

Opposition on Medical Registration (Amendment) Bill 2021

Dear Sir / Madam,

I am writing to oppose the Bill on Medical Registration (Amendment) Bill 2021 due to the following reasons.

(1) INEFFECTIVENESS for the Amended Bill to address the current manpower problems.

- i. There has been an existing pathway for the recruitment of overseas doctors into the public institution (mainly Hospital Authority) without licentiate examinations. However, the number of recruited doctors has been low, mainly because of the unfavorable working environment of the Hospital Authority.
- ii. The manpower problem cannot be solved even though the amended bill has been passed if the current working environment is not substantially improved and the medical and nursing staff is continuously leaving the public institution due to unsatisfactory management.
- iii. The current manpower in the public sector is unlikely to be accommodate extra specialist training for non-specialist overseas doctors.

(2) INEQUITY of the Amended Bill.

- i. The Amended Bill is unfair to the practicing doctors passing the licentiate examinations.
- ii. The Amended Bill is unfair to the patients if unfavorable outcome is brought by this amended bill.
- iii. The Amended Bill is unfair to the medical and nursing staff in the public sector if extra training is required for non-specialist overseas doctors but NO proportionate resources are increased.

(3) INCOMPLETE DETAILS of the Amended Bill.

- i. No clear definition or standard of the medical schools are announced to be recognized.
- ii. No clear assessment details of the medical doctors without passing the licentiate examinations to go private practice. Just yearly staff development review (SDR) is obviously insufficient.
- iii. There are inadequate representatives from the frontline doctors, patients or other sectors from the society (e.g. lawyers) in the

proposed committee for the qualification assessment of overseas doctors.

(4) INSUFFICIENT CONSENSUS.

- i. The consultation of the patients' self-help groups and medical associations is minimal for this important Bill.
- ii. No data of large-scale public survey has been disclosed by the government so far.
- iii. Inadequate time for an important bill to be discussed in the society within only one to two months.

Three solutions for the existing manpower problems in Hong Kong

(1) BETTER PRIVATE-PUBLIC COLLABORATION

- i. The problems in Hong Kong are mainly uneven distribution of the medical staff, 50% of the medical doctors in the public sector serving 90% of sicked people.
- ii. More effective private-public collaboration projects with less hinderance to patients should be enforced. Successful projects include cancer imaging & colonoscopy screening private-public collaboration schemes.

(2) BETTER MANAGEMENT OF THE PUBLIC INSITUTIONS (in particular, the Hospital Authority)

- i. The existing huge management team of the Hospital Authority must be reduced. Many management staff with little or no frontline or clinical work has extremely high salaries but the management has been very unsatisfactory with multiple medical incidences related to inadequate frontline manpower.
- ii. The spinal cord reflex of key performance indicators (KPI), number of out-patient attendance and surgeries must be cut in the existing public hospitals.

(3) BETTER ASSESSMENT & LICENTATE EXAMINATION SYSTEM

- i. More emphasis should be put on the clinical aspects and skills for the licentiate examinations while less proportion is put on the basic science with limited clinical relevance.
- ii. Better assessment schemes for overseas specialist to register in Hong Kong and practice under their own expert field should be established. Existing schemes are available in the United Kingdom and Australia.

With the INEFFECTIVENESS, INEQUITY, INCOMPLETENESS & INSUFFICIENCY of the existing Medical Registration (Amendment) Bill, it will only do more harm than good.

Thank you very much for your kind attention.

Yours sincerely,
Dr. Victor CHU