

**《2017年醫生註冊(修訂)條例草案》委員會**

**就政府當局對香港醫務委員會的組成的擬議修訂提交意見書**

按照法案委員會於 2017 年 10 月 25 日的會議上所作出的決定，曾於 2017 年 7 月 11 日舉行的法案委員會會議上作口頭申述的 35 個團體及個別人士，獲邀就政府當局提出有關香港醫務委員會組成的擬議修訂，提交書面意見。該等擬議修訂載於政府當局提供的文件及委員會審議階段修正案擬稿(立法會 CB(2)109/17-18(03)及 CB(2)152/17-18(01)號文件)。

2. 截至 2017 年 11 月 8 日的回覆截止日期，秘書處共接獲下列團體及個別人士提交的 11 份意見書(按接獲意見書的先後次序隨附於**附錄 I 至 XI**)：

- (a) 陳偉傑先生的意見書(只備中文本)(**附錄 I**)；
- (b) 歐耀佳醫生的意見書(只備中文本)(**附錄 II**)；
- (c) 前線醫生聯盟的意見書(只備中文本)(**附錄 III**)；
- (d) 消費者委員會的意見書(只備中文本)(**附錄 IV**)；
- (e) 香港西醫工會的意見書(只備英文本)(**附錄 V**)；
- (f) 香港公共醫療醫生協會的意見書(只備中文本)(**附錄 VI**)；
- (g) 香港醫學會的意見書(只備英文本)(**附錄 VII**)；
- (h) 香港醫學專科學院的意見書(只備英文本)(**附錄 VIII**)；
- (i) 全民健康協會的意見書(只備中文本)(**附錄 IX**)；
- (j) 香港復康聯盟的意見書(只備中文本)(**附錄 X**)；及
- (k) 香港醫務委員會的意見書(只備英文本)(**附錄 XI**)。

立法會秘書處

議會事務部 2

2017 年 11 月 9 日

致：張宇人議員 法案委員會主席

本人陳偉傑收到《2017年醫生註冊(修訂)條例草案》委員會邀請就政府當局對香港醫務委員會的組成的擬議修訂提交意見書，意見如下：

a) 衛生署及醫院管理局各減少一名，並訂明有關席位分別由衛生署署長或其代表及醫管局行政總裁或其代表擔任。

本人表示贊成。訂明有關席位分別由衛生署署長或其代表及醫管局行政總裁或其代表擔任，較實際、具彈性和體驗尊重衛生署署長和醫管局行政總裁嘅決定。衛生署署長和醫管局行政總裁由於工務繁忙，總會有機會因時間衝突而未能出席，有需要有合適代表代署長或行政總裁出席。我們應該相信和尊重署長或行政總裁的決定。

b) 專科學院提名2名註冊醫生，改為由專科學院按照其規例或程序選出。再增加2名由專科學院按照其規例或程序由專科學院院士提名並選出的註冊醫生委員席位。

本人表示贊成。我們應該相信專科學院院士是全心代表香港醫學專科學院既立場，以專業為本態度為市民求福祉。

醫委會多年被詬病為『醫醫相衛』、裁判欠公允、審訊時間太長皆因為醫生委員人數太多。如果反對今次修訂人士話要公開、公平、公正。咁醫委會組成應包括三方代表，私家醫生代表、政府代表和非業界代表各佔三分之一，不應有多過一半委員是醫生，應以業外人士為主。

如果真的追求更公開、公平、公正，咁醫委會組成代表不應有醫生委員，全部由業外人士擔任、專科醫生、大學醫學院教授和副教授可以顧問身份提供專家意見；投訴委員會更可用陪審團制去運作。

為申張社會公義請盡快通過改革醫委會。

陳偉傑

30/10/2017

**From:** AU Yiu-kai [REDACTED]  
**To:** 'bc\_55\_16' <bc\_55\_16@legco.gov.hk>  
**Cc:** "'bc\_55\_16@legco.gov.hk'" <bc\_55\_16@legco.gov.hk>

**Date:** Thursday, November 02, 2017 08:18AM

**Subject:** RE: 《2017年醫生註冊(修訂)條例草案》委員會：邀請就政府當局對香港醫務委員會的組成的擬議修訂提交意見書

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Dear Secretariat,

I, Dr Au Yiu Kai, support the below:

