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**Report of the Bills Committee on Medical Registration
(Amendment) Bill 2021**

Purpose

This paper reports on the deliberations of the Bills Committee on Medical Registration (Amendment) Bill 2021 ("the Bills Committee").

Background

2. Currently under section 8(1)(a) and (b) of the Medical Registration Ordinance (Cap. 161), a person may apply for full registration as a medical practitioner in Hong Kong under either of the following routes:

- (a) he or she has been awarded a degree of medicine and surgery by The University of Hong Kong ("HKU") or The Chinese University of Hong Kong ("CUHK") and is also certified under section 9 of Cap. 161 that he or she has had the prescribed experience (i.e. one-year residency prescribed under section 2 of the Medical Registration (Miscellaneous Provisions) Regulation (Cap. 161D)); or
- (b) he or she has passed the Licensing Examination and has completed the period of assessment provided for in section 10A of Cap. 161 (i.e. such period of assessment which is generally not exceeding 12 months (as prescribed under section 3 of Cap. 161D) as determined by the Medical Council of Hong Kong ("Medical Council")).¹

¹ For a non-locally trained person wishing to practise as a medical practitioner in Hong Kong, he or she may, apart from proceeding through the route stated in paragraph 2(b) above, apply for registration as a medical practitioner with limited registration for a period of not exceeding three years under section 14A of Cap. 161 if he or she has satisfied the Medical Council that he or she has fulfilled certain relevant requirements.

3. According to paragraphs 3 to 11 of the Legislative Council ("LegCo") Brief (File Ref.: FH CR 1/F/3261/92) issued by the Food and Health Bureau on 18 May 2021, in view of a number of concerns including severe shortage of medical practitioners in Hong Kong and for the overall benefit of the community, the Administration is of the view that it is imminent to create a new pathway under Cap. 161 for qualified non-locally trained medical practitioners ("NLTDs") to obtain full registration in Hong Kong as an alternative to the current pathway of passing the Licensing Examination, subject to certain criteria being met. The Medical Registration (Amendment) Bill 2021 ("the Bill") is thus introduced into LegCo to provide for such an alternative pathway and related matters.

Object of the Bill

4. The date of First Reading of the Bill is 2 June 2021. The Bill seeks to:

- (a) provide for a new type of registration known as special registration under Cap. 161;
- (b) provide for persons meeting certain criteria to practise as medical practitioners in Hong Kong;
- (c) establish a committee known as the Special Registration Committee ("SRC"); and
- (d) make related and consequential amendments.

Provisions of the Bill

Proposed new type of registration known as special registration for non-locally trained medical practitioners to practise in Hong Kong

Proposed new qualification for full registration

5. Under the proposed new section 8(1)(ba) of Cap. 161 (clause 6 of the Bill), a person would be eligible for full registration as a medical practitioner in Hong Kong if the person:

- (a) has been engaged in full-time employment as a medical practitioner with special registration ("special registration doctor") in one or more than one institution specified in the proposed new Schedule 1B to Cap. 161 ("employing institution") for a total of at least five years ("service period") after the person (i) was awarded a Fellowship of the Hong Kong Academy of Medicine ("HKAM") in a specialty, or (ii) was certified by HKAM to have completed the training, and obtained the qualification, comparable to that required of a Fellow in a specialty by HKAM, whichever is the earlier;
- (b) is certified by HKAM to have satisfied the continuing medical education requirements for the specialty during the service period; and
- (c) is considered by the employing institution (or if applicable, all employing institutions) to have served satisfactorily and competently as a medical practitioner during the service period.

6. The proposed new Schedule 1B to Cap. 161 contains four specified institutions, namely, the Department of Health ("DH"), the Hospital Authority ("HA"), HKU and CUHK. Pursuant to the proposed new section 14I of Cap. 161, the Secretary for Food and Health ("SFH") may, by notice published in the Gazette, amend Schedule 1B. Such notice would be subsidiary legislation subject to scrutiny by LegCo pursuant to the negative vetting procedure.

Proposed new type of registration known as special registration

7. A new section 14C is proposed to be added to Cap. 161 (clause 8 of the Bill) to provide for the grant and renewal of a special registration to a person as a medical practitioner by the Registrar of Medical Practitioners ("Registrar") upon application. To be eligible for a special registration, the applicant must:

- (a) be a Hong Kong permanent resident ("HKPR");
- (b) hold a recognized medical qualification;

- (c) be registered under the law of a qualifying place (as specified in the proposed new Schedule 1A as stated in paragraph 12 below) as a medical practitioner in that place;
- (d) have been selected for full-time employment as a special registration doctor in a specified institution; and
- (e) be of good character and have good professional conduct.

8. Under the proposed new section 14E of Cap. 161, the maximum term of a special registration or renewal of such registration would be three years. A person with special registration would be engaged as a medical practitioner only in the specified institution mentioned in the person's application for the grant or renewal of the special registration.

