Room 901, Hang Shing Bldg., 363-373 Nathan Road, Kowloon.
Email: hkdu@hkdu.org Home page: http://www.hkdu.org
Tel. No.: **2388 2728** Fax: **2385 5275**

Our ref.: HKDU/020/2015

16th February 2015

By fax & email

Professor Hon. Joseph LEE Kok-long
Chairman
Panel on Health Services

Dear Prof. Lee,

Re: Hong Kong Doctors Union Submission on
Government Consultation Document on Regulation of Private Healthcare Facilities

Hong Kong Doctors Union (HKDU) is the unique trade union with doctor members in both public and private services. Registered with the Trade Union Registry to look after the interests and rights of doctors in their employer employee relationship, HKDU is committed to upgrade the standard of medical doctors to cater for the health of the Hong Kong community.

For the protection of health of the patients at large, HKDU support the long awaited Government's initiative for revamping the existing regulatory regime for private healthcare facilities. In general, we agree with all the recommendations put forward by the Government in:

(i) Differentiation between Medical Procedures and Beauty Services;

(ii) Defining High-risk Medical Procedures/Practices Performed in Ambulatory Settings;

(iii) Regulation of Premises Processing Health Products for Advanced Therapies; and

(iv) Regulation of Private Hospitals and incorporated Medical Practices.

Based on our members' majority view, we would like to have the following suggestions on some of the defined high risk and low risk procedures in the consultation document. In contrast to what are proposed in the Consultation Document, the followings should be included in the scope of high risk procedures:

a. Core Biopsy of Prostate, please refer to P. 103, Section A, clause3 (f) of the Consultation Document; (Annex1)
b. Core Biopsy of Uterus, please refer to P. 103, Section A, clause 3(f) of the Consultation Document. (Annex 1)

Cont…..P.2

5 years+
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HONG KONG
DOCTORS UNION
香港西醫工會
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while the following two procedures should be included in low risk scope:

a. Insertion of any prosthesis (including tissue filler) into the skin, please refer to P. 103, Section A clause 3 (e) of the Consultation Document; (Annex 2)
b. Hair transplant, please refer to P. 104, Clause (j) of the Consultation Document. (Annex 3)

In view of medical advances, we support the setting up of a Regulatory Committee by the Profession to periodically review and update the risk of medical procedures from time to time.

However, HKDU is deeply concerned by two phenomenon happening in private hospitals:

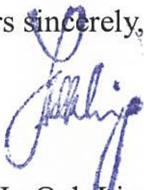
(1) The Consultation Document advocates these hospitals adopt the electronic healthcare record sharing system (eHRSS) (Page 45 paragraph 5.26 of the Consultation Document) (Annex 4) but most doctors in private are not familiar with these systems or find them cumbersome. Private doctors are particularly concerned about the integrity of patients' privacy in the proposed eHRSS. For these reasons HKDU object to the mandatory use of eHRSS in private hospitals before the aforesaid problems are completely solved by the Government.

(2) Private hospitals, by a directive issued by the Hong Kong Private Hospitals Association in 2011 (Annex 5), have been insisting doctors admitting patients must purchase indemnity insurance with no upper limit in compensation, thus literally forcing doctors to buy 'indemnity plan' from a United Kingdom based private limited company which offers so called 'unlimited' indemnity. In other words, by this practice, patients are forced to change to another doctor on being admitted to private hospitals and thus their freedom to choose their doctors is deprived.

Therefore HKDU sincerely asks the Government to act on behalf of the patients and stop the aforesaid TWO phenomenon from happening in private hospitals and amend the Consultation Document accordingly.

Thank you for your kind attention.

Yours sincerely,



Dr. Ho Ock Ling Thomas
Hon. Secretary
Hong Kong Doctors Union
Encl.

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ANNEX I

Annex B(1)

Recommended Scope of High-risk and Hospital-only Procedures

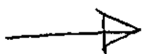
General Principles

1. Any procedure defined by ANY one of the following three factors will be regarded as high-risk medical procedure -
   (a) risk of procedures
   (b) risk of anaesthesia involved
   (c) patient's conditions

2. Medical practitioners and dentists should take into account, in addition to the criteria for defining high-risk and hospital-only medical procedures, the age, body size and other physical conditions of the patient when deciding whether a medical procedure is high-risk and should be performed in ambulatory facility or in hospital.

