

立法會 *Legislative Council*

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Bills Committee on Medical Registration (Amendment) Bill 2021

Background brief prepared by the Legislative Council Secretariat

Purpose

This paper provides background information and summarizes the major views and concerns expressed by the Panel on Health Services ("the Panel") on amendments to the Medical Registration Ordinance (Cap. 161) ("MRO") proposed by the Administration and Hon Tommy CHEUNG respectively.

Background

2. Any person wishing to practise medicine, surgery or midwifery in Hong Kong is required to apply for registration with the Medical Council of Hong Kong ("MCHK") in accordance with the provisions of MRO. There are two main types of registration under the General Register, namely, full registration and limited registration.

Full registration

3. Currently under section 8 of MRO, a person may apply for full registration¹ as a medical practitioner in Hong Kong under either of the following routes:

- (a) *locally trained*: he/she has been awarded a degree of medicine and surgery by a university in Hong Kong specified in Schedule 1 to MRO (i.e. The University of Hong Kong ("HKU") and The Chinese University of Hong Kong) and he/she is also certified under section 9 of MRO that he/she has had the prescribed experience (i.e. one-year

¹ A medical practitioner who possesses full registration may practise independently in Hong Kong.

residency prescribed under section 2 of the Medical Registration (Miscellaneous Provisions) Regulation (Cap. 161D); or

- (b) *non-locally trained*: he/she has passed the Licensing Examination² administered by MCHK and has completed the period of assessment provided for in section 10A of MRO (i.e. such period of assessment which is generally not exceeding 12 months (as prescribed under section 3 of Cap. 161D) as determined by MCHK).

4. As at December 2020, there were 15 298 medical practitioners with full registration in Hong Kong, amounting to a ratio of two doctors per 1 000 population.³

Limited registration

5. Apart from full registration, a non-locally trained doctor may, under section 14A of MRO, apply for registration as a medical practitioner with limited registration if he/she fulfills specific registration requirements.⁴ The maximum duration of limited registration is three years. Upon expiry of the registration, the person can apply for renewal for another period up to three years. Applicants for limited registration are not required to sit for the Licensing Examination.

6. Section 14A of MRO provides that MRO may determine and promulgate from time to time the employment or type of employment in respect of which limited registration is appropriate or necessary.⁵ As at 31 December 2020, there

² The numbers of candidates who sat and passed the Licensing Examination in 2019 by the jurisdictions of qualification held by candidates are set out in **Appendix I**.

³ The per capita doctor ratio in Hong Kong lags behind that in advanced economies, including Singapore (2.5), Japan (2.5), United States (2.6), United Kingdom (3.0) and Australia (3.8).

⁴ According to section 14A of MRO, a person may be registered as a medical practitioner with limited registration if he/she satisfies MCHK that:

- (a) he/she has been selected for an employment or for a type of employment determined and promulgated by MCHK;
- (b) he/she has obtained an acceptable overseas qualification;
- (c) he/she has had adequate and relevant full-time post-qualification clinical experience;
- (d) he/she is registered with a medical authority outside Hong Kong; and
- (e) he/she is of good character.

⁵ So far, MCHK has published 12 promulgations of limited registration in the Government Gazette. At present, there is no registration under promulgations no. 1, 5, 6, 7, 8 and 11 as the types of employment as described in those promulgations no longer exist. Currently, application for limited registration can be made under 6 promulgations. Details are listed on MCHK website at https://www.mchk.org.hk/english/registration/limited_registration.html.

were 128 medical practitioners with limited registration in Hong Kong. The numbers of medical practitioners registered with limited registration employed under the promulgations (referred to in Footnote 4 above) from 2016 to 2020 are listed in **Appendix II**.

Healthcare manpower projection study

7. A high-level steering committee chaired by the then Secretary for Food and Health has been set up in 2012, to conduct the Strategic Review on Healthcare Manpower Planning and Professional Development ("Strategic Review"). The Administration commissioned HKU to conduct a comprehensive manpower projection for 13 healthcare professions, including doctors. Ten recommendations were set out in the report of the Strategic Review and one of which was that the Government should conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee. Against this background, the Administration has commissioned HKU to conduct a new round of manpower projection exercise to update the demand and supply projections of healthcare professionals and the results were reported to the Panel in March 2021.

8. The projection results show that the manpower gap of doctors would reach 1 610, 1 700 and 1 949 respectively in year 2030, 2035 and 2040. Regarding the public sector specifically, the shortage of doctors in the Hospital Authority ("HA") is projected to be 660, 800 and 960 in 2020, 2030 and 2040 respectively.