Proposed establishment of Special Registration Committee and recognition of medical qualifications for the purposes of special registration

9. Pursuant to the proposed new section 14F of Cap. 161 (clause 8 of the Bill), a proposed new committee known as "Special Registration Committee" would be established for making recommendations independently to the Registrar direct on the medical qualifications to be recognized or no longer to be recognized for the purposes of special registration under the proposed new section 14C. SRC would be established under the Medical Council so that the Medical Council may provide the administrative, secretarial or other services that SRC requests for performing its functions under Cap. 161. If SFH considers that the public interest so requires, it is proposed that SFH may issue to SRC directives about SRC's performance of its functions under Cap. 161.

10. Under the proposed new section 14G of Cap. 161, SRC would consist of not more than 10 members, namely, (a) the Director of Health (or his or her representative), (b) the Chief Executive of HA (or his or her representative), (c) the Chairman of the Medical Council, (d) the President of HKAM, (e) the Dean of the Faculty of Medicine of HKU, (f) the Dean of the Faculty of Medicine of CUHK, (g) not more than three persons, being members of the Medical Council, to be appointed by the Chief Executive ("CE"), and (h) not more than one other person to be appointed by CE. The chairperson of SRC would be appointed by CE from amongst its members.

11. Under the proposed new section 14F(3) of Cap. 161, SRC would only recommend a medical qualification for the purposes of special registration if the medical qualification is:

- (a) at the level of degree or higher;
- (b) awarded by a body in a place outside Hong Kong that is broadly comparable to any local university (i.e. HKU and CUHK currently specified in Schedule 1 to Cap. 161) in terms of international rankings; and
- (c) broadly comparable to the medical qualifications awarded by any local university in terms of the curriculum of the programmes leading to the award of the medical qualifications, the medium of instruction of the programmes, and any other aspects as SRC considers appropriate.

12. Under the proposed new section 14D of Cap. 161, the list of recognized medical qualifications (including the corresponding qualifying places for the purposes of special registration) would be specified in the proposed new Schedule 1A to Cap. 161. The proposed new Schedule 1A currently contains no list of recognized medical qualifications. Pursuant to the proposed new section 14H of Cap. 161, on receiving a recommendation made by SRC on the medical qualifications to be recognized (or no longer to be recognized) for the purposes of special registration, the Registrar must, by notice published in the Gazette, amend the proposed new Schedule 1A for recognizing the medical qualifications or revoking the recognition of the medical qualifications. Such notice would be subsidiary legislation subject to scrutiny by LegCo pursuant to the negative vetting procedure.

Other amendments proposed under the Bill

13. The Bill also proposes to make related and consequential amendments including:

- (a) amending section 3(2)(j) of Cap. 161 and section 5 of the Medical Practitioners (Electoral Provisions) (Procedure) Regulation (Cap. 161B) to the effect that a special registration doctor would be an elector, proposer or seconder in an election

held for electing medical practitioners to be members of the Medical Council (clauses 4 and 13 of the Bill); and

- (b) amending section 6 of Cap. 161 to include a proposed new Part V in the General Register required to be kept for special registration doctors (clause 5 of the Bill).

Commencement

14. The Bill, if passed, would come into operation on the day on which it is published in the Gazette as an Ordinance.

The Bills Committee

15. At the House Committee meeting on 4 June 2021, Members agreed to form a Bills Committee to scrutinize the Bill. The membership list of the Bills Committee is in **Appendix I**.

16. Under the Chairmanship of Ms Elizabeth QUAT, the Bills Committee has held five meetings with the Administration. The Bills Committee has invited written views on the Bill and received a total of 39 submissions, which can be accessed on the LegCo Website. A list of the organizations/individuals which/who have provided written submissions to the Bills Committee is in **Appendix II**. The Administration has provided a consolidated response to the views and concerns expressed by the depositions in the submissions, details of which are set out in LC Paper No. CB(4)1361/20-21(01).

Deliberations of the Bills Committee

17. The major deliberations of the Bills Committee are set out in the ensuing paragraphs.

Shortage of doctors

18. According to the Administration, the attrition rates of full-time doctors in HA dropped from 6.4% in 2018-2019 to 4.1% in 2020-2021 and there is a

net increase of 700 doctors in the past five years. However, the "Healthcare Manpower Projection 2020" reveals that there is a shortfall of 660 specialists (including specialists-to-be) in HA in 2020 and the projected manpower shortage of HA will reach 800 and 960 in 2030 and 2040 respectively, based on existing service levels. Given that the projection is not based on improved service levels and the majority of the public are using HA's inpatient services, some members doubt that the actual shortage of doctors in HA would be even worse. In this connection, these members ask about the specialties in HA where there are the most acute shortages of doctors.

