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Panel on Health Services

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 18 November 2013**

Regulation of medical beauty treatments/procedures

Purpose

This paper gives an account of the past discussions of the Panel on Health Services ("the Panel") on issues relating to the regulation of medical beauty treatments/procedures.

Background

2. In early October 2012, there were four reported cases of women suffering from septic shock after receiving intravascular infusions at a beauty treatment centre. One woman subsequently died of multiple organ failure while the other three were seriously ill. The incident has aroused public concerns over the need for the Government to tighten up regulation of the beauty industry and provide a clear definition to differentiate beauty therapies from medical treatments/procedures.

3. Meanwhile, the Administration established a Steering Committee on Review of the Regulation of Private Healthcare Facilities ("the Steering Committee") in October 2012 to review the regulatory regime for private healthcare facilities. A Working Group on Differentiation between Medical Procedures and Beauty Services ("the Working Group") was set up under the Steering Committee in November 2012. The Working Group, chaired by the Director of Health and includes representatives from relevant medical specialties, the beauty industry and consumer groups, is tasked to differentiate high-risk medical procedures from low-risk, non-invasive beauty services, and make recommendations on procedures that should be performed by registered medical

practitioners. Three other working groups, which are respectively responsible for defining high-risk medical procedures/practices performed in an ambulatory setting, regulation of premises processing health products for advanced therapy, and regulation of private hospitals have also been set up under the Steering Committee.

Deliberations of the Panel

4. The Panel held two special meetings on 26 October and 27 November 2012 respectively to discuss regulation of medical beauty treatment/procedures and receive the views of deputations at the latter meeting. The deliberations of the Panel are summarized below.

Regulation of private healthcare facilities

5. Members were generally of the view that the existing legislation in regulating private healthcare premises was far from effective in protecting public health. They noted that with the evolution of medical technology, some high-risk and complicated medical treatments/procedures which were previously performed in the hospital setting were currently performed at ambulatory medical centres and non-clinical facilities. However, these premises, as well as those laboratories set up in the community setting for the processing of health products for advanced therapies, were not covered in the existing regulatory framework of private healthcare premises. Members urged the Administration to expeditiously introduce a regulatory framework for these premises.

6. The Administration advised that the Steering Committee would, among others, examine the need to introduce a more comprehensive regulatory framework for the performance of high-risk medical treatments/procedures. It could not be ruled out that medical or clinical laboratories undertook aseptic work would be subject to licensing control in the future. The review of the Steering Committee was expected to take about a year to complete, after which the Administration would consult the public on the proposals put forward by the Steering Committee.

Interim measures pending the development of legislative proposals

7. Noting that the Steering Committee's review would take about a year to complete and a lead time of about two to three years for the introduction of legislative proposals as appropriate, members called on the Administration to introduce administrative measures in order to better protect consumers receiving medical beauty services for the time being. Suggested measures included promulgating guidelines on premises suitable for the performance of high-risk

invasive procedures, encouraging service providers to obtain prior written consent from their customers for the performance of high-risk invasive procedures, and encouraging beauty service companies to provide their customers with information on the possible risks and complications involved in receiving high-risk invasive procedures/treatments.

8. The Administration explained that according to the Code of Professional Conduct issued by the Medical Council of Hong Kong, medical practitioners were required to provide patients with a clear explanation of the nature, benefits and risks of the proposed treatment and obtain their consent to the treatment. The Working Group would also formulate guidelines on provision of cosmetic procedures by beauty service providers as interim measures pending the development of legislative proposals. Without the presence of registered medical practitioners, beauty services providers should refrain from performing those cosmetic procedures that should be performed by medical practitioners upon the promulgation of the guidelines.

9. There were views that the Administration should proactively inspect those beauty services companies suspected of involving in the provision of high-risk medical treatments/procedures, step up public education on the risks associated with medical beauty procedures and how to select safe beauty services. Considering the large number of beauty services advertisements involving medical treatments/procedures in the printed media, members also expressed concern over the small number of successful prosecutions against beauty services companies under the Undesirable Medical Advertisements Ordinance (Cap. 231) between 2010 and 2012.

