

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.

SWD urges the public not to take children/family members to care centres tomorrow

Attention duty announcers, radio and TV stations:

Please broadcast the following special announcement immediately, and repeat it at frequent intervals:

"The Social Welfare Department announces that due to the anticipated unstable traffic and unforeseeable conditions, members of the public are advised not to take their children or family members to child care centres, centres providing after school care programmes, elderly services centres or day rehabilitation units including sheltered workshops, integrated vocational rehabilitation services centres and day activity centres tomorrow (November 14). These centres will, however, remain open to serve those whose families cannot provide alternative care for them. Members of the public who have the need for the services mentioned may contact the service units concerned in advance."

Closure of some LCSD facilities in various districts (2)

The Leisure and Cultural Services Department (LCSD) announced today

(November 13) that due to the traffic situation and special circumstances which happened in various districts, the following facilities have been closed to ensure the safety of venue users and staff members.

Furthermore, all LCSD performing arts venues, museums and libraries in all districts will be closed at 6pm today. And all LCSD leisure facilities will be closed at 7pm today (by the end of second session for swimming pools).

LCSD facilities closed now:

Hong Kong Island

1. Central and Western District

Dr Sun Yat-sen Museum and Shek Tong Tsui Sports Centre

2. Eastern District

Sai Wan Ho Sports Centre, Island East Sports Centre, Island East Swimming Pool, tennis courts of Sai Wan Ho Playground, Sai Wan Ho Civic Centre, Hong Kong Film Archive and Fireboat Alexander Grantham Exhibition Gallery

Kowloon

1. Kowloon City

Tennis courts of Junction Road Park

2. Kwun Tong

Lam Tin Public Library and Lam Tin Swimming Pool

3. Sham Shui Po District

Tennis courts of Shek Kip Mei Park, Lei Cheng Uk Han Tomb Museum and Po On Road Public Library

4. Wong Tai Sin District

Ngau Chi Wan Civic Centre and Ngau Chi Wan Sports Centre

5. Yau Tsim Mong District

Hong Kong Science Museum, Hong Kong Museum of History, Hong Kong Space Museum and Yau Ma Tei Theatre

New Territories

1. Islands District

Tung Chung Public Library and Tung Chung Swimming Pool

2. Kwai Tsing District

Kwai Tsing Theatre

3. North District

North District Town Hall, Sheung Shui Public Library, Sha Tau Kok Public Library, Fanling Public Library and Kwu Tung Grass Pitch

4. Sai Kung District

Tiu Keng Leng Sports Centre

5. Sha Tin District

Hong Kong Heritage Museum, Sha Tin Town Hall, Sha Tin Public Library, Lek Yuen Public Library, Ma On Shan Public Library, Yuen Chau Kok Public Library and Sha Tin Jockey Club swimming Pool

6. Tai Po District

Hong Kong Railway Museum, Tai Po Civic Centre and Tai Po Sports Centre

7. Tsuen Wan District

Tsuen Wan Town Hall and Tsuen Wan Public Library

8. Tuen Mun District

Tuen Mun Town Hall

9. Yuen Long District

Yuen Long Theatre and Yuen Long Public Library

Subject to the situation, more cultural and leisure facilities in the same districts and any other district which may be affected will also be closed early and at short notice to ensure the safety of venue users. Members of the public who plan to go to those venues are advised to visit the LCSD website (www.lcsd.gov.hk/en/index.html) or contact 1823 in advance.

LCQ7: Special constable, temporary police officer and Essential Services Corp

Following is a question by the Hon Jeremy Tam and a written reply by the Secretary for Security, Mr John Lee, in the Legislative Council today (November 13):

Question:

Under section 40 of the Public Order Ordinance (Cap 245), the Chief Executive (CE) may authorise the Commissioner of Police (CP) to appoint any person to act as a special constable; under section 24 of the Police Force Ordinance (Cap 232), CP may employ any person to serve temporarily as a police officer; under section 18 of the Essential Services Corps (General) Regulations (Cap 197A), CE may call out members of the Essential Services Corps (Corps members) for active service. These three types of officers, when discharging police duties, enjoy the same powers, protection and immunities as police officers do, and must comply with all orders given by CP. It is not required under the aforesaid legislation that the relevant appointment,

employment or call-out procedure must be conducted openly. In this connection, will the Government inform this Council, since July 1, 1997:

