

立法會
Legislative Council

LC Paper No. CB(4)1432/20-21
(These minutes have been
seen by the Administration)

Ref : CB4/BC/6/20

Bills Committee on Medical Registration (Amendment) Bill 2021

Minutes of the first meeting
held on Wednesday, 23 June 2021, at 9:00 am
in Conference Room 2 of the Legislative Council Complex

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)
Hon SHIU Ka-fai, JP (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBM, GBS, JP
Hon Frankie YICK Chi-ming, SBS, JP
Hon YIU Si-wing, SBS
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon CHIANG Lai-wan, SBS, JP
Ir Dr Hon LO Wai-kwok, GBS, MH, JP
Hon CHUNG Kwok-pan
Dr Hon Junius HO Kwan-yiu, JP
Dr Hon Pierre CHAN
Dr Hon CHENG Chung-tai
- Member absent** : Hon Paul TSE Wai-chun, JP
- Members attending** : Hon Michael TIEN Puk-sun, BBS, JP
Hon CHAN Han-pan, BBS, JP
- Public Officers attending** : Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Ms Shirley KWAN Yu-pik
Deputy Secretary for Food and Health (Health)3
Food and Health Bureau

Mr Chris FUNG Pan-chung
Principal Assistant Secretary for Food and Health (Health)3
Food and Health Bureau

Dr Edmund FONG Ho-ching
Principal Medical & Health Officer
(Service and Manpower Planning)
Department of Health

Dr Deacons YEUNG
Director (Cluster Services)
Hospital Authority

Dr Sharon WONG
Chief Manager (Medical Grade)
Hospital Authority

Ms Amy CHAN Wing-yan
Senior Assistant Law Draftsman
Department of Justice

Ms Carmen CHAN Ka-man
Senior Government Counsel
Department of Justice

Clerk in attendance : Mr Colin CHUI
Chief Council Secretary (4) 3

Staff in attendance : Ms Wendy KAN
Assistant Legal Adviser 6

Miss Natalie YEUNG
Council Secretary (4) 3

Miss Ariel SHUM
Legislative Assistant (4) 3

Action

I. Election of Chairman (and Deputy Chairman)

Election of Chairman

Mr Tommy CHEUNG, the member present who had the highest precedence, called for nominations for the chairmanship of the Bills Committee.

2. Mr YIU Si-wing nominated Ms Elizabeth QUAT and the nomination was seconded by Mr Frankie YICK. Ms Elizabeth QUAT accepted the nomination. There being no other nomination, Ms Elizabeth QUAT was declared the Chairman of the Bills Committee.

Election of Deputy Chairman

3. The Chairman invited nominations for the deputy chairmanship. Mr Frankie YICK nominated Mr SHIU Ka-fai and the nomination was seconded by Dr CHIANG Lai-wan. Mr SHIU Ka-fai accepted the nomination. There being no other nomination, the Chairman declared Mr SHIU Ka-fai elected as the Deputy Chairman of the Bills Committee.

II. Meeting with the Administration

[FH CR 1/F/3261/92, LC Paper Nos. CB(3)577/20-21, LS77/20-21, CB(4)1148/20-21(01)-(02), CB(4)1157/20-21(01)]

(Index of proceedings of the meeting is attached at the **Annex**.)

Criteria for special registration

Permanent resident status in Hong Kong

4. A member had strong reservation on the scope of the Medical Registration (Amendment) Bill 2021 ("the Bill") under which only non-locally trained doctors who were Hong Kong permanent residents ("HKPRs") could apply for the grant or renewal of a special registration. The member considered that the Bill's effectiveness in increasing the number of non-locally trained doctors to practise in Hong Kong would be low and the Administration would have to further amend the Medical Registration Ordinance (Cap. 161) in a few years' time. Noting that the member's proposed bill to amend Cap. 161 would provide pathways for non-locally trained doctors who were children of HKPRs to become fully registered, the Administration was asked to explain why they were not included in the Bill,

Action

given that doctors were in great demand worldwide and Hong Kong had to compete with other countries for supply of doctors. The member indicated an intention to amend the proposed new section 14C(3)(a) of Cap. 161 under clause 8 of the Bill. Some other members, however, supported the requirement of an applicant being a HKPR imposed by the Bill.

5. The Administration responded that its current proposal was to include only HKPRs having regard to their cultural background and their attachment to Hong Kong. In drawing up the Bill, the Administration had made reference to the experience of Singapore and Australia in dealing with shortage of doctors.

6. In response to some members' enquiry as to whether it would still proceed with the Bill if there were amendments thereto to be moved by members, the Administration advised that it was willing to listen to members' views in this regard.

