

立法會
Legislative Council

LC Paper No. CB(2)2128/14-15

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Tuesday, 17 February 2015, at 9:30 am
in Conference Room 1 of the Legislative Council Complex**

Members present : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman)
Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon CHEUNG Kwok-che
Hon YIU Si-wing
Hon Charles Peter MOK, JP
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH

Members absent : Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Vincent FANG Kang, SBS, JP
Hon Albert CHAN Wai-yip
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Helena WONG Pik-wan
Hon Christopher CHUNG Shu-kun, BBS, MH, JP

Public Officers attending : Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Mr Chris SUN Yuk-han, JP
Deputy Secretary for Food and Health (Health) Special Duties
Food and Health Bureau

Dr Amy CHIU Pui-yin, JP
Assistant Director of Health (Health Administration and
Planning)
Department of Health

Attendance : The Cosmetic & Perfumery Association of Hong Kong
by invitation

Mr Joseph HO
Chairman

Hong Kong Academy of Medicine

Professor LAU Chak-sing
Vice-President (Education and Exams)

Hong Kong Hair & Beauty Merchants Association

Ms Maggie LEUNG
Vice President

Democratic Alliance for the Betterment and Progress of Hong Kong

Miss Jody KWOK Fu-yung
Deputy Spokesperson of Health Services

Association of Private Medical Specialists of Hong Kong

Dr Samuel KWOK Po-yin
President

Miss Kellie WONG

Hong Kong Sanatorium & Hospital

Dr Raymond YUNG
Assistant Medical Superintendent

Hong Kong Beauty and Fitness Professionals General Union

Ms Amy HUI Wai-fung
Chairman

Asia Pacific Beauty Group Limited

Ms Anna CHAN
Director

Hong Kong Association of Cosmetic Practice

Dr Ringo W K LAM
Vice President

Federation of Beauty Industry (H.K.)

Ms Frances CHIU
Chairman

Hong Kong Doctors Union

Dr YEUNG Chiu-fat
President

Hong Kong Qualified Standard Beauty Association

Ms Phoebe MA
Chief Consultant

Association of Doctors in Aesthetic Medicine (Hong Kong) Ltd.

Mr Alan FUNG Ho-wang
Chairman

Hong Kong Association of Professional Aestheticians
International

Ms Teresa TSOI TSANG Yuk-ling
President

Democratic Party

Ms Josephine CHAN Shu-ying
Convenor of Health Care Group

Beauty Industry Reform Research and Development
Committee

Ms Juliana YANG
Spokesperson

Hong Kong Beauty Press Ltd.

Mr IP Sai-hung
Editor in Chief

Hong Kong Beauty Management & Development Association

Ms MA Ying-kam
President

Hong Kong Private Hospitals Association

Dr William HO
Honorary Secretary

The Hong Kong Medical Association

Dr TSE Hung-hing
Immediate Past President

Consumer Council

Ms Tracy CHU
Acting Senior Planning & Trade Practices Officer

Hongkong Stem Cell Centre

Dr Joseph WANG
Director of Surgery

International CICA Association of Esthetics

Ms Shelly LUK
President

The Society of Hospital Pharmacists of Hong Kong

Mr William CHUI Chun-ming
President

International Beauty Professionals Validation Association
Limited

Ms Mandy CHU
President

Liberal Party

Mr Peter SHIU
Vice Party Chair

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

Staff in attendance : Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

Action

I. Consultation Document on Regulation of Private Healthcare Facilities

[File Ref.: FH CR 4/3921/14, LC Paper Nos. CB(2)819/14-15(01) to (10), CB(2)850/14-15(01), CB(2)872/14-15(01) to (02), CB(2)874/14-15(01) to (02), CB(2)887/14-15(01) and CB(2)894/14-15(01) to (04)]

Presentation of views by deputations

The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of 27 organizations and individuals presented their views on the Consultation Document on Regulation of Private Healthcare Facilities ("the Consultation Document"). A summary of their views is in the **Appendix**. Members also noted the written submissions from Hong Kong Dental Association and Civic Party not attending the meeting.

