

To Health Bureau,
19th Floor, Murray Building,
Garden Road,
Central,
Hong Kong,

△(o(+))

Dr York Chow,
The Secretary for Food and Health,
Government of the Hong Kong Special Administrative Region,

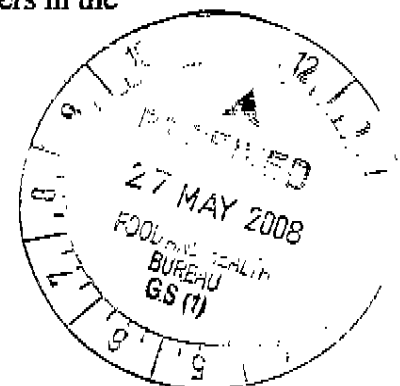
Re: Health Care Reform

Dear Sir,

Our Association was incorporated in 1992 to look after the welfare of over 300 doctors practicing in public housing estates, for over 40 years, estate doctors have been providing convenient (9 a.m. to 9 p.m., 7 days a week) and affordable primary care medical services to over 3 million citizens living in public estates in Hong Kong.

Concerning your proposed health Care Reform, we have the following comments:

1. It was proposed in the Health Care Reform Consultation document that a GP Registry will be imposed on those doctors practicing primary care in their clinics. To control the future of these general practitioners, only those fulfilling the appropriate training requirements and holding recognized qualifications can remain in the register in the near future. However, there are only just over 100 family medicine specialists in Hong Kong, the current low passing rate of the conjoint fellowship examination with compulsory hospital training to fulfill the examination requirement, what should general practitioners working in the public housing estates without the above-mentioned qualifications to get into the register do with their basic primary medical degree? To establish a family doctor register, a working group involving the public and private sector will be formed to look at the issue. However, the public sector has been contributing so little to primary healthcare in the past (70 to 90 % by private general practitioners in the community), what is its role in the working group?



2. The Health Care Reform consultation document looks at the accessibility and back-up arrangements of primary care clinics. It has been said that doctors registered as solo practitioners should be required to make back-up arrangements in the event they take absence from their practices. Therefore, in the future, one has to register and is obliged to inform how one will provide the 24 hour service to his clients. Most general practitioners in public estates choose to work in their solo-practice clinic because of the lifestyle and do not have in mind a 24 hour on call mission. Besides, small practices are considered by patients to be more accessible and achieve a higher degree of satisfaction than larger practices because of a continuity of care. If Hong Kong Government wants the general practitioners to act like those in some countries like U.K., then the government should take the responsibility to pay them like their counterparts in U.K. as well.

3. When reading the Healthcare Reform consultation document, one will notice that it has been advocated that the Department of Health should focus on devising appropriate standards and protocols for various primary care services and to promote and monitor the applications of such standards. In the future, the size, structure, furniture of a general practice clinic will be fixed and audited. But how does our government deal with the Link which controls the rental and size and even the shape of the estate clinics? Has government, in fact, not shrink away from touching Link under the pretext of free trade in Hong Kong? If Link controls the rental of estate clinics, how can our government dictate what should be the size and structure of a clinic? Government has not helped with the management of general practice clinic in the past, now without funding the general practitioners, it wants to audit all general practice clinics of the future.

Thank you for your attention.

PEDA council members.

26 MAY 2008