

LegCo Panel on Health Services

Follow-up Actions by the Administration

This paper sets out the Administration's response to some of the items on the list of follow-up actions issued on 29 March 2000.

Items 1a and 1b (Manpower requirement of health care grades)

2. The staff establishment of health care professionals in the Department of Health in the past three years is at Annex 1.

3. The new services commissioned during the past three years include Elderly Health Services (since 1998) and Chinese Medicine (since 1998).

Items 2a and 2b (Control on use of health care laser)

4. Please see Annex II for our response to Members' questions on (a) whether the use of laser for mole removal is a kind of medical treatment, and (b) how to draw the line regarding the use of chemicals and health care equipment for beauty therapy and for treatment.

Item 7.3 (Control of sale of drugs)

5. The details of the three cases involving imprisonment are as follows -

The defendant	Charges	Penalty
An authorized seller of poisons	<ul style="list-style-type: none"> • sale of Part I poison without the supervision of a pharmacist • sale of a Third Schedule poison without a prescription 	<ul style="list-style-type: none"> • a fine of \$5,000 • 2 months' imprisonment suspended for 12 months for each charge, to run concurrently
An authorized seller of poisons	<ul style="list-style-type: none"> • sale of Part I poison without the supervision of a pharmacist 	<ul style="list-style-type: none"> • a fine of \$10,000 • 2 months' imprisonment suspended for 12 months
An authorized seller of poisons	<ul style="list-style-type: none"> • sale of Part I poison without the supervision of a pharmacist • sale of a Third Schedule poison without a prescription 	<ul style="list-style-type: none"> • a fine of \$5,000 • 2 months' imprisonment suspended for 12 months for each charge, to run

The defendant	Charges	Penalty
		concurrently

Item 7.4 (Implementation of EPP in HA and DH)

6. As regards the publicity of EPP initiatives, the information on EPP initiatives in 2000-01 of the Department of Health and Hospital Authority are now available in the Internet.

Health and Welfare Bureau
May 2000

Annex I

Manpower requirement of health care grades

Breakdown on the service of medical and health personnel under DH

Responsible for public health functions as at 1 January 1997, 1998, 1999 and 2000

Service	As at	No. of Medical and Health Personnel					
		Doctor	Nurse	Scientific Officer (Medical)	Medical Laboratory Technologist/Technician	Pharmacist	Total
Headquarters	1.1.1997	15	8				23
	1.1.1998	14	9				23
	1.1.1999	17	7				24
	1.1.2000	20	7				27
Regional Health Offices	1.1.1997	17	60				77
	1.1.1998	15	70				85
	1.1.1999	19	75				94
	1.1.2000	20	71				91
Pathology	1.1.1997	5		2	102		109
	1.1.1998	5		2	120		127
	1.1.1999	7		2	120		129
	1.1.2000	7		2	123		132
Central Health Education Unit	1.1.1997	4	24				28
	1.1.1998	4	24				28
	1.1.1999	5	24				29
	1.1.2000	5	22				27
Port Health	1.1.1997	12	8				20
	1.1.1998	13	8				21
	1.1.1999	13	8				21
	1.1.2000	13	7				20
Family Health Service	1.1.1997	67	410				477
	1.1.1998	77	435				512
	1.1.1999	79	445				524
	1.1.2000	79	402				481
Elderly Health Service (Public Health)	1.1.1997	0	0				0
	1.1.1998	1	0				1
	1.1.1999	9	37				46
	1.1.2000	9	49				58
Traditional Chinese Medicine	1.1.1997	0				0	0
	1.1.1998	1				0	1

Service	As at	No. of Medical and Health Personnel					
		Doctor	Nurse	Scientific Officer (Medical)	Medical Laboratory Technologist/Technician	Pharmacist	Total
	1.1.1999	1				3	4
	1.1.2000	1		4		1	6
Occupational Health (seconded to Labour Department)*	1.1.1997	8	19				27
	1.1.1998	9	19				28
	1.1.1999	15	28				43
	1.1.2000	15	31				46
Food Hygiene (seconded to Food & Environmental Health Department)**	1.1.1997	2					2
	1.1.1998	2					2
	1.1.1999	2					2
	1.1.2000	8	7				15

* administration responsibility has been transferred to Labour Department since December 1998

** administration responsibility has been transferred to FEHD since January 2000

Control on use of health care laser
(Supplementary information)

Whether the use of laser for mole removal is a kind of medical treatment which should only be performed by doctors.

Under the Medical Registration Ordinance, Cap. 161, “practice” includes the diagnosis of any form of disease whether the cases so diagnosed be treated medically or surgically or not.

2. Cap. 161 does not define medical treatment but in the context of the Ordinance it would appear that treatment provided by a registered medical practitioner would be medical treatment. The fact that a doctor may remove a mole by laser as a form of medical treatment does not mean that a person who is not a registered medical practitioner and uses a laser to remove a mole for cosmetic, not medical, purposes commits an offence unless in doing so such person holds himself out to be a registered medical practitioner.

3. Removing a mole for cosmetic purposes may not be medical treatment and accordingly the operator of the laser who does not offer or purport to offer medical treatment will not offend against section 28(2) of the Medical Registration Ordinance.

4. From the legal point of view, the current Medical Registration Ordinance is not capable of restricting the use of lasers to registered medical practitioners.

5. The Department of Health has studied the regulation of the use of laser for cosmetic purposes in other countries, as summarised below -

- (a) In the United States, laser regulations vary considerably from state to state. The regulations are mainly concerned with registration of laser equipment and licensing of operators and institutions. For example, in the New York State, operators of lasers are required to obtain a certificate of competence. Medical lasers are prescription devices available for sale only to licensed practitioners.
- (b) In the United Kingdom, the use of laser machines by non-medical personnel for cosmetic purposes is not regulated by the Department of Health. If a manufacturer of a device claims that the product is not intended for medical use, such device is not classified as

medical device and not required to conform to the Medical Devices Directive agreed by the countries of the European Union.

- (c) In Singapore, the use of laser for cosmetic use does not fall under the control of the Ministry of Health.

6. The Department of Health will continue to keep in view overseas development in this area. Meanwhile, the Electrical and Mechanical Services Department, the Department of Health and the Labour Department will jointly work on programmes to enhance laser safety awareness among the public and users, such as dissemination of Laser Safety Code of Practice to beauty salons and providing technical assistance and advice on issues relating to laser safety to these premises.

How to draw the line regarding the use of chemicals and health care equipment for beauty therapy and for treatment

7. In distinguishing between medical treatment and beauty therapy, one has to take various factors into consideration, including the setup and the use of controlled chemicals. In most cases, the distinction is obvious by examining the purpose of the procedure being undertaken. Medical treatment refers to procedures undertaken to manage an abnormal condition or disease. Beauty therapy is procedures undertaken for cosmetic purposes.