



立法會CB(2)1175/17-18(01)號文件  
LC Paper No. CB(2)1175/17-18(01)

立法會

《私營醫療機構條例草案》委員會主席  
陳恒鑞議員

陳主席：

本人於今年3月21日立法會會議上，就《私營醫療機構條例草案》(下稱“條例草案”)內有關醫務行政總監的規定提出一項質詢。鑒於此質詢的內容和政府當局的答覆皆與條例草案直接相關，本人建議將該等資料轉發給條例草案委員會委員，以供參考。

敬希批准，謹此致謝。

邵家輝謹啟

2018年4月6日

## 新聞公報

立法會十題：美容業所需的醫生人手

\*\*\*\*\*

以下是今日（三月二十一日）在立法會會議上邵家輝議員的提問和食物及衛生局局長陳肇始教授的書面答覆：

問題：

本會正在審議的《私營醫療機構條例草案》的其中一項建議條文，規定任何人不得同時在超過兩間日間醫療中心或診所擔任醫務行政總監。縱使據悉政府擬將該上限上調至三間，但有美容業界人士指出，香港現有醫生人手已捉襟見肘，因此有關建議條文的落實會加劇醫生人手短缺的情況和把醫生薪酬推高。他們憂慮不少美容服務機構可能因未能聘請到醫生駐場或無法承擔聘請醫生的高昂開支而結業。此外，公共醫療服務的醫生人手流失情況亦可能加劇。就此，政府可否告知本會：

（一）現時本港的（i）註冊醫生總數和（ii）醫生人數與每千名人口比例，以及（iii）該比例與南韓、新加坡、日本、英國和美國的相關數字如何比較；預計未來五年每年香港的醫生與人口比例為何，以及有關比例會否改善；

（二）是否知悉，現時（i）有提供醫療美容服務的醫生人數，以及（ii）僱用醫生提供服務的美容服務機構數目；

（三）有否評估，香港在過去五年及未來五年，每年欠缺的醫生人數；

（四）有否就上述建議條文的可行性和可能產生的影響進行評估，包括本港是否有足夠的醫生配合條文的實施；如有評估，結果為何；如否，原因為何；

（五）政府如何衡量每名醫生最多可向多少間美容服務機構提供服務；及

（六）鑑於據悉有些美容程序按現行法例須由醫生主理，惟有意見認為，受過專業培訓和具相關資歷的美容從業員其實可以負責部分程序，政府有否深入研究採納該意見以紓緩醫生人手短缺問題的可行性；如有，詳情為何；如否，原因為何及會否盡快進行研究？

答覆：

主席：

就問題各個部分，我現答覆如下：

（一）鑑於人口老化及醫生人手短缺，政府在過去十年，已大幅增加大學教育資助委員會（教資會）資助的醫科生培訓學額，由二〇〇五／〇六學年的250名增至二〇一六／一七學年的470名，增幅達九成。政府正與教資會商討進一步增加教資會資助的醫科生培訓學額。我們期望增加醫科生培訓學額有望紓緩醫生人手短缺。

根據衛生署的數字，截至二〇一七年年底，本港共有14 290名註冊醫生。過去五年，本港每一千名人口與註冊醫生的比例如下：

2013年	2014年	2015年	2016年	2017年
1.8	1.8	1.9	1.9	1.9

根據經濟合作與發展組織數據資料庫（二〇一五年為最新資料）、新加坡衛生部及衛生署的資料，在二〇一三至二〇一五年間，南韓、新加坡、日本、英國和美國每一千名人口與醫生的比例如下：

	2013年	2014年	2015年

南韓	2.2	2.2	2.2
新加坡	2.0	2.1	2.3
日本	—	2.4	—
英國	2.8	2.8	2.8
美國	2.6	2.6	—

資料來源：經濟合作與發展組織、新加坡衛生部及衛生署

(二) 食物及衛生局和衛生署沒有備存提供醫療美容服務的醫生人數，以及僱用醫生提供服務的美容服務機構數目。

(三) 政府在二〇一七年六月公布《醫療人力規劃和專業發展策略檢討報告》(《檢討報告》)。根據《檢討報告》的推算結果，隨着人口老化，醫療服務的需求日漸增加，預計醫生人手在中長期會持續出現短缺。醫生在二〇二〇年、二〇二五年和二〇三〇年的人力差距的情況如下：