19. The Administration advises that the five clinical specialties with the highest attrition in HA in 2020 - 2021 were Obstetrics and Gynaecology; Ophthalmology; Radiology; Anaesthesiology; and Otorhinolaryngology. HA has rolled out a series of measures to attract and retain doctors, including but not limited to:

- (a) increasing the number of Resident Trainee posts in HA;
- (b) implementing the Special Retired and Rehire Scheme to rehire doctors upon their retirement at normal retirement age;
- (c) recruiting part-time doctors, including the setting up of Locum Office;
- (d) creating more promotion opportunities to Associate Consultant and Consultant ranks;
- (e) providing better training opportunities for doctors;
- (f) deploying flexible work arrangements to cater for the needs of HA staff; and
- (g) recruiting NLTDs under limited registration to alleviate the heavy workload of frontline doctors.

Long waiting time for specialist out-patient services in public hospitals

20. Some members are concerned about the long waiting time for new case bookings for specialist out-patient services and surgical services in public hospitals, which usually take months or even years. The long waiting time

could lead to deterioration in the health conditions of non-urgent patients. These members call on the Administration to take a multipronged approach in addressing the problem.

21. The Administration advises that 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, which HA has all along been able to achieve. For routine cases, since there are relatively more patients in this category, the waiting time is inevitably longer. Additional measures such as public-private partnership ("PPP") programmes and the integrated model of SOP Services have been implemented to improve the waiting time for SOPCs. 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. 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.

Widening the pool of non-locally trained doctors

22. As mentioned in paragraph 4(a) and (b) above, the Bill seeks to create a new pathway for NLTDs to practise in Hong Kong, subject to certain criteria being met. Referring to the result of a questionnaire survey on views of the medical profession on the Bill, a member points out that nearly 80% of the respondents object to LegCo to pass the Bill while only around 10% support LegCo to do so. A majority of members, however, support the creation of the new pathway for admission of NLTDs. Some members call on the Administration to further widen the pool of NLTDs admitted to practise in Hong Kong as explained below.

Adjustment to the Hong Kong permanent resident requirement for special registration

23. Some members consider that the HKPR requirement should be relaxed and some advocate abolishing it altogether to allow the public sector to engage any qualified NLTDs, HKPRs or otherwise, as special registration doctors.

24. According to the Administration, after considering the views of these members and organizations (including patient groups) which made written submissions to the Bills Committee earlier to widen the pool of NLTDs, the Administration proposes to amend the Bill to relax the HKPR requirement such that non-HKPRs holding recognized medical qualifications who possess specialist qualifications recognized or awarded by HKAM may also apply for special registration. After all, HA's acute shortage lies in specialist doctors. Admission of NLTDs with specialist qualifications recognized and awarded by HKAM can help alleviate the doctors' manpower shortage problem. These NLTDs may also assist in training local specialist doctors and support specialist training.

Admission of non-locally trained medical graduates to take Licensing Examination

25. While welcoming the Administration's proposal in the Bill to create a new pathway for admission of NLTDs, some members opine that the Administration should also consider providing facilitation for those non-locally trained medical graduates (in particular those originated from Hong Kong) who have yet to undergo internship outside Hong Kong to also be eligible to take the Licensing Examination in order to obtain full registration in Hong Kong, so as to further widen the pool of NLTDs.

26. The Administration recognizes the difficulty encountered by some non-locally trained medical graduates in securing internship opportunities in their places of studies or elsewhere, rendering them not being able to obtain full registration in those jurisdictions and hence not eligible to join the special registration scheme. It therefore proposes to amend the Bill to the effect that non-locally trained medical graduates who are HKPRs and hold the recognized medical qualifications would also be eligible to take the Licensing Examination as well as to undergo the period of assessment (i.e. internship), irrespective of whether their medical training includes a period of internship,

so as to cast a wider net in attracting NLTDs (in particular those at their early stage of career development).

27. The Administration has further advised that for those non-locally trained fresh graduates, taking the Licensing Examination should not pose too much a burden. After passing the Licensing Examination, they will be given opportunities to undergo a period of assessment in HA, same as the current arrangement. During the period of assessment, these graduates will receive on-the-job training offered by HA which involves public resources. The Administration therefore considers it appropriate to confine the eligibility of taking the Licensing Examination without undergoing internship to HKPRs only. Subject to their satisfactory performance during the one-year period of assessment, they will be granted special registration (subject to other relevant requirements being met on application) and may obtain full registration eventually after meeting the same requirements as other special registration doctors, including the length of service in the public healthcare institutions. Such proposed facilitation should be able to cater for the needs of non-locally trained fresh graduates who are HKPRs whilst ensuring professional quality and further widening the pool of NLTDs for the special registration regime to enhance doctor manpower in Hong Kong.

