立法會
Legislative Council

LC Paper No. CB(2)720/99-00
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 14 June 1999 at 8:30 am
in the Chamber of the Legislative Council Building

Members Present	:	Hon Michael HO Mun-ka (Chairman) Dr Hon LEONG Che-hung, JP (Deputy Chairman) Hon Cyd HO Sau-lan Hon CHAN Yuen-han Hon Mrs Sophie LEUNG LAU Yau-fun, JP Dr Hon YEUNG Sum Hon YEUNG Yiu-chung Dr Hon TANG Siu-tong, JP Hon LAW Chi-kwong, JP
Member Absent	:	Hon HO Sai-chu, JP
Public Officers Attending	:	All items Mr Gregory LEUNG, JP Deputy Secretary for Health and Welfare 1 Miss Linda SO Assistant Secretary for Health and Welfare Dr P Y LAM Deputy Director of Health 2

Item III

Miss Eliza YAU
Principal Assistant Secretary for Health and Welfare (Medical) 1

Dr K H MAK
Consultant (Community Medicine), Department of Health

Miss LAM Kam-fung
Senior Education Officer, Education Department

Miss Ann LAU
Assistant Director, Social Welfare Department

Dr W M KO
Deputy Director (Operations), Hospital Authority

Item IV

Miss Eliza YAU
Principal Assistant Secretary for Health and Welfare (Medical) 1

Item V

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare (Medical) 3

Dr W M KO
Deputy Director (Operations), Hospital Authority

Attendance by Invitation : Item V

Dr LAM Ying-ming
Estate Doctors' Association

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Ms Joanne MAK
Senior Assistant Secretary (2) 4

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I. Confirmation of minutes of meeting held on 8 February 1999
(LC Paper No. CB(2)2133/98-99)

The minutes of the meeting held on 8 February 1999 were confirmed.

II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)2266/98-99(01) and (02))

2. Members noted that two additional meetings were scheduled as follows for discussion of the Harvard Report -

(a) 28 June 1999 at 8:30 am; and

(b) 12 July 1999 at 8:30 am.

Follow-up to the meeting on 11 June 1999

3. Deputy Director of Health 2 (DD(H)) said that after the last meeting held on 11 June 1999, the Administration met the relevant trade associations on the same day to follow up the suspension of the sale of eggs from the four European countries, namely Belgium, France, Germany and the Netherlands. At the meeting, the local wholesalers promised to recall all the eggs being sold in the market. Subsequently, the Department of Health (DH) arranged for them to be stored up in warehouses. He said that with the concerted efforts of the trade, about 100,000 European eggs were recalled on 12 June 1999. DD(H) took the opportunity to thank the trade for its support and cooperation.

4. DD(H) further said that the recall exercise would continue and health inspectors would keep on conducting inspections to markets to ensure no more eggs from the four European countries were sold. He admitted that individual retailers had been found selling these problematic eggs, which were then confiscated and the retailers concerned were warned. In response to Dr LEONG Che-hung's question, DD(H) said that DH had also checked some stores and ordered them to stop selling milk chocolate made in Belgium. He said that the importers and retailers should cooperate and refrain from the import or sale of the food products manufactured in the four European countries as they might have been contaminated with dioxin.

5. The Chairman asked why it was reported on television in the previous evening that a retailer was still keeping a carton of about 400 eggs from one of the four European countries. He suggested that health inspectors should conduct surprise checks to marketplaces. In reply, DD(H) explained that the DH normally conducted surprise checks. However, some retailers had taken precautions this time because the Administration in announcing the suspension had also informed the public that DH

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would soon conduct inspections to markets to ensure retailers' compliance with the ban. DD(H) further pointed out that as there were quite a large number of egg retailers, the wholesalers needed some time to complete the recall exercise. He assured members that DH would closely monitor the situation and added that the recall exercise was expected to be completed in one or two days.

