Medical Registration (Amendment) Bill 2017

Government's Response to the Information Requested by Hon CHU Hoi-dick

The Government's response to the request for information by Hon CHU Hoi-dick (see **Annex 1**) is set out as follows.

(1)(i)

2. The information on number of local medical graduates, number of places in medicine, medical graduates joining the public healthcare sector in the academic years from 2012/13 to 2016/17 academic years is as follows -

	2012/13 academic year	**2013/14 academic year**	**2014/15 academic year**	**2015/16 academic year**	**2016/17 academic year**
(a) Number of places in medicine in the academic year when the medical graduates entered university [year of entry] (Note 1)	250 [2008/09]	320 [2009/10]	320 [2010/11]	320 [2011/12]	420 [2012/13 old academic structure]
(b) Number of medical graduates (Note 2)	261	327	322	342	(Note 6)
(c) Percentage of medical graduates in the total number of first degree graduates (Note 3)	1.5%	1.8%	1.7%	1.7%	(Note 6)
(d) Number of medical graduates joining Hospital Authority (HA) (as resident trainees) (Note 4)	241 [graduated in 2010/11]	243 [graduated in 2011/12]	257 [graduated in 2012/13]	311 [graduated in 2013/14]	312 [graduated in 2014/15]
(e) Number of medical graduates joining Department of Health (DH) (Note 4)	1 [graduated in 2010/11]	0	2 [graduated in 2012/13]	1 [graduated in 2013/14]	1 [graduated in 2014/15]
(f) Percentage of medical graduates joining the public healthcare sector (Note 5)	98%	97%	99%	95%	97%

Source: Education Bureau, HA and DH

Note 1: The University Grant Committee (UGC) assumes that the usual duration of study of a medical graduate of a certain year (e.g. 2012/13) is 5 years (under the old academic structure) and provides the number of approved first-year student intakes for the programmes concerned five years ago (i.e. 2008/09). Besides, 2012/13 is the double-cohort year. In that academic year, the number of first-year-first-degree intake for publicly-funded programmes doubled (i.e. 840 places) to accommodate two cohorts of secondary school graduates in the same year. For medical students entering the university in the 2012/13 academic year, the duration of study for those under the old academic structure was normally five years (i.e. graduating in 2016/17), while the duration of study for those under the new academic structure was normally six years (i.e. graduating in 2017/18). The actual number of student intake in a year may be different from the number of places. We do not have the number of actual student intake.

UGC-funded universities only provide figures on the overall number of graduates for the publicly-funded medical programmes each year. UGC does not track information on individual graduates concerned. Besides, the usual duration of study of the bachelor degree programme in medicine and surgery under the old academic structure (i.e. 2012/13 and before) is five years. The actual duration of study of individual students may be different due to postponement or even termination of study, or taking more than five years to complete the programme. Under such circumstances, UGC is unable to trace the actual year of admission of the graduates concerned and compute the graduation rates. Under the above situations, the graduation rates cannot be provided.

Note 2: Graduates in a particular academic year may include students with different years of entry (i.e. those entering the university five or more than five years ago under the old academic structure).

Note 3: The number of graduates of full-time first degree programmes include all full-time first degree graduates under the old academic structure as well as those under the new academic structure.

Note 4: Representing the number of medical graduates joining the HA as resident trainees or DH after the one-year internship.

Note 5: Representing the percentage derived from the number of medical graduates joining the public healthcare sector (i.e. HA and DH) after completion of the one-year internship over the number of graduates in the year concerned. In the 2014/15 academic year, the percentage is derived by (257+2)/261 (i.e. graduates in the 2012/13 academic year, completed one-year internship in the 2013/14 academic year and joined HA/DH in the 2014/15 academic year.).

Note 6: Information for the 2016/17 academic year is not yet available.

(1)(iii)

3. In the 2012-13 to 2016-17 financial years, resources on medical education in Hong Kong are set out below -

	2012-13 financial year	2013-14 financial year	2014-15 financial year	2015-16 financial year	2016-17 financial year
(a) Amount of resources on medical education ($m) (Note 7)	988	971	1,172	1,329	Note 8
(b) Percentage of resources on medical education in total education provisions (recurrent expenditure)	1.6%	1.5%	1.7%	1.8%	Note 8
(c) Gross Domestic Product (GDP) ($m)	2,063,036	2,164,581	2,296,271	2,416,500	2,529,224
(d) Percentage of resources on medical education in GDP (d) = (a)/(c)	0.048%	0.045%	0.051%	0.055%	Note8

Source: Education Bureau, Census and Statistics Department

Note 7: The above figures are the total expenditures of the medical programmes of UGC-funded universities calculated for each academic year. The bulk of recurrent grants to UGC-funded universities are in the form of a block grant based on the approved student numbers allocated to universities. Once allocations are approved, universities have the autonomy in and responsibility for deciding how the resources available are put to best use. As funding for the medical programmes is subsumed under the block grants, the UGC is unable to attribute the actual subvention to the medical programmes.