Provision of bridging from limited registration to special registration

28. Some members raise that when deciding whether NLTDs are to be admitted through the new pathway, one should not have sole regard to the recognized medical qualifications to be determined by SRC. For those who do not hold recognized medical qualifications, the standing of the non-local healthcare institutions in which they are practising and their past working experience or achievements should be considered instead. Some other members note that many specialists or professors practising or teaching in renowned institutions, who may not be trained in the recognized medical schools and may not qualify for special registration, are not allowed to take part in the special registration scheme.

29. The Administration has explained that unlike the programmes offered by the non-local medical schools, given the quantum and diversity, it is not practicable to assess the standards of the non-local healthcare institutions upfront or the past working experience of the applicants for the purpose of the special registration regime. In other words, if the Bill is revised along such

a direction, it would mean opening the special registration route to individual-based assessment, the details of which could hardly be exhaustively set out in legislation, not to mention that it would provide no certainty for prospective medical students and/or their parents to make informed choices. Given that the main objective of special registration is to provide a new pathway for NLTDs to obtain full registration by reference to their medical training and qualifications, the Administration does not consider it appropriate to introduce such a limb in special registration.

30. However, the Administration recognizes that the objective of this idea is to remove a potential barrier (i.e. the requirement for recognized medical qualification) to attract more qualified and experienced NLTDs, especially specialist doctors, to come and serve in Hong Kong. The Administration considers that a bridging arrangement, under which limited registration doctors could migrate to the special registration regime, should be able to achieve a similar effect. Specifically, the Administration proposes to amend the Bill to the effect that limited registration doctors, who have worked in the four public healthcare institutions mentioned in paragraph 6 above (i.e. DH, HA, HKU and CUHK) for at least five years, would be eligible to migrate to the special registration route after they have obtained specialist qualification recognized or awarded by HKAM, irrespective of whether they are HKPRs. Other than the requirement on possession of recognised medical qualification, all other requirements for obtaining special registration would still apply to these doctors. The Administration's proposed new pathway for special registration, including the limb applicable to those non-locally trained medical graduates who have passed the Licensing Examination and the bridging arrangement for limited registration doctors to migrate to the special registration route, is illustrated in **Appendix III**.

31. The Administration has further advised that to recognize these limited registration doctors' contribution, it also proposes to amend the Bill to the effect that there would be retrospective recognition of the pre-Amendment Ordinance (i.e. Cap. 161 as in force immediately before the amendments to Cap. 161 to be made by the Bill (if passed)) service of the limited registration doctors. That said, they would still have to fulfill the relevant requirement of serving as special registration doctors in the public healthcare institutions for at least five years after migration to the special registration route. While the existing pool of limited registration doctors working in the public healthcare institutions who could potentially benefit is rather small, the Administration envisages that in the longer run, this variation would help attract more NLTDs

to practise in the local healthcare system by entering the limited registration system and proceed for special registration and eventually full registration.

Mr SHIU Ka-fai's proposals

32. A majority of members welcome the Administration's proposed amendments to the Bill. Members belonging to the Liberal Party, however, consider such proposals inadequate in dealing with the acute shortage of doctors (particularly specialist doctors) in the Hong Kong's public healthcare system. In this connection, Mr SHIU Ka-fai proposes to further widen the pool of NLTDs admitted to practise in Hong Kong. He proposes to amend the Bill to the effect that in addition to the Administration's proposals:

- (a) a non-HKPR holding a recognized medical qualification who is a child born of an HKPR or a spouse of an HKPR but has not held an overseas specialist qualification, could also receive specialist training and practise in Hong Kong through the special registration scheme;
- (b) a non-HKPR medical graduate holding a recognized medical qualification who is a child born of an HKPR or a spouse of an HKPR but has not undergone internship, could also be eligible to take the Licensing Examination and, if passed, undergo internship and receive specialist training and practise in Hong Kong through the special registration scheme; and
- (c) a person who does not hold a recognized medical qualification but has been engaged in full-time employment as a clinical instructor in a programme offered by a body awarding medical qualifications as specified in column 3 of Part 1 of Schedule 1A, or a specialist doctor who being a medical practitioner works in one or more hospitals affiliated to those bodies specified therein, could also practise in Hong Kong through the special registration scheme.

33. The Administration considers that its aforesaid proposals, consisting of three major changes, have comprehensively responded to views from members and patient groups on widening the pool of NLTDs. It also takes the view that the additional number of doctors attracted by Mr SHIU Ka-fai's proposals would be small and internship opportunities which involve public

resources should be reserved for HKPRs only. For doctors who do not possess recognized medical qualifications, they could still take the pathway of limited registration and migrate to the special registration scheme.