Medical work experience

7. There was a suggestion that, in addition to their medical qualifications, applicants' previous medical work experience should also be considered in the determination of whether such applicants should be admitted to practise in Hong Kong. The Administration explained that medical qualifications would be a comparatively more objective criterion for consideration of admission of non-locally trained doctors.

Special Registration Committee

Composition of the Special Registration Committee

8. A question was raised on why all members of the Special Registration Committee ("SRC") were appointed by the Chief Executive, instead of leaving a number of membership positions to be elected by the medical sector.

9. The Administration responded that SRC was established for the purpose of recommending the list of recognized medical qualifications to be awarded by non-local medical schools, with a view to ensuring the quality of the non-locally trained doctors to be admitted. Among a maximum of 10 SRC members, six of them (including the Director of Health, Chief Executive of the Hospital Authority ("HA"), Chairman of the Medical Council of Hong Kong, President of the Hong Kong Academy of Medicine, Dean of the Faculty of Medicine of The University of Hong Kong and his/her counterpart in The Chinese University of Hong Kong) had possessed

Action

sufficient expertise in performing SRC's functions. Hence, the Administration considered it appropriate for the Chief Executive to appoint the remaining members in order to obtain a balanced mix.

Professional autonomy of the Special Registration Committee

10. According to the proposed new section 14F(4) of Cap. 161 under clause 8 of the Bill, if the Secretary for Food and Health ("SFH") considered that the public interest so required, he/she might issue to SRC directives about SRC's performance of its functions under Cap. 161. A question was raised as to under what circumstances SFH would issue such directives. There was also concern that with such overriding power conferred on SFH who might not be a doctor, the aforesaid provision might not be in conformity with the provision concerning professional autonomy stipulated in the Basic Law.

11. The Administration explained that the provision was to cater for any unforeseen circumstances. For instance, if SRC could not determine the list of recognized medical qualifications within a reasonable period of time, SFH could issue a directive to set a deadline for the task. It assured members that the SFH's power would not be exercised arbitrarily, but only when the public interest so required. SFH's directives would not interfere with SRC's decisions on recognized medical qualifications and would not undermine professional autonomy.

Expected time frame for work of Special Registration Committee

12. A question was raised on the extent of the shortage of doctors could be improved and the timing for admission of non-locally trained doctors if the Bill were passed. The Administration responded that after the passage of the Bill, SRC would be set up and around one year would be needed for SRC to compile the list of recognized medical qualifications. The Administration was requested to expedite the process.

Exemption from taking Licensing Examination

13. Whilst stressing the importance of the quality of non-locally trained doctors to be admitted, a member took the view that non-locally trained specialist doctors should be exempted from taking and passing the Licensing Examination while non-locally trained junior doctors should be required to pass the Licensing Examination so as to ensure their quality. As non-locally trained doctors who had yet to receive specialist training would have to complete the entire specialist training in Hong Kong, the member considered it unfair for such non-locally trained doctors to take training resources and opportunities which could originally be given to locally trained doctors.

Action

14. The Administration replied that the purpose of covering doctors without specialist qualification under the proposed new pathway was to enhance the attractiveness of the special registration scheme. Non-locally trained doctors were required to work in the public healthcare sector for at least five years after obtaining specialist qualification in order to be eligible for full registration while locally trained doctors would not have such requirement. The Administration believed it had already balanced the interests of the parties concerned.

Proposed extension of employment period in the public healthcare sector

15. There was a suggestion to extend the proposed required employment period for non-locally trained doctors with special registration in the public healthcare sector from at least five years to at least eight years. The Administration responded that a period of five years was sufficient to assess non-locally trained doctors' performance.

Concerns or difficulties hindering early introduction of the Bill

16. A member asked about the concerns or difficulties hindering the Administration from introducing the Bill into the Legislative Council ("LegCo") earlier. The members wondered whether such concerns or difficulties would persist and, if not, whether the Administration would adopt a more proactive approach in admitting non-locally trained doctors in the future.

17. The Administration explained that it had been deploying various measures in response to the medical service demand and manpower shortage. Local medical graduates had been a major source of doctor supply. Non-locally trained doctors could be admitted by passing the Licensing Examination or under the limited registration scheme. The Medical Council of Hong Kong had also increased the frequency and enhanced the transparency of the Licensing Examination, thereby facilitating the admission of non-locally trained doctors. Given the limitations of the current pathways for admission of non-locally trained doctors, the Administration proposed to introduce the new pathway of special registration.

Implications on current admission pathways

18. In response to the question as to whether the Licensing Examination would still be available after introducing the new pathway of special registration, the Administration affirmed that the Licensing Examination would still be a valid pathway for admission of doctors and the special registration would be an additional choice for non-locally trained doctors who sought to practise in Hong Kong.