6. Dr LEONG Che-hung asked whether the Administration would consider at this stage to impose a ban on the import of eggs from the four countries. DD(H) replied that the trade had reported that it had not placed order for any more eggs from the four European countries. As to those which were being shipped to Hong Kong, the wholesalers had also agreed that they would not be put on sale in the market and that the Administration would be informed when the shipments arrived. The Administration would assist to make appropriate arrangements for proper storage of these eggs to avoid contamination of the environment. In view of the good cooperation shown by the wholesalers, the Administration considered that there were no reasons to suspect that they had any intention to put aside any eggs for sale. In addition, he said that the Administration would consider explaining to the egg-exporting countries that the local wholesalers had stopped importing the eggs because of the ban imposed by the Government so that they would not sue the local companies for breach of contracts.

7. Dr LEONG Che-hung asked what had caused the food contamination in Belgium and whether a mechanism was in place in Hong Kong to test the level of dioxin in food products and in the environment. In response, DD(H) said that the testing of dioxin in food was newly introduced to Hong Kong. It was applied in the monitoring of food safety and no problems had been found. He pointed out that Environmental Protection Department (EPD) had been monitoring the quality of air and it had conducted tests on the level of dioxin in the environment. He said that when the report of investigation conducted by the European Community on the causes of the contamination in Belgium was available, the Administration would provide the details to the Panel.

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8. Mr YEUNG Yiu-chung was concerned whether there were retailers who tried to cover up their sale of the contaminated eggs by claiming that the eggs were imported from other places such as the Mainland. In response, DD(H) said that since the wholesalers had agreed to recall all the contaminated eggs, there were no reasons for the retailers to risk selling the contaminated eggs as they could be prosecuted for selling these eggs.

9. Miss Cyd HO Sau-lan asked whether the Administration would consider destroying the eggs that had been recalled. DD(H) said that to avoid contamination of the environment, the Administration would have to study very carefully the various possible options before it could decide on the appropriate way of handling the eggs. He agreed to provide further details to the Panel when EPD's recommendations on the

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appropriate way of handling the eggs were available.

10. In response to Dr LEONG Che-hung's question, DD(H) advised that if a consumer had doubt about the source of an egg and suspected that it was from any of the contaminated countries, he should not take the risk of eating the egg. He said that there was no information on how many contaminated eggs a person had to consume before he fell ill.

11. Dr TANG Siu-tong asked whether the Administration would offer any assistance to the wholesalers to minimize their loss as they were required to rent warehouses now for storage of the contaminated eggs. DD(H) said that the Administration would further discuss with the wholesalers to understand their difficulties. He added that if consent was given by the wholesalers for destroying the eggs, the Administration would make the necessary arrangements as soon as practicable. He pointed out that at present EPD was assessing the scale of the problem and it had not yet come up with advice on the safe disposal of the eggs.

III. EV71
(LC Paper No. CB(2)2266/98-99(03))

12. At the Chairman's invitation, Consultant (Community Medicine) (C(CM)) of DH briefed members on the salient points of the Administration's paper. He said that DH had set up since June 1998 a sentinel surveillance system for monitoring Hand Foot Mouth Disease (HFMD). To prevent the spread of enterovirus infections in institutions like child care centres, nurseries and kindergartens, DH, in collaboration with Education Department (ED) and Social Welfare Department (SWD), paid regular visits to these institutions to disseminate health messages and to ensure adherence to proper hygiene measures. In this connection, 11 talks had been held in the current year for operators of these institutions on prevention of the disease. In addition, four more talks would be held within the month. C(CM) informed members that during the regular inspections and visits paid to these institutions, it was found that the hygienic conditions in most cases were satisfactory. He further pointed out that the number of HFMD cases found in the current month was relatively small compared with the same period in the past. He believed that this was attributed to the cooperation rendered by the staff of the child care institutions and kindergartens and enhanced awareness of hygienic practice as widely publicized by the media.