The total expenditures of the medical programmes of UGC-funded universities are computed based on (i) the student enrolment in medical programmes by study levels as reported by universities; and (ii) the average student unit cost for a particular academic programme category/study level in relation to the medical programmes of universities which is derived based on the actual cost incurred on UGC-funded expenditure items as reported by universities. The bulk of the above expenditures is subsidised by government subvention, with the remainder mainly funded by income from tuition fee (i.e. $42,100 per student per year).

Note 8: Information for the 2016/17 academic year is not yet available.

(1) (ii) and (iv)

4. For overseas countries/regions, the number of undergraduate places in medicine, graduation rates, employment information of graduates and expenditure on medical education are not available in the statistical databases of the United Nations Statistics Division (UNSD) and the Organization for Economic Co-operation and Development (OECD) to which we have made reference.

(2)(i)&(ii)

5. The amount of resources allocated to public healthcare system by Hong Kong and other countries/areas in the recent five years (i.e. the financial years of 2009-10 to 2013-14) are as follows -

		2009-10 financial year	2010-11 financial year	2011-12 financial year	2012-13 financial year	2013-14 financial year
(a) Expenditure on public healthcare system	**Hong Kong**	43.9 (billion HKD)	45.5 (billion HKD)	51.3 (billion HKD)	56.4 (billion HKD)	60.6 (billion HKD)
	U.S.	1,155.6 (billion USD)	1,209.1 (billion USD)	1,252.9 (billion USD)	1,299.9 (billion USD)	1,349 (billion USD)
	Canada	124.0 (billion CAD)	131.1 (billion CAD)	135.9 (billion CAD)	140.1 (billion CAD)	143.5 (billion CAD)
	Britain	115.7 (billion GBP)	118.0 (billion GBP)	119.3 (billion GBP)	121.6 (billion GBP)	125.5 (billion GBP)
	Australia	80.2 (billion AUD)	86.3 (billion AUD)	94.0 (billion AUD)	95.6 (billion AUD)	99.4 (billion AUD)
	Japan	36,529.7 (billion JPY)	37,924.9 (billion JPY)	39,204.8 (billion JPY)	39,956.4 (billion JPY)	40,946.4 (billion JPY)
	Korea	43,259.8 (billion KRW)	48,779.3 (billion KRW)	50,926.3 (billion KRW)	53,055.4 (billion KRW)	55,889.6 (billion KRW)
	Taiwan	500.8 (billion NTD)	513.9 (billion NTD)	526.2 (billion NTD)	548.2 (billion NTD)	572.2 (billion NTD)
(b) Expenditure on public healthcare system as a percentage of total public expenditure	**Hong Kong**	14.3%	14.2%	13.3%	14.1%	13.2%
	U.S.	18.7%	19.0%	19.5%	20.1%	20.8%
	Canada	18.1%	18.2%	18.4%	18.6%	18.6%
	Britain	16.1%	15.9%	16.2%	16.2%	16.5%
	Australia	16.8%	17.1%	17.7%	17.3%	17.3%
	Japan	18.5%	19.4%	19.7%	20.0%	20.1%
	Korea	10.8%	12.4%	11.8%	11.8%	12.3%
	Taiwan	18.8%	20.0%	20.1%	20.5%	21.5%
(c) Expenditure on public healthcare system as a	**Hong Kong**	2.6%	2.5%	2.6%	2.7%	2.8%
	U.S.	8.0%	8.1%	8.1%	8.0%	8.0%
	Canada	7.9%	7.9%	7.7%	7.7%	7.6%
	Britain	8.2%	7.9%	7.8%	7.8%	7.8%
	Australia	6.2%	6.1%	6.3%	6.3%	6.3%

		2009-10 financial year	2010-11 financial year	2011-12 financial year	2012-13 financial year	2013-14 financial year
percentage of GDP	**Japan**	7.8%	7.9%	8.3%	8.4%	8.5%
	Korea	3.8%	3.9%	3.8%	3.9%	3.9%
	Taiwan	3.9%	3.6%	3.7%	3.7%	3.8%