Medical Registration (Amendment) Bill 2021

9. The Medical Registration (Amendment) Bill 2021 ("the Bill") seeks to amend MRO and three items of its subsidiary legislation to provide for a new pathway for non-locally trained medical practitioners who are Hong Kong permanent residents to practise in Hong Kong, subject to certain criteria being met; and make related and consequential amendments.

Deliberations of the Panel

10. The Panel was consulted on 5 February 2021 on the Administration's proposed legislative framework for a new pathway to allow qualified non-locally trained medical practitioners to practise in Hong Kong's public healthcare sector and on Hon Tommy CHEUNG's proposed bill to amend MRO

to achieve a similar objective. The major views and concerns expressed by members of the Panel are summarized in the ensuing paragraphs.

Eligibility criteria for admission

11. Noting that the Administration proposed to confine the applicants to Hong Kong permanent residents only, some members opined that the number of eligible applicants would be limited and could not solve the manpower shortage problem. Some other members were of the view that non-locally trained doctors, who had registered in their respective places, should not be subject to the requirement of graduation from recognized medical schools. Some members were also concerned that the language requirement (i.e. could speak both English and Cantonese) would limit the admission of non-locally trained doctors.

12. Some members suggested that the Administration should allow graduates from overseas medical schools to complete internship in Hong Kong, if the number of non-locally trained doctors who were Hong Kong permanent residents could not make up for the manpower shortfall in the public healthcare system.

Impartiality of the Special Registration Committee

13. According to the Bill, a new committee known as the Special Registration Committee ("SRC") would be established under MCHK, which would make recommendations independently on the medical qualifications to be recognized or no longer to be recognized for the purposes of special registration. SRC would consist of not more than 10 members. Some members expressed concern on the impartiality of SRC, if it comprised mainly doctors.

14. The Administration advised that SRC would comprise the Director of Health, the Chief Executive of HA, the Chairman of MCHK, the President of the Hong Kong Academy of Medicine, Deans of the two local medical schools and other member(s) as appointed by the Government.

Service period requirement in public healthcare institutions

15. Some members suggested that a longer service period requirement in public healthcare institutions (e.g. five years) should be imposed on non-locally trained doctors admitted without sitting the Licensing Examination, while a shorter period (e.g. two years) on doctors admitted after passing such examination. Some other members enquired whether the proposed service period in public healthcare institutions for those non-locally trained doctors admitted had to be consecutive.

Effectiveness in solving the manpower shortage in public hospitals

16. Some members said that most of the non-locally trained doctors currently admitted under limited registration were serving in universities, instead of working in the overloaded public hospitals. They doubted if the proposed amendments could alleviate the workload in public hospitals.

17. The Administration expected that the clinical work in public hospitals would be attractive to non-locally trained doctors after the working environment had been improved. Given the severe shortage of doctors, the proposed amendments aimed to attract more non-locally trained doctors to practise in Hong Kong.

Relevant papers

18. A list of the relevant papers is in **Appendix III**.

Appendix I

The numbers of candidates who sat and passed the Licensing Examination in 2019 by the jurisdictions of qualification held by candidates

Year	Part I: Exam in Professional Knowledge			Part II: Proficiency Test in Medical English			Part III: Clinical Examination		
	Number who sat the exam	Number who passed	%	Number who sat the exam	Number who passed	%	Number who sat the exam	Number who passed	%
2019 (First Sitting)	11 (Australia)	6 (Australia)	55	8 (Australia)	8 (Australia)	100	6 (Australia)	2 (Australia)	33
	1 (Germany)	1 (Germany)	100	1 (Germany)	1 (Germany)	100	1 (Germany)	0 (Germany)	0
	2 (India)	0 (India)	0	2 (India)	2 (India)	100	2 (Ireland)	0 (Ireland)	0
	3 (Ireland)	0 (Ireland)	0	1 (Malaysia)	1 (Malaysia)	100	1 (New Zealand)	1 (New Zealand)	100
	1 (Malaysia)	0 (Malaysia)	0	2 (New Zealand)	2 (New Zealand)	100	1 (Poland)	0 (Poland)	0
	2 (New Zealand)	1 (New Zealand)	50	4 (Philippines)	3 (Philippines)	75	1 (Portugal)	0 (Portugal)	0
	1 (Pakistan)	0 (Pakistan)	0	1 (Portugal)	1 (Portugal)	100	3 (Taiwan, China)	0 (Taiwan, China)	0
	5 (Philippines)	0 (Philippines)	0	1 (Russia)	0 (Russia)	0	35 (The Mainland of China)	9 (The Mainland of China)	26
	1 (Portugal)	1 (Portugal)	100	2 (Taiwan, China)	2 (Taiwan, China)	100	18 (UK)	8 (UK)	44
	1 (Russia)	0 (Russia)	0	42 (The Mainland of China)	22 (The Mainland of China)	52	1 (USA)	0 (USA)	0
	5 (Taiwan, China)	1 (Taiwan, China)	20	14 (UK)	14 (UK)	100	1 (Venezuela)	1 (Venezuela)	100
	91 (The Mainland of China)	26 (The Mainland of China)	29	1 (USA)	1 (USA)	100			
	19 (UK)	16 (UK)	84	1 (Venezuela)	1 (Venezuela)	100			
	1 (USA)	1 (USA)	100						
1 (Venezuela)	0 (Venezuela)	0							
Total	145	53	37	80	58	73	70	21	30

