立法會
Legislative Council

LC Paper No. CB(2)1212/13-14
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 18 November 2013, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	**:**	Dr Hon LEUNG Ka-lau (Chairman) Hon Albert HO Chun-yan Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, SBS, 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
Member absent	**:**	Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman)
Public Officers attending	**:**	Items III and IV Dr KO Wing-man, BBS, JP Secretary for Food and Health

Item III

Miss Janice TSE, JP
Deputy Secretary for Food and Health (Health) 1

Ms Linda WOO
Assistant Director of Health (Drug)
Department of Health

Item IV

Dr Constance CHAN Hon-yee, JP
Director of Health

Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Dr Teresa LI Mun-pik
Principal Medical and Health Officer (5)
Department of Health

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Ms Mina CHAN
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

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II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)254/13-14(01) and (02)]

2. The Chairman advised members that in response to the request made by Dr Fernando CHEUNG at the meeting on 10 October 2013, the Administration had proposed that the discussion of the subject on "Dental care policy and services for the elderly and people with disabilities" be advanced from the first quarter of 2014 to the next regular meeting. In view of the above, the proposed timing for discussion of the subject on "Resources allocation among hospital clusters by the Hospital Authority" would be postponed from December 2013 to January 2014. Members did not raise any queries.

3. Members agreed to discuss the following items at the next regular meeting scheduled for 16 December 2013 at 4:30 pm -

(a) Dental care policy and services for the elderly and people with disabilities; and

(b) Regulation of pesticide residues in Chinese herbal medicines.

III. Regulation of pharmaceutical products in Hong Kong

[LC Paper Nos. CB(2)254/13-14(03) and (04)]

4. Secretary for Food and Health ("SFH") briefed members on the legislative amendments proposed by the Administration to the Pharmacy and Poisons Ordinance (Cap. 138) ("the Ordinance") and its subsidiary legislation in response to the recommendations put forth by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong ("the Review Committee"), details of which were set out in the Administration's paper (LC Paper No. CB(2)254/13-14(03)).

5. Members noted the updated background brief entitled "Regulation of pharmaceutical products in Hong Kong" (LC Paper No. CB(2)254/13-14(04)) prepared by the Legislative Council ("LegCo") Secretariat.

Control of pharmaceutical products

6. Mr CHEUNG Kwok-che agreed to the need to enhance the regulation of pharmaceutical products. He enquired whether the Administration had put in place any communication mechanism with overseas pharmaceutical regulatory authorities to monitor which pharmaceutical products, in particular those that would cause addiction or habituation, had been prohibited to be sold in other jurisdictions, and whether they were imported into Hong Kong for retail sale.

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7. SFH advised that under the Ordinance, all pharmaceutical products had to be registered with the Pharmacy and Poisons Board ("PPB") before they could be sold in Hong Kong. In line with international practice, only those pharmaceutical products which were safe, efficacious and of good quality would be registered. In most cases, pharmaceutical products which would cause addiction or habituation would be classified in Part I of the Schedule to the Poisons List Regulations (Cap. 138B), and might also be included in the First and Third Schedules to the Pharmacy and Poisons Regulations (Cap. 138A) ("PPR"). If pharmaceutical products in the Third Schedule to PPR were dispensed by an authorized seller of poisons ("ASP"), they had to be sold on prescription in the presence and under the supervision of a registered pharmacist. Particulars of the sales, including the name and the quantity of the pharmaceutical product sold, the date of the sale, and the name, number of identity card and address of the purchaser, had to be recorded in a poisons book which was kept in the registered premises of the ASP at which the product was sold.

8. The Chairman said that some importers had not applied for registration of some common pharmaceutical products the safety and efficacy of which had long been proved due to their low sale volume in Hong Kong. Medical practitioners who wished to supply these pharmaceutical products to patients for the purpose of medical treatment had to seek approval from the Department of Health ("DH") on an individual patient basis. The average processing time was around one month. He asked whether the Administration would take this opportunity to explore the introduction of a simpler mechanism to facilitate medical practitioners' prescription of these pharmaceutical products. SFH explained that the present legislative exercise primarily aimed at implementing the recommendations put forth by the Review Committee.