Source: Food and Health Bureau, World Health Organization, Statistical Information Network of the Republic of China

(2)(iii)

6. We do not have any information regarding the salaries of doctors practicing in the private sector in Hong Kong. The percentages of doctors in the public and private sectors in Hong Kong, as well as the average salaries of doctors in the public sector for the past five years (i.e. the financial years of 2012-13 to 2016-17) are as follows -

	2012-13 financial year	2013-14 financial year	2014-15 financial year	2015-16 financial year	2016-17 financial year
(a) Percentages of doctors in the public and private sectors (Note 9)	Public sector: 51.5% Private sector: 48.5%	—	—	Public sector: 50.9% Private sector: 49.1%	—
(b) Average annual salary of doctors in the public sector (Note 10)	1.6 (million HKD)	1.7 (million HKD)	1.8 (million HKD)	1.9 (million HKD)	2.0 (million HKD)

Source: HA and the Health Manpower Survey of DH

Note 9: The public sector includes the Government, HA and the academic and funded institutions.

DH conducts health manpower survey on doctors once every three years. The most recent surveys were conducted in 2012 and 2015. The figures include only the doctors practising in the local medical professions.

Note 10: Salary includes basic salary, allowances, gratuities and other on-costs (e.g. Home Loan Interest Subsidy Scheme and death and disability benefits).

(2) (iv)

7. Information about the proportion of doctors in the public and private sectors in overseas countries/regions and their salaries is not available in the statistical databases of UNSD and OECD to which we have made reference.

(2) (v)

8. The number of doctors in the public sector and doctors registered in Hong Kong in the past five years is as follows -

	2013	2014	2015	2016	2017
(a) Number of doctors in HA (as at 31 March of the year) (Note 11)	5 260	5 376	5 475	5 664	5 783
(b) Number of doctors in DH (as at 31 March of the year) (Note 12)	497	490	496	497	494
(c) Number of doctors in the public sector (as at 31 March of the year) (c) = (a)+(b)	5 757	5 866	5 971	6 161	6 277
(d) Overall population in Hong Kong (mid-year figures)	7.18 million	7.23 million	7.29 million	7.34 million	7.39 million (Note 13)
(e) Ratio of doctors in the public sector to overall population (e) = (d)/(c)	1:1 238	1:1 232	1:1 221	1:1 190	1:1 177
(f) Number of doctors with full registration (year-end figures)	13 203	13 417	13 726	14 013	14 037 (Note 14)
(g) Ratio of doctors with full registration to overall population (g) = (d)/(f)	1:544	1:539	1:531	1:524	1:526

Source: HA, Census and Statistics Department and DH

Note 11: The manpower figures are calculated on full-time equivalent (FTE) basis including permanent, contract and temporary staff in HA's workforce. Interns and Dental Officers are excluded.

Note 12: The figures refer to the number of doctors employed by DH on civil service terms.

Note 13: Provisional figures.

Note 14: Number of registrations as at 30 June 2017.

(2)(vi)

9. Information on the ratio of medical practitioners to the overall population in overseas countries/areas maintained in the database of OECD is as follows –

		2011	2012	2013	2014	2015
(a) Number of medical practitioners	**Australia**	74 100	75 258	78 439	81 269	83 804
	Canada	–	–	86 406	88 873	91 268
	Japan	–	292 039	–	300 075	–
	South Korea	101 370	104 114	108 909	111 694	114 322
	Taiwan	（Note 15）				
	United Kingdom	173 415	175 269	177 663	180 533	181 673
	USA	767 782	784 633	809 845	820 251	–
(b) Ratio of medical practitioners to overall population	**Australia**	1:301	1:302	1:295	1:289	1:284
	Canada	–	–	1:407	1:400	1:392
	Japan	–	1:437	–	1:424	–
	South Korea	1:493	1:483	1:463	1:455	1:446
	Taiwan	（Note 15）				
	United Kingdom	1:365	1:364	1:361	1:358	1:358
	USA	1:407	1:400	1:391	1:389	–

Source: OECD

Note 15：The database of the OECD does not maintain information on Taiwan.

(3)(a)

10. The then Legislative Council passed the Medical Registration (Amendment) Bill 1992 in 1992, incorporating a provision to give the Medical Council of Hong Kong (MCHK) discretion to grant limited registration to non-locally trained doctors with overseas qualifications to be employed to undertake specified duties within a period as specified by the MCHK. Since January 1993, MCHK has published 12 promulgations of limited registration in the Government Gazette. As of end June 2017, a total of around 1 750 applications (including renewal) for limited registration were approved by MCHK.