10. According to the Administration, the Department of Health ("DH") would enhance screening of advertisements of beauty services and work with the Consumer Council to analyze complaints, conduct inquiries, carry out proactive inspections and where necessary, take enforcement action against beauty services companies suspected of involving in the provision of high-risk treatments/procedures to consumers.

Differentiation between medical treatments and beauty services

11. Noting that some invasive procedures such as nose or tongue piercing and tattooing were commonly performed by beauty services companies, concern was raised as to whether invasiveness of procedures was a suitable criterion for differentiating medical treatments from beauty services, and the enforceability and practicability of the provisions if so provided. There was a view that the differentiation should take into account not only the risk level but also the providers of the procedures. Some members considered it necessary to provide a clear definition of medical treatment/procedure, and a classification system for

medical treatments/procedures according to their invasiveness and risk level in order to map out the appropriate level of control. There was another view that all procedures that would pose a risk to infection or contracting certain diseases should be subject to statutory regulation. Any non-compliance should lead to prosecution, so as to prevent those unscrupulous service providers from evading their responsibility by closing down their businesses.

12. Some members considered that due regard should be given to the impact of the differentiation on the livelihood of the beauticians, many of whom had acquired recognition in respect of their expertise for performing certain invasive procedures such as beauty tattooing. The Beauty Industry Training Advisory Committee had also developed a set of Specification of Competency Standards ("SCS") to serve as a guide on the competency standards required of employees of the beauty industry at different levels under the Qualifications Framework ("QF"). The qualifications conferred by those SCS-based training programmes, if the quality of which was assured by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, would be recognized under QF. In addition, a Recognition of Prior Learning mechanism was in place to enable employees of the beauty industry to seek formal recognition of the knowledge, skills and experience they acquired at the workplace.

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

Regulation of beauty services companies and beauty equipment

14. Some members considered that in the absence of regulation over the operation of beauty services companies, the Administration's proposal of defining high-risk medical treatments/procedures could not address the problem. They stressed the need to introduce more stringent control on the beauty services companies and sought the Administration's view on the introduction of a licensing regime for the beauty trade in the future. The Administration advised that matters pertaining to the beauty industry were beyond the ambit of the Food and Health Bureau. That said, the Administration maintained an open attitude on the introduction of a licensing scheme for the beauty industry and welcomed views of the trade and the public.

15. In response to members' enquiry about the control of the use of beauty equipment, the Administration advised that a separate exercise was being carried out in parallel to regulate the safety, performance and quality of medical devices through legislation. Under the proposed regulatory framework, the level of control would be proportional to the degree of risk posed by a medical device to individual users and the public. Beauty equipment falling within the definition of "medical device" would be regulated under the proposed legislation.

Unfair trade practices in respect of beauty services

16. Some members considered that consumers who were dissatisfied with the results of the beauty treatments/procedures received should be entitled to refund or compensation. In addition, a seven-day cooling-off period to cover consumer transactions involving beauty services should be introduced.

17. The Administration advised that during the public consultation on the legislative proposals to combat unfair trade practices from 2010 to 2011, the community widely discussed the issue of cooling-off period. While general consumers welcomed the proposal for a mandatory cooling-off period, the trades expressed concern about the practical issues involved, such as the refund and cancellation arrangements. Meanwhile, the Trade Descriptions (Unfair Trade Practices) (Amendment) Ordinance 2012 ("the Amendment Ordinance") enacted by the Legislative Council in July 2012 had enhanced the scope of consumer protection by amending the Trade Descriptions Ordinance (Cap. 362) to extend its coverage to services (including beauty services), prohibit certain unfair trade practices and enhance enforcement mechanisms. The Administration would keep in view the implementation of the Amendment Ordinance and examine the need to introduce cooling-off arrangements as and when necessary.

Motion passed by the Panel

18. At its meeting on 26 October 2012, the Panel passed a motion expressing serious disappointment that the Administration had failed to provide effective measures to ensure that the health and life of people receiving medical beauty therapy would not be threatened, and urging the Government to comprehensively review the medical beauty industry and expeditiously launch effective measures to safeguard the public, including introducing legislation and a licensing system to regulate the medical beauty industry.

Relevant motion and question moved/raised at Council meetings

19. A motion moved by Hon Helena WONG at the Council meeting of 31 October 2012 urging the Government to expeditiously enact legislation to regulate the conduct and services of the beauty industry was negatived.

