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Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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Clerk to Bills Committee on Medical Registration (Amendment) Bill 2021  
(Attn: Ms Natalie YEUNG)  
Legislative Council Secretariat  
Legislative Council Complex  
1 Legislative Road  
Central  
Hong Kong

Dear Ms YEUNG,

**Bills Committee on Medical Registration (Amendment) Bill 2021**  
**Written submissions from the public and the Government's response**

I refer to your letters dated 9, 14 and 15 July 2021. Our consolidated response to the written submissions on the Medical Registration (Amendment) Bill 2021 ("the Bill") from the public and organisations is set out at **Annex** for Members' perusal.

Yours sincerely,

(Ricky WU)

for Secretary for Food and Health

**Medical Registration (Amendment) Bill 2021**  
**The Government's response to the written submissions from the public**

The Bill seeks to create a new pathway for admission of qualified non-locally trained doctors to practise in Hong Kong, with a view to alleviating the overall manpower shortage of doctors in the city.

**Background and justifications for introducing the Bill**

2. There are public views that Hong Kong has no shortfall of doctors. On this, we must reiterate that the shortage of doctors in Hong Kong is beyond doubt. In terms of per capita doctor ratio, Hong Kong has two doctors per 1 000 population, lagging far behind other advanced economies, including Singapore (2.5), Japan (2.5), the United States (2.6), the United Kingdom (3.0) and Australia (3.8). According to the Healthcare Manpower Projection 2020 published by the Food and Health Bureau (“FHB”) earlier, the shortage problem will remain in the long term. Even with the number of local medical graduates taken into account, there will still be a projected shortfall of 1 610 and 1 949 doctors in 2030 and 2040 respectively. As such, we see a pressing need to create a new pathway under the Medical Registration Ordinance (Cap. 161) (“MRO”) for qualified non-locally trained doctors to obtain full registration and practise in Hong Kong as an alternative to the current pathway of passing the Licensing Examination, subject to certain criteria being met.

3. There are also views that the Government should make better use of the existing limited registration regime to attract non-locally trained doctors to practise in Hong Kong. We would like to point out that the current legislative exercise is not intended to replace the existing registration regime but to create a new pathway and provide more incentives for non-locally trained doctors to practise in Hong Kong. The existing limited registration regime has not been effective, given the uncertainty associated with renewal of registration every three years and the restriction to work in a specified institution, constituting disincentives for doctors.

## **Eligibility for special registration**

### *Hong Kong permanent residents (“HKPRs”)*

4. A considerable number of members of the public and organisations are of the view that as Hong Kong is currently in shortage of doctors, special registration should be open to non-HKPRs instead of being limited to HKPRs. As pointed out at the Bills Committee meetings, we have proposed that the new pathway be applicable to non-locally trained doctors who are HKPRs only on consideration of their cultural and language background as well as their attachment to Hong Kong. We believe that there stands a higher chance for them to serve in the healthcare system in Hong Kong for a continued period of time.

### *Language requirement*

5. The public has different views on the requisite language proficiency for doctors with special registration. Some consider that as doctors need to communicate with patients, fluency in Cantonese is a must, while some think that as English is an international language, doctors should be admitted as long as they reach a certain level of proficiency in English, and Chinese language proficiency should not pose a hurdle for working in Hong Kong. We note that at present, the public healthcare institutions set their own language proficiency requirements for non-locally trained doctors having regard to their actual needs. For example, for some specialties with relatively less contact with patients, such as anaesthesiology, pathology and radiology, doctors are not required to speak fluent Cantonese. Given that various public healthcare institutions carry out work of different nature (i.e. clinical, research and teaching work), we should consider the actual circumstances and allow these institutions to determine their language requirements. It is not advisable to stipulate unified language requirements in the Bill.

### *Internship requirement*

6. Some point out that certain non-locally trained medical graduates originated from Hong Kong cannot secure internship opportunities in their places of studies and hence cannot obtain medical registration there, rendering them ineligible for taking the Licensing Examination in Hong Kong for practice in the city. Some opine that the Government should provide such graduates with internship opportunities in Hong Kong and allow them to sit the Licensing Examination even though they have no internship experience. The Government

understands the problem and will further explore facilitation arrangements for such graduates to return and practise in Hong Kong.