11. The types of employment as described in promulgations no. 1, 5, 6, 7, 8 and 11 no longer exist. Currently, application for limited registration can be made under the following 6 promulgations –

Promulgation No. (Date)	Employment
No. 2 (23 December 1994)	For the following types of full-time employment: (a) Employment as a medical practitioner by the Government for the purpose of research work or for such clinical practice of medicine or special health care services, as specified by the Director of Health; (b) Employment as a medical practitioner by HA for the purpose of research work or for such clinical practice of medicine or hospital work, as specified by the HA; (c) Employment as a medical practitioner by the University of Hong Kong (HKU) or the Chinese University of Hong Kong (CUHK) for the purpose of teaching, research or performing hospital work, in the Faculty of Medicine.
No. 3 (3 November 1995)	Being such persons whose names were entered prior to the end of 1964 into a list maintained by the Registrar of Clinics, DH appointed for the provision of primary healthcare, and to be responsible for the medical management of those clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance (Cap 343).
No. 4 (9 November 2001)	Being such persons whose names were entered prior to the end of 1964 into a list maintained by the Registrar of Clinics, DH and who are or who have been registered under Promulgation No. 3 of MCHK on Limited Registration) appointed for the provision of primary healthcare, and to be responsible for the medical management of those clinics registered under the Medical Clinics Ordinance (Cap 343).
No. 9 (20 March 2015)	Employment for supervising the medical matters which may arise in connection with the construction work in compressed air for the Tuen Mun - Chek Lap Kok Link - Northern Connection Sub-sea Tunnel Section project under Highways Department's contract number HY/2012/08.
No. 10 (17 July 2015)	Employment by a firm of solicitors registered by the Law Society of Hong Kong to carry out a medical examination of a person in Hong Kong for the sole purpose of preparing a medical expert report on that person for use in a pending court proceedings in Hong Kong.
No. 12 (21 August 2015)	Employment for the purposes of the annual rugby event Sevens World Series.

(3) (b)

12. A breakdown of the number of doctors whose applications for limited registration under the six promulgations were approved in the past five years is as follows -

Promulgation (Note 16)	**As at end-2012**	**As at end-2013**	**As at end-2014**	**As at end-2015**	**As at end-2016**	**As at end-June 2017**
No. 2	118	115	97	104	93	105
HKU	*(45)*	*(45)*	*(33)*	*(30)*	*(27)*	*(35)*
CUHK	*(62)*	*(58)*	*(51)*	*(62)*	*(52)*	*(53)*
HA[1]	*(11)*	*(12)*	*(13)*	*(12)*	*(14)*	*(17)*
DH	*(-)*	*(-)*	*(-)*	*(-)*	*(-)*	*(-)*
No. 3	41	36	34	31	27	24
No. 4	16	15	15	13	12	11
No. 9	-	-	-	2	2	2
No. 10	-	-	-	-	-	-
No. 12	-	-	-	-	-	-
Total	**175**	**166**	**146**	**150**	**134**	**142**

Note 16： Promulgation No. 9, 10 and 12 came into force in 2015.

13. As at end June 2017, the longest duration that doctors with limited registration had worked in Hong Kong was about 22 years.

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[1] From January 2012 to end June 2017, MCHK approved a total of 34 applications (involving 33 doctors) for limited registration from non-locally trained doctors who were employed by HA to address manpower shortage. All of them were employed as Service Residents. A breakdown of the figures by year is provided below. As at end June 2017, there were 15 doctors with limited registration working in HA to address manpower shortage.

Year	**Number of registrants with first registration**	**Number of registrants as at year-end**
2012	13	9
2013	3	10
2014	4	11
2015	3	10
2016	6	12
End-June 2017	5[#]	15
Total	**34**	**-**

[#] including one non-locally trained doctor who was previously employed by HA from September 2013 to September 2016. The doctor left the post upon completion of contract in September 2016 and was re-employed by HA afterwards. Her application for limited registration was approved by MCHK and came into force in January 2017.

(3)(c)

14. In general, medical practitioners with limited registration under Promulgation No. 2 who are working in the HA and medical practitioners with limited registration under Promulgation No. 3 and 4 provide clinical services for patients directly. Medical practitioners with limited registration under Promulgation No. 2 who are working in HKU and CUHK can perform teaching, research or hospital work in the faculty of medicine.

