

立法會

Legislative Council

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Report of the Panel on Health Services for submission to the Legislative Council

Purpose

This report gives an account of the work of the Panel on Health Services ("the Panel") during the 2014-2015 session of the Legislative Council ("LegCo"). It will be tabled at the Council meeting of 8 July 2015 in accordance with Rule 77(14) of the Rules of Procedure of the Council.

The Panel

2. The Panel was formed by resolution of the Council on 8 July 1998 and as amended on 20 December 2000, 9 October 2002, 11 July 2007 and 2 July 2008 for the purpose of monitoring and examining Government policies and issues of public concern relating to health services matters. The terms of reference of the Panel are in **Appendix I**.

3. The Panel comprises 18 members, with Prof Hon Joseph LEE Kok-long and Dr Hon LEUNG Ka-lau elected as Chairman and Deputy Chairman respectively. The membership list of the Panel is in **Appendix II**.

Major work

Regulation of private healthcare facilities

4. The Panel had long been calling for enhancing the regulation of private hospitals, ambulatory centres providing outpatient surgeries or high-risk medical procedures, and healthcare intermediaries in order to better safeguard patient safety and consumer rights. During the session, the Panel had examined in detail the Administration's proposal to introduce a robust facilities-based regulatory regime for private healthcare facilities

as recommended by the Steering Committee on Review of Regulation of Private Healthcare Facilities ("the Steering Committee") and was put to public consultation from December 2014 to March 2015. The Panel met with stakeholders including those from the medical and beauty sectors, as well as consumer and patient groups, to listen to their views on the proposal.

5. Members welcomed the introduction of a revamped regulatory regime to regulate the hospitals, facilities providing high-risk procedures in ambulatory setting and facilities providing medical services under the management of incorporated bodies under the five broad areas of corporate governance, standard of facilities, clinical quality, price transparency and sanctions. Many members shared the view of the deputations that for the sake of clarity, the future legislation should provide a legal definition of "healthcare facility" and clear criteria for defining which medical procedure would be considered to be high-risk and should be performed in hospital or in ambulatory facility. They also urged the Administration to expedite its study to introduce another new piece of legislation to regulate premises processing cells, tissues and health products for advanced therapies. Some members suggested that apart from establishing a two-tier complaints handling system to handle all complaints against private hospitals, other private healthcare facilities should also be required to institute a systematic complaints handling mechanism. The Panel requested the Administration to take heed of the views expressed by members and deputations in hammering out the new regulatory regime for private healthcare facilities, and revert to members on the outcome of the public consultation and the way forward in the next session.

Regulation and development of beauty services

6. In recent years, beauty services had grown in prevalence in Hong Kong. While most practices of the beauty industry were non-intrusive and involved no or very little health risks, the provision of "medical cosmetic services" by some beauty service providers had aroused public concerns about the inherent risks of certain cosmetic procedures. The regulation and development of beauty services had therefore been of considerable concern to the Panel in the last session, during which a motion urging the Government to set up a steering committee on regulation of beauty industry and work with the beauty industry in formulating a set of regulatory and training regime for the profession was passed by the Panel. At the Panel's request, the Research Office of the LegCo Secretariat had examined the regulatory framework of aesthetic practices in Hong Kong, Florida of the United States, South Korea, Singapore and the United Kingdom. Following the completion of the research study, the Panel continued to follow up with the Administration on issues relating to the

classification and competency requirements for performing cosmetic procedures, regulation of ambulatory facilities in which cosmetic procedures were performed, and regulation of the use of cosmetic-related medical devices during the session. Interested parties were invited to give views on the subject at a joint meeting of the Panel and the Panel on Commerce and Industry in June 2015.

