

**立法會**  
**Legislative Council**

LC Paper No. CB(4)1796/20-21  
(These minutes have been seen  
by the Administration)

Ref : CB4/BC/6/20

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

**Minutes of the fourth meeting**  
**held on Friday, 3 September 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 Mrs Regina IP LAU Suk-ye, GBM, GBS, JP  
Hon Paul TSE Wai-chun, 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
- Members attending** : Hon CHAN Han-pan, BBS, JP
- Public Officers attending** : Prof Sophia CHAN Siu-chee, JP  
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-yee  
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 the Administration**

[LC Paper Nos. CB(4)1445/20-21(01)-(02), CB(4)1476/20-21(01), CB(4)1487/20-21(01), CB(4)1490/20-21(01), CB(4)1492/20-21(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**.)

Amendments to the Bill proposed by members

The Chairman pointed out that by the deadline of 2 September 2021 for members to submit their proposed amendments to the Bill for consideration by the Bills Committee, the Secretariat received two sets of draft amendments proposed by Mr SHIU Ka-fai. Given the tight meeting schedule of the Bills Committee, any proposed amendments to the Bill submitted after the deadline would not be considered by the Bills Committee. Irrespective of whether the proposed amendments to the Bill had been considered by the Bills Committee, notices to move those amendments at the relevant Council meeting could still be given by the member(s) concerned.

The Administration's proposed revisions to the Bill

2. A member criticized the Administration for initially telling the public that only Hong Kong permanent residents ("HKPRs") would be eligible for special registration, but then putting forward amendments to the Bill to accept also non-HKPRs. Referring to the result of a questionnaire survey on the views of the medical profession on the Bill, the member further pointed out that nearly 80% of the respondents objected the Legislative Council ("LegCo") to pass the Bill while only around 10% supported LegCo to do so. The respondents who objected to passage of the Bill were worried that the Bill would disrupt any established mechanism. Nevertheless, a majority of members were pleased that the Administration had responded to members' views by proposing revisions to the Bill accordingly.

3. The Administration reiterated that the proposed revisions were made on the basis of public interest, after it had listened to the views from the members and patient groups. It would not compromise the professional standard of doctors nor disrupt any established mechanism.

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Estimation on the expected number of doctors with special registration

4. While some members reckoned that practising in Hong Kong was attractive for some non-locally trained doctors ("NLTDs") in terms of remuneration package, geographical convenience and career development, some other members questioned the size of the pool of eligible NLTDs if the Bill, as revised, was passed. In order to facilitate members and the public, especially the medical profession, to evaluate the overall cost effectiveness of the special registration scheme, there was a query on the number of NLTDs expected to be admitted under the scheme.

5. The Administration replied that it could hardly make the aforesaid estimation. However, from the feedbacks received during previous visits by the Secretary for Food and Health ("SFH") to the United Kingdom and Australia to promote Hong Kong's medical registration arrangements, there were views in favour of an alternative registration regime for NLTDs. The Administration added that if the Bill was passed, the Special Registration Committee ("SRC") would be set up as soon as possible for SRC to come up with the list of recognized medical qualifications, so that recruitment exercise could be carried out once the list was ready. It would step up publicity efforts and monitor the number of doctors with special registration admitted with a view to attracting more NLTDs to apply for special registration.

Widening the pool of non-locally trained doctors

6. According to the Administration's proposed revisions to the Bill, holding recognized medical qualifications would be a prerequisite for NLTDs to be eligible for special registration. Some members expressed concern that the number of NLTDs to be admitted would still be small. They called on the Administration to further widen the admission net to cover clinical instructors teaching at non-local medical schools awarding recognized medical qualifications and doctors working in the hospitals affiliated to those medical schools. Draft amendments to be proposed by a member to give effect to the above suggestion had been submitted to the Bills Committee for consideration. Nevertheless, some other members considered the suggestion impracticable as SRC would have to assess the applications on an individual basis. They suggested sticking to the assessment criteria proposed under the Bill.