13. Mr LAW Chi-kwong referred to paragraph 10 of the Administration's paper and asked whether it was an established practice to conduct inspections to kindergartens and child care centres in summer and, if so, why the percentage of kindergartens visited was higher than that of child care centres. In reply, C(CM) said that DH conducted such visits to all these institutions in summer, with priority

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given to the less hygienic ones first. He pointed out that in addition to inspections, DH had established regular contacts with the institutions by phone calls to follow up on any problems found. C(CM) further pointed out that the Administration aimed to complete inspections of all the child care centres and kindergartens within the current month.

14. Dr LEONG Che-hung referred to paragraph 5 of the Administration's paper and asked since when the number of private practitioners taking part in the sentinel surveillance network had been increased to 28. C(CM) said that the sentinel surveillance network was established in early 1998 following the outbreak of H5N1. At the initial stage there were only 18 private practitioners enlisted to take part in the network and the number had increased to 28 since August 1998. He further explained that the surveillance system mainly relied on the 28 private practitioners and 63 General Out-patient Clinics of DH to report weekly the number of HFMD cases observed in the clinics. The data provided could help DH monitor the development trend of the disease. In response to Dr LEONG's request, C(CM) agreed to provide the data collected by the surveillance system on the virus to members for reference.

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15. Dr LEONG Che-hung referred to the increase in the number of enterovirus infections from 64 cases in 1997 to 562 cases in 1998 set out in the Administration's paper and asked for the reasons for the increase. In reply, C(CM) said that as a result of the outbreak of HFMD in Taiwan in 1998, physicians had become more alert to enterovirus infections and therefore more enteroviruses had been isolated and identified compared with previous years. At members' enquiries, C(CM) said that in relation to the recorded enterovirus isolations set out in the paper, the relevant specimens were mostly sent from hospitals. He added that there was no proof showing that the enteroviruses isolated were brought to Hong Kong from places outside. In response to Dr TANG Siu-tong's question, C(CM) explained that the surveillance system on enterovirus infections consisted of clinical surveillance of HFMD and laboratory surveillance of enterovirus infections. At present, viral culture and identification service was mainly provided for specimens sent from hospitals. In reply to Dr TANG's further question, C(CM) pointed out that the largest number of HFMD cases was recorded in the week of 11 July 1998, with 96 patients suffering from the disease admitted to hospitals. However, the number soon dropped to only two to three cases a week in the fall and winter of the same year. Among the some 60 children suffering from EV71 last year, none of them was found to have developed serious complications associated with enterovirus infection or died. He agreed to provide the relevant detailed figures, such as the admission rates of patients suffering from HFMD, recorded for 1998 to the Panel later.

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16. Miss Cyd HO Sau-lan urged the Administration to strengthen family medicine to enhance surveillance of enterovirus infections and help obtaining more accurate information on the incidence rate of the disease. In response, C(CM) pointed out

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that the sentinel surveillance network was a good example of cooperation between the private and public health sectors to prevent the spread of the disease and there were plans to involve more private practitioners in the network. Miss HO asked the Administration to consider strengthening education on the preventive measures at maternal and child health centres targetting at the mothers of newborn babies. C(CM) said that there had already been wide publicity on personal hygienic practices and prevention of enteroviruses at these centres. However, he agreed to step up the publicity.

17. Miss Cyd HO Sau-lan asked if it was possible to devise some benchmarks for evaluation of the state of healthiness and the resistance of a child and to make public these benchmarks. C(CM) responded that DH had taken measures to strengthen the resistance of newborn babies. He pointed out that every newborn baby was injected with various vaccines to prevent them from contracting nine infectious diseases like tuberculosis, poliomyelitis and so on. He added that DH had been regularly monitoring the level of immunity of different age groups against various infectious diseases in a bid to assess the degree of potential threat that might be caused by a particular kind of diseases to Hong Kong.

