# Regulation of Private Healthcare Facilities

Consultation Report April 2016

Food and Health Bureau
Hong Kong Special Administrative Region Government

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# MESSAGE FROM DR KO WING-MAN, BBS, JP, SECRETARY FOR FOOD AND HEALTH

Dear Citizens,

The publication of this report marks the successful conclusion of the public consultation exercise on Regulation of Private Healthcare Facilities (PHFs).

The private healthcare sector is beyond doubt an essential element of the dual-track healthcare system of Hong Kong. Revamping and modernizing the regulatory regime for PHFs will help enhance the long-term sustainability of our healthcare system. It is important to improve the transparency and accountability of private healthcare services, so that there would be greater incentive for people to make use of such services. By doing so, the public hospital system could better utilize its resources on serving those in need.

The responses received during the consultation period were encouraging. The community has rendered solid support for our proposal of having a more modernized and comprehensive regulatory control for different categories of PHFs in Hong Kong. Among the nearly 300 written submissions received and other views expressed in various occasions during the consultation period, it was generally agreed that the current regulatory regime for PHFs, which is limited to a narrow set of facilities drawn up decades ago, was not adequate amid the evolving landscape of private healthcare services. The call for a revamped regulatory regime is clear.

We have also received many insightful views and enlightening suggestions on the details of our proposals, which are summarized in this consultation report. In taking forward the proposals and ironing out details of the revamped regulatory regime, we would give due regard to these suggestions and will continue to engage relevant stakeholders.

Finally, I would like to thank you all for sharing your views by taking part in the public consultation. Your contributions have formed a solid basis for us to revamp the regulatory regime for PHFs, with a view to safeguarding public health and fostering diversity in healthcare service.

Dr KO Wing-man
Secretary for Food and Health
April 2016

# Executive Summary

## Chapter 1
## The Public Consultation

The public consultation on Regulation of Private Healthcare Facilities (PHFs) was conducted between 15 December 2014 and 16 March 2015. We consulted the public on –

(a) the three categories of PHFs proposed to be regulated and their respective definitions:
- hospitals
- facilities providing high-risk medical procedures in ambulatory setting
- facilities providing medical services under the management of incorporated bodies;

(b) the proposed 19 regulatory aspects and their applicability under the revamped regulatory regime; and

(c) the proposed powers to be conferred on the regulatory authority.

2 During the consultation period, we launched a publicity campaign through various channels, including Announcement in the Public Interest, distribution of posters, leaflets, information booklets and Consultation Documents. A telephone survey was commissioned from January to June 2015 to facilitate collation and assessment of views on the proposals and issues related to the regulation of PHFs. In addition to Legislative Council and District Council meetings, we attended 25 briefing sessions, including community forums organized by the Food and Health Bureau, briefings and seminars organized by various parties and stakeholders in the community to explain our proposals and listen to the views expressed by the community. We received a total of 296 written submissions, comprising 238 from individuals and 58 from organizations.

## Chapter 2
## Public Views on Private Healthcare Facilities to be Regulated

### Proposed Regulatory Regime

3 There was solid support for our proposal of having a more modernized and comprehensive regulatory control for different categories of PHFs in Hong Kong. Respondents generally agreed that the current regulatory regime, which is limited to a narrow set of facilities drawn up decades ago mainly covering private hospitals and non-profit-sharing medical clinics, was not adequate amid the evolving landscape of private healthcare services. Noting that the Government was also consulting the public on the Voluntary Health Insurance Scheme in parallel, some respondents urged for early implementation of a new regulatory regime for PHFs.

### Classification of PHFs

4 There was strong support for covering the three types of PHFs proposed under the revamped regulatory regime. There were views pointing out that the names of the second and third categories of PHFs (i.e. "facilities providing high-risk medical procedures in ambulatory setting" and "facilities providing medical services under the management of incorporated bodies") were too complex and should be simplified to avoid confusion and unnecessary disputes. It was also suggested that the scope and definitions of PHFs to be regulated should be reviewed regularly.

5 Regarding the approach in determining the types of PHFs to be regulated, there was solid support for adopting a risk-based approach by assessing the risk of procedures and operational risks involved in each type of PHFs. There was a view that other contributing factors (e.g. the technology employed for procedures) should also be considered in risk assessment for delineating high-risk procedures. A few respondents considered that the scope of regulation should go further to cover PHFs owned, managed, operated and serviced solely by identical registered medical practitioners, or even medical laboratories.

## Chapter 3
## Public Views on Proposed Requirements on Corporate Governance

### (A1) Appointment of Person-in-charge
### (A2) Establishment of Medical Advisory Committee

6 There was support for the proposals to regulate the appointment of person-in-charge (PIC) for all PHFs by clearly setting out the responsibilities of a PIC, and to mandate the establishment of Medical Advisory Committee for private hospitals. Some respondents even suggested that the requirement to establish Medical Advisory Committee should be extended to non-hospital PHFs. Some views pointed out that the qualifications and experience of the person to be appointed as a PIC should be clearly set out.

### (A3) Complaints Management System

7 There was overwhelming support for the Government to set up a complaints management system. Some respondents stressed the importance of independence and objectivity of the proposed system, and suggestions on various fronts were made in this regard. There were suggestions that in addition to hospitals, complaints against the other two categories of PHFs to be regulated should also be reviewed by the proposed Independent Committee on Complaints against Private Hospitals.

**(A4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System**

8 The proposal to require hospitals to establish an information system connectable with the Electronic Health Record Sharing System was generally supported. Respondents pointed out that the proposal would provide the necessary framework for transition of patients between different levels of care and between the private/ public sector, and that the proposal should also cover other categories of PHFs (in addition to hospitals) in the long term. On the other hand, some respondents expressed their concerns on privacy issues and the readiness of doctors in using such system.

**(A5) Maintenance of Hospital Accreditation Status**

9 The proposal for hospitals to maintain a hospital accreditation status was supported. A respondent pointed out that detailed information on the type of accreditation body that was acceptable by the regulatory authority should be specified. Another respondent agreed that in the long term, hospital accreditation should be made a mandatory requirement for private hospitals, and suggested that the regulatory authority should set a timetable for its implementation.

## Chapter 4
## Public Views on Proposed Requirements on Standard of Facilities

**(B6) Premises Management**
**(B7) Physical Conditions**
**(B8) Infection Control**

10 Responses received from respondents were generally supportive regarding the regulatory aspects on standard of facilities. One of the respondents opined that these proposals would help facilitate a territory-wide coordinated approach in contingency responses and preparedness for infectious disease outbreaks. Some submissions pointed out that some non-hospital PHFs were located in commercial buildings through rental arrangement, which posed technical constraints on compliance with relevant requirements.

## Chapter 5
## Public Views on Proposed Requirements on Clinical Quality

**(C9) Service Delivery and Care Process**
**(C10) Resuscitation and Contingency**
**(C11) Standards Specific to Procedures Performed**

11 Among the comments received, the three regulatory aspects of "Service Delivery and Care Process", "Resuscitation and Contingency" and "Standards Specific to Procedures Performed" proposed were considered important elements for safeguarding the safety of patients and ensuring provision of quality healthcare services. A respondent suggested that for the additional standards for selected procedures, reviews should be conducted periodically.

**(C12) Credentialing of Visiting Doctors**

12 The proposed requirement on credentialing of visiting doctors by private hospitals was supported. A respondent stressed the importance of the private hospitals having in place an appropriate human resources policy. There was also a view that the credentialing of doctors should not only be limited to hospitals, but should also be extended to facilities providing high-risk medical procedures in ambulatory setting.

**(C13) Establishment of Clinical Audit System**

13 There was broad support for the proposed clinical audit system for private hospitals. Similar to the credentialing of visiting doctors above, some respondents opined that the establishment of clinical audit system should also be applied to non-hospital PHFs.