7. The Administration recognized members' hope to increase the number of NLTDs to be admitted, but stressed that a balance between the professional standard of doctors and the attractiveness of the scheme had to be maintained. In determining the list of recognized medical qualifications,

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SRC would take into account factors such as the international rankings of the medical schools and the curriculum of the medical programmes concerned. The Administration added that doctors who did not possess recognized medical qualifications could still apply for limited registration and then migrate to special registration subject to certain criteria being met under the Administration's proposed revisions to the Bill.

Special Registration Committee

*Membership composition of the Special Registration Committee*

8. There was a suggestion to reduce the membership size of SRC to five persons, including the representatives of the Department of Health ("DH") and Hospital Authority ("HA") and the two local medical schools. It was also proposed that the SRC members to be appointed by the Chief Executive ("CE") should not be confined to members of the Medical Council of Hong Kong ("MCHK"). Amendments to the Bill might be proposed to give effect to these suggestions.

9. The Administration advised that the SRC membership proposed in the Bill was determined after thorough consideration and each of the SRC members assumed different roles to provide a balanced mix with diverse background. For instance, the Director of Health and the Chief Executive of HA could give advice from an employer's angle and the Deans of the two local medical schools could give advice on the comparison between non-local and local medical programmes, whereas the President of the Hong Kong Academy of Medicine ("HKAM") and the Chairman of MCHK could share views from the perspective of professional standards. The remaining four SRC members would be appointed by CE, among them three would be members of MCHK. The Administration intended to appoint representatives from professions other than the medical sector and patient groups in order to balance the views in SRC.

*Secretary for Food and Health's directives to the Special Registration Committee*

10. Pursuant to the proposed new section 14F(4) of the Medical Registration Ordinance (Cap. 161) as added by the Bill, if 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. As public interest was not defined in the relevant provision of the Bill, there was a concern that SFH could exercise such power arbitrarily.

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*Time required to compile the list of recognized medical qualifications*

11. Members noted the Administration's explanation that after the passage of the Bill, SRC would be set up and about one year would be needed for SRC to compile the list of recognized medical qualifications. Some members considered such timeframe unacceptable and urged the Administration to compress the time required so that the first batch of doctors with special registration could arrive in Hong Kong within one year after the passage of the Bill. As most of the members of SRC had been clearly stated in the Bill, there was a suggestion that these members could start drawing up the list before the Bill was passed to buy time. SRC could also announce the list of recognized medical qualifications in batches, instead of waiting for the entire list to be compiled, so that recruitment of NLTDs could start as early as possible.

12. The Administration advised that the complexity of the work of SRC should not be underestimated. It promised that SRC would be set up as soon as practicable to compile the list.

13. Noting that more than one year would be needed before the first batch of doctors with special registration could arrive and practise in Hong Kong, some members questioned how the Administration could tackle the manpower shortage in HA during the vacuum period. The Administration advised that SRC would be set up once the Bill 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. Promotion of the special registration scheme and recruitment exercise would be carried out subsequently. Notwithstanding the new pathway, NLTDs could still come to Hong Kong for practice through the current pathways (i.e. through limited registration or by passing the Licensing Examination).

Service period in public healthcare institutions

*Length of service period*

14. A member suggested that the requisite service period of doctors with special registration in public healthcare institutions after obtaining specialist qualifications should be extended from five years to seven years. Amendments might be proposed to give effect to the suggestion. The Administration indicated that five years would be an optimal duration to maintain the attractiveness of the scheme.

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*On-the-job assessment of doctors with special registration*

Admin

15. There was a question as to the criteria for on-the-job assessment of doctors with special registration during the five-year service period in public healthcare institutions. The Administration undertook to provide supplementary information after the meeting.

*(Post-meeting note: The Administration provided, under item (b) of the Enclosure to LC Paper No. CB(4)1509/20-21(02) dated 7 September 2021, supplementary information on the criteria for on-the-job assessment of doctors with special registration.)*

Impacts on local doctors

16. Some members expressed concern about whether HKAM had adequate resources for specialist training for doctors, given the expected increase in the demand for specialist training after the launch of the special registration scheme. Given that a substantial number of Hong Kong students were studying medicine at Jinan University and School of Medicine of The Chinese University of Hong Kong, Shenzhen, there was also a concern as to whether the Administration had evaluated the impact on the two local medical schools if these students were allowed to take the Licensing Examination and undergo internship in Hong Kong; and whether there would be enough internship opportunities in HA for them.