18. Miss CHAN Yuen-han asked whether the operators of amusement centres and children's playgrounds were provided with clear guidelines stipulating that there must be frequent cleaning and disinfection of the facilities and ball pools there. C(CM) replied that health inspectors of the two municipal councils conducted bi-weekly inspections to all these amusement centres, children's playgrounds and swimming pools during summer. He pointed out that staff of Urban Services Department (USD) and Regional Services Department (RSD) had strictly implemented the hourly sampling of the public swimming pool water, ensuring that the free residue chlorine level was maintained at a level sufficient to kill the virus. In addition, staff working at swimming pools were instructed to strictly prohibit persons with obvious skin diseases from entering the pool areas. As regards private swimming pools, both USD and RSD had sent to all pool licensees advisory letters and leaflets on HFMD. They were also requested to take hourly water samples to ensure that the prescribed free residue chlorine level was maintained and to keep relevant records for inspection by health inspectors. He confirmed that there was so far no evidence showing that the swimming pools and ball pools were the sources for the spread of enteroviruses.

19. In response to Miss CHAN Yuen-han's further question, C(CM) said that information on enterovirus infection and its prevention had been disseminated by -

(a) media channels, such as television and radio;

(b) homepage of the Department of Health;

(c) information leaflets and posters on HFMD displayed at various public

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places such as DH clinics, hospitals, schools, child care centres, USD and RSD facilities and District Offices; and

(d) talks organized for the staff working at child care centres, nurseries, kindergartens and swimming pools.

As regards the ball pools in some shopping malls and restaurants, the licence holders concerned were required by the two municipal councils as a licensing condition to maintain cleanliness of the facilities and the premises. In addition, the premises were subject to inspections by health inspectors.

20. The Chairman made the point that in schools and child care centres, the staff should not provide the same towel for a group of children to wipe their hands after washing. He asked whether ED and SWD had given clear instructions on the proper hygienic practice to the frontline staff. He also questioned whether staff turnover at schools/child care centres would affect implementation of the relevant measures. Assistant Director of SWD (AD(SW)) replied that SWD had provided detailed supervision and guidance to the staff at child care centres advising that children should wash their hands before eating and after using toilets. They were also advised that the children should wash their hands under running water from the tap and not in the same basin of water. During the peak season of enterovirous infections, children should be given tissues to wipe their hands after washing. Moreover, they should be provided with liquid soap instead of soap bars for hand washing. In response to the Chairman's question, AD(SW) said that when the peak season of the virus was past, the child care centres would resume using towels for the children to wipe their hands after washing and these towels were cleaned daily. As to those children who had shown symptoms of enterovirus infections, they were required to use tissues only. SWD staff visited the child care centres before summer arrived and took the opportunity to explain again the guidelines to the staff of the centres.

21. The Chairman commented that the shared use of towels for the children to wipe their hands was not a hygienic practice. He asked C(CM) if he was satisfied that SWD and ED staff had demonstrated adequate understanding of the guidelines issued by DH. In response, C(CM) said that DH did not advise schools/child care centres to provide towels for shared use. Instead, it only advised that the children should use tissues or, in the case of towels, children should each be provided with a towel which should be cleaned immediately after use. Dr LEONG Che-hung said he was surprised to learn that SWD allowed shared use of towels at child care centres and pointed out this was not acceptable. He considered that there was need to improve the coordination between DH, ED and SWD. C(CM) responded that there was already an Interdepartmental Working Group on Enterovirous Infection set up comprising representatives from ED, SWD, DH and other departments to coordinate implementation of the preventive measures. In addition, there were regular inspections conducted by DH staff to ensure adherence to hygienic practices at child

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care institutions/kindergartens.

22. AD(SW) clarified that children were each provided with one towel for wiping hands. Several towels would be provided for each child each day and the towels were cleaned and disinfected after use. The Chairman expressed doubt to the accuracy of the information as he pointed out that, under such arrangements, quite a lot of towels were required by each child care centre for the use of the children there. He requested DH to follow up and ensure that its health advice could be effectively disseminated to SWD/ED staff and especially their frontline staff.

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IV. Ancillary Dental Workers (Dental Hygienists) Regulations
(LC Paper No. CB(2)2266/98-99(04))

23. Deputy Secretary for Health and Welfare 1 (DS(HW)) referred to the Administration's paper and briefed members on two proposals for amending the Ancillary Dental Workers (Dental Hygienists) Regulations and sought members' views as to which of two amendment options was more preferable. He said that after obtaining members' views on this issue, the Administration would consult the Dental Council of Hong Kong, the dental profession and dental hygienists, and would propose amendment to Regulation 6(2)(b) as soon as possible.

