立法會
Legislative Council

LC Paper No. CB(2)1600/99-00
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 10 January 2000 at 8:30 am
in Conference Room A of the Legislative Council Building

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

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Item II

Ms Jennifer CHAN
Principal Assistant Secretary for Health and Welfare

Dr W M KO
Deputy Director of Hospital Authority

Item III

Mr Eddie POON
Principal Assistant Secretary for Health and Welfare

Miss Kinnie WONG
Assistant Secretary for Health and Welfare

Item IV

Miss Angela LUK
Principal Assistant Secretary for Health and Welfare

Deputations by Invitation : Item II

Professor George WOO
Dean, Faculty of Health & Social Studies
Chair Professor of Optometry
The Hong Kong Polytechnic University

Professor Maurice K H YAP
Head and Professor
Department of Optometry and Radiography
The Hong Kong Polytechnic University

Mr Dominic CHIM Chun-pong
President
The Hong Kong Society of Professional Optometrists

Mr Greg WU Chor-nam
President
The Hong Kong Association of Private Practice Optometrists

Dr Ada CHENG Sau-kuen
Optometrist (Private Practitioner)

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The Hong Kong College of Family Physicians

Dr Donald K T LI
President

The College of Ophthalmologists of Hong Kong

Dr HUI Siu-ping
President

Professor Dennis LAM Shun-chiu

Dr Raymond TSE Kwok-kay

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

Staff in Attendance : Mr LEE Yu-sung
Senior Assistant Legal Adviser

Ms Joanne MAK
Senior Assistant Secretary (2) 4

I. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)787/99-00(01) - (02))

Members agreed to discuss the following items at the next meeting to be held on 14 February 2000 at 8:30 am -

(a) Enforcement of the Smoking (Public Health) (Amendment) Ordinance 1997;

(b) Registration of ancillary dental personnel; and

(c) Registration process of new pharmaceutical products.

2. At the request of Dr LEONG Che-hung, the Administration agreed to provide information papers on -

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(a) Issues discussed by the Health and Medical Development Advisory Committee; and

(b) The work of the Advisory Council on AIDs.

(*Post-meeting note* : The information papers were issued under LC Paper No. CB(2)1072/99-00 dated 12 February 2000 and the first paper on item (a) above was discussed at the meeting on 29 February 2000.)

3. Dr LEONG Che-hung suggested to discuss the following at a future meeting -

(a) Proposed amendments to the Pharmacy and Poisons Ordinance (Cap. 138); and

(b) North Lantau Hospital (LC Paper No. CB(2)787/99-00(10)).

The Chairman proposed and members agreed that the above items should be included in the list of outstanding issues for discussion.

Overseas Duty Visits

4. The Chairman advised that as an established practice, funds had been earmarked each year for overseas duty visits to be conducted by committees. He sought members' views as to whether there was any plan for the Panel to conduct a duty visit overseas during the remainder of the current legislative session. The Chairman recalled that during the scrutiny of the Chinese Medicine Bill, the Bills Committee had planned to conduct a visit to the No.2 Affiliated Hospital of Guangzhou University of Traditional Chinese Medicine in June 1999. However, the visit was subsequently cancelled as the Hospital had to attend to some urgent business on that day. He asked whether members were still interested in the visit. Dr LEONG Che-hung expressed his support for the visit as it would enhance members' understanding of the implementation of regulatory systems for Chinese medicine practitioners and Chinese medicines. In addition, he suggested to visit the relevant organizations in Taiwan and Singapore as well. Members agreed with Dr LEONG and further suggested that the visits should be scheduled for early April 2000. The Chairman requested the Clerk to follow up with the Administration on the arrangements.

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II. Policy on the role of optometrists in Hong Kong's health care system
(LC Paper Nos. CB(2)787/99-00(03) - (07))

5. Members welcomed representatives of the deputations to the meeting.

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6. Professor George WOO, Dean of the Faculty of Health & Social Studies and Chair Professor of Optometry of the Hong Kong Polytechnic University, made a brief introduction to the subject by presenting three charts illustrating -

(a) the existing public eye care system in Hong Kong; and

(b) the suggestion of allowing optometrists to refer patients directly to the Hospital Authority (HA) to receive ophthalmological services to reduce the waiting time and costs to patients.