17. The Administration assured that HA would provide internship training and employ all qualified local medical graduates, and provide them with specialist training. HKAM had been liaising with HA on the number of specialist training places to be provided every year, in consideration of factors such as the availability of operating theatres and specialist trainers. Currently, nine out of the 14 Academy Colleges under HKAM (except The College of Dental Surgeons of Hong Kong) were providing or were prepared to provide specialist training for doctors without full registration and according to HA, there were currently 39 NLTDS with limited registration undergoing specialist training in HA in specialties such as Medicine, Family Medicine, Paediatrics and Accident and Emergency. Given the expected increase in the demand for specialist training places from both locally and non-locally trained doctors, the Administration planned to set up a new platform, which involved the Food and Health Bureau, HKAM, HA and DH, to discuss matters related to specialist training, including the number of specialist training places in different specialties with a view to catering for the rising demand for specialist training. The Administration would allocate additional resources to HA for providing specialist training places if deemed necessary.

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18. In respect of whether NLTDs from certain medical schools would be allowed to take the Licensing Examination and undergo internship in Hong Kong, the Administration remarked that the list of recognized medical qualifications was to be drawn up by SRC and hence it was not in a position to answer if graduates from certain medical schools, being HKPRs, would be allowed to take the Licensing Examination, undergo internship in Hong Kong and then proceed to the special registration scheme.

19. Noting that HA would employ all qualified local medical graduates and provide them with specialist training, some members were of the view that it was a favourable arrangement for the medical profession as similar arrangements were rare in other professions. They also pointed out that professions such as engineering, legal services and construction also welcomed non-local talents and opined that admitting more NLTDs could help facilitate technical exchanges and advancements in the medical profession.

Admin

20. The Administration was requested to advise the Academy Colleges under HKAM which were providing specialist training for NLTDs and the respective number of training places each year; and the Academy Colleges which did not provide specialist training for NLTDs.

*(Post-meeting note: The Administration provided, under items (c) and (d) of the Enclosure to LC Paper No. CB(4)1509/20-21(02) dated 7 September 2021, supplementary information on the specialist training provided to NLTDs by HKAM.)*

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

21. Some members pointed out that most of the NLTDs registered under limited registration were currently serving in the two medical schools, instead of the overloaded HA. They expressed concern about recurrence of similar situation among doctors with special registration.

Language requirements for non-locally trained doctors

22. Given that more non-Cantonese speaking doctors were expected to practise in Hong Kong under the special registration scheme, there was a question as to what preparation the Administration had made to cater for them and whether they could help provide services for the large amount of ethnic minorities population in Hong Kong. Moreover, there was a suggestion that HA doctors should only be required to speak either Cantonese or English, but not both. The Administration replied that the



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language requirements of different medical posts were determined having regard to the actual needs.

Preparation work for the special registration scheme

23. Some members asked whether any preparation had been done by HA to minimize the unnecessary conflicts that might occur between locally and non-locally trained doctors. The Administration replied that there were 39 NLTDs with limited registration currently working in HA and there were seldom conflicts in the workplace.

Proposed priority for admission offered to Hong Kong permanent residents

24. A question was raised on whether a certain percentage (e.g. 70%) of admission quota under the special registration scheme could be reserved for HKPRs only. The Administration replied that it might not be appropriate to put in place a certain quota for HKPRs or non-HKPRs. Given that recruitment might be challenging or attrition rate might be high in some specialties, applicants' medical expertise would be the key factor in the consideration of applications from NLTDs. The Administration stressed that only non-HKPRs who possessed specialist qualifications would be eligible for special registration and it would review the scheme and make suitable adjustment after implementation.

Proposed adjustment of admission criteria according to number of applicants

25. Some members queried whether there would be flexibility to adjust the threshold for admission of NLTDs, so that the threshold would be raised if more than enough NLTDs applied for special registration, and the threshold would be lowered if there were insufficient applicants. The Administration responded that all NLTDs admitted should fulfill the admission criteria concerning medical qualifications and acquire the professional competence required by the employing institutions. The threshold for admission should be consistent regardless of the number of applicants.

