



Hong Kong
Association of
Community
Oncologists

Chairman:
Dr. Michael Cheung
張明智醫生

Vice-chairman:
Dr. George Au
區德佐醫生

Secretary:
Dr. Irene SM Wong
黃舜雯醫生

Treasurer:
Dr. Paddy TM Chan
陳德明醫生

To: Healthcare planning and Development Office
Food and Health Bureau
19/F, East Wing, Central Government Offices
2 Tim Mei Avenue, Tamar
Hong Kong
12th March, 2015

By Mail and email

Dear Sir,

RE: Regulation of Private Healthcare Facilities

I am writing on behalf of the members of the Hong Kong Association of Community Oncologists (HKACO) to express our sincere concerns and to share our views on the proposals of Regulation of Private Healthcare Facilities (PHFs) carrying out "high-risk" medical procedures. Our members consist of 20 experienced specialists representing more than half of the stakeholders administering chemotherapy in the ambulatory setting, we shall be grateful that our views can be taken into account in the legislation of the Regulations.

General Comments:

We support the Government to review the regulatory regime on private hospitals as the two Ordinances regulating private hospitals were enacted decades ago with no substantive amendments despite the changing landscape of the healthcare market. We also support the Government to regulate facilities providing medical services under the management of incorporated bodies in view of the increasing numbers of "medical groups" operated in the form of incorporated bodies, which is not a common practice thirty years ago. It carries high operational risks especially when non-medical owners or managers take part in the operation of the facilities.

With the advancement of medical technology and changes in medical practices, medical procedures once confined to hospitals are increasingly performed in ambulatory settings. We support the Government to review the regulations of private healthcare facilities for public interest and safety.



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We agree with the proposed classification of a medical procedure being “high-risk” on any one of the three criteria including risk of procedure being high; risk of anesthesia being high or risk of patient’s condition being high. In the clinic, an experienced oncologist actually applies the same 3-criteria to screen out high risk treatment making ambulatory chemotherapy as safe as possible. Our safety record in chemotherapy administration speaks for itself

Specific Comments:

A1: Appointment of Person-in-charge (PIC):

“Practicing specialist 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 the registered medical practitioners concerned.” as per section 3.13 in the Consultation Paper.

PHFs run and owned by individual specialist or by small groups of specialists providing parenteral chemotherapy as in the case of all of our members, are different (in terms of operation scale and number of patients involved) from large scale organizations like private hospitals, or from the Incorporated Bodies which employ many employees providing multiple specialties services. Unlike private hospitals or the incorporated bodies where the person in charge does not require to have specific qualification or does not have to be a medical doctor, we who run the PHF are all licensed medical specialists and are already governed by the regulations and under the penalties of the Medical Council. The additional liability leading to imprisonment is a double penalty to medical specialists which is not fair nor acceptable.

HKACO proposes that PHFs providing parenteral chemotherapy run and owned by individual specialist or by small groups of specialists should be exempted from appointing a PIC.

B6-8: Premises management / Physical Conditions / Infection control; C9-11: Service Delivery / Resuscitation and Contingency / Standards specific to procedures performed:

We agree with the concepts underlying these regulatory rules to ensure a safe and comfortable basis for carrying out “high-risk” medical procedures.



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However, we want to point out the concern that most of us are tenants of medical commercial buildings without full control of many key aspects stipulated in the proposal such as maintenance of all building facilities.

The HKACO recommends the Government to consider regulating the PHFs providing parenteral chemotherapy run and owned by individual specialist or by small groups of specialists in the community based mainly on the **Regulatory Aspect C11 annex B (3) regarding to the 1) safe reconstitution and handling of cytotoxic agents, 2) occupational safety.**

Extremely careful considerations have to be applied to the regulatory aspects concerning standard of facilities in order to ensure our members providing parenteral chemotherapy in the community are able to comply. The Government should be aware that there are many areas not under the control of the specialists in the community e.g. provision of "wall oxygen supply".

D15: Provision of Fee Schedule:

Price transparency is essential to the public. However, urgent or unpredicted medical condition and complications may arise, leading to a disparity with the original estimated fees. This should be clearly communicated to the public. We urge the Government to exercise extreme caution in linking violation of price transparency to sanction in order to avoid the public to abuse using this reason to sue the medical practitioners.

E19: Sanctions:

The HKACO proposes that there should not be "blanket" sanctions against all three groups: there should be differentiation in sanctions in different categories because the scale of practices and operations and the number of patients involved are extremely different as mentioned above.

Summary:

The HKACO, consisting of 20 experienced oncologist members and represents more than 60% of stakeholders in specialists providing parenteral chemotherapy treatment in ambulatory setting today, requests that we should be consulted and be allowed to participate in the process of legislating the Regulation of PHFs providing high-risk medical procedures to ensure that the legislation pass can ultimately



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serve its purpose to protect the public and at the same time is realistically possible for our members providing parenteral chemotherapy in the community to comply.

Our views are summarized and reiterated below:

Appointment of a PIC should be exempted in PHFs providing parenteral chemotherapy treatment in the community run and own by individual specialist or by small groups of specialists.

PHFs providing parenteral chemotherapy run and owned by individual specialist or by small groups of specialists should be regulated based primarily on the 1) safe reconstitution and handling of cytotoxic agents, 2) occupational safety (annex B(3)).

Provision of fee schedule should not be extended to cover urgent, unpredictable medical conditions or complications.

There should not be "blanket" sanctions applicable to all three categories of PHFs to be regulated.

Yours truly,

Dr. Cheung Ming Chee, Michael

Chairman, Hong Kong Association of Community Oncologists

Specialist in Clinical Oncology

MBBS, FRCR (London), FHKCR, FHKAM (Radiology)

Cc Dr. The Hon Ko Wing-man, BBS, JP

Secretary for Food and Health