7. Members in general agreed that as recommended by the Steering Committee, non-medical practitioners in the beauty sector should refrain from performing cosmetic procedures that were classified as medical procedures, and ambulatory facilities providing medical procedures defined to be high-risk should be regulated by statutory registration and subject to a set of core standards as well as procedure-specific standards. Of particular concern to members was the proposed regulatory framework of medical devices which was under study and covered, among others, those devices commonly used in beauty services such as high-power medical lasers and intense pulsed light equipment. Members shared the view of the deputations from the beauty sector that the Administration should ride on the existing Specification of Competency Standards developed under the Qualifications Framework ("QF") for the beauty industry to hammer out a formal training regime for the industry, covering, among others, the competency requirements for using the cosmetic-related medical devices. There was also a strong call from members that the Administration should actively promote the development of the beauty industry in Hong Kong.

8. According to the Administration, it was in the process of engaging an external consultant to conduct a detailed study to examine overseas experience and practices and the scope of control on the use of selected medical devices. The Administration assured members that the consultant would seek the input of the medical sector, the beauty industry, as well as the local medical device industry as appropriate. It stressed that like other industries, the participation of beauty practitioners in QF was voluntary. The Administration would continue to support local enterprises including those of the beauty sector through various measures such as the funding schemes administered by the Trade and Industry Department. Members expressed deep regret at the refusal of the Food and Health Bureau ("FHB"), the Commerce and Economic Development Bureau, the Education Bureau and the Security Bureau ("SB") to make concerted efforts to take forward members' and deputations' repeated request for formulating a regulatory regime for the beauty industry. The two Panels decided to write to the Chief Secretary for Administration on the matter. Separately, the Panel would continue to follow up with FHB on the proposed regulatory framework of medical devices in the next session when it would be briefed on the outcome of the consultancy study.

Measures for the prevention and control of various diseases

Middle East Respiratory Syndrome

9. Since the identification of the first laboratory-confirmed Middle East Respiratory Syndrome ("MERS") case in Korea on 20 May 2015, there was a rapid increase in numbers of confirmed MERS cases in Korea. This outbreak was by far the largest outbreak of MERS outside the Middle East since the novel coronavirus was first identified in Saudi Arabia in 2012. A symptomatic man, who was a close contact of the third MERS case in Korea and was later confirmed by the Mainland authorities as infected with MERS, arrived in Hong Kong from Korea on 26 May 2015 and transited to the Mainland on the same day. In view of the wide public concern and the frequent travel of people between Korea and Hong Kong, the Panel requested the Administration to brief members on its up-to-date measures for the prevention and control of MERS.

10. Members were pleased to note the Government's swift response to raise the response level under its Preparedness Plan for MERS from "alert" to "Serious" on 8 June 2015. In addition, SB had, on the recommendation of FHB, issued a Red Outbound Travel Alert ("OTA") on Korea on 9 June 2015. This helped to provide members of the public and the travel industry with a clearer grasp of the health risk involved in travelling to Korea so as to make corresponding arrangements. Members sought the Administration's confirmation that apart from security threat, health risk would be a factor for consideration in assessing the need to issue an OTA in the future. According to the Administration, the Department of Health ("DH") would continue its role to issue disease outbreak alert and travel health advice under the existing mechanism. If there were public health grounds, SB might, on FHB's recommendation, advise the public to avoid non-essential travel, or even all travel, under the OTA System.

11. Referring to the dissemination of misleading information about MERS on the Internet and via mobile messaging applications, members urged the Administration to make better use of the Internet and social media platform to disseminate information on the latest disease situation. Members noted that DH would implement screening and surveillance of inbound travellers in line with the International Health Regulations (2005) which bound on all member states of the World Health Organization ("WHO"), including the People's Republic of China and therefore extended to cover Hong Kong. They considered that there was a need for the Administration to make it clear to inbound travellers about the legal liability for providing false information in the health assessment form.

Members also expressed the view that the Administration should continue to maintain a high level of vigilance against the disease.

Ebola virus disease

12. The most recent outbreak of Ebola virus disease ("EVD") in West Africa was unprecedented in scale and geographical distribution since the Ebola virus was first discovered in 1976. The Alert Response Level under the Government's Preparedness and Response Plan for EVD had been activated since 20 August 2014. The Panel followed up closely on the measures implemented by the Administration to safeguard Hong Kong against EVD.