34. Regarding Mr SHIU Ka-fai's proposals mentioned in paragraph 32(a) and (b) above, some members are of the view that the number of the persons benefitted under the proposals would be rather small, given that children of HKPRs born outside Hong Kong also enjoy HKPR status by law. The chances of them returning to Hong Kong to practise might not be great either. These members therefore do not support such proposals. As to Mr SHIU Ka-fai's proposal mentioned in paragraph 32(c) above, some members opine that it would complicate the work of SRC (e.g. examining whether individual applicants are involved in any past medical incidents). Considering that the Administration's proposals would have considerably extended the coverage of the special registration scheme, some other members have doubts on the necessity of further extending the coverage. Some other members, however, support the amendments in the hope of attracting more doctors to Hong Kong. Given that there is no consensus among members on whether the Bills Committee should take over Mr SHIU's proposed amendments mentioned in paragraph 32(a) to (c) above, the Bills Committee has agreed not to do so.

Service period in public healthcare institutions

35. Pursuant to the proposed new section 8(1)(ba) of Cap. 161 as added by the Bill, NLTDS with a specialist qualification awarded or recognized by HKAM may apply for full registration after serving in public healthcare institutions for at least five years. There is a suggestion to extend the service period to at least seven years. There is another suggestion to extend the service period to at least eight years for NLTDS who do not possess a specialist qualification when applying for special registration in Hong Kong and have to receive specialist training therein, as extra resources have to be invested on them and the services they provide in the public healthcare institutions should be construed as a return.

36. The Administration explains that it is necessary to strike a balance between the length of the required service period and the attractiveness of the special registration scheme, and a period of five years would be an optimal length of time.

Special Registration Committee

Composition

37. Regarding the composition of SRC mentioned in paragraph 10 above, there is a suggestion to reduce the membership size of SRC to five persons, including the representatives of DH and HA and the two local medical schools, with a view to expediting the approval procedure of special registration.

38. The Administration advises that the SRC membership proposed in the Bill is determined after thorough consideration and each of SRC members assumes different roles to provide a balanced mix with diverse background. For instance, the Director of Health and the Chief Executive of HA could give advice from an employer's angle and the Deans of the two local medical schools could give advice on the comparison between non-local and local medical programmes, whereas the President of HKAM and the Chairman of the Medical Council could share views from the perspective of professional standards. The remaining four SRC members would be appointed by CE, among them three would be members of the Medical Council. The Administration intends to appoint representatives from professions other than the medical sector and representatives from patient groups in order to balance the views in SRC.

Directives to Special Registration Committee

39. As mentioned in paragraph 9 above, pursuant to the proposed new section 14F(4) of Cap. 161 as added by the Bill, if SFH considers that the public interest so requires, he/she may issue to SRC directives about SRC's performance of its functions under Cap. 161. A question is raised as to under what circumstances SFH would issue such directives. As public interest is not defined in the relevant provision of the Bill, there is a concern that SFH could exercise such power arbitrarily. There is also concern that with such overriding power conferred on SFH who might not be a doctor, the aforesaid provision might not be in conformity with the provision concerning professional autonomy stipulated in the Basic Law.

40. The Administration explains that the provision is to cater for any unforeseen circumstances. For instance, if SRC could not determine the list of recognized medical qualifications within a reasonable period of time, SFH could issue a directive to SRC, requiring the latter to complete the list within

a specified timeframe. Similar provisions are found in the Hospital Authority Ordinance (Cap. 113) and the Consumer Council Ordinance (Cap. 216). It assures members that the SFH's power would not be exercised arbitrarily. SFH would only issue directives to SRC about SRC's performance of its functions when public interest so requires. SFH's directives would not interfere with SRC's decisions on recognized medical qualifications and would not undermine professional autonomy.

Expediting the work of Special Registration Committee

41. Members note the Administration's explanation that after the passage of the Bill, SRC would be set up and SRC would need around one year to compile the list of recognized medical qualifications. Some members consider such timeframe unacceptable. They urge the Administration to compress the time required so that the first batch of special registration doctors could arrive in Hong Kong within one year after the passage of the Bill. As most of the members of SRC have been clearly stated in the Bill, there is a suggestion that these members could start drawing up the list before the Bill is passed to buy time. SRC could also announce the list of recognized medical qualifications in batches, instead of waiting for the entire list to be compiled, so that recruitment of NLTDs could start as early as possible.

42. The Administration advises that it has made reference to experience in Singapore and the complexity of the work of SRC should not be underestimated. It promises that SRC would be set up as soon as practicable to compile the list.

Estimation on number of special registration doctors

43. The Administration is requested to estimate the number of special registration doctors so as to facilitate members to evaluate the overall cost-effectiveness of the special registration scheme.

44. The Administration has advised that it is not easy to make the aforesaid estimation. That said, if the Bill is passed, SRC would be set up at once to compile the list of recognized medical qualifications, so that recruitment exercise can be carried out as soon as possible. The Administration would step up publicity effort and monitor the number of special registration doctors admitted in the hope of attracting more NLTDs to apply for special registration.