7. Dr Ada CHENG Sau-kuen, an optometrist in private practice, introduced the scope of services provided by optometrists. She considered that a professionally trained optometrist was competent to make patient referrals to HA specialist clinics.

8. Professor Maurice K H YAP, Head and Professor of the Department of Optometry and Radiography of the Hong Kong Polytechnic University, expressed surprise as to why the Health and Welfare Bureau (HWB) had not reflected the Optometrist Board's views in the Administration's paper. He said that in seeking the Board's views, HWB had stated that they kept an open mind on this issue and would consult the relevant bodies before making a recommendation. However, he was disappointed to find that HWB had ignored the views of the Optometrist Board in its paper to the Panel.

9. Professor YAP then pointed out that the Hong Kong Polytechnic University was the only institution in Hong Kong offering formal training in optometry. It took a minimum of four years of full-time studies to complete an optometry degree programme. He considered that their optometry programme was the best of its kind in Asia and was as good as those in the United Kingdom (UK) and New Zealand. He further said that it was generally considered that optometrists were primary care providers and quoted some international medical journals which had made the same point. He questioned why ophthalmologists working in HA should refuse referrals made by optometrists whereas ophthalmologists working outside HA welcomed such referrals.

10. Professor YAP noted that HA and the College of Ophthalmologists of Hong Kong argued that optometrists were not trained to detect eye diseases and other systemic illnesses associated with ocular symptoms. He pointed out that it was not the case as the syllabus of the optometry programme including 56-hour lectures on eye diseases provided instructions to students on the signs and symptoms of primary and secondary eye diseases encountered in private and hospital practice. He explained that the programme also aimed at providing instructions to students on the diagnosis and management of eye problems as well as detection of various eye diseases. Moreover, the President of the College of Ophthalmologists of Hong Kong was one of

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the instructors of the course.

11. Professor YAP then read out relevant extracts from papers and reports issued by overseas medical authorities in support of his assertations that the training in optometry included checking for any eye diseases and that optometrists were capable of making direct referral of patients to hospitals for specialist services. He further read out from a letter issued by Dr John WEATHERILL, who had been a consultant ophthalmologist in Bradford for 25 years, confirming that in the UK "ophthalmologists accepted direct referrals from optometrists who were also involved with diabetic retinopathy screening and glaucoma monitoring. A further advantage of this co-operation was that general medical practitioners would refer patients to the local optometrist to help them to decide whether a hospital referral was necessary. As a result of these arrangements, the number of unnecessary referrals to the eye department was reduced."

12. Mr Greg WU Chor-nam, President of the Hong Kong Association of Private Practice Optometrists, added that the training in ophthalmology received by a medical undergraduate was only six and a half hours. Moreover, the majority of general medical practitioners lacked the equipment for the investigation of eye related problems and therefore optometrists should be in a better position to detect eye diseases.

13. Mr WU pointed out that the issue under discussion actually had been discussed in Australia 30 years ago and approval had since then been granted to changing their referral system to such that optometrists could make direct referrals of patients to hospital specialist services. He said that the views submitted by the medical sector today were similar to those raised by the medical sector in Australia 30 years ago for the purpose of consolidating medical dominance in the country.

14. Mr WU then highlighted that the Report on Hong Kong's health care system compiled by the Harvard Team had already pointed out that there was a serious problem of compartmentalization in the system, which should be addressed urgently. He pointed out that there was no evidence suggesting that a system allowing direct referrals made by optometrist to HA would lead to a decline in the standard of primary eye care services or to an increase in the relevant litigation cases. On the contrary, it had been pointed out in medical journals that optometrists were recognized to be more capable of detecting eye diseases (such as diabetic retinopathy) than general medical practitioners and they performed as well as ophthalmologists in the diagnosis of some eye diseases. He stressed that the referral system proposed by optometrists would be in the interests of the public which would be given more choices under the system.

