

## **DH announces latest arrangements for clinics**

Taking into consideration transportation service disruptions and to ensure the safety of patients and staff members, the Department of Health (DH) today (November 13) announced the service of some DH clinics will be adjusted or suspended today.

The evening service of the following chest clinics will be suspended after the directly observed treatment service finished at 5pm today: East Kowloon Chest Clinic, Kowloon Chest Clinic, Sai Ying Pun Chest Clinic, Shaukeiwan Chest Clinic, Shek Kip Mei Chest Clinic, South Kwai Chung Chest Clinic, Wanchai Chest Clinic, Yan Oi Chest Clinic, Yaumatei Chest Clinic, Yuen Chau Kok Chest Clinic and Yung Fung Shee Chest Clinic.

The evening dental services of Wan Chai Dental Clinic, Yau Ma Tei Dental Clinic, Sheung Kwai Chung Government Dental Clinic and Pamela Youde Government Dental Clinic in Sha Tin will also be suspended.

The Fanling Families Clinic was closed earlier at 4pm.

Those with appointments will be given a new appointment.

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## **HA General Outpatient Clinic and blood donation service arrangements**

The following is issued on behalf of the Hospital Authority:

The spokesperson of the Hospital Authority (HA) today (November 13) announced the following service arrangements:

In view of the traffic situation and special circumstances in various districts, the evening clinic service, from 6pm to 10pm tonight, of the 24 General Outpatient Clinics (table attached) will be temporarily suspended to ensure patient and staff safety. Patients with appointments are advised to make a new appointment later.

In addition, the Yuen Long Donor Centre, the University of Hong Kong Campus Blood Donor Centre and the Hong Kong Polytechnic University Campus Blood Donor Centre of the Hong Kong Red Cross Blood Transfusion Service (BTS), under the HA, were closed today. Services of the Central District Donor Centre and the Kwun Tong Donor Centre have been suspended from 2.30pm and 3.30pm respectively. Donors are advised to call the donor centres for the

latest situation. BTS apologises for any inconvenience caused.

On November 13 and 14, there will be mobile blood drives at G/F, Block D, Queen Elizabeth Hospital, serving donors from 10am to 5pm. The Mobile Blood Donation Vehicle will be stationed outside the Kwong Wah Building at Kowloon Hospital, serving donors from 9.30am to 5pm. Members of the public are welcome to give blood at these locations.

Addresses and contact numbers of donor centres:  
[www5.ha.org.hk/rcbts/hkarticle.asp?bid=85&MenuID=5](http://www5.ha.org.hk/rcbts/hkarticle.asp?bid=85&MenuID=5).

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## [Tender results of the re-opening of 10-year Government Bonds under the Institutional Bond Issuance Programme](#)

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority (HKMA), as representative of the Hong Kong Special Administrative Region Government (HKSAR Government), announces that a tender of 5-year Government Bonds through the re-opening of existing 10-year Government Bond issue 10GB2408 under the Institutional Bond Issuance Programme was held today (November 13).

A total of HK\$2.5 billion 5-year Government Bonds were offered today. A total of HK\$10.013 billion tender applications were received. The bid-to-cover ratio, i.e. the ratio of bonds applied for to bonds issued, is 4.01. The average price accepted is 102.42, implying an annualised yield of 1.693%.

### HKSAR Government Institutional Bond Issuance Programme Government Bond Tender Results

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Tender results of re-opening of 10-year Government Bonds under the Institutional Bond Issuance Programme:

Tender Date	: November 13, 2019
Issue Number	: 10GB2408 (Re-open)
Stock Code	: 4221 (HKGB 2.22 2408)
Issue and Settlement Date	: November 14, 2019

Tenor	: 5-year
Maturity Date	: August 7, 2024
Coupon Rate	: 2.22%
Amount Applied	: HK\$10.013 billion
Amount Allotted	: HK\$2.5 billion
Bid-to-Cover Ratio*	: 4.01
Average Price Accepted (Yield)	: 102.42 (1.693%)
Lowest Price Accepted (Yield)	: 102.20 (1.741%)
Pro-rata Ratio	: About 40%
Average Tender Price (Yield)	: 101.74 (1.842%)

\* Calculated as the amount of bonds applied for over the amount of bonds issued.