Discussion

The Administration's response to the views expressed by deputations

2. Responding to the views expressed by the deputations, Secretary for Food and Health ("SFH") made the following points -

Action

- (a) the Hospital, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343) had undergone no substantive amendments since 1960s. Private healthcare premises were regulated on rather limited scope under these two Ordinances. In addition, ambulatory medical centres and non-clinical facilities where high-risk medical procedures or practices were performed were not covered in the existing regulatory regime. The Director of Audit also proposed, among others, in his No. 59 Report that the regulatory control of private hospitals should be strengthened. It was against this background that the Administration instigated the review of the regulation of private healthcare facilities ("PHFs") to better ensure patient safety and consumer rights;
- (b) the Working Group on Differentiation between Medical Procedures and Beauty Services ("WG1") set up under the Steering Committee on Review of the Regulation of Private Healthcare Facilities ("the Steering Committee") had made recommendations on cosmetic procedures that should only be performed by registered medical practitioners or registered dentists because of their inherent risks. These recommendations were endorsed by the Steering Committee;
- (c) as recommended by the Working Group on Defining High-risk Medical Procedures/Practices Performed in Ambulatory Setting ("WG2") set up under the Steering Committee, those medical procedures which were classified as high risk based on (i) the risk of the procedure, (ii) the risk of anaesthesia involved, and (iii) the patient's conditions should be performed only in regulated ambulatory facilities or hospitals by qualified healthcare professionals. Given the rapid development of the healthcare technology, it was proposed that a mechanism should be introduced to regularly review and update the lists of high-risk procedures. Subject to the outcome of public consultation, these proposals would be implemented under the proposed new piece of legislation for PHFs;
- (d) the Working Group on Regulation of Premises Processing Health Products for Advanced Therapies set up under the Steering Committee had recommended that another new piece of legislation should be introduced to regulate cells, tissues and health products for advanced therapies. The Administration would look into the matter separately;

Action

- (e) to enhance price transparency, it was proposed under the revamped regulatory regime that each private hospital should publish a "List of Common Operations/Procedures" for which quotation should normally be provided for prospective patients. Doctors should also provide patients with an estimation of total charges for treatment when referring or admitting patients to private hospitals; and
- (f) it was proposed that an independent committee on complaints against private hospitals should be set up to handle complaints lodged by the public against the services provided by private hospitals or the handling of complaints by private hospitals.

3. Members also noted the updated background brief on "Regulation of private healthcare facilities" prepared by the Legislative Council Secretariat (LC Paper No. CB(2)819/14-15(01)).

Regulation of high-risk cosmetic procedures

4. Mr CHEUNG Kwok-che noted the concern of some deputations that the proposals put forward in the Consultation Document would have the effect of subjecting some beauty services companies under regulatory control. While agreeing with the views expressed by some deputations that the beauty industry should in general run in a free-market environment with minimal regulatory intervention, Mr Albert HO considered it necessary to regulate from a medical perspective those high-risk cosmetic procedures or practices which could cause considerable harm to consumers if performed improperly. The fine details of the regulatory framework concerned, such as the competency requirements of the personnel performing these procedures, could be further hammered out in consultation with both the medical and beauty sectors. Dr Fernando CHEUNG opined that the existing regulatory regime for PHFs which was out of date and unable to cope with the present circumstances should be revamped. In particular, there was a need to subject those cosmetic procedures which were classified as high-risk procedures to regulatory control to safeguard the safety and interest of consumers.

5. Mr Albert HO invited deputations' views on the regulation of high-risk cosmetic procedures. Mr IP Sai-hung of Hong Kong Beauty Press Ltd. stressed that the provision of cosmetic services not intended for medical purpose involved various stakeholders including the medical practitioners, Chinese medicine practitioners, beauty practitioners and dietitians. Pointing out that the beauty sector was underrepresented in WG1, he urged the Administration to establish a platform to engage the beauty sector in mapping out the relevant regulatory framework and set up a steering

Action

committee on regulation of beauty industry as had been repeatedly called for by members of the Panel on Health Services ("the Panel"). Dr Ringo LAM of Hong Kong Association of Cosmetic Practice opined that given the rapid advancement in cosmetic technology and practices, an independent committee comprising not only representatives of the Hong Kong Academy of Medicine but also frontline medical practitioners who engaged in cosmetic procedures or practice should be set up to advise the Government on the range of high-risk procedures in order to safeguard public health. Mr Albert HO called on the Administration to take on board the deputations' views in formulating the regulatory framework for high-risk cosmetic procedures.

