projection.

21. DSHWF(H) responded that the some 132 000 patient attendances at CMCs in 2006 did not fully reflect the total number of patient attendances of the nine CMCs in a year, as six of them only came on stream by phases in 2006. DSHWF(H) further said that the first three CMCs had met the projected patient attendances. More time was however needed for the newer CMCs to build up their own pool of patients. DSHWF(H) further said that as CMCs also had to assume other duties such as providing training to new graduates, it was understandable that the level of patient attendance at CMCs should be lower than that at conventional clinics.

22. In closing, the Chairman said that members were supportive of setting up more CMCs. They however hoped that CSSA recipients would be entitled to enjoy free Chinese medicine services at public CMCs as had been the case at HA hospitals and clinics and the fee charged at public CMCs for older persons should be lowered.

V. Progress report on registration of Chinese medicine practitioners
(LC Paper Nos. CB(2)1786/06-07(05) and CB(2)1851/06-07(02))

23. Deputy Secretary for Health, Welfare and Food (Health) (Acting) (DSHWF(H) (Atg)) briefed members on the latest development in the registration of Chinese Medicine practitioners (CMPs), details of which were set out in the Administration's paper (LC Paper No. CB(2)1786/06-07(05)).

24. Members noted a submission from the Hong Kong Medicine Workers General Union (HKMWGU) (LC Paper No. CB(2)1851/06-07(02)) tabled at the meeting.

Content and format of the CMP Licensing Examination

25. Ms LI Fung-ying asked the Administration to respond to a concern from HKMWGU that the re-grouping of the 20 subjects of the written examination into 13 subjects under the CMP Licensing Examination could not help listed CMPs to obtain registration status, as the scope of the examination remained unchanged.

26. Assistant Director of Health (Traditional Chinese Medicine) (ADH (TCM)) responded that regrouping 20 subjects of the written examination into 13 subjects was intended to make it easier for the candidates

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to understand the examination syllabus and allocate suitably their study time. Given that the traditional Chinese medicine practice was an integrated whole, the Chinese Medicine Practitioners Board (the Practitioners Board) decided that, in order to ensure the professional standard of CMPs, the written examination should be directed at a comprehensive assessment of candidates' fundamental knowledge and skills in Chinese medicine practice.

27. The Chairman asked whether consideration could be given to allowing listed CMPs to obtain registration status for certain specialty to better help some practising listed CMPs to become registered CMPs. ADH (TCM) replied in the negative, as the Chinese Medicine Ordinance (Cap. 549) did not provide for such. ADH (TCM) however pointed out that the implementation of the revised content and format of the CMP Licensing Examination, as set out in paragraphs 19-20 of the Administration's paper, was intended to make it easier for listed CMPs to get through the examination and obtain registration status.

28. Ms LI Fung-ying asked whether consideration could be given to a HKMWGU's suggestion of making available answers to past examination questions to the public, so as to better help listed CMPs to prepare for the CMP Licensing Examination.

29. ADH (TCM) responded that the Practitioners Board had considered in the past the request of making available answers to past examination questions to the public. After careful consideration, the Practitioners Board decided not to accede to the request on the ground that it was an established practice of many overseas examination authorities to treat examination questions as confidential materials. ADH (TCM) however pointed out that training courses on examination skills had been organised by the Department of Health (DH) annually since 2003 to familiarise listed CMPs with the specific format of the Licensing Examination and help them to demonstrate their mastery of Chinese medicine accurately in the examination. Apart from DH, similar training courses had also been organised by local Chinese medicine organisations.

30. Responding to Dr KWOK Ka-ki's enquiry about the capacity of the training course on examination skills organised by DH, ADH (TCM) said that no ceiling was set as all candidates who would sit for the examination, including listed CMPs, were invited to attend.

31. Dr Fernando CHEUNG pointed out that disclosing answers to questions of past public examinations to the public was not unprecedented. For instance, answers to past examination questions of international examinations, such as TOFEL, were available on the Internet. The Ministry of Health of Taiwan also published the questions and answers of Chinese medicine examination one day after the examination was held. SHWF(H) (Atg) undertook to relay such information to the Practitioners Board.

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32. Mr Vincent FANG asked whether, upon request from candidates who failed the CMP Licensing Examination, consideration could be given to briefing them on the questions which they failed to provide the right answers so that they could better prepare themselves to re-take the Licensing Examination in future. ADH (TCM) responded that consideration could be given to including in the training course on examination skills organised by DH the frequent mistakes made by candidates.