15. Dr Donald LI, President of the Hong Kong College of Family Physicians, took the view that it would be a regression in the development of family medicine in Hong Kong for optometrists to provide primary eye care. He pointed out that as eye

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symptoms might be manifestations of other systemic diseases, it would be dangerous to patients if their eye problems were dealt with by the organ specific approach adopted by optometrists. He explained that by such an approach, the serious complications of the patients' other organs might be neglected.

16. Dr LI pointed out that there was actually a consensus amongst economists and the health care administrators that family physicians were able to control referrals to secondary and tertiary care and could thereby increase the cost-effectiveness of the health care system. He stressed that family physicians, who had received the appropriate training, were in a better position to decide whether a patient should be referred to the Accident and Emergency (A&E) departments or specialist clinics.

17. Dr HUI Siu-ping, President of the College of Ophthalmologists of Hong Kong, acknowledged the professional role and contribution of optometrists in aspects relating to the assessment of visual acuity and prescription of spectacles, contact lenses and various visual aids. However, she pointed out that as optometry training did not include a comprehensive basic medical curriculum, it might pose a risk to the public health for optometrists to provide primary eye care. She highlighted that visual disturbances could result from systemic medical illnesses, such as endocrine disorder, neurological disorder and so on and should be detected at their early stages under the examination of a family physician or a general medical practitioner. She was of the view that primary care services and referral services were more suitably provided by doctors than optometrists as the former had received six years of medical training.

18. Referring to Australia and some states in the United States which allowed optometrists to make patient referrals to hospital ophthalmologists, Dr HUI Siu-ping pointed out that the medical and health systems of these two countries were very different from Hong Kong as explained in her submission. Therefore, Hong Kong did not necessarily have to follow their cases. Moreover, referrals were made through family physicians in many countries like the UK and Canada. She also invited members to note the different durations of professional training received by an ophthalmologist, a general medical practitioner, a family physician and an optometrist which were 12, 6, 12 and 4 years respectively and for that reason, they should be playing different roles in the health care system.

19. Dr HUI Siu-ping considered that it would not be cost-effective to devote a large amount of resources to train up optometrists to enable them to act as primary eye care providers with a role similar to that of general medical practitioners. She further pointed out that there was actually a standby ophthalmologist at every A&E department round the clock to provide emergency services. She said that she did not see the need to change the existing referral system and invited members to note the referral systems for public eye care proposed by the College of Ophthalmologists as set out in its submission.

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20. Professor Dennis LAM Shun-chiu of the College of Ophthalmologists added that in the UK, optometrists were actually required by law to refer patients to general medical practitioners if they detected eye diseases in the patients. He pointed out that all specialist services of HA were only provided to patients on referrals made by general medical practitioners. He also clarified that the training of a medical undergraduate included intensive training on eye care for two weeks and pointed out that other medical training such as dissections also touched upon eyes.

21. Professor LAM said that as family phsicians and general medical practitioners provided holistic care to their patients as opposed to the organ specific approach adopted by optometrists, he felt that they were more able to tell whether their visual problems were refraction problems or associated with other systemic diseases. He gave the example that hypertension could also be manifested in eye problems and any delay in treating it could cause the patient to suffer from stroke.

22. Dr YEUNG Sum requested the Administration to explain what major problems were envisaged if patient referrals were made by optometrists to HA. In response, Deputy Director (Operation) (DD(O)) of HA said that while the important role played by optometrists in the health care system was recognized, HA did not intend to change the existing referral system for the following reasons -

(a) Under the present system, family physicians and general medical practitioners assumed the "gatekeeper" role in managing patients with eye diseases and this was desirable from the perspective of resources management; and

(b) Unlike medical practitioners who were trained to provide holistic care to patients, optometrists might not be able to make the proper diagnosis.

23. DD(O) informed members that to ease demands for ophthalmological services, HA was reviewing the current system with a view to enhancing primary care services and the role of optometrists in the system. He said that HA was exploring to increase referrals of patients found with refractory problems to optometrists by hospital ophthalmologists or public doctors. He said that HA would further discuss with the relevant institutions and Professor George WOO in taking this plan forward.

24. Dr LEONG Che-hung considered that the discussion must not be turned into a debate over whether there was "medical dominance" in the existing referral system. In response to what was said by the deputations and their submissions, Dr LEONG made the following clarifications -

(a) It was not true, as what was said in one of the press clippings submitted by the deputations, that the existing long waiting list for public ophthalmological services was caused by the existing referral system.