13. Given the increasing number of Africans working in or travelling to the Mainland, members considered it of paramount importance to prevent the importation of EVD cases into Hong Kong through entry screening at various boundary control points. They called on the Administration to step up publicity on how to handle suspected EVD case, and organize target health education activities for the local African community and guesthouses to remind them to stay vigilant against EVD. Members stressed that the Administration should ensure the effective implementation of the strategy of "early notification, early isolation and early testing" to reduce the risk of transmission of the disease in the community in case there was a confirmed EVD case in Hong Kong.

Seasonal influenza

14. Of equal concern to members was WHO's observation of an antigenically drifted H3N2 strain and hence, mismatch of the circulating and vaccine strain of influenza H3N2 strain in the 2014-2015 winter influenza season. Members were concerned that the local activity of seasonal influenza had reached a very high level in this season, exceeding the peak levels observed in previous seasons with high activities. Of note was that the hospital admission and mortality rates of influenza among elders aged 65 years or above was at an especially high level in this season.

15. Members noted that the Administration was liaising with the vaccine suppliers to try to procure a certain quantity of vaccines containing the current predominant influenza strain for the rolling out of a seasonal vaccination programme to certain groups of elders to protect them from the summer influenza season. Some members suggested that in the longer term, the Administration should promote the development of the local vaccine industry and related research and development activities to meet the local vaccine needs. Members urged the Hospital Authority ("HA") to

further augment the service capacity of public hospitals as far as possible to cope with the surge in demand for inpatient service during the influenza season. They also called on the Administration to work with the private healthcare sector to encourage more private clinics to remain opened during long public holidays to help relieve the pressure of the Accident and Emergency ("A&E") departments of public hospitals.

Dengue fever

16. Four years after the occurrence of the last local cases of dengue fever ("DF") in September 2010 which affected a family, Hong Kong confirmed three local cases of DF on 25 October, 3 and 7 November 2014 respectively. The effectiveness of the measures put in place by the Administration to prevent an outbreak of DF in Hong Kong was of great concern to the Panel. Noting that both patients in the first and second cases had been working at the same construction site, members urged the Administration to actively inspect construction sites and public housing estates located in areas where many construction works were in progress to detect whether there was any breeding of mosquitoes. There was also a need for the Administration to assist the parties responsible for managing these venues in carrying out mosquito prevention and control work in areas within their ambit. Members suggested that efforts to maintain good environmental hygiene in certain areas, such as environmental black spots and village houses in the New Territories, should be stepped up.

17. Members noted with concern the rapid increase in the number of DF cases in neighbouring areas, such as the Guangdong Province and Singapore. They considered that the Administration should raise public awareness about the threat posed by DF and the need to take personal protective measures when travelling to these areas. The Administration advised that DH had been closely monitoring the latest DF situation in neighbouring and overseas areas. Updated information and travel health advice on DF would be made available at the Travel Health website of DH.

Colorectal cancer screening pilot programme

18. Following the Chief Executive's announcement in the 2014 Policy Address that the Government would subsidize colorectal cancer screening for higher risk groups, members deliberated the preliminary arrangements for the Colorectal Cancer Screening Pilot Programme ("the Pilot Programme"), which was planned to be rolled out by end of 2015 the earliest, in this session. As advised by the Administration, the three-year Pilot Programme would be piloted on people aged 61 to 70 years at the time of programme launch, in order to shed light on whether, and if so, how

best colorectal cancer screening should be extended to cover the wider population. Members noted that participants with a positive faecal immunochemical test ("FIT") result would be referred by the private primary care doctors to undergo colonoscopy for assessment by a privately practised colonoscopist. They would be provided with a subsidy from the government and, as the case might be, a co-payment by the participant for the services. Participants with limited economic means might also choose to undergo colonoscopy in public hospitals.