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## [LCQ6: Handling the aftermath of social disturbances](#)

Following is a question by the Dr Hon Priscilla Leung and a reply by the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, in the Legislative Council today (November 13):

Question:

Since June this year, the controversies arising from the proposals to amend the law concerning surrender of fugitive offenders have eventually turned into social disturbances, resulting in a large number of demonstrators being arrested and quite a number of shops and public facilities being vandalised. The Chief Executive has indicated in her Policy Address delivered earlier on that she will later invite community leaders, experts and academics to conduct an in-depth and independent examination of the social

conflicts in Hong Kong and the deep rooted problems that must be addressed (independent examination). In this connection, will the Government inform this Council:

(1) whether the independent examination will include drawing reference from the practices adopted by the Government of the United Kingdom (the UK) for dealing with the disturbances in 2011, and expeditiously establishing a committee to be responsible for inquiring into the causes and consequences of the social disturbances in Hong Kong, as well as identifying solutions to the social conflicts so revealed;

(2) whether it will consider allocating additional resources to the Judiciary, so that the courts may operate on a round-the-clock basis and, under the premise of conforming to procedural justice, expeditiously handle cases relating to the social disturbances; and

(3) whether it will consider, by drawing reference from the UK's Riot Compensation Act 2016, providing compensation by the Government to those individuals and organisations that have innocently suffered losses in the social disturbances?

Reply:

President,

Our reply to Dr Hon Priscilla Leung's question is as follows:

(1) and (3) The Chief Executive announced on September 4 four actions to help Hong Kong move forward. One of the actions is to invite community leaders, professionals and academics to independently examine and review society's deep-seated problems and to advise the Government on solutions. The Government is undertaking the necessary preparatory work. However, as there have been mass-scale violent confrontations recently and the level of force used by violent protestors has noticeably escalated, the prime task of the Government now is to stop the violence. We will start work on the independent review panel on deep-seated conflicts as soon as practicable after the situation has stabilised somewhat.

The scope and methodology of the review by the independent panel will be determined by its members. It is, nonetheless, expected that the panel will make reference to the approach adopted by the UK Government in handling the riots in 2011. Through various means, including listening to the views of members of the public and making reference to the reports compiled by various institutions, experts and academics, the panel will examine the underlying causes of the social incidents in the past few months so as to stocktake and study the different deep-seated issues of society and recommend solutions.

In the meantime, the Independent Police Complaints Council (IPCC) has established a Special Task Force and an International Expert Panel to conduct a study on the major public order events (POEs) which took place in Hong Kong since June 9 and the corresponding operations of the Police, and will announce the progress of the study by phases. IPCC has stated that it would

endeavour to submit the preliminary report of the study to the Chief Executive and publish the relevant details within the original timeframe (i.e. early 2020). We understand that the preliminary report would cover the incidents including those in Yuen Long on July 21, at MTR Prince Edward Station on August 31, and at the San Uk Ling Holding Centre. In this connection, IPCC has set up multiple channels for stakeholders (including media and members of the public) to provide information. The Government will closely monitor and carefully study IPCC's reports and its recommendations in order to decide on the follow-up action.

According to IPCC, as at November 7 this year, a total of 339 "Reportable Complaints" and 694 "Notifiable Complaints" stemming from major POEs had been received. The investigation work for each complaint is closely monitored by IPCC and its 120 Observers. As at October 4 this year, IPCC received more than 11 800 submissions containing more than 41 400 items of information.

Currently, Hong Kong does not have any legislation which is similar to the UK's Riot Compensation Act. We have no plan to introduce similar arrangements. Nevertheless, different types of insurance products are available in the market to enable businesses to manage the risk of operation-related matters according to their needs. If businesses have bought insurance for their shops, they should be able to have protection according to the terms and conditions of their policies as well as the actual circumstances. In addition, businesses may get support from Government schemes for assisting small-and-medium enterprises in various situations, such as guarantee for bank loans and funding for business developments. Separately, those individuals who are injured as a result of a crime of violence or law enforcement actions may consider if they are eligible under the Criminal and Law Enforcement Injuries Compensation Scheme to apply for compensation.