**(C14) Sentinel Events Management**

14 There were views that citizens should have the right to be informed when sentinel events occurred, and that the experience of the Hospital Authority on sentinel events reporting could be a useful reference for private hospitals to promote continuous quality improvement. Some respondents opined that this regulatory aspect should be applicable not only to hospitals but also facilities providing high-risk medical procedures in ambulatory setting. On the other hand, there were concerns that a full-fledged mechanism might be too onerous on non-hospital PHFs.

15 Issues pertaining to privacy have also been raised regarding this regulatory aspect. It was pointed out that the mishandling of personal data and excessive disclosure of relevant information in reporting/ investigation of the sentinel events/ medical incidents could be highly intrusive upon the privacy of the affected individuals. Therefore, it was suggested that due regard must be given to protect the personal data of the individuals affected. On this issue, another respondent stressed the importance of legal privilege of information produced during an investigation and root cause analysis, and pointed out that legal protection of confidentiality would encourage open discussion among healthcare professionals to facilitate improvement.

# Chapter 6
# Public Views on Proposed Requirements on Price Transparency

## Support for Enhancing Price Transparency

16 The views received reflected strong public support for regulating PHFs from the perspective of enhancing price transparency to enable consumers to be better informed, which would in turn strengthen consumers' confidence in utilizing private healthcare services. Most stakeholders shared our view and supported the spirit of price transparency as an essential element in the revamped regulatory regime. Specifically, there were views expressing concerns over the existing inadequacy in price transparency in PHFs. There were also concerns that no measure had been proposed under the new regulatory regime to regulate/ control price levels of private healthcare services.

## (D15) Provision of Fee Schedule

17 There was solid support for requiring PHFs to make available fee schedules to the public. There was a suggestion that due to resource consideration, PHFs should only be required to publish a selected list of common items under their fee schedules. Separately, it was suggested that measures should be put in place to monitor the changes in service fees of PHFs in order to prevent a drastic increase of private healthcare service fees.

## (D16) Provision of Quotation

18 There was clear support for this regulatory aspect. There was a view that in addition to hospitals, the other two categories of PHFs should provide quotations to customers/ patients as well.

19 While supportive of the proposal on the provision of quotations, there were some concerns expressed on the operational constraints of meeting this requirement, in that hospitals might have little control or prior knowledge over the doctors' decision on medical treatments/ procedures to be carried out, which would in turn affect the patient's length of stay, duration of operations and procedures, number and type of investigations to be conducted, and use of consumables, etc. Therefore, unlike the unit cost of chargeable items (e.g. daily room charge) that could be accurately quoted, it was suggested that any estimate of the total charge likely to be incurred should be called "estimate" rather than "quotation" in view of the uncertainties that could arise during the whole medical journey from admission to discharge.

## (D17) Provision of Recognized Service Packages

20 It was generally agreed that recognized service packages (RSPs), to be provided voluntarily by PHFs under our proposal, were an effective way to enhance

price transparency of private healthcare services. Several views considered that this regulatory aspect should be made compulsory, otherwise its effectiveness would be significantly hindered in providing sufficient protection to patients/ consumers. Some respondents supported the idea of package pricing such that consumers/ patients could have better financial planning before engaging private healthcare services.

21 It was suggested that there should be an implementation timetable for rolling out a specific number of RSPs to be provided by PHFs. It was also pointed out that PHFs should be required to notify the regulatory authority and make the information available at the common electronic platform provided by the regulatory authority whenever there was any update on the provision of RSPs and their prices.

**(D18) Disclosure of Historical Bill Sizes Statistics**

22 There was strong support for the proposal of requiring hospitals to publish key historical statistics on their actual bill sizes for common treatments/ procedures as prescribed by the regulatory authority. One respondent suggested that all three categories of PHFs under regulation should provide historical bill sizes statistics. Another respondent pointed out that while some private hospitals had already published such statistics on their websites, some other hospitals might not have the necessary computer system/ platform and might take time and resources to implement this aspect.

# Chapter 7
# Public Views on Proposed Sanctions

**(E19) Sanctions**

23 It was generally agreed that the existing sanctions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343) were not commensurate with the scale of operation of and level of risks involved in PHFs, so there was little deterrent effect for non-compliance. The proposal to impose more severe sanctions on non-complying PHFs under the new regulatory regime was supported. Some submissions suggested the Government to consider introducing sanctions that were more extensive and severe than those under our proposal.

24 Respondents were generally supportive of introducing sanctions which were commensurate with certain benchmarks (e.g. risk levels involved) for the three categories of PHFs. There were also concerns about casting the enforcement net too wide, and the extent of liabilities to be borne by officers like the PIC under different circumstances (e.g. malpractice of staff).

## Chapter 8
## Public Views on Proposed Powers of the Regulatory Authority

25 There was broad support for the regulatory authority/ the Government to be vested with powers stipulated under our proposal. There were views opining that the regulatory authority should take proactive actions in administering and supervising PHFs' compliance with the regulatory aspects proposed. It was also suggested that the regulatory authority should be empowered to conduct public education and publicity programmes on the regulation of PHFs and rights of consumers.

## Chapter 9
## Conclusion and Way Forward

26 With broad support from the community, we will proceed to take forward the proposals along the general direction set out in the Consultation Document. We propose to refine some specific proposals taking into account the views received from the public and relevant stakeholders, including simplifying the names of the second and third categories of PHFs to be regulated (from "facilities providing high-risk medical procedures in ambulatory setting" and "facilities providing medical services under the management of incorporated bodies" to "day procedure centres" and "clinics under the management of incorporated bodies" respectively); exploring the feasibility of establishing an independent Committee on Complaints against Private Healthcare Facilities, which would be empowered to look into complaints unresolved against all three categories of PHFs at service delivery level; changing the name of the regulatory aspect "Provision of Quotation" to "Provision of Budget Estimate"; and critically reviewing the scope and level of penalties of the proposed sanctions in the ensuing legislative exercise. Other measures will also be stipulated in the law to tackle with breaches of other regulatory requirements including the codes of practice, such as suspension of service or even cancellation of licence.

27 To take forward the proposals set out in the Consultation Document, we are taking steps to iron out details of the new regulatory regime in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the 2016/17 legislative session.

# Chapter 1
# The Public Consultation

1.1 The public consultation on Regulation of Private Healthcare Facilities (PHFs) was conducted between 15 December 2014 and 16 March 2015. We consulted the public on –

(a) the **three categories of PHFs proposed to be regulated and their respective definitions**:

- **hospitals**
- facilities providing **high-risk medical procedures** in **ambulatory** setting
- facilities providing medical services **under the management of incorporated bodies**;

(b) the proposed **19 regulatory aspects and their applicability** under the revamped regulatory regime; and

(c) the proposed **powers to be conferred on the regulatory authority**.

1.2 During the consultation period, we rolled out a publicity campaign comprising a series of engagement activities. We engaged different organizations and stakeholders in the community through various briefings and public forums. Submissions from the public and stakeholders were received in written and electronic form during the consultation period. Public views were also invited through the Public Affairs Forum managed by the Home Affairs Bureau (HAB).

## General Publicity

1.3 We publicized the public consultation through an Announcement in the Public Interest broadcast on television and radio, as well as various publicity materials distributed to District Offices, public libraries, public hospitals, government offices and private hospitals, etc. A total of 32,000 leaflets, 10,000 information booklets, 2,000 posters and 25,000 Consultation Documents were printed for distribution to the public.

## Legislative Council

1.4 We attended the meeting of the Panel on Health Services of the Legislative Council on 15 December 2014 and its special meeting on 13 January 2015 to brief Members on the Consultation Document. We also listened to the views of a total of 27 deputations at another special meeting of the Panel on Health Services on 17 February 2015. Please see **Annex I** for links to the minutes of meetings.