19. While members in general saw no reason for not supporting the Pilot Programme, there was a concern that the Pilot Programme might widen the gap between those FIT-positive participants who were able to afford the co-payment for undergoing colonoscopy in the private sector and those less privileged participants who could only resort to the public sector with a long queuing time. The long waiting time for the less privileged FIT-positive cases would induce anxiety to the participants concerned during the waiting period and lead to delay in treatment for the confirmed cases. Some members suggested that the age threshold for the Pilot Programme should be lowered to cover persons in the younger age groups. This apart, the Administration should make efforts to encourage participation among those less health conscious eligible persons. The Administration had taken note of members' concerns and would finalize the operational details of the Pilot Programme. The Panel had requested the Administration to revert on further details of the Pilot Programme in the next session prior to its commencement.

Development of the Chinese University of Hong Kong Medical Centre

20. The development of private hospitals, as an integral part of the twin-track system healthcare system comprising of both public and private sectors, to meet the local demand for personalized and more accessible private hospital services had all long been of considerable concern to the Panel. Following the Financial Secretary's announcement in the Budget Speech 2015-2016 to use part of the \$50 billion earmarked to support healthcare reform to offer loans to non-profit making organizations for private hospital development in order to address the acute shortage of private hospital beds, members were consulted on the Administration's proposal to provide the CUHK Medical Centre Limited, a wholly-owned subsidiary of the Chinese University of Hong Kong ("CUHK"), with a loan of \$4.033 billion for developing a non-profit making private teaching hospital, to be named the Chinese University of Hong Kong Medical Centre ("CUHKMC").

21. Members in general were of the view that the development of CUHKMC could increase the overall capacity of the healthcare system in Hong Kong. They were, however, gravely concerned that the hospital, which would also be run as a private teaching hospital to serve as a training platform for healthcare professionals, would drain the teaching manpower of the Faculty of Medicine of CUHK. Of equal concern to members was whether the access to public healthcare services for existing patients at the Prince of Wales Hospital ("PWH") would be affected with CUHK diverting resources to the operation of CUHKMC. The Administration pointed out that there were established rules governing the number of sessions the full time clinical professors of the two local medical schools could engage in private clinical practice. CUHK also assured members that it would not cut back on or dilute its involvement in using PWH as a teaching hospital. There was a call from members that clear guidelines and a monitoring mechanism should be put in place to govern the proposed arrangement for CUHKMC to provide specialist outpatient consultation services and day surgery to patients referred by HA in the four specialties of gynaecology, orthopaedics, gastroenterology cum colorectal surgery and urology.

Development of the Hong Kong Children's Hospital

22. The construction work of the Hong Kong Children's Hospital ("HKCH"), a public tertiary specialist hospital for paediatric services which was the first of its kind in Hong Kong, was targeted for completion in 2017. The Panel had requested a briefing from the Administration and HA on the plan for the commissioning of HKCH in 2018. While pleased to note the good process made so far in determining the directions of and models of care for service development of paediatric subspecialties in HKCH, many members stressed the need to put children at the centre of care to ensure that their healthcare needs would be met with more accessible and quality services under the proposed hub-and-spoke model. Views of the relevant patient groups and support to the carers should also not be overlooked.

23. Holding the view that having adequate healthcare manpower was of utmost importance for smooth service commencement in HKCH, members in general agreed with the direction of HA to introduce a central recruitment model for paediatric doctors starting from 2015. Members also noted that while existing manpower and expertise serving in the paediatric subspecialties in various HA hospitals would be transferred to HKCH along its service translocation and form the core team of the subspecialty service, HA had taken steps to initiate advance recruitment of doctors, nurses, allied health professionals and pharmacist for service areas where additional manpower was required.

Capital works projects of HA

24. The Panel examined the Administration's proposals on expansion of the Hong Kong Red Cross Blood Transfusion Service ("BTS") Headquarters, extension of Operating Theatre Block of Tuen Mun Hospital ("TMH"), and the main works for the expansion of the United Christian Hospital ("UCH"). Members were supportive of these proposals which, in their views, would improve and enhance the facilities of the public healthcare sector. There was a request from members for ensuring that services of these facilities would not be affected during the project periods.