(4)

15. The countries/places where medical practitioners with limited registration received basic medical training in the past five years are as follows -

(a) Promulgation No. 2

(i) HKU

	As at end of 2012	**As at end of 2013**	**As at end of 2014**	**As at end of 2015**	**As at end of 2016**	**As at end of June 2017**
Australia	1	2	-	1	3	-
Bahrain	1	-	-	-	-	-
Brazil	1	1	1	1	1	1
Canada	2	1	1	1	2	2
Czech Republic	-	1	1	1	1	1
Egypt	-	-	-	-	-	1
Georgia	-	-	-	-	1	-
India	3	3	4	5	1	-
Mainland China	15	15	7	5	7	14
Malaysia	-	4	-	-	-	1
New Zealand	1	1	1	-	-	-
Pakistan	-	-	1	1	-	-
Philippines	3	2	1	1	-	2
Saudi Arabia	-	2	1	-	-	1
Singapore	2	-	-	-	-	-
South Korea	1	1	-	-	-	-
Sri Lanka	1	2	1	1	1	1

UK	10	6	11	9	8	9
USA	4	4	3	4	2	2
Total	**45**	**45**	**33**	**30**	**27**	**35**

(ii) CUHK

	As at end of 2012	**As at end of 2013**	**As at end of 2014**	**As at end of 2015**	**As at end of 2016**	**As at end of June 2017**
Australia	3	3	2	2	2	-
Bahrain	-	-	-	1	1	1
Bengal	-	-	1	1	-	-
Canada	4	4	3	3	3	3
France	1	1	1	1	1	1
Germany	1	1	1	2	1	1
India	9	7	5	5	5	4
Iran	-	-	-	1	-	-
Ireland	-	-	1	-	-	-
Japan	1	1	1	1	-	1
Mainland China	19	16	11	18	11	10
Malaysia	-	-	1	-	-	2
Nepal	-	-	-	-	1	1
New Zealand	-	2	1	-	-	-
Norway	-	1	-	-	-	-
Oman	2	-	-	-	1	1
Pakistan	-	1	-	-	-	-
Philippines	3	3	3	5	6	6
Singapore	-	-	1	1	-	-
South Africa	4	4	4	4	4	4
Spain	-	-	-	-	-	1
Taiwan	-	-	-	-	1	
Thailand	2	-	2	1	1	2
UK	10	9	10	15	13	13
USA	3	5	3	1	1	2
Total	**62**	**58**	**51**	**62**	**52**	**53**

(iii) HA (Note 17)

	As at end of 2012	As at end of 2013	As at end of 2014	As at end of 2015	As at end of 2016	As at end of June 2017
Australia	3	3	3	2	3	4
Malaysia	1	1	1	1	2	2
Netherlands	1	1	1	-	-	-
New Zealand	1	1	2	1	1	1
UK	5	6	6	8	7	9
USA	-	-	-	-	1	1
Total	**11**	**12**	**13**	**12**	**14**	**17**

Note 17: Among the non-locally trained doctors who registered as medical practitioners with limited registration and were employed by the HA to address manpower shortage from January 2012 to end June 2017, one received basic medical training and specialist training in the Mainland and in Canada respectively. However, the doctor did not sign the appointment contract with the HA and therefore is not included in the above table.

(b) Promulgation No. 3

	As at end of 2012	As at end of 2013	As at end of 2014	As at end of 2015	As at end of 2016	As at end of June 2017
Mainland China	41	36	34	31	27	24

(c) Promulgation No. 4

	As at end of 2012	As at end of 2013	As at end of 2014	As at end of 2015	As at end of 2016	As at end of June 2017
Mainland China	15	14	14	12	11	10
Taiwan	1	1	1	1	1	1
Total	**16**	**15**	**15**	**13**	**12**	**11**

(d) Promulgation No. 9

	As at end of 2012	As at end of 2013	As at end of 2014	As at end of 2015	As at end of 2016	As at end of June 2017
Switzerland	-	-	-	2	2	2

16. MCHK does not have the information on the places of origin of medical practitioners with limited registration.

(5)

17. The Strategic Review on Healthcare Manpower Planning and Professional Development mainly covers 13 healthcare professions subject to statutory registration, including doctors. HKU has developed a generic projection model that suits the local circumstances. A utilisation model (derived from an endogenous, historically informed base case scenario) where current utilisation (as proxy for manpower demand) and a stock and flow model (for manpower supply) was used to project demand and supply.