政府當局對《2017年醫生註冊(修訂)條例草案》

("《條例草案》")中有關香港醫務委員會("醫務委員會")的組成所

提出的擬議修訂提交意見書。政府當局擬作出的修訂如下：

(a) 將醫務委員會的組成中，現時分別由衛生署署長及醫院管理局("醫管局")各自提名2名註冊醫生、並由行政長官委任的席位各自減少一個，並訂明有關席位分別由衛生署署長或其代表及醫管局行政總裁或其代表擔任；及

(b) 《條例草案》其中一項建議是將醫務委員會的組成中，現時由香港醫學專科學院("專科學院")提名2名註冊醫生、並由行政長官委任的席位，改為由專科學院按照其規例或程序選出。政府當局現建議該2個由專科學院提名並由行政長官委任的席位維持不變，並增加2名由專科學院按照其規例或程序由專科學院院士提名並選出的註冊醫生委員席位。

Yours sincerely,

Au Yiu Kai ([REDACTED])

《前線醫生聯盟就 2017 年醫生註冊(修訂)條例草案之建議書》4/11/2017

1. 就香港政府《2017 年醫生註冊(修訂)條例草案》，前線醫生聯盟（下稱聯盟）基本同意政府現時就改變醫務委員會（下稱醫委會）組成所提出的修訂。
2. 上次建議書提及之問題，樂見政府有嘗試回應，但仍有未解決之議題，在此會強化有關內容。
3. 《病人組織選舉規例》之實質內容未見於立法會官方網站文件，未能參考當中內容。為確保病人組織代表性，聯盟有以下建議：一，認可病人組織及公開病人組織名單；二，要定義長期或嚴重病，而認可病人組織必需有一定數量的長期或嚴重病病友；三，病人組織要有會員名冊，而當醫委會委員查核會員名單，聯絡其中病人時，有關會員必須對該病人組織有實質認知，及能確認其會員身份；四，定期訪問及更新病人組織資料；五，要確保病人組織會員就病人組織代表選舉能有公平參與。
4. 加入審裁員以加快研訊，必定要有公平公開的機制決定每次研訊委派之審裁員。
5. 26(1A) 條『如任何註冊醫生對研訊小組根據第 21 條就其作出的命令感到受屈，則該註冊醫生可向上訴法庭提出上訴；上訴法庭可——  
(a) 確認、推翻或更改該命令；或 (b) 將該個案發還——  
(i) 該研訊小組，予以進行新研訊；或  
(ii) 醫務委員會，予以委任另一個研訊小組進行新研訊。』  
聯盟建議上訴法庭可以因法律程序原因或明顯不當，確認或推翻醫委會命令，而不可隨意更改命令；否則醫務委員會作為專業審裁的身份將失去意義。
6. 總括而言，聯盟就《2017 年醫生註冊(修訂)條例草案》，同意政府改變醫委會組成之修訂，而對病人組織選舉，審裁員委派機制及上訴法庭權力都有相關意見。

消費者委員會就政府當局對

香港醫務委員會的組成的擬議修訂之意見

本會得悉政府當局對《2017 醫生註冊(修訂)條例草案》(草案)下香港醫務委員會(醫委會)的組成擬議修訂,將衛生署及醫管局提名的席位各減一個,騰出的席位,由香港醫學專科學院(醫專)按照規例或程序由醫專院士提名並選出,而由醫專提名,行政長官委任的兩個席位則維持不變。由於醫專乃培訓專科醫生及促進醫學專科發展的法定組織,本會認為增加其代表席位,有望提昇醫委會對專科醫生規管的效能。

本會重申 (i) 醫委會處理投訴的效率須儘快提昇,使個案嚴重積壓的問題得以解決,並且讓投訴可從速、公平及有效地處理; (ii) 業外人士在醫委會的代表性須加強,讓病人及消費者的聲音直達醫委會,加強公眾與醫委會之間的溝通; 以及歡迎延長非本地培訓醫生有限度註冊的期限,因為在若干程度上,這樣可吸引更多有經驗的非本地培訓醫生來港服務。本會認為草案可促進上述各項改善,希望這擬議修訂可進一步為立法進程清除障礙,讓草案早日通過。

消費者委員會

2017年10月



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1

Our Ref.: HKDU/199/2017  
7<sup>th</sup> November 2017

Mr. Hon Tommy CHEUNG Yu-Yan, GBS, JP  
Chairman  
Bills Committee on Medical Registration (Amendment) Bill 2017  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

By email

Dear Ms. Hon Cheung,

**Re: Medical Registration (Amendment) Bill 2017**

Hong Kong Doctors Union (HKDU) is the unique trade union with doctor members in both public and private services, registered with the Trade Union Registry to look after the interests and rights of doctors in their employer employee relationship. While we are committed to upgrade the standard of medical doctors to cater for the health of the Hong Kong community, we also relate to the Government the urgent needs of the patients and reflect the true situation in the context of medical care so that the Government will appropriately and efficiently set up policies with long term benefits for the health of Hong Kong citizens.