25. Concern was raised about whether the overall capacity of the above facilities could meet the long-term demand of the community. Members were assured that the expanded BTS would cater for new and expanded services to cope with the projected increase in service levels having taken into account that BTS was the only organization responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and was also the major provider of plasma products in Hong Kong. The new block to be constructed adjacent to the existing Operating Theatre Block of TMH would provide, among others, additional surgical facilities and expanded A&E and Radiology departments to ensure that patients in urgent and acute conditions would receive appropriate care and support. The UCH expansion project would cater for increasing medical needs of the community due to growing and ageing population.

Issues relating to HA

HA Drug Formulary

26. The Panel continued to attach great importance to ensuring access by patients of HA to drugs of proven safety and efficacy at standard fees and charges. Members were briefed that as a positive step to enhance public understanding and engagement of stakeholders in the management of the HA Drug Formulary ("the Formulary") and further improve its credibility, HA would promulgate an HA Drug Formulary Management Manual and launch a revamped website for the Formulary in the third quarter of 2015. There was a call from members that representatives of patient groups should be invited to become members of the Drug Advisory Committee and the Drug Formulary Committee, which were respectively responsible for new drug appraisals and periodic review of the Formulary. Members continued to urge HA to expand the Formulary to cover more new drugs and widen the clinical applications of the existing drugs in the Formulary. They were particularly concerned about the drug treatments for patients suffering from uncommon disorders. They held the view that

for cases of paroxysmal nocturnal hemoglobinuria, Eculizumab should be classified as first line treatment.

General and specialist outpatient services

27. Following up its work in the last session, the Panel continued to monitor the implementation of the cross-cluster referral arrangement in public specialist outpatient clinics ("SOPCs"). Members were pleased to note that the centralized coordinated referral arrangement, which was first piloted in the specialties of Ear, Nose and Throat, Gynaecology and Ophthalmology of selected clusters, was now extended to cover all specialties (with the exception of psychiatric service) and all hospital clusters. This apart, all patients could now book appointments for first consultation directly at SOPCs in other clusters of their choices. There were views that HA should request frontline nurses responsible for screening referrals of new patients to proactively advise and assist patients on the arrangement. Additional resources should also be provided to underpin those hospital clusters with increasing service demand under the new arrangement, so that those hospital clusters originally with a shorter waiting time, and hence attracting more new case bookings from outside the cluster, would not become disadvantaged. Members went further to suggest that in the longer term, HA should enhance its primary care services, flexibly deploy its medical manpower among hospital clusters to cope with the operational needs of pressurized areas, and review the service demand for and service supply of each specialty and hospital cluster to come up with a comprehensive strategy to ensure that all patients would be provided with timely access to specialist outpatient services required.

28. The Chief Executive announced in his 2015 Policy Address the commitment to extending the General Outpatient Clinic Public-Private Partnership Programme ("GOPC PPP"), which was launched by HA in mid-2014 on a pilot basis in Kwun Tong, Wong Tai Sin and Tuen Mun districts, to the remaining 15 districts by phases. Meanwhile, the Financial Secretary also pledged in the Budget Speech 2015-2016 to allocate to HA a sum of \$10 billion as endowment to generate investment return for funding its public-private partnership initiatives, including, among others, GOPC PPP. The Panel had deliberated on the initial implementation progress of GOPC PPP and the proposed way forward. To evaluate the effectiveness of GOPC PPP, some members suggested that HA should collect feedback on the satisfactory level of participating patients, examine the impact of GOPC PPP on the healthcare seeking behaviour and health conditions of the participating patients, and compare the cost-effectiveness of providing the relevant treatment at public general outpatient clinics against partnering with the private healthcare providers.

There was a view that in extending GOPC PPP to the remaining districts, priority should be accorded to those districts with a higher proportion of low-income and underprivileged population or higher service demand for general outpatient services.

