

Dear Sir,

12th March 2015

We have read the Regulation of Private Healthcare Facilities (PHF) Consultation Document with interest and would like to give some feedback.

We agree there is a lack of regulation amongst PHF's, and it is in the public interest that there needs to be a strengthening of regulation and enhancement of standards. We also agree that we should learn from our international peers and align with international best practice.

Exemptions

One area we do not agree with is your conclusion is that single medical practitioners should be exempt from regulation. The Private Healthcare Facilities (PHF's) operated by single practitioners arguably offer the greatest risk to patients, yet you propose they are exempted from the regulations as they are deemed not to have similar 'perceived operational risk'.

You have mentioned in one paragraph the need for further regulation to prevent 'any registered doctor with a valid practice certificate [being able to] offer and undergo high-risk medical procedures in an ambulatory setting in whatever way and form he/she deems appropriate', we endorse and agree with this statement. We would perceive that PHF's run by healthcare companies would be much safer than PHF's run by single handed practitioners' As part of our ACHS accreditation we regularly audit outside service providers and we find no evidence that single practitioners offer safer healthcare, if anything the opposite is the case.

High Risk Procedures

We agree that beauty saloons should be regulated and certain high risk procedures should only be carried out by healthcare professionals. We also agree high risk medical procedures should be defined and there should be regulation for all Doctors, clinics and hospitals.

Chapter 5 - Corporate Governance - (A1-A5)

We agree governance both clinical and corporate should be the corner stone of PHF's

Chapter 6 – Standard of Facilities - (B6-8)

We agree this should be standard for all healthcare organizations, all above are extremely important for the safe welfare of patients.

Chapter 7 – Clinical Audit - (C9-14)

We agree all the above are an important part of clinical governance and should be compulsory for all PHF's, as all above are important for the safe welfare of patients.

Chapter 8 – Price Transparency – (D15-18)

We are in agreement regarding quotations and provision of general fee schedules for major items e.g. consult fees and package fees, but we have concerns about the practicalities. We believe it would be impossible to have all the thousands of individual prices for all items to be widely available and on a common platform.

We have audited the requirements as stated above and we comply with all the chapters relating to clinical and corporate governance, please see attached audit findings

Directors and Senior Management Committee
OT&P Medical Practice

Dr David Owens
M06750

Dr Tim Trodd
M06494

Linda Wills
RNGF026070

OT&P Medical Practice
ISO 9000 Management Systems Accredited since 2003
Australian Council Healthcare Standards Accredited since 2010 (first and only clinic group accredited by ACHS in Hong Kong)

Attachment: OT&P - Compliance with PHFs Consultation Document

Compliance with Regulation of PHF's Consultation Document (Feb. 2015)

Regulation	Existing Compliance ? (Y/N)	Reference	Additional Comments
A: Corporate Governance			
1) Appointment of person-in-charge	Yes	CORP 1 & 2	Documented in Corporate and Clinical Governance Policy Senior Management Team (2 Doctors & 1 Nurse)
2) Establishment of Medical Advisory Council (not applicable to ambulatory medical centres and clinics)	Yes	CORP 2 - Appendix 1	
3) Complaints Management System (two-tier complaints mechanism not applicable. Simplified mechanism - basic features: telephone, email complaints hotline etc.)	Yes	OP 4	Policy All complaints discussed at management meetings
4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System (eHRSS) - (Only applicable to hospitals)	n/a		some doctors have chip that allows them to access HA patient records
5) Maintenance of Hospital Accreditation Status (Only applicable to hospitals)	Yes	ACHS Day Hospital Standard Accreditation ISO 9000 Quality Management Accreditation	

Compliance with Regulation of PHF's Consultation Document (Feb. 2015)