24. In response to Dr LEONG's question, DS(HW) explained that the scope of dental work that might be undertaken by an enrolled dental hygienist was set out in the annex to the paper. He said that dental hygienists were auxiliaries providing support to registered dentists and were therefore accountable to dentists. Responding to Dr LEONG's further question, DS(HW) said that the Administration had initially consulted the Dental Council on the proposed amendments. The Dental Council supported the first option of specifying a list of valid employers of dental hygienists in the relevant Regulation. However, the Administration was of the view that the list would in no way be exhaustive and that the second option which provided more flexibility was preferable. Dr LEONG further asked whether the Dental Association had been consulted. DS(HW) responded that it had not yet been consulted but it would be included for consultation in the future.

25. The Chairman said that since the proposed amendments did not involve policy change, there was no need for the Administration to conduct an extensive consultation which would be time consuming and delay the amendment work. He pointed out that some dental hygienists had already been affected by Regulation 6(2)(b), which was now obsolete, and their services had been terminated by a private hospital. The Chairman stressed that the consultation work should be conducted expeditiously. DS(HW) agreed that the proposed amendment was relatively simple and should be effected as soon as possible after consulting the sector.

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26. Dr YEUNG Sum preferred the second amendment option and remarked that the most important thing was to maintain the requirement that dental hygienists must be enrolled with the Dental Council. The Chairman and Dr LEONG Che-hung had no strong views on either option since no policy change was involved in either case. The Chairman requested that amendment be made to the Regulation before the new session.

27. DS(HW) said that if members had no objection to the second amendment option, the Administration would proceed to conduct consultation on this option. He further suggested that the amendment should come into effect upon its gazettal to expedite the process.

V. Hong Kong's health care system and the direction of future reform
(LC Paper Nos. CB(2)2266/98-99(05) - (07))

28. The Chairman informed members that the Hong Kong College of Family Physicians (HKCPF) had already provided a submission (LC Paper No. CB(2)2266/98-99(06)) to this Panel and it would send representatives to attend the special meeting scheduled for 28 June 1999 to give their views on the Harvard Report.

29. The Chairman suggested that the views of both the management staff and the board members of the Hospital Authority (HA) on the Harvard Report should be sought. He would further liaise with the Clerk on the follow-up arrangement.

30. Referring to the proposed outline of topics for discussion (LC Paper No. CB(2)2266/98-99(05)), Dr LEONG Che-hung considered that non-medical health care professionals such as nurses should also be invited to send representatives to attend the meetings on the Harvard Report. The Chairman said that the arrangements had been made for them to attend the coming meetings.

31. The Chairman welcomed Dr LAM Ying-ming representing the Estate Doctors' Association (EDA) to attend the meeting. At the Chairman's invitation, Dr LAM briefed members on the salient points of the EDA's submission, highlighting that the EDA was concerned about how to improve the professional standards of private medical practitioners and how to enhance the transparency of their fee charging.

32. The EDA supported that private medical practitioners should be encouraged to undergo Continuous Medical Education (CME) as a way to improve their professional standards. It took the view that the Government should subsidize the practitioners to attend the CME courses and that the practitioners should be allowed to undergo CME on a voluntary basis.

33. Dr LAM suggested that in order to increase the incentives of private medical

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practitioners to pursue CME, attendance of CME courses should be made more rewarding. Dr LAM suggested that, for example, the qualifications obtained on completion of CME courses should be "quotable", that is, these qualifications could be displayed at clinics or shown on the name cards of the practitioners concerned. He noted that there was a post-graduate diploma course on family medicine organized by the Chinese University of Hong Kong (CUHK). However, on completion of the course, the participants were advised by the Medical Council of Hong Kong (HKMC) not to quote this diploma as their additional qualifications because the HKMC considered that the course was a relatively simple one. Dr LAM commented that this was disappointing to the participants as the course could not help to enhance their qualifications. He took the view that there should be better coordination between the HKMC and the universities in designing the curricula of CME courses to prevent recurrence of similar problems.