Security management in public hospitals

29. Given the grave public concern about the incident of a man impersonating a doctor in UCH for more than 10 times in March and April 2015, another focus of the Panel in the session was the arrangements adopted by HA for ensuring security in public hospitals. Members were of the view that hospital security was of paramount importance in a healthcare facility. A proper balance should be struck between facilitating the efficient delivery of clinical services and protecting the security of patients. In particular, members urged HA to require all staff to wear their staff identity cards all the time in hospitals for easy identification, and individual public hospitals (including UCH) to cease the practice of issuing temporary access cards for accessing to HA facilities in order to prevent recurrence of similar incident. Members requested HA to provide the report on HA's review of security management of its hospitals for reference of the Panel when available.

Sentinel and serious untoward event management

30. The management of the sentinel events and serious untoward events by HA had all long been of considerable concern to the Panel. During the session, members were particularly concerned that a total of 49 sentinel events were reported during the period from October 2013 to September 2014, representing a significant increase of 23 cases from the last reporting period of October 2012 to September 2013. Some members surmised that heavy workload and insufficient medical manpower were two factors contributing to the occurrence of adverse incidents in public hospitals. In view of the increase in the number of sentinel events during the latest reporting period, in particular those relating to "retained instruments or other material after surgery/interventional procedure", HA assured members that improvement would be made in the areas of procedures performed outside operating theatre and checking of the completeness of instruments on removal.

Safety in the use of medical equipment and products

31. Arising from an incident taking place in the Queen Elizabeth Hospital whereby expired Ethibond Excel Suture had been used in open heart surgery for six months, the Panel had deliberated on the mechanism

put in place by HA to ensure safety in the use of medical equipment and products. Members noted that while HA Head Office would perform central sourcing and procurement of some medical items, certain slow-moving and specialty-use medical consumables were procured by the relevant clinical departments or operating theatres. There were, however, no clear guideline for the relevant clinical departments to estimate the quantities of various specialty-based medical consumables required. The existing mechanism at the corporate, hospital and department levels had also failed to monitor the procurement and inventory control process of medical consumables effectively. Members urged HA to formulate clear procurement guideline and strengthen the expiry alert mechanism in respect of medical consumables.

Quality management of pathology reports

32. Of equal concern to members was a pathology report deviation incident at UCH. According to the Independent Expert Panel set up by UCH to investigate the incident, the discrepancies found in the reports were mainly due to personal performance issue involving the lapses of sustained vigilance in a task that required high level of attentiveness. Members were concerned about the criteria adopted by HA in deciding whether a disciplinary case should be referred to the Medical Council of Hong Kong for follow up. HA stressed that many medical incidents were caused by system rather than human factors, and only those acts which had fallen short of the standards expected among members of the profession would be regarded as misconduct in a professional respect. HA would consider the appropriate follow-up actions having regard to the circumstances of individual cases. Pointing out that the accuracy of pathology reports had a direct bearing on the diagnosis of clinicians and hence patient safety, some members suggested that reports issued independently by those pathologists having less than three years of experience since their attainment of Fellowship and accreditation by the Hong Kong College of Pathologists and the Hong Kong Academy of Medicine, as well as those reports concerning diagnosis of brain cancer and leukaemia should be subject to a higher percentage of random audit or cross checking by another experienced pathologist. HA agreed to relay the suggestion to HA's Coordinating Committee in Pathology for consideration.

Legislative proposals

33. The Panel was consulted on the Administration's legislative proposal to amend the Human Reproductive Technology Ordinance (Cap. 561) to prohibit advertisements related to provision of sex selection services through reproductive technology procedures. While members in

general supported the proposal, concerns were raised over the scope of the prohibition, particularly with regard to advertising on the Internet; definition of "advertisement"; enforcement of the new offence; and the liability of parties who facilitated the distribution of such advertisement. The Administration introduced the Human Reproductive Technology (Amendment) Bill 2015 into LegCo on 18 March 2015. A Bills Committee was formed to scrutinize the Bill.

34. The Panel also gave views on the legislative proposal to revise 118 statutory fee items relating to the registration of healthcare professionals under the purview of DH. Members in general supported the proposal which aimed at achieving full cost recovery gradually but avoiding a steep fee increase. They considered that the proposed fee levels should have relatively little impact on the daily life of the general public or general business activities.