### *Qualification and working experience*

7. Some consider that the Government should not just focus on whether doctors applying for special registration have completed recognised medical programmes but should also take into account their qualifications and past working experience (e.g. whether they have worked in renowned healthcare institutions). We are of the view that by drawing up the list of recognised medical qualifications, we can provide not only clear information for prospective medical students and their parents to make informed choices, but also specific requirements under the special registration regime. If applicants' qualifications and past working experience are to be considered, it will be difficult to assess the standards of individual healthcare institutions, and each application will have to be determined on individual merits. It will not only lengthen the approval process, but also bring uncertainties to the regime. Hence, we consider the proposal undesirable.

### **Employment prospects for local medical graduates and specialist training places**

8. Some members of the public and organisations worry that admission of more non-locally trained doctors will affect the employment prospects for local medical graduates, and may result in insufficient vacancies in the public healthcare institutions to absorb all local medical graduates. There are also views that as specialist training places are already inadequate, the situation will be aggravated if more non-locally trained doctors are admitted, making it more difficult for locally trained doctors to choose their preferred speciality. There are views that the Government should also increase resources for specialist training. In fact, the Government has proactively devoted substantial resources to increase medical training places in the two local medical schools from 250 in the 2008/09 academic year to the current 530, an increase of more than one-fold. The Government is also contemplating a further increase in the medical training places for the next University Grants Committee triennium. Even with admission of more non-locally trained doctors in the foreseeable future, the Government will uphold its commitment in the 2018 Policy Agenda that the Hospital Authority ("HA") will employ all qualified local medical graduates and provide them with specialist training. We believe that it could allay local medical graduates' concern about job security.

9. We understand that the medical sector and local medical graduates are concerned about allocation of specialist training places and whether there are adequate training places for both locally and non-locally trained doctors. Currently, HA has an established mechanism to employ non-locally trained doctors and provide them with specialist training. Under the mechanism, HA will create supernumerary posts with the Government's dedicated funding allocation for employing non-locally trained doctors so that recruitment and promotion of locally trained doctors will not be affected. Besides, we understand that nine of the 14 Colleges (excluding the College of Dental Surgeons) under the Hong Kong Academy of Medicine ("HKAM") have accepted or are willing to accept non-locally trained doctors for specialist training. These colleges are Colleges of Community Medicine, Emergency Medicine, Family Physicians, Physicians, Obstetricians and Gynaecologists, Ophthalmologists, Paediatricians, Pathologists and Psychiatrists.

10. In view of the future increase in non-locally trained doctors, FHB is planning to set up a new platform and invite representatives from HA, the Department of Health and HKAM to discuss matters related to specialist training, including the number of training places and necessary supporting infrastructure, based on the specialist manpower projection to be announced later this year. Regarding the allocation system of specialist training places, whilst understanding locally trained doctors' concerns, we hope that non-locally trained doctors will not be short of specialist training choices. HA will strive to strike a delicate balance in this regard.

### **Professional autonomy of doctors and statutory status of the Medical Council of Hong Kong**

11. Some members of the public and organisations are of the view that the establishment of a Special Registration Committee ("SRC") as proposed in the Bill is a way of bypassing the Medical Council of Hong Kong ("MCHK"), which will undermine the professional autonomy of doctors and violate the Basic Law that safeguards professional autonomy. Article 142 of the Basic Law stipulates that "The Government of the Hong Kong Special Administrative Region 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 Government of the Hong Kong Special Administrative Region 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."

Under the Basic Law, the power of the Government to determine the qualifications for practice in the medical profession through the enactment or amendment of laws is not in conflict with the authority of the relevant professional organisation (i.e. MCHK) to assess and confer professional qualifications on their own.

12. The Bill preserves not only MCHK's status as the professional organisation to assess and confer medical qualifications and to regulate the doctors, but also the existing medical registration regime, including such pathways as Licensing Examination and limited registration. The Bill only introduces special registration as a new pathway, thereby expanding the scope of qualified persons who may apply for registration as doctors in Hong Kong. Before being granted full registration under the new pathway, non-locally trained doctors will have to be registered as doctors with special registration in Hong Kong and subject to continuous assessment during the requisite minimum period of service in the specified institutions. Same as other registered doctors, doctors with special registration will be required to register under MCHK, and will be subject to the disciplinary regulation of MCHK and the regulatory control of MRO. Once complaints involving professional misconduct are found substantiated, MCHK has the power to exercise disciplinary actions on the doctor(s) concerned. The Bill will not compromise the statutory status of MCHK nor its statutory function in the registration and disciplinary regulation of doctors in Hong Kong.

13. As regards the proposed establishment of SRC to determine the list of recognised medical qualifications awarded by non-local medical schools, the Government respects the statutory role of MCHK, and considers it appropriate to establish SRC under MCHK to enhance the latter's oversight of SRC's work. Same as other committees under MCHK, SRC will report its progress of work to MCHK from time to time. We do not consider that the establishment of SRC under MCHK will undermine the latter's power.