(2) As for the handling of cases by the Judiciary, the rule of law is the cornerstone of Hong Kong's prosperity and stability. To safeguard the rule of law and judicial independence, the Government has all along been according priority to allocating resources as required by the Judiciary. During the past nine financial years (i.e. from 2011-12 to 2019-20), the Government has fully met the Judiciary's requests for funding and post creation in the context of allocating new resources. The Government will continue to provide sufficient resources and necessary support to the Judiciary to ensure its effective operation.

The actual time required for a criminal trial to take place from the case's first appearance at the Magistrates' Courts varies from case to case. It depends mainly on the time required for both the prosecution and the defence to prepare for trial, taking into account all relevant factors such as the complexity of the case, the number of defendants involved, the number of factual or expert witnesses involved, and the time needed for processing any duty lawyer or legal aid application. The time required is also affected by the anticipated length of the trial, the availability of counsel and the court's own availability.

In response to the upsurge in the number of court cases arising from

recent social unrest, the Chief Justice has stated that the Judiciary will strive to deal with cases expeditiously and efficiently as far as practicable while at the same time ensuring that they are handled fairly and strictly in accordance with the law. In fact, in response to some recent cases where a large number of defendants were brought before the Magistrates' Courts, the courts have been exercising flexibility to continue with court hearings beyond the normal court hours until late evenings on a need basis.

The Chief Justice has also tasked the Court Leaders of various levels of courts to explore all possible means to achieve the objective of handling the cases as expeditiously as possible. As the operation of the judicial system requires the support of many other stakeholders, including the legal profession, the Department of Justice, law enforcement agencies, Correctional Services Department, Legal Aid Department and other organisations such as the Duty Lawyer Service, etc., any changes to the court and hearing arrangements may have an impact on them. The Judiciary will consult all relevant stakeholders closely in the process.

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## LCQ12: Demand of and supply for doctors

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 13):

Question:

Non-locally trained medical practitioners are required to pass the Licensing Examination administered by the Medical Council of Hong Kong (MCHK) and to complete a period of internship at the Hospital Authority (HA) before they may be registered as medical practitioners. In addition, non-locally trained medical practitioners, if employed by designated institutions such as HA for the purposes of teaching, conducting research or performing clinical work, may apply to MCHK for limited registration. Regarding the demand and supply situation of medical practitioners, will the Government inform this Council:

(1) whether it knows, in each of the past four financial years and the current financial year (up to September), (i) the shortfall of medical practitioners in HA, (ii) the number of vacancies of medical practitioners in HA, as well as (iii) the number of medical practitioners with limited registration to be recruited as planned by HA in that year and (iv) the number of such medical practitioners actually employed;

(2) whether it will request HA to formulate performance pledges in respect of

the waiting times for (i) specialist outpatient and (ii) Accident and Emergency (A&E) services; if so, of the additional expenditure to be incurred and the number of additional medical practitioners to be employed; if not, the reasons for that;

(3) whether it knows if HA has set targets on the numbers of medical practitioners with limited registration to be employed for the various specialties; if HA has, of the numbers; if not, whether HA will set such targets;

(4) whether it knows if HA has employed medical practitioners with limited registration for taking up Consultant posts; if HA has, of the numbers in each of the past four financial years and the current financial year (up to September); if not, the reasons for that;

(5) whether it knows the shortfall of medical practitioners in the various specialties in HA in each of the past four financial years and the current financial year (up to September) (with a tabulated breakdown by Head Office and the various hospital clusters in Table 1); if such figures are not available, of the reasons for that, and whether HA will compile such statistics;

Table 1

Head Office/ Cluster	Specialty	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Head Office	(Not applicable)					

(Name of hospital cluster)	A&E					
	Anaesthesia					
	Family Medicine					
	Intensive Care Unit					
	Medicine					
	Neurosurgery					
	Obstetrics & Gynaecology					
	Ophthalmology					
	Orthopaedics & Traumatology					
	Paediatrics					
	Pathology					
	Psychiatry					
	Radiology					
	Surgery					
	Others					
Sub-total						
...						
Total						

(6) whether it knows, in each of the past four financial years and the current financial year (up to September), among the medical practitioners with limited registration employed by HA, (i) the respective numbers of those sitting and passing the Licensing Examination as well as the passing rate, and (ii) the number of those turning to private practice after having been registered as medical practitioners, and the practice details of these persons; if such figures are not available, whether HA will compile such statistics;