6. SFH explained that as recommended by WG2, those ambulatory facilities where high-risk medical procedures would be performed (including those facilities operated by beauty services companies) should be regulated by a statutory registration system and subject to a set of core facility standards and requirements. These procedures should only be performed by qualified healthcare professionals or personnel under their supervision. While consumers undergoing these high-risk cosmetic procedures, such as liposuction, regardless whether they were intended for medical purpose, professional medical input were required in a number of areas to ensure consumer safety (e.g. clinical risk management, infection control and control of complications directly arising from the procedures) because of the inherent risk of the procedures. Hence, the regulatory framework for high-risk procedures had to be devised from a medical perspective. SFH added that a principle governing the membership of the mechanism to be set up to regularly review and update the list of high-risk procedures was that its members should provide impartial professional advice to the Government with a view to safeguarding public interest.

7. At the invitation of Mr CHEUNG Kwok-che, Mr IP Sai-hung of Hong Kong Beauty Press Ltd. expressed disappointment that SFH's response had failed to take heed of the calls of the beauty sector to set up a steering committee on regulation of beauty industry with a view to promoting the healthy development of the beauty industry and the regulation of cosmetic procedures classified as high-risk medical procedures. Mr CHEUNG Kwok-che urged the Administration to respond to the calls of the beauty industry.

Regulation of cosmetic procedures involving the use of medical devices

8. Mr CHEUNG Kwok-che enquired as to whether those personnel other than medical practitioners who met prescribed competency requirements would be allowed to operate those medical devices commonly used in

Action

cosmetic procedures. SFH advised that WG1 had examined the safety and health risk of energy-emitting devices commonly used in beauty procedures, such as high-power medical lasers and intense pulsed light equipment. Given the heterogeneity of the devices involved, WG1 considered that a more detailed study should be conducted to examine overseas experience and practices and the scope of control on the use of these medical devices. The Administration would engage an external consultant to conduct the study.

Price transparency

9. While expressing support for the Administration's proposal to enhance price transparency of private healthcare services through the requirements to provide patients or consumers with comprehensive and complete pricing information, Mr POON Siu-ping considered that the Administration should ensure that there would not be an acceleration of medical cost following the introduction of the proposed Voluntary Health Insurance Scheme ("VHIS"). While noting that measures were proposed to enhance price transparency of private hospitals, Mr CHEUNG Kwok-che was concerned that the charges of private hospital services might still be set at a high level. In response to Mr CHEUNG Kwok-che, Ms Tracy CHU of the Consumer Council said that the Consumer Council was concerned about whether a mechanism would be put in place to monitor the service charges of private hospitals, particularly after the introduction of VHIS.

10. SFH advised that it was proposed under the revamped regulatory regime of PHFs that private hospitals had to make public their fee schedules, provide patients with quotations for the whole course of investigative procedures or elective, non-emergency therapeutic operations or procedures for known diseases on or before admission, and publish key historical statistics on their actual bill sizes for common treatments or procedures. In addition, they should be encouraged to offer Recognized Services Packages to patients. By ensuring the communication of comprehensive and complete pricing information to patients or consumers, the public would be better informed of price information before making decisions in meeting their medical needs and making necessary financial arrangements in advance. This would also promote market competition and contain medical cost. In case there was a material and unreasonable discrepancy between the original estimates and the actual charges, patients could lodge a complaint with the independent private hospital complaint committee under the revamped regulatory regime. SFH added that inadequacy of private hospital beds to meet the service demand was a reason for increase in charges for private hospital services in recent years. It was expected that the expansion or redevelopment projects of existing private hospitals as well as the development of new private hospitals would enhance the private hospital

Action

capacity by 40% in 2020 to cope with the increasing demand for private hospital services, including those arising from the introduction of VHIS.