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As the bottleneck lay with the ophthalmological services, he considered that the problem could be solved only by reforming the health care financing system;

(b) Poor people who had urgent needs could also receive prompt ophthalmological services at A&E departments which were available round the clock;

(c) As stated in a medical journal article submitted by the optometrists, in the UK "many outpatient attendances were initiated by ophthalmic opticians, who referred patients via the general practitioners". Therefore, it was not true to say that direct referrals were made by optometrists in the UK; and

(d) He considered that Hong Kong should not draw direct comparisons with the referral systems in some states in the United States and the Mainland since there were fundamental differences in their health care systems.

25. Mr LAW Chi-kwong requested HA or the deputations to provide information to substantiate the claim that the proposed referral system might cause delay to patients in receiving appropriate specialized care because of failure of optometrists to make proper diagnosis. In response, Dr Ada CHENG Sau-kuen pointed out that there were no such cases. There were rather documents supporting that optometrists were more capable than general medical practitioners in the diagnosis of eye problems and they performed just as well as ophthalmologists in these tasks. She agreed to provide the relevant information to the Panel after the meeting.

26. Dr HUI Siu-ping took the view that under the proposed referral system, the public would be confused as to whether they should consult an optometrist or a family physician when they had visual disturbances. She reiterated that the existing referral system was safer to patients and more cost-effective than the proposed one. Professor Dennis LAM Shun-chiu invited members to note the submission of the College of Ophthalmologists which had given many examples of other systemic diseases with ophthalmic manifestations. He pointed out that any delay in the treatment of these diseases would have serious implications on the patients and therefore it was desirable for patients to see their family physicians first whenever they had visual disturbances. Moreover, he pointed out that as optometrists were not allowed to use drugs, they had to refer a patient to HA to receive ophthalmological services even though the patient was found suffering from minor visual disturbances. However, if this patient had consulted a medical practitioner first, he would not need any referral to an ophthalmologist since treatment could be provided by the medical practitioner.

27. Professor Maurice K H YAP pointed out that Dr LEONG Che-hung had

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referred to the old system in the UK. As pointed out by the consultant ophthalmologist in Bradford as quoted earlier, the local health authorities could decide on the route of referrals which could be through an optometrist rather than a general medical practitioner. The UK General Optical Council had also enacted new referral rules on 1 January 2000 allowing optometrists discretion in the referral process. He said that Dr Roger BUCKLAND, who was a prominent eye surgeon, also supported direct referral by optometrists to the hospital ophthalmologic departments.

28. DD(O) pointed out that the professional competence of the optometry profession had all along been recognized. He explained that HA preferred to maintain the existing referral system simply because it considered that it was more cost-effective in operation. However, Mr LAW Chi-kwong took the view that if an optometrist considered that a patient should see an ophthalmologist, it would be wasting time to require the patient to see a general medical practitioner just to obtain a referral letter instead of consulting an ophthalmologist direct. He considered that if there was no evidence showing that the referral system proposed by the optometry profession would cause inconvenience to patients or delay in treatment, he did not see why it could not be adopted.

29. In response to the views made by the medical and ophthalmic professions, Mr Greg WU Chor-nam clarified that optometrists were not advocating that patients should go to see optometrists in the first instance when they had any eye problems. He said what they wanted to establish was that optometrists were well trained in the detection of eye diseases. Therefore, if in the course of their work they detected that a patient was in need of ophthalmological services, optometrists should be allowed to make such direct referral of the patient to HA. Dr Ada CHENG Sau-kuen added that the training of optometrists included detecting systemic illnesses with ophthalmic manifestations and they were also able to take the medical history and physical examination for patients. She pointed out that optometrists were competent in referring patients to be further attended by specialists or other allied health professionals for specialized care as and when needed.

30. Dr TANG Siu-tong was also of the view that since eye diseases could be part and partial of other health problems, holistic care provided by medical practitioners was preferable. He disagreed that optometrists could assume the gatekeeper role in managing patients with eye diseases.

