

**立法會**  
**Legislative Council**

LC Paper No. CB(4)1713/20-21  
(These minutes have been seen  
by the Administration)

Ref : CB4/BC/6/20

**Bills Committee on Medical Registration (Amendment) Bill 2021**

**Minutes of the second meeting**  
**held on Wednesday, 14 July 2021, at 9:00 am**  
**in Conference Room 3 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 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
- Members attending** : Hon Michael TIEN Puk-sun, BBS, JP  
Hon CHAN Han-pan, BBS, JP
- Members absent** : Hon Mrs Regina IP LAU Suk-ye, GBM, GBS, JP  
Hon Paul TSE Wai-chun, 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

Miss Suzanne WONG  
Secretary (Medical Council)  
Department of Health

Ms Fionne TSE Suk-ye  
Deputy Secretary (Medical Council)3  
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

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**I. Meeting with 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) and CB(4)1193/20-21(01) to (02)]

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

Admission criteria

2. Given the high threshold for non-locally trained doctors ("NLTDs") to be eligible for special registration and practise in Hong Kong, some members were skeptical about the number of doctors to be admitted under the proposed scheme. They expressed concern that there might only be 100 to 200 NLTDs admitted in total, which would not be enough to make up for the shortage of doctors. In this connection, the Administration was requested to advise the number of Hong Kong permanent residents ("HKPRs") currently studying Medicine in other places. Some members also questioned if, other than the medical qualifications awarded by non-local medical schools, medical work experience possessed by the applicants could also be considered in the determination of whether such applicants should be admitted to practise in Hong Kong.

3. The Administration stressed that the special registration scheme aimed to admit NLTDs to practise in Hong Kong without compromising the quality of medical services. Medical qualifications would be a comparatively more objective criterion to ensure the quality of NLTDs to be admitted. The Administration also indicated that the new pathway of special registration was proposed to be applicable to HKPRs only on consideration of their cultural background and their attachment to Hong Kong. It estimated that there might be hundreds of Hong Kong students currently studying Medicine outside Hong Kong.

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*(Post-meeting note: The Administration provided, under item (c) of the Enclosure to LC Paper No. CB(4)1286/20-21(02) dated 23 July 2021, supplementary information on the number of HKPRs currently studying Medicine outside Hong Kong.)*

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4. Some other members agreed with the Administration that examining applicants' medical qualifications would be a more preferable option. For those NLTDs with exceptionally remarkable medical work experience yet without recognized medical qualifications, those members considered that applications could be considered on a case-by-case basis.

Recognized medical qualifications awarded by non-local medical schools

5. A question was raised on why the expected number of recognized medical qualifications awarded by non-local medical schools mentioned in Secretary for Food and Health's Blog published on 23 May 2021 was unlimited, which differed from the number (i.e. 100) originally mentioned by the Administration.

6. The Administration explained that no limit had been set on the number of recognized medical qualifications and the estimation of 100 was only for reference regarding the number of medical qualifications expected to be recognized. Some other members agreed not to set a limit on the number of recognized medical qualifications.

7. According to paragraph 14 of the Legislative Council Brief (FH CR 1/F/3261/92) on the Medical Registration (Amendment) Bill 2021 ("the Bill") issued by the Food and Health Bureau on 18 May 2021, the recognized medical qualifications awarded by non-local medical schools should be broadly comparable to those awarded by the two local medical schools. Members requested the Administration to elaborate in an objective way on the meaning of "broadly comparable".

8. The Administration responded that as provided in the Bill, the Special Registration Committee ("SRC") should take into account a number of factors such as the curriculum of the programmes concerned and international rankings of the awarding bodies in determining the list of recognized medical qualifications.

Exemption from taking the Licensing Examination

9. Pointing out that even many experienced local doctors had no confidence in passing the Licensing Examination ("LE"), some members were of the view that LE was not a desirable means to reflect the competence of a doctor comprehensively. Nonetheless, some other members opined that the medical profession was used to engaging in continuous professional development and taking examinations. It would not be too difficult for them to pass such kind of entry examinations at the first or second attempt.