Effectiveness of admission of non-locally trained doctors in alleviating workload in public healthcare sector

Special registration doctors working in public institutions other than the overloaded Hospital Authority

45. Noting that most of the NLTDs registered under limited registration are currently serving in the two medical schools, instead of the overloaded HA (especially the busiest units such as Medicine and Accident and Emergency), some members are concerned about recurrence of similar situation among special registration doctors. Some of these doctors might even jump to the private market after obtaining full registration, thereby weakening the effectiveness of the scheme in alleviating workload in the public healthcare sector.

46. According to the Administration, doctors could make their own choices freely in deciding their career paths. While admitting NLTDs is not the only method to address the shortage of doctors in the public sector, the Administration would pursue multiple measures to alleviate the workload in HA such as launching various PPP programmes and promoting primary healthcare.

Arrangement for special registration doctors to work in private hospitals

47. Given that special registration doctors would be engaged as medical practitioners only in the specified institutions mentioned in the persons' applications for the grant or renewal of the special registration, a member points out that the two local medical schools have their own affiliated private hospitals in which special registration doctors might practise. Such arrangement might deviate from the object of the Bill to alleviate the workload of doctors in the public healthcare sector. Some other members opine that the private sector also lacks doctors and such arrangement could allow special registration doctors to acquire clinical experience.

48. The Administration has explained that special registration doctors must be employed by the specified institutions including the two local medical schools (but not their affiliated private hospitals) and are obliged to observe the terms of their employment contracts. Nonetheless, they might be allowed by their contracts to provide medical services in the affiliated private hospitals for a certain proportion of their service time. Similar arrangements could

also be found under the limited registration scheme. The Administration assures members that it will monitor the provision of private services by special registration doctors and ensure that special registration doctors would mainly work in the specified institutions.

Impact on local medical students

49. Given that a substantial number of Hong Kong students are studying medicine at Jinan University and School of Medicine of The Chinese University of Hong Kong, Shenzhen, there is a concern as to whether the Administration has evaluated the impact on the two local medical schools if these students are allowed to take the Licensing Examination and undergo internship in Hong Kong; and whether there would be enough internship opportunities in HA for them.

50. The Administration has assured that HA will provide internship training and employ all qualified local medical graduates, and provide them with specialist training. Given the expected increase in the demand for specialist training places, the Administration has plans to set up a new platform, which involves the Food and Health Bureau, HKAM, HA and DH, to discuss the number of specialist training places and related matters with a view to catering for the rising demand for specialist training.

Negative vetting procedure for future amendments to proposed new Schedules

Amending proposed new Schedule 1B to Cap. 161 concerning the list of specified institutions

51. As pointed out in paragraph 6 above, any future amendments to the specified institutions, in which special registration doctors would have to serve for a requisite minimum period, prescribed in the proposed new Schedule 1B to Cap. 161 would be made by subsidiary legislation subject to scrutiny by LegCo pursuant to the negative vetting procedure. Some members question the rationale for adopting the negative vetting procedure and enquire whether the Administration intends to add any institutions to Schedule 1B in the future. They point out that there are medical schools run by local universities newly established/to be established in the Mainland and ask whether these medical schools would be added to the list of specified institutions, which might give rise to concerns and need deliberations by LegCo.

52. The Administration has explained that it does not expect the listing of specified institutions to be controversial, and thus proposes adopting the negative vetting procedure to streamline the legislative process yet without compromising the scrutiny power of LegCo. The Administration has no plan for the time being to make any addition to the list and stresses that Cap. 161 regulates registration of doctors practising in Hong Kong only.

Amending proposed new Schedule 1A to Cap. 161 concerning the list of recognized medical qualifications

53. As mentioned in paragraph 12 above, under the proposed new section 14H of Cap. 161, once the Registrar receives SRC's recommendation on the medical qualifications to be, or no longer to be recognized, the Registrar must recognize, or revoke the recognition of, the medical qualifications by amending the proposed new Schedule 1A to Cap. 161 by notice published in the Gazette. Such notice would be subsidiary legislation subject to scrutiny by LegCo pursuant to the negative vetting procedure. As stated in paragraph 15 of the LegCo Brief, there would not be any discretionary power for the Registrar to vary the list so recommended by SRC. The Legal Adviser to the Bills Committee therefore enquires with the Administration as to its view on whether the power of LegCo to amend, including repeal, such a notice under section 34 of the Interpretation and General Clauses Ordinance (Cap. 1) would have been displaced. Some members raise concern about the use of the negative vetting procedure which, in their view, would not allow adequate time for deliberation by LegCo. While some members have reservations on such approach, some other members consider the approach a recognition of professional autonomy.

