

**Monitoring Committee on Implementation
of the SARS Expert Committee Report's Recommendations**

Notes of the 2nd Meeting

Session I chaired by Prof Sian Griffiths on 27 September 2004

Session II chaired by Sir Cyril Chantler on 4 October 2004

Present

Prof Sian Griffiths	(Chairman for Session I)
Sir Cyril Chantler	(Chairman for Session II)
Prof Lee Shiu-hung	Member
Dr Lo Wing-lok	Member
Prof Rosie Young	Member
Mr Jeff Leung	(Secretary)

In Attendance

Health, Welfare and Food Bureau (HWFB)

Dr E K Yeoh	Secretary for Health, Welfare and Food (SHWF)
Mrs Carrie Yau	Permanent Secretary for Health, Welfare and Food (PSHWF)
Miss Susie Ho	Deputy Secretary for Health, Welfare and Food (Health)
Dr S V Lo	Head of Research Office (Session II only)
Mrs Ingrid Yeung	Principal Assistant Secretary (Health) ²
Mr Freely Cheng	Assistant Secretary (Health) ¹
Mr Tony Chan	Assistant Secretary (Health) ³ (Session I only)
Mr Frankie Choi	Chief Information Officer

Department of Health (DH)

Dr P Y Lam	Director of Health
Dr P Y Leung	Controller, Centre for Health Protection (CHP) (Session II only)
Dr Regina Ching	Head, Programme Management and Professional Development Branch, CHP (Session I only)

Hospital Authority (HA)

Dr William Ho	Chief Executive
Dr Vivian Wong	Director (Professional Services and Medical Development)
Dr Cheng Man-yung	Deputy Director (Professional Services and Facilities Management) (Session II only)

Opening Remarks

Both **Prof Griffiths** and **Sir Cyril** were pleased with the progress made in implementing the recommendations of the SARS Expert Committee.

Agenda Item 1: Centre for Health Protection - SARS Expert Committee's Recommendations in Action (SARS MC 7/04)

Dr Regina Ching made a PowerPoint presentation on the development of the CHP and actions taken to implement the recommendations of the SARS Expert Committee.

Public Health Surveillance

In response to Prof Griffiths' question on the CHP's work on non-communicable diseases (NCDs), **Dr Regina Ching** said that they were thinking of the suitability of setting up similar scientific committees and developing prevention programmes for NCDs. **Prof SH Lee** agreed that surveillance of the risk factors for NCDs was very useful because NCDs remained the major causes of death. **Dr PY Lam** said that DH had been promoting healthy lifestyle which was the baseline of the prevention work on NCDs. He was, however, mindful that there should not be a proliferation of committees. Nonetheless he emphasized that future prevention programmes would be based on evidence and it was important to leverage community effort.

Prof SH Lee suggested that the Government should set out its health

promotion strategy and future direction, with clear roles for DH/HA and the CHP working together. **Dr Lo Wing-lok** echoed that there should also be clear division of labour between the Director of Health and the Controller, CHP. **Dr PY Lam** said while the Controller, CHP was taking care of the day-to-day operation of the CHP, he would be steering the strategic direction of the CHP.

In response to Prof SH Lee's suggestion on closer cooperation with the Guangdong Province on disease surveillance, **Dr. PY Lam** reported the progress of the cooperation with the Guangdong and Macau under the Tripartite Expert Group and the plan to develop an electronic platform for sharing of data and analyses of infectious diseases among the three places.

On disease surveillance, while agreeing that the existing sentinel surveillance system provided information for analysis of disease trend, **the Committee** considered that there was scope to develop the population basis and improvements in terms of defining patient profile, identifying changes in attendance patterns and correlating the patient trend with laboratory findings. This would enable the CHP to tackle infectious disease in an anticipatory manner. **Prof Griffiths** suggested that the CHP should review and evaluate the system on a continuous basis, having regard to the feedback received from the participants of the sentinel surveillance system. The sentinel surveillance system would need to include all sectors and ensure that high-risk groups are monitored. Information technology support was needed. Overall, the criteria and objectives need to be reviewed and clarified.

Partnership with Stakeholders

In response to Dr Lo Wing-lok's question, **Dr Regina Ching** said guidelines for infection control were evaluated on an ongoing basis in consultation with the users of the guidelines. **Dr William Ho** added that the Infection Control Branch of the CHP had also promulgated guidelines to private hospitals and elderly homes, etc. which were their new areas of work.