Complaints management

11. Noting that it was proposed that a simplified mechanism, instead of a two-tier complaints handling mechanism as for the case of private hospitals, should be adopted for non-hospital PHFs, Dr Fernando CHEUNG shared the concern of the Consumer Council that the protection for consumers in this regard might be undermined. He expressed further concern that the processing time of complaints on professional misconduct of registered medical practitioners by the Medical Council of Hong Kong was unduly long. The number of complaint cases being referred to for a formal inquiry was also on the low side (i.e. 6% for the period of 2009 to 2013). He called on the Administration to set up an independent statutory body to handle medical complaints. SFH took note of Dr Fernando CHEUNG's concern.

Regulation of medical groups etc.

12. The Chairman sought information about the proposed regulatory framework for ambulatory medical centres which were operated by several medical practitioners and medical groups operated in the form of corporate bodies. SFH advised that the Administration's proposal was that facilities providing medical services under the management of incorporated bodies (including incorporated companies, registered societies and statutory bodies in which non-medical investors or managers would take part in the operation of these facilities) should be regulated under the new regulatory regime. To enhance corporate governance, it would be made mandatory that a person-in-charge should be appointed for each regulated PHF, including facilities providing medical services under the management of incorporated bodies. The person-in charge would be held accountable for breaches or non-compliance of the PHF concerned.

Conclusion

13. In closing, the Chairman remarked that a major concern of members and deputations was that some beauty service providers would be subject to the revamped regulatory regime for PHFs due to their provision of high-risk cosmetic procedures classified as high-risk medical procedures. As a related issue, the Panel would discuss with the Administration the regulation of aesthetic practices at its next regular meeting scheduled for 16 March 2015.

Action

II. Any other business

14. There being no other business, the meeting ended at 12:20 pm.

Council Business Division 2
Legislative Council Secretariat
22 September 2015

Panel on Health Services

**Special meeting on Tuesday, 17 February 2015, at 9:30 am
in Conference Room 1 of the Legislative Council Complex**

**Summary of views and concerns expressed by deputations/individuals on the
Consultation Document on Regulation of Private Healthcare Facilities**

No.	Name of deputation/individual	Submission / Major views and concerns
1.	Hong Kong Doctors Union	<ul style="list-style-type: none"> • LC Paper No. CB(2)874/14-15(02)
2.	The Hong Kong Medical Association	<ul style="list-style-type: none"> • LC Paper No. CB(2)887/14-15(01)
3.	Hongkong Stem Cell Centre	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(09)
4.	The Cosmetic & Perfumery Association of Hong Kong	<ul style="list-style-type: none"> • LC Paper No. CB(2)874/14-15(01)
5.	Hong Kong Academy of Medicine	<ul style="list-style-type: none"> • Expressed support for the proposed regulatory regime for private healthcare facilities ("PHFs"). A new regulatory regime should also be introduced for private clinical laboratories. • High-risk medical procedures should be performed by properly trained healthcare personnel or professionals qualified by relevant medical professional bodies at regulated premises. • A complete set of regulatory requirements in respect of the standard of facilities and clinical quality should be drawn up.
6.	Hong Kong Hair & Beauty Merchants Association	<ul style="list-style-type: none"> • Expressed support for the proposed regulatory regime for PHFs. • The beauty service providers should be provided with up-to-date regulatory information on high-risk cosmetic procedures.
7.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> • High-risk medical procedures should be performed by healthcare professionals at regulated healthcare facilities. • It was necessary to review the existing regulatory regime so as to strengthen the regulation of private hospitals and enhance the price transparency of private hospitals. • There should be a clear differentiation between the high-risk medical procedures and beauty services.
8.	Association of Private Medical Specialists of Hong Kong	<ul style="list-style-type: none"> • Expressed support for the proposed regulatory regime for PHFs. • There should be a clear differentiation between the high-risk medical procedures and beauty services. The range of high-risk medical procedures should be mapped out by medical professionals.