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Fees for the CMP Licensing Examination

33. Ms LI Fung-ying asked whether consideration could be given to including fee-charging courses targetted at helping people to prepare for the CMP Licensing Examination as reimbursable courses under the Continuing Education Fund, in view of the heavy financial burden already imposed on listed CMPs by the high examination fees. ADH (TCM) undertook to convey Ms LI's suggestion to the relevant Government department for consideration. ADH (TCM) further said that although it was Government's policy to set public examination fees on full-cost recovery basis, fees of the CMP Licensing Examination were still set below full cost in recognition of the financial impact on listed CMPs.

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34. Mr Vincent FANG expressed concern that the fees of the CMP Licensing Examination would greatly increase should the number of people taking the Licensing Examination dropped to a very low level.

35. ADH (TCM) responded that notwithstanding the need to adhere to the full-cost recovery principle, the Administration would consult the relevant parties, such as the Chinese Medicine Council of Hong Kong, before deciding on the level of increase to the fees of the CMP Licensing Examination.

Cut-off date of the transitional arrangements for CMPs

36. Dr KWOK Ka-ki asked whether a cut-off date for listed CMPs to become registered CMPs had been set, having regard to the fact that 1 930 out of the 2 890 listed CMPs had never applied for taking the CMP Licensing Examination.

37. DSHWF(H) (Atg) responded that no cut-off date for listed CMPs to obtain registration had been set for the time being. Present focus was on exploring viable means to assist listed CMPs who wished to become registered CMPs to obtain registration status, whilst upholding the principle of maintaining the professional standard in Chinese medicine practice.

38. Responding to Mr Vincent FANG's enquiry on why so many listed CMPs had never applied for taking the CMP Licensing Examination,

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DSHWF(H) (Atg) said that the Administration did not have such information. She surmised that old age and the need to take more time to prepare for the examination might be some of the reasons why some listed CMPs had not applied to take the Licensing Examination.

Eligibility for undertaking the CMP Licensing Examination

39. Dr KWOK Ka-ki asked the following questions -

(a) what was the justification for not allowing graduates of part-time degree courses in Chinese medicine to undertake the CMP Licensing Examination; and

(b) whether students of part-time degree courses in Chinese medicine were well aware that they were not eligible for undertaking the CMP Licensing Examination upon successful completion of their courses.

40. DSHWF(H) (Atg) responded that as the practice of CMPs was closely related to the health of the public, the Practitioners Board considered that to complete satisfactorily an undergraduate course in Chinese medicine, students should have received comprehensive and fundamental university education and engaged in full-time study. Students should also be provided with adequate opportunity to practise continuously in order to complete all the relevant clinical training and experiments. A full-time on campus learning environment was an important component of quality teaching. To maintain the professional standard and status of CMPs, and with regard to the corresponding licensing requirements for other healthcare professionals such as medical practitioners and dentists, the Practitioners Board considered that the full-time mode of education should be adopted for the recognised courses for the CMP Licensing Examination.

41. ADH (TCM) supplemented that in order to ensure that Chinese medicine degree courses reached the requirements and levels of those courses recognised by the Practitioners Board, the Chinese Medicine Council of Hong Kong established the Committee on Assessment of Chinese Medicine Degree Courses under the Practitioners Board in June 2001. The Committee was responsible for assessing the standards of undergraduate degree courses in Chinese medicine and to make recommendations to the Practitioners Board.

42. Regarding Dr KWOK's second question, DSHWF(H) (Atg) said that it was clearly spelt out in the Chinese Medicine Ordinance that only listed CMPs or persons having satisfactorily completed such undergraduate degree course of training in Chinese medicine practice or its equivalent as was approved by the Practitioners Board were eligible for undertaking the Licensing Examination. The Practitioners Board at present recognised the five-year full-time

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undergraduate degree courses in Chinese medicine offered by 31 Chinese medicine institutes and universities, including the Hong Kong Baptist University (HKBU), The Chinese University of Hong Kong, the University of Hong Kong (HKU) and the 28 Mainland tertiary institutes listed in Annex 2 of the Administration's paper.

43. Mr LI Kwok-ying was of the view that so long as a part-time degree course in Chinese medicine included the 10 compulsory subjects on Chinese medicine designated by the Practitioners Board and that the institute offering the course fulfilled the basic requirements for a university and for clinical teaching, graduates of such course should be allowed to sit the CMP Licensing Examination. To do so should not undermine the health of the public, as these graduates would not be allowed to practise Chinese medicine unless they passed the Licensing Examination. Mr LI pointed out that many professions, such as lawyers and accountants, recognised courses conducted part-time or by means of distance learning.