Prof Griffiths said that the collaborative initiatives of the CHP with private sector and NGO elderly homes, etc. and the efforts to outreach to the local community should be commended. However, there was a need to devise a population strategy for the outreach, especially those un-motivated sector.

In response to Prof SH Lee's suggestion to explore the development of a network of health authorities in the Asia-Pacific region to strengthen disease surveillance, **Dr PY Lam** said they had been maintaining close contact with health authorities in the region. The WHO would also like to strengthen communications amongst countries in the revised International Health Regulations. **Prof Griffiths** considered that the most important thing was to maintain good communications amongst countries.

Prof Griffiths suggested that an evaluation mechanism should be developed in due course to assess the effectiveness of the Risk Communication Advisory Group (RCAG). The RCAG should have a high profile and engage with the public in debate.

Research

Dr Yeoh said that starting from next year, the CHP, in consultation with the Scientific Committees, would develop thematic priorities for research on infectious diseases and report to the Research Council. \$30 million had been earmarked for the CHP to undertake research in collaboration with the universities. While noting that some dedicated resources had been set aside to cater for research projects, **Prof Griffiths** considered that training for public health research needed to be enhanced. **Prof Rosie Young** suggested that urgent consideration should be given to set up research fellowships to build up Hong Kong's capability in undertaking research in public health. In doing so, consideration should be given to establishing joint appointments among DH and universities to share knowledge and develop greater public health awareness.

Future Work of the CHP

Prof SH Lee considered that the CHP should work closely with other Government departments as their policies might have health implications. **Dr PY Lam** said DH/CHP worked closely with other Government departments. The profile and image of DH/CHP as a Government health adviser had been elevated and become more visible. **Prof Griffiths** considered that the guidelines on infectious diseases prepared by the Scientific Committees of CHP should be evidence-based and user-friendly to ensure effective implementation. The CHP should co-ordinate the authoring of guidelines centrally, kitemark them to ensure consistency in quality and presentation format. **Dr Vivian Wong** suggested that consideration should be given to sharing the approach with HA and Clinical Effectiveness Unit.

Dr Lo Wing-lok said that the Government should make a long-term commitment for the operation of the CHP. **Dr Yeoh** assured that sufficient funding would be secured for the operation of the CHP. Through restructuring of the existing services of DH, there could be some savings to support the operation of the CHP.

Overall, **Prof Griffiths** was very pleased with the tremendous efforts and progress made in the establishment of the CHP. However, the CHP needed to sustain the momentum and maintain close cooperation with other agencies and departments in pursuing its health protection mission. Sufficient resources should be given to the CHP to enable it to take forward its work. **Prof Rosie Young** added that it was also important to maintain staff morale through job enrichment, training and better career prospects.

Agenda Item 2: Development Plan for Public Health Workforce for Combating Communicable Diseases (SARS MC 8/04)

Dr Regina Ching made a PowerPoint presentation of the key points of the

paper.

The Committee considered that the setting up of a working group to develop and monitor implementation of a Hong Kong-wide public health workforce strategy was a good start in the right direction.

Prof SH Lee said that all possible moves should be taken to integrate public health with clinical medicine and laboratory science in medical education, research and practice. The success of the strategy would require strong commitment of the Government in terms of policy and resources in the training of public health professionals as well as collaboration with the relevant Colleges of the Academy and the tertiary institutions such as the review of the curriculum. **Prof Griffiths** and **Dr Lo Wing-lok** shared similar views. **Dr Lo** added that there should be leadership training for doctors and it was important to enhance their sensitivity to infectious diseases.

Dr William Ho said that after the SARS epidemic and the setting-up of the Welfare and Training Fund, there was some baseline training in public health. However, there was a need to take a broader look at the training of future public health workforce. The College of Medicine would need to consider issues like manpower planning and the career prospect of the public health workforce. These issues required consultation with relevant stakeholders and the Bureau. **Prof Griffiths** agreed that these were long term issues to be sorted out. It was important to keep the issues alive and sustain momentum of discussion.

In response to Prof SH Lee's suggestion of upgrading the public health workforce working group into an advisory committee, **Dr Yeoh** said that the public health workforce meant more than public health. The public health workforce working group would need to adopt a holistic approach, identify the issues involved in the development of public health workforce amongst all professional groups, the skills set required and examine the structure of public health workforce in other places. There was also a need to keep a close watch on how the working group would evolve in

particular its role in respect of manpower planning for public health professionals. **Prof Griffiths** shared the view that it might be too early to set up a big structure to look after the issue. It was more important for the working group to thrash out the issues first.