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10. There was another suggestion that non-locally trained junior doctors who had not yet obtained specialist qualification should be required to pass LE, so as to ensure the quality of NLTDS to be admitted.

11. Noting that some people criticized the Bill for introducing to Hong Kong doctors who had not taken examinations, some members pointed out that those doctors to be admitted under the special registration scheme would be qualified doctors who had already passed certain examinations or obtained specialist qualifications. They called on the Administration to clarify and explain the relevant provisions in the Bill to the public.

12. The Administration indicated that the introduction of the special registration scheme was not intended to replace LE, but to create a new and alternative pathway for admission of NLTDS to practise in Hong Kong, in the light of the severe shortage of doctors.

Proposed extension of required employment period in the public healthcare sector

13. According to the Bill, NLTDS admitted under the special registration scheme would have to serve in the public healthcare sector for at least five years after obtaining specialist qualification in order to obtain full registration. There was a suggestion that the required employment period should be extended from at least five years to at least eight years for NLTDS who did not possess specialist qualification when applying for special registration in Hong Kong and had to receive specialist training therein, as extra resources had to be invested on them and the services they provided in the public healthcare sector should be construed as a return. Amendment(s) to the Bill might be proposed to give effect to the suggestion if the Administration refused to accept it.

14. The Administration responded that under the current mechanism, NLTDS admitted through limited registration were restricted to serve in the institutions specified in their respective applications only, unless they passed LE and obtained full registration. Given the limitations of the current mechanism and hence the need to put in place the proposed new pathway, it was necessary to strike a delicate balance between the length of the required employment period and the attractiveness of the special registration scheme.

Composition of the Special Registration Committee

15. Regarding clause 8 of the Bill, there was a suggestion that the SRC members set out in the proposed new section 14(G)(1)(c) to (h) of the

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Medical Registration Ordinance (Cap. 161) should be removed from the membership list. As a result, only the Director of Health or his/her representative and the Chief Executive of the Hospital Authority ("HA") or his/her representative would be members of SRC.

16. The Administration responded that the membership proposed in the Bill was intended to embrace different perspectives in the deliberations of SRC. Some of them gave advice from an employer's angle and some helped evaluate the quality of the medical qualifications proposed to be recognized. The composition provided a balanced mix with diverse background.

Impacts on professional autonomy

17. While some members argued that the Bill would undermine professional autonomy, some other members opined that the introduction of NLTDs would make no changes to the existing system concerning local doctors and questioned why professional autonomy had been brought up for discussion. The latter emphasized that professional autonomy should never prevail over public interest.

18. The Administration responded that pursuant to Article 142 of the Basic Law ("BL 142"), the Government of the Hong Kong Special Administrative Region ("HKSAR Government") "shall, on the basis of maintaining the previous systems concerning the professions, formulate provisions on its own for assessing the qualifications for practice in the various professions", and the HKSAR Government "shall continue to recognize the professions and the professional organizations recognized prior to the establishment of the Region, and these organizations may, on their own, assess and confer professional qualifications." The Administration considered that the introduction of a special registration scheme for NLTDs through amending Cap. 161 was in conformity with BL 142.

19. Some members noted that BL 142 also required the HKSAR Government to, on the basis of maintaining the previous systems concerning the professions, formulate provisions on its own for assessing the qualifications for practice in the various professions. They reckoned that the Administration was allowed by law to establish new registration regimes in addition to the current mechanisms. Claiming that professional autonomy protected by law prohibited any adjustments to the mechanism for registration of doctors was misleading and should be clarified.

20. Assistant Legal Adviser 6 ("ALA6") advised that a question in relation to BL 142 had been raised in her letter dated 22 June 2021 to the

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Administration (LC Paper No. CB(4)1157/20-21(01)). She would follow up the issue after the Administration's written response was received.