A) Risk of Procedures

3. High-risk surgical procedures include the following procedures –
   (a) Creation of surgical wound to allow access to major body cavity or viscus[3] (including access to central large joints) [except peripheral joints distal to knee and elbow (i.e. ankle and below, and wrist and below)]
   (b) Removal of tissue and/or fluid of a total volume of 500ml or above [except suprapubic tap]
   (c) Removal of tissue and/or fluid of any volume from deep seated organ in children aged under 12 years old
   (d) Removal of any volume of fluid and/or tissue from thoracic cavity [except diagnostic pleural tapping]
   (e) Insertion of any prosthesis (including tissue filler) [except prosthesis in ENT cavity, dental prosthesis and implants, extra-ocular prosthesis and implants, intrauterine or vaginal prosthesis, bulking agents of urethra, prostatic urethral stent, urethral slings, testicular prosthesis]



   (f) Any core biopsy [except core biopsy of (1) superficial tissue (such as skin, prostate, breast and uterus) but excluding thyroid or salivary glands; (2) superficial muscle; or (3) peripheral muscle]

3 Not including needle injection into joint cavity, intraocular injection with fine needle by ophthalmologists and injection of Botox

ANNEX 2

Annex B(1)

Recommended Scope of High-risk and Hospital-only Procedures

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   - (a) risk of procedures
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ANNEX 2b

附件 B (1)

高風險程序及只可在醫院進行的程序的建議涵蓋範圍

一般原則

1. 某項程序如在下列其中一方面被界定為高風險，便屬於高風險醫療程序 —
   - (a) 醫療程序的風險
   - (b) 麻醉的風險
   - (c) 病人的狀況

2. 醫生及牙醫在決定某項醫療程序是否屬高風險，以及該醫療程序是否應在日間醫療中心或醫院進行時，除考慮界定高風險及只可在醫院進行的醫療程序的準則外，也應顧及病人的年齡、體型及其他身體狀況。

A) 醫療程序的風險

3. 高風險外科程序包括下列程序：

   - (a) 製造外科創口，以進入主要的體腔或內臟[3]（包括進入中央大關節）[位於膝或肘的遠側外圍的關節（即踝或以下的關節，以及腕或以下的關節）除外]
   - (b) 抽取超過 500 毫升的組織及 / 或體液 [恥骨上的穿刺抽液除外]
   - (c) 從 12 歲以下兒童體內的深層器官抽取任何份量的組織及 / 或體液
   - (d) 從胸腔抽取任何份量的體液及 / 或組織 [診斷性的胸膜腔抽液檢查除外]
   - (e) 置入任何假體（包括組織填充劑）[耳鼻喉腔假體、假牙及植牙、假眼及眼植入物、子宮或陰道假體、尿道膨脹劑注射、前列腺尿道支架、尿道懸帶、睾丸假體除外]
   - (f) 任何核心活組織檢查 [(1) 表層組織（例如皮膚、前列腺、乳房和尿道），但不包括甲狀腺或唾液腺；(2) 表層肌肉；或 (3) 周圍肌肉的核心活組織檢查除外]
   - (g) 任何需要影像導航的器官或活組織檢查
   - (h) 深層器官的幼針活組織檢查
   - (i) 腰椎穿刺
   - (j) 移植任何細胞、組織和器官（包括自體移植物、同種異體移植物和經處理的組織或血液製品[4]）或皮瓣（包括面部皮膚提升拉緊術）[任何一邊尺寸少於三厘米的皮膚移植片、結膜自體移植物和主要涉及牙槽部位的移值程序除外]

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3 不包括用針刺注射入關節腔、眼科醫生使用幼針進行的眼球內注射和肉毒桿菌素注射。
4 包括高濃度血小板血漿。

(g) Any biopsy of organ or tissue requiring image guidance
(h) Fine needle biopsy of deep-seated organ
(i) Lumbar puncture
(j) Transplant of any cell, tissue and organ (including autograft, allograft and processed tissue or blood products[4]) or skin flap (including face lift) [except small skin graft less than 3 cm in any dimension, conjunctival autograft and transplant procedures which primarily involve dental-alveolar region]
(k) Termination of pregnancy
(l) Dilation and curettage
(m) Circumcision with use of skin sutures in paediatric patients

4. High-risk endoscopic procedures include the following -
(a) Endoscopic procedures requiring image guidance (such as endoscopic retrograde cholangiopancreatography (ERCP))
(b) Endoscopic procedures involving invasion of a sterile cavity (such as arthroscopy, laparoscopy and hysteroscopy) [except cystoscopy[5]] or gastrointestinal tract
(c) Therapeutic endoscopic procedures (such as endoscopic resection), [except minor therapeutic procedures (such as removal of foreign body)]
(d) Bronchoscopy or pleuroscopy

5. High-risk dental procedures include the following -
Maxillofacial surgical procedures that extend beyond dento-alveolar process, including but not limited to -
(a) Maxillary osteotomies and mandibular osteotomies including angle reduction
(b) Open reduction and fixation of complex maxillofacial fracture
(c) Surgical treatment of diagnosed malignancies
(d) Surgical treatment of complex haemangioma
(e) Surgery involving major salivary glands
(f) Open surgery of temporomandibular joint except arthrocentesis and arthroscopy
(g) Harvesting of autogenous bone from outside the oral cavity
(h) Primary cleft lip and palate surgery

---

4 Include platelet-rich plasma (PRP)

5 Cystoscopy does not include cystoscopic procedures such as cystoscopic biopsy, cystoscopic insertion or removal of ureteric catheter or stent, endoscopic urethral dilatation or urethrotomy, cystoscopic removal of stone or foreign body or polyp, cystoscopic injections/diathermy/cautery or haemostasis, cystoscopic lithotripsy.

