



ABOUT THIS SURVEY

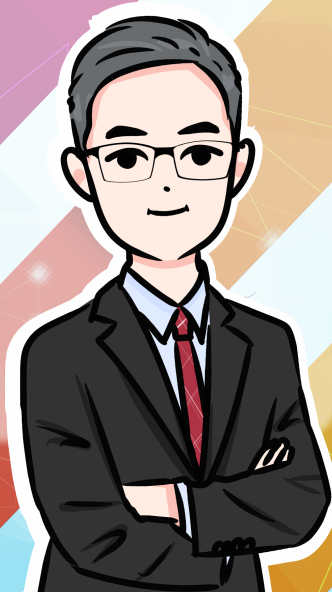
Dear Colleagues,

While Doctor-Patient relationship is personal, patients may wish to have an idea how the fee his trusted doctor charge compares with other doctors. More than a reference for patients, colleagues may wish to know how his professional fees compare with his brethren. The concept “customarily charged” so often cited by payers, such as insurance, and our regulatory body must find ground on solid data. The Chief Executive in his Policy Address 2024 pinpointed private healthcare price transparency as crucial to enhancing service efficiency and to reign in medical inflation, an area the Government is exploring to regulate by legislating.

A sketch of the price terrain is urgently called for. The stage is therefore set for action to be taken. A representative fee survey will be an essential first step. I sincerely request you to take a few minutes to fill in and return by the stamped envelope the attached **SURVEY ON DOCTORS' FEES FOR CLINICAL SERVICES 2025**. The survey will be **ANONYMOUS**.

Best regards,

David Lam
Member (Medical and Health Constituency) of Legislative Council
24 February 2025





Chronic Disease Co-Care Programme

Colleagues might have participated in the Chronic Disease Co-Care Programme of the Department of Health. This is a recent initiative of the Primary Healthcare Commission to subsidize the public to screen for common chronic illnesses. The key financing design is co-payment. Co-payment instills a measure of ownership to one's own medical care, while the subsidy encourages participation. When it all started, the programme was not too user-friendly. Your staff had to swipe the patient ID card 4 times to register, and you had to send your patient away to an outside laboratory for blood taking. When the blood results return, you had to type the results into the system and when you want to give the patient more expensive medications, you may not charge more. We have been in close liaison with the Primary Healthcare Commission to have these sorted out. I am sure you have seen some improvement.

Central Procurement of Flu Vaccine

Every year family doctors have to make a best guess of the number of flu vaccines their patients require. Year after year, an initial fast uptake of flu shots in October and November has frequently depleted colleagues' stock, only to learn that the suppliers will not be able to replenish their stock until December. Commonly, the enthusiasm to receive flu vaccines has abated by the time replenishment becomes available. This mismatch in time could very well have blunted the uptake rate. We have been suggesting the Government to consider purchasing the vaccines centrally, to be distributed to doctors in a way similar to the COVID vaccines during the pandemic. Decision from the Government is awaited.



Primary Healthcare

Primary Healthcare development is the theme of the day. We are very glad that the profession's advocacy in the past few years has been heeded by the Government. We long to see a more comprehensive primary healthcare network in the community, whereby nursing, laboratory and other support will become available to the family doctor. A financing model of Government subsidy with co-payment will hopefully enhance colleagues' capability to provide patients with suitable investigations.

The Advance Decision on Life-sustaining Treatment Ordinance

We expect the Advance Decision on Life-sustaining Treatment Ordinance to become effective in May 2026. In the interim, colleagues may familiarize themselves with the new tool of Advance Medical Directive and DNACPR orders. In brief, a patient may decide in advance not to receive Life-sustaining treatment in case he becomes mentally incapable as a result of a terminal, irreversible illness. The Advance Medical Directive is the legal tool to effect such a decision. It has to be signed by a doctor and witnessed by another person who has no interest in the patient's estate. DNACPR is an order made to the effect that no CPR be performed on the person in case of a cardiac arrest. It has to be issued by 2 doctors, one of whom must be a Specialist.



