



中華人民共和國香港特別行政區政府總部食物及衛生局  
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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26 August 2021

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**

**Follow-up actions arising from meeting on 18 August 2021**

Further to the Bills Committee meeting on 18 August 2021, the requested supplementary information is provided at **Enclosure**.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ricky WU'.

(Ricky WU)

for Secretary for Food and Health

**Bills Committee on Medical Registration (Amendment) Bill 2021****Follow-up actions arising from meeting on 18 August 2021**

The Government's responses are as follows –

(a) (i) Per capita doctor ratio

The Government conducts healthcare manpower projections once every three years. Whilst we do not set specific targets for the per capita doctor ratio, if the shortage of doctors stated in the Healthcare Manpower Projection 2020 could be solved, the per capita doctor ratio (per 1 000 population) is expected to be 2.30 in 2030 and 2.55 in 2040.

Regarding the Hospital Authority (“HA”), different types and levels of services are provided to patients having regard to the conditions and needs of each patient. Therefore, HA does not prescribe any doctors-to-patients ratio. Nevertheless, HA has established a mechanism for assessing manpower needs and conducting manpower planning with a view to catering for the service demand as far as practicable. HA will continue to keep in view the manpower situation and make appropriate arrangements in manpower planning to cope with the growing demand for healthcare services.

(ii) Waiting time for specialist out-patient services in public hospitals

HA has implemented the triage system for new referrals to its specialist out-patient clinics (“SOPCs”) to ensure that patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, a new patient is usually first screened by a nurse and then triaged by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge.

For routine cases, since there are relatively more patients in this category, the waiting time is inevitably longer. To improve the waiting time for SOPCs, additional measures such as public-private partnership (“PPP”) programmes

and the integrated model of SOP Services have been implemented. HA will continue to review the effectiveness of these measures and consider the need for other measures as appropriate to further improve the SOPC waiting time. HA will also continue to implement its Annual Plan to enhance the service capacity of SOPCs in various hospital clusters, covering the majority of major specialties.

In future, HA will continue to further expand its PPP programmes with a view to referring more suitable patients to private family doctors. HA will also gradually develop more doctor-led multi-disciplinary integrated care clinics. With more multi-disciplinary inputs including nurses and allied health professionals, patients can receive timely intervention and achieve better disease monitoring. Coupled with streamlining of workflow in SOPCs and allocation of more consultation quotas to different time slots, it is expected that patients' queuing time for consultation can be shortened as far as practicable.

(iii) Relevant indicators for regular review

After the passage of the Medical Registration (Amendment) Bill 2021 and implementation of the special registration regime for non-locally trained doctors, the Government will keep in view closely the effectiveness of the new initiative and enhance the regime in a timely manner. For better manpower planning, the Government conducts healthcare manpower projections once every three years with a view to updating the demand and supply projections of healthcare professionals. In the context of the next round of healthcare manpower projection, we will factor in the initial results of the special registration regime and study how the new regime can help relieve the doctors manpower shortage problem.

- (b) Currently, HA is the major specialist training ground in Hong Kong. HA conducts on an annual basis a centrally-coordinated specialty-based recruitment exercise for resident trainee ("RT") posts in all HA hospitals. Local medical graduates who have completed the requisite one-year internship as well as non-locally trained doctors who have passed the Licensing Examination and completed the requisite period of assessment are eligible to apply for the RT posts. A nine-year contract will be offered to the recruited RTs so as to tie in with their specialist training under HA's RT programme. The numbers of RTs recruited by HA in the past three years (i.e.

2018, 2019 and 2020) are 454, 467 and 465 respectively.

Subject to his/her passage of the final examination / exit assessment of the specialist training, a RT will be nominated for Fellowship of the Hong Kong Academy of Medicine (“HKAM”). The numbers of Fellows awarded by HKAM in the past three years (i.e. 2018, 2019 and 2020) are 264, 317 and 237 respectively.

- (c) For the allocation of RT posts, HA takes into account various factors, including the service and training needs in specialties to support service development, turnover replacement of doctors arising from retirement and non-retirement attrition as well as the available manpower supply to HA of the current year. The number of RTs to be recruited by HA in the 2022/23 Central Recruitment Exercise will be available in early 2022.

The number of Fellows to be awarded by HKAM is generally related to the number of RTs passing the final examination / exit assessment of the specialist training in the year. With reference to the number of RTs recruited in the previous years, HKAM estimates that around 320 Fellows will be awarded in each of the coming three years.

- (d) As at end-July 2021, there are 15 023 registered doctors in Hong Kong. Given that the registered doctors are not obliged to report their practising status to the Medical Council of Hong Kong, we do not have readily available information on the number of doctors who are currently practising full-time in Hong Kong.

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