

Medical Registration (Amendment) Bill 2017

**Composition of the Medical Council of Hong Kong
Revised Proposal**

Purpose

This paper sets out the revised proposal on the composition of the Medical Council of Hong Kong (MCHK) under the Medical Registration (Amendment) Bill 2017 (MR(A)Bill 2017).

Current Composition

2. MCHK currently has a total of 28 members, comprising -
 - (a) 24 doctor members (about 86%), including -
 - (i) 14 returned by election - seven elected by doctors, another seven nominated by the Hong Kong Medical Association (HKMA) and elected by the Council members of HKMA; and
 - (ii) Ten through appointment - two members each nominated by the Director of Health (DoH), University of Hong Kong (HKU), Chinese University of Hong Kong (CUHK), Hospital Authority (HA) and Hong Kong Academy of Medicine (HKAM) and appointed by the Chief Executive (CE);
 - (b) four lay members (about 14%) appointed by CE.

3. The mission of MCHK is to safeguard public interest. The Government considers that the number of lay members should be increased to enhance the credibility and accountability of MCHK.

MR(A)Bill 2017

4. The Government introduced the MR(A)Bill 2017 into the Legislative Council (LegCo) on 2 June 2017 and proposed to increase the number of **lay members in MCHK from four to eight**. After the addition of four lay members, the percentage of lay members will increase from about 14% to 25%. As for the four additional lay members, three of them are to be elected to by patient-related organisations and one is to be nominated by the Consumer Council. Appointment by CE is not required.

5. In response to the concerns of some doctor organisations that the ratio between elected doctor members and appointed members of MCHK should be maintained at 1:1, the MR(A)Bill 2017 proposes that two doctor members currently nominated by HKAM shall be elected in accordance with its regulations or procedures and appointment by CE is not required. Under the proposal, elected doctors (16) will account for half of the membership of MCHK (32).

6. Under MR(A) Bill 2017, MCHK will have 32 members, comprising -

(a) 24 doctor members (75%), including -

(i) 16 returned by election - seven elected by doctors, seven nominated by HKMA and elected by the Council members of HKMA, and additional two elected by HKAM in accordance with its regulations or procedures; and

(ii) Eight through appointment - two members each nominated by HKU, CUHK, DoH and HA and appointed by CE;

(b) eight lay members (25%), with four of them appointed by CE, three of them to be elected by patient-related organisations and one to be nominated by the Consumer Council.

Government's Latest Proposal

7. We understand that some in the medical sector still object to the above proposal. Some suggested that the **two seats nominated by the Department of Health (DH) and HA should be each reduced by one so as to increase elected seats by two.** The remaining seat of DH and HA should be represented by DoH or representative and the Chief Executive of HA or representative respectively. There are also views that HKAM¹, being an independent statutory body which is responsible for enhancing the professional competency of specialists and standards of specialist training, plays an important role in MCHK to safeguard the professional standards of the medical profession. Given that the number of fellows has increased from some 2 000 in 1996 to over 7 600 at present, and that the role of HKAM in specialist training and promotion of professional development is in line with the functions of MCHK in regulating specialists and maintaining their professional standards, it is proposed that the **two appointed seats of HKAM should remain unchanged** and the **number of HKAM representatives in MCHK should be increased.**

8. Over the past few months, we have discussed with various stakeholders, including the medical sector, patient groups and LegCo Members. After weighing the concerns and considerations of various parties, we have reached a general consensus with the key stakeholders on the composition of doctor members in MCHK. We propose amending the MR(A)Bill 2017 as follows -

- (a) The two HKAM seats should remain nominated and appointed by CE; and
- (b) The two seats nominated by DH and HA should each be reduced by one, with these two seats converted to two members to be nominated and elected by fellows of HKAM in accordance with the regulations or procedures of HKAM. The remaining seat of

¹ HKAM is a statutory body established under the Hong Kong Academy of Medicine Ordinance (Cap. 419). It has 15 colleges and over 7 600 fellows. It has the statutory power to organise, monitor, assess and accredit all medical specialist training and to oversee the provision of continuing medical education for specialists.

DH and HA should be represented by DoH or representative and the Chief Executive of HA or representative respectively.

The total number of HKAM seats in MCHK will thus become four, while DH and HA will have one seat each.