31. In response, Professor George WOO pointed out that the curriculum of their optometry programme was validated every five years and the results had shown that the programme was on a par with those offered in many countries. He was confident that optometrists were capable of making appropriate diagnosis for referral. He said that all they wanted was that people who could not afford to seek ophthalmological services in the private sector should be entitled to it in the public sector via optometrists.

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32. In response to the views made by the optometry profession, Dr LEONG Che-hung said that while he had no doubt about the ability of optometrists in detecting eye disease, their competence in this aspect did not guarantee that they were equally capable of detecting other systemic illnesses with ophthalmic manifestations.

33. The Chairman pointed out that the Health and Welfare Bureau (HWB) did not give its stance in its paper. In response, DSHW explained that the Administration did not intend to pursue the proposal of HA specialist clinics accepting patient referral from optometrists for the following reasons -

(a) Under the present system, an optometrist could not provide eye treatment to a patient even though he was able to detect that it was a minor eye disease (cornea inflammation, for example). Therefore, general medical practitioners were in a better position to assume the gatekeeper role as they could provide eye treatment to patients as far as possible. In this way, they could help reduce unnecessary patient referrals to HA for ophthalmological services.

(b) There was a general recognition of the importance of developing family medicine and primary care in Hong Kong and the proposal was a step backward in the pursuit of that goal.

34. In response, Miss Cyd HO Sau-lan pointed out that the reason given in paragraph (a) above could not stand because the optometrist, knowing that the patient was only suffering from minor eye diseases, could refer him to a general medical practitioner for treatment. Therefore, the proposal made by the optometry profession did not necessarily have to increase the number of referrals to HA for ophthalmological services. She said she was not convinced that restrictions must be put in place to prevent optometrists from referring patients to a hospital ophthalmologist when they had detected that the patient had such need.

35. Dr YEUNG Sum commented that the optometry profession needed to do more to educate the public about their role which was perceived by the public as being limited to prescriptions for lenses. As regards the proposed referral system, he said that he could not understand HA's resistance and requested HWB to provide more information on the subject.

36. In response to the Chairman's further question, DSHW explained that the Optometrist Board's views had been briefly mentioned in paragraph 2 of the paper. The Chairman remarked that the Administration should provide more detailed information in its papers to the Panel to facilitate members' deliberations.

37. In response to Miss Cyd HO Sau-lan's question, DD(O) said that the

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ophthalmological services provided by HA included optometry services as well. He agreed that family physicians lacking specialized equipment for eye examinations might have difficulty to detect the eye diseases of some patients and in those cases they would have to refer the patients to the HA ophthalmologists.

38. The Chairman requested the deputations to provide supporting documents to further substantiate their views within three weeks' time for further consideration by the Administration. In addition, he requested HWB to provide in due course its response to the submissions made by the optometry profession. He directed that this item be added to the "List of issues to be considered by the Panel".

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III. Future mechanism for handling medical complaints - the Administration's response
(LC Paper No. CB(2)787/99-00(08))

39. DSHW said that the Administration's paper on the subject had been compiled in response to the views expressed by the deputations at the last meeting. He briefed members on the salient points of the paper and expressed support for the measures initiated by the Hong Kong Medical Council (HKMC) to improve its existing redress mechanism with a view to enhancing its transparency and user-friendliness. As regards the suggestion of setting up a medical Ombudsman, DSHW said that the Administration was deliberating the issue. However, he pointed out that such a system also had its limitations. He explained that based on the experience of overseas countries, the scope or jurisdiction of such an office was often limited to administrative complaints only as it might lack the required expertise to deliver a judgment on allegations of professional misconduct.

40. DSHW said that the Administration had yet to make a decision on this issue. However, it would ensure the presence of the following elements in the future redress mechanism -

(a) The system should be accessible and user-friendly;

(b) The process of handling complaints by the system should be as transparent as possible; and

(c) The system must be credible.

41. Dr LEONG Che-hung referred to the summary of comparison of complaint mechanisms of different professions in the annex of the Administration's paper and pointed out that the complaint handling mechanisms of the selected professions were similar to that of HKMC. He asked the Administration to confirm if it was true that the disciplinary bodies governing the various health care professionals had no

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connections with their staff unions; whereas for other professions (such as accountants, architects, barristers and solicitors), their disciplinary boards operated under the auspices of their respective societies. The Chairman pointed out that what Dr LEONG said was correct.