Upgrade of Hong Kong's Good Manufacturing Practice standard

9. Mr WONG Ting-kwong said that the Democratic Alliance for the Betterment and Progress of Hong Kong welcomed the Administration's legislative proposals which aimed at enhancing the regulation and safety of pharmaceutical products in Hong Kong. However, he was concerned that while the World Health Organization ("WHO") had upgraded its Good Manufacturing Practice ("GMP") in 2007, Hong Kong was still adopting the GMP standard promulgated by WHO in 1995. He sought information on the Administration's plan to upgrade the GMP standard adopted by Hong Kong. While expressing support for the policy direction of the legislative proposals, Mr Albert CHAN enquired whether the regulatory regime for and the standard of pharmaceutical products manufactured in Hong Kong were on par with the international standard.

10. SFH advised that new application for pharmaceutical manufacturer's licence had to comply with the "Guide to Good Manufacturing Practice for

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Medicinal Products" and its annexes (where applicable) published by the Pharmaceutical Inspection Cooperation Scheme ("PIC/S"), which was an international agreement between pharmaceutical regulatory authorities of different countries or territories and provided an active and constructive cooperation in the field of GMP, so as to be on par with international best practice. Existing licensees of pharmaceutical manufacturers in Hong Kong were required to comply with this PIC/S Guide by 2015. In response to further enquiry from Mr Albert CHAN on the authorities participated in PIC/S, Assistant Director of Health (Drug), DH ("ADH(D), DH") advised that there were currently 43 participating authorities in PIC/S, including that of Australia, Switzerland, the United Kingdom, the United States, the majority of European Union countries, and a number of Asian authorities such as that of Indonesia, Malaysia, Singapore and Taiwan, etc. The pharmaceutical regulatory authorities of Japan and Korea were currently being assessed for PIC/S membership.

11. Mr Albert CHAN considered that the manufacture of pharmaceutical products was an industry where Hong Kong enjoyed clear advantages. He called on the Administration to put in place measures to facilitate the development of the industry and strengthen its support to local pharmaceutical manufacturers. SFH responded that given the high land cost of Hong Kong, a main concern of local pharmaceutical manufacturers was that the construction and operation of GMP facilities might entail high investment cost. Mr Albert CHAN suggested that the Administration should explore with the industry the feasibility of using the land or industrial buildings currently located in the industrial areas for the building of GMP facilities.

Regulation of retailers

12. Mr POON Siu-ping noted that given the current manpower supply of registered pharmacists, the legislative amendment to require registered pharmacist employed by an ASP be present in the registered premises of the ASP whenever it was opened for business, if enacted, would take effect at a later stage. He sought information about the time required for having adequate number of registered pharmacists to cope with the manpower demand arising from the proposal. Mr Vincent FANG pointed out that the proposed requirement would significantly increase the operating cost of those small to medium sized ASPs which currently only employed part-time registered pharmacists. Given the inadequate supply of registered pharmacists to fill the position and a lack of consensus support in the industry, he considered it not an opportune time for introducing this legislative amendment even if its commencement would be on a later day to be appointed by SFH.

13. Dr KWOK Ka-ki held another view. He considered that the persistence of the malpractice of selling prescription drugs without prescription by staff of ASPs

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lied in the facts that registered pharmacists, who were currently required to be present in the registered premises of an ASP for only not less than two-thirds of its opening hours, could not supervise the dispensing and sale of these drugs outside their working hours, and inadequate inspections and enforcement actions against such malpractice. While supporting the enhancement of the regulation of pharmaceutical products, he was disappointed that the legislative proposal for requiring the presence of registered pharmacist in the registered premises of an ASP whenever it was opened for business, if enacted, would take effect at a later stage.

14. SFH advised that at present, there were about 2 100 registered pharmacists in the territory. This included both local graduates and non-local graduates who met the qualification, examination and training requirements specified by PPB. The Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development was currently conducting a strategic review on the anticipated manpower demand, and professional training and development of the 13 healthcare professions under statutory regulation, including pharmacists. It was expected that the review would be concluded in 2014. The Administration would give due regard to the recommendations of the Steering Committee in determining the time for the aforesaid legislative amendment to take effect.