	2020年	2025年	2030年
第5個百分位數	320	596	829
	(2.6%)	(4.4%)	(5.7%)
最佳推算	500	755	1 007
	(3.9%)	(5.5%)	(6.8%)
第95個百分位數	989	1 296	1 575
	(7.5%)	(9.0%)	(10.3%)

註：正數表示人手短缺。括號內百分比為人力差距(相當於全職人員數目)佔整體醫生需求的百分比。

我們正展開新一輪的人力推算工作，以更新醫療人手(包括醫生)供求的推算數字。

(四)及(五)根據《私營醫療機構條例草案》(《條例草案》)第53(4)條，任何人不得同時在超過兩間日間醫療中心或診所，擔任醫務行政總監(註)。

我們提出這項要求，是為了確保醫務行政總監能有效掌管其負責的機構的日常管理。如每名醫務行政總監可負責更多私營醫療機構，相關私營醫療機構的內部管治水平或會被質疑，而機構的管治水平正是新制度下須提升的規管範疇。無論提供的服務是否為美容目的，當《條例草案》獲制定並生效後，私營醫療機構均須符合《私營醫療機構條例》訂明的各項規定。

部分立法會議員和持份者建議當局應考慮放寬《條例草案》第53(4)條的規定。我們正諮詢持份者並全面評估建議的影響，以考慮是否適宜透過委員會審議階段修正案放寬這項要求。

(六) 本港美容業與其他大部分行業一樣，在自由市場的環境中經營和演化，受一般法律和規例約束。與其劃一規管美容業，政府採取了風險為本的模式，集中規管高風險程序，因為這類程序如由未經適當培訓或未有合適資格的人士施行，可能會對市民造成不必要的傷害或引起併發症。無論是否為美容目的，有些程序只應由註冊醫生或註冊牙醫施行。這些程序包括涉及注射的程序、以機械/化學方法在皮膚表皮層以下進行皮膚剝脫、高壓氧氣治療及漂牙。儘管如此，傳統紋身和穿環的程序應豁免被歸類為「醫療程序」，但在引致併發症風險較高的身體部位(如眼睛附近、舌頭等)施行程序時，要格外小心。

註：除非是第53(5)條所指的情況。

完

2018年3月21日(星期三)  
香港時間19時25分

## Press Releases

---

LCQ10: Manpower of medical practitioners needed by beauty industry  
\*\*\*\*\*

Following is a question by the Hon Shiu Ka-fai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 21):

Question:

One of the provisions proposed in the Private Healthcare Facilities Bill, which is now under scrutiny by this Council, is that a person must not serve at the same time as the chief medical executive of more than two day procedure centres or clinics. Although it is learnt that the Government intends to raise that upper limit to three, some members of the beauty industry have pointed out that, as the existing manpower of medical practitioners in Hong Kong has already been stretched to the limit, the implementation of the proposed provision may aggravate the manpower shortage of medical practitioners and push up the salaries of medical practitioners. They worry that quite a number of beauty service providers may close down because they are unable to recruit medical practitioners to station on-site or afford the high expenses for engaging medical practitioners. Furthermore, the wastage of medical practitioners in the public healthcare sector may be aggravated. In this connection, will the Government inform this Council:

(1) of (i) the current total number of registered medical practitioners in Hong Kong and (ii) the current ratio of the number of medical practitioners per 1 000 population of Hong Kong, and (iii) how that ratio compares with the relevant figures in South Korea, Singapore, Japan, the United Kingdom and the United States; the projected medical practitioners to population ratio in Hong Kong in each of the coming five years, and whether there will be improvement to such ratio;

(2) whether it knows the current (i) number of medical practitioners who provide medical cosmetic services and (ii) number of beauty service providers which employ medical practitioners for provision of such services;

(3) whether it has assessed the shortfall in medical practitioners in Hong Kong in each of the past five years and the coming five years;

(4) whether it has assessed the feasibility and possible impacts of the aforesaid proposed provision, including whether there are sufficient medical practitioners in Hong Kong to dovetail with the implementation of such provision; if it has assessed, of the outcome; if not, the reasons for that;

(5) how the Government determines the maximum number of beauty service providers that a medical practitioner may serve; and

(6) as it is learnt that some cosmetic procedures are required to be performed by medical practitioners under the current law, but there is a view that those beauty practitioners who have received professional training and possess the relevant qualifications should in fact be able to perform some of such procedures, whether the Government has conducted an in-depth study on the feasibility of taking on board this view for alleviating the manpower shortage of medical practitioners; if so, of the details; if not, the reasons for that and whether it will conduct such a study expeditiously?