18. Under this model, the manpower situation at the base year (i.e. 2015) is assumed to be at an equilibrium and takes into account known shortage in the public and subvented sectors for healthcare professionals as at end 2015. The gap analysis quantifies the difference between the projected demand for and supply of each healthcare profession in full time equivalents for the base case which accounts for historical trends adjusted for population growth and demographics.

19. The manpower demand projection for doctors takes into account the expected utilisation rates of services drawn from HA and DH for the public sector, and those from private hospitals as well as the Thematic Household Survey conducted by the Census and Statistics Department for the private sector. Demands from the academic, teaching and training sector have also been considered. The projection has been adjusted for the impacts of externalities such as the latest development of public and private hospitals and introduction of the Voluntary Health Insurance Scheme. Sources of manpower supply include registrants with MCHK who are locally trained graduates, doctors with limited registration, and registrants with MCHK who have passed the Licensing Examination of MCHK and completed the internship assessment. Factors including the number of newly eligible registrants, number of registrants who are locally and non-locally trained graduates, proportion of registration renewal, proportion of clinically active registrants, natural attrition/retirement, workforce participation rate, workload and work pattern have been taken into account in the supply projection.

20. According to HKU's projection model, the manpower gaps for doctors in 2020, 2025 and 2030 are as follows -

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

Note: A positive number indicates shortfall. Percentages in brackets refer to the percentages of manpower gaps in FTE over the overall demands for doctors.

(6)

21. In response to the shortage of doctors, the Government has increased the number of places for medical training for three UGC triennia in a row in the past decade. The number of places increased 90% from 250 in 2005/06 academic year to 470 in 2016/17. Taking into account the future manpower situation of doctors, the Government will consider further increasing the number of UGC-funded medical training places for the 2019/20 to 2021/22 UGC triennium.

22. The Chief Executive announced in the 2017 Policy Address that HA would employ all qualified local medical graduates and provide them with relevant specialist training. Over 2 000 medical graduates will register as medical practitioners in the next five years[2].

(7)

23. The number of clinical doctors who have gained administrative experiences in HA Head Office in each of the financial years from 2012-13 to 2016-17 is as follows –

Financial year	**Number of clinical doctors who have gained administrative experiences in HA**
2012-13	2
2013-14	0
2014-15	2
2015-16	1
2016-17	0

[2] In each of the years from 2018 to 2022, about 420 medical graduates will become medical practitioners with full registration. From 2023 onwards, about 470 medical graduates will become medical practitioners with full registration every year.

24. These clinical doctors will be arranged to take up administrative duties for a short period of time. After gaining administrative experiences, they will share what they have learned when they return to their own departments. This will also help improve the communication and co-ordination between the clusters and the headquarters.

25. Operating under the principle of professional self-regulation, MCHK is an independent statutory body established in 1884 under and empowered by the Medical Registration Ordinance (Cap. 161) to assure and promote the professional competence of doctors in Hong Kong in order to protect patients and the public. MCHK is responsible for the registration of doctors and specialists, the conduct of Licensing Examination, and the maintenance of ethics, professional standards and discipline in the medical profession. Five statutory committees and a panel of assessors are established under MCHK for the better performance of its duties and exercise of its powers. The statutory functions of the committees and the panel of assessors are as follows -

Ethics Committee

- to study and review any case relating to medical ethics or professional conduct, either on its own motion or at the request in writing of not less than 20 registered medical practitioners; and

- to advise and make recommendations to MCHK on matters about medical ethics and professional conduct generally.

Education and Accreditation Committee

- to determine, upon the recommendation of the Hong Kong Academy of Medicine (HKAM), the specialties under which names of registered medical practitioners may be included in the Specialist Register;

- to recommend to MCHK, on the recommendation of HKAM, the qualification, experience and any other attributes that qualify a registered medical practitioner to have his name included in the Specialist Register under a particular specialty;

- to recommend to MCHK the procedures, documentations and fees payable for including the name of a registered medical practitioner in the Specialist Register;

- to recommend and review the standard and structure of undergraduate medical education and medical training required for a person to become a registered medical practitioner; and

- to recommend to MCHK whether the name of a registered medical practitioner should be included in or removed from the Specialist Register.

Health Committee

- to conduct a hearing into any case or matter concerning the health or physical or mental fitness to practise of any registered medical practitioner;

- to conduct a hearing into matters referred by MCHK under section 21(1) of the Medical Registration Ordinance (disciplinary hearings);

- to make a recommendation to MCHK, after the above hearing, that the name of a registered medical practitioner be removed from the General Register permanently or for any period not exceeding 12 months, and that, where appropriate, such an order for removal be suspended subject to certain conditions; and

- to recommend an extension, not exceeding 12 months, of the period of the suspension, as recommended above, of the order for name removal.