54. The Administration has explained that LegCo retains full power to decide whether or not to enact the proposed new section 14H and the power to be given to the delegated authority (i.e. the Registrar). Once LegCo has stipulated the ambit of the power of the Registrar to make the subsidiary legislation by enacting the proposed new section 14H, LegCo is bound to respect the ambit in exercising its negative vetting power under the section. Since under the proposed new section 14H, the Registrar must by notice (being a piece of subsidiary legislation) publish the list of recognized medical qualifications in the Gazette after receiving the recommendation made by SRC (i.e. no discretionary power for the Registrar to vary the list) and given the principle under Cap. 1 that any amendment to be made by LegCo has to be consistent with the power to make the subsidiary legislation, LegCo will

likewise have no power to amend or repeal the notice, except for the commencement date thereof.

Other technical amendments proposed by the Administration

55. Apart from the proposed amendments to the Bill mentioned in paragraphs 24, 26, 30 and 31 above, the Administration will also make a number of technical amendments to the Bill, with reference to the observations made by the Legal Adviser to the Bills Committee, for better clarity and consistency.

Proposed amendments to the Bill

56. The Administration will propose amendments to the Bill as explained in paragraphs 24, 26, 30, 31 and 55 above.

57. Mr SHIU Ka-fai has indicated his intention to propose amendments to the Bill as mentioned in paragraph 32 above.

58. The Bills Committee will not propose any amendment to the Bill.

Resumption of Second Reading debate

59. The Administration has indicated its intention to give notice to resume the Second Reading debate on the Bill at the Council meeting of 13 October 2021, to which the Bills Committee has no objection.

Consultation with the House Committee

60. The Bills Committee reported its deliberations to the House Committee on 24 September 2021.

Bills Committee on Medical Registration (Amendment) Bill 2021

Membership list*

Chairman	Hon Elizabeth QUAT, BBS, JP
Deputy Chairman	Hon SHIU Ka-fai, JP
Members	Hon Tommy CHEUNG Yu-yan, GBS, JP Dr Hon Priscilla LEUNG Mei-fun, SBS, JP Hon Mrs Regina IP LAU Suk-ye, GBM, GBS, JP Hon Paul TSE Wai-chun, JP Hon Frankie YICK Chi-ming, SBS, JP Hon YIU Si-wing, SBS Hon Alice MAK Mei-kuen, BBS, JP Dr Hon CHIANG Lai-wan, SBS, JP Ir Dr Hon LO Wai-kwok, GBS, MH, JP Hon CHUNG Kwok-pan Dr Hon Junius HO Kwan-yiu, JP Dr Hon Pierre CHAN (Total : 14 members)
Clerk	Mr Colin CHUI
Legal adviser	Ms Wendy KAN
Date	26 August 2021

* Changes in membership are shown in **Annex to Appendix I**.

Annex to Appendix I

Bills Committee on Medical Registration (Amendment) Bill 2021

Change in membership

Member	Relevant date
Dr Hon CHENG Chung-tai	Up to 25 August 2021

[According to the announcement made by the Hong Kong Special Administrative Region Government on 26 August 2021 pursuant to the Decision of the Standing Committee of the National People's Congress on Issues Relating to the Qualification of the Members of the Legislative Council of the Hong Kong Special Administrative Region, CHENG Chung-tai was disqualified from being a member of LegCo on 26 August 2021.]

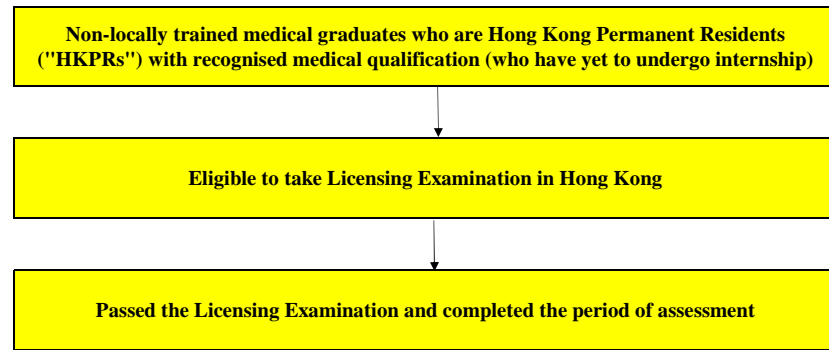
Bills Committee on Medical Registration (Amendment) Bill 2021