Agenda Item 3: Policy on Privacy of Information (SARS MC 9/04)

Dr Regina Ching briefed the Committee on the key elements of the paper.

Prof Griffiths considered that it was sensible to develop the guidelines proposed for release of personal information during an outbreak situation. The issue was to strike a right balance between the need to protect one's personal privacy and the need to enforce public health measures for the good of the community. There was a need to engage the stakeholders. **Dr Lo Wing-lok** considered that the whole issue should be put to public discussion so as to achieve a community consensus and a greater understanding on the issue.

Agenda 4: Reorganization of the Health, Welfare and Food Bureau (SARS MC 10/04)

Miss Susie Ho briefed the Committee on the Administration's latest thinking on the reorganization of the HWFB.

Prof SH Lee considered that the reorganization proposal was heading to the right direction. He supported the creation of a Chief Medical Officer (CMO) in the Bureau. However, it was very important to clearly delineate the role and responsibility of the CMO with SHWF, CE/HA, other Government departments, and Controller, CHP. **Prof Griffiths** shared the same views and considered that some rules of engagement amongst them were required, particularly during disease outbreak.

Dr Yeoh explained that the CMO would play an important role in policy coordination and coordination of cross-department health related matters.

He/she would provide direct and timely professional advice to SHWF on strategy and policy formulation. The CMO would be an important link between the SHWF and its public health executive arms, and such link would be critical in time of crises.

Mrs Carrie Yau further clarified that the CMO would focus on strategic matters. He/she should be spared from day-to-day operational responsibilities, which should gradually be devolved to the relevant executive agencies.

In response to Sir Cyril's comments on the organizational set-up under the CMO, **Mrs Carrie Yau** added that the CMO would be underpinned by a mix of professional staff and Administrative Officers. The skill mix would facilitate the CMO in delivering its role as a key health adviser to SHWF, and was proved to be invaluable during the SARS outbreak last year.

Prof Rosie Young commented that the proposed reorganization would help strengthen the line of command and clarify the misconception that HA was independent and hence not accountable to SHWF.

In response to an enquiry from Sir Cyril, **Dr Yeoh** clarified that given the extent and the complexity of the reorganization exercise, the HA would continue to be under the purview of PSHWF. The CMO, which was to be created as a Bureau post, would work very closely with PSHWF on health matters which had an HA interface. This would enhance the coordination between the HA and other health agencies. The long-term arrangement of whether HA should be placed under the CMO could be reviewed upon completion of the reorganization exercise.

Sir Cyril noted that cooperation between DH and HA had been greatly enhanced since the SARS outbreak (e.g. secondment of HA staff to head the Infection Control Branch). He suggested that such momentum should be maintained, and a strategy should be developed for HA and CHP to have collaboration in other areas e.g. in respect of non-communicable

diseases.

Prof Griffiths considered the reorganization a complex exercise requiring careful planning and implementation, with regard to local political dynamics and aspirations of relevant stakeholders, and how the Administration would want the public health functions to be organized in future. **The Committee** in general supported the creation of a CMO within the HWFB with him/her leading the public health function and development of evidence-based public health policy with appropriate support.

While commending SHWF for taking on board the Expert Committee's recommendation and that the reorganization would be a good opportunity to improve on the current system, **Sir Cyril** cautioned that the exercise would be a very complex one, and that it was most important to teeth out the issues and to allow reflection on such issues to be dealt with so as to avoid disfunctionality as a result of role confusion in the future. He added that there would be tension in the process and it had to be carefully managed.

Dr Yeoh explained that the reorganization would proceed by stages, and its details would be carefully worked out in close consultation with staff and other stakeholders.

Agenda Item 5 : Review and Continuous Improvement of Occupational Health Services in Hospital Authority (SARS MC 11/04)

Dr Cheng Man-yung briefly introduced to the Committee recent efforts made by HA in enhancing occupational safety and health (OSH) in hospitals, and the overall strategy to sustain such efforts.

The Committee was very impressed by the achievements made by the HA over a very short period of time.