44. DSHWF(H) (Atg) responded that to allow anyone to practise Chinese medicine simply on the basis of him/her being able to pass the Licensing Examination could not adequately safeguard the health of patients for the reasons already given in paragraph 40 above. DSHWF(H) (Atg) further said that it was not appropriate to equate the eligibility for practising law and accounting with Chinese medicine, as the former was not closely related to the health of the public.

45. Responding to Mr LI Kwok-ying's enquiry on the clinical training of recognised courses offered by local universities, ADH (TCM) said that the arrangements on such were determined by the university concerned. To her understanding, clinical training could be carried out in public CMCs and in Chinese medicine hospitals/clinics in the Mainland and the timing could be immediately after classroom teaching or during summer break. ADH (TCM) pointed out that the varied pattern of clinical training was a testament that only a full-time on campus learning environment could provide adequate opportunity for students to complete all the relevant clinical training and experiments.

46. The Chairman noted that in December 2002, the Practitioners Board announced the basic requirements for a recognised course which included that such course should be a full-time on-campus undergraduate degree course with duration of not less than five years, including a clinical internship of not less than 30 weeks and 10 compulsory subjects specified by the Practitioners Board. The Chairman asked whether local universities offering part-time Chinese medicine degree courses or jointly with non-local universities prior to December 2002 were well aware of the fact that their graduates might not be eligible to take the CMP Licensing Examination.

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47. DSHWF(H) (Atg) replied in the affirmative. Taking the case of the part-time degree course in Chinese medicine jointly run by the Open University of Hong Kong and the University of Xiamen as an example, the Practitioners Board had provided a written response to the Open University on 16 August 2000 and 30 August 2002 respectively that the Practitioners Board would announce the requirements of an approved course at a later stage or in due course but did not state that any graduate with a bachelor degree in Chinese medicine was eligible to sit the CMP Licensing Examination.

48. The Chairman asked whether the Practitioners Board had considered adopting a grandfathering approach to allow students enrolled in part-time undergraduate degree courses in Chinese medicine before December 2002 to sit the CMP Licensing Examination when they had satisfactorily completed the courses. DSHWF(H) (Atg) replied in the negative.

49. Dr Fernando CHEUNG noted from paragraph 11 of the Administration's paper that students enrolled in part-time undergraduate degree courses in Chinese medicine offered by HKU and HKBU in or before 2002 were allowed to sit the CMP Licensing Examination when they had satisfactorily completed the courses by the Practitioners Board. Dr CHEUNG asked why such arrangement was not extended to other part-time undergraduate degree courses in Chinese medicine such as those mentioned in paragraph 12 of the Administration's paper.

50. DSHWF(H) (Atg) responded that the reason why the Practitioners Board allowed students enrolled in part-time undergraduate degree courses in Chinese medicine offered by HKU and HKBU in or before 2002 to sit the CMP Licensing Examination when they had satisfactorily completed the courses was because these courses fulfilled the requirements of a recognised course, whereas this was not the case for the part-time undergraduate degree courses mentioned in paragraph 12 of the Administration's paper. DSHWF(H) (Atg) however pointed out that to allow students enrolled in part-time undergraduate degree courses in Chinese medicine offered by HKU and HKBU in or before 2002 to sit the CMP Licensing Examination was an exceptional and one-off arrangement, in view of the historical circumstances of Chinese medicine education in Hong Kong universities.

51. Dr Fernando CHEUNG requested the Administration to provide information on why the two part-time undergraduate degree courses in Chinese medicine mentioned in paragraph 12(ii) and (iii) of the Administration's paper failed to fulfil the requirements of recognised courses stipulated by the Practitioners Board. DSHWF(H) (Atg) undertook to provide the information after the meeting.

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52. In closing, the Chairman requested the Administration to expeditiously convene a meeting between the Chinese Medicine Council of Hong Kong and

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institutes whose Chinese medicine degree courses were not recognised by the Practitioners Board so as to resolve the disputes over the eligibility for undertaking the CMP Licensing Examination. The Chairman also requested that Panel members be invited to attend the meeting.

VI. Poison prevention and control

(LC Paper Nos. CB(2)1552/06-07(02) and (03))

53. Deputy Director of Health (DDH) briefed members on the latest position of the Administration's work on poison prevention and control, including the launch of the Hong Kong Poison Control Network (the Network), details of which were set out in the Administration's paper (LC Paper No. CB(2)1552/06-07(02)).

54. Ms LI Fung-ying noted from paragraph 20(a) of the Administration's paper that a notification and alert system on major poisoning incidents had been established amongst DH, Accident and Emergency Departments (AEDs), hospital laboratories and other clinical departments. Ms LI asked whether such a system would cover private hospitals and clinics, and what types of incident would fall under the meaning of "major poisoning incidents". Ms LI further asked the Administration whether it would continue to fund HA in its poison prevention and control work beyond 2009-2010, having regard to the fact that an additional funding of $24 million per year had been earmarked for HA and DH in the coming three years from 2007-2008 as mentioned in paragraph 21 of the Administration's paper.