15. Noting that the Administration would not implement the recommendation of the Review Committee to impose licensing control on retailers of non-poisons (i.e. pharmaceutical products which were not included in the Poisons List set out in the Schedule to Cap. 138B), Mr POON Siu-ping sought clarification as to whether retailers of non-poisons would be subject to inspection.

16. ADH(D), DH advised that most registered pharmaceutical products were classified in Part I or Part II of the Poisons List. Pharmaceutical products containing Part I Poisons were in general with more serious side effects, and could only be dispensed and sold in ASPs by or under the supervision of a registered pharmacist, whereas pharmaceutical products containing Part II Poisons had less serious side effects and could be sold in both ASPs and listed sellers of poisons ("LSPs") without the supervision of a registered pharmacist. Non-poison pharmaceutical products were usually of lower risk. While it was proposed that no licensing control would be imposed on the retail sale of these products, the legislative proposal involved the requirement that wholesalers of non-poison pharmaceutical products would be required to obtain a licence from PPB and keep proper transaction records for these products. The records should include details such as registered pack size, batch number of products, the date of transaction, to whom the product was sold and the quantity, etc. DH would also conduct inspections against the licensees to ensure their compliance with the regulatory requirements.

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Written orders of pharmaceutical products by ASPs, LSPs and private doctors

17. Referring to the recommendation of the Review Committee that all orders for pharmaceutical products should have written records, the Chairman asked whether the placing of a pharmaceutical product order by fax would be accepted as a written order and whether the written orders had to be kept for inspection by DH. SFH replied in the positive. The Chairman sought elaboration on how this requirement could combat illegal sale of pharmaceutical products as pointed out by the Administration and the reason why the keeping of delivery notes signed by the recipients could not serve the same purpose.

18. SFH advised that the requirement that pharmaceutical products should be ordered in writing aimed at building up a complete set of movement records of pharmaceutical products in order to facilitate the tracing of their source, minimize errors in the delivery and receipt of the products, and combat illegal sale of the products. Normally, written orders were not used in illegal trading of pharmaceutical products so as to avoid being traced. Deputy Secretary for Food and Health (Health) 1 ("DSFH(H)1") supplemented that there was always a time gap between the ordering and delivery of pharmaceutical products, and the person who received the products might be different from the one who placed the order. However, there was currently no record and tracking system in place to trace if the pharmaceutical products delivered to the premises of ASPs, LSPs and private doctors matched the products originally ordered, thus creating a loophole for the illegal sale of pharmaceutical products. A case in point was that the quantity of the products delivered was greater than the quantity ordered. Placing orders of pharmaceutical products in written form would facilitate the verification of the accuracy of the information in the delivery note, as well as the products delivered, against the information in the written orders.

19. Mr Vincent FANG was concerned that the written order requirement would inevitably cause inconvenience to those ASPs and LSPs who usually placed the orders verbally. SFH responded that with the exception of a doctors union and a pharmaceutical association, the majority of the trade was supportive of the requirement. It should also be noted that written order practice had already been recommended in the Good Dispensing Practice Manual issued by the Hong Kong Medical Association since 2007. All practicing doctors were recommended to comply with the provisions in the Manual.

Manpower requirement to implement the legislative proposal

20. In response to Mr WONG Ting-kwong's enquiry about the manpower requirement to implement the legislative proposals, DSFH(H)1 advised that with the funding approval from the Finance Committee, a dedicated Drug Office had been established under DH in September 2011 to strengthen its organization and

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capacity in overseeing and enforcing the enhanced regulatory regime of pharmaceutical products recommended by the Review Committee.

Way forward

21. Mr Vincent FANG suggested that the Panel should receive views from the trade and other stakeholders on the legislative proposals. SFH advised that since the publication of the report of the Review Committee in 2009, the Administration had maintained communication with the trade on the recommendations put forth by the Review Committee. The majority of the stakeholders were supportive of the recommendations. The Administration had also commissioned a consultant to conduct a Regulatory Impact Assessment to assess the impacts of the proposed legislative amendments on pharmaceutical dealers and relevant stakeholders. The Assessment was just completed in January 2013.

