



香港醫學會  
The Hong Kong Medical Association

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MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

5th Floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong  
Tel: (852) 2527 8285 (6 lines) Fax: (852) 2865 0943 E-mail: [hkma@hkma.org](mailto:hkma@hkma.org) Website: [www.hkma.org](http://www.hkma.org)  
香港軒尼詩道十五號溫莎公爵社會服務大廈五樓

**8 July, 2021**

Bills Committee on Medical Registration (Amendment) Bill 2021  
Legislative Council Secretariat  
Legislative Council Complex  
1 Legislative Council Road  
Central  
Hong Kong

Email to: [bc\\_106\\_20@legco.gov.hk](mailto:bc_106_20@legco.gov.hk)

**Hong Kong Medical Association's Submission on the  
2021 Amendment Bill to the Medical Registration Ordinance**

The Government proposes an amendment bill to the Medical Registration Ordinance (MRO) this year for the introduction of non-locally trained doctors (NLTDS) to practice medicine in Hong Kong. It is recommended that NLTDS who hold permanent resident status in Hong Kong can be exempted from the Licensing Examination (LE) and receive full registration after five years of service in public healthcare institutions. The amendment will compromise Hong Kong's medical standards and the well-being of the public, which shall be handled with prudence and discretion. The Hong Kong Medical Association (HKMA) motto is "safeguard the health of the people" and does not oppose the notion of NLTDS practising in Hong Kong, but the prerequisite is that they must pass the LE of the Medical Council of Hong Kong (MCHK) to ensure their professional standard.

**HKMA's opinions on the amendment of the Medical Doctor Registration Ordinance:**

1. Article 142 of the Basic Law states: "*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... The Government of the Hong Kong Special Administrative Region shall continue to recognise the professions and the professional organisations recognised prior to the establishment of the Region, and these organisations may, on their own, assess and confer professional qualifications.*" This was supposed to protect the rights of professional sectors determining their professional registration requirements. The current amendment bill uses administrative and political means to suppress professional autonomy, which violates the rights conferred by the Basic Law and severely damages the professionalism of the medical sector.

2. In the past, the Government did not have long-term planning regarding the medical manpower in Hong Kong. It has repeatedly cut the recurrent funding for public medical care for economic reasons, such as reducing the number of doctors and medical students in public hospitals and medical schools. In 2002-03, HA enticed 1067 healthcare professionals including 98 specialist doctors, to resign through early retirement incentives, all of which result in a shortfall of public medical staff today. Nothing was mentioned about the doctor/population



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ratio at the time. While the Government proposed to increase the number of doctors, neither improvement in the nursing and paramedical manpower has been mentioned nor corresponding funding has been allocated. Statistics show that Hong Kong's medical and health recurrent expenditure as a percentage of GDP was only 6.2% (2018-19), a far cry from the average 9-10% in other Organization for Economic Cooperation and Development (OECD) regions. The Government must increase medical commitments to retain local medical talents in the public system.

3. MCHK is the statutory body responsible for doctors' registration and consequently is accountable for ensuring safe medical practice standards. The LE evaluates doctors' professional knowledge, clinical experience and language level to ensure that all medical practitioners are up to par, and it is the only gatekeeper that assesses and guarantees NLTs' professional standard. Some may argue that in-job assessments, as the amendment bill proposed, would be sufficient to test doctors' capability. Yet, it is not assessing doctors' standard by the same yardstick, which may pose a question about objectivity. In view of the low medical malpractice rate in Hong Kong compared to the world or even developed countries, LE has been proven effective to safeguard our medical standards and should not be relaxed at will, especially when doctors can practise without supervision after full registration.

4. In addition to doctors, professions such as law and nursing also require non-locally trained applicants to pass their qualification examination before practising in Hong Kong, guaranteeing that non-local trainees not only possess professional knowledge but are also familiar with local mechanisms and setting. Despite LE being criticised as too difficult, especially Part 1 MCQ examination, the latest overall pass rate for Part 1 was 40% and Part 2 English Test was 100% respectively. The pass rates were in line with similar licentiate examinations worldwide. Developed countries like the USA, Canada, UK and Australia require all NLTs (with the exception of those from some Commonwealth countries and the USA) to sit for qualifying examinations for registration purpose. It can be seen that licensing examination is a standard tool to evaluate professionalism and any easy exemption would affect the standard of the medical profession in Hong Kong.

5. The current mechanism requires all NLTs to take a universal examination regardless of their training backgrounds, a fair practice for both local and non-local medical graduates. In particular, the competition for local medical school places is fierce; for instance, candidates must have a minimum score of 43 in the International Baccalaureate (IB) to be considered for admission to a local medical school. However, the admission requirements of overseas medical schools vary. Yet US medical schools require applicants to obtain a Bachelor's degree in related science subjects as a prerequisite, some medical schools, even in the QS World University Rankings Top 100, only require 35 points in IB to be admitted<sup>1</sup>. In other words, the starting lines of the medical education that NLTs received could be vastly different. Only a standardised assessment tool like LE could guarantee that all NLTs practising in HK hold the same level of standard despite diverse educational backgrounds. Moreover, there is a misconception that the two local medical schools accepted a large number of non-jupas

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<sup>1</sup> i.e. the University of Birmingham and the University of Leeds, QS World University Ranking 2020.