*(Post-meeting note: The Administration's response to ALA6's letter was provided vide LC Paper No. CB(4)1275/20-21(01) on 21 July 2021.)*

21. There was a view that upholding professional autonomy might not necessarily exclude non-locally trained professionals. Such non-exclusion could be seen by making reference to the registration system of engineers in Hong Kong. Under that registration system, the Hong Kong Institution of Engineers ("HKIE") was the only statutory professional engineering body in Hong Kong capable of qualifying professional engineers. Apart from recognizing local qualifications, HKIE also signed the Washington Accord with its overseas counterparts to mutually recognize engineering qualifications accredited by each other. Reciprocal recognition agreements had also been established among HKIE and some local and overseas engineering institutions/authorities for reciprocal recognition of professional and technologist qualifications.

Cost for training a doctor locally

Admin

22. Some members opined that the cost for training a medical student could somehow be saved if doctors were trained in other places and served in Hong Kong upon graduation. In this connection, the Administration was requested to advise the cost subsidized by the Administration for training a medical student (excluding the cost incurred by internship training), compared with those for training an arts student and a science student.

23. The Administration advised that the annual tuition fee paid by a medical student was around \$42,000 and the annual cost for training such a student was around \$600,000 (i.e. \$3.6 million per graduate for a 6-year Bachelor degree course in Medicine). The Administration undertook to provide supplementary information regarding the request.

*(Post-meeting note: The Administration's response to the aforesaid request was set out under item (b) of the Enclosure to LC Paper No. CB(4)1286/20-21(02) dated 23 July 2021.)*

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Other proposals to solve doctor shortage

*Proposed courses for non-locally trained doctors*

24. There was a suggestion that courses similar to top-up degree programmes should be offered to NLTDs who were HKPRs and possessed medical qualifications not recognized by SRC, so that they could practise in Hong Kong upon completion of the courses.

25. The Administration advised that there were several ways for NLTDs to practise in Hong Kong under the current mechanism, including taking LE to obtain full registration and applying for limited registration. There were also opportunities for overseas medical students to apply for transfer to the two local medical schools in the middle of the courses. The Administration might explore other proposals to allow NLTDs to practise in Hong Kong when deemed necessary.

*Proposed subsidy for Hong Kong students who studied Medicine in other places*

26. Pointing out that subsidy had been offered by the Singaporean government to its citizens who studied Medicine overseas and the graduates were required to practise in Singapore for a certain period of time, some members asked whether a similar arrangement could be made by the Administration.

27. The Administration advised that such arrangement might be subject to the contract signed between the employer and employee concerned. These members clarified that the policy should be initiated at the governmental level and called on the Administration to explore the suggestion.

*Proposed additional pathway for non-HKPR NLTDs to practise in Hong Kong*

28. With a view to increasing the number of NLTDs to be admitted, there was a suggestion that apart from the new pathway proposed under the Bill, an additional pathway should be created for admission of NLTDs who were not HKPRs to practise in Hong Kong. Such non-HKPR NLTDs should be required to serve a 10-year employment period in the public healthcare sector in order to be eligible for full registration in Hong Kong.

29. The Administration reiterated that the proposed new pathway of special registration was intended for HKPRs only having regard to their

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cultural background and their attachment to Hong Kong. It was willing to listen to members' views on admission criteria for NLTDs.

Healthcare manpower projection

30. A question was raised regarding the factors to be considered in conducting the manpower projection of doctors. The Administration was requested to advise whether the anticipated increase in demand for doctors brought by the development of the Greater Bay Area ("GBA") had been taken into account in making the projection and, if not, whether the actual shortfall of doctors would be worse than expected.

31. The Administration responded that the healthcare manpower projection deployed scientific methods which had taken into consideration various factors, for instance, demographic changes, aging population and population mobility. New factors such as the development of GBA could be included in future projections to enhance accuracy.