22. Noting that there was a time gap of about four years between the putting forward of the recommendations by the Review Committee and the formulation of the legislative proposals by the Administration, Mr CHEUNG Kwok-che considered it necessary for the Panel to gauge the views of relevant stakeholders on the proposals, in particular whether the implementation of which would pose any difficulties to the trade. Dr KWOK Ka-ki said that he had no strong view on the arrangement.

23. At the Chairman's suggestion, members agreed that a special meeting of the Panel be held on 10 December 2013 at 10:45 am to receive views from deputations on the legislative proposals. At the Chairman's request, SFH agreed to provide after the meeting supplementary information on how the requirement of written orders of pharmaceutical products could help combat illegal sale of these products. SFH drew the attention of members that the Panel's further discussion on the proposals might affect the original plan of the Administration to introduce the bill into LegCo in the first quarter of 2014.

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IV. Regulation of medical beauty treatments or procedures

[LC Paper Nos. CB(2)254/13-14(05) and (06)]

24. SFH briefed members on the recommendations of the Working Group on Differentiation between Medical Procedures and Beauty Services ("the Working Group") of the Steering Committee on Review of the Regulation of Private Healthcare Facilities ("the Steering Committee"), and the Administration's implementation plan on the recommendations, details of which were set out in the Administration's paper (LC Paper No. CB(2)254/13-14(05)).

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25. Members noted the updated background brief entitled "Regulation of medical beauty treatments/procedures" (LC Paper No. CB(2)254/13-14(06)) prepared by the LegCo Secretariat.

Composition of the Working Group

26. Mr CHAN Kin-por remarked that with the majority of members of the Working Group being medical practitioners, the beauty industry had casted doubt on the impartiality of the Working Group in coming up with the recommendations that cosmetic procedures involving injections; mechanical or chemical exfoliation of the skin below the epidermis; hyperbaric oxygen therapy; and dental bleaching or teeth whitening ("the four procedures") should only be performed by registered medical practitioners or registered dentists. Mr POON Siu-ping expressed a similar concern.

27. SFH explained that the reason why the Working Group comprised a considerable number of medical practitioners was due to the fact that assessment of the health risks of various procedures required professional input from medical practitioners of different specialties. That said, the recommendations put forth by the Working Group had been based on the candid discussion among its members, and had not leaned in favour of the interests of any particular sector. It should be noted that in view of the concerns raised by members from the beauty industry on the use of energy-emitting devices, the Working Group had recommended that the regulation of these devices should be dealt with under the proposed medical device regulatory framework.

Regulation of cosmetic procedures classified as medical procedures

28. Mr Vincent FANG was of the view that the adverse incident in October 2012 involving invasive procedures conducted in a beauty parlour ("the adverse incident") was caused by professional misconduct on the part of the medical practitioners concerned. Given the fact that there was ambiguity over which procedures should be classified as medical treatments and the Administration was separately planning on introducing a new piece of legislation to regulate medical devices, which covered, among others, cosmetic-related devices, he considered that the recommendations of the Working Group on the four procedures should not be taken forward until the review on medical device regulation was completed.

29. Acknowledging that the adverse incident involved the professional practice of the medical practitioner concerned, SFH advised that as part of the efforts to follow up on the recommendations of the Working Group, DH would issue letters to registered medical practitioners and registered dentists reminding them to strictly observe the Code of Professional Conduct issued by their Councils when

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conducting cosmetic procedures in their professional practice. In particular, they would be reminded of the need to conduct a proper medical consultation to assess whether a proposed treatment was medically appropriate for the patient. They should also seek informed consent for the treatment from the patient and maintain complete medical records relevant to the treatment. SFH added that the Administration did not receive any adverse views on the recommendations that the four procedures should be performed only by registered medical practitioners or registered dentists. For the sake of patient safety, he could not see the point of postponing the implementation of these recommendations.

[At this juncture, the Chairman proposed and members agreed that the motion moved by Mr Vincent FANG, the wording of which was tabled at the meeting, would be deal with towards the end of the meeting.]