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students returning from overseas and chase away local graduates. As a matter of fact, a part of non-jupas students admitted to the two medical schools are local non-DSE students (local IB schools). They are also local graduates but entered the medical schools through the non-jupas pathway. Their hard work earns their way to medical schools and should not be discredited to have caused a social problem.

6. Under the current system, qualified overseas specialists can, through limited registration, serve three years in public medical institutions without passing the LE. They can also apply for renewal when the registration expires. Limited registration is considered a relatively flexible and manageable pathway to recruit medical professionals as it is contract-based, of which the Government will have better control over the supply of medical manpower in the future. However, the Hospital Authority (HA) has not made good use of the limited registration; during the five years from 2016-17 to 2020-21, out of 555 applications, 515 cases were denied because these applications did not meet the qualification requirements. On the one hand, it reflects that the HA did not put enough effort to recruit qualified overseas doctors to practice in HK through limited registration. On the other hand, it reveals that most applications are not up to the mark; hence a standardised assessment like LE is much needed to screen out these cases. The HKMA urges the Government to review the implementation of limited registration and fully utilise it before further relaxing the current system.

7. The amendment bill mentions establishing a new committee (Special Registration Committee, SRC) to determine the list of approved medical schools exempted from LE. Even though SRC is proposed to be placed under the MCHK, it is not responsible to the MCHK but to the Government as the Secretary for Food and Health would have the power to issue directives about the Committee's performance of its functions under this Ordinance. As for the composition of the SRC, all 3 MCHK representatives would be appointed by the Chief Executive, meaning the Government would have massive control over the SRC. It sparks the concern of SRC becoming a rubber stamp of the Government and losing its gatekeeping role, which may even leave a loophole allowing underqualified doctors to practice in Hong Kong.

8. NLTDS admitted by the proposed amendment include doctors who have not obtained specialist qualifications, which means that they will occupy the specialist training posts of local doctors and further compromise their training opportunities. Specialist training requires designed training experiences, such as the number of operations participated, and training posts have long been in short supply. Many colleges under the Hong Kong Academy of Medicine (HKAM) have also indicated a shortage of training posts, and in some popular specialties, 50 doctors are competing for 10 training posts. Though the Government promises to guarantee job positions to all local medical graduates after passing the amendment, there is no guarantee in maintaining the salary scale or related benefits. Job stability stays uncertain for future local doctors. The Government must first and foremost prioritise its funds and secure training and working posts for local doctors, instead of carving up the only resource and bearing the additional cost of training NLTDS.

9. Shortage of doctors in the public sector is exacerbated by the structural imbalance in the healthcare system. Half of Hong Kong's doctors worked within the public sector to cater for



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90% of hospital patients. Such divergence between the public and private sectors is fundamentally caused by the government's failure to attract and retain medical staff in public institutions. HA medical staff's attrition rate remains high at over 5% in the past three years, although various staff retention measures having been launched. Statistics show that in the Department of Health (DH), 144 staff resigned in 2020-21, a 33% increase compared to 2019-20. The Government should reflect and recognise the causes behind these mass resignation and high attrition rate and seek effective solutions. Without dealing with the reason, no amount of enrolment will provide enough doctor in that discipline.

10. The problems of public medical services in Hong Kong are complex and cannot be solved by increasing the number of doctors solely. Due to suboptimal service prioritisation, unmitigated capacity estimation, and inefficient resources allocation in the HA framework, there is increasing hostility in the supposedly safe public service working environment. Ultimately, this is leading to a high staff attrition rate. Beds, operating rooms, and nurses in public hospitals are also constantly in shortage. Besides, Public-Private Partnership (PPP) program fails to divert a significant number of patients to the private sector effectively due to the lack of planning and development. Some claimed that enhancing PPP would further attract doctors entering the private sector; on the contrary, effective PPP would help divert patients and reduce the workload in public hospitals, hence improving the work environment and help retaining doctors within the public sector. The Government must increase the funding for medical staff and related facilities, and at the same time, improve the current PPP strategy, such as by setting up a tripartite platform, so as to reduce patients' dependence on public hospitals.

We believe the health of the people is of utmost importance, and it is regrettable that neither deputations meeting nor public hearing is arranged to have a throughout consultation on the proposed Amendment Bill. We sincerely hope that the Bill Committee will consider and respect the consensus of the medical sector and put Hong Kong's medical standard and professionalism first.

Should you have any enquiry, please contact Ms. Giselle Yip at 3108 2518 or [giselleyip@hkma.org](mailto:giselleyip@hkma.org).

Yours Sincerely,

Dr. CHOI Kin

President, The Hong Kong Medical Association