

To whom it may concern,

I am writing in response to the proposed amendment to the Medical Registration Ordinance.

The shortage of doctors being significantly more evident in the public healthcare sector speaks for itself that the true problem lies in the inability of public healthcare institutions in retaining their staff. While maintaining adequate doctor supply to maintain public service is important, we shall not trade quality for quantity. Not only may incompetent doctors inflict harm on patients, but they may also create additional workload and burden to other peers in spending extra time to cover their inadequacies.

To ensure imported workers are up to standard, the most objective and accepted means would be the existing Licentiate examination. Next in the line would be limited registration where the imported doctors are required to work under supervised practice in the public sector. Both of the above are existing mechanisms to allow foreign trained doctors to practice in Hong Kong. In particular, limited registration provides an assurance that foreign trained doctors recruited through this pathway must work in the public healthcare sector to directly tackle the dire problem put forward by the government, shortage of doctors in public sector. A more proper way forward would be for the government to improve working environment with better training and promotion opportunities, as well as to provide better remuneration package for public doctors that would be commensurate with their amount of work (which often exceeds that of standard working hours).

In case the government still wishes to push forward a new mechanism to import doctors, we should still try to ensure that the imported doctors are up to standard. The list of acceptable overseas qualification should be vetted and determined by the Medical Council, the statutory professional body whose power to oversee the medical profession is vested by virtue of Article 142 of the Basic Law, instead of a newly invented “Special Registration Committee” that would be seen as a threat to professional autonomy. To ensure a full-range of case exposure in substitution of internship, foreign trained doctors recruited through the new pathway without examination should be put under supervised practice (1) under public hospitals with both acute in-patient and out-patient service, and for (2) at least 5 years of service at front-line clinical post (but not managerial or supervisory posts) after attaining specialist registration. Before being considered as completed full registration, they should be certified (1) by their employer to have served satisfactorily, and (2) by an external assessor who is not their employer to achieve competence in their field of practice.

For concerns about the quality of future healthcare practitioners, I have strong reservation about the current proposed bill to amend the Medical Registration Ordinance. Unless the Bill is amended according to the suggestions in the above paragraph, I would advocate against passing the Bill on table.

Regards,

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