20. Hon Vincent FANG raised an oral question on "Regulation of high-risk medical procedures" at the Council meeting of 19 June 2013. An extract from the Official Record of the Proceedings of the Council on the question is in **Appendix I**.

Recent developments

21. The Working Group has met three times and examined the risks of 35 types of cosmetic procedures. The recommendations put forward by the Working Group on differentiating between medical procedures and beauty services and the Administration's plan to implement these recommendations were endorsed by the Steering Committee on 1 November 2013. The press release issued by the Administration on the same day on the recommendations of the Working Group is in **Appendix II**.

22. Meanwhile, the Amendment Ordinance has come into effect on 19 July 2013. A set of Enforcement Guidelines issued by the Commissioner of Customs and Excise and the Communications Authority comes into effect on the same day to provide guidance as to the operation of the provisions of the amended Cap. 362, and serve as guidance for traders in complying with the fair trading sections and for consumers in understanding how they are protected.

Relevant papers

23. A list of the relevant papers on the Legislative Council website is in **Appendix III**.

MR NG LEUNG-SING (in Cantonese): *Over the past few days, the Government of the United States has stated that they foiled a number of destructive plots by using the data they obtained from the network. Can the Government, based on these reports, say that cyber hacking, which aims at obtaining data, does exist and that it is admitted indirectly?*

PRESIDENT (in Cantonese): Which Secretary will reply? Secretary for Security, please.

SECRETARY FOR SECURITY (in Cantonese): President, I do not think we should speculate or make comment on what might have happened based on these reports.

DR KWOK KA-KI (in Cantonese): *President, a number of popular websites, including Facebook, Google and Yahoo, took the initiative to reveal that they had submitted tens of thousands of emails to the Government of the United States. As Mr SNOWDEN is in Hong Kong, has the Security Bureau taken the initiative to follow up his case and invite him to make further disclosure so as to safeguard the network security of Hong Kong?*

SECRETARY FOR SECURITY (in Cantonese): President, regarding this incident, we will not openly discuss or disclose the operations that we have taken or will be taking.

PRESIDENT (in Cantonese): The urgent question ends here.

ORAL ANSWERS TO QUESTIONS

PRESIDENT (in Cantonese): First question.

Incidents Relating to Cosmetic Procedures and Surgical Plastic Operations

1. **MR VINCENT FANG** (in Cantonese): *President, last year, a beauty salon referred a number of its customers to undergo high-risk medical*

procedures performed by medical practitioners, and such procedures caused one death and three persons in serious illness. The incident prompted the Government to set up a working group to differentiate between medical procedures and beauty services. It has been learnt that the Government plans to define certain procedures currently carried out in beauty salons as medical procedures, and prohibit such procedures from being performed in beauty salons again. In future, beauticians who have received the relevant recognized training will no longer be allowed to perform such procedures, and only registered medical practitioners will be allowed to do so. However, some members of the beauty industry have relayed to me that, in the past decade, most of the serious incidents involving cosmetic procedures or surgical plastic operations were performed by registered medical practitioners or those who had been suspended from practice. In this connection, will the Government inform this Council:

- (a) of the number of serious incidents relating to cosmetic procedures or surgical plastic operations in the past three years and, among them, the respective numbers of those in which the procedures or operations concerned were performed by beauticians, registered medical practitioners or those medical practitioners who had been suspended from practice, as well as whether they were penalized; the respective numbers of persons who were hospitalized, became permanently disabled or died as a result of such incidents, the procedures or operations involved in such incidents, as well as the types of premises where such incidents occurred;*
- (b) of the number of private medical practitioners penalized in the past three years by the Medical Council of Hong Kong (MCHK) for contravention of the requirements under the Professional Code of Conduct and, among them, the number of those who were penalized because of their involvement in the incidents mentioned in part (a); the reasons for penalizing them and the details of the penalties; whether the authorities monitor if the medical practitioners, who have been suspended from practice, continue their practice during the suspension period; and*
- (c) whether at present the authorities have required that medical practitioners must have received specialized training before performing procedures or operations such as injection of weight-loss*

drugs, augmentation mammoplasty, removal of eye bags, laser facial depigmentation or dermabrasion; if so, of the details; if not, the reasons for that?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, regarding the incident in October 2012 causing one death and serious sickness of three other patients resulting from high-risk medical procedures, the Department of Health (DH) took immediate follow-up actions upon receiving report from the Hospital Authority and found that the incident involved a beauty services company and a laboratory processing health products for advanced therapies. As the police are conducting criminal investigation into the case, we are not in a position to provide details of the incident so as not to prejudice the legal proceedings that may be involved in the future.