## District Councils

1.5 We briefed the Chairmen and Vice-chairmen of the 18 District Councils (DCs) on the proposals on 18 December 2014. Representatives of the Food and Health Bureau (FHB) attended meetings of all 18 DCs (or their relevant subcommittees as advised by the respective DCs) to brief them on the proposals in detail and to collect Members' views. At the meetings, Members actively expressed their views on the proposals and reflected the views of local communities. In general, DCs agreed with the direction and proposals put forward to enhance regulation of PHFs. Please see **Annex II** for links to the minutes of the relevant DC meetings.

## Briefings/ Seminars/ Forums in the Community

1.6 During the consultation period, we attended 25 briefing sessions, including community forums organized by FHB, briefings and seminars organized by various parties and stakeholders in the community. These occasions provided the opportunity for the Government to explain the proposals in detail and to listen to the views expressed by various stakeholders and members of the public. Please see **Annex III** for a list of the briefing sessions, forums and seminars held.

## Written Submissions and Opinions Expressed

1.7 The Government received a total of 296 submissions on the proposals from individuals and organizations by hand, email, post and facsimile, etc. These included 238 submissions from individuals and 58 submissions from organizations. Please see **Annex IV** for a list of all written submissions received (except where the sender requested to remain anonymous or did not want to publish his/ her views). Copies of the submissions are available on the Healthcare Planning and Development Office (HPDO) website (http://www.hpdo.gov.hk), except where the sender requested not to make public the submission. We have also monitored commentaries and opinions expressed through other channels, including the media (both electronic and printed) and online forums such as the Public Affairs Forum run by HAB. We have taken all these into account when analyzing the public responses.

## Telephone Survey

1.8 To facilitate collation and assessment of views on the proposals and issues related to the regulation of PHFs, we commissioned a household survey by telephone interview from January to June 2015. The summary of the results of the survey is at **Annex V**, whereas the full report is available on the HPDO website.

1.9 The ensuing chapters set out our analysis of the public views received in the consultation exercise and the recommended way forward.

# Chapter 2
# Public Views on Private Healthcare Facilities to be Regulated

## What We Consulted the Public on

2.1 In Chapter 3 of the Consultation Document, we consulted the public on the types of PHFs that should be regulated. By adopting a risk-based approach, three categories of PHFs (i.e. hospitals, facilities providing high-risk medical procedures in ambulatory setting and facilities providing medical services under the management of incorporated bodies) were identified for regulation under the new regulatory regime.

## How the Public Responded

### Proposed Regulatory Regime

2.2 There was solid support for our proposal of having a more modernized and comprehensive regulatory control for different categories of PHFs in Hong Kong. Respondents generally agreed that the current regulatory regime, which is limited to a narrow set of facilities drawn up decades ago mainly covering private hospitals and non-profit-sharing medical clinics, was not adequate amid the evolving landscape of private healthcare services. A clear majority of respondents (88.8%) of the telephone survey strongly agreed or agreed that the regulation on the service quality of the PHFs (in terms of governance structure, patients' safety and risk management, etc.) should be strengthened, with a very small minority (1.9%) strongly disagreeing or disagreeing. Noting that the Government was also consulting the public on the Voluntary Health Insurance Scheme (VHIS) in parallel, some respondents urged for early implementation of a new regulatory regime for PHFs.

### Classification of PHFs

2.3 There was strong support for covering the three types of PHFs proposed under the revamped regulatory regime. A clear majority of respondents (86.7%) under the telephone survey strongly agreed or agreed that the Government should in particular establish a mechanism to regulate the medical groups, such as the existing chains of clinics, which were held in the name of private healthcare companies and only employed medical practitioners to provide healthcare services. Only a very small percentage (2.8%) strongly disagreed or disagreed. There were views pointing out that the names of the second and third categories of PHFs (i.e. "facilities providing high-risk medical procedures in ambulatory setting" and "facilities providing medical services under the management of incorporated bodies") were too complex and should be simplified to avoid confusion and unnecessary disputes. It was also suggested that the scope and definitions of PHFs to be regulated should be reviewed regularly.

2.4 As for the approach in determining the types of PHFs to be regulated, there was solid support for adopting a risk-based approach by assessing the risk of procedures and operational risks involved in each type of PHFs. The telephone survey results revealed that a vast majority of respondents (81.4%) strongly agreed or agreed with the proposal of defining high-risk medical procedures and regulating facilities where high-risk medical procedures were performed. A small percentage (3.8%) strongly disagreed or disagreed with the proposal. There was a view that other contributing factors (e.g. the technology employed for procedures) should also be considered in risk assessment for delineating high-risk procedures.

2.5 There was also general consensus that facilities providing medical services in the form of incorporated bodies should be regulated under the proposed regulatory regime. A few respondents considered that the scope of regulation should go further to cover PHFs owned, managed, operated and serviced solely by identical registered medical practitioners, or even medical laboratories.

# Chapter 3
# Public Views on Proposed Requirements on Corporate Governance

## What We Consulted the Public on

3.1 In Chapter 5 of the Consultation Document, we consulted the public on a building-block approach for regulation of PHFs by identifying 19 regulatory aspects which, putting together, constitute the essential regulatory requirements under our proposed regulatory regime for PHFs. The 19 aspects are categorized into five groups (corporate governance, standard of facilities, clinical quality, price transparency and sanctions) according to their target regulatory areas. Comments received in respect of these five groups of regulatory aspects are set out in this and the following four chapters.

3.2 On corporate governance, we proposed five regulatory aspects, namely (A1) Appointment of Person-in-charge (PIC), (A2) Establishment of Medical Advisory Committee, (A3) Complaints Management System, (A4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System (eHRSS) and (A5) Maintenance of Hospital Accreditation Status. We considered that good corporate governance helped PHFs ensure their service quality, efficiency and safety.

## How the Public Responded

**(A1) Appointment of Person-in-charge**
**(A2) Establishment of Medical Advisory Committee**

3.3 There was support for the proposals to regulate the appointment of PIC for all PHFs by clearly setting out the responsibilities of a PIC, and to mandate the establishment of Medical Advisory Committee for private hospitals. While supporting the proposals, some views pointed out that the qualifications and experience of the person to be appointed as a PIC should be clearly set out. In addition to private hospitals, some respondents suggested that the other two categories of PHFs should be required to establish Medical Advisory Committee as well.

**(A3) Complaints Management System**

3.4 In the Consultation Document, we proposed, with reference to the two-level complaints management system adopted by the Hospital Authority (HA), to establish a two-tier complaints handling system to handle all complaints against private hospitals. The first-tier should be at the service delivery level at which private hospitals should manage complaints at source according to a standardized complaints handling mechanism as prescribed by the regulatory authority. The second-tier should handle unresolved cases according to a centralized and independent mechanism, through a committee called Independent Committee on Complaints against Private Hospitals (ICCPH).

3.5 There was overwhelming support for the Government to set up a complaints management system. The telephone survey revealed that a vast majority of respondents (93.6%) strongly agreed or agreed that the Government should establish a complaint system to handle complaints lodged by patients against regulated PHFs, with a very small minority (1.1%) strongly disagreeing or disagreeing.

3.6 There were suggestions that complaints against the other two categories of PHFs should also be reviewed by ICCPH. Some other views stressed the importance of the proposed two-tier complaints handling system to be independent of any PHFs to avoid perceived/ actual conflict-of-interest. Specifically, there were suggestions that the chairman and (at least part of the) members of the proposed ICCPH should be independent persons to ensure that the review of complaints would be conducted in an objective and fair manner. There was also a suggestion that complaints at the first-tier should instead be investigated by an impartial body such as the Department of Health (DH) rather than by the hospitals themselves.