The Committee noted that the OSH service was currently provided in the HA staff clinics, and considered that this arrangement might not be conducive to establishing a clear identity for the service. Members suggested that dedicated OSH clinic(s) should be set up. **Dr Lo** suggested that one of the tasks of the OSH clinics was to draw up job-specific OSH guidelines.

Dr William Ho noted Members' concern. He said that the initial priorities of HA in respect of OSH were on industrial improvements (e.g. isolation facilities, laboratory safety etc) and addressing staff's psychological needs (e.g. through the setting up of "Oasis" in hospitals). OSH would continue to be HA's major initiative in future, and the need to set up individual OSH clinics could be explored. At the same time, **Dr William Ho** pointed out that OSH development in Hong Kong, as a medical specialty, had so far not been very advanced. This had an impact on the development of a clear career path. Dr Ho added that these were the issues that HA would need to tackle in developing a team of OSH specialists in HA and seeking further development on the front of OSH.

Mrs Carrie Yau suggested that HA, in addressing the problem of career path, should consider having structured staff secondment/rotation programmes with relevant agencies. This view was echoed by **Dr Lo**.

Regarding the composition of the OSH Steering Committee, Members suggested that it should include employee representative(s). Members considered that it was important to highlight the importance of employer-employee partnership on OSH enhancement. **Dr William Ho**, in response, agreed that it could certainly be explored in future. He added that the fundamental steps to tackle were getting management taking responsibility on OSH and steering for a change in corporate culture.

Sir Cyril suggested in sustaining its efforts, HA should make reference to relevant overseas experiences to refine its approach in developing OSH service and in determining its scope. **Prof Lee** suggested HA consider organizing a review by overseas experts (e.g. the OSH Faculty in the UK).

In response to Sir Cyril's enquiry, **Dr William Ho** explained that since the SARS outbreak, HA had been strengthening its interface with the private sector. Regular forums were arranged for major private practitioners to share with them the initiatives and work done by the HA, including those relating to OSH.

**Agenda Item 6 : Strategic Direction of
Research on Infectious Diseases (SARS MC 12/04)**

Dr S V Lo briefed Members on the strategic direction of research on infectious diseases.

Dr Yeoh added that CHP would play a pivotal role in developing direction of research on infectious diseases. CHP, in consultation with its scientific committees and having regard to the epidemiological situation in Hong Kong, was required to advise the Research Council on the thematic priorities for research on a yearly basis. Preferential support would be rendered by RFCID to research projects addressing these priorities. In addition, RFCID would commission CHP to undertake collaborative research with local universities and elsewhere to answer specific questions relating to disease control and prevention.

Sir Cyril commented that financial commitment aside, it was equally important for Hong Kong to develop its capability and capacity in undertaking public health and clinical research. **Dr Yeoh** concurred with Sir Cyril on his observation and considered that RFCID would itself be a driver to push for the building up of the necessary research infrastructure. In this regard, Members noted that for the commissioned research projects undertaken by the universities, a portion of the fund was earmarked for efforts to strengthen local research capability in public health and epidemiology, and in this respect, universities were required to provide half-yearly progress reports, and were also encouraged to institutionalize such efforts.

Dr Vivian Wong said that the HA had also been strengthening its efforts in organizing overseas training for staff on epidemiology and clinical research.

Prof Rosie Young suggested that research fellowship be set up to attract talents into the field of public health and epidemiological research. She also suggested that high-level joint university appointments be established to strengthen training capacity in universities. **Dr Yeoh** agreed that capacity building was important, and the suggestions should be explored.

Prof Lee commented that CHP should develop further in regional collaboration in research, especially with the Pan-Pearl River Delta Region, so as to build up the necessary network for information sharing. In

response, **Dr P Y Lam** said that DH is in regular contact with its Guangdong and Macau counterparts through the platform of regular tripartite meetings. Collaborative research projects will be embarked on in respect of HIV/AIDS, vector-borne diseases and influenza.

Agenda Item 7: Any Other Business

In response to Sir Cyril's enquiry about the progress of the Visiting Medical Officer scheme, **Dr Vivian Wong** said that a review on the long-term role of the VMOs was being undertaken.

The Committee also noted that sentinel surveillance had been extended to Traditional Chinese Medicine Practitioners. The Department of Health was also in discussion with major pharmacist associations to extend the surveillance programme to pharmacists.