We thank you for your letter dated 26<sup>th</sup> October 2017 inviting us to make submission on the new Government's proposal on the captioned bill.

HKDU is grateful for the massive changes that are being made by the Government on the Medical Registration (Amendment) Bill 2017. However, the main issue in the Medical Registration (Amendment) Bill 2017 has not yet been resolved. The Government agreed to convert the two seats from Hospital Authority (HA) and Department of Health (DoH) to direct election among fellow doctors in the Hong Kong Academy of Medicine (HKAM), BUT not among all doctors.

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As we have said in our communication to your good self on 7<sup>th</sup> July 2017 (Annex 1) and our submission to Mr. Hon Matthew Cheung dated on 8<sup>th</sup> August 2017 (Annex 2) on Consultation for Policy Address, “...we are of the opinion that the representation of the HKAM is very important in the MCHK to uphold the standard of postgraduate specialist training and the standard of medical care in Hong Kong. The representatives from the HKAM should not be returned by general election (even only among fellows of the Academy) which would go out of the control from her board of directors who formulate the postgraduate medical education...”

The Medical Council of Hong Kong (MCHK) is empowered by the people of Hong Kong to look after the standard of over 12,000 doctors, of which half are specialists and half of them are non-specialists. The yard stick of measurement in MCHK disciplinary inquires is the professional peers. The standard of doctors differ among various specialties and not to say between specialists and non-specialists. Therefore in the judgment of a particular doctor on his/her behavior in clinical practice, only the peer in which he/she belongs to would be the only one suitable for judging whether he/she is right or wrong in his/her behavior in practice. All along, non-specialists are very hardworking everyday to manage patients in town day in and day out and refer appropriate patients to appropriate specialists when they fit suitable. They are indeed safeguarding a lot of hospital admissions by faithfully discharging their duties. Even our Chief Executive in her Policy Address stressed on the importance of primary health care which is mostly shouldered by the non-specialists in Hong Kong. We are indeed looking for more participation of non-specialists in the Medical Council to contribute but unfortunately only one non-specialist so far since 1997 has volunteered to take up role of Council Member of the MCHK. The Government’s proposal of 2 seats returned by election only among fellows of the HKAM would surely deter the enthusiasm of the non-specialists in participating in the affairs of MCHK to safe guard the health of the Hong Kong community. That is the reason why we strongly propose the 2 new seats from the Hospital Authority and the Department of Health should be returned by General Election among all medical practitioners to uphold fairness and justice of the MCHK.

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3

In view of the strong voices from doctors in Hong Kong, we believe there is a need to hold a public hearing with all doctors' groups and stakeholders in Hong Kong to consolidate the voices of profession and public.

We sincerely wish the Government and the Legislative Councillors would seriously consider our proposal to help maintaining the standard of medical care in Hong Kong through a harmonious society.

Yours sincerely,

Dr. Yeung Chiu Fat Henry  
Specialist in Paediatrics  
President  
Hong Kong Doctors Union

CC: Mrs. Hon. Carrie Lam, Chief Executive  
Prof. Sophia Chan, JP Secretary for Food and Health  
Dr. Hon Pierre Chan, Legislative Councillor  
Dr. Kwok Ka Ki, Legislative Councillor  
Prof. Joseph Lau, SBS, Chairman, The Medical Council of Hong Kong  
Dr. Lau Chak Sing, President, Hong Kong Academy of Medicine  
Dr. Constance Chan, Director of Health  
Dr. Leung Pak Yin, Chief Executive, Hospital Authority  
Dr. Choi Kin, President, the Hong Kong Medical Association  
Legislative Councillors  
Press



Our Ref.: HKDU/099/2017  
7 July 2017

Mr. Hon Tommy CHEUNG Yu-yan, GBS, JP  
Chairman  
Bills Committee on Medical Registration (Amendment) Bill 2017  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

By email

Dear Ms. Hon Cheung,

**Re: Bills Committee on Medical Registration (Amendment) Bill 2017**

Hong Kong Doctors Union (HKDU) is the unique trade union with doctor members in both public and private services, registered with the Trade Union Registry to look after the interests and rights of doctors in their employer employee relationship. While we are committed to upgrade the standard of medical doctors to cater for the health of the Hong Kong community, we also relate to the Government the urgent needs of the patients and reflect the true situation in the context of medical care so that the Government will appropriately and efficiently set up policies with long term benefits for the health of Hong Kong citizens.