**(A4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System**

3.7 The proposal to require hospitals to establish an information system connectable with the eHRSS was generally supported. A respondent pointed out that the proposal would provide the necessary framework for transition of patients between different levels of care and between the private/ public sector. Another respondent considered that the proposal should also cover other categories of PHFs in the long term such that doctors practicing in these facilities could have access to patients' complete medical records and make better informed medical decisions. Nonetheless, there were views expressing concerns on the costs to be borne by such facilities if the proposal was to apply to them.

3.8 On the other hand, some respondents expressed their concerns on privacy issues arising from the use of such system. It was suggested that hospitals should develop clear policies and practices for handling data breach and governing access to and use of patients' health records. Other concerns on the proposal included that doctors practicing in the private sector might not be familiar with the eHRSS.

**(A5) Maintenance of Hospital Accreditation Status**

3.9 The proposal for hospitals to maintain a hospital accreditation status was supported. A respondent pointed out that detailed information on the type of accreditation body that was acceptable by the regulatory authority should be specified. Another respondent agreed that in the long term, hospital accreditation should be made a mandatory requirement for private hospitals, and suggested that the regulatory authority should set a timetable for its implementation.

# Chapter 4
# Public Views on Proposed Requirements on Standard of Facilities

## What We Consulted the Public on

4.1 In Chapter 6 of the Consultation Document, we consulted the public on three regulatory aspects on standard of facilities, namely (B6) Premises Management, (B7) Physical Conditions and (B8) Infection Control, which help ensure that conditions of the PHFs concerned are fit for safe and effective provision of medical services.

## How the Public Responded

**(B6) Premises Management**
**(B7) Physical Conditions**
**(B8) Infection Control**

4.2 Responses received from respondents were generally supportive regarding these regulatory aspects. One of the respondents opined that these proposals would help facilitate a territory-wide coordinated approach in contingency responses and preparedness for infectious disease outbreaks. Some submissions pointed out that some non-hospital PHFs were located in commercial buildings through rental arrangement, which posed technical constraints on compliance with relevant requirements.

# Chapter 5
# Public Views on Proposed Requirements on Clinical Quality

## What We Consulted the Public on

5.1 In Chapter 7 of the Consultation Document, we consulted the public on requiring PHFs to enhance clinic quality under our proposed regulatory regime in six areas, namely (C9) Service Delivery and Care Process, (C10) Resuscitation and Contingency, (C11) Standards Specific to Procedures Performed, (C12) Credentialing of Visiting Doctors, (C13) Establishment of Clinical Audit System and (C14) Sentinel Events Management. Failure to maintain good clinical quality could result in poor patient outcome or even serious harm to patients.

## How the Public Responded

**(C9) Service Delivery and Care Process**
**(C10) Resuscitation and Contingency**
**(C11) Standards Specific to Procedures Performed**

5.2 In the Consultation Document, we proposed that PHFs to be regulated should be subject to mandatory requirements on both "Service Delivery and Care Process" and "Resuscitation and Contingency". In addition, private hospitals and facilities conducting high-risk medical procedures should be subject to a basic set of core requirements that were pre-requisite to the proper operation of healthcare facilities, and should also be required to comply with additional standards for each of the selected procedures intended to be performed in the facilities.

5.3 Among the comments received, the three regulatory aspects proposed were considered important elements for safeguarding the safety of patients and ensuring provision of quality healthcare services. A respondent suggested that for the additional standards for selected procedures, reviews should be conducted periodically.

**(C12) Credentialing of Visiting Doctors**

5.4 In the Consultation Document, we proposed that private hospitals should have a robust human resources policy so that staff members serving in hospitals could meet the benchmark desired and adopted by the hospitals concerned. In particular, private hospitals should implement policies or mechanism for credentialing of staff, especially visiting doctors.

5.5 Views received supported this proposed regulatory aspect. A respondent stressed the importance of the private hospitals having in place an appropriate human

resources policy, so that those working in the hospitals concerned would satisfy the requirements stipulated. The importance of smooth communication and collaboration between the hospitals and the visiting doctors was also highlighted.

5.6 Besides, a respondent opined that the credentialing of doctors should not only be limited to hospitals, but should also be extended to facilities providing high-risk medical procedures in ambulatory setting.

**(C13) Establishment of Clinical Audit System**

5.7 In the Consultation Document, we proposed introducing a set of basic and mandatory requirements, as prescribed by the regulatory authority, for establishing a well-structured clinical audit system in private hospitals. Specifically, private hospitals should be required to develop policies to review and record clinical audits performed and, based on audit findings, improve service performance.

5.8 There was broad support for the proposed clinical audit system for private hospitals. Similar to the credentialing of visiting doctors above, some respondents opined that the establishment of clinical audit system should also be applied to facilities providing high-risk medical procedures in ambulatory setting and facilities providing medical services under the management of incorporated bodies.

**(C14) Sentinel Events Management**

5.9 In the Consultation Document, we proposed that hospitals should have a comprehensive sentinel events management system as this could help strengthen internal quality assurance by having in place a full-fledged mechanism for hospitals to review and learn from sentinel events.

5.10 One of the views received opined that there was currently no statutory requirement for hospitals to report to the regulatory authority the occurrence of sentinel events. It was also not mandatory for the regulatory authority to report sentinel events for public information, without which, patients and consumers would not be able to have access to the information. The respondent considered that citizens should have the right to be informed when such events occurred.

5.11 Some other respondents opined that this regulatory aspect should be applicable not only to hospitals but also facilities providing high-risk medical procedures in ambulatory setting. This could help promote transparency of information on sentinel events and enhance the vigilance of relevant healthcare facilities to prevent the occurrence of similar incidents. Nonetheless, there were concerns that a full-fledged mechanism might be too onerous on non-hospital PHFs.

5.12 Another respondent suggested that the experience of HA on sentinel events reporting could be a useful reference for private hospitals to promote continuous quality improvement. An example quoted was the alignment of the definition of sentinel events in public and private sectors.

5.13 Issues pertaining to privacy have been raised regarding this regulatory aspect. It was pointed out that the mishandling of personal data (e.g. identity of the victim(s) of medical incidents and hospital staff) and excessive disclosure of relevant information in reporting/ investigation of the sentinel events/ medical incidents could be highly intrusive upon the privacy of the affected individuals. Therefore, it was suggested that due regard must be given to protect the personal data of the individuals affected. On this issue, another respondent stressed the importance of legal privilege of information produced during an investigation and root cause analysis, and pointed out that legal protection of confidentiality would encourage open discussion among healthcare professionals to facilitate improvement.

# Chapter 6
# Public Views on Proposed Requirements on Price Transparency

## What We Consulted the Public on

6.1 In Chapter 8 of the Consultation Document, we consulted the public on four regulatory aspects for enhancing price transparency of services provided by PHFs, namely (D15) Provision of Fee Schedule, (D16) Provision of Quotation, (D17) Provision of Recognized Service Packages (RSPs) and (D18) Disclosure of Historical Bill Sizes Statistics. By promoting price transparency, the public could be better informed of price information before making decisions in meeting their medical needs and making necessary financial arrangements in advance.

## How the Public Responded

**Support for Enhancing Price Transparency**

6.2 The views received reflected strong public support for regulating PHFs from the perspective of enhancing price transparency to enable consumers to be better informed, which would in turn strengthen consumers' confidence in utilizing private healthcare services. Most stakeholders supported the spirit of price transparency as an essential element in the revamped regulatory regime.

6.3 There were views expressing concerns over the existing inadequacy in price transparency in PHFs. Such lack of transparency deterred consumers/ patients from utilizing private healthcare services even if they could afford it or their medical expenses were already covered by medical insurance.

6.4 Nevertheless, there were concerns that no measure had been proposed under the new regulatory regime to regulate/ control price levels of private healthcare services. There were also views that the regulatory authority should make reference to pricing data of healthcare services provided by HA, the medical industry as well as the insurance industry, and publish a fee schedule (especially for common medical procedures) for consumers' reference, or even for PHFs to follow.