In rounding up the discussion, the Committee said that they were impressed by the huge progress made by the Health, Welfare and Food Bureau, the Department of Health, the Hospital Authority and other agencies in implementing the Expert Committee's recommendations, and considered it to be important to sustain the momentum.

Draft minutes would be produced for the meeting and circulated to the Committee for approval. The approved minutes, together with the discussion papers, would be uploaded on the designated website for the Monitoring Committee.

On the basis of the discussion of the Monitoring Committee, the Co-chairmen would prepare a letter for issue to the Chief Executive, HKSARG which would summarise the Committee's key observations.

Dr Yeoh, on behalf of the Administration, thanked Members of the Monitoring Committee for the time and efforts they had devoted to better Hong Kong's capacity and preparedness against the threat of infectious diseases.

Pre and Post-meeting Visits

The Committee visited the following places:

- The CHP in the morning of 28 September 2004, and the HA's Oasis and the SARS patient in the afternoon of 28 September 2004;
- The CHP and the HA's Oasis in the morning of 2 October 2004 (by Sir Cyril Chantler and Lady Chantler only); and
- Kwong Wah Hospital and Queen Elizabeth Hospital in the morning of 5 October 2004.

Notes of the above visits were at **Annexes A to C**.

Secretariat of the Monitoring Committee
October 2004

Notes of the Monitoring Committee's Visit on 28 September 2004

Visit to the Centre for Health Protection (CHP)

- **Prof Griffiths** congratulated the establishment of CHP in just one year's time. She commended the CHP for being unique and specific to the local setting.
- **Prof Griffiths** suggested that scientific evidence and recommendations should be turned into real practice to facilitate behavioural change in the community.
- **The Monitoring Committee** was impressed by the arrangement of cross membership in the various Scientific Committees (SC) and health protection programmes which allowed expertise of a cross-cutting nature to be shared in these Committees' deliberations. However, there was concern about overloading individual SC members. The Committee suggested that new blood should be injected from time to time.
- **Prof Griffiths** suggested that every promotional material should be prepared under the name of CHP to build credibility. Consistent communication message, design, style and tone should be adopted. Furthermore, these materials should be easily understood by the general public.
- **Prof SH Lee** reflected that CHP should put more effort into implementing health promotion programmes in the community. **Dr Regina Ching** introduced the re-organization of the Central Health Education Unit (CHEU) under the CHP. **Prof Griffiths** recommended that the CHP should make the reorganised functions of the unit known to the public. **Dr Ching** assured that the CHEU under the CHP would continue to launch community health promotion campaigns. **Prof Lee** considered it necessary to establish a coordinating structure to take charge of health promotion.
- **Prof Griffiths** supported Prof NK Leung's view that the CHEU/CHP

should be collaborating more actively with NGOs such as the Red Cross in community health promotion programmes.

- **Prof Rosie Young** reminded CHP to pay attention to possible increase of Hepatitis-C cases in Hong Kong. **Dr KH Wong** reported that CHP, together with HA has been piloting a surveillance system for monitoring the situation.
- **The Monitoring Committee** was impressed by the effective working relationship established by CHP staff through exchange/attachment programmes with Mainland health authorities.
- Although there was some linkage amongst DH/CHP, HA and the universities in training, **Prof Griffiths** commented that such interaction could be strengthened. She suggested that it was vital to connect with the academia in exchange programmes. She suggested that the CHP might consider establishing visiting/research fellowships to sustain the momentum and attract experts from different provinces of the Mainland.
- **The Monitoring Committee** was satisfied with the plan of the Infection Control Branch to extend training to personnel in Residential Care Homes for the Elderly and private hospitals etc. in future.

Visit to HA's Oasis (Centre for Personal Growth & Crisis Intervention)

- **The Monitoring Committee** was impressed by the facilities and services provided at the HA's Oasis.

Meeting with SARS Patient Group

- **The Monitoring Committee** considered that:-
 - the criteria for application for the Trust Fund for SARS should be reviewed so as to respond to the patients' need more practically;
 - communication with the patient groups and individual patient should be strengthened by, say, setting up a website;
 - follow-up actions should be taken on those 48 patients who complained about persistent joint and muscular pain but showed negative magnetic resonance imaging result;
 - for the sake of patients' convenience, arrangements should be made for patients to seek follow-up treatment near their place of residence; and
 - research results in the SARS could be relayed and explained to SARS patients to enhance their understanding of the nature of the SARS and the latest development in its treatment.