35. Three other legislative proposals to strengthen tobacco control were under consideration of the Panel. They were related to the designation of bus interchange facilities located at the tunnel portal areas as statutory no smoking areas; the change of the prescribed form of health warning and indication of tar and nicotine yields on packet or retail container of cigarettes and relevant tobacco products; and the regulation of electronic cigarettes. Many members held strong views against the proposal to increase the coverage area of the graphic health warning from 50% to at least 85% of two largest surfaces of the relevant packet or retail container which, in their view, was disproportionately large and of little use to encourage smokers to quit smoking. There were views that different levels of control should be imposed on electronic cigarettes having regard to their health effects. The Panel has scheduled a meeting in July 2015 to receive views from members of the public and the stakeholders on these legislative proposals.

Staffing proposals

36. The Panel was consulted on the Administration's proposals to retain the two supernumerary directorate posts of the Healthcare Planning and Development Office for five years, and to retain the two supernumerary directorate posts of the Electronic Health Record Office for three years. Members in general supported the proposals having regard to the respective needs to continue to take forward the initiatives relating to the development of the Voluntary Health Insurance Scheme ("VHIS"), manpower planning and professional development of healthcare professionals, regulation of private healthcare facilities and mental health policy; and to ensure the smooth initial operation of the Electronic Health Record Sharing System

("eHRSS") and steer on the development of the second stage of the eHRSS Programme. They were, however, concerned about the trend of the Administration to retain the supernumerary directorate posts, and in some cases for more than one time, in recent years. They called on the Administration to more accurately estimate the required duration of the supernumerary directorate posts when they were created.

Subcommittees set up under the Panel

37. The Subcommittee on Health Protection Scheme established under the Panel in December 2012 continued to examine the proposed VHIS (formerly known as Health Protection Scheme). The Subcommittee had held three meetings in the session to discuss with the Administration on the Consultation Document on VHIS, and manpower projection for doctors, nurses and dentists. The Subcommittee would continue its work in the coming months when it would be briefed on the outcome of the public consultation on VHIS and the findings of the strategic review on healthcare manpower planning and professional development.

38. The Subcommittee on Issues Relating to the Development of Chinese Medicine established under the Panel in November 2014 studied the long-term development of Chinese medicine. The Subcommittee had held seven meetings to discuss with the Administration various issues of concern including progress of registration, testing and development of proprietary Chinese medicines ("pCms"); arrangements for migration of pCms from transitional registration to formal registration; introduction of Good Manufacturing Practice requirements to pCms in Hong Kong; and progress of the Integrated Chinese-Western Medicine Pilot Programme. The Subcommittee has scheduled another meeting in July 2015.

Meetings held

39. During the period between October 2014 and June 2015, the Panel held a total of 13 meetings, including one joint Panel meeting with the Panel on Commerce and Industry on regulation and development of beauty services. The Panel has scheduled another two meetings in July 2015.

Legislative Council

Panel on Health Services

Terms of Reference

1. To monitor and examine Government policies and issues of public concern relating to medical and health services.
2. To provide a forum for the exchange and dissemination of views on the above policy matters.
3. To receive briefings and to formulate views on any major legislative or financial proposals in respect of the above policy areas prior to their formal introduction to the Council or Finance Committee.
4. To monitor and examine, to the extent it considers necessary, the above policy matters referred to it by a member of the Panel or by the House Committee.
5. To make reports to the Council or to the House Committee as required by the Rules of Procedure.

Panel on Health Services

Membership list for 2014-2015 session

Chairman Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN

Deputy Chairman Dr Hon LEUNG Ka-lau

Members Hon Albert HO Chun-yan
Hon Vincent FANG Kang, SBS, JP
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon YIU Si-wing
Hon Charles Peter MOK, JP
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

(Total : 18 members)

Clerk Ms Maisie LAM

Legal adviser Ms Wendy KAN