

Panel on Health Services**List of follow-up actions**

(Position as at 9 March 2007)

Subject	Date of meeting	Follow-up action required	Administration's response
1. Requiring doctors to purchase insurance to indemnify patients for medical negligence or malpractice as a condition to practise medicine	8 March 2004	Hon CHAN Yuen-han requested to discuss this item.	The Administration's response is in the <u>Appendix</u> .
2. Increase in professional indemnity insurance premiums	14 March 2005	The Administration undertook to provide a paper on professional indemnity insurance premiums and related issues.	The Administration's response is in the <u>Appendix</u> .
3. Fu Shan Public Mortuary incident	31 March 2006	<p>The Administration -</p> <p>(a) to provide a paper after the meeting setting out the disciplinary actions taken by the Administration, if any, against the frontline and management staff who had committed dereliction of duty in the incident; and</p> <p>(b) to inform the Panel in three to six months' time of the progress made in taking forward the medium and long-term measures recommended by the Independent Committee on the</p>	The Administration will provide a written response in the 2 nd quarter of 2007.

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		incident of the Fu Shan Public Mortuary.	
4. Discharge planning in public hospitals	12 June 2006 (joint meeting with the Panel on Welfare Services)	The Administration was requested to provide a written response to the views expressed by deputations about the lack of community support services for discharged patients. Upon receipt, another joint meeting could be held to follow up the matter.	The Administration will provide a written response in due course.

Subject	Date of meeting	Follow-up action required	Administration's response
5. Registration of Chinese medicine practitioners (CMP)	13 November 2006	<p>The Administration was requested to -</p> <p>(a) provide a written response in three weeks' time to the issues raised by members in relation to the allegation made by a group of students of a part-time degree course in Chinese medicine offered by the Open University of Hong Kong in collaboration with the Xiamen University, including, inter alia, the following: whether the Chinese Medicine Council of Hong Kong (CMC) had indeed informed all local universities in 2000 that part-time undergraduate degree course in Chinese medicine would be recognised by the Practitioners Board, the reason why the Practitioners Board changed its policy in 2002 that only five-year full-time on campus undergraduate degree course in Chinese medicine would be recognised, as well as the reason for not adopting a grandfathering approach on students affected;</p> <p>(b) provide information on the number of listed CMPs who were in the same predicament as the students mentioned in paragraph (a) above as far as possible;</p>	<p>The Administration's response for (a) was issued vide LC Paper No. CB(2)576/06-07(01) on 6 December 2006.</p> <p>The Administration's response for (b) and (c) was issued vide LC Paper No. CB(2)1253/06-07(01) on 7 March 2007.</p> <p>The Administration will report back on (d) at the Panel meeting in May 2007.</p>

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		<p>(c) provide information about the number of appeals lodged with the CMC against the decisions of the Practitioners Board and how these appeals were finally resolved since the implementation of the Chinese Medicine Ordinance (Cap. 549); and</p> <p>(d) revert to the Panel when it had identified other viable means to assist listed CMPs to become registered CMPs and timetable for implementation.</p>	
6. Redevelopment of Yan Chai Hospital	11 December 2006	<p>The Administration was requested to provide a response in writing to the followings before submitting its funding proposal to the Finance Committee for approval -</p> <p>(a) to provide information on the total estimated cost and completion time for the proposed project;</p> <p>(b) to provide information on the projected increase in the population of the Kwai Tsing and Tsuen Wan District upon the completion of the redevelopment project;</p>	The Administration will provide a written response before the funding proposal of the Redevelopment of Yan Chai Hospital to be submitted to the Public Works Subcommittee and Finance Committee in April 2007.