▲Details of the Ordinance



▲Online Training Programmes for Practitioners



▲Text of the Ordinance

The Mandatory Reporting of Child Abuse Ordinance

The Mandatory Reporting of Child Abuse Ordinance requires healthcare providers, teachers and social workers to make timely reporting of suspected serious child abuse cases to the Police or the Social Welfare Department. Doctors are amongst the healthcare providers required by the new law to make such reporting. A doctor who has reasonable ground to suspect serious child abuse during the course of his medical practice must report as soon as practicable. As the legislative intent is to protect a child from serious harm resulting from child abuse, reporting will become mandatory only if a child is suffering from serious harm or at real risk of suffering serious harm. Failing to report invites criminal liabilities. Defenses are laid out in the Ordinance. The identity of the reporter is protected by law from disclosure. The Ordinance will come into effect in January 2026, and the Government has rolled out online training programs for practitioners.



SURVEY ON DOCTORS' FEES FOR CLINICAL SERVICES 2025

Please ☒ the checkbox wherever applicable and leave it blank if it does not apply.

I ABOUT YOUR PRACTICE

1 Please indicate if you are a:
<input type="checkbox"/> Specialist (Go to 2 below) <input type="checkbox"/> Non-Specialist
2 If you are a Specialist, please indicate your Specialty:
<input type="checkbox"/> Specialty Code: S_____ (Refer to Appendix A) <input type="checkbox"/> Other, specify: _____
3 Please indicate if you are in:
<input type="checkbox"/> Private Practice (Solo, groups or private hospitals) (Please proceed to section II)
<input type="checkbox"/> Public Service (HA, DH, universities) <i>(Thank you, end of questionnaire.)</i>
<input type="checkbox"/> Retired from / Not in Clinical service <i>(Thank you, end of questionnaire.)</i>

II PROCEDURE / IN-PATIENT FEES (general ward / day case normal risk patients unless specified) Please insert "0" for free service, and "NA" if no such service is / has been provided.

Appendix B provides examples of surgical operations / procedures at different levels of complexity. The list is intended for your reference only. Please answer if you perform procedures of the same complexity other than those listed. If, however, you do not perform any procedure under a level of complexity, insert "NA".

4 If you have admitted patients to a private hospital in the past 12 months, or intend to do so in the coming year, please answer this section.

Anaesthetists please jump to Cb Anaesthetist, E & F below.

A Packaged DOCTOR ONLY fee (ward round, Surgeon's fee & Anaesthetists' fee)

	Ultra-major	Major	Intermediate	Minor
HK\$				

B Packaged ALL INCLUSIVE fee (hospital / day centre, doctors' fees, inclusive of anaesthetists' fee)

	Ultra-major	Major	Intermediate	Minor
HK\$				

C Non-packaged, itemized fees (in HK\$)

a	Daily ward attendance:	HK\$				
b	Procedure Fee (HK\$)	Ultra-major	Major	Intermediate	Minor	
	Surgeon					
	Anaesthetist					

D OGD & Colonoscopy excluding Histology (in HK\$)

Endoscopist only fee excluding histology						
Endoscopy	Diagnostic	Dx+Polypectomy	ESD	EUS	Therapeutic EUS	
OGD						
Colonoscopy						
Package: Endoscopist (plus Anaesthetist fee for ESD & Therapeutic EUS) & Facility, excluding histology						
Endoscopy	Diagnostic	Dx+Polypectomy	ESD	EUS	Therapeutic EUS	
OGD						
Colonoscopy						

E Do you charge extra for emergency surgery?

