HONG KONG DOCTORS UNION
香港西醫工會
Room 901, Hang Shing Bldg., 363-373 Nathan Road, Kowloon.
Email: hkdu@hkdu.org Home page: http://www.hkdu.org
Tel. No.: **2388 2728** Fax: **2385 5275**

Our ref.: HKDU/033/2015
11th March 2015

By fax & mail

Senior Executive Officer
Healthcare Planning and Development Office
Food & Health Bureau
19/F., East Wing,
Central Government Offices,
2 Tim Mei Avenue,
Tamar, Hong Kong.

Dear Sir/Madam,

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

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

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

(i) Differentiation between Medical Procedures and Beauty Services;

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

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

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

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

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



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while the following two procedures should be included in low risk scope:

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

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

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

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

(2) Private hospitals, by a directive issued by the Hong Kong Private Hospitals Association (HKPHA) in 2011 (Annex 5), have been insisting doctors admitting patients must purchase indemnity insurance with no upper limit in compensation, thus literally forcing doctors to buy 'indemnity plan' from a United Kingdom based private limited company which offers so called 'unlimited' indemnity. In other words, by this practice, patients are forced to change to another doctor on being admitted to private hospitals and thus their freedom to choose their doctors is deprived. The excuse the HKPHA used was that it was stipulated by the Department of Health (see Annex 5 last paragraph). It is high time that the Health Department should clarify this issue and scrap such stipulation if this cause a loss of patients' freedom to choose doctors.

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

Thank you for your kind attention.

Yours sincerely,

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

ANNEX 1

Annex B(1)

# Recommended Scope of High-risk and Hospital-only Procedures

## General Principles

1. Any procedure defined by ANY one of the following three factors will be regarded as high-risk medical procedure -

(a) risk of procedures
(b) risk of anaesthesia involved
(c) patient's conditions

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

## A) Risk of Procedures

3. High-risk surgical procedures include the following procedures –

(a) Creation of surgical wound to allow access to major body cavity or viscus[3] (including access to central large joints) [except peripheral joints distal to knee and elbow (i.e. ankle and below, and wrist and below)]
(b) Removal of tissue and/or fluid of a total volume of 500ml or above [except suprapubic tap]
(c) Removal of tissue and/or fluid of any volume from deep seated organ in children aged under 12 years old
(d) Removal of any volume of fluid and/or tissue from thoracic cavity [except diagnostic pleural tapping]
(e) Insertion of any prosthesis (including tissue filler) [except prosthesis in ENT cavity, dental prosthesis and implants, extra-ocular prosthesis and implants, intrauterine or vaginal prosthesis, bulking agents of urethra, prostatic urethral stent, urethral slings, testicular prosthesis]
(f) Any core biopsy [except core biopsy of (1) superficial tissue (such as skin, prostate, breast and uterus) but excluding thyroid or salivary glands; (2) superficial muscle; or (3) peripheral muscle]

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

Annex B(1)

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

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

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

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

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4 Include platelet-rich plasma (PRP)
5 Cystoscopy does not include cystoscopic procedures such as cystoscopic biopsy, cystoscopic insertion or removal of ureteric catheter or stent, endoscopic urethral dilatation or urethrotomy, cystoscopic removal of stone or foreign body or polyp, cystoscopic injections/diathermy/cautery or haemostasis, cystoscopic lithotripsy.

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

Observations

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

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

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

Proposal

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

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

Annex 5

HKPHA

Hong Kong Private Hospitals Association

c/o Hong Kong Sanatorium & Hospital
2 Village Road, Happy Valley, Hong Kong
Tel: 2835 8360 Fax: 2835 8368

27th January 2011

To All Doctors,

Professional Indemnity Insurance

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

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

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

Lau Kwok Lam Alan
Chairman
Hong Kong Private Hospitals Association