To enhance the safety of beauty services, the DH, the Customs and Excise Department and the Consumer Council have strengthened co-operation since October 2012 to protect consumer interests. Such efforts include public education on how to select safe beauty services. The DH has stepped up screening of advertisements of beauty services and established an information exchange mechanism with the Consumer Council to analyse complaints for follow-up actions. It will also conduct proactive inspection of beauty salons and where necessary, take enforcement actions against beauty services companies suspected of allowing non-qualified persons to provide high-risk medical treatments to customers.

We agree that there is a need to review the regulatory framework of high-risk medical procedures for better protection of public health. The Working Group on Differentiation between Medical Procedures and Beauty Services, which is chaired by the Director of Health and includes representatives from relevant medical specialties, the beauty industry and consumer groups, is set up under the Steering Committee on Review of the Regulation of Private Healthcare Facilities to differentiate high-risk medical procedures from low-risk, non-invasive beauty services, and make recommendations on procedures which should be conducted only by medical practitioners.

My reply to the three-part question raised by Mr Vincent FANG is as follows:

- (a) The DH does not keep statistics or information on incidents related to cosmetic procedures or plastic surgical operations. However, according to the information gathered under the abovementioned information exchange mechanism established by the DH and the Consumer Council, there were 48 complaints on adverse events related to beauty procedures performed at beauty parlours as at 10 June 2013. Of these cases, seven involved medical practitioners, 36 were not performed by medical practitioners, and for the remaining five, there is no information on who performed the procedures. Among all these cases, 40 involved the use of energy-emitting apparatus (such as laser machine) and performance of invasive procedures.
- (b) In the past three years, a total of 77 medical practitioners were subject to disciplinary inquiries of the MCHK. Among them, 69 were found guilty of professional misconduct and were subject to disciplinary sanctions. None of them was involved in serious incidents relating to cosmetic procedures or plastic surgical operations. All medical practitioners subject to disciplinary inquiries, except two, were not practising in the public sector when the incidents occurred.

The nature and circumstances of each inquiry case are different, and some may involve more than one charge. The MCHK will record in the judgment details of the case, as well as the disciplinary punishments imposed for each charge and their justifications. Judgments will be uploaded in full to the MCHK's website after completion of the disciplinary proceedings for public information.

Any person who continues to practise medicine during the period when his name is removed from the General Register of the medical practitioners commits an offence and is liable to a fine and imprisonment.

- (c) Professional conduct of registered medical practitioners is regulated by the MCHK. They should comply with the Code of Professional Conduct for the Guidance of Registered Medical Practitioners issued by the MCHK. In general, medical practitioners must act in patients' best interests when performing clinical treatment. They must also possess the relevant knowledge and skills. Before any

treatment is offered, the medical practitioner should explain clearly to the patient the treatment procedures and risks involved, and seek the consent of the patient. If a patient is dissatisfied with the professional conduct of a medical practitioner, he may lodge a complaint to the MCHK.

A registered medical practitioner who wishes to become a specialist must satisfy the requirements set out in section 20K of the Medical Registration Ordinance (Cap. 161). He should be a Fellow of the Hong Kong Academy of Medicine and have satisfied the continuing medical education requirements, or possesses equivalent professional standards. He should also have the approval of the MCHK for inclusion of his name under the relevant specialty in the Specialist Register. Any person who claims to be a specialist without the approval for registration as a specialist commits an offence and is liable to a fine and imprisonment.

Moreover, the Hospital Accreditation Programme, in which a number of public and private hospitals in Hong Kong have participated, also requires hospitals to implement a credentialing system so as to ensure that their medical practitioners possess the qualifications and competency necessary for delivering certain medical procedures.