30. Dr KWOK Ka-ki asked whether the performance of the four procedures by any person other than a registered medical practitioner would constitute an offence under the Medical Registration Ordinance (Cap. 161). Dr Elizabeth QUAT enquired whether consumers who were not satisfied with the outcomes of those cosmetic procedures classified as medical procedures could lodge a complaint with the Medical Council of Hong Kong ("MCHK"). Replying in the positive, SFH added that beauty service providers should refrain from performing the four procedures if they were not themselves registered medical practitioners or registered dentists. When they referred their clients to registered medical practitioners for service, the name of the medical practitioners should be made known to the client in writing.

31. Mr Vincent FANG expressed concern that body tattooing, which might cause complications such as bleeding and was not of a lower risk when compared to the four procedures, would be exempted from being regarded as a medical procedure. Dr Helena WONG sought clarification on whether the performance of procedures involving injections; mechanical or chemical exfoliation of the skin below the epidermis; hyperbaric oxygen therapy was restricted to specialists from the relevant medical disciplines. Noting that the Department of Health of the United Kingdom had recently carried out a review on the regulation of cosmetic interventions, she suggested that the Administration should make reference to the recommendations made in formulating measures to regulate cosmetic procedures or beauty business in Hong Kong. After declaring interest that her family members were engaged in beauty business, Dr Elizabeth QUAT raised a similar question. SFH responded that while the guidelines to be issued by DH would not specify any specialty requirements for performing these procedures, it was for MCHK to judge whether a registered medical practitioner was competent to perform the procedure in question in the case of disciplinary proceedings.

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32. Mr WONG Ting-kwong enquired whether medical practitioners alone, or well-trained beauty practitioners, could perform those cosmetic procedures classified as medical procedures. Dr Elizabeth QUAT asked whether medical practitioners could delegate the performance of certain steps of a medical procedure to other personnel, such as nurses at clinics and beauty practitioners at beauty parlours, if these personnel had been appropriately trained. She remarked that the main concern of consumers was the availability of safe but reasonably priced cosmetic procedures, whereas that of beauty practitioners was their involvement in the performance of those cosmetic procedures classified as medical procedures. 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 medical practitioners. Notwithstanding the above, the medical practitioners concerned had to retain personal responsibility for the treatment of the patients.

33. In response to Dr Helena WONG's enquiry on whether substances to be injected into human body in the course of cosmetic procedures were subject to any regulatory control, SFH advised that some of these substances were pharmaceutical products that required registration and their use was restricted to registered medical practitioners. A case in point was botulinum toxin A. Some substances, such as dermal fillers, were classified as medical devices and the regulation over which would be dealt with under the proposed medical device regulatory framework. Dr Helena WONG sought clarification as to whether skin pore was a kind of body orifice referred to in paragraph 5.4(b) of the Working Group's report. Replying in the negative, SFH advised that body orifice meant an entrance or outlet of any body cavity, such as the mouth.

34. Holding the view that the Working Group's recommendations on the four procedures would have a great impact on the livelihood of frontline beauty practitioners, Mr POON Siu-ping urged the Administration to maintain a close communication with the beauty industry to ensure a smooth implementation of the requirement. Miss Alice MAK expressed a similar view.

Proposed regulatory regime for medical devices

35. Mr POON Siu-ping enquired about the legislative timetable for the proposed regulatory regime for medical devices. Pointing out that DH had established a voluntary Medical Device Administrative Control System since 2004 to pave the way for the introduction of statutory control, Dr KWOK Ka-ki expressed disappointment that the Administration had dragged its feet over formulating the legislative proposal. SFH advised that the Administration would report to the Panel on the way forward on the legislative exercise in the first half of 2014. Taking into account the views of members, the Administration might consult the public on the proposed regulatory framework. After studying the

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views received in the public consultation exercise, the Administration would revert to the Panel on the findings and proceed with the drafting of the legislative proposal.

36. Mr CHAN Kin-por relayed the view of the beauty industry that cosmetic-related devices, which emitted different forms of energy, should not be classified as medical devices across the board. Mr CHEUNG Kwok-che expressed a similar view. While supporting the statutory control over the use of high-risk medical devices, Dr Helena WONG was concerned that the proposed regulation might restrict consumers' access to some advanced aesthetic treatments involving the use of cosmetic-related medical devices, such as lasers and intense pulsed light devices, which were usually operated by beauty practitioners at present. Dr CHIANG Lai-wan raised a similar concern. She urged the Administration to carefully assess the impact of the proposed regulatory regime on consumers and beauty practitioners.

