

**立法會**  
**Legislative Council**

LC Paper No. CB(4)1792/20-21  
(These minutes have been seen  
by the Administration)

Ref : CB4/BC/6/20

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

**Minutes of the third meeting**  
**held on Wednesday, 18 August 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  
Hon Martin LIAO Cheung-kong, GBS, 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

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**

[LC Paper Nos. CB(4)1286/20-21(01)-(02), CB(4)1361/20-21(01), FH CR 1/F/3261/92, CB(3)577/20-21, LS77/20-21, CB(4)1148/20-21(01) to (02), CB(4)1157/20-21(01) and CB(4)1275/20-21(01)]

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

Effectiveness of the special registration scheme

*Expected number of eligible non-locally trained doctors*

2. Some members doubted the effectiveness of the special registration scheme in mitigating the shortage of doctors in Hong Kong. They asked whether the Administration had estimated the number of eligible non-locally trained doctors ("NLTDs") who were Hong Kong permanent residents ("HKPRs") and how many of them would apply for special registration.

3. The Administration responded that there was no readily available information on the number of HKPRs studying Medicine in other places. That said, based on the information provided by the relevant medical student associations during the Administration's visits to the United Kingdom and Australia, there might be hundreds of HKPRs currently studying Medicine outside Hong Kong.

4. These members were disappointed about the absence of a mechanism for collection of such data.

*Target per capita doctor ratio and waiting time for public healthcare services*

5. Some members requested the Administration to provide specific targets expected to be achieved in the long run in respect of (i) the per capita doctor ratio, and (ii) the waiting time for specialist out-patient services in public hospitals. They also requested the Administration to draw up relevant indicators for regular review (e.g. in every three years).

6. The Administration replied that the objective of the special registration scheme was clear, which was to boost the supply of doctors alongside other existing healthcare manpower measures. One of the

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indicators the Administration had referred to was the Healthcare Manpower Projection conducted every three years, which took into account changes in the population and medical service demands, making it an objective and up-to-date reference. The Administration would also keep monitoring the waiting time for specialist out-patient services in public hospitals. It undertook to provide supplementary information 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)1445/20-21(02) dated 26 August 2021.)*

*Non-locally trained doctors working in public healthcare institutions other than the overloaded Hospital Authority*

7. Noting that most of the NLTDs registered under limited registration were currently serving in the two medical schools, instead of the overloaded Hospital Authority ("HA") (especially the busiest units such as Medicine and Accident and Emergency), some members were concerned about recurrence of similar situation among doctors with special registration. These members said that some of these doctors might even jump to the private market after obtaining full registration, thereby weakening the effectiveness of the special registration scheme in alleviating the workload in the public healthcare sector. Nonetheless, some other members took the view that NLTDs were required to serve in public healthcare institutions for at least five years and the workload therein would undoubtedly be alleviated.

8. The Administration advised that doctors could make their own choices freely in deciding their career paths. Apart from admission of NLTDs to address the shortage of doctors in the public sector, the Administration would also pursue other measures to alleviate the workload in HA such as launching various public-private partnership ("PPP") programmes.

Admission criteria

*Language requirement*

9. Some members were of the view that Cantonese proficiency should not be a prerequisite for NLTDs to practise in HA, given that interpretation services were available. They opined that English-speaking doctors from any places around the world should be welcomed to practise in Hong Kong. Some other members said that there were people living in Hong Kong who could not speak Cantonese such as foreign domestic helpers, ethnic minorities and expatriates. Doctors who spoke English only could provide medical services for them.

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10. The Administration explained that HA had been determining the language requirements of doctors according to actual needs. While effective communication between doctors and patients was essential in many specialties, doctors working in specialties which required less interaction with patients such as Radiology, Anaesthesiology and Pathology were not required to speak fluent Cantonese. HA had also been enhancing its interpretation services provided for ethnic minorities.

*Past medical work experience*

11. Some members pointed out that the past medical work experience of NLTDs should be considered in determining whether NLTDs should be admitted to practise in Hong Kong. They suggested that NLTDs working in hospitals affiliated to recognized medical schools should also be eligible for special registration.

12. The Administration responded that the Special Registration Committee ("SRC") would be set up for evaluating whether the curricula of non-local medical programmes were broadly comparable to those of local medical programmes, instead of assessing the professional quality of doctors working in specific hospitals outside Hong Kong. The Administration considered it more objective and transparent for the special registration mechanism to have regard to the relevant non-local medical qualifications.