**List of organizations/individuals which/who have
provided written submissions to the Bills Committee**

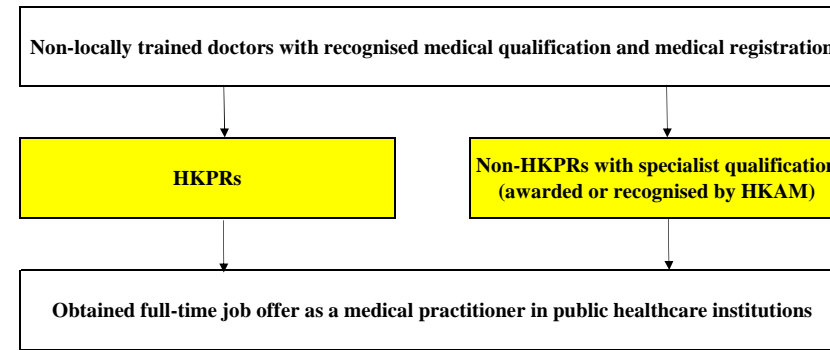
1. 18 members of the public
2. Association of Restaurant Managers
3. Cancer Patient Alliance
4. Hong Kong Academy of Medicine
5. Hong Kong Federation of Restaurants & Related Trades
6. Hong Kong Public Doctors' Association
7. Institution of Dining Art
8. Liberal Party
9. Medical Society, HKUSU
10. Mr Anson LAM, Wan Chai District Councillor
11. Mr HO Hin-ming, Kowloon City District Councillor
12. Mr Jeremy YOUNG, Central & Western District Councillor
13. Mr Jonathan LEUNG Chun, Southern District Councillor
14. Mr Kenny YUEN Kin-chung, Eastern District Councillor
15. New People's Party
16. Our Hong Kong Foundation
17. Patients' Alliance on Healthcare Reform
18. Society for Community Organization
19. The Association of Licentiates of Medical Council of Hong Kong
20. The Hong Kong Medical Association
21. Young Liberal Party
22. 自由之友

Proposed New Pathway under the Medical Registration (Amendment) Bill 2021

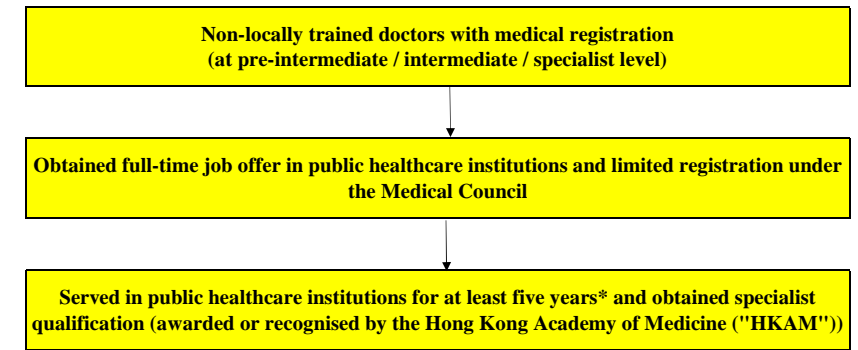
Pathway for Non-locally Trained Medical Graduates to Take Licensing Examination and Obtain Full Registration in Hong Kong



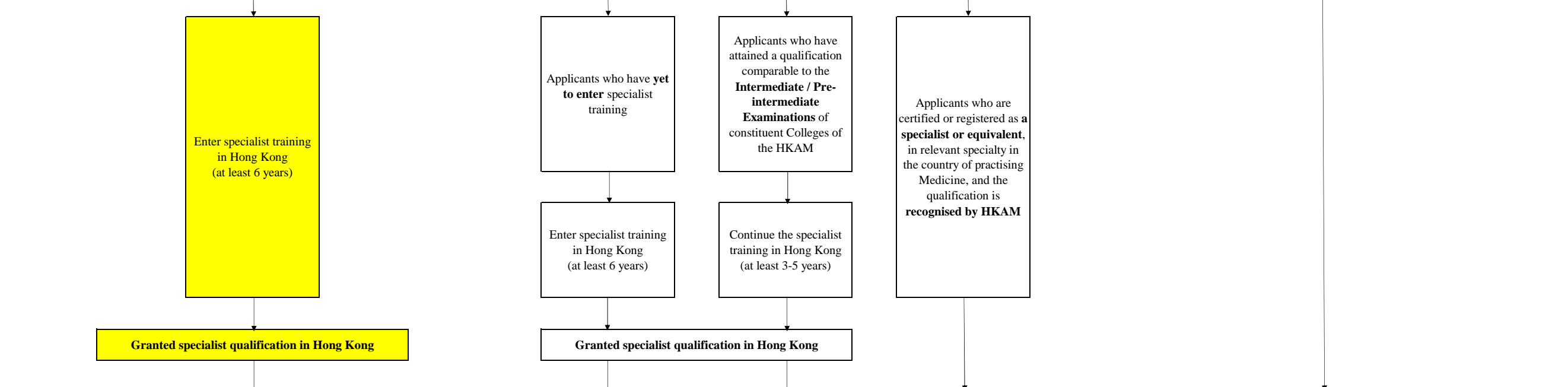
Pathway for Special Registration



Bridging Pathway for Limited Registration Doctors to Migrate to Special Registration Regime



Obtained special registration under the Medical Council



Worked in public healthcare institutions for at least five years

Certified by the employing public healthcare institutions to have served satisfactorily and competently as a medical practitioner

Full Registration

 Proposed Changes in CSAs

* There will be retrospective recognition of the pre-Amendment Ordinance service of the limited registration doctors.