



# THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

## 香 港 醫 學 組 織 聯 會

2007-2008

12<sup>th</sup> June 2008

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Dr. the Hon York CHOW, SBS, JP  
Secretary for Food and Health  
Food and Health Bureau  
19/F Murray Building  
Garden Road  
Central


Dear Dr. CHOW,

**Healthcare Reform Consultation Document**

I would like to forward a summary of the views expressed by Member Societies of the Federation of Medical Societies of Hong Kong on the caption at the forum of 30<sup>th</sup> May 2008 for your consideration.

On behalf of the Federation, may I wish the Government every success in the noble and yet arduous mission of bringing in a Healthcare Reform that will benefit the community at large.

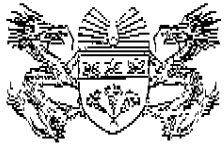
Best regards,

  
Dr. Dawson Fong  
President  
The Federation of Medical Societies of Hong Kong

*Enclosed ( Appendix & Annex ) – 5 pages*

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*Appendix*

## Content

### **Healthcare Reform Consultation Document The Federation of Medical Societies of Hong Kong**

The following Member Societies of the Federation of Medical Societies of Hong Kong have expressed their views, as consolidated at the *Annex*:

1. British Medical Association (Hong Kong Branch)
2. College of Nursing, Hong Kong
3. Hong Kong Association for Integration of Chinese-Western Medicine
4. Hong Kong Association of Dental Surgery Assistants
5. Hong Kong College of Chinese Medicinal Nursing Limited
6. Hong Kong Dietitians Association Ltd
7. Hong Kong Institute of Medical Laboratory Sciences Ltd
8. Hong Kong Physiotherapy Association Ltd
9. Hong Kong Practicing Dietitians Union
10. The Hong Kong Neurosurgical Society
11. The Hong Kong Nutrition Association Limited
12. The Hong Kong Society of Hospital Dentistry
13. The Pharmaceutical Distributors Association of Hong Kong Ltd
14. The Pharmaceutical Society of Hong Kong

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**THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG****香 港 醫 學 組 織 聯 會***Annex***Summary of Comments presented by Member Societies of  
The Federation of Medical Societies of Hong Kong  
on the Healthcare Reform Consultation Document***On the Subject of Healthcare Reform,*

- i. Members agreed on the need to improve primary healthcare. Yet, that called for comprehensive review to current manpower set up in the family doctors and allied health professionals in the community. The Government should strive to improve resources currently invested to better primary healthcare, before turning to citizens to finance medical expenses.
- ii. Members were disappointed to note the Document had failed to address the genuine resources need to improve health. On the contrary, the Government had continued to propose investing resources (some 85% of total budget) on treating ill-health, leaving only little resources (some 15% of the budget) to improving health and on preventive care education. Participants did not agree to further “medicalise” the resources, if the Government was really committed to improving health itself.
- iii. There were suggestions that the Government should subsidize citizens or work with the insurance field to extend the insurance coverage to allied health consultations, which is an important way of health education and disease prevention like the role of dietitians in obesity for example.
- iv. There were specific comments raised from various allied health professionals.
  - Representative from nursing profession strongly proclaimed that the success of healthcare reform relied on everyone making an effort. Apart from family doctors, allied health professionals were great complements to the force of healthcare reform. The nursing professionals thus saw an immediate need to increase resources including allied health manpower and professional training in order to cope with the increasing necessity and demand on health education in the primary care.

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- What were the future roles of the Dietitians in the proposed reform? Dietitians were currently unregistered groups, which needed doctors' referral for any consultation. The present insurance package covered no dietitian service. While agreeing on the need to improve community primary care, to promote education on eating habits, dietitian representatives failed to see from the Document how they would help to achieve the targets. There were pressing need to improve manpower, and dietitians questioned what more evidence the Government need to know before their role in healthcare reform would be acknowledged. A win/win way was to allow dietitians and other allied health groups to get involved in primary care, at the earlier stage, the better. That way, the long-standing issue of insufficient time a doctor spent on a patient could be addressed while preventive care could be better promoted among the general public.
- Physiotherapists were under serious manpower shortfall. There had been inadequate headcount to meet the patient needs in HA hospitals, let alone private hospitals, clinics, elderly center, etc. The Government should increase resources for their group. That was crucial, not only to improve primary healthcare of the community, but also to relieve the work stress of the physiotherapists. Representatives also suggested the Government to liaise with the training institutions to attract more youngsters to the profession. The four specific points raised by the representatives include: 1) to revise the Supplementary Ordinance to allow physiotherapists directly manage patients'/clients' health in primary care without the need of referral from doctors; 2) to increase the manpower of physiotherapists in Hospital Authority for promotion of health of the public in primary care setting; 3) to increase the manpower of physiotherapists in Hospital Authority for secondary and tertiary healthcare settings; 4) to increase the number of physiotherapy student intake in the Hong Kong Polytechnic University to cope with the development of primary healthcare for enhancing the health of the general public.
- Dentists and Dental Assistants failed to note from the Document how their professions would assist in primary care or be affected in financing options. It should be noted that condition of dental health played a vital role in the food intake and thus affected the body health.

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For the purpose of this Healthcare Reform, dental services, especially those provided in the public hospitals as part of the medical treatment should be considered as an integral part of the overall medical treatment. There are patients suffering from debilitating diseases and requiring essential dental treatment as part of their overall medical care. Examples include patients undergoing radiotherapy, patients requiring oral and dental rehabilitation after extensive surgery for head and neck cancers, cleft lip and palate patients, children with severe jaw deformities, patients on long-term anti-coagulants, institution-bound elderly, etc.

Dental societies held that the Government must make great effort to enhance the awareness of the importance of dental preventive care among the general public. Regular dental check-up and care education could surely help enhance the effectiveness of the reform while keeping it at a low cost. On the other hand, dental assistants should be recognized as part of the professional body through formal registration as a medical professional. There was general feeling that the reform only aimed to soliciting community support to share the medical burden, without specifying how the community would be benefited from all the reforms.

- v. There were also calls that the Government should provide details on how the reforms could help those needy groups, to better preventive care, and to improve protection from disability, from chronic and catastrophic illnesses.

*On the Subject of Healthcare Financing, the following specific comments were raised:*

- i. Representative of Hong Kong College of Chinese Medicinal Nursing emphasized that social health insurance should provide a safety net for all residents. The insurance coverage should include alternative medicine, psychiatric care and care provided by nurses and therapists. The private health insurance system implemented by Australia could be introduced as a reference. Primary care should also include nursing care, alternative medical care and traditional Chinese Medicine. The Government should play the role of public health insurance agency in order to: 1) improve the quality of service; 2) control private service provider on price; 3) facilitate referral system between public and private sectors; 4) create incentive for private public interface; 5) minimize the administration cost. To cope with the shrinking workforce, the Government could consider changing the immigration policy and/or extending the retirement age.



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- ii. It was commented that should the Government promote a mandatory health insurance, they should oversee its administration so that the new insurance scheme could better elaborate the insurance protection and benefit to consumers, healthcare service providers and the insurance industry.