34. For the benefit of raising the overall quality of health care, the EDA supported strengthening primary health care and promoting the development of family medicine. These measures, as pointed out earlier on by the Hong Kong Council of Social Service, would help reducing the need for hospital admissions and thus the public expenditures on hospital services. Dr LAM considered there was a need to increase the number of family physicians as there were only about some 100 of them in Hong Kong against a shortfall of about 3 000. Moreover, he considered that it was inadequate for the HA to provide only 20 placements in public hospitals each year for the training of family physicians and there was an urgent need for allocating additional resources to train up more family physicians.

35. To facilitate private medical practitioners to receive training on family medicine, Dr LAM said that the practitioners should be given on-the-job training so that they needed not give up their private practice while receiving the training. He opined that the duration of training for family physicians should not be six years which was unreasonably long. He favoured the old system under which a private medical practitioner could become a family physician by passing a qualifying examination. This system could save a medical practitioner the time that he/she had to spend, as required under the current system, on clinical training by attaching to the HA and to an assigned clinical centre. Dr LAM considered that the duration of the current training could be shortened from six years to four years without compromising the standards of the graduates. He further pointed out that no other countries in the world required medical practitioners to undergo such a long period of training in order to be family physicians. To substantiate this point, Dr LAM quoted the articles written by Dr David FANG and Dr LO Wing-lok who had also made similar points in respect of the appropriate duration of the clinical training required for family physicians. At the Chairman's request, Dr LAM agreed to provide the quoted articles to the Panel for reference.

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(*Post-meeting note* : the EDA had provided a paper entitled "How to tackle the shortage problem of family physicians" which included the above quoted information. The paper was circulated to members under LC Paper No. CB(2)2666/98-99(01) on 6 August 1999.)

36. To enhance transparency of private medical practitioners' fee charging, Dr LAM pointed out that the EDA encouraged doctors to display a scale of fees at their clinics. It also advised doctors that they should inform patients well in advance of any additional charges that might be incurred by services like laboratory tests, small operations or the prescription of special medicines for the patients. The EDA suggested that the media should publicize that patients were fully entitled to enquire about the scale of fees charged by doctors. It also proposed that the Hong Kong Medical Association and the Consumer Council should jointly conduct a survey on the scale of fees charged by individual hospitals and publish the findings.

37. Mr LAW Chi-kwong noted that the HKCFP had recommended to implement an assessment exercise involving the issuing of a "Certificate of Primary Medical Care" to private medical practitioners who managed to meet the required standards. He invited Dr LAM Ying-ming and the Administration to give their views on this new measure of the HKCFP. In response, Dr LAM said that he did not consider that the plan would help to improve the overall standards of medical practitioners in Hong Kong. Moreover, as the participating doctors would have to bear the cost incurred by the assessment exercise, which was estimated to be about $20,000 for each doctor, he believed that doctors would not be interested to take part in it. In addition, he commented that the name of the Certificate might even mislead patients to think that the doctor concerned had only completed basic health care training.

38. Deputy Secretary for Health and Welfare 1 (DS(HW)1) said that the Administration would have a meeting with the HKCPF soon to look at the details of the proposed assessment exercise and it had no comments to make on the exercise for the time being. Regarding the name of the Certificate, DS(HW)1 said that the Administration was more concerned about whether the exercise could achieve its aim in enhancing the standards of medical service rather than the name of the certificate to be issued. As regards the difficulties faced by private medical practitioners in their pursuit of training on family medicine, DS(HW)1 undertook that the Administration would review the situation with the HKCPF. He said that the Department of Health (DH) and the HA would make every effort to improve the provision of training opportunities for doctors as far as resources allowed. As regards the suggestion that the Government should subsidize doctors directly to undergo CME, he said that the Administration would have to consider the proposal very carefully in view of the complexity of the matter involved and its implications on other professions.