Action

Proposed direct admission by Hospital Authority and Department of Health

19. Expressing support to the Bill, a member proposed creating another new pathway which allowed HA and the Department of Health to directly approve the admission of non-locally trained doctors, without routing through SRC, in order to simplify and accelerate the admission process. The member indicated an intention to move an amendment to the Bill to give effect to this proposal. The Administration replied that the admission mechanism proposed in the Bill was already simple and could ensure the quality of the non-locally trained doctors to be admitted.

Shortage of Doctors

Wastage of doctors in the Hospital Authority

Admin

20. Noting the views from some members of the public that the Administration should only resort to non-locally trained doctors after seeking to retain doctors in HA, some members requested the Administration to provide the wastage rate of doctors in HA in the past three to five years. The Administration advised that the wastage rate of doctors in HA had dropped from 6.4% (i.e. around 370 doctors) to 4.1% (i.e. around 260 doctors) in the past three years and there was a net increase of 700 doctors in the past five years. It undertook to provide supplementary information after the meeting.

(Post-meeting note: The Administration provided, under item (a) of the Enclosure to LC Paper No. CB(4) 1193/20-21(02) dated 2 July 2021, supplementary information on the wastage rate of doctors in HA.)

21. Several members considered that the overall management of HA should be strengthened to address the escalating service demand and manpower shortage issues of doctors in the public healthcare system. They urged the Administration to review the problem. Some other members asked whether the Administration could reduce the administrative workload (such as attending meetings) of senior doctors in HA, so that they could be released to provide medical services for patients. They further enquired about the incentives offered by HA to retain doctors in the public healthcare system.

Admin

22. The Administration responded that a basket of measures had been rolled out by HA to retain doctors. Currently, there were over 100 doctors from the private sector working in HA as locum doctors and over 90 senior doctors retained under the Special Retired and Rehire Scheme. Further information would be provided by the Administration after the meeting.

Action

(*Post-meeting note:* The Administration provided, under item (b) of the Enclosure to LC Paper No. CB(4) 1193/20-21(02) dated 2 July 2021, supplementary information on the incentives offered by HA to retain doctors.)

Medical manpower projection

23. Noting that Hong Kong had a per capita doctor ratio of 2 doctors per 1 000 population for the time being and almost 90% of the public were using HA's inpatient services, a member estimated that there should be 16 000 HA doctors in order to achieve a ratio of 3.2 doctors per 1 000 population in the public healthcare sector, implying a manpower shortage of 10 000 HA doctors. The member requested the Administration to develop a standard for determining the number of non-locally trained doctors to be employed by HA.

24. The Administration advised that a healthcare manpower projection had been conducted every three years since 2017. According to the Healthcare Manpower Projection 2020, the projected doctor shortage of HA would be 800 and 960 in 2030 and 2040 respectively, taken into account factors such as the ageing population, population growth and demographic changes. Introducing non-locally trained doctors under the special registration scheme was one of the ways to tackle the manpower shortfall, in addition to increasing the number of training places in local medical schools, admitting non-locally trained doctors under the limited registration scheme, retaining HA doctors, etc.

25. The member doubted the accuracy of the manpower projection as it was calculated based on existing service levels instead of improved service levels. In this connection, the Administration was requested to provide the expected per capita doctor ratio in Hong Kong compared to other advanced economies, if the shortage of doctors stated in the Healthcare Manpower Projection 2020 could be solved.

Admin

(*Post-meeting note:* The Administration's response to the aforesaid enquiry was set out under item (d) of the Enclosure to LC Paper No. CB(4) 1193/20-21(02) dated 2 July 2021.)

Long waiting time of public healthcare services

26. Some members considered the healthcare system in Hong Kong problematic given the long waiting time for new case bookings for specialist out-patient services and surgical services in a few public hospitals. They

Action

called for the Administration to take a multipronged approach in addressing the problem. They also asked, other than the proposed special registration regime to increase doctor supply, what measures the Administration would roll out to improve the public healthcare services.

27. The Administration stressed that most of the long queues were for routine cases which were stable and non-urgent and priority would be accorded to urgent cases. Nonetheless, it agreed that a multipronged approach should be adopted. The Administration had set up the Steering Committee on Primary Healthcare Development and District Health Centres would be established in 18 districts in a bid to enhance primary healthcare services, thereby alleviating HA's pressure. It would also step up efforts in promoting public-private partnership to better utilize medical resources in the private sector.

28. Some other members expressed discontent with the Administration's reply, pointing out that the long waiting time could lead to deterioration in the health condition of non-urgent patients. They urged the Administration to pursue various measures for dealing with doctor shortage.

Overseas per capita doctor ratio

29. Some members said that according to information from some medical bodies, around 60-70% of doctors in Hong Kong were serving in the private healthcare system which covered 10-20% of the public while 30-40% of doctors were serving in the public healthcare system which covered 70-80% of the public. These members requested the Administration to provide the ratio of doctors in public healthcare system to those in private healthcare system in Japan and Singapore, which had a similar per capita doctor ratio compared to Hong Kong.