Remarks: Jurisdictions in which medical qualifications were acquired are specified in brackets.

Year	Part I: Exam in Professional Knowledge			Part II: Proficiency Test in Medical English			Part III: Clinical Examination		
	Number who sat the exam	Number who passed	%	Number who sat the exam	Number who passed	%	Number who sat the exam	Number who passed	%
2019 (Second Sitting)	4 (Australia)	1 (Australia)	25	3 (Australia)	3 (Australia)	100	6 (Australia)	6 (Australia)	100
	1 (Denmark)	0 (Denmark)	0	1 (Denmark)	1 (Denmark)	100	1 (Germany)	0 (Germany)	0
	1 (France)	0 (France)	0	1 (France)	1 (France)	100	1 (India)	1 (India)	100
	3 (India)	2 (India)	67	1 (India)	1 (India)	100	3 (Ireland)	2 (Ireland)	67
	6 (Ireland)	1 (Ireland)	17	2 (Ireland)	2 (Ireland)	100	1 (Poland)	1 (Poland)	100
	1 (Malaysia)	0 (Malaysia)	0	1 (Mauritius)	1 (Mauritius)	100	1 (Portugal)	1 (Portugal)	100
	1 (Mauritius)	0 (Mauritius)	0	1 (New Zealand)	1 (New Zealand)	100	3 (Taiwan, China)	1 (Taiwan, China)	33
	1 (New Zealand)	0 (New Zealand)	0	1 (Taiwan, China)	1 (Taiwan, China)	100	37 (The Mainland of China)	13 (The Mainland of China)	35
	2 (Philippines)	0 (Philippines)	0	45 (The Mainland of China)	37 (The Mainland of China)	82	16 (UK)	6 (UK)	38
	4 (Taiwan, China)	0 (Taiwan, China)	0	1 (Turkey)	1 (Turkey)	100	1 (USA)	1 (USA)	100
	82 (The Mainland of China)	10 (The Mainland of China)	12	12 (UK)	12 (UK)	100			
	1 (Turkey)	0 (Turkey)	0						
	17 (UK)	4 (UK)	24						
	Total	124	18	15	69	61	88	70	32

Remarks: Jurisdictions in which medical qualifications were acquired are specified in brackets.

The two sittings of the Licensing Examination of the Medical Council of Hong Kong originally scheduled for 2020 were cancelled due to the COVID-19 pandemic.

Source: Information extracted from the Administration's replies to Members' initial written questions during examination of estimates of expenditure 2021-2022

Appendix II

The numbers of medical practitioners registered with limited registration employed under the promulgations from 2016 to 2020

Promulgation	Number of Registered Doctors under Limited Registration (as at 31 December)				
	2016	2017	2018	2019	2020
No. 2	93	110	92	125	102
- University of Hong Kong	(27)	(48)	(30)	(41)	(25)
- The Chinese University of Hong Kong	(52)	(48)	(50)	(57)	(38)
- Hospital Authority	(14)	(14)	(12)	(24)	(33)
- Department of Health	(-)	(-)	(-)	(3)	(6)
No. 3					
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	27	22	22	21	20
No. 4					
- Clinics registered under the Medical Clinics Ordinance	12	10	9	8	6
No. 9					
- Works contractor commissioned by the Highways Department under contract number HY/2012/08	2	2	-	-	-
No. 10					
- A firm of solicitors registered by the Law Society of Hong Kong	-	-	1	-	-
Total	134	144	124	154	128

Source: Information extracted from the Administration's replies to Members' initial written questions during examination of estimates of expenditure 2021-2022

List of relevant papers

Committee	Date of meeting	Paper
Panel on Health Services	5 February 2021 (Item IV)	Agenda
Council Meeting	17 June 2020	Questions 6 - Attracting non-locally trained doctors to practise in Hong Kong
	21 April 2021	Question 6 - Non-locally trained medical graduates and medical practitioners

Council Business Division 4
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