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		<p>(c) to provide information on whether the proposed community health and wellness centre in Yan Chai Hospital would have the capacity to cope with the service demand upon its completion, and if so, what such capacity was;</p> <p>(d) to provide information on the total gross floor area of the new community health and wellness centre, as opposed to that of the existing four hospital blocks earmarked for development;</p> <p>(e) to explore into the feasibility of shortening the completion time for the redevelopment project;</p> <p>(f) to provide information on the utilisation rate of obstetrics and gynaecology service at the Princess Margaret Hospital; and</p> <p>(g) to convey members' suggestion about introducing obstetrics and gynaecology service at Yan Chai Hospital to the HA for consideration.</p>	

Subject	Date of meeting	Follow-up action required	Administration's response
7. Telephone booking system for public outpatient services	11 December 2006	<p>The Administration -</p> <p>(a) to provide all relevant information pertaining to the utilisation of the general outpatient clinics before and after the implementation of the telephone booking service;</p> <p>(b) to consider all the views/suggestions expressed by members on ways to enhance the telephone booking service and provide a written response in due course; and</p> <p>(c) to arrange a site visit to assist members to have a better understanding of the operation of the telephone booking system.</p>	<p>The Administration's response for (a) and (b) was issued vide LC Paper No. CB(2)972/06-07(01) on 29 January 2007. For item (c), the Hospital Authority is arranging a site visit for members on the operation including the telephone booking system of a general outpatient clinic.</p>

Subject	Date of meeting	Follow-up action required	Administration's response
<p>8. Impact of use of obstetric services by Mainland women on resources of public hospitals</p>	<p>8 January 2007</p>	<p>The Administration to provide the following information requested by members -</p> <ul style="list-style-type: none"> (a) total number of births in Hong Kong in the whole of 2006; (b) Government's estimate on the fertility rate in Hong Kong on the assumption that local women would have three children as advocated by Chief Executive; (c) operation of the companies offering services to arrange for Mainland pregnant women to come to Hong Kong to give birth; (d) breakdown of the births by private and public hospitals from 2001 to 2006; (e) breakdown of the births by local and Non-eligible women fathered by Hong Kong and non-Hong Kong residents in each public hospital from 2001 to 2006; (f) behaviour of Mainland pregnant women using the obstetric services of public hospitals as revealed by the review mentioned in paragraph 12 of the Administration's paper (LC Paper No. CB(2)761/06-07(03). 	<p>The Administration's response for (a), (d) and (f) was issued vide LC Paper No. CB(2)833/06-07(01) on 10 January 2007. The Administration will provide a written response to (b), (c) and (e) as soon as possible.</p>

Subject	Date of meeting	Follow-up action required	Administration's response
<p>9. Redevelopment of Caritas Medical Centre (CMC), Phase 2</p>	<p>8 January 2007</p>	<p>The Administration was requested to provide the following information before submitting its funding proposal to the Finance Committee for approval -</p> <p>(a) whether, and if so, how the proposed project could cope with the increase in service demand from the growing population in the Sham Shui Po district;</p> <p>(b) what was the delineation of role and service provision of hospitals among the Kowloon West cluster to which CMC belonged upon the completion of the proposed project; and</p> <p>(c) what was the additional manpower required for the redeveloped CMC.</p> <p>The Administration was also requested to arrange a site visit to both the Wai Yee Block of CMC and the adjacent Lok Yan School to facilitate members in gaining first-hand information on the condition of these two buildings.</p>	<p>The Administration will provide the information as requested in its funding proposal to be submitted to the Public Works Subcommittee in April 2007.</p> <p>The visit to the CMC has been scheduled for 13 March 2007.</p>
<p>10. Mode of supply of self-financed item (SFI) drugs in public hospitals</p>	<p>23 January 2007</p>	<p>The Administration was requested to provide the latest information on the percentage of SFI drugs prescribed by HA doctors to public patients.</p>	<p>The Administration will provide a response in due course.</p>

Subject	Date of meeting	Follow-up action required	Administration's response
11. Review of the Quarantine and Prevention of Disease Ordinance (Cap. 141)	12 February 2007	The Administration was requested to advise members in due course which infectious diseases would be added to the list of notifiable diseases.	The Administration will provide a response in due course.

