立法會
Legislative Council

LC Paper No. CB(2)354/12-13
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Friday, 26 October 2012, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon CHAN Han-pan Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Members attending	:	Hon James TO Kun-sun Hon Ronny TONG Ka-wah, SC Hon Cyd HO Sau-lan Hon Paul TSE Wai-chun, JP
Member absent	:	Hon Vincent FANG Kang, SBS, JP

Public Officers attending	:	Dr KO Wing-man, BBS, JP Secretary for Food and Health Mr Richard YUEN Ming-fai, JP Permanent Secretary for Food and Health (Health) Food and Health Bureau Mr Chris SUN Yuk-han, JP Head, Healthcare Planning and Development Office Food and Health Bureau Dr Constance CHAN Hon-yee, JP Director of Health Dr Cindy LAI Kit-lim, JP Deputy Director of Health
Clerk in attendance	:	Ms Elyssa WONG Chief Council Secretary (2) 5
Staff in attendance	:	Dr Yuki HUEN Research Officer 2 Ms Maisie LAM Senior Council Secretary (2) 5 Ms Priscilla LAU Council Secretary (2) 5 Ms Michelle LEE Legislative Assistant (2) 5

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I. Review on the regulation of medical beauty treatments/procedures

[LC Paper Nos. CB(2)74/12-13(01), CB(2)53/12-13(01), CB(2)94/12-13(01) and IN02/12-13]

At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the current regulatory framework for private

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healthcare services, the review currently undertaken by the Steering Committee on Review of the Regulation of Private Healthcare Facilities ("Steering Committee"), the interim measures adopted as well as those to be put in place soon to enhance protection for consumers/patients before the completion of the review and the amendment of the legislation, details of which were set out in the Administration's paper (LC Paper No. CB(2)74/12-13(01)).

Steering Committee's review on the regulatory regime for private healthcare facilities

2. Mr WONG Ting-kwong considered that while it was important to create a friendly business environment, there was also a need to review and improve the regulation of private healthcare facilities as laid down in the Hospital, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343) to keep up with the development in medical practice and technology. He asked about the legislative timetable in this regard. Dr CHIANG Lai-wan and Mr Paul TSE shared the view that it was opportune to review these two Ordinances as there had not been any substantive amendments to these Ordinances since the 1960s.

3. SFH advised that given the wide range and complexity of issues to be examined by the Steering Committee in its review on the regulatory regime for private healthcare facilities, the review was expected to take about a year to complete, after which the Administration would consult the public on the proposals put forward by the Steering Committee. Subject to the views from the trade and the public, the Administration would proceed to the legislative process. It was expected that a lead time of about two to three years would be required for the legislative process. Citing the legislative process of the regulation of the sale of first-hand residential properties which took less than a year to complete as an example, Mrs Regina IP urged the Administration to expedite the introduction of the legislative proposals into the Legislative Council. SFH responded that the Administration would endeavour to expedite the legislative process as far as practicable.

4. Ms Cyd HO sought information on the existing regulatory regime for medical or clinical laboratories operating in an aseptic environment. She enquired whether the review currently undertaken by the Steering Committee would cover these premises.

5. SFH advised that in the past, most, if not all, high-risk medical treatments/procedures, including, among others, aseptic procedures, were performed in the hospital setting. Private hospitals were regulated under

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the Hospital, Nursing Homes and Maternity Homes Registration Ordinance which required these private healthcare facilities to register with the Department of Health ("DH"), and hence subject to DH's regulations on conditions relating to accommodation, staffing and equipment. Given the evolution of medical technology, some high-risk and complicated medical treatments/procedures were nowadays performed at ambulatory centres and non-clinical facilities. These premises, as well as laboratories set up in the community setting for the processing of health products for advanced therapies, were not covered in the existing regulatory regime. Hence, there was a genuine and pressing need to review the regulation of private healthcare facilities. The Steering Committee would, among others, examine the need to introduce a more comprehensive regulatory framework for the performance of high-risk medical procedures/treatments. SFH further advised that the Administration would not rule out the possibility that medical or clinical laboratories undertaking aseptic work would be subject to licensing control in the future.

6. In response to Dr Helena WONG's enquiry on whether the Steering Committee would hold public consultations to gauge the views of the trade and the public during the review process, SFH advised that the plan of the Administration was to consult the public on the proposals put forward by the Steering Committee after the completion of the review. That said, the Administration would engage the trade and the public in the review process when such a need arose.