B: Standard of Facilities			
<p>6) Premises Management (properly maintainance; written safety and fire precaution measures; proper display of licenses, directional signs and names of all staff, rooms and facilities; and mechanisms to ensure regular maintenance of all buildings and physical facilities)</p>	Yes	OP 7 and PM Part F and CORP 10 and PM Part B	<p>Applicable Licences displayed in clinics. Comprehensive documented policies for:</p> <ol style="list-style-type: none"> 1. Medical and Non medical equipment calibration, 2. Health & Safety policy & Checklist 3. Fire safety Policy & Checklist 4. Waste Management Policy 5. Chemical safety Policy. 6. Risk Management policy <p>Enviromental checks by staff at least annually and staff asked for suggestions for improvements</p>
<p>7) Physical Conditions (safe environment with adequate and appropriate physical setup)</p>	Yes	CORP 10	<p>CORP 10 (6) - Fire Safety Checklist CORP 10 (8) Health & Safety Checklist Chemical Safety policy Comprehensive Risk Assesments Annual review of all premises</p>
<p>8) Infection Control (Policy and guidance on the control and prevention of infectious diseases based on latest international and local guidelines. Designated person to oversee measures.</p>	Yes	PM Part B Attachment 1	<p>Infection Control Policy Nurse in charge responsible Infection Control annual training updates Infection control annual audits</p>

Compliance with Regulation of PHF's Consultation Document (Feb. 2015)

C: Clinical Quality			
<p>9) Service Delivery and Care Process (sufficient number of qualified staff on duty at all times; patients are duly informed of the recommended interventions for treatment and/ or care; a properly managed medical record system to ensure all medical records are accurate and up-to-date and are kept in a secure and confidential manner; policy to protect patients' rights such as privacy, confidentiality of their medical records, informed consent before medical intervention, and a safe care environment; and suitable support services, such as laboratory services, sterilization facility and waste management, available whenever necessary.</p>	Yes	<p>OP 7, CORP 5, CORP 9, CORP 10, CORP 13, PM Part C,</p>	<p>Human Resources Policy, Human Resources Strategic Plan, Medical Records Policy, Confidentiality Policy, Consent Policy, Health & Safety Policy, Waste Management Policy, Evidenced Based Medicine Policy, Patients Rights statement on information brochures and on website, Autoclaves in clinics have annual certification, List if approved vendors for laboratory and Radiology who are annually reviewed</p>
<p>10) Resuscitation and Contingency (formulation and distribution of resuscitation protocol and contingency plans, proper training of staff, designation of officers-in-charge and putting in place a mechanism to periodically review the resuscitation procedures and contingency plans.</p>	Yes	<p>PM Part F, CORP 2, CORP 3, CORP 4</p>	<p>CPR Policy & Checklists, CPR Committee, Risk Management Policy, Clinical Risk Management Policy</p>
<p>11) Standards Specific to Procedures Performed (physical standards and standards of care)</p>	Yes	<p>ACHS Day Hospital Standard Accreditation ISO 9000 Quality Management Accreditation</p>	<p>Evidenced Based Medicine Policy and File</p>

Compliance with Regulation of PHF's Consultation Document (Feb. 2015)

12) Credentialing of Visiting Doctors (Only applicable to private hospitals)	Yes	CORP 13, OP 7	Human Resources Policies, keep copies of all certificates and take up 2 references for clinical staff
13) Establishment of Clinical Audit System (Only applicable to hospitals)	Yes		refer audit file
14) Sentinel Events Management (Only applicable to hospitals)	Yes	OP 4	Incident policy - all incidents discussed at management meetings
D: Price Transparency			
15) Provision of Fee Schedule (Covering all chargeable items and should set out charges on wards, investigative and treatment procedures, medical supplies, medicines, medical reports, photocopy of medical records and any charges that will be levied (except for those indicated and justified that price information is not available for practical reasons) - a price range is acceptable but must be justified upon request. 14 day notice must be given to patients if the fee schedule is to change. The fee schedule must be available through a common electronic platform)	partial		Consult fees notices and common charges displayed in clinics. Numerous prices in our system, for labs, radiology, procedures etc. not available to common platform for public
16) Provision of Quotation	Yes		Available on Request
17) Provision of Recognized Service Packages	Yes		Medical Health Checkups, Colonoscopy Packages

Compliance with Regulation of PHF's Consultation Document (Feb. 2015)

18) Disclosure of Historical Bill Sizes Statistics (Only applicable to hospitals)	n/a		
E: Sanctions			
19) Sanctions (unregistered operation and non-compliance maximum penalties increase)			

Linda Wills
Feb-15