No.	Name of deputation/individual	Submission / Major views and concerns
		<ul style="list-style-type: none"> • Not all operations or procedures could be offered under Recognized Service Packages. Quotation to patients could only serve as an estimate as the actual charges would depend on the clinical conditions of individual patients.
9.	Miss Kellie WONG	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(02)
10.	Hong Kong Sanatorium & Hospital	<ul style="list-style-type: none"> • The proposed regulatory regime for PHFs should cover group medical practices. • Apart from medical practitioners, consideration should be giving to introducing a credentialing system for other healthcare professionals in order to ensure their competence. • In addition to hospitals, accreditation should also become a mandatory requirement for private clinical laboratories.
11.	Hong Kong Beauty and Fitness Professionals General Union	<ul style="list-style-type: none"> • LC Paper No. CB(2)894/14-15(01)
12.	Asia Pacific Beauty Group Limited	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(10)
13.	Hong Kong Association of Cosmetic Practice	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(03)
14.	Federation of Beauty Industry (H.K.)	<ul style="list-style-type: none"> • LC Paper No. CB(2)872/14-15(01)
15.	Hong Kong Qualified Standard Beauty Association	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(04)
16.	Association of Doctors in Aesthetic Medicine (Hong Kong) Ltd.	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(05)
17.	Hong Kong Association of Professional Aestheticians International	<ul style="list-style-type: none"> • LC Paper No. CB(2)819/14-15(06)
18.	Democratic Party	<ul style="list-style-type: none"> • LC Paper No. CB(2)894/14-15(03)
19.	Beauty Industry Reform Research and Development Committee	<ul style="list-style-type: none"> • LC Paper No. CB(2)894/14-15(04)
20.	Hong Kong Beauty Press Ltd.	<ul style="list-style-type: none"> • There was a concern that the proposal to revamp the existing regulatory regime for PHFs would have a negative impact on the development of the beauty industry. • There was a call for the Administration to formulate a separate regulatory regime for the beauty industry and the beauty profession in order to promote the sustainable development of the industry and enhance the competence of the beauty practitioners.

No.	Name of deputation/individual	Submission / Major views and concerns
		<ul style="list-style-type: none"> Concern was raised over the regulation of cosmetic-related medical devices.
21.	Hong Kong Beauty Management & Development Association	<ul style="list-style-type: none"> Beauty service providers should be provided with clear guidelines on the differentiation between medical procedures and beauty services. The Administration should recognize the competence of beauty practitioners who had undergone appropriate training and allow them to perform certain advanced cosmetic procedures. A steering committee on regulation of beauty industry should be set up to promote the development of the beauty industry.
22.	Hong Kong Private Hospitals Association	<ul style="list-style-type: none"> LC Paper No. CB(2)819/14-15(07)
23.	Consumer Council	<ul style="list-style-type: none"> LC Paper No. CB(2)819/14-15(08)
24.	International CICA Association of Esthetics	<ul style="list-style-type: none"> The beauty services providers should be provided with clear guidelines on the differentiation between medical procedures and beauty services.
25.	The Society of Hospital Pharmacists of Hong Kong	<ul style="list-style-type: none"> Apart from private hospitals, other PHFs should also be required to develop an electronic medical or patient record system that could meet the technical requirements to be connectable with the Electronic Health Record Sharing System. Hospital accreditation should be made a mandatory requirement for private hospitals. A set of requirements on facility standards should be imposed on those regulated facilities where cytotoxic chemotherapy would be performed.
26.	International Beauty Professionals Validation Association Limited	<ul style="list-style-type: none"> LC Paper No. CB(2)872/14-15(02)
27.	Liberal Party	<ul style="list-style-type: none"> Expressed support for the proposed regulatory regime for PHFs. While safety of consumers using beauty services was of paramount importance, the Administration should also provide support to facilitate the development of the beauty industry and enhance the competence of beauty practitioners.