7. Dr Helena WONG sought information on the composition of the Steering Committee. Mr Paul TSE considered that the Steering Committee should include lay members, say, personnel from the beauty trade, to avoid the criticism of healthcare professionals protecting the interest of each other. SFH advised that there was no cause for such concern, as the Steering Committee comprised 16 non-official members, including personnel from a wide range of backgrounds and interests, such as healthcare professions, academia, regulatory bodies, patient and consumer rights groups, and four ex-officio members including representatives of the Food and Health Bureau, DH and the Hospital Authority.

Interim measures pending legislative proposals

8. Noting the long lead time required to develop and implement legislative proposals to strengthen the regulation of private healthcare facilities, Dr KWOK Ka-ki asked about the interim measures to be put in place to protect consumers receiving medical beauty services. Dr Joseph LEE, Mr WONG Ting-kwong and Dr Fernando CHEUNG asked a similar question. Referring to the recent incident causing one death and serious sickness of three other patients after they had received medical beauty

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services ("the medical beauty incident"), Dr Joseph LEE pointed out that the existing legislation in regulating the conduct of advanced therapies was far from effective in protecting public health.

9. SFH advised that the Steering Committee would hold its first meeting on 2 November 2012 to consider, among others, the setting up of a working group tasked to differentiate between high-risk medical treatments and low-risk, non-invasive beauty services, and formulate guidelines as interim measures pending the development of legislative proposals. The working group would be chaired by the Director of Health ("DoH"). It was expected that these tasks could be completed in six months' time. Upon the promulgation of the guidelines, beauty services companies could no longer perform those procedures that fell within the definition of high-risk medical treatments/procedures without first complying with the requisite requirements, such as at the presence of healthcare professionals. Consideration would also be given to incorporating the guidelines into the future regulatory regime for private healthcare facilities.

10. SFH further advised that in the meantime, DH would step up its efforts in screening advertisements of beauty services and work with the Consumer Council to analyze complaints, conduct inquiries, carry out proactive inspections and where necessary, take enforcement actions against beauty services companies suspected of involving in the provision of high-risk medical treatments/procedures to customers.

11. Mr POON Siu-ping and Dr KWOK Ka-ki enquired about the number of inspections conducted by DH on beauty services companies suspected of involving in the provision of high-risk medical treatments/procedures. DoH advised that since the occurrence of the medical beauty incident, DH had identified some 200 advertisements relating to the provision of procedures with potential safety concerns, such as stem cell, laser and intense pulsed light treatments, to consumers. Among the 50-odd beauty services companies involved, DH had conducted inspections on seven companies. For six out of these seven companies, the relevant medical treatments/procedures were provided by registered medical practitioners, and the remaining one claimed to have ceased to provide the treatments/procedures concerned.

12. Mr Albert HO expressed concern about whether nose or tongue piercing and tattooing, which were currently commonly performed by beauty services companies, were invasive procedures that should be subject to statutory control. He asked whether medical procedure was currently a legally defined term. SFH replied in the negative. Mr Albert HO opined that an essential first step to regulate medical treatments/procedures was to provide a clear definition of medical treatment/procedure. A classification

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system should be devised to classify those treatments/procedures that fell within the definition according to their invasiveness and risk level. The level of control of these treatments/procedures should be based on their classification.

13. Mr Paul TSE and Ms Cyd HO concurred that as the next step forward, the Administration should expeditiously define the term "medical treatment/procedure" so as to provide a clear picture of what treatments/procedures should be regarded as medical treatments/procedures and performed by registered medical practitioners only. Mr Paul TSE expressed concern that unlike healthcare professionals who were required to observe the codes of conduct promulgated by the relevant professional bodies, personnel engaged in the beauty industry had to rely on self regulation, as there was no specific regulation governing their conduct. In the absence of a statutory definition of medical treatment/procedure, the interests of the consumers of beauty services companies might be put at risk.

14. Mr CHAN Kin-por remarked that on the Mainland, medical beauty (醫療美容) was distinct from living beauty (生活美容) in which the former was subject to more stringent regulation and should be performed by medical practitioners only. However, there were many non-compliance cases whereby some invasive procedures such as eyebrow tattooing, were performed by non-medical practitioners such as beauticians. In his view, in hammering out the regulatory framework for medical treatments/procedures, due regard should be given to ensuring the enforceability and practicability of the provisions.

15. Citing daily insulin injections for diabetic patients by their carers as an example, SFH agreed that it was impracticable that all medical procedures had to be performed by registered medical practitioners. In defining high-risk medical treatments/procedures and low-risk, non-invasive beauty services, the working group to be set up under the Steering Committee would take into account the risk level associated with the treatment/procedure, overseas experiences and the local circumstances.