32. There was a view that the Administration should conduct the manpower planning of doctors from a market-oriented perspective, instead of a production-orientated perspective. A target waiting time for public healthcare services should be set and the future demand for doctors and expected number of NLTDs to be admitted should be projected with reference to the target.

33. The Administration pointed out that the demand for medical services would be escalating given the aging population and longer life expectancy in Hong Kong. The entire public healthcare system needed to be reviewed and restructured to tackle the growing demand. In addition to solving the shortage of doctors, the Administration was determined to handle a variety of issues such as treatment for chronic disease patients, strategies to deal with cancer, enhancement of primary healthcare services, etc. It hoped members could allow more time for it to achieve satisfactory outcomes.

Wastage of doctors in the Hospital Authority

34. In members' view, HA should strive to improve the working environment therein and enhance the remuneration packages offered to HA doctors, in order to retain manpower in the public healthcare sector. Some members also proposed a transition period during which HA doctors who were jumping to the private market could continue serving in HA for a period of time before they fully turned private.

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35. The Administration advised that multiple measures had been taken by HA to retain doctors. Apart from extra allowances provided during service surge, additional posts of Associate Consultant and Consultant had been created to improve the promotion prospects of HA doctors. For doctors who wished to attend to both family and work, fractional work arrangement could be provided. A Special Retired and Rehire Scheme had also been implemented for HA doctors who reached the retirement age. The scheme retained over 90 senior doctors in the HA network. The Administration stressed that the specialist training and overseas training opportunities provided by HA, its promotion pathways, legal support on professional indemnity and disciplinary protection, as well as the mode of work with multi-disciplinary team approach and cross-specialties support appealed to doctors.

36. The Administration further indicated that private doctors were invited to serve in public hospitals as locum doctors with more flexible working arrangements. Some even chose to return to the public healthcare sector afterwards. Moreover, the working environment of HA doctors would be further improved with the rolling-out of the first and second 10-year Hospital Development Plans. In the past five years, measures pursued by HA had successfully led to a net increase of around 670 doctors in HA.

37. Regarding an enquiry on the average salary earned by private doctors, the Administration replied that information could not be obtained as doctors could be practising under different modes in the private healthcare sector, including being employed in private hospitals, being employed under medical groups, practising privately, etc.

Public-private Partnership

38. In response to members' question in relation to the implementation of public-private partnership ("PPP") in HA, the Administration advised that PPP was one of HA's strategic directions and \$10 billion had been allocated to HA to put into practice the PPP programmes. PPP had been adopted in the Colorectal Cancer Screening Programme and a wide range of specialties such as Ophthalmology, Orthopaedics & Traumatology, Diagnostic Radiology, Clinical Oncology, Medicine, General Surgery, etc. Private doctors had also been engaging in cataract surgeries and surgeries on breast cancer patients in relatively stable condition under the PPP arrangements. The Administration explained that when considering launching the PPP programmes in certain specialties, safety and suitability of patients would be the crucial factors. For the time being, nearly 30% of peritoneal dialysis treatments in HA were provided under PPP.

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39. The Administration added that in step with the Government's policy objective of promoting primary healthcare, a PPP programme for out-patient services had been launched, for clinically stable HA patients who had regular follow-up appointments in several specialties to receive integrated medical consultation services from private doctors. There were nearly 600 private doctors participating in the programme, among which over 10% were specialists. Each of the 40 000 plus participating patients could receive up to 10 subsidized visits per year (i.e. over 400 000 visits in total annually). HA would enhance the programme in the upcoming six months to allow patients to return to HA as follow-up cases and receive timely treatments if their condition deteriorated.