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39. Miss Cyd HO Sau-lan asked Dr LAM whether medical practitioners in general considered that there was a genuine need for them to undergo CME if it was not made

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a compulsory requirement for them to do so. She would also like to know on average how much they were willing to pay for CME and the duration they considered as appropriate for it. In response, Dr LAM believed that the majority of private medical practitioners were interested in pursuing CME to enhance their professional knowledge. However, he believed that each doctor had a different view on the appropriate cost/duration of CME and it might be necessary for the EDA to conduct a survey first in order to answer the questions. He personally considered that some CME courses served more as an occasion for social gathering instead of the purpose of enhancing the professional knowledge and standards of the participants. In fact, some recognized CME courses were actually sponsored by some pharmaceutical companies and they served to introduce and promote their products. He pointed out that there were many ways to enhance the professional standards of medical practitioners. For example, they could gain up-to-date knowledge on medical development and health related issues from the Internet, medical journals and so on. Therefore, it should not be made a compulsory requirement for private medical practitioners to undergo CME since there were many alternative ways for doctors to seek improvement in their professional knowledge. These ways, in Dr LAM's view, would save doctors' time and achieve better results.

40. The Chairman questioned how to institutionalize the alternative kinds of CME as suggested by Dr LAM. In reply, Dr LAM pointed out that there were actually many CME programmes on the Internet and in medical journals. A doctor after studies could complete the questions set in the programmes and provide a copy of his answer to the HKMC for record and assessment. The Chairman requested the EDA to provide details of their preferred mode of CME and their views on the appropriate duration and cost to the Panel for reference.

41. Dr LEONG Che-hung agreed that there was a need to promote the development of family medicine. In response to Dr LAM's comments on the nature of CME, Dr LEONG pointed out that participants in CME could earn credits not just by attending lectures/seminars but also by completing CME programme in some journals or by attending post-graduate training. He disagreed that CME had been regarded as a social function and clarified that it actually consisted of different modes of learning activities. As to why private medical practitioners should be required to undergo CME, Dr LEONG explained that one of purposes of CME was to boost confidence of the public in the professional standards of doctors. Dr LEONG pointed out that this purpose could not be achieved if doctors enhanced their professional standards simply by self-studies without formal assessments of their standards based on objective criteria.

42. On the training of family physicians, Dr LEONG appreciated the difficulties faced by a medical practitioner who would have no earnings while attending the clinical training required for family physicians, except for the first two years in which the doctor was paid a salary by the HA. Dr LEONG drew the Administration's

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attention to this point which explained why many medical practitioners were deterred from pursuing the studies. As regards the "Certificate of Primary Medical Care", Dr LEONG explained that it was meant to provide a way for those who could not reach a fellowship level recognized by the HKCPF and yet could still practise as a family physician. He pointed out that this was already a compromising step taken by the HKCFP.

43. On the issue of transparency of fee-charging, the Chairman said he noticed that few estate doctors had actually displayed a scale of fees at their clinics. He requested Dr LAM to elaborate further the stance of the EDA on this matter and what resistance it had encountered from doctors. In response, Dr LAM said that the stance of the EDA was that it encouraged doctors to display a scale of fees at their clinics (but not outside the clinics). In response to the Chairman's further question, Dr LAM said that the EDA did not suggest doctors to list separate scales of fees charged for normal consultations and extended consultations. Dr LEONG Che-hung commented that he was against imposing additional charges on a patient for the longer time taken to confirm diagnosis and he considered that such practice was "unethical". In response to Dr LEONG's comments, the Chairman considered that whether or not such practice was unethical was open to discussion and no conclusion could be drawn now. The Chairman requested the EDA to provide to this Panel its comments on the post-graduate diploma course on family medicine organized by the CUHK and the assessment exercise recommended by the HKCPF.

44. The Chairman thanked Dr LAM for attending the meeting.

45. The meeting ended at 10:55 am.

Legislative Council Secretariat
29 December 1999