16. Mr Ronny TONG pointed out that some apparently low-risk procedures, such as tattooing and hairdressing, would also pose a health risk to consumers if performed improperly. In his view, all procedures that would pose a risk to infection or contracting certain diseases should be subject to statutory regulation. Any non-compliance with the statutory requirements should lead to prosecution, so as to prevent those unscrupulous service providers from evading their responsibility by closing down their businesses.

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17. SFH advised that a risk-based approach was proposed to be adopted to assess the risk associated with the procedure, and hence determine the degree of control over the procedure through imposing appropriate requirements in relation to the professional conduct of the healthcare professionals. Other procedures that could be performed by non-medical practitioners should also be required to observe a set of guidelines drawn up by DH for sterilization and infection control to safeguard the safety of consumers, and any non-compliance would give rise to civil liability.

18. The Chairman remarked that the crux of the problem laid in the lack of regulation of the high-risk cosmetic procedures rather than the high-risk medical procedures. In his view, the differentiation between cosmetic procedures and medical procedures should take into account not only the risk level associated with the procedures, but also the providers of the procedures.

19. Mr Paul TSE surmised that the limited number of overseas medical graduates that could pass the licensing examination and practise in Hong Kong might be one of the reasons why certain medical procedures were currently being performed by non-medical practitioners. SFH responded that this should not be the case, as this phenomenon was not uncommon in many developed countries.

20. Ms Cyd HO sought information on the interim measures to be put in place to ensure the proper operation of those medical or clinical laboratories requiring the maintenance of an aseptic environment to better safeguard the health of patients. SFH advised that the relevant professional bodies, such as The Hong Kong Academy of Medicine and The Medical Council of Hong Kong, would be invited to issue guidelines to regulate the provision of the relevant medical procedures after the working group had defined high-risk medical procedures and low-risk, non-invasive

Admin procedures. At the request of Ms Cyd HO, SFH undertook to provide in writing information on the regulatory control on medical and clinical laboratories, as well as any other premises, which undertook aseptic work.

21. Referring to the information note on regulation of aesthetic practices in Singapore prepared by the Research Division of the Legislative Council Secretariat (IN02/12-13), Dr Helena WONG and Dr Elizabeth QUAT

Admin requested the Administration to provide after the meeting information on the regulatory regimes of medical beauty treatments/procedures in other jurisdictions, such as the United States and Korea. SFH agreed.

22. Dr Elizabeth QUAT declared that her family members were involved in the provision of beauty services. She urged the Administration to ensure that the working group to be set up under the Steering Committee would

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strike a right balance between the interests of the medical profession and those of the beauty industry. SFH reiterated that the working group would comprise representatives of both the medical profession and the beauty industry to draw up a risk-based regulatory framework to control the performance of medical procedures.

23. Mr CHAN Han-pan highlighted the results of a recent survey conducted by the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") which revealed that only 3.6% of those respondents who had received beauty services had sought the advice of doctors in the first place, and more than 50% of them did not make any enquiry on the qualifications held by the personnel conducting the treatments/procedures. Referring to the control over the performance of medical procedures, he asked whether certain medical procedures could be performed by trained personnel other than the registered medical practitioners, and if so, whether consideration could be given to introducing training programmes that could lead to professional qualifications for the performance of these procedures. Dr Elizabeth QUAT urged the working group to give due regard to the impact of the proposed regulation on the livelihood of the 60 000-odd beauticians.

24. Ms Alice MAK said that she had recently met with some beauty trade unions. The frontline staff of beauty services companies welcomed the proposed differentiation of medical treatments and beauty services, which, in their view, could provide greater assurance on which types of procedures could be performed on their clients.

25. Ms Alice MAK suggested that DH should proactively inspect those beauty services companies suspected of involving in the provision of high-risk medical treatments/procedures. Ms Cyd HO held a similar view. SFH assured members that efforts had been and would continue to be made to actively monitor the types of services provided by the beauty services companies. In response to Dr KWOK Ka-ki's enquiry on whether DH would conduct undercover inspections on beauty services companies suspected of contravening the law, DoH advised that while DH would not make undercover visits, it would conduct surprise inspections and take enforcement actions.