40. Noting that some people might argue that PPP would lead to doctors jumping from the public healthcare sector to the private market, some members asked whether such causal relationship had been observed by the Administration. While it was noticed that there was relatively significant attrition of specialist doctors to the private market in individual specialties such as Ophthalmology and Radiology, the Administration replied that there was no scientific evidence pointing to a direct causal relationship between PPP and wastage of HA doctors.

Demand for public healthcare services in New Territories West

Admin

41. An enquiry was made on the waiting time for new case bookings for specialist out-patient services in public hospitals in New Territories West. The Administration replied that doctors in the public healthcare sector were in short supply generally. There were three Accident & Emergency Departments in the New Territories West Cluster serving a population of 1.1 million. The demand for medical services in that Cluster was as keen as those of other Clusters. Further information would be provided by the Administration after the meeting.

*(Post-meeting note: The Administration's response to the aforesaid enquiry was set out under item (a) of the Enclosure to LC Paper No. CB(4)1286/20-21(02) dated 23 July 2021.)*

**II. Any other business**

42. There being no other business, the meeting ended at 10:38am.

**Proceedings of the second meeting of the  
Bills Committee on Medical Registration (Amendment) Bill 2021  
on Wednesday, 14 July 2021, at 9:00 am  
in Conference Room 3 of the Legislative Council Complex**

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
<b>Agenda item I - Meeting with the Administration</b>			
000606-000913	Chairman Administration	Briefing by the Administration	
000914-001600	Chairman Mr Tommy CHEUNG Administration	Impacts on professional autonomy  Exemption from taking the Licensing Examination  Demand for public healthcare services in New Territories West	
001601-002148	Chairman Dr Pierre CHAN Administration	Impacts on professional autonomy  Exemption from taking the Licensing Examination  Recognized medical qualifications awarded by non-local medical schools	
002149-002657	Chairman Ir Dr LO Wai-kwok Administration	Impacts on professional autonomy	
002658-003545	Chairman Mr CHAN Han-pan Administration	Impacts on professional autonomy  Healthcare manpower projection  Wastage of doctors in the Hospital Authority  Public-private Partnership	
003546-004306	Chairman Mr YIU Si-wing Administration	Proposed courses for non-locally trained doctors  Wastage of doctors in the Hospital Authority	
004307-	Chairman	Cost for training a doctor locally	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
005207	Ms Alice MAK Administration Assistant Legal Adviser 6	Wastage of doctors in the Hospital Authority  Proposed subsidy for Hong Kong students who studied Medicine in other places  Impacts on professional autonomy	
005208-005722	Chairman Mr CHUNG Kwok-pan Administration	Public-private Partnership	
005723-010248	Chairman Dr CHIANG Lai-wan Administration	Recognized medical qualifications awarded by non-local medical schools  Healthcare manpower projection	
010249-010806	Chairman Administration	Admission criteria  Exemption from taking the Licensing Examination	
010807-011720	Chairman Dr Priscilla LEUNG Administration	Wastage of doctors in the Hospital Authority  Admission criteria	
011721-012512	Chairman Mr Michael TIEN Administration	Exemption from taking the Licensing Examination  Proposed extension of required employment period in the public healthcare sector	
012513-013248	Chairman Dr Junius HO Administration	Composition of the Special Registration Committee  Admission criteria  Proposed additional pathway for non-locally trained doctors who were not Hong Kong permanent residents to practise in Hong Kong  (The Chairman informed members of her decision to extend the meeting for 10 minutes beyond its appointed time to allow more time for discussion.)	
013249-	Chairman	Impacts on professional autonomy	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
013732	Mr Tommy CHEUNG	Exemption from taking the Licensing Examination	
013733-013905	Chairman Ms Alice MAK	Meeting arrangements	
013906-014200	Dr Junius HO Chairman Mr Tommy CHEUNG	Admission criteria	
<b>Agenda item II: Any other business</b>			
014201-014205	Chairman	Closing Remarks	

Council Business Division 4  
Legislative Council Secretariat  
3 November 2021