I charge _____% more than elective surgery (0 means no surcharge)

	F How do you factor in co-morbidity / risk for a surgical or endoscopic procedure? (multiplying by a factor, e.g. 1=no change, 2=double)					
	<input type="checkbox"/> Not Applicable (I do not perform surgical or endoscopic procedure)					
	Class	ASA I	ASA II	ASA III	ASA IV	ASA V
	Factor					

III OUT-PATIENT FEES

5 Enrollment With PCD / E-Health		
Are you enrolled on the Primary Care Directory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enrolled with e-Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6 General Practice / Specialist Family Physician Clinics (Fees do not include laboratory or imaging) <i>Specialists who provide general / family practice please also answer this section.</i>	
Regular clinic consultation	HK\$ _____ (including _____ days of basic medication)
Extended consultation	HK\$ _____
<input type="checkbox"/> CDCC Co-payment	HK\$ _____
<input type="checkbox"/> Home Visit	HK\$ _____
<input type="checkbox"/> Hospital OPD	HK\$ _____
Tick all you participate in:	<input type="checkbox"/> CDCC <input type="checkbox"/> HCV <input type="checkbox"/> RVP <input type="checkbox"/> CRCSP(primary) <input type="checkbox"/> GOPC-PPP <input type="checkbox"/> VSS

7 Specialist practice (except Family Medicine) (Fees do not include laboratory or imaging) <i>Specialists who provide general / family practice please answer also section 5 above</i>	
Regular clinic consultation	HK\$ _____
Extended consultation	HK\$ _____
Do you charge patients by the clock?	<input type="checkbox"/> Yes: HK\$ _____ per half-hour <input type="checkbox"/> No
<input type="checkbox"/> Home Visit	HK\$ _____
<input type="checkbox"/> Hospital OPD	HK\$ _____

IV MEDICAL REPORTS (excluding Expert Reports)

8 Insurance Claim Forms	HK\$ _____ per Claim Form
Medical Certificates (including assessment) for fitness to perform specified activity (driving, scuba diving, etc.)	HK\$ _____ per Certificate / Report

V FEE ADJUSTMENT

9 How does your fee compare with	
1 Year ago:	<input type="checkbox"/> No change <input type="checkbox"/> Increased by _____ % <input type="checkbox"/> Decreased by _____ % Any reason? _____
3 Years ago:	<input type="checkbox"/> No change <input type="checkbox"/> Increased by _____ % <input type="checkbox"/> Decreased by _____ % Any reason? _____

VI OTHER COMMENTS

10 Do you have other comments to add?

Thank you and most appreciated!

✍ Please return this questionnaire to the Office of Dr. Hon. David T.Y. Lam with the enclosed self-addressed reply envelope before 15 March 2025. ✍

Appendix A

Specialty Description	Specialty Code
Anaesthesiology	S01
Intensive Care	S02
Community Medicine	S03
Emergency Medicine	S04
Family Medicine	S05
Obstetrics & Gynaecology	S06
Ophthalmology	S07
Orthopaedics & Traumatology	S08
Otorhinolaryngology	S09
Paediatrics	S10
Pathology	S11
Internal Medicine	S12
Cardiology	S13
Critical Care Medicine	S14
Dermatology & Venereology	S15
Endocrinology, Diabetes & Metabolism	S16
Gastroenterology & Hepatology	S17
Geriatric Medicine	S18
Haematology & Haematological Oncology	S19
Nephrology	S20
Neurology	S21
Respiratory Medicine	S22
Rheumatology	S23
Psychiatry	S24
Radiology	S25
Clinical Oncology	S26
Nuclear Medicine	S27
General Surgery	S28
Urology	S29
Neurosurgery	S30
Cardio-thoracic Surgery	S31
Plastic Surgery	S32