9. Under the latest proposal, MCHK will have 32 members, comprising –

- (a) 24 doctor members (75%), including -
 - (i) 16 returned by election - seven elected by doctors, seven nominated by the Hong Kong Medical Association (HKMA) and elected by the Council members of HKMA, and additional **two nominated and elected by HKAM fellows** in accordance with the regulations or procedures of HKAM;
 - (ii) six through appointment - two each nominated by HKU, CUHK and HKAM and appointed by CE; and
 - (iii) **DoH or representative and the Chief Executive of HA or representative,**
- (b) eight lay members (25%), with four of them appointed by CE, three of them to be elected by patient-related organisations and one to be nominated by the Consumer Council.

10. We expect that the four HKAM members will contribute to MCHK from the perspectives of training and professional standards of specialists. Under the revised proposal, elected doctors (16) will account for half of the membership of MCHK (32).

Background

11. In response to the public concerns over the operation of MCHK, the Government introduced the Medical Registration (Amendment) Bill 2016 (MR(A)Bill 2016) into LegCo in March 2016 to improve and increase the efficiency of the complaint investigation and disciplinary

inquiry mechanism of MCHK, to increase lay participation in MCHK to enhance its credibility and accountability, and to enable MCHK to approve applications for limited registration for a period from not exceeding one year to not exceeding three years.

12. The MR(A)Bill 2016 could not be passed before the end of the last term of LegCo. The Government subsequently set up a tripartite platform, comprising doctors, representatives of patients' interests and consumers' interests and LegCo Members, to provide views on the composition and operation of MCHK and forge consensus on the proposed legislative amendments as far as practicable. The MR(A)Bill 2017 is formulated on the basis of the original proposals of the MR(A)Bill 2016 and the subsequent Committee Stage Amendments (CSAs) proposed by the Government, and after taking into account the discussions and concerns of LegCo and the community on the MR(A)Bill 2016, the views expressed by members of the tripartite platform on various occasions, and the earlier deliberations and views raised at the tripartite platform.

13. On the composition of MCHK, the Government has taken into account views from various stakeholders as far as practicable and proposed amendments in the MR(A)Bill 2017. A comparison of the latest amendments proposed in the MR(A)Bill 2017 and MR(A)Bill 2016 is as follows –

Lay membership

Original Proposal of MR(A) Bill 2016	Government's CSAs to MR(A) Bill 2016	MR(A) Bill 2017
Increased four lay members to be appointed by the CE	Set out that among the four additional lay members – <ul style="list-style-type: none"> • three members to be elected by the patient organisations • one member to be nominated by the Consumer Council and then appointed by the CE	Set out that among the four additional lay members – <ul style="list-style-type: none"> • three members to be elected by the patient organisations (election arrangement to be specified in subsidiary legislation) • one member to be nominated by the Consumer Council Appointment by CE is <u>not</u> required

Doctor membership

Government's CSAs to MR(A) Bill 2016	MR(A) Bill 2017	Latest revised proposal to MR(A) Bill 2017
Two Council members currently nominated by HKAM shall be elected in accordance with the regulations or procedures of HKAM. Appointment by CE is <u>not</u> required	Two Council members currently nominated by HKAM shall be elected in accordance with the regulations or procedures of HKAM. Appointment by CE is <u>not</u> required	(a) Two seats nominated by HKAM and appointed by CE remain unchanged; and (b) The two seats nominated by DH and HA should each be reduced by one, with these two seats converted to two members to be nominated and elected by fellows of HKAM in accordance with the regulations or procedures of HKAM. HKAM will have four seats in MCHK in total.

14. On the complaint investigation and disciplinary inquiry mechanism, the MR(A)Bill 2017 is more comprehensive than the MR(A)Bill 2016. Apart from removing the bottlenecks under the current legislation, a modern mechanism is recommended to be set up under the MCHK to increase its efficiency and flexibility in handling complaints.

15. Currently, the number of backlog cases has reached to about 800. The latest estimate is that it takes about six years on average for MCHK to complete a complaint case from receipt to disciplinary inquiry. Constrained by the existing legislation, MCHK cannot substantially improve the efficiency of the mechanism solely by administrative measures. It is necessary for the Government to make legislative amendments to effectively improve the existing mechanism so that the MCHK can complete the complaint handling process within a reasonable time frame. In addition, the public has expressed concerns on the lay participation of MCHK and the validity period and renewal period of limited registration. There is a pressing need to amend the Medical Registration Ordinance.

Way Forward

16. The Government is preparing the relevant CSA and will submit it to the Bills Committee as soon as possible.

Food and Health Bureau

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