(1) whether CP has appointed or employed any person as a special constable or temporary police officer, and whether CE has called out any Corps member for active service; if so, (i) whether such persons, when or prior to being appointed, employed or called out, were members of the Mainland public security authorities, the Ministry of State Security, the People's Armed Police Force, the Chinese People's Liberation Army or other Mainland law enforcement authorities, and (ii) of the reasons for CP or CE to make such appointments, employment and call-out, and among such officers, the number of those who are still in service at present, as well as their responsibilities and duties, and the respective commencement and end dates of their tenure;

(2) whether special constables, temporary police officers and Corps members, when discharging police duties, are bound by the Police Force Ordinance and the Police General Orders; and

(3) whether CP has, through other means, appointed, employed or recruited any member of the Mainland law enforcement authorities to assist the Police in taking law enforcement actions in Hong Kong?

Reply:

President,

My consolidated reply to Hon Jeremy Tam's questions is as follows:

Under section 40 of the Public Order Ordinance (POO) (Cap 245), the Chief Executive may by order authorise the Commissioner of Police to appoint in writing special constables for such period as may be specified in such order by the Chief Executive. A person appointed under POO as a special constable shall, when acting as such, have the same duties, powers, protection and immunities as are imposed or conferred by the laws of Hong Kong on a police officer.

Besides, the Commissioner of Police may employ temporary police officers under section 24 of the Police Force Ordinance (Cap 232). A temporary police officer shall serve under the same conditions of service as an auxiliary officer of equivalent rank, and shall have and may exercise the powers and privileges of such rank and be liable to the provisions of discipline for such rank while so serving.

Under section 4 of the Essential Services Corps Ordinance (Cap 197), the Chief Executive may raise and maintain a body of persons to be known as the Essential Services Corps to assist in the maintenance or the performance of 24 essential services as specified in that ordinance. Such services include the administration of government, the administration, management and control of prisons, the maintenance of the firefighting services, etc.

The Government of the Special Administrative Region (SAR) did not invoke

the aforesaid ordinances to appoint any special constables, employ any temporary police officers or raise any Essential Services Corps for assisting the Police in handling public order events in the past five months or so. At the same time, the SAR Government has not sought assistance from the People's Liberation Army to handle the conflicts in recent months. Neither has the Government appointed, employed, mobilised or recruited any members of the Mainland law enforcement agencies to serve as special constables, temporary police officers or members of Essential Services Corps.

Since early June this year, there have been over 700 protests, processions and public assemblies in Hong Kong, many of which evolved into violent illegal acts. In the past five months or so, violent protesters engaged in illegal blocking of roads, paralysing the traffic, hurling petrol bombs and setting fires at various locations, throwing bricks, assaulting others with different views wantonly, deliberately assaulting police officers, storming and burning shops, MTR and Light Rail facilities and traffic lights etc., posing a serious threat to personal safety, public order and public safety. Police have the statutory duty to take actions, and will deploy manpower as necessary to maintain law and order and public peace, as well as to stop violence and curb disorder.

At present, stopping violence and curbing disorder in full force is the most important task of the SAR Government. Over the past few months, different bureaux and departments of the SAR Government have been proactively participating in and complementing the Police's work in stopping violence and curbing disorder under their respective purview.

The ongoing riots over the past few months, with their massive scale, simultaneous occurrence in various districts and grave severity of violence, make it necessary to strengthen the support for Police's frontline officers. Currently, the SAR Government is actively considering different initiatives to enhance the manpower of and support for the Police. The short-term initiatives include increasing manpower and attracting retired police officers to continue serving in the Police Force through the Post-retirement Service Contract Scheme of the civil service. Furthermore, the SAR Government is considering other possible measures to strengthen Police's manpower and strength, for example, actively considering the details of the appointment mechanism under section 40 of P00 to arrange appropriate officers of other law enforcement agencies to share part of and participate in Police's work.

Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, November 13, 2019 is 106.2 (up 0.2 against yesterday's index).