**(D15) Provision of Fee Schedule**

6.5 In the Consultation Document, we proposed that fee schedules, covering all chargeable items, should be made publicly available at all regulated PHFs. Specifically, the fee schedule should set out any charges that would be levied, and any change in chargeable items and/ or price levels could only take effect after the fee schedule had been updated to reflect the changes.

6.6 There was solid support for requiring PHFs to make available fee schedules to the public, which was echoed by the results of the telephone survey. The telephone survey showed that a clear majority of respondents (92.7%) strongly agreed or agreed with providing the public and patients with the details of fees by all regulated PHFs, with a very small minority (1.5%) strongly disagreeing or disagreeing.

6.7 While there was strong support for this regulatory aspect, we received views pointing out that a list of chargeable items for a PHF could include a large number of items, and significant resources might be required for publishing and updating the list on a regular basis. There was a suggestion that PHFs should only be required to publish a selected list of common items under their fee schedules.

6.8 Separately, it was suggested that measures should be put in place to monitor the changes in service fees of PHFs in order to prevent a drastic increase of private healthcare service fees upon the implementation of the VHIS or any other new policies that would have significant impact on price.

**(D16) Provision of Quotation**

6.9 In the Consultation Document, we proposed that hospitals should ensure that, on or before admission, quotations were provided to patients for the whole course of investigative procedures or elective, non-emergency therapeutic operations/ procedures for known diseases.

6.10 There was clear support for this regulatory aspect. The telephone survey revealed that a vast majority of respondents (89.9%) strongly agreed or agreed with providing the public and patients with the clear estimate of charges for treatment, with only a very small percentage (1.5%) strongly disagreeing or disagreeing. It was also suggested that in addition to hospitals, the other two categories of PHFs should provide quotations to customers/ patients.

6.11 While supportive of the proposal, there were some concerns expressed on the operational constraints of meeting this requirement, in that hospitals might have little control or prior knowledge over the doctors' decision on medical treatments/ procedures to be carried out, which would in turn affect the patient's length of stay, duration of operations and procedures, number and type of investigations to be conducted, and use of consumables, etc. Therefore, unlike the unit cost of chargeable items (e.g. daily room charge) that could be accurately quoted, it was suggested that any estimate of the total charge likely to be incurred should be called “estimate” rather than “quotation” in view of the uncertainties that could arise during the whole medical journey from admission to discharge.

**(D17) Provision of Recognized Service Packages**

6.12 We suggested in the Consultation Document that RSPs should be provided voluntarily by PHFs. Some respondents supported the idea of package pricing such that consumers/ patients could have better financial planning before engaging private healthcare services. Packages covering surgeries were particularly helpful.

6.13 It was generally agreed that the provision of RSPs was an effective way to enhance price transparency of private healthcare services. Several views considered that the regulatory aspect should be made compulsory, otherwise its effectiveness would be significantly hindered in providing sufficient protection to patients/ consumers.

6.14 It was suggested that there should be an implementation timetable for rolling out a specific number of RSPs to be provided by PHFs. It was also pointed out that PHFs should be required to notify the regulatory authority and make the information available at the common electronic platform provided by the regulatory authority whenever there was any update on the provision of RSPs and their prices.

**(D18) Disclosure of Historical Bill Sizes Statistics**

6.15 In the Consultation Document, we proposed requiring hospitals to publish key historical statistics on their actual bill sizes for common treatments/ procedures as prescribed by the regulatory authority.

6.16 There was strong support for the proposal. The telephone survey revealed that a majority of respondents (70.5%) strongly agreed or agreed with providing the public and patients with the statistics on historical bill sizes of patients, with only a small percentage (5.7%) strongly disagreeing or disagreeing. One respondent suggested that all three categories of PHFs under regulation should provide historical bill sizes statistics. Another respondent pointed out that while some private hospitals had already published such statistics on their websites, some other hospitals might not have the necessary computer system/ platform and might take time and resources to implement this aspect.

# Chapter 7
# Public Views on Proposed Sanctions

## What We Consulted the Public on

7.1 In Chapter 9 of the Consultation Document, we consulted the public on the following proposed maximum penalties for PHFs (and the PICs in respect of imprisonment) contravening the proposed legislation –

**(a) unregistered operation**

- hospitals: a fine of **$5,000,000** and imprisonment for **two years**
- other regulated PHFs: a fine of **$100,000** and imprisonment for **three months**; and

**(b) non-compliance with other provisions in the legislation**

- hospitals: a fine of **$1,000,000** and a daily fine of **$10,000** for continuous contravention
- other regulated PHFs: a fine of **$25,000** and a daily fine of **$2,000** for continuous contravention.

## How the Public Responded

**(E19) Sanctions**

7.2 It was generally agreed that the existing sanctions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343) were not commensurate with the scale of operation of and level of risks involved in PHFs, so there was little deterrent effect for non-compliance. The proposal to impose more severe sanctions on non-complying PHFs under the new regulatory regime was supported.

7.3 Respondents were generally supportive of introducing sanctions which were commensurate with certain benchmarks (e.g. risk levels involved) for the three categories of PHFs. Some submissions considered that the sanctions under our proposal remained inadequate, and suggested the Government to consider introducing sanctions that were more extensive and severe under the new regulatory regime.

7.4 Aside from the issue of penalty level as mentioned above, one of the views received suggested that non-compliance with the regulations or codes of practice issued by the regulatory authority (in addition to provisions in the main legislation) should also be subject to sanctions. On the other hand, there were concerns about casting the enforcement net too wide, and the extent of liabilities to be borne by officers like the PIC under different circumstances (e.g. malpractice of staff).

# Chapter 8
# Public Views on Proposed Powers of the Regulatory Authority

## What We Consulted the Public on

8.1 In Chapter 10 of the Consultation Document, we consulted the public on the powers to be vested on the regulatory authority/ the Government under the new regulatory regime. The regulatory authority/ the Government should be empowered to –

(a) issue and amend regulations/ codes of practice;

(b) inspect, collect and publish relevant information;

(c) suspend a facility/ service/ use of equipment; and

(d) appoint advisory committees, devise, review and update the scope and standards of regulation for facilities providing high-risk medical procedures.

Appropriate regulatory powers were necessary to ensure proper oversight on regulated PHFs to safeguard the safety and interest of the public.

## How the Public Responded

8.2 There was broad support for the proposal. The telephone survey revealed that a vast majority of respondents (89.7%) strongly agreed or agreed with enhancing the statutory powers of the authority concerned to issue regulations and codes of practice, and to initiate prosecutions or impose penalties against those who had violated these regulations or codes of practice. Only a very small percentage (1.5%) strongly disagreed or disagreed. Similarly, a clear majority of respondents (86.6%) under the telephone survey strongly agreed or agreed with enhancing the statutory powers of the authority concerned to issue orders to cease the operation of facilities, instruments or services which posed risk to patients' safety. Only a very small percentage (1.9%) strongly disagreed or disagreed.

8.3 There were views opining that the regulatory authority should take proactive actions in administering and supervising PHFs' compliance with the regulatory aspects proposed. It was also suggested that the regulatory authority should be empowered to conduct public education and publicity programmes on the regulation of PHFs and rights of consumers.

# Chapter 9
# Conclusion and Way Forward

## Conclusions from the Public Consultation

9.1 Having studied and analyzed the views received during the public consultation exercise, the major findings are summarized below –

(a) there was broad support for the proposals as a positive step forward to revamp the existing regulatory regime for PHFs;

(b) the proposed scope of regulation, i.e. the three categories of PHFs, was generally supported, with suggestions on improving the clarity of the names of the three categories of facilities;

(c) there was general consensus to implement the 19 proposed regulatory aspects. It was agreed that all of these aspects pertaining to corporate governance, standards of facilities, clinical quality, price transparency and sanctions were essential in developing a comprehensive regulatory regime;

(d) most respondents supported setting up an efficient and independent complaints handling system; and

(e) most respondents supported enhancing power of the regulatory authority under the new regulatory regime.