Shortage of doctors

*Manpower planning in the Hospital Authority*

26. Noting that HA had established a mechanism for assessing manpower needs and conducting manpower planning, some members questioned whether it was a regular mechanism and how effective it was.

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27. The Administration explained that apart from the Healthcare Manpower Projection conducted by the Administration which covered the overall healthcare manpower supply in Hong Kong, HA conducted its own manpower planning to review manpower supply in different specialties, according to its service demand and service mode.

28. In response to members' question on the specialties in HA where there were the most acute shortages of doctors, the Administration advised that there was a shortfall of 660 specialist doctors in HA and the five clinical specialties with the highest attrition in HA in 2020 - 2021 were Obstetrics and Gynaecology, Ophthalmology, Radiology, Anaesthesiology and Otorhinolaryngology. HA had been rolling out measures to retain doctors such as extending employment beyond the retirement age, rehiring doctors upon their retirement at normal retirement age, recruiting part-time doctors and creating more promotion opportunities to Associate Consultant and Consultant ranks. Coupled with around 450 to 460 newly-recruited doctors every year, there was a net increase of 700 doctors in total in the past five years. NLTDs with limited registration were also recruited to alleviate manpower pressure in certain specialties such as Radiology and Anaesthesiology.

Admin

29. Members further requested the Administration to provide information on the shortage of doctors in each of the specialties in HA. Some members enquired whether a transparent mechanism could be established for the public to have a better grasp of the shortage of doctors in each specialty.

*(Post-meeting note: The Administration provided, under item (a) of the Enclosure to LC Paper No. CB(4)1509/20-21(02) dated 7 September 2021, supplementary information on the shortage of doctors in HA.)*

*Per capita doctor ratio*

30. Pointing out that the per capita doctor ratio in Hong Kong was much lower than those of some other advanced economies, some members queried whether the Administration had a per capita doctor ratio targeted to achieve after introducing the special registration scheme.

31. The Administration responded that the healthcare systems in different places varied and hence their per capita doctor ratios were not directly comparable.

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*Budget allocation to the Hospital Authority*

32. Some members queried the number of NLTDs expected to be employed by HA in the coming three years and proposed improving the doctor-to-patient ratio therein. They called on the Administration to provide a larger amount of money for HA to recruit doctors when the supply of doctors became adequate after the scheme commenced. HA should also improve its management to retain doctors.

33. In response, the Administration said that it understood that there were concerns on HA's services and resources had been allocated to HA to implement various measures to retain doctors. The Administration was also devoted to promoting public-private partnership ("PPP") programmes, enhancing primary healthcare services and carrying out the 10-year Hospital Development Plan to alleviate the pressure on the public healthcare sector.

*Number of emigrated doctors*

34. Some members asked whether the Administration got hold of the number of doctors who had just emigrated. The Administration advised that among those doctors who had resigned from HA, 20% were due to retirement. HA did not have information regarding the number of doctors who had emigrated.

Long waiting time for specialist out-patient services in public hospitals

35. Pointing out that the waiting time for new case bookings for specialist out-patient services in public hospitals was very long, some members questioned whether there was a target waiting time, especially for routine (stable) category. Some other members urged HA to review the waiting time regularly.

36. The Administration replied that HA's targets were to maintain the median waiting time for cases in Priority 1 (urgent) and Priority 2 (semi-urgent) categories within two weeks and eight weeks respectively, which HA had all along been able to achieve. HA was striving to shorten the waiting time for routine (stable) category by allocating additional consultation quotas to different time slots to digest the queue and launching a PPP programme for specialist out-patient services, in which clinically stable HA patients could receive integrated medical consultation services from private doctors. In addition, the Administration endeavoured to promote primary healthcare in order to reduce the need for specialist services and hospitalization.

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Licensing Examination

37. A member took the view that the professional quality of a doctor could hardly be assessed if he/she did not have to take the Licensing Examination, which was an objective assessment tool to test a doctor's basic medical knowledge and skills.