Licentiate Committee

- Responsible for administering and running the Licensing Examination for non-local medical graduates, and responsible for the assessment of interns during the period of supervised training.

The Preliminary Investigation Committee

- to make preliminary investigations into complaints or information touching any matter that may be inquired into by MCHK or heard by the Health Committee and to give advice on the matter to any registered medical practitioner;

- to make recommendations to MCHK for the holding of an inquiry under section 21 of the Medical Registration Ordinance;

- to make recommendations to the Health Committee for conducting a hearing; and

- to make preliminary investigations upon a referral by the Education and Accreditation Committee.

Panel of Assessors

- For the purpose of conducting an inquiry under section 21 of the Medical Registration Ordinance.

(9) (10)

26. MCHK currently has a total of 28 members, comprising 24 doctor members and four lay members. Lay members only account for about 14% of the total membership of the MCHK. The mission of the MCHK is to safeguard public interest. The Government considers that there is need to increase the number of lay members to enhance the credibility and accountability of the MCHK.

27. To enhance lay participation in MCHK, the Medical Registration (Amendment) Bill 2016 (MR(A) Bill 2016) proposed increasing the number of lay members from four (about 14%) to eight (25%). During the scrutiny of the Bills Committee on the MR(A) Bill 2016, the Government, upon consideration of the opinions from the members of the Bills Committee and major stakeholders, submitted a government committee stage amendment by appointing persons representing interests of consumers and patients to take up these four additional lay member seats of MCHK. The proposal was widely supported by the Legislative Council and major stakeholders. Such proposal was also discussed and gained support in the Tripartite Platform.

28. The Medical Registration (Amendment) Bill 2017 suggests increasing the number of lay members from four to eight and further stipulates that three out of the four additional lay members would be elected to MCHK by patient-related organisations recognised by the Permanent Secretary for Food and Health (Health) and the other one would be nominated by the Consumer Council. Appointment by the Chief Executive is not required.

29. Currently, the four lay members include two lawyers, one person from the social welfare sector and one person from the accounting sector. We believe that the four additional lay members, together with the existing ones, will be able to provide MCHK with views from different perspectives in the community, thereby enhancing its accountability and credibility.

30. The criteria for recognised patient-related organisations and election arrangements for the three patient representatives will be prescribed in the subsidiary legislation, with proposed details at **Annex 2**.

Food and Health Bureau
October 2017

Annex 1

立法會CB(2)2105/16-17(01)號文件

敬啟者

有關《2017 年醫生註冊(修訂)條例草案》

(1)(i)請政府分別提供過去五年本地醫科生(a)學額的數目、(b)畢業率、(c)醫科畢業生佔全體學士學歷畢業生的比率及(d)醫科畢業生加入公營醫療體系佔全體醫科畢業生的比率。

(ii)請政府就上述問題(i)分別提供美國、加拿大、英國、澳洲、日本、韓國和台灣的比較數字。

(iii)請政府分別提供(a)過去五年間政府投放於醫科教育資源的款項、(b)過去五年間政府投放於醫科教育資源的金額佔全體教育擬款的比例及(c)過去五年間政府投放於醫科教育資源的金額佔香港整體 GDP 的比例。

(iv)請政府就上述問題(iii)分別提供美國、加拿大、英國、澳洲、日本、韓國和台灣的比較數字。

(2)(i)請政府分別提供過去五年間(a)投放於公營醫療系統的金額及(b)投放於公營醫療系統金額佔整體公共開支的比例及(c)投放於公營醫療系統金額佔整體 GDP 的比例。

(ii)請政府就上述問題(i)分別提供美國、加拿大、英國、澳洲、日本、韓國和台灣的比較數字。

(iii)請政府分別提供過去五年間(a)公營系統醫生和私營系統醫生的數目比例、(b)公營系統醫生的平均薪酬及(c)私營系統醫生的平均薪酬。

(iv)請政府就上述問題(iii)分別提供美國、加拿大、英國、澳洲、日本、韓國和台灣的比較數字。

(v)請政府分別提供過去五年間(a)公營系統醫生數目、(b)公營系統醫生佔整體人口的比例、(c)整體醫委會醫生名冊內的註冊醫生數目及(d)醫委會醫生名冊內的註冊醫生佔整體人口的比例