**Notes of Sir Cyril Chantler's and Lady Chantler's Visit on
2 October 2004**

Visit to the Centre for Health Protection (CHP)

- In general, **Sir Cyril** was impressed by the progress and efforts of DH/CHP in implementing the recommendations made by the Monitoring Committee.
- In response to **Sir Cyril's** enquiry on the transfer of clinical samples between Hong Kong and the Mainland, **Dr Thomas Tsang** said that the transfer of samples was a complex issues involving security considerations, import/export requirements and IP implications. **Dr Wilina Lim** added that the Mainland authorities would conduct the tests with their own laboratories and the only case which they might require Hong Kong's assistance was to verify their test results. She considered that the present arrangement was adequate.
- In response to **Sir Cyril's** enquiry on whether Hong Kong would establish an electronic database of patient records, **Dr Raymond Yung** explained that there was a patient database within the public hospital system. However, due to privacy and other security issues, there were difficulties to extend such system to DH and the private sector.
- **Sir Cyril** asked whether CHP's new mode of operation on communicable diseases (CDs) would also apply to non-communicable diseases (NCDs). **Dr PY Lam** responded that CHP's initial focus would mainly be on CDs. Nevertheless, priorities would also be accorded to common NCDs like cancer, heart diseases and diabetes. If the new mode of operation on CDs worked fine and resources allowed, CHP would consider adopting the same mode of operation for its NCD programmes.
- **Sir Cyril** was interested in how CHP would tackle release of information obtained from the Mainland, as well as rumours of CD

outbreaks in the Mainland. **Dr Thomas Tsang** said that CHP had established a mechanism with the Mainland authorities on information exchange and release. The mechanism had been operating satisfactorily.

- **Sir Cyril** noted that at present there were doctors who had not received sufficient infection control training but were performing duties in hospitals which may sometimes bear considerable risks. With the CHP/Academy's plan to introduce an infection control training certificate, he suggested that HA could consider making this certificate a pre-requisite for employment.
- **Sir Cyril** agreed with Dr Gabriel Leung's suggestion that in formulating its risk communication strategy, the CHP should put emphasis not only on "war-time" situations but also on "peace-time" situations.

Visit to HA's Oasis (Centre for Personal Growth & Crisis Intervention)

- **Sir Cyril** was impressed by the facilities and services provided at the Oasis.

Notes of the Monitoring Committee's Visit on 5 October 2004

Visit to the Hospital Authority Headquarters (HAHO)

- **Sir Cyril** congratulated the Hospital Authority (HA) for putting in place a very good contingency plan. He was impressed by the vast amount of work that the HA was able to achieve in enhancing the preparedness of public hospitals in the past year.
- Drawing from the experience of Canada, **Sir Cyril** commented that it would be a challenge for the HA to make a response to the threat of SARS that is commensurate with the risks and does not overreact in peacetime. He suggested that the HA consider engaging the public in discussion regarding the trade-offs that the community has to make between better preparedness for infectious diseases and resources available for daily hospital services.
- In respect of the strategy for step-down wards, **Sir Cyril** highlighted the importance of model research on the clinical progression of infectious diseases (e.g. how long would the patient continue to discharge viruses in his stool), which would have significant implications to the strategy to be adopted.
- **The Monitoring Committee** believed that the accountability and responsibility of the academics in a teaching hospital should be set out clearly in writing. **Dr Fung Hong** confirmed that it was the current practice at Prince of Wales Hospital. **Dr William Ho** also informed the Monitoring Committee that the HA was in discussion with the University of Hong Kong on how to delineate more clearly the responsibilities of the academics working in Queen Mary Hospital.
- Regarding the role to be played by Hospital Governing Committees at times of an outbreak, **Sir Cyril** encouraged the HA to consider appointing more experts who can make useful contributions at the strategic level to these committees.

Visit to Kwong Wah Hospital

- **The Monitoring Committee** was impressed by the set up at the hospital's Traditional Chinese Medicine Specialist Clinic. **Sir Cyril Chantler** was particularly interested in the use of advanced technology in the Chinese Medicine Pharmacy for quality assurance.

Visit to Queen Elizabeth Hospital

- **The Monitoring Committee** commended the Hospital for the good work that has been done in enhancing infection control.
- **Sir Cyril** was impressed by the enormous amount of efforts and resources that had gone into the setting up of infectious disease wards at the Hospital.