38. Some members reflected that the Licensing Examination should be revamped and the procedures thereof should be simplified. The Administration responded that the Examination Sub-Committee under MCHK had been improving the arrangements of the Licensing Examination, such as increasing the examination frequency. An online portal had also been established to provide more information to candidates.

Clarification on definitions

39. A member requested the Administration to clarify the meanings of "internship" and "training". The Administration advised that internship referred to the 1-year on-the-job training in HA during which medical fresh graduates would be rotated to four specialties; while training, or specialist training to be precise, referred to the training for specialist qualification which usually took six years or more. Specialist training for various specialties were offered by the respective Academy Colleges under HKAM.

**II. Any other business**

40. There being no other business, the meeting ended at 10:59am.

**Annex for proceedings of the fourth meeting of the  
Bills Committee on Medical Registration (Amendment) Bill 2021  
on Friday, 3 September 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>			
000438-001929	Chairman Administration	Opening remarks  Briefing by the Administration	
001930-002721	Chairman Mr Tommy CHEUNG Administration	The Administration's proposed revisions to the Bill  Widening the pool of non-locally trained doctors	
002722-003520	Chairman Mr YIU Si-wing Administration	Manpower planning in the Hospital Authority  Proposed priority for admission offered to Hong Kong permanent residents  Proposed adjustment to admission criteria according to number of applicants	
003521-004317	Chairman Mrs Regina IP Administration	The Administration's proposed revisions to the Bill  Widening the pool of non-locally trained doctors  Manpower planning in the Hospital Authority  Impacts on local doctors  Licensing Examination	
004318-004922	Chairman Dr LO Wai-kwok Administration	Impacts on local doctors  The Administration's proposed revisions to the Bill  Estimation on the expected number of doctors with special registration	
004923-005822	Chairman Dr Pierre CHAN Administration	The Administration's proposed revisions to the Bill  Non-locally trained doctors working in public institutions other than the overloaded Hospital Authority  Impacts on local doctors	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
005823-010610	Chairman Dr Priscilla LEUNG Administration	The Administration's proposed revisions to the Bill  Widening the pool of non-locally trained doctors  Estimation on the expected number of doctors with special registration  Clarification on definitions  Language requirements for non-locally trained doctors	
010611-011358	Chairman Dr CHIANG Lai-wan Administration	Impacts on local doctors  Budget allocation to the Hospital Authority	
011359-012404	Chairman Dr Junius HO Administration	The Administration's proposed revisions to the Bill  Membership composition of the Special Registration Committee  Length of service period	
012405-012839	Chairman Mr CHUNG Kwok-pan Administration	Time required to compile the list of recognized medical qualifications  Manpower planning in the Hospital Authority	
012840-013305	Chairman Mr Tommy CHEUNG Administration	Long waiting time for specialist out-patient services in public hospitals  Manpower planning in the Hospital Authority	
013306-013922	Chairman Mr CHAN Han-pan Administration	Long waiting time for specialist out-patient services in public hospitals  Manpower planning in the Hospital Authority  Preparation work for the special registration scheme	
013923-014728	Chairman Mr Paul TSE Administration	Impacts on local doctors  Long waiting time for specialist out-patient services in public hospitals  Per capita doctor ratio	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
		Number of emigrated doctors  Estimation on the expected number of doctors with special registration	
014729-014810	Chairman	Meeting arrangements	
014811-015246	Chairman Administration	Time required to compile the list of recognized medical qualifications  Manpower planning in the Hospital Authority	
015247-015643	Chairman Mr Tommy CHEUNG	Licensing Examination  Language requirements for non-locally trained doctors  Time required to compile the list of recognized medical qualifications	
015644-015956	Chairman Dr Pierre CHAN	Licensing Examination  Secretary for Food and Health's directives to the Special Registration Committee  Manpower planning in the Hospital Authority	
015957-020237	Chairman Dr CHIANG Lai-wan	On-the-job assessment of doctors with special registration  Impacts on local doctors  Membership composition of the Special Registration Committee	
<b>Agenda item II: Any other business</b>			
020238-020312	Chairman	Closing Remarks	