As one of the members of the Tripartite Platform on Amendments to the Medical Registration Ordinance, we have studied the Medical Registration Ordinance (MRO) in depth and do agree on most of the amendments proposed by the Government in the captioned Bill 2017.

Our utmost concern is the composition of the Medical Council of Hong Kong. Presently, there are 2 representatives appointed by the Government from each of the 5 statutory bodies, namely, Department of Health, Hospital Authority, Hong Kong Academy of Medicine, University of Hong Kong and Chinese University of Hong Kong. Also there are 4 lay members appointed by the Government, 7 directly elected Doctor Members and 7 doctor members returned by the Hong Kong Medical Association by direct election.

The addition of 4 lay members to the MCHK as suggested by the Government in the captioned bill

P.2

is supported by the majority of the HKDU members on the condition that 4 more elected Doctor Members should be added as well so as to maintain the 1 : 1 ratio of appointed vs elected members. This is in line with the consensus among the public and private doctors in Hong Kong to maintain the 1:1 ratio to protect the **professional autonomy of the medical profession**.

If the Government insists on the 1/4 occupancy of lay members in health care boards as stipulated in her recent discussion paper on **Strategic Review on Healthcare Manpower Planning and Professional Development**, then the alternative would be adding both 6 lay members together with 6 elected Doctor Members to raise the ratio of lay members of the MCHK to 25%. To this, we have no disagreement.

However, if ONLY adding 4 lay members is the base line of the Government, we would suggest to change the status of one member each from Department of Health and Hospital Authority respectively to direct election among doctors. This is to maintain the 1:1 ratio for Professional Autonomy and at the same time would not disturb the return of members from the Hong Kong Academy of Medicine (HKAM) as proposed by the Government in the captioned bill. We are of the opinion that the representation of the HKAM is very important in the MCHK to uphold the standard of postgraduate specialist training and the standard of medical care in Hong Kong. The representatives from the HKAM should not be returned by general election which would go out of the control from her board of directors who formulate the postgraduate medical education.

We sincerely wish the Government and the Legislative Councillors would seriously consider our proposals to help maintain the standard of medical care in a harmonious Hong Kong.

Yours sincerely,



Dr. Yeung Chiu Fat Henry  
President  
Hong Kong Doctors Union

CC: Mrs. Hon. Carrie Lam, Chief Executive  
Prof. Sophia CHAN, JP Secretary for Food and Health

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P.3

Legislative Councillors

Prof. Joseph LAU, SBS, Chairman, The Medical Council of Hong Kong

Dr. Lau Chak Sing, President, Hong Kong Academy of Medicine

Dr. Constance Chan, Director of Health

Dr. Leung Pak Yin, Chief Executive, Hospital Authority

Dr. Choi Kin, President, the Hong Kong Medical Association

Press

Our Ref.: HKDU/130/2017

8<sup>th</sup> August 2017

By hand

Mr. The Hon. Matthew Cheung Kin-Chung  
Chief Secretary for Administration  
HKSAR  
25/F., Central Government Offices  
2 Tim Mei Avenue  
Tamar, Hong Kong

Dear Mr. Cheung,

**Ref: Hong Kong Doctors Union Submission on Policy Address 2017-2018**

Hong Kong Doctors Union (HKDU) is the unique trade union with doctor members in both public and private services, registered with the Trade Union Registry to look after the interests and rights of doctors in their employer employee relationship. While we are committed to upgrade the standard of medical doctors to cater for the health of the Hong Kong community, we also relate to the Government the urgent needs of the patients and reflect the true situation in the context of medical care so that the Government will appropriately and efficiently set up policies with long term benefits for the health of Hong Kong citizens

We would like to address the following issues based on opinions from our members:

1. **Reform on Medical Council of Hong Kong by the Medical Registration (Amendments) Bill 2017**

As one of the members of the Tripartite Platform on Amendments to the Medical Registration Ordinance, we have studied the Medical Registration Ordinance (MRO) in depth and do agree on