(vi)請政府就上述問題(v)分別提供美國、加拿大、英國、澳洲、日本、韓國和台灣的比較數字。

(3)請政府分別列出(a)自「有限度註冊」制度實施以來，經此制度在醫委會註冊的醫生總數，(b)過去五年每年經此制度在醫委會註冊的醫生數目，(c)過去五年間每年經此制度註冊的醫生在前線執業的數目及(d)制度實施以來經此制度在港逗留和執業的最長時間為何。

(4)請政府以列表形式，按原居地和海外認可專業資格類別分別列出過去五年間經「有限度註冊」制度來港註冊成為醫生的數目。

(5)請政府提供有關本地醫護人手的檢討結果。並分別詳細列出在 2020 年、2025 年和 2030 年醫生短缺的數目，亦請解釋何為「醫生人手短缺」和計算這個結果當中的醫生和人口比例為何。

(6)承上題，按上述檢討結果，政府擬就未來醫生人手短缺的情況增加醫科生學額和資源的詳情。

(7)請政府告知本委員會，過年五年間年每年被抽調到醫管局和七大聯網中的行政綱位、擔任純粹行政工作的臨床醫生數目。

有關醫委會組成的新增業外委員部分

(8)請政府詳細地向本委員會解釋醫務委員會的(a)成立目的和歷史、(b)所有有關的職能、(c)所有權責。

(9)請政府解釋何謂「獲食物及衛生局常任秘書長認可與病人有關的組織選出」？要獲食衛局秘書長認可為與病人有關組織的標準為何？

(10)請政府解釋新增的四名業外委員加人消費者委員會代表的原意和意義為何？政府是否有考慮新增的業外委員成員包括具公信力的人士，例如大律師公會成員、律師會成員、法官或立法會議員？如否，請解釋。

此致

2017 年醫生註冊(修訂)條例草案法案委員會主席 張宇人議員

食物及衛生局局長 陳肇始教授

醫療規劃及發展統籌處處長 孫玉菡先生

立法會議員

朱凱廸 謹啟

2017 年 9 月 22 日

Annex 2

Key proposed election arrangement for the three persons representing patients' interests at the Medical Council of Hong Kong

(A) Eligibility of an elector

An organization that wishes to be an elector will make an application to the Permanent Secretary for Food and Health (Health) and it must prove to the satisfaction of the Permanent Secretary that it meets all of the following requirements —

(a) it is —

(i) a company as defined by section 2(1) of the Companies Ordinance (Cap. 622); or

(ii) a society, or a branch of a society, registered under section 5A(1) of the Societies Ordinance (Cap. 151);

(b) its principal objective is to safeguard or represent patients' interests;

(c) it has incorporated or registered under the Companies Ordinance (Cap. 622) or the Societies Ordinance (Cap. 151) for at least 2 years immediately before the application and has been carrying on activities to safeguard or represent patients' interests;

(d) it is recognized by or registered with an overseeing/management authority which includes —

(i) the Hospital Authority established under the Hospital Authority Ordinance (Cap. 113);
(ii) the Social Welfare Department;
(iii) the Hong Kong Society for Rehabilitation; and
(iv) any other entity recognized and accepted by the Permanent Secretary for Food and Health (Health).

2. A valid nomination shall be made by one elector as proposer and four electors as seconders.

(B) Electoral office

3. The Secretary of MCHK will conduct the election in accordance with the procedures as set out in the subsidiary legislation.

(C) Conduct of election

4. The election will be conducted on a triennial basis.

(D) Nomination of candidates

5. Each elector may nominate one candidate for election in accordance with its own internal rules.

(E) Voting

6. Voting at the polls is to be done by secret ballot. Each elector will be entitled to three votes. The three candidates who obtain the greatest number of votes will be elected.

(F) Term of office

7. The term of office of the three lay Council members is three years, and the members may be re-elected.

(G) By-election

8. If the office of an elected member becomes vacant, and at the time the vacancy arises, the unexpired term of office is not less than twelve months, the electoral office must, as soon as practicable, hold a by-election to elect a qualified candidate to hold that office for the unexpired term. The term of office of the member elected through the by-election is the unexpired term of the vacant office.

(H) Transitional arrangement

9. If the Permanent Secretary for Food and Health (Health) is satisfied that an applicant, who does not fulfill the requirements in paragraph 1(c), has been in operation for two years before the commencement date of section 4 of the Medical Registration (Amendment) Ordinance 2017 (of 2017), such application may be approved. The above transitional arrangement ceases to have effect on the expiry of two years after the first election.