55. DDH responded as follows -

(a) the notification and alert system on major poisoning incidents, which emulated the notification system on infectious diseases manned by the Centre for Health Protection, was intended to cover both the public and private sectors. Computerisation of the notification and alert system on major poisoning incidents would be put in place in several months' time to enhance surveillance on poisoning risks in the community; and

(b) major poisoning incidents referred to outbreaks affecting a cluster or large number of people.

56. Regarding resources for poison prevention and control, DSHWF(H) (Atg) said that the Administration would decide nearer the end of the next three years from 2007-2008 the form of funding to HA to allow it to continue its work on poison prevention and control. Consideration might be given to turning the funding into a recurrent one where appropriate.

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57. Dr YEUNG Sum asked whether most of the poisoning cases in Hong Kong were related to food, and if so, more efforts should be made on ensuring the safety of food on sale in Hong Kong.

58. DDH clarified that the focus of the work on poison prevention and control was on non-food poisoning cases. DDH further said that according to the statistics compiled by AEDs of six key public hospitals from July 2005 to September 2006, 77% of the poisoning cases handled by them were related to drug poisoning (western or Chinese medicine). Others were caused by household products (6%), alcohols (7%), bites and envenomations (4%) and environmental chemicals (1%). Furthermore, of all the poisoning cases handled by them, some 16% were accidental poisoning, which should be preventable.

59. Miss CHAN Yuen-han expressed support for the setting up of the Network. She was however concerned about the coordination of government departments in handling poisoning cases.

60. DDH responded that a coordination mechanism was in place under the Network to enable the relevant clinical and public health services to make concerted efforts in the prevention and control of poisoning. A Coordinating Committee chaired by DH was responsible for overseeing the collaboration of various parties in tackling poison-related problems. Its members were drawn from the four functional units of the Network, the academic and relevant Government departments such as the Food and Environmental Hygiene Department. Upon notification of poisoning incidents by HA and other health care professionals, the Toxicovigilance Section of DH would investigate the incidents within 24 hours and ensure timely institution of public health measures. Public announcements on poisoning cases would be made as appropriate to raise the public's alertness to possible poisoning risks.

61. Dr KWOK Ka-Ki considered the amount of resources being allocated to poison prevention and control work to be far from adequate. Dr KWOK opined that apart from strengthening poison information and treatment services, it was also important to conduct related research, community surveys and public education programmes targetting at various fronts such as schools, parents and residential care homes for the elderly. He enquired about the amount of resources allocated to these three areas of work.

62. DSHWF(H) (Atg) responded that the Network was still at its inception stage and the Administration would review the resources for poison prevention and control work in the light of operational experience. Regarding the amount of funding for research, DDH said that while the Network's Expert Panel provided scientific inputs and expert advice and suggested research to support the development of evidence-based public health measures to prevent and control poisoning in Hong Kong, the allocation to DH and HA did not cover

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funding for research as there was a separate mechanism for application for research funding. DDH further said that public education, particularly in respect of poison prevention, would be further strengthened.

63. Dr Fernando CHEUNG expressed support for the launch of the Network. He noted that the Hong Kong Poison Information Centre (HKPIC) at the United Christian Hospital (UCH) handled a total of 562 enquiries and consultations from health care professionals in 2006 and considered such figure too low. He further pointed out that according to overseas experience, phone consultation service for the general public would go a long way in providing timely assistance to patients suffering from poisoning cases occurring at home, and asked whether consideration would be given to providing such service in Hong Kong.

64. DSHWF(H) (Atg) responded that to enhance its service, the phone consultation service of HKPIC was extended from 12 hours to 15 hours per day since April 2007. Round-the-clock service would be provided starting from July 2007. It was expected that the number of enquires handled by HKPIC would increase following such service enhancement. As regards Dr CHEUNG's suggestion of setting up phone consultation service for the general public, DSHWF(H) (Atg) pointed out in Hong Kong, most patients with poisoning would usually seek treatment at AEDs of public hospitals. Consultant and Chief of Service (Accident and Emergency Department), UCH supplemented that although the provision of poison information service to the general public was the norm for most of the countries, it would require much more resources for HKPIC to extend its phone consultation service beyond health care professionals. For the time being, efforts would be concentrated on the development of phone consultation services for health care professionals

65. There being no other business, the meeting ended at 10:40 am.

Council Business Division 2
Legislative Council Secretariat
20 June 2007