### **Composition and work of the Special Registration Committee**

14. On the composition of SRC, some opine that there will be lack of monitoring if members are all appointed by the Government without frontline doctors as representatives, while some consider that the Government should appoint lay members (such as representatives from patient organisations). There are worries that the work of SRC may be affected as the Secretary for Food and Health ("SFH") may issue directives to SRC. There are also concerns over the criteria to be adopted by SRC for determining the list of recognised medical qualifications, and some are of the view that SRC may consider the performance

of graduates from relevant medical colleges practising in Hong Kong.

15. As SRC will be specifically tasked to examine the programmes of non-local medical schools which are comparable to the two medical schools in Hong Kong, we consider that the best option is to establish a dedicated SRC under MCHK, with a more confined number of members with diversified knowledge and expertise, to be responsible for drawing up the list. We suggest that SRC should comprise members from different fields. For instance, the Deans of the two local medical schools may give advice on the comparison between non-local and local medical programmes; the Director of Health and the Chief Executive of HA may give advice from the perspective of employing institutions for doctors with special registration; and the MCHK Chairman and the HKAM President may offer views from the perspective of professional standards. Regarding the remaining four SRC members, three must be members of MCHK, and the Government is inclined to appoint lay members of MCHK who are from other professions or patient organisations so that they may advance their views to SRC from perspectives other than the medical profession.

16. Regarding the proposal that SFH may issue directives to SRC, we must stress that as proposed in the Bill, SRC will be responsible for determining the list of recognised medical qualifications awarded by non-local medical schools, while SFH may only issue directives about SRC's performance of its function when the public interest so requires. For instance, if SRC fails to draw up the list of recognised medical qualifications within a reasonable period of time, SFH may issue a directive to SRC requiring it to complete such work within a specified timeframe. Similar provisions are found in the Hospital Authority Ordinance (Cap. 113) and the Consumer Council Ordinance (Cap. 216).

17. Regarding the factors to be taken into consideration by SRC in determining the list of recognised medical qualifications, we have included "any other aspects" that SRC considers appropriate in addition to the curriculum and the medium of instruction of the programmes leading to the award of the medical qualifications as stipulated in the Bill. Our aim is to provide flexibility for SRC such that aspects which we do not readily envisage could also be taken into account in drawing up the list. The Government does not intend to dictate what other factors SRC should consider.

## Quality of doctors

18. There are public views that a standardised examination system can ensure the quality of doctors. In fact, many countries (such as Singapore and Australia) currently have different mechanisms to attract non-locally trained doctors. Subject to certain criteria being met, non-locally trained doctors will be granted full registration in the respective countries. Passing examinations is not the only way to obtain full registration. We must reiterate that the Bill is not intended to replace the current system of Licensing Examination, but to create a new pathway for qualified non-locally trained doctors to practise in the public healthcare system in Hong Kong, without compromising the quality of doctors.

19. As proposed in the Bill, doctors with special registration are subject to a number of requirements to ensure their quality, including -

- (a) he/she holds a recognised medical qualification awarded by a non-local medical school and possesses medical registration in any place where the non-local medical schools concerned are located;
- (b) for those who already have a specialist qualification, their medical qualifications must be recognised by HKAM as equivalent to a local specialist qualification;
- (c) for those who have yet to obtain a specialist qualification, he/she must complete or continue his/her specialist training in Hong Kong. HKAM and its constituent specialty Colleges will monitor their performance before awarding specialist qualifications; and
- (d) he/she has to work in public healthcare institutions for at least five years after obtaining specialist qualification and must undergo continuous on-the-job assessment to ensure that he/she performs well and is competent to be a doctor.

As compared with the requirements applicable to locally trained doctors, who can obtain full registration after completing the internship, those we propose for non-locally trained doctors are indeed more stringent.



## **On-the-job assessment**

20. While there are concerns about the content and criteria of on-the-job assessment for doctors with special registration, some opine that a third party, apart from the employing institutions, should be engaged in the assessment process so as to ensure impartiality, and an appeal mechanism should also be established. We understand that the four public healthcare institutions have established their own assessment systems. Given that the four institutions carry out work of different nature, such as clinical, teaching or research work, it would be difficult to require them to adopt a standardised assessment system. Nonetheless, to better assess the performance of doctors with special registration in an objective manner, we plan to discuss with the four institutions the inclusion of some common core competencies for doctors, such as application of medical knowledge, patient-centred care, clinical judgment, integrity and teamwork, in their existing assessment systems. To ensure that doctors with special registration serve competently and satisfactorily, we also plan to require the four institutions to assess their performance on a regular basis and offer timely advice to them. For those who have failed to serve satisfactorily or competently, the four institutions will not renew their employment contracts, as a result of which they will not be eligible for full registration.