## Way Forward for Regulation of Private Healthcare Facilities

9.2 With broad support from the community, we will proceed to take forward the proposals along the general direction set out in the Consultation Document. We propose to refine some specific proposals taking into account the views received from the public and relevant stakeholders. The refinements are set out in ensuing paragraphs.

**Refining the Proposals**

***A. Three Categories of PHFs to be regulated***

9.3 We agree that it is advisable to refer to the three categories of PHFs to be regulated with clear and easily understandable names. Hence, for the second and third categories of PHFs to be regulated, we propose to simplify their names from “facilities providing high-risk medical procedures in ambulatory setting” and “facilities providing medical services under the management of incorporated bodies” to “day procedure centres” and “clinics under the

management of incorporated bodies" respectively. The changes proposed aim to allow the public to distinguish, in more layman terms, the differences in the nature of services provided by these two categories of PHFs.

### *B. Complaints Handling System*

9.4 In the Consultation Document, we proposed to establish a two-tier complaints handling system to handle complaints against private hospitals. We note that there were views suggesting that the second-tier independent committee should also handle complaints against day procedure centres and clinics under the management of incorporated bodies. In this regard, we propose to explore the feasibility of establishing an independent Committee on Complaints against Private Healthcare Facilities which would be empowered to look into complaints unresolved at service delivery level by private hospitals, day procedure centres and clinics under the management of incorporated bodies.

### *C. Provision of Budget Estimate*

9.5 In the Consultation Document, we proposed that private hospitals should provide quotations such that there would be clearer financial estimates for prospective patients to consider whether to use private healthcare services. We received views expressing concerns that the resultant charges might deviate from the "quotations" provided as doctors should be at liberty to make decisions on the spot on medical treatment/ procedures to be carried out, etc. Therefore, there were constraints as regards the hospitals' ability in providing "accurate quotations" to prospective patients. To better reflect such inherent nature of the price information being provided, we propose to amend the name of the regulatory aspect from "Provision of Quotation" to "Provision of Budget Estimate". The proposed change intends to clarify the policy objective of requiring private hospitals to provide a plausible reference of the quantum of overall charge (rather than a definite "quote") for the consideration of prospective patients.

### *D. Sanctions*

9.6 Among the views received regarding the proposal on sanctions, we received overwhelming response from the public that the existing level of sanctions was inadequate, and that the scope and coverage of the proposed sanctions should be well articulated to facilitate enforcement. On the other hand, there were concerns about casting the enforcement net too wide, and the extent of liabilities to be borne by officers like the PIC under different circumstances (e.g. malpractice of staff).

9.7 We consider that the offence provisions must be carefully crafted to deter serious non-compliance on the one hand, and to avoid placing unduly onerous responsibilities on relevant officers in PHFs on the other hand. Having considered the

views received, we will critically review the scope and level of penalties of the proposed sanctions in the ensuing legislative exercise. Acts which may be considered offences include operating PHFs without licence, willfully obstructing public officers in performing duties, failing to comply with orders of suspension, etc. We will continue to engage stakeholders when deliberating relevant details under the new regulatory regime.

9.8 Besides imposing sanctions on serious contravention of the law, other measures will also be stipulated in the law to tackle with breaches of other regulatory requirements including the codes of practice, such as suspension of service or even cancellation of licence.

**Implementation of the Proposals in the Consultation Document**

***A. Project Steering Committee on Standards for Ambulatory Facilities***

9.9 In the Consultation Document, we proposed that ambulatory facilities where high-risk medical procedures were performed should be regulated by a statutory registration system, and a mechanism should be established to devise, review and update the scope of regulation and standards with regard to the expert advice of the Hong Kong Academy of Medicine (HKAM). In this connection, DH, in cooperation with the HKAM, established the Project Steering Committee on Standards for Ambulatory Facilities (Project Steering Committee) in April 2015.

9.10 The Project Steering Committee is tasked to steer the development and promulgation of standards for ambulatory facilities, with a view to providing guidance to the profession and facility operators for protection of public safety before implementation of statutory registration. It comprises co-opted members from the medical faculties of local universities, private hospitals and practitioners' associations. The membership list of the Project Steering Committee is at **Annex VI**.

9.11 Task Forces on different specialties comprising members of HKAM and its constituent Colleges will report to the Project Steering Committee directly to deliberate on facility standards for day procedure centres. Seven Task Forces have been set up to formulate standards on seven areas of services which form the main bulk of high-risk services in the ambulatory setting of the private healthcare sector, including anaesthesia & sedation, surgery, endoscopy, dental procedures, chemotherapy, haemodialysis and interventional radiology & lithotripsy.

***B. Legislative Work in Progress***

9.12 To take forward the proposals set out in the Consultation Document, we are taking steps to iron out the details of the new regulatory regime in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the 2016/17 legislative session.

### *C. The Beauty Industry*

9.13 There have been calls for enhancing the regulation of the beauty industry and introducing a licensing system for its practitioners. In some of the submissions received, respondents also expressed concerns on the potential impact brought to the beauty industry (e.g. on levels of beauty service charges, livelihood of practitioners and that in future, some procedures could only be performed by registered medical practitioners) under the revamped regulatory regime. Beauty industry in Hong Kong, like most other industries and businesses, runs and evolves in a free-market environment subject to laws and regulations of a general nature. Most of the practices of the beauty industry are non-invasive and pose low health risks to customers. Instead of regulating the beauty industry indiscriminately, the Government has adopted a risk-based approach to focus on the high risk procedures which may cause unnecessary harm or complications to customers if performed by a person without proper training or qualification.

9.14 As regards the development of training and competency requirements for the industry under the Qualifications Framework (QF), we understand that with the support of the Education Bureau (EDB), the Beauty and Hairdressing Industry Training Advisory Committee set up under the QF is tasked to assist the two industries in implementing the QF and promote lifelong learning of the practitioners. Initiatives such as the development of the Specification of Competency Standards and the Recognition of Prior Learning mechanism have been implemented. The former sets out the skills, knowledge and outcome standards required of practitioners in different functional areas of the industries, whereas the latter enables practitioners of various backgrounds to receive formal recognition of the knowledge, skills and experience already acquired. The EDB and the QF Secretariat will continue to assist the beauty industry in sustaining its development riding on the QF platform.

9.15 Regarding regulation of the use of cosmetic-related medical devices, an external consultant engaged by DH is now in the process of conducting a detailed study to examine overseas experience and practices and the scope of control on the use of selected medical devices.

## Vote of Thanks

9.16 We would like to take this opportunity to express our sincere thanks to all members of the community for their support and contribution to the public consultation exercise. Their invaluable comments and suggestions put to us during the consultation have helped us better understand public expectations and provided us a foundation of taking forward the scheme with refinements and enhancements.