Reply:

President,

My reply to various parts of the question is as follows:

(1) In view of the ageing population and the manpower shortage of

doctors, the Government has substantially increased University Grants Committee (UGC)-funded medical training places over the past decade, from 250 in the 2005/06 academic year to 470 in the 2016/17 academic year, representing an increase of 90%. The Government is discussing with UGC to further increase the number of medical training places. It is expected that increasing the number of medical training places will alleviate the manpower shortage of doctors.

According to the figures of the Department of Health (DH), there are a total of 14 290 registered doctors in Hong Kong as at end 2017. The number of registered doctors per 1 000 population in each of the past five years is as follows:

2013	2014	2015	2016	2017
1.8	1.8	1.9	1.9	1.9

According to the statistics of the Organisation for Economic Co-operation and Development (OECD) (the latest figures as at 2015), and the Ministry of Health Singapore and DH, the number of doctors per 1 000 population in South Korea, Singapore, Japan, the United Kingdom and the United States in each of the years between 2013 and 2015 is as follows:

	2013	2014	2015
South Korea	2.2	2.2	2.2
Singapore	2.0	2.1	2.3
Japan	—	2.4	—
United Kingdom	2.8	2.8	2.8
United States	2.6	2.6	—

Source: OECD, Ministry of Health Singapore and DH

(2) The Food and Health Bureau and DH do not keep information on the number of doctors who provide medical cosmetic services and the number of beauty service providers which employ medical practitioners for provision of such services.

(3) The Government published the report of the Strategic Review on Healthcare Manpower Planning and Professional Development (Strategic Review) in June 2017. According to the projection results of the Strategic Review, with the ageing population and increasing demand for healthcare services, it is projected that there will be manpower shortage of doctors in the medium to long term. The manpower shortage of doctors in 2020, 2025 and 2030 are as follows:

	2020	2025	2030
5th percentile	320	596	829
	(2.6%)	(4.4%)	(5.7%)
Best guesstimate	500	755	1 007
	(3.9%)	(5.5%)	(6.8%)
95th percentile	989	1 296	1 575
	(7.5%)	(9.0%)	(10.3%)

Note: A positive number indicates shortfall. Percentages in brackets refer to the percentages of manpower gaps presented on a full-time equivalent basis over the overall demands for doctors.

We are conducting a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower (including doctors).

(4) and (5) Under clause 53(4) of the Private Healthcare Facilities Bill (the Bill), a person must not serve at the same time as the chief medical executive of more than two day procedure centres or clinics (note).

Such a requirement was proposed to ensure that the chief medical

executive will be able to take charge of the day-to-day administration of the facilities under his/her responsibilities effectively. With each chief medical executive being allowed to take charge of more private healthcare facilities (PHFs), there may be doubt on the internal governance of the PHFs concerned, which is one of the important regulatory aspects to be enhanced under the new regime. Whether or not the services are provided for cosmetic purposes, all PHFs must comply with the requirements stipulated in the Private Healthcare Facilities Ordinance when the Bill comes into effect after enactment.

Some Legislative Council Members and stakeholders have proposed that the Government should consider relaxing the requirement under clause 53(4) of the Bill. We are now comprehensively assessing the implications of this proposal in consultation with stakeholders, before considering whether it is appropriate to relax this requirement via a Committee Stage Amendment.

(6) 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. Instead of regulating the beauty industry indiscriminately, the Government has adopted a risk-based approach to focus on high-risk procedures, which may cause unnecessary harm or complications to members of the public if performed by a person without proper training or qualification. Certain procedures, irrespective of whether they are for cosmetic purposes, should only be performed by registered medical practitioners or registered dentists. These procedures include those involving injections, mechanical/chemical exfoliation of the skin below the epidermis, hyperbaric oxygen therapy and dental bleaching. Traditional body tattooing and piercing should nevertheless be exempted from being considered as a "medical procedure". However, special care should be taken for those performed on body parts which are of higher risk of complications (e.g. near the eyes or tongue).

Note: Except in the situation referred to in clause 53(5).

Ends/Wednesday, March 21, 2018  
Issued at HKT 19:25

NNNN