



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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Clerk to Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong
(Attn.: Ms. Maisie LAM)

Dear Ms LAM,

**Legislative Council Panel on Health Services
Follow-up to the special meeting and policy briefing on
21 October 2019**

At the special meeting and policy briefing of the Panel on Health Services held on 21 October 2019, members requested the Administration to provide written response to some follow-up items concerned. Our response is as follows.

(a) new measure(s) put in place for (i) attracting more qualified non-locally trained specialist medical practitioners to serve in the public healthcare sector; and (ii) shortening the waiting time for public healthcare services, in particular specialist outpatient services

(i) Recruitment of non-locally trained doctors

Since 2011-12, the Hospital Authority (HA) has started the recruitment of non-locally trained doctors under limited registration (LR) to alleviate the workload of frontline doctors. As of 31 March 2020, a total of 61 applications for LR from non-locally trained doctors have been submitted and approved by the Medical Council of Hong Kong (MCHK), while 24 non-locally trained doctors were working in HA under LR. In addition, five non-locally trained doctors will

report duty in Q2 to Q3 in 2020.

Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period and renewal period of LR have been extended from not exceeding one year to not exceeding three years. Together with the implementation of a series of enhancement measures, the number of non-locally trained doctors recruited through the LR scheme is expected to increase. The relevant measures mainly focus on enhancement in three aspects, namely mechanism of allocation and monitoring of supernumerary posts and additional government funding for LR recruitment; recruitment and communication strategies; and career prospect and specialty training opportunities for non-locally trained doctors.

Since April 2019, HA has expanded the scope of LR recruitment to all specialties at the rank of Service Resident, and to recruit non-locally trained specialists at the rank of Associate Consultant in specialties with significant shortage of specialists (including Anaesthesia, Anatomical Pathology, Cardiothoracic Surgery, Otorhinolaryngology, Obstetrics and Gynaecology, Ophthalmology, Radiology, Nuclear Medicine, Neurosurgery and Plastic Surgery).

In order to encourage and attract more qualified non-locally trained doctors to serve in the public hospitals and to relieve manpower shortage, the HA Board approved measure to improve career enhancement opportunities for non-locally trained doctors at the Administrative Operational Meeting in April 2019. Non-locally trained doctors at the rank of Service Resident with five or more years of clinical experience in public hospitals after obtaining specialist qualification will have the chance to be promoted to the rank of Associate Consultant.

As regards the provision of specialist training for non-locally trained doctors, a number of colleges under the Hong Kong Academy of Medicine, including Emergency Medicine, Family Medicine, Paediatrics and Internal Medicine, have agreed to admit these doctors to continue their specialist training in Hong Kong. HA has updated the recruitment requirements for doctors with LR accordingly. It is expected that more non-locally trained doctors can be attracted to serve in the public healthcare system of Hong Kong. To facilitate non-locally trained doctors to meet the specific rotation training requirements as set out by the colleges, HA has also sought approval from MCHK for deployment of non-locally trained doctors in different units in public hospitals according to service and training needs.

Besides, MCHK approved the proposed exemption arrangement on the period of assessment for non-locally trained specialist doctors after passing the licensing examination on 8 May 2019. The exemption would be conducive to attracting

more non-locally trained doctors to join the local healthcare system. HA is in the process of following up with MCHK on the detailed implementation arrangement for the new exempted period of assessment.

HA is currently conducting year-round recruitment of non-locally trained doctors. Recruitment advertisements are published in local and overseas newspapers, as well as medical journals in order to attract more applicants. Since 28 February 2019, HA has launched a designated webpage on HA's website and a portal in HA's mobile application "HA Touch" to introduce the LR scheme. HA will also continue to promote the recruitment scheme through overseas recruitment talks. Further to HA's recruitment talk in London in September 2018, HA also joined the Food and Health Bureau in promoting the LR scheme in Sydney and Melbourne, Australia in September 2019.

(ii) Waiting time for Specialist Outpatient Clinic service

HA has implemented the triage system for new specialist outpatient clinics (SOPC) referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge. HA will continue to implement the triage system to ensure that the cases most in need will receive timely treatment.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; and optimising appointment scheduling practices of SOPCs; etc.

In 2020-21, HA will continue to implement annual plan programmes to increase SOPC service capacity in all hospital clusters covering the major specialties. For instance, Kowloon Central Cluster (KCC) and Kowloon East Cluster (KEC) will build up SOPC service capacity of Internal Medicine. KCC and Kowloon West Cluster will augment SOPC service capacity of Orthopaedics and Traumatology while enhancing their Family Medicine Specialist Clinics services to help alleviate pressure on SOPC demand. KEC will also enhance SOPC service capacity of Ophthalmology and Psychiatry.

(b) the number of people who had purchased or migrated to Certified Plans under the Voluntary Health Insurance Scheme since its launch in April 2019

As at end-September 2019, the number of Voluntary Health Insurance Scheme (VHIS) policies was around 301 000. Among them, around 56 000 were newly issued policies, and around 245 000 were policies migrated from individual indemnity hospital insurance plan policies effected before the commencement of VHIS.

(c) policies and measures putting in place by HA for enhancing communication with the Police to ensure the provision of a safe and stable environment for patients in public hospitals

HA and the Police have established a two-tier communication platform. At the headquarter level, the management of both sides would meet regularly to communicate on policy matters. At the district level, 18 hospitals with Accident and Emergency departments have set up liaison mechanism with the respective police districts to enhance communication and collaboration between frontline staff.

Yours sincerely,



(Nicky LEUNG)

for Secretary for Food and Health