# Meetings of Panel on Health Services of Legislative Council Related to Regulation of Private Healthcare Facilities Public Consultation

| Date | Meeting |
|---|---|
| **15 December 2014** | Regular Meeting, Panel on Health Services<br>Link to minutes of meeting available online at -<br>http://www.legco.gov.hk/yr14-15/english/panels/hs/minutes/hs20141215.pdf |
| **13 January 2015** | Special Meeting, Panel on Health Services<br>Link to minutes of meeting available online at -<br>http://www.legco.gov.hk/yr14-15/english/panels/hs/minutes/hs20150113.pdf |
| **17 February 2015** | Special Meeting, Panel on Health Services<br>(meeting with deputations)<br>Link to minutes of meeting available online at -<br>http://www.legco.gov.hk/yr14-15/english/panels/hs/minutes/hs20150217.pdf |

# Meetings of District Councils Related to Regulation of Private Healthcare Facilities Public Consulitation

| District | Meeting | Date | Link to Meeting Minutes |
|---|---|---|---|
| Kwai Tsing | District Council | 8 January 2015 | http://www.districtcouncils.gov.hk/kwt/doc/2012_2015/en/dc_meetings_minutes/dc93_en.pdf |
| Sham Shui Po (Chinese version only) | District Council | 13 January 2015 | http://www.districtcouncils.gov.hk/ssp/doc/2012_2015/tc/dc_meetings_minutes/MIN%2019(13-01-2015)Endorsed.pdf |
| Wong Tai Sin (Chinese version only) | Community Building and Social Services Committee | 13 January 2015 | http://www.districtcouncils.gov.hk/wts/doc/2012_2015/en/committee_meetings_minutes/CBC/CBC_M20_M.pdf |
| Tai Po | Social Services Committee | 14 January 2015 | http://www.districtcouncils.gov.hk/tp/doc/2012_2015/en/committee_meetings_minutes/SSC/SS_M1_20150114_ENG.pdf |
| Southern | District Council | 15 January 2015 | http://www.districtcouncils.gov.hk/south/doc/2012_2015/en/dc_meetings_minutes/DC_Mins_20_EN.pdf |
| Sai Kung | Social Services & Healthy and Safe City Committee | 20 January 2015 | http://www.districtcouncils.gov.hk/sk/doc/2012_2015/en/committee_meetings_minutes/sshscc/SSHSCC_15_1_me.pdf |
| Tsuen Wan | District Council | 27 January 2015 | http://www.districtcouncils.gov.hk/tw/doc/2012_2015/en/dc_meetings_minutes/TWDC_Summary%20Tran_20th%20meeting_27012015e.pdf |
| Central and Western | Culture, Leisure & Social Affairs Committee | 5 February 2015 | http://www.districtcouncils.gov.hk/central/doc/2012_2015/en/committee_meetings_minutes/clsac/2015_6.docx |
| Kowloon City (Chinese version only) | Food and Environmental Hygiene Committee | 5 February 2015 | http://www.districtcouncils.gov.hk/kc/doc/2012_2015/en/committee_meetings_minutes/4FEHC/4FEHC_19cmin.pdf |
| North | District Council | 12 February 2015 | http://www.districtcouncils.gov.hk/north/doc/2012_2015/en/dc_meetings_minutes/ndc_2012-2015_minutes_20_en.pdf |
| Islands | District Council | 16 February 2015 | http://www.districtcouncils.gov.hk/island/doc/2012_2015/en/dc_meetings_minutes/DCmin0215-EN.pdf |
| Yuen Long | District Council | 17 February 2015 | http://www.districtcouncils.gov.hk/yl/doc/2012_2015/en/dc_meetings_minutes/1st_DC_Meeting_17.2.2015_eng.pdf |
| Yau Tsim Mong | District Council | 26 February 2015 | http://www.districtcouncils.gov.hk/ytm/doc/2012_2015/en/dc_meetings_minutes/Minutes_of_DC_21st_dd.26.2.2015_E.pdf |

| District | Meeting | Date | Link to Meeting Minutes |
|---|---|---|---|
| Tuen Mun | District Council | 3 March 2015 | http://www.districtcouncils.gov.hk/tm/doc/2012_2015/en/dc_meetings_minutes/dc_21st_report_20150303.pdf |
| Wan Chai | District Council | 3 March 2015 | http://www.districtcouncils.gov.hk/wc/doc/2012_2015/en/dc_meetings_minutes/4th_term_wcdc_21_e.pdf |
| Kwun Tong | District Council | 3 March 2015 | http://www.districtcouncils.gov.hk/kt/doc/2012_2015/en/dc_meetings_minutes/DC_21E.pdf |
| Eastern (Chinese version only) | Community Building and Services Committee | 5 March 2015 | http://www.districtcouncils.gov.hk/east/doc/2012_2015/en/committee_meetings_minutes/cbsc/cbsc_7th_minutes_150305_tc.pdf |
| Sha Tin (Chinese version only) | Health and Environment Committee | 12 March 2015 | http://www.districtcouncils.gov.hk/st/doc/2012_2015/en/committee_meetings_minutes/hec/hec_minutes_15_03.pdf |

# Briefing Sessions, Forums and Seminars (Other than Legislative Council or District Council Meetings) Related to Regulation of Private Healthcare Facilities Public Consultation

| Date | Name of Organizations / Bodies / Events |
|---|---|
| 18 December 2014 | District Council Chairmen and Vice-Chairmen |
| 8 January 2015 | Hong Kong Chinese People's Political Consultative Conference (Provincial) Members Association |
| 9 January 2015 | Community Forum organized by Food and Health Bureau (FHB) (Kowloon session) |
| 13 January 2015 | The Hong Kong Chi Tung Association Ltd |
| 14 January 2015 | Hong Kong Public Doctors' Association |
| 15 January 2015 | The Hong Kong Medical Association |
| 16 January 2015 | The Third Joint Conference organized by Union of Government Primary School Headmasters and Headmistresses and Association of Deputy Heads of Government Primary School |
| 19 January 2015 | Forum organized by FHB for the medical sector (private sector) |
| 20 January 2015 | Consumer Council |
| 22 January 2015 | Community Forum organized by FHB (Hong Kong session) |
| 23 January 2015 | Forum organized by FHB for the medical sector (public sector) |
| 26 January 2015 | The Hong Kong Private Hospitals Association |
| | Community Forum organized by FHB (New Territories session) |
| 27 January 2015 | The Association of Hong Kong Professionals |
| | Hong Kong Alliance of Patients' Organizations Limited |
| 29 January 2015 | Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong |
| | Economic Policy Committee of the Hong Kong General Chamber of Commerce |
| 3 February 2015 | Lions Club of Hong Kong East Limited |
| | Federation of Hong Kong Industries |
| 4 February 2015 | The Democratic Party |
| 5 February 2015 | The Chinese General Chamber of Commerce |
| 6 February 2015 | Federation of Hong Kong Guangdong Community Organisations |
| 9 February 2015 | Briefing Session organized by Hon Vincent FANG |
| 12 February 2015 | The Hong Kong Federation of Trade Unions (HKFTU) |
| 4 March 2015 | Consultation Forum organized by HKFTU |

# List of Written Submissions Received in Regulation of Private Healthcare Facilities Public Consultation

## Submissions from Organizations

| Serial No. 序號 | Name 名稱 |
|---|---|
| (O)001 | Association of Doctors in Aesthetic Medicine (Hong Kong) Limited |
| (O)002 | 南明美容集團有限公司 |
| (O)003 | 香港美容醫療協會 |
| (O)004 | 香港優質美容總會 |
| (O)005 | The Chinese University of Hong Kong |
| (O)006 | 香港國際專業美容師協會 |
| (O)007 | The Hong Kong Private Hospitals Association |
| (O)008 | Consumer Council |
| (O)009 | Hongkong Stem Cell Centre |
| (O)010 | Hong Kong Dental Association |
| (O)011 | 香港化粧品同業協會 |
| (O)012 | Hong Kong Doctors Union |
| (O)013 | 香港美容業總會 |
| (O)014 | 國際美業評審總會 |
| (O)015 | 香港美容健體專業人員總會 |
| (O)016 | 公民黨 |
| (O)017 | 美容專業發展委員會 |
| (O)018 | 民主黨 |
| (O)019 | Hong Kong Academy of Medicine |
| (O)020 | 公民力量西貢區區議員區能發、溫悅昌、譚領律、何觀順；<br>社區發展主任陳健浚、張澤松 |
| (O)021 | 民建聯大埔支部 |
| (O)022 | Equal Opportunities Commission |
| (O)023 | City University of Hong Kong |
| (O)024 | The Government Doctors' Association |
| (O)025 | 北角區街坊福利事務促進會 |
| (O)026 | 香港醫學會 |