42. Mr LAW Chi-kwong asked whether the existing redress mechanism was able to address medical incidents involving problems in the clinical procedures. DSHW replied that if the problems of a complaint case were related to the system of work or procedures instead of professional performance of individual health care professionals, the complaint could be lodged to the Public Complaints Committee under HA. He said that if the complaints were targetted at private hospitals, they could be lodged to the Department of Health.

43. Miss CHAN Yuen-han commented that the existing redress system lacked transparency and still gave the general impression that it tended to look after the interests of the medical professionals only. In response, DSHW said that the Administration also saw the need to enhance the credibility and transparency of the existing mechanism and it was exploring improvements in collaboration with HKMC.

44. The Chairman suggested that the future redress mechanism should provide supportive services including legal support and professional expertise to complainants to help them pursue their cases. DSHW responded that the Administration was of the view that the existing redress mechanism was very legalistic posing much difficulty to complainants to pursue their cases. He agreed to take into consideration the Chairman's suggestion.

45. The Chairman asked for further details of the role of the future redress mechanism. In reply, DSHW said it was envisaged that the mechanism should assume a neutral role and as the Administration was still looking at various options, he could not provide further details at the moment.

46. Mrs Sophie LEUNG LAU Yau-fun said while she agreed that the complaint handling mechanism should be made more transparent and credible, it should avoid creating unnecessary confrontations between health care professionals and patients. Dr TANG Siu-tong shared similar views and considered that the mechanism should seek to mediate between the two parties and avoid initiating litigation as far as possible.

47. Dr LEONG Che-hung referred to the case of HKMC and commented that complainants sometimes lost in the litigation because of inadequate or incompetent legal support rendered by the Department of Justice. He considered that this problem could not be solved even if a new redress mechanism was set up in the future.

48. The Chairman requested the Administration to take into account members'

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views and comments in its deliberations.

IV. Control of unregistered pharmaceutical products
(LC Paper No. CB(2)787/99-00(09))

49. Dr LEONG Che-hung asked the Administration to report on the feedback from the pharmaceutical trade in respect of the proposed measures as set out in paragraphs 2(a) and (b) of the Administration's paper. He also asked whether the Administration would consider requiring the Customs and Excise Department to conduct spot checks to those pharmaceutical products imported to Hong Kong for re-export purposes. Deputy Director of Health (DD(H)) declared interest as a member of the Pharmacy and Poisons (P&P) Board and said that the sector had expressed support for the proposed new measures during the consultation. However, subsequently it was found difficult to verify the validity of the authorization letters issued by manufacturers. He agreed to provide information on other feedback from traders regarding the new measures. As regards the suggestion of conducting spot checks, DD(H) said that it had not been discussed before. However, he envisaged that there would be no difficulty to implement this if it was deemed necessary.

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50. Mrs Selina CHOW LIANG Shuk-yee took the view that the Administration should enhance import control without creating too much extra and unnecessary work for the trade and that the procedures should be streamlined as far as possible. Referring to paragraph 3 of the paper, she requested the Administration to clarify the length of the grace period allowed and to ensure that the sector was well informed of the implementation details.

51. DD(H) replied that the sector had been informed of the new arrangements in mid 1999 and, as they were granted a grace period of nine months, the new measures would take effect on 15 April 2000. Mrs Selina CHOW LIANG Shuk-yee considered that since the P&P Board was going to re-consider some of the implementation arrangements in the light of feedback from the trade, she suggested that the Administration should extend the grace period if necessary. DD(H) replied that if new measures were to be introduced, it would be reasonable to extend the grace period. The suggestion would be brought to the attention of the Pharmacy and Poisons Board.

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52. In response to the Chairman's question, DD(H) explained that an importer had to apply for extension of the export licence if his pharmaceutical products could not be exported as scheduled and it would be an offence if the importer did not apply for the extension beforehand. He agreed to provide information on how the Customs and Excise Department would follow up such cases.

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53. The meeting ended at 10:45 am.

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Legislative Council Secretariat
7 April 2000