Council Business Division 2
Legislative Council Secretariat
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7 March 2007

Miss Mary SO
Clerk to Panel on Health Services
Legislative Council Secretariat

Dear Miss So,

Professional Indemnity Insurance for Medical Practitioners

At previous meetings of LegCo Panel on Health Services, Members mentioned the idea of requiring doctors to take out insurance to indemnify patients for medical negligence or malpractice as a prerequisite for practicing medicine. They also expressed concern on the increase in professional indemnity insurance (PII) premiums. The Administration's response to the two issues is set out below:

Mandatory professional indemnity insurance

At present, it is not a mandatory requirement for medical practitioners to purchase PII. Medical practitioners make their own decision based on various factors including the risks associated with their practice. For example, medical practitioners engaged in administrative and research work do not have much direct interface with patients and may therefore have lesser need and interest in taking out PII. That said, as the Administration understands it, the majority of medical practitioners are covered by PII either arranged by their employers or through individual schemes.

The Government accepts liability for any damages arising from the actions of its employees, including medical practitioners, in the performance of their duties. For medical practitioners working in the Hospital Authority (HA), a master policy is in place to cover indemnities arising from their medical practice in the course of their employment, although some of these practitioners also choose to take out their own PII. According to the Code of Practice of private hospitals issued by Department of Health, private hospitals are encouraged to check the medico-legal protection of individual practitioners who are given admission privilege.

There are a few commercially-operated PII schemes available for medical practitioners in Hong Kong. They are arranged through various medical professional bodies, e.g. the Hong Kong Medical Association (HKMA), the Hong Kong Public Doctors' Association and the Hong Kong Doctors' Union. According to the information provided by HKMA, by end January 2007, 7 771 medical practitioners, amounting to some 70% of medical practitioners on the Resident List, participate in a PII scheme managed by the Medical Protection Society (MPS)¹ through HKMA.

In Ontario, Canada, the United Kingdom, Singapore and South Africa, it is not a mandatory requirement for registered medical practitioners to purchase PII.

The Medical Council of Hong Kong (HKMC) had discussed and examined the need for practising medical practitioners to take out PII. It supported that all medical practitioners, particularly those providing clinical and patient services, should take out PII. Nevertheless, it considered that PII should not be made mandatory. At the request of the Administration, the Council revisited the matter in 2004 and issued a strong recommendation to all medical practitioners, particularly those who are practising clinical medicine directly or indirectly, to purchase PII. HKMC suggested that if PII were to be made mandatory, consideration should be given to capping the ceiling of the indemnity to be paid out in each case.

The Laws of Hong Kong recognize that the victims of personal injuries, including medical negligence, are entitled to compensation of the full cost of wrong. The proposal of capping the compensation for medical indemnities will depart from this long held common law principle and would

¹ MPS is not an insurance company but a mutual medical protection society operating in over 40 countries by subscriptions. In case of a negligence claim, members of the MPS will be provided with complete indemnity against legal costs and damages awarded on a discretionary basis according to the track records of the members.

have the effect of shifting liability from the medical service providers to the consumers. It will also have read-across effect on other professional services and compensation-seeking situations. Given the above, the Administration has not considered introducing changes to this aspect.

Mandatory PII is a complicated issue with far reaching implications. On the one hand, it brings the certainty of full payment of compensation to a claimant and offers protection to medical practitioners from risk of litigations. On the other hand, it would add to the burden of operation for some medical service providers and may contribute to escalation of medical costs, part of which would have to be borne by the consumers eventually. The issue requires thorough and careful consideration. Meanwhile, the existing arrangement for doctors to take out PII of their own accord has worked well.

Increase in professional indemnity insurance premiums

Insurance is a risk pricing business. The insurance premium charged by insurers generally reflects the trend of their claims payment experience in past years. Any rise or fall in premium, claims and compensation for professional indemnities in the medical profession may be the result of a myriad of intertwining factors, such as inherent risk of medical practices, the changing litigation culture, etc.

We understand there are concerns about the increase in PII premiums. In the case Hong Kong, the damages awarded are usually compensatory instead of punitive. While indemnity costs are increasing, there is no sign of run-away surge. Nevertheless, we will closely monitor the situation.

Yours sincerely,



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