Special Registration Committee

13. Some members suggested that the Administration should increase the number of medical qualifications to be recognized by SRC to at least 100, so as to allow flexibility for the work of SRC. They also suggested that the four SRC members to be appointed by the Chief Executive should not be required to be members of the Medical Council of Hong Kong ("MCHK").

14. The Administration responded that the number of recognized medical qualifications would not be prescribed in the legislation and the medical qualifications recognized should be broadly comparable to those awarded by the two local medical schools. It added that members of MCHK were included in SRC so that they could provide views from perspectives of people other than the medical sector, thereby achieving a balanced mix of views in SRC.

Licensing examination

15. A member opined that the Licensing Examination was a fair tool to assess a doctor's professional quality and that it was adopted in many places

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outside Hong Kong. The member questioned how the Administration could evaluate the quality of medical qualifications awarded by non-local medical schools.

16. Regarding the suggestion that NLTDs who did not possess specialist qualifications should be required to pass the Licensing Examination before practising in Hong Kong, a member disagreed with it and said that such doctors might not necessarily be fresh graduates nor inexperienced given that there were many reasons for doctors not to receive specialist training. Pointing out that medical graduates from the two local medical schools were not required to take the Licensing Examination, another member urged the Administration to relax the requirements for NLTDs to practise in Hong Kong.

17. The Administration replied that although the Licensing Examination had long been used to assess doctors' professional quality, some places such as Singapore and Australia admitted NLTDs to practise there via pathways other than examinations in view of the severe shortage of doctors therein. Under the special registration scheme, the drawing up of a list of recognized medical qualifications helped ensure the quality of NLTDs admitted. NLTDs would also be under continuous assessment during the five-year service period in the public healthcare sector.

Professional quality of non-locally trained doctors

18. In respect of the concerns that NLTDs' professional standard might not be as high as that of local doctors, some members took the view that the facts that some of the doctors currently practising in Hong Kong were non-locally trained and some local patients would choose to seek better medical treatments outside Hong Kong could serve as proof of the high professional quality of NLTDs.

Length of service period in public healthcare institutions

19. Some members suggested that the required employment period in public healthcare institutions should be extended from at least five years to at least eight years for NLTDs who did not possess specialist qualifications when applying for special registration in Hong Kong and had to receive specialist training locally. However, some other members considered five years appropriate and opined that extending the period to eight to 10 years would discourage NLTDs to come. Some members supported extension of the service period only if NLTDs who were non-HKPRs were also accepted to the scheme.

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20. The Administration replied that it would not consider the proposed extension of the requisite service period as a longer duration would inevitably dampen the attractiveness for NLTDs to apply for special registration.

Internship opportunities for non-locally trained doctors

21. Some members were pleased that the Administration would further explore facilitation arrangements for non-locally trained medical graduates originated from Hong Kong who could not secure internship opportunities in their places of studies and hence could not take the Licensing Examination in Hong Kong. Understanding that internship places were limited, a member proposed that priority should be accorded to non-locally trained medical graduates who were HKPRs for undergoing internship in Hong Kong, and if there were internship places left, they could be allocated to non-HKPRs.

22. The Administration responded that details of the facilitation arrangements in relation to non-locally trained medical graduates had yet to be worked out and the member's proposal would be taken into consideration.

Sufficiency of specialist training places in Hong Kong

23. Being skeptical about the sufficiency of specialist training places in Hong Kong, a member questioned about the number of Fellows awarded by the Hong Kong Academy of Medicine ("HKAM") in each of the past three years and the expected number of Fellows to be awarded by HKAM in each of the coming three years. The Administration agreed to provide such information after the meeting.

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*(Post-meeting note: The Administration's response to the aforesaid enquiry was set out under items (b) and (c) of the Enclosure to LC Paper No. CB(4)1445/20-21(02) dated 26 August 2021.)*

24. Noting that the supply of specialist training places was tight, especially in some popular specialties such as Ophthalmology, some members asked whether priority could be given to locally trained doctors to receive specialist training in their preferred specialties.

25. The Administration advised that it was aware of the situation and planned to set up a new platform involving the Food and Health Bureau, HKAM, HA and the Department of Health to discuss matters related to specialist training, including the number of specialist training places in different specialties, given the expected increase in the demand for specialist training with the admission of NLTDs.

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Number of doctors currently practising full-time in Hong Kong

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26. Given that some of the registered doctors had retired or emigrated, some members said that the actual per capita doctor ratio in Hong Kong should be lower than 2 doctors per 1 000 population. They asked the Administration to provide the number of doctors who were currently practising full-time in Hong Kong. The Administration agreed to provide such information after the meeting.