| Serial No. 序號 | Name 名稱 |
|---|---|
| (O)027 | OT&P Medical Practice |
| (O)028 | Hong Kong Association of Community Oncologists |
| (O)029 | Hong Kong Biomedical Scientists Association |
| (O)030 | Hong Kong College of Paediatricians |
| (O)031 | The Hong Kong Federation of Insurers |
| (O)032 | The Hong Kong College of Obstetricians and Gynaecologists |
| (O)033 | Association of Private Medical Specialists of Hong Kong |
| (O)034 | Institute of Biomedical Science, Hong Kong Branch |
| (O)035 | The Dental Council of Hong Kong |
| (O)036 | Hong Kong College of Radiologists |
| (O)037 | Hong Kong Institute of Medical Laboratory Sciences Ltd. |
| (O)038 | 工聯會 |
| (O)039 | 香港專業及資深行政人員協會 |
| (O)040 | Hong Kong College of Community Medicine |
| (O)041 | (The sender requested anonymity) (來信人要求以不具名方式公開) |
| (O)042 | Hospital Authority |
| (O)043 | Hong Kong College of Physicians |
| (O)044 | 香港中醫藥管理委員會 |
| (O)045 | Hong Kong Sanatorium & Hospital |
| (O)046 | Office of the Privacy Commissioner for Personal Data, Hong Kong |
| (O)047 | School of Nursing, The University of Hong Kong |
| (O)048 | 香港醫院藥劑師學會 |
| (O)049 | (The sender requested anonymity) (來信人要求以不具名方式公開) |
| (O)050 | 新民黨 |
| (O)051 | The Zubin Foundation |
| (O)052 | 民建聯 |
| (O)053 | Medical Team of United Christian Nethersole Community Health Service |
| (O)054 | 香港社區組織協會 |
| (O)055 | 家長組織座談會 |
| (O)056 | Hong Kong Association of Medical Laboratories Limited |
| (O)057 | 香港病人組織聯盟有限公司 |
| (O)058 | 香港專科手術及內窺鏡中心 |

Copies of the written submissions are available on the Healthcare Planning and Development Office website (http://www.hpdo.gov.hk).

## Submissions from Individuals

| Serial No. 序號 | Name 名稱 |
|---|---|
| (I)001 | David LUNG and Alan WU |
| (I)002 | Kellie WONG |
| (I)003 | Dr Peter WONG Sze-chai |
| (I)004 | Dr CHOW Sin-ming |
| (I)005 | 李建華 |
| (I)006 | (The sender requested confidentiality) (來信人要求以保密方式處理) |
| (I)007 | Dr Irene WONG Shun-man |
| (I)008 | Dr CHAN Tze-mun |
| (I)009 | 郭有勝 |
| (I)010-(I)224 | (Name not provided) (沒有署名) |
| (I)225 | Ho Tak On |
| (I)226 | 外科病人 |
| (I)227 | Yu Kwong Yiu |
| (I)228 | (The sender requested anonymity) (來信人要求以不具名方式公開) |
| (I)229 | Berni LEE |
| (I)230 | Andy |
| (I)231 | 鄭德志 |
| (I)232 | (The sender requested anonymity) (來信人要求以不具名方式公開) |
| (I)233 | 王紫燕 |
| (I)234 | Dr Ares LEUNG |
| (I)235 | Dr Andrew WONG Tin-yau |
| (I)236 | 張漢清 |
| (I)237 | 一名市民 |
| (I)238 | PEKY |

Copies of the written submissions are available on the Healthcare Planning and Development Office website (http://www.hpdo.gov.hk).

# Summary of Key Findings of Public Opinion Survey on Regulation of Private Healthcare Facilities

## Introduction

The Food and Health Bureau commissioned the Consumer Search Group to conduct a Public Opinion Survey on Regulation of Private Healthcare Facilities (the Survey) to collect the public's views on the proposal for revamping the regulatory regime for the private healthcare facilities, which was put forward in the public consultation on Regulation of Private Healthcare Facilities launched from 15 December 2014 to 16 March 2015.

2 A total of 5,012 persons aged 18 or above (excluding domestic helpers) were successfully enumerated between 19 January 2015 and 2 June 2015 for telephone interviews in the Survey. The overall response rate was 29.7%. The maximum sampling error or precision level at 95% confidence level was in the region of ±1.4%. Please refer to the Healthcare Planning and Development Office website (http://www.hpdo.gov.hk) for the full report on this opinion survey.

## Major Findings

3 Over eight-in-ten respondents agreed with the following proposals on regulation of high-risk medical procedures and service quality of private healthcare facilities -

(a) strengthening the regulation on the service quality of the private healthcare facilities in terms of governance structure, patients' safety and risk management, etc. (where the existing legislation regulated only staffing and equipment of the private healthcare facilities) (88.8%); and

(b) defining high-risk medical procedures and regulating facilities where high-risk medical procedures (including general anaesthesia, liposuction, chemotherapy,etc.) were performed (81.4%).

4 On the scope of regulation, 86.7% of the respondents agreed that the Government should in particular establish a mechanism to regulate the medical groups, such as the existing chains of clinics, which were held in the name of private healthcare companies, and only employed medical practitioners to provide healthcare services.

5 As regards the complaints handling system, 93.6% of the respondents agreed

that the Government should establish a complaint system to handle complaints lodged by patients against the regulated private healthcare facilities.

6 Regarding the provision of more fee information to public and patients by the private healthcare facilities, over seven-in-ten respondents agreed with the following -

(a) providing details of fees, such as a detailed fee schedule (92.7%);

(b) providing clear estimate of charges for treatment (89.9%); and

(c) providing statistics on historical bill sizes of patients (70.5%).

7 On the sanctions imposed on private hospitals, over half of the respondents considered the following increments appropriate -

(a) increasing sanctions against registered private hospitals for non-compliance with the regulatory provisions from the existing fine of $2,000 to a maximum fine of $1,000,000 (60.4%); and

(b) increasing sanctions against unlicensed private hospitals from the existing fine of $2,000 and imprisonment for three months, to a maximum fine of $5,000,000 and imprisonment for two years (57.9%).

8 For the new sanctions to be imposed on other regulated private healthcare facilities, around half of the respondents considered them a bit lenient/ too lenient, and around four-in-ten of the respondents considered them appropriate -

(a) imposing sanctions against unlicensed medical groups with a maximum fine of $100,000 and imprisonment for three months (a bit lenient/ too lenient, 56.4%; appropriate, 37.9%); and

(b) imposing sanctions against unlicensed facilities where high-risk medical procedures were performed, with a maximum fine of $100,000 and imprisonment for three months (a bit lenient/ too lenient, 49.6%; appropriate, 44.0%)

9 Over eight-in-ten respondents agreed that the following statutory powers of the authority concerned should be enhanced -

(a) issuing regulations and codes of practice, and initiating prosecutions or imposing penalties against those who had violated these regulations or codes of practice (89.7%); and

(b) issuing orders to cease the operation of facilities, instruments or services which posed risk to patients' safety (86.6%).

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# List of Abbreviations

| | |
|---|---|
| DCs | District Councils |
| DH | Department of Health |
| EDB | Education Bureau |
| eHRSS | Electronic Health Record Sharing System |
| FHB | Food and Health Bureau |
| HA | Hospital Authority |
| HAB | Home Affairs Bureau |
| HKAM | Hong Kong Academy of Medicine |
| HPDO | Healthcare Planning and Development Office |
| ICCPH | Independent Committee on Complaints against Private Hospitals |
| PHFs | Private Healthcare Facilities |
| PIC | Person-in-charge |
| Project Steering Committee | Project Steering Committee on Standards for Ambulatory Facilites |
| QF | Qualifications Framework |
| RSPs | Recognized Service Packages |
| VHIS | Voluntary Health Insurance Scheme |


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