ANNEX 4

5.22 Cap. 343 CoP stipulates that patients' health information should be stored in a dedicated patient medical record. It further sets out requirement on information to be included in the medical record, such as patient's name, gender, date of birth, residential address and contact telephone number, etc.

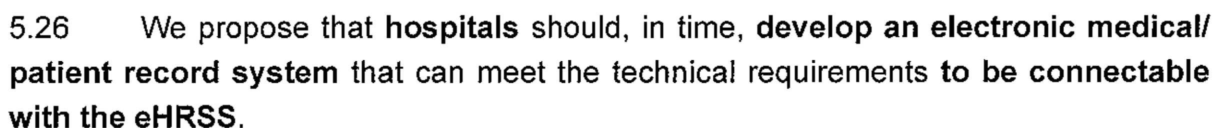
Observations

5.23 We observe that at present, hospitals and medical clinics have no difficulties in complying with the requirement of Cap. 165 CoP and Cap. 343 CoP to create and maintain medical records for each patient. To facilitate the best use of resources and provide the framework necessary for smooth transition of patients between different levels of care and between the public and private sectors, we foresee that it would be essential to develop a system which enables better access and sharing of patients' health records with patients' consent, to improve quality of care.

5.24 To this end, the Government is developing a territory-wide and patient-oriented eHRSS with a view to strengthening collaboration and sharing of information among different sectors of healthcare providers. The eHRSS provides an information infrastructure for healthcare providers in both the public and private healthcare sectors. With informed and express consent of the patient and proper authorisation for access to the system, PHFs could share electronic health records they keep on the patient with other healthcare providers and vice versa.

5.25 Benefits of the eHRSS to patients include maintaining comprehensive online record for health providers, providing timely and accurate information for care and reducing duplication of tests and treatment. As for medical practitioners/PHFs, eHRSS enables efficient and quality assured clinical practice and reduces errors associated with paper records. The eHRSS is expected to be launched in 2015, subject to the passage of an eHR-specific legislation in 2014/15.

Proposal



5.26 We propose that **hospitals** should, in time, **develop an electronic medical/ patient record system** that can meet the technical requirements **to be connectable with the eHRSS**.

5.27 Whilst healthcare providers' and patients' participation in eHRSS will be voluntary, we consider that patients, healthcare service providers and the regulatory authority would all benefit from an connectable medical record system since both patients and hospitals would be able to share the benefits brought by the eHRSS as mentioned in paragraph 5.25 above. Moreover, hospitals would be able to better detect

Hong Kong Private Hospitals Association
c/o Hong Kong Sanatorium & Hospital
2 Village Road, Happy Valley, Hong Kong
Tel: 2835 6800 Fax: 2835 8008

27th January 2011

To All Doctors,

Professional Indemnity Insurance

It was resolved at the Hong Kong Private Hospitals Association regular meeting on 20th January 2011 that professional indemnity insurance carried by doctors with admission privilege to all 13 private hospitals should provide an effective coverage.

It was unanimously endorsed that an effective coverage should have a no limit on indemnity and should be on an "events occurring" basis rather than "claims made" basis.

It is stipulated in the *Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes* issued by the Department of Health that private hospitals should check indemnification/medico-legal protection carried by doctors with admission or practicing privilege.

Lau Kwok Lam Alan
Chairman
Hong Kong Private Hospitals Association

養和醫院
Hong Kong Sanatorium & Hospital

Dr. HO Ock Ling
Hon. Secretary
Hong Kong Doctors Union
Room 901, Hang Shing Building
363-373 Nathan Road
Kowloon

Your Ref. : HKDU/185/2014
Date : 27 November 2014

By Fax to 2385 5275
(Total no. of pages : 2 inclusive)

Dear Dr. HO,

Re: Updating of a Valid and Effective Medical Indemnity Insurance

We refer to your letter of 10 November 2014 on the captioned subject, the contents of which have been duly noted.

We would like to point out that the issue on professional indemnity cover for visiting doctors was discussed during the HKPHA's regular meeting in January 2011 after which time, a directive by the HKPHA was issued by way of the enclosed letter on 27 January 2011. As the issue was not revisited since then, the resolution made in January 2011 therefore still holds. We trust this addresses the comments made by the Chairman of the HKPHA.

Notwithstanding the letter from the HKPHA, the Hospital's position concerning the medical indemnity insurance coverage required by all doctors practicing at our Hospital remains the same.

Thank you very much for your attention.

Yours sincerely,

Dr. TSAO Yen Chow
Chairman, Hospital Management Committee

Encl. Letter from the HKPHA dated 27 January 2011