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.