



Dr. The Hon Ko Wing-man, BBS, JP
Secretary for Food and Health
Healthcare Planning and Development Office
Food and Health Bureau
19/F, East Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar
Hong Kong

Dear Dr. Ko,

Re: Consultation Document on Regulation of Private Healthcare Facilities

I am writing to express my appreciation of the Government of HKSAR on the vision of safeguarding the health of Hong Kong citizens. I am concerned about whether this regulation will have practical influence on my practice.

I am a solo practicing oncology doctor with an office situated in a commercial building. I give intravenous therapies such as chemotherapy, targeting agents, antibiotics and fluids in my office. In reconstitution of chemotherapy and targeting agents, I use phaseals, other needle-less system in transferring drugs in a drug safety cabinet. Proper protective gowns, gloves, and masks are worn.

Several points that I would like to clarify are as follows.

1. According to the quoted paragraph (Page 11, par 15)

Facilities providing Medical Services under the management of incorporated bodies.

“Exemption will be granted to PHFs owned, managed, operated and serviced solely by identical registered medical practitioners because there would not be



similarly perceived operational risk. These practising registered medical practitioners could be held solely accountable for their own practice. Any matters arising from these PHFs could be followed up by existing established mechanism governing the professional practice of registered medical practitioners.”

Then, I presumed that I own, manage, operate and service solely by myself will be exempted from the regulation. Am I correct?

2. As according to Chapter 12 (page 17, para 28), I understand that the government will be

*“(b) conducting a survey to **assess the number and types of private healthcare facilities** that might be affected by the new regulatory regime, as well as their range of services and (c) introducing an **administrative listing system for ambulatory facilities providing high-risk medical procedures** to monitor such facilities before the introduction of statutory registration.”*

Will my clinic be included in the list of 'ambulatory facilities providing high-risk medical procedures'?

3. In the table shown in appendix (page 19), will my clinic be included in the middle column of 'facilities providing high-risk medical procedures in ambulatory setting'

If yes, then I have to follow the regulatory aspects so on and so forth. That will be too much administrative work and additional burden to a practicing doctor.



My summary of the current situation in private oncology administration of chemotherapy and targeted treatment:

1. My track record is extremely good. No severe allergic reaction is observed in my clinic. Pre-medications given in advance to chemotherapy reduced allergic reactions in majority of patients. Though the government considers self discipline is not sufficient, I observe that the **current practice by most community oncologists** (private practicing oncology doctors who give intravenous chemotherapy or targeted treatment) **is up to standard**. I also consider my practice is of low volume. If a lot of redevelopment or structural reconstruction is needed, the continuation of this particular service is impracticable.
2. **Our service to oncology patients is valuable**. Chemotherapy can be given to patients within half hour after patient arrives. The cost and time efficiency is much better than that given in hospitals. For some drugs that needs to be infused within a short time after reconstitution, short preparation time is very advantageous to avoid wastage. I usually select short course chemotherapy to be given in clinic. Day treatment is the prevalent way of chemotherapy and targeted drug administration worldwide.

My suggestions to the Department of Health:

1. As the consultative paper involves a heterogenous group of people in various medical fields, please **invite community oncologists to sit in any related committee** for giving practical and expert opinions. Immediate response is important to revise any false information from other parties.
2. For legal responsibility of the person-in-charge in a clinic, I would **object very much to the penalty of imprisonment of a professional medical doctor** running a clinic. Furthermore, this is an insult to the profession and will hinder the recruitment of bright young doctors into the field. It is absolutely not justified to have this penalty in this scenario.



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3. Please **set up a guideline**, after consulting our profession, to give clear instructions to follow.
4. **I agree that the charge should be transparent.** A range of costs for certain chemotherapy regime can be given to patients for reference.

Thank you very much for the effort of the Department of Health. I look forward to hear your favorable reply.

Best regards,

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Proposed 19 Regulatory Aspects and Their Applicability

	Regulatory Aspects	Private Hospitals	Facilities Providing High-Risk Medical Procedures in Ambulatory Setting	Facilities Providing Medical Services under the Management of Incorporated Bodies
A. Corporate Governance				
A1	Appointment of Person-in-charge	✓	✓	✓
A2	Establishing Medical Advisory Committee	✓	N/A	N/A
A3	Complaints Management System	✓	Voluntary	Voluntary
A4	Information System Connectable with eHRSS	✓	N/A	N/A
A5	Maintenance of Accreditation Status	✓	N/A	N/A
B. Standard of Facilities				
B6	Premises Management	✓	✓	✓
B7	Physical Conditions	✓	✓	✓
B8	Infection Control	✓	✓	✓
C. Clinical Quality				