Admin

30. Whilst agreeing to look for the requested information, the Administration pointed out that local and overseas figures might not be directly comparable as the structure and financing of the local healthcare system might be different from their overseas counterparts. It added that in Hong Kong, while 80-90% of the public relied heavily on the public healthcare system for inpatient services, 70% of primary healthcare services were provided by the private sector.

(*Post-meeting note: The Administration provided, under item (c) of the Enclosure to LC Paper No. CB(4) 1193/20-21(02) dated 2 July 2021, supplementary information on the overseas per capita doctor ratio.*)

Action

Supply of other healthcare manpower and resources

31. Some members queried whether, apart from shortage of doctors, there was sufficient supply of other healthcare manpower (e.g. nurses) and resources (e.g. beds) in public hospitals. The Administration advised that it would keep track of the manpower supply of other healthcare professionals and HA's first and second ten-year hospital development plans would provide adequate hardware facilities to fulfil the service need.

III. Any other business

Invitation of public views

32. In response to an enquiry on whether deputations would be invited to make oral representations to the Bills Committee on the Bill, the Chairman suggested inviting written submissions from the public in the light of the pandemic. Members agreed.

(Post-meeting note: On 24 June 2021, a notice was posted on the LegCo website to invite submissions from members of the public.)

33. The Chairman advised members that they would be notified of the details of the next meeting in due course.

34. There being no other business, the meeting ended at 10:25 am.

Council Business Division 4
Legislative Council Secretariat
25 August 2021

**Proceedings of the first meeting of the
Bills Committee on Medical Registration (Amendment) Bill 2021
on Wednesday, 23 June 2021, at 9:00 am
in Conference Room 2 of the Legislative Council Complex**

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
Agenda item I - Election of Chairman (and Deputy Chairman)			
000346-000652	Mr Tommy CHEUNG Mr YIU Si-wing Mr Frankie YICK Ms Elizabeth QUAT Dr CHIANG Lai-wan Mr SHIU Ka-fai	Election of Chairman and Deputy Chairman	
000653-000900	Chairman	Suspension of meeting	
Agenda item II - Meeting with the Administration			
000901-001838	Chairman Administration	Briefing by the Administration	
0001839-002505	Chairman Mr Tommy CHEUNG Administration	<u>Criteria for special registration</u> <i>Permanent resident status in Hong Kong</i> <i>Medical work experience</i>	
002506-002524	Chairman Administration	<u>Criteria for special registration</u> <i>Permanent resident status in Hong Kong</i>	
002525-003120	Chairman Dr Pierre CHAN Administration	<u>Special Registration Committee</u> <i>Professional autonomy of the Special Registration Committee</i>	
003121-004103	Chairman Dr CHENG Chung-tai Mr Tommy CHEUNG Mr CHAN Han-pan Administration	<u>Invitation of public views</u> <u>Shortage of Doctors</u> <i>Wastage of doctors in the Hospital Authority</i> <u>Criteria for special registration</u> <i>Permanent resident status in Hong Kong</i> <u>Special Registration Committee</u> <i>Composition of the Special Registration Committee</i>	
004104-004720	Chairman Dr CHIANG Lai-wan Administration	<u>Shortage of Doctors</u> <i>Medical manpower projection</i>	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
004721-005423	Chairman Ms Alice MAK Administration	<u>Shortage of Doctors</u> <i>Long waiting time of public healthcare services</i>	
005424-010045	Chairman Mr CHAN Han-pan Administration	<u>Shortage of Doctors</u> <i>Wastage of doctors in the Hospital Authority</i> <i>Long waiting time of public healthcare services</i> <i>Overseas per capita doctor ratio</i>	
010046-010716	Chairman Mr YIU Si-wing Administration	<u>Concerns or difficulties hindering early introduction of the Bill</u> <u>Implications on current admission pathways</u>	
010717-011447	Chairman Dr Junius HO Administration	<u>Proposed direct admission by the Hospital Authority and Department of Health</u>	
011448-012031	Chairman Administration	<u>Criteria for special registration</u> <i>Permanent resident status in Hong Kong</i> <u>Shortage of Doctors</u> <i>Wastage of doctors in the Hospital Authority</i>	
012032-012727	Chairman Mr Michael TIEN Administration	<u>Exemption from taking Licensing Examination</u> <u>Criteria for special registration</u> <i>Permanent resident status in Hong Kong</i> <u>Proposed extension of employment period in the public healthcare sector</u> <u>Supply of other healthcare manpower and resources</u>	
Agenda Item III - Any other business			
012728-012827	Chairman	Invitation of public views Closing remarks	