*(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)1445/20-21(02) dated 26 August 2021.)*

Implementation schedule

27. A question was raised about the implementation schedule of the special registration scheme and when the first batch of NLTDs would arrive under the scheme. Some members said that the supply of doctors in Hong Kong kept diminishing. They therefore asked what measures the Administration would take to address the problem before the arrival of NLTDs.

28. The Administration advised that SRC would be set up as soon as possible after the Medical Registration (Amendment) Bill 2021 was passed and it was expected that around one year would be needed for SRC to come up with the list of recognized medical qualifications. Recruitment of NLTDs by the public healthcare institutions would be kick-started afterwards.

29. Some members anticipated that the first batch of NLTDs would only arrive in Hong Kong after almost two years. They considered this timeframe unacceptable.

Retaining doctors in the Hospital Authority

30. Some members opined that apart from admission of NLTDs to Hong Kong, HA should step up efforts in retaining its staff. They relayed complaints from senior doctors working in HA who would reach the retirement age a few months later that HA had not yet discussed with them the arrangements of extension of their employment, even though they had already applied for the Special Retired and Rehire Scheme.

31. The Administration advised that in normal circumstances, HA would approach its staff one year prior to their retirement age to discuss with them arrangements of extending employment. Currently, 90 doctors were retained

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in HA under the Special Retired and Rehire Scheme. HA was also planning to extend the retirement age of its staff from 60 to 65, with a view to retaining experienced doctors to help supervise junior doctors. Other measures implemented included but not limited to creating more promotion opportunities to Associate Consultant and Consultant ranks and deploying flexible work arrangements. All of the above measures had resulted in a net increase of 700 doctors in HA in the past five years. HA would continue to explore the implementation of PPP programmes and the enhancement of workflow.

Public-private partnership programmes

32. In response to members' question on the implementation of PPP programmes, the Administration advised that \$10 billion was set aside a few years ago for HA to launch PPP programmes in different aspects. One of the major aspects was cancer diagnosis and treatments, including endoscopy, breast cancer operation, radiotherapy, etc. Another major aspect was specialist out-patient services provided for clinically stable HA patients who had regular follow-up appointments in several specialties.

Other proposals to solve doctor shortage

33. Some members proposed that the Administration should make reference to Singapore and provide subsidy for Hong Kong people studying Medicine outside Hong Kong and require them to practise in Hong Kong for a certain period of time after graduation.

34. Pointing out that the proposal would involve the use of public money, the Administration responded that more information had to be obtained before the feasibility of the proposal could be explored.

**II. Any other business**

35. There being no other business, the meeting ended at 10:30am.

**Proceedings of the third meeting of the  
Bills Committee on Medical Registration (Amendment) Bill 2021  
on Wednesday, 18 August 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>			
000458-001529	Chairman Administration	Opening remarks  Briefing by the Administration	
001530-002115	Chairman Mr Tommy CHEUNG Administration	Licensing examination  Length of service period in public healthcare institutions  Language requirement	
002116-002851	Chairman Mr YIU Si-wing Administration	Target per capita doctor ratio and waiting time for public healthcare services	
002852-003450	Chairman Ir Dr LO Wai-kwok Administration	Expected number of eligible non-locally trained doctors	
003451-004333	Chairman Dr Pierre CHAN Administration	Non-locally trained doctors working in public institutions other than the overloaded Hospital Authority  Licensing examination	
004334-005303	Chairman Mr Tommy CHEUNG Administration	Language requirement  Expected number of eligible non-locally trained doctors  Internship opportunities for non-locally trained doctors  Past medical work experience	
005304-010240	Chairman Dr CHIANG Lai-wan Administration	Sufficiency of specialist training places in Hong Kong  Number of doctors currently practising full-time in Hong Kong	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
		Special Registration Committee Licensing examination	
010241-010753	Chairman Mr SHIU Ka-fai Administration	Professional quality of non-locally trained doctors  Non-locally trained doctors working in public institutions other than the overloaded Hospital Authority  Language requirement	
010754-011355	Chairman Mr CHUNG Kwok-pan Administration	Implementation schedule  Public-private partnership programmes	
011356-011914	Chairman Mr Michael TIEN Administration	Length of service period in public healthcare institutions  Sufficiency of specialist training places in Hong Kong	
011915-012952	Chairman Ms Alice MAK Administration	Retaining doctors in the Hospital Authority  Length of service period in public healthcare institutions	
012953-013348	Chairman	Retaining doctors in the Hospital Authority  Expected number of eligible non-locally trained doctors  Implementation schedule	
<b>Agenda item II: Any other business</b>			
013349-013400	Chairman	Closing Remarks	