37. SFH advised that for cases where there was no consensus on whether certain devices should only be operated by registered medical practitioners, the Administration might seek professional advice from overseas authorities. Mr CHAN Kin-por, Miss Alice MAK, Dr Helena WONG and Mr CHEUNG Kwok-che called on the Administration to actively engage the beauty industry in formulating the new regulatory regime for medical devices. Mr WONG Ting-kwong urged the Administration to take into account the views of both the medical profession and the beauty industry in formulating the proposed regulatory regime. SFH assured members that the Administration would do so.

38. Given that beauty practitioners might have more experience in operating certain cosmetic devices, Mr CHAN Kin-por asked whether consideration could be given to providing under the new medical device ordinance a mechanism to allow trained beauty practitioners to operate the devices under the supervision of medical practitioners. SFH advised that the employment of any person trained to perform specialized duties or functions in connection with the medical treatment of a patient was acceptable provided that the registered medical practitioner concerned exercised effective personal supervision over the persons so employed and retained personal responsibility for the treatment of the patients.

Regulation over the operation of beauty services companies

39. While agreeing with the recommendations of the Working Group, Mr WONG Ting-kwong considered that the recommendations could not address the problems of unscrupulous trade practices of beauty service companies and misconduct of the medical practitioners affiliated with or employed by these companies, which in his view, were the underlying causes of the adverse incident.

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Miss Alice MAK opined that in the absence of regulation over the operation of beauty services companies, the Administration's current proposal of identifying those high-risk cosmetic procedures that could only be performed by qualified personnel could not prevent unscrupulous business owners from using frontline personnel as a shield to escape from the liability of performing these procedures improperly.

40. SFH responded that with the identification of those cosmetic procedures that should only be performed by registered medical practitioners or registered dentists, beauty service providers would have to ensure that their clients were aware of the risks involved in these procedures for making an informed decision. In addition, registered medical practitioners and registered dentists would be reminded that they had to strictly observe requirements on professional conduct issued by their Councils when they conducted these procedures in their professional practice. SFH added that appropriate enforcement actions would be taken against any violation of Cap. 161 and the Dentists Registration Ordinance (Cap. 156), no matter whether the personnel involved was the business owner or not. At the request of Dr KWOK Ka-ki, SFH agreed to provide after the meeting information on the respective number of enforcement actions taken in the past five years against violation of Cap. 161 and Cap. 156.

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[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]

41. The Chairman did not subscribe to the Administration's view. He pointed out that those medical practitioners employed by beauty service companies were always in a very weak bargaining position in determining the appropriateness of a treatment. The Chairman was also concerned that while practice promotion by individual medical practitioners, or by anybody acting on their behalf or with their forbearance, to people who were not their patients was not permitted by MCHK, those beauty service companies employing medical practitioners could promote their provision of "medical beauty services". He considered that the Administration should regulate those beauty service companies that performed medical procedures under the disguise of "medical beauty services".

42. SFH explained that the Administration had adopted a risk-based approach to address beauty procedures or treatments of a high-risk nature. This was achieved through identifying certain cosmetic services that should only be performed by registered medical practitioners or registered dentists because of the risks involved, and the medical device regulatory framework to be introduced at a later stage.

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Regulation of the beauty industry and its practitioners

43. Mr POON Siu-ping relayed the view of the beauty industry that they considered it necessary for the Administration to introduce a separate regulatory regime for the beauty industry to promote the development of the industry. Mr Vincent FANG, Miss Alice MAK, Dr Helena WONG, Mr CHEUNG Kwok-che, Dr Fernando CHEUNG and Mr WONG Ting-kwong expressed similar views. Mr CHEUNG Kwok-che sought clarification as to which bureau was responsible for formulating policies on beauty industry.