## **Public consultation**

21. There are views that the Government should conduct in-depth consultation with the medical sector and the public instead of introducing the Bill into the Legislative Council (“LegCo”) in haste, while others opine that the Government should explain more to the public. In fact, since the Chief Executive’s announcement at the LegCo Question and Answer Session on 4 February 2021 that the Government would introduce the Bill into LegCo in the current legislative session, FHB staged more than 30 consultation sessions, and met with representatives from about 70 organisations / bodies to listen to their views on the Bill, including MCHK, HKAM, the Hong Kong Medical Association, the two local medical schools (including medical students), frontline doctors unions, private hospitals, patient organisations, the education sector and parents groups.

22. On the other hand, various Hong Kong Economic and Trade Offices (“ETOs”) have brought the Bill to the attention of Hong Kong people overseas through various means, and encouraged non-locally trained Hong Kong doctors who intend to come back and serve the local community to return and practise in Hong Kong through the new pathway. We note that some Hong Kong doctors’

organisations and overseas student groups welcome the Bill. They opine that it will help attract overseas Hong Kong doctors to return to Hong Kong. Some non-locally trained Hong Kong doctors have expressed their intention to return and practise in Hong Kong through the new pathway. After the passage of the Bill by LegCo, we will continue to liaise with overseas Hong Kong doctors through ETOs, and encourage them to return and practise in Hong Kong.

## **Other proposals**

### *Service period*

23. Members of the public have diverse views on the service period of doctors with special registration in the public healthcare institutions after obtaining specialist qualifications. We propose in the Bill that doctors with special registration have to work in the public healthcare institutions for at least five years after obtaining specialist qualifications. For doctors who have yet to obtain specialist qualifications, they will have to complete specialist training in Hong Kong and then work in the public healthcare institutions for at least five years. Hence, their actual service period may exceed ten years. We are of the view that the service period currently proposed in the Bill has already struck an appropriate balance between maintaining the attractiveness of special registration and ensuring the quality of doctors with special registration.

### *Regular review of the effectiveness of the special registration regime*

24. There are views that the Government should review the effectiveness of the special registration regime on a regular basis so as to make appropriate adjustments. The Bill aims to attract more qualified non-locally trained doctors to provide healthcare services for the public, without compromising the quality of doctors. After the implementation of the special registration regime, the Government will keep in view closely the effectiveness of the new initiative and enhance the regime in a timely manner.

### *Other healthcare-related matters*

25. There are views that the public healthcare system in Hong Kong is facing many challenges and increasing the supply of doctors may not be able to address all the problems. They think that the Government should consider how to retain HA staff, enhance primary healthcare and make good use of the private market so as to improve public healthcare services. While the Government fully

understands the challenges currently faced by the public healthcare system, it is imperative to ensure a stable and sufficient supply of doctors to implement various improvements and new measures. In fact, the Government has implemented and will continue to roll out various measures to enhance public healthcare services, including -

- (a) retaining HA doctors (including implementing the Retired and Rehire Scheme, recruiting part-time doctors as well as providing more promotion and training opportunities);
- (b) promoting public-private partnership so as to tap into the capacity of the private healthcare sector, thereby alleviating the pressure on the public healthcare sector;
- (c) upgrading hardware facilities by implementing two Ten-year Hospital Development Plans to provide additional hospital beds; and
- (d) promoting primary healthcare and strengthening co-ordination among various professions, sectors and organisations in the primary healthcare setting, with a view to alleviating the pressure on public hospitals.

26. Although members of the medical profession opine that the Government may allocate more resources to promote public-private partnership so as to relieve the pressure on public hospitals, given the shortage of doctors, enhancing public-private partnership may aggravate the wastage of HA doctors and render the fees of private healthcare services more unaffordable. Therefore, the Government must take the decisive step to increase the overall supply of doctors in Hong Kong. Only by doing so can we solve the current problems in our healthcare system at root.

*Standards of recognised specialist qualifications and improvement to the Licensing Examination*

27. Some are of the view that HKAM should make public their standards of recognised non-local specialist qualifications so as to enhance transparency, while some consider that MCHK should improve the Licensing Examination and allow candidates to obtain more information about the Examination. We will relay the views to HKAM and MCHK respectively for consideration.