26. Dr Helena WONG enquired about the legal backing for the interim measures. Mr Albert HO questioned the feasibility of taking enforcement actions against those beauty services companies involved in the provision of high-risk medical treatments/procedures to customers in the absence of a clear definition of medical treatment/procedure. The Chairman remarked that while there was at present no statutory definition of the term "medical

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procedure", DH could interpret what constituted medical procedures when discharging its enforcement responsibilities.

27. SFH advised that during inspections, if there was sufficient evidence that the beauty services company concerned, without conducting through registered medical practitioners, provide high-risk medical treatments/procedures to consumers, DH could take enforcement actions. In addition, the guidelines to differentiate high-risk medical procedures from low-risk, non-invasive cosmetic procedures would further facilitate the Administration's enforcement actions under the existing regulatory regime.

28. Ms Alice MAK considered it necessary for the Administration to enhance public education on how to select safe beauty services. Mr CHAN Kin-por asked about the concrete measures to be put in place to educate the public on the difference between high-risk medical treatments/procedures and low-risk, non-invasive beauty services pending the promulgation of the guidelines. Mr Albert HO urged the Administration to make public cases involving adverse effect of medical beauty treatment on patients. SFH advised that the Administration would collaborate with the Consumer Council to enhance consumers' knowledge of various medical treatments.

Regulation of beauty services companies providing medical procedures

29. While not objecting to the need to review the existing regulatory regime for private healthcare facilities which was long overdue, Dr KWOK Ka-ki considered that the crux of the problem laid in the lack of regulation over the operation of beauty services companies. In his view, the Administration's proposal of defining high-risk medical treatments/procedures could not address the problem. The Chairman expressed a similar view. Dr KWOK Ka-ki sought information on the existing number of companies providing advanced stem cell therapies. Mr POON Siu-ping enquired about the existing number of beauty services companies.

30. SFH advised that at present, beauty services companies and premises involved in providing stem cell therapies were not subject to licensing control. It should also be noted that the provision of or the processing of health products for stem cell therapies was not limited to beautification purpose. In reviewing the regulatory regime for private healthcare facilities, consideration would be given to introducing a licensing system to regulate those private healthcare facilities involved in the provision of high-risk medical procedures/practices, which included, among others, stem cell therapies.

31. The Chairman, Dr KWOK Ka-ki and Dr Fernando CHEUNG did not subscribe to the Administration's response. They maintained the view that

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the Administration should examine the need to introduce regulatory control on the beauty services companies. Dr Fernando CHEUNG doubted whether the Administration's proposal of setting up a regulatory framework for high-risk medical procedures/practices could prevent people from using beauty services companies as a front to improperly perform medical procedures under the disguise of "medical beauty services". Mr WONG Ting-kwong asked whether consideration could be given to requiring beauticians to undergo proper training and possess professional qualifications, as well as introducing a licensing regime for beauty services companies. Dr CHIANG Lai-wan pointed out that the beauty trade was gravely concerned about whether they would be subject to licensing in the future.

32. SFH advised that matters pertaining to the beauty industry were beyond the ambit of the Food and Health Bureau. That said, to his understanding, beauticians were required to undergo recognized training before they could conduct certain types of beauty treatments. The trade's initial view was that a clear differentiation of medical procedures and beauty services could avoid possible malpractice. The Administration maintained an open attitude on the introduction of a licensing scheme for the beauty industry and welcomed views of the trade and the public.

33. Mr CHAN Kin-por considered it necessary for the beauty services companies to explain clearly to their customers the risk involved in receiving medical beauty treatments/procedures. Customers who were dissatisfied with the results of the treatments/procedures should also be entitled to refund or compensation.

34. SFH reiterated that the performance of medical procedures by any person other than a registered medical practitioner would constitute an offence under the Medical Registration Ordinance (Cap. 161). With the enactment of the Trade Descriptions (Unfair Trade Practices) (Amendment) Ordinance 2012 ("the Amendment Ordinance") in July 2012, false trade descriptions of services and the practice of wrongly accepting payment would be prohibited with a view to enhancing the scope of consumer protection. In addition, the coverage of the Amendment Ordinance would be extended to services, which included beauty services.

35. Dr Priscilla LEUNG remarked that merely regulating the trade practices of the beauty industry under the Trade Descriptions Ordinance (Cap. 362) or the Amendment Ordinance was not enough, as consumers of beauty services might be exposed to a risk to their health and life.

36. Referring to the medical beauty incident, Mrs Regina IP asked whether prosecution under the Trade Descriptions Ordinance would be

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taken in the case concerned. SFH advised that he was unable to give comments on the case as it was still under investigation.