(7) whether it will look into the practice situation of non-locally trained medical practitioners who have been registered as medical practitioners (including the number of those who switch to work in private healthcare institutions); if not, of the reasons for that;

(8) whether it knows the numbers of Hong Kong permanent residents who were (i) medical students studying and (ii) medical practitioners practising in places outside Hong Kong, in each of the past four financial years and the current financial year (up to September) (with a tabulated breakdown in Table 2); if such figures are not available, whether it will compile such statistics; and

Table 2



Country/Place	2015-2016		2016-2017		2017-2018		2018-2019		2019-2020	
	(i)	(ii)	(i)	(ii)	(i)	(ii)	(i)	(ii)	(i)	(ii)
The United Kingdom										
Australia/ New Zealand										
The United States										
Canada										
Mainland										
Others										

(9) of the measures in place to encourage the persons mentioned in (8) to return to and practise in Hong Kong, and to work in public healthcare institutions?

Reply:

President,

My reply to the question raised by the Hon Elizabeth Quat is as follows:

(1) The cumulative shortfall of doctors, the attrition figure and attrition rate of full-time doctors in the Hospital Authority (HA) in each of the past four years are as follows:

Year	Cumulative shortfall of HA doctors	Attrition figure of full-time doctors (Attrition rate)
2015/16	300	240 (4.4%)
2016/17	300	286 (5.1%)
2017/18	300	336 (5.8%)
2018/19	260	374 (6.4%)

Note: Figures for 2019/20 are not yet available.

From 2011/12 to November 1, 2019, the Medical Council of Hong Kong (MCHK) approved 54 limited registration applications for non-locally trained doctors to practise in the HA. Currently, 20 non-locally trained doctors are serving in such specialties with manpower shortage as anaesthesia, accident and emergency (A&E), cardiothoracic surgery, family medicine, medicine, neurosurgery, paediatrics, radiology and surgery. Four more non-locally trained doctors will assume office between the fourth quarter of this year and the first quarter of next year.

The table below sets out the number of non-locally trained doctors employed by the HA under limited registration in each of the past four years and in 2019 (as at November 1, 2019):

2015	2016	2017	2018	2019 (As at November 1, 2019)
10	12	12	10	20

Note: Except for 2019, the figure was the number of non-locally trained doctors employed by the HA as at December 31 of that year under limited registration to relieve manpower shortage.

(2)

Waiting time at specialist out-patient clinics

The HA implements a triage system for new referrals from specialist out-patient clinics (SOPCs) to ensure that patients with urgent conditions requiring early intervention are treated with priority. Under the system, new referrals are usually screened, first by a nurse then by a specialist doctor of the relevant specialty, for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine (stable) categories. The HA's targets are to maintain the median waiting time of no more than two weeks and eight weeks for priority 1 and 2 cases respectively. Both targets have been met so far.

For routine (stable) cases, since they do not fall under the urgent or semi-urgent categories, the HA will arrange appointments for the patients in accordance with the established procedures. Specialist doctors will review the classification of such cases during the process. A mechanism is also in place to advance the appointment should there be changes in the patient's conditions after the appointment is made.

The HA has implemented a series of measures to alleviate the waiting time in SOPCs. These measures include implementing a triage and prioritisation system; enhancing primary care services; promoting public-private partnership; enhancing manpower; implementing various annual plan programmes to manage SOPC waiting time; enhancing the transparency of SOPC waiting time and facilitating patients to make informed decisions on cross-cluster treatment; and optimising the appointment scheduling practices of SOPCs. In addition, the HA has launched a mobile application since March 2016 to facilitate new case bookings for major specialties.

Waiting time at accident and emergency departments (A&ED)

To ensure that patients in need of urgent care can receive timely treatment at the A&ED, the HA adopts a triage system which classifies patients into five categories according to their clinical conditions, namely critical, emergency, urgent, semi-urgent and non-urgent. The HA has set service targets to provide treatment for patients in need of urgent medical attention within a reasonable time as far as possible.

The HA has introduced an array of measures to alleviate the pressure on A&E services through increasing manpower and providing the public with relevant information on medical services. The A&E Support Session Programme, for example, offers a special honorarium for recruiting additional healthcare staff to handle semi-urgent and non-urgent cases, so that A&ED staff can focus on handling critical, emergency and urgent cases. The Locum Recruitment Website, which was launched in November 2018, also facilitates the recruitment of additional part-time healthcare staff in a more flexible and efficient way.