44. Dr Helena WONG enquired whether consideration could be given to enhancing the competence of beauty practitioners in performing those cosmetic procedures classified as medical procedures as delegated by registered medical practitioners and operating cosmetic-related medical devices through undergoing relevant training under the Qualifications Framework ("QF"). Dr Elizabeth QUAT urged the Administration to formulate a structured training hierarchy to enable interested personnel to obtain the qualification for performing those cosmetic procedures classified as medical procedures. Dr Fernando CHEUNG considered that there should be a clear stipulation of the qualification requirements for these cosmetic procedures.

45. SFH reiterated that the Administration adopted a risk-based approach to protect consumer safety, focusing on those procedures or treatments that were intrinsically risky and could cause considerable harm to clients if not properly administered by qualified personnel. The identification of the types of cosmetic procedures that could only be performed by registered medical practitioners or registered dentists, and the future introduction of a regulatory regime for medical devices would provide enhanced protection to consumers undergoing cosmetic procedures. The remaining practices of the beauty industry were largely non-intrusive and involved no or very little health risks that called for direct regulatory intervention. The Administration considered it appropriate to rely on the QF system for enhancing the training and education of beauty practitioners in keeping with the arrangement for other industries. It did not have any plan to put in place a separate regulatory framework for the beauty industry at this stage.

Public education

46. Dr KWOK Ka-ki urged the Administration to step up efforts to enhance public understanding of the risks involved in cosmetic procedures. SFH advised that DH would carry out promotion work through various media channels. A new television announcement in the public interest had just been launched.

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Motion

47. Mr Vincent FANG moved the following motion which was seconded by Mr WONG Ting-kwong and Miss Alice MAK -

"為保障市民使用美容服務時的安全性和信心，本會促請政府成立'規管美容業督導委員會'，協助美容業制定一套完善的專業規管和培訓制度，以協助行業健康發展和提升從業員的專業水平。"

(Translation)

"To ensure the safety and confidence of people in using beauty services, this Panel urges the Government to set up a 'Steering Committee on Regulation of Beauty Industry' to assist the beauty industry in formulating a comprehensive set of regulatory and training regime for the profession, so as to sustain the healthy development of the industry and enhance the competence of practitioners."

48. 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 agreed.

49. Dr Helena WONG proposed to amend the motion by adding the phrase "及建立美容師的資歷架構，" before "以協助行業健康發展和提升從業員的專業水平" to read as follows -

"為保障市民使用美容服務時的安全性和信心，本會促請政府成立'規管美容業督導委員會'，協助美容業制定一套完善的專業規管和培訓制度，***及建立美容師的資歷架構，***以協助行業健康發展和提升從業員的專業水平。"

(Translation)

"To ensure the safety and confidence of people in using beauty services, this Panel urges the Government to set up a 'Steering Committee on Regulation of Beauty Industry' to assist the beauty industry in formulating a comprehensive set of regulatory and training regime for the profession, ***as well as to establish a Qualifications Framework for beauticians,*** so as to sustain the healthy development of the industry and enhance the competence of practitioners."

50. The Chairman put the motion as amended to vote. Seven members voted for and no member voted against it. The Chairman declared that the motion as amended was carried.

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[Note: At this juncture, the Chairman proposed and members agreed that the meeting be further extended for five minutes.]

Way forward

51. Miss Alice MAK suggested that the Panel should hold a special meeting to receive views from the beauty trade on the recommendations of the Working Group. Members agreed. The Chairman said that the Clerk would follow up on the arrangements accordingly.

(*Post-meeting note*: The special meeting has subsequently been scheduled for 23 December 2013 from 9:00 am to 1:15 pm to receive views from deputations on the subject.)

52. SFH pointed out that subject to the views of the Panel, the plan of DH was to issue the two advisory notes as set out in Enclosures II and III to the Administration's paper to the beauty industry and medical practitioners respectively, advising them the implementation of the recommendations on the four procedures put forth by the Working Group. The Chairman sought members' views on whether they supported the contents of the advisory notes.

53. Mr Vincent FANG requested to put the issue to vote. The results were: Six members supported the contents of the advisory notes, one member did not support the contents of the advisory notes and one member abstained from voting. The Chairman concluded that the Panel was supportive to the contents of the advisory notes.

54. There being no other business, the meeting ended at 6:50 pm.

Council Business Division 2
Legislative Council Secretariat
31 March 2014