37. Noting that the Administration had shelved the earlier proposed cooling-off arrangements when introducing the Trade Descriptions (Unfair Trade Practices) (Amendment) Bill 2012, Ms Alice MAK asked whether consideration could be given to introducing a seven-day cooling-off period to cover consumer transactions involving beauty services. SFH responded that the Administration would keep in view the implementation of the Amendment Ordinance after its coming into operation, and would examine the need to introduce cooling-off arrangements as and when necessary.

Enforcement of Undesirable Medical Advertisements Ordinance

38. Dr KWOK Ka-ki sought information on the number of prosecutions brought against beauty services companies under the Undesirable Medical Advertisements Ordinance (Cap. 231) in the past three years.

39. DoH advised that DH had been closely monitoring the advertisements in the newspapers and magazines, and would issue warning letters to the persons who had published or caused to publish the undesirable medical advertisements contravening the Ordinance. If the undesirable medical advertisements involved were not removed and where there was sufficient evidence, prosecution action would be taken. The respective number of successful prosecutions brought against beauty services companies under the Ordinance was 12, two and two cases in 2010, 2011 and 2012 (up to August 2012).

40. Noting the large number of beauty services advertisements involving medical treatments/procedures in the printed media, Dr KWOK Ka-ki considered that the low prosecution rate revealed inadequacies in the existing regulatory regime. DoH responded that if any unlawful acts were detected, DH would take enforcement actions in accordance with the relevant legislation.

Regulation of medical devices

41. Dr Elizabeth QUAT asked whether the operation of beauty equipment used in beauty services companies would be subject to any control.

42. SFH replied in the positive, adding that a separate exercise was being carried out in parallel to regulate the safety, performance and quality of medical devices through legislation. Under the proposed regulatory framework, the level of control would be proportional to the degree of risk posed by a medical device to individual users and the public. Beauty

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equipment falling within the definition of "medical device" would also be regulated under the proposed legislation.

Control of drugs and drug traders

43. Dr CHIANG Lai-wan remarked that the Administration should also review the existing drug regulatory regime as currently stipulated in the Dangerous Drugs Ordinance (Cap. 134) and the Pharmacy and Poisons Ordinance (Cap. 138).

44. SFH responded that the Administration had been following up the 75 recommendations put forth by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong. As a step forward, the Administration would propose subsidiary legislation on issues relating to the drug production process in the current legislative session to ensure the safety of drugs.

Motion proposed by member

45. Dr KWOK Ka-ki moved the following motion -

> "本委員會對政府未能提供有效措施，保障市民接受美容及醫學美容，表示十分失望。為此，本委員會促請政府，全面檢討美容業，盡快推出有效措施，包括：監管美容業的條例及發牌制度，以保障市民。"
>
> (Translation)
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> "That this Panel expresses serious disappointment that the Administration has failed to provide effective measures to safeguard people receiving beauty and medical beauty therapies. In this connection, this Panel urges the Government to comprehensively review the beauty industry and expeditiously launch effective measures to safeguard the public, including introducing legislation and a licensing system to regulate the beauty industry."

46. The Chairman considered that the subject of the proposed motion, i.e. regulation of the beauty industry, fell outside the purview of the Panel. Taking into consideration of the Chairman's views, Dr KWOK Ka-ki amended the wording of his motion to read as follows -

> "本委員會對政府未能提供有效措施，保障市民接受***美容及***醫學美容，表示十分失望。為此，本委員會促請政府，全面檢討***醫學***美容業，盡快推出有效措施，包括：監管***醫學***美容業的條例及發牌制度，以保障市民。"

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(Translation)

"That this Panel expresses serious disappointment that the Administration has failed to provide effective measures to safeguard people receiving ~~***beauty and***~~ medical beauty ~~***therapies therapy***~~. In this connection, this Panel urges the Government to comprehensively review the ***medical*** beauty industry and expeditiously launch effective measures to safeguard the public, including introducing legislation and a licensing system to regulate the ***medical*** beauty industry."

47. Mr CHAN Han-pan considered that members should be allowed sufficient time to debate the motion without notice. He asked whether the motion would be dealt with at the next meeting. Dr KWOK Ka-ki and Dr Joseph LEE referred members to rule 22(p) of the House Rules, which stated that during a Panel meeting, a motion without notice could be moved by a member if it was considered by the Chairman of the Panel as directly related to an agenda item of that meeting. The motion would be proceeded with if agreed by a majority of the members voting. Dr KWOK Ka-ki was of the view that a vote on the motion could be taken at this meeting given that the Panel had already had a thorough discussion of the agenda item.

48. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

49. The Chairman ruled that the motion was related to the agenda item under discussion, and invited members to consider whether the motion should be proceeded with at this meeting. Members raised no objection. The Chairman said that the motion would be dealt with at this meeting.

50. Dr Elizabeth QUAT was of the view that at this stage, it was difficult to decide whether the medical beauty industry should be subject to regulatory control pending the outcomes of discussion of the working group to be set up under the Steering Committee. Mr CHAN Han-pan considered it necessary to gauge the views of the beauty trade before deciding the way forward.

51. SFH remarked that upon the promulgation of the guidelines to differentiate medical procedures and beauty services, beauty services companies could no longer perform those procedures that fell within the definition of high-risk medical treatments under the cover of providing "medical beauty services", as the performance of medical procedures was restricted to registered medical practitioners under the Medical Registration Ordinance.

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52. Dr Helena WONG proposed to amend the motion by substituting "保障市民接受醫學美容" with "確保市民接受醫學美容時不會危害健康及生命" to read as follows -

> "本委員會對政府未能提供有效措施，~~保障~~***確保***市民接受醫學美容***時不會危害健康及生命***，表示十分失望。為此，本委員會促請政府，全面檢討醫學美容業，盡快推出有效措施，包括：監管醫學美容業的條例及發牌制度，以保障市民。"
>
> (Translation)
>
> "That this Panel expresses serious disappointment that the Administration has failed to provide effective measures to ***~~safeguard~~ ensure that the health and life of*** people receiving medical beauty therapy ***would not be threatened***. In this connection, this Panel urges the Government to comprehensively review the medical beauty industry and expeditiously launch effective measures to safeguard the public, including introducing legislation and a licensing system to regulate the medical beauty industry."

53. The Chairman put Dr WONG's amendment to vote. The results were: seven members voted in favour of the amendment; no member voted against it; and two members abstained.

54. The Chairman then put the Dr KWOK's motion as amended to vote. The results were: seven members voted in favour of the amendment; no member voted against it; and two members abstained. The Chairman declared that the motion as amended was carried.

Way forward

55. Dr CHIANG Lai-wan asked whether matters pertaining to the beauty industry fell under the purview of the Panel on Commerce and Industry ("the CI Panel"), and if so, a joint meeting with the CI Panel should be held to further discuss the subject. In consideration that the policy on consumer protection fell within the purview of the Panel on Economic Development, Dr KWOK Ka-ki considered it more appropriate to hold a joint meeting with the Panel on Economic Development ("the EDEV Panel"), and invited representatives from the Commerce and Economic Development Bureau to attend the meeting to answer members' questions.

56. The Chairman referred members to the letter dated 22 October 2012 from Dr Elizabeth QUAT requesting the Panel to hold a meeting to receive views from the trade on the subject (LC Paper No. CB(2)94/12-13(01)).

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He suggested that, subject to the consent of the Chairman of the EDEV Panel, a joint meeting between the Panel and the EDEV Panel should be held to continue discussion on the subject and receive views from the trade. Members agreed.

(*Post-meeting note*: Having consulted the Chairman of the EDEV Panel and with the concurrence of the Chairman of the Panel, a special meeting of the Panel has subsequently been scheduled for 27 November 2012 at 2:30 pm to receive views from deputations on "Regulation of medical beauty treatments/procedures". Members of the EDEV Panel would be invited to attend the meeting.)

II. Any other business

Proposal to appoint a subcommittee to study issues relating to the Health Protection Scheme

57. The Chairman highlighted that a Subcommittee on Health Protection Scheme was formed under the Panel ("the former Subcommittee") in the last legislative session to study issues relating to the Health Protection Scheme ("HPS") proposed in the Healthcare Reform Second Stage Public Consultation Document entitled "My Health My Choice". The former Subcommittee had submitted its report to the Panel on 4 July 2012 and recommended that the Panel should appoint a subcommittee to assist its monitoring work of the implementation progress of HPS in the Fifth Legislative Council. In the light of this, he proposed to appoint a subcommittee under the Panel to study issues relating to HPS. He invited members' views on the proposal. Members agreed.

58. The Chairman suggested and members agreed that the Clerk should be requested to draw up the terms of reference, work plan and time frame for the subcommittee for the Panel's endorsement at the next regular meeting on 19 November 2012.

59. There being no other business, the meeting ended at 12:55 pm.

Council Business Division 2
Legislative Council Secretariat
14 December 2012