Besides, the HA's webpage and mobile application HA Touch provide information such as the waiting time in A&EDs of public hospitals, web links to private healthcare services and private doctor directories for public reference.

(3) The HA will continue to recruit non-locally trained doctors through limited registration. Upon the enactment of the Medical Registration (Amendment) Ordinance 2017, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding three years. With this extension and the other improvement measures, the number of non-locally trained doctors recruited under the limited registration scheme is expected to increase.

Since April this year, the HA has expanded the scope of the limited registration scheme to all specialties at the rank of Resident, and recruited non-locally trained specialists at the rank of Associate Consultant in eight specialties (namely anaesthesia, anatomical pathology, cardiothoracic surgery, otorhinolaryngology, obstetrics and gynaecology, ophthalmology, radiology and nuclear medicine) where wastage is more serious. All posts held by non-locally trained doctors employed under the limited registration scheme are supernumerary posts created with additional government resources.

(4) From 2011/12 to November 1, 2019, the HA did not recruit limited registration doctors at the rank of Consultant. To encourage and attract more eligible non-locally trained doctors to serve in public hospitals in Hong Kong through limited registration, thereby relieving the manpower shortage, the HA, at its Administrative and Operation Meeting held in April this year, approved the implementation of a career advancement mechanism for non-locally trained doctors. Non-locally trained doctors at the rank of Resident with five or more years of clinical experience in public hospitals after obtaining specialist qualification will have the chance to be promoted to the rank of Associate Consultant. As the promotion posts are created with additional resources, the promotion prospects and training opportunities of locally-trained doctors will not be affected.

(5) The HA deploys manpower flexibly across specialties, hospitals or hospital clusters, having regard to the service demands as well as the manpower situation and operational needs of various departments. Figures on the shortfall of doctors by specialty and by hospital cluster are therefore unavailable.

Attrition figures of the HA's full-time doctors by hospital cluster and by specialty in the past four years are at Annex.

(6) From 2011/12 to November 1, 2019, the MCHK approved 54 limited registration applications for non-locally trained doctors to practise in the HA. Seven of them were granted full registration after passing the Licensing Examination. Of those seven, six chose to stay in public hospitals and one turned to private practice.

(7) On average, about 80 per cent of doctors who were granted full registration after passing the Licensing Examination and completing the internship assessment joined the HA in each of the past five years.

(8) and (9) The Government does not have readily available statistics on the number of Hong Kong permanent residents who are studying or practising medicine in places outside Hong Kong for each year.

The Government has all along adopted a multi-pronged approach in addressing the serious shortfall of doctors in the public healthcare system. Over the past few years, the MCHK has introduced various enhanced and new initiatives to help qualified non-locally trained doctors obtain full registration in Hong Kong. Some of the measures are as follows:

(i) The frequency of the Licensing Examination has been increased from once to twice a year starting from 2014;

(ii) since 2015, the MCHK has refined exemption requirements for the Licensing Examination. For Part III of the Licensing Examination, i.e. Clinical Examination, the minimum requirement of post-registration experience in relevant discipline(s) of an applicant applying exemption has been reduced from ten years to six years; and

(iii) the MCHK has shortened the period of assessment for non-locally trained specialist doctors who have passed the Licensing Examination from six months to two days starting from August 2019. We expect that more qualified doctors will thus be attracted to practise in Hong Kong.

Besides, the Medical Registration Ordinance was amended in April 2018 so that doctors admitted under limited registration might practise or have their registration renewed for a period not exceeding three years. The Food and Health Bureau, the Department of Health and the HA will continue to work closely, in collaboration with overseas Economic and Trade Offices, to promote the new facilitation measure and encourage non-locally trained doctors to practise in Hong Kong. The Chief Secretary for Administration and the Secretary for Food and Health visited the United Kingdom last year respectively. The Secretary for Food and Health has also led a delegation to Australia in mid-September this year for this purpose.

To provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors

without compromising specialist training opportunities for locally trained doctors. Colleges under The Hong Kong Academy of Medicine and the HA are studying the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.