MR VINCENT FANG (in Cantonese): *President, the Secretary has stated in his main reply that the authorities should take enforcement actions against beauty services companies suspected of allowing non-qualified persons to provide high-risk medical treatments to customers. Do non-qualified persons include beauticians who have received recognized training? The Secretary has also mentioned in the main reply that some high-risk medical treatments should be provided by medical practitioners. Are these medical practitioners general practitioners or plastic surgeons?*

PRESIDENT (in Cantonese): Each Member should only ask one supplementary question, but Mr Vincent FANG's supplementary questions are both about the professional qualifications of the persons concerned. Secretary, please reply.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Concerning Mr FANG's question, I believe it depends on the type of beauty procedures involved if the treatments are provided by beauticians. The beauty procedures should not be provided by beauticians if they are basically high-risk medical treatments. As to the appropriate procedures to be carried out by medical practitioners, this depends on the procedures involved. In other words, some procedures should be carried out by specialists while some others can also be carried out by general practitioners.

DR LEUNG KA-LAU (in Cantonese): *President, no matter which method is adopted to differentiate or regulate medical and beauty procedures, we cannot prevent the recurrence of incidents similar to those related to the DR Medical Beauty Group because the crux of the problem lies in the monitoring of beauty services companies but not the method of differentiation.*

At present, so long as these companies have completed the business registration formalities, they can promote some high-risk medical beauty procedures not supported by scientific evidence without subject to any restraints. When these companies have successfully attracted customers, they do not need to employ beauticians; all they have to do is to employ some young and inexperienced medical practitioners to perform these procedures. Should problems arise, these young medical practitioners have to shoulder the responsibilities while the beauty services companies, the main culprit, can go free

PRESIDENT (in Cantonese): Please raise your supplementary question.

DR LEUNG KA-LAU (in Cantonese): *..... and there is an abundant supply of young medical practitioners in the market. May I ask the Secretary when the authorities would be willing to enact legislation to regulate the companies which claim to provide medical beauty services?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, the most important point is that we are concerned if the services provided, including the services provided by beauty services companies to customers, are high-risk medical procedures.

If they are high-risk medical procedures, first, they must be carried out by registered medical practitioners; second, before carrying out these procedures, registered medical practitioners must comply with the requirements of the Professional Code of Conduct and determine if the patients need to undergo the high-risk medical procedures. If so, they must explain in detail the need for the procedures, the risks involved and other alternatives. With the patients' informed consent, qualified and experienced doctors can then perform the procedures.

PRESIDENT (in Cantonese): Has your supplementary question not been answered?

DR LEUNG KA-LAU (in Cantonese): *My supplementary question is clear, and I have already mentioned the existing loopholes.*

PRESIDENT (in Cantonese): Please repeat your supplementary question.

DR LEUNG KA-LAU (in Cantonese): *My supplementary question is when the Secretary will enact legislation to regulate companies which claim to provide medical beauty services.*

PRESIDENT (in Cantonese): Secretary, will the Government enact legislation to regulate the companies providing medical beauty services?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I wish to point out that our prime concerns, and I believe they are also the prime concerns of the Legislative Council and the public, are who will perform these high-risk medical procedures, and whether people performing these high-risk medical procedures should be qualified medical practitioners, as well as whether the medical practitioners concerned have fulfilled the requirements under the Professional Code of Conduct. These are the most important points.

MR TOMMY CHEUNG (in Cantonese): *President, I would like to ask the Secretary: while the establishment of clinics is regulated under the Medical Clinics Ordinance, are there any restrictions on the premises where medical practitioners practise medicine or perform medical procedures? For example, if resident doctors of beauty salons or doctors in their own beauty salons carry out non-beauty services medical procedures, such as augmentation mammoplasty and removal of eye bags, have they violated the law? If there is no restriction on the premises where such services are provided by medical practitioners, even if the Secretary defined laser treatment as a medical procedure, there is no violation of law so long as resident doctors are employed to provide services in these premises. What countermeasures does the Secretary have?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): *President, the supplementary question raised by Mr CHEUNG is worthy of our serious consideration. According to the existing legislation, separate registration is not required for registered medical practitioners working in their own clinics, because all high-risk medical procedures were carried out in hospitals in the past. However, with technological development in recent years, many medical procedures, including high-risk medical procedures, can now be performed in certain premises in the community. Members may be aware that the Government has set up three working groups under the Steering Committee set up to regulate private healthcare facilities. One of the working groups is to examine how to regulate high-risk medical procedures performed in community facilities in the future. I am afraid that legislative procedures may be involved.*

MR TOMMY CHEUNG (in Cantonese): *President, the Secretary has not answered my supplementary question. I actually ask if the Government will legislate in the future to regulate the premises where medical practitioners will perform these procedures.*

PRESIDENT (in Cantonese): *The Secretary has just replied.*

MR WONG TING-KWONG (in Cantonese): *President, some beauty industry players have indicated that many medical practitioners have not received training on beauty procedures and operation of beauty devices, such as Intense Pulsed*

Light and laser treatment. On the contrary, beauticians have received training and taken examinations on a number of beauty treatments and attended the relevant symposiums in recent years. Thus, medical practitioners are not as familiar as beauticians about the relevant procedures and operations. Have many medical practitioners received training on beauty procedures and how familiar are they with the relevant operations?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Mr WONG for his question. I do not wish to discuss in depth about individual procedures, I only wish to say that all medical procedures performed by medical practitioners must comply with the requirements of their specialties and these medical practitioners must first receive relevant training before performing these procedures.

MISS ALICE MAK (in Cantonese): *President, I notice that a Member used the term "medical beauty treatments" when he raised a supplementary question, but the Secretary has not mentioned this term in his reply. Does the relevant working group under the Steering Committee intend to define medical beauty treatments, or confirm there are no treatments known as medical beauty treatments or elaborate on the differences between medical and beauty services? What is the progress of work of this working group and how can it consult the views of the industry?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, as Miss Alice MAK has said, one of the working groups set up under the Steering Committee is now working on the definition of medical procedures, especially high-risk medical procedures, and trying to differentiate these procedures from ordinary beauty procedures. The working group, led by the DH, has held two meetings and it will soon convene the third meeting. According to its procedures of work, the working group will submit a report to the Steering Committee in the third quarter of this year.

MR CHUNG KWOK-PAN (in Cantonese): *President, an Honourable colleague has just mentioned the Medical Clinics Ordinance, which specifies that medical practitioners operating clinics must meet certain requirements under the*

Ordinance, such as complying with the laws concerning drugs or keeping the patients' medical records. The Medical Clinics Ordinance has not specified the medical procedures to be carried out by medical practitioners; thus, the high-risk medical procedures mentioned in this question are not regulated. Will the Secretary review the existing Medical Clinics Ordinance?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, as I have just said, I believe it is most important to define high-risk medical procedures first, and that these procedures must be performed by registered medical practitioners. About the performance of these procedures by registered medical practitioners, I have just mentioned certain principles and the Code issued by the MCHK must be complied with. I am not going to repeat these points.

As regards the premises where these medical procedures are performed, I have just mentioned that another working group has been set up under the Steering Committee to study whether it is necessary to regulate by other means, including legislation, the premises and medical practitioners which may have performed high-risk medical procedures in the community.

PRESIDENT (in Cantonese): Has your supplementary question not been answered?

MR CHUNG KWOK-PAN (in Cantonese): *Right.*

PRESIDENT (in Cantonese): Please repeat the part of your question that you think the Secretary has not answered.

MR CHUNG KWOK-PAN (in Cantonese): *Will the Secretary consider a review of the Medical Clinics Ordinance?*

PRESIDENT (in Cantonese): Secretary, will you consider a review of the Medical Clinics Ordinance?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): The scope of review of the Steering Committee is wide, covering all private medical clinics and hospitals, hence we do not rule out the possibility that the review will cover the existing Medical Clinics Ordinance.

MR TAM YIU-CHUNG (in Cantonese): *President, representatives of the beauty industry have conveyed to us their views that the composition of the Steering Committee, mentioned by the Secretary just now, as well as its scope of work, mainly focus on medical practitioners. Therefore, they were worried that the final conclusion drawn by the Steering Committee will lead to excessive regulation of the industry, thereby depriving industry players of their original job opportunities. In this connection, will the Secretary consider suitable regulation so as to concurrently look after the interests of the beauty industry and consumers?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, as beauty services cover many aspects and may involve knowledge of various medical specialties, when the Director of Health took over the work of the working group, he did invite many representatives from various medical specialties to offer professional advice. However, I wish to emphasize that members of this working group mainly assist the Director of Health in his work and the Director should bear responsibility as he is the responsible enforcement authority. Regardless of the number and proportion of the members of the working group, they only give advice to the Director of Health and the number of members will not affect the decision of the Director. In other words, this working group basically does not make decisions through head counts or voting. The decisions made would not be influenced by the number of members, and those who speak louder may not have their views more readily accepted.

The Director of Health will take into consideration the views of the working group, the practices of different regions (including regions outside Hong Kong), and based on the guiding principle of giving priority to the public's health and safety, make final recommendations to the Steering Committee.

MR LEE CHEUK-YAN (in Cantonese): *President, the Secretary's reply is really strange, and it is nothing more than an insult to the members of the*

working group. The Secretary claimed that the work of the committee is not affected by which party has a larger number of members or person has a louder voice. However, the fact is that there are more medical participants than other parties, and their voice is louder, so much so that our union representatives have to withdraw membership in protest. The Secretary has said that having more people and talking louder is not important because other factors will be considered,

PRESIDENT (in Cantonese): Please raise your supplementary question.

MR LEE CHEUK-YAN (in Cantonese): *Why was this working group set up at the outset? Why is its composition so unbalanced?*

My supplementary question is: since Dr KO has said earlier that the authorities are very concerned about public safety and health, and considered that high-risk medical procedures should be performed by medical practitioners, will the Secretary define laser treatments which have been carried out most frequently by beauticians for many years as high-risk medical procedures? If laser treatments are considered as high-risk medical procedures, are there sufficient medical practitioners in Hong Kong to carry out these high-risk treatments? Do the authorities wish to allow all medical practitioners to provide beauty services such that no medical practitioner is going to treat other patients under our healthcare system?

PRESIDENT (in Cantonese): Mr LEE, you have raised your supplementary question. Please sit down.

MR LEE CHEUK-YAN (in Cantonese): *Do all medical practitioners only care about making money? How will the Secretary define high-risk medical procedures?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, as I have just reported, the working group led by the DH has held two meetings and is going to hold the third meeting. According to its procedures of work, the

working group will submit a report to the Steering Committee in the third quarter of this year. I have not yet received any recommendation from the working group about issues such as the laser treatments as mentioned by Mr LEE.

PRESIDENT (in Cantonese): We have spent more than 23 minutes on this question. Second question.

Regulation of Accommodation for Tourists

2. **MR YIU SI-WING** (in Cantonese): *President, it has been reported that recently an incident occurred in a licensed guesthouse in Chungking Mansions in which a guest was raped by a man who had sneaked into that guesthouse, and that a fire broke out at an unlicensed guesthouse in Mong Kok. On the other hand, some youth hostels were reported to have low occupancy rates. Some members of the tourism industry have pointed out that the above incidents show that the security of licensed guesthouses is poor, the authorities are ineffective in combating unlicensed guesthouses, and the accommodation resources of youth hostels are being wasted. In this connection, will the Government inform this Council:*

- (a) *whether it has compiled statistics on the current number of unlicensed guesthouses; if it has, of the number; if not, the reasons for that; of the number of law-enforcement actions taken by the authorities against the operation of unlicensed guesthouses, as well as the respective numbers of prosecutions and convictions, in each of the past three years;*
- (b) *whether the authorities have regulated the security arrangements of licensed guesthouses; if they have, of the details; if not, the reasons for that; and*
- (c) *whether it knows the names of the youth hostels which had an average occupancy rate below 60% last year, as well as their respective occupancy rates; regarding those youth hostels with low occupancy rates, whether the authorities will urge the operators*

Press Releases

Working Group makes recommendations on differentiating between medical procedures and beauty services (with photo)

The Secretary for Food and Health, Dr Ko Wing-man, today (November 1) presided over the second meeting of the Steering Committee on Review of the Regulation of Private Healthcare Facilities, which endorsed the report submitted by the Working Group on Differentiation between Medical Procedures and Beauty Services, and supported the Administration's plan to implement its recommendations.

The Working Group has met three times since 2012 and examined the risks of 35 types of cosmetic procedures. Based on members' views, it made seven recommendations in its report:

- (1) Cosmetic procedures that involve injections should be performed by registered medical practitioners.
- (2) Procedures that involve the mechanical/chemical exfoliation of the skin below the epidermis should be performed by registered medical practitioners.
- (3) Traditional body tattooing and piercing should be exempted from being considered as a "medical procedure", but special care should be taken for procedures performed on body parts which have higher risk of complications (e.g. near the eyes, the tongue, etc). All practitioners should be well trained and adopt infection control measures when performing the procedures. Practitioners should ensure that consumers are aware of the inherent risks involved and make informed decisions.
- (4) Hyperbaric oxygen therapy should not be performed as a form of beauty procedure. In view of its risks of complications, it should be performed by registered medical practitioners on patients with clinical indications.
- (5) Dental bleaching may lead to complications, especially if performed inappropriately or performed on inappropriate clients, such as those suffering from pre-existing dental conditions. The procedure should be performed by registered dentists.
- (6) It supports the Administration's plan to regulate medical devices through legislation and to exercise control over the use of selected high-risk medical devices.
- (7) It recommends the setting up of an expert panel under future legislation to advise on the risk and appropriate controls over new cosmetic procedures based on innovative technology.

Members of the Steering Committee were briefed on the seven recommendations and noted that high-risk cosmetic procedures should be regulated and that some procedures should only be performed by registered medical practitioners or registered dentists. For example, procedures involving injections of botulinum toxin A, dermal fillers, skin whitening agents and platelet-rich plasma, injection lipolysis and mesotherapy, as well as needle-free injections of cosmetic substances via the use of jet injectors, should only be performed by registered medical practitioners while dental bleaching should only be performed by

registered dentists.

The Steering Committee also noted that the Working Group had discussed colonic irrigation and procedures involving the use of devices which emit different forms of energy such as lasers. Given the heterogeneity of such devices, the Working Group supports the Administration's plan to implement control over their use through legislation.

As regards colonic irrigation, the Steering Committee considers it necessary to step up control and public education in view of its risks.

Looking ahead, Dr Ko said that the Steering Committee supported the Administration's plan to implement the recommendations of the Working Group. The Department of Health (DH) will issue an advisory note on the provision of cosmetic procedures to beauty service providers, reminding them to refrain from procedures that should only be performed by registered medical practitioners or registered dentists. Failure to follow the advice may render oneself liable for offences under the Medical Registration Ordinance (Cap. 161) or the Dentists Registration Ordinance (Cap. 156). Should a case of suspected violation of the two ordinances be identified via complaints or intelligence, investigation by law enforcement agency will be conducted with a view to prosecuting, depending on the facts and evidence of the individual case.

The DH will also send letters to all medical practitioners reminding them to strictly observe the Code of Professional Conduct issued by the Medical Council of Hong Kong when they provide cosmetic procedures in their medical practice, including providing formal medical consultation and keeping proper medical records.

At the same time, the Administration will step up public education to raise public awareness on the risks associated with cosmetic procedures, and remind the public of the need to consult medical practitioners for clinical diagnosis. Relevant information will also be provided to enable consumers to make informed choices about cosmetic procedures.

The report submitted by the Working Group as well as the advisory note and the letters to doctors will be uploaded for public access at the websites of the Food and Health Bureau and the DH.

At today's meeting, the Steering Committee has also reviewed the progress of its three other working groups. The three working groups are respectively responsible for defining high-risk medical procedures performed in an ambulatory setting, regulation of premises processing health products for advanced therapy, and regulation of private hospitals.

Ends/Friday, November 1, 2013
Issued at HKT 18:12

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**Relevant papers on regulation of
medical beauty treatments/procedures**

Committee	Date of meeting	Paper
Panel on Health Services	26.10.2012 (Item I)	Agenda Minutes CB(2)143/12-13(01) CB(2)315/12-13(01)
	27.11.2012 (Item I)	Agenda Minutes CB(2)643/12-13(01)
Council meeting	31.10.2012	Motion on "Regulating beauty industry"
	19.6.2013	[Question 1] Asked by: Hon Vincent FANG Incidents relating to cosmetic procedures and surgical plastic operations