Specialty Description	Specialty Code
Paediatric Surgery	S33
Immunology & Allergy	S34
Infectious Disease	S35
Medical Oncology	S36
Administrative Medicine	S37
Public Health Medicine	S38
Occupational and Environmental Medicine	S39
Anatomical Pathology	S40
Chemical Pathology	S41
Forensic Pathology	S42
Haematology	S43
Immunology	S44
Clinical Microbiology and Infection	S45
Palliative Medicine	S47
Rehabilitation	S49
Gynaecological Oncology	S50
Urogynaecology	S51
Reproductive Medicine	S53
Pain Medicine	S55
Paediatric Immunology, Allergy and Infectious Diseases	S56
Developmental-Behavioural Paediatrics	S57
Paediatric Neurology	S58
Clinical Toxicology	S59
Paediatric Respiratory Medicine	S60
Genetics and Genomics (Paediatrics)	S61
Paediatric Endocrinology	S62
Genetic and Genomic Pathology	S63
Vascular Surgery	S64
Paediatric Haematology & Oncology	S65
Genetics and Genomics (Medicine)	S66
Interventional Radiology	S67

SPECIALTY	Anaesthesiology & Pain	Cardiology	Cardo-thoracic Surgery	ENT	Eye surgery	General surgery / Gastroenterology	Gynaecology	Orthopaedic & traumatology	Paediatric surgery	Plastic Surgery	Urology
Ultra-major		Transcatheter Aortic Valve Replacement	CABG	Laryngectomy	Orbit	Major Hepatectomy	Radical hysterectomy with Pelvic LN dissection	Spinal fusion / instrumentation	Choledochal cyst surgery	Conservative total parotidectomy	Radical cystectomy
			Surgery of thoracic aorta	Surgery on the inner ear	PV	Oesophagectomy		Digital replantation	Kasai operation for biliary atresia	Free TRAM flap	Radical prostatectomy
			Heart valve repair/replacement	Maxillary Swing Operation	PK	Whipple's operation		Revision total joint surgery	Laparoscopic Ureteric reimplantation, nephrectomy or pyeloplasty	Radical neck dissection	Radical Nephrectomy:
			Adult cogenital heart surgery	Nasopharyngectomy	RD	Radical total gastrectomy		Bone and soft tissue tumour excision with vascularized graft reconstruction	Pullthrough surgery for Hirschsprung and imperforate anus		
Major	Intrathecal pump implantation	Percutaneous coronary intervention and IVUS	Medain sternotomy and excision of anterior mediastinal tumour	Mastoidectomy	Squint	Laparotomy	Hysterectomy	Laminotomy + discectomy	Hypospadias repair (penile or below)	Hemiglossectomy	Total nephrectomy
	Spinal cord stimulator implantation	Permanent Pacemaker implantation	Chest wall resection	Endoscopic sinus surgery	DCR	Total/subtotal thyroidectomy	Ovarian cystectomy	Primary total joint replacement	Open ureteric reimplantation or pyeloplasty (unilateral)	PM flap coverage	Endoscopic (PCNL) / open surgery for complex renal stone
		Percutaneous ASD/VSD closure	Pneumonectomy	Caldwell Luc operation	Ptosis	Mastectomy & axillary dissection		Multiple (>=2) arthroscopic ligament reconstruction of knee		Superficial parotidectomy	TURBT for large tumours
			Tracheal resection / Bronchoplasty		Glaucoma	Cholecystectomy				Wide resection of H&N tumour with flap repair	
Intermediate	Celiac plexus block	Cardiac catheterization (incl. coronary angiogram and R heart catheterization)	Mediastinoscopy	Tonsillectomy	Eyelid surgery e.g. entropion, ectropion, epiblepharon	Appendicectomy	Salpingectomy	Fracture fixation with implants	Penile condition including chordee and buried penis correction	Wide excision of skin malignany +/- local flap	Inguinal orchidectomy for testicular tumour
	Lumbar sympathetic block		Mediastinotomy	Myringotomy + ventilation tube	Conjunctiva surgery	ERCP	Colposcopy & LEEP				
			Bronchoscopy		Lasik	Colonoscopy					
			Coronary artery stenting		Cataract						
Minor	Peripheral nerve block	Loop recorder implantation		Antral wash out	I&C	Simple excision of skin and subcutaneous lesions	Dilatation & curettage of uterus	Cast application	Circumcision	Excision of skin and subcutaneous lesions	Simple excision of penile / scrotal skin lesion
					Syringing & probing					Simple suturing	