



**HONG KONG COLLEGE OF PHYSICIANS**  
**香港內科醫學院**

(Incorporated in Hong Kong with limited liability)

14 May 2015

Dear Sirs,

**Inputs of Hong Kong College of Physicians to  
Panel on Health Services and  
Panel on Commerce and Industry joint panel discussion on  
“regulation and development of beauty services”  
on 23 June 2015**

With respect to the Panel on Health Services and Panel on Commerce and Industry joint panel discussion on “regulation and development of beauty services” on 23 June 2015, the Hong Kong College of Physicians (HKCP) is of the view as follows (inputs refers to those invasive procedures as concluded in 2013 by the Working Group on Differentiation between Medical Procedures and Beauty Services of the Steering Committee on Review of Regulation of Private Healthcare Facilities):

2. Firstly, based on the UK Department of Health commissioned “Review of the Regulation of Cosmetic Interventions” consultancy report in 2013, relevant highlights are extracted below for consideration by the joint committee panel Legco members and government officers:
3. The report considered “that people choosing to undergo cosmetic interventions are both **patients and consumers**. This is because they are making purchasing decisions on procedures and products that may have a significant impact on their health and wellbeing.”
4. The report also recommended “three key areas in which changes are needed:
  - high quality care with safe products, **skilled practitioners and responsible providers**;
  - an **informed and empowered public** to ensure people get accurate advice and that the vulnerable are protected; and,
  - **accessible redress and resolution** in case things go wrong.

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5. HKCP agrees with the proposition that a person who requests for cosmetic procedures bears two identities at the same time i.e. patient and consumer given that the relevant procedures may bring long-term effects to his/her well-being. As such, sufficient information should be provided to the person to understand the available treatment options and to choose between them. This process is known as “informed consent”. As members of the public are in a disadvantageous position in terms of their knowledge in this arena, they are vulnerable to failing to make a really “educated and informed decision”. We also agree that high quality and safe products/ services, proficient healthcare professionals and responsible service providers are critical to protect the public’s health, best interest and rights including the right to make an “educated and informed decision”.

6. We are of the view that if a service provider is unable to properly diagnose or assess the concern person and is not familiar with the principles and mechanisms behind these conditions/ procedures and risks involved, it will not be able to completely serve the purpose of “informed consent”. In addition, as medical knowledge is a pre-requisite for judging whether a product or service is of “high quality and safe”, we believe that qualified medical practitioners are in the best position to monitor the conditions, timely identify and properly handle undesirable complications in order to protect the public’s best interest and rights.

7. HKCP is also agreeable to the suggestion of establishing an incident handling mechanism for undesirable incidents.

8. Secondly, to ensure safe and efficacious therapeutic effect of certain cosmetic procedures including those involving extracorporeal energy sources such as laser and light treatment, accurate diagnosis and clinical assessment of the skin conditions as concerned is of utmost importance and have to be properly conducted before these procedures are delivered. The knowledge and skill in clinical diagnosis and assessment requires long-term committed medical training in the medical schools.

9. HKCP has issued training guidelines in specialist training (referred as higher physician training) in Dermatology since its establishment in the early 90s. The guidelines were drafted with the view to ensure the standard of training and thus the



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standard of patient care – diagnosis, clinical assessment, treatment and therapeutic effect monitoring, and ethics.

10. To illustrate, taking removal of “facial pigmentation” as an example, the first step is to determine the diagnosis of the concerned “facial pigmentation”, which can be ephelides, lentigo, melasma, naevus of Ota like pigmentation, post-inflammatory hyperpigmentation or even primary cutaneous malignancies like lentigo-maligna melanoma among the rest. The pathological mechanism of each of them is different. Proper use of light and laser therapy can treat ephelides, lentigines and naevus of Ota like pigmentation with good results, but the exact device and parameter settings recommended for ephelides and lentigo are different from that of naevus of Ota like pigmentation. In fact, melasma has a variable response to treatment. These light and laser treatments may accelerate the progression of melanoma. The unwary index case and involved personnel without proper medical training may have the incorrect treatment recommended to the patient/client and delivered but only to discover that something is wrong after either a delay of a variable period of time because of poor result or the occurrence of complications. Therefore, accurate clinical diagnosis, assessment, right choice and proper execution of procedures, real time monitoring and readjustments are all crucial to ensure that these therapeutic procedures are properly delivered and the best interest of the patient/client is safeguarded.

11. Thirdly, the local medical practitioners have long been under the governance of the “Code of Practice” stipulated by the Medical Council of Hong Kong. As a matter of fact, assessment of knowledge in medical ethics for all trainee doctors will be conducted in different stages of basic physician and higher physician training. HKCP has the value of putting the best interest of patients as the top priority in patient care and strive to embed such value to trainees during their 6 to 8 years’ specialist training. Hong Kong College of Physicians is of the view that doctors with relevant training are in the most suitable position to deliver these invasive cosmetic procedures to members of the public.





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12. HKCP herein appeals to all stakeholders involved in beauty services policy, regulation and development planning that they should also put the best interest of patient/public as the prime factor for consideration in the planning process.

13. Thank you.

Yours faithfully,

Dr HO King-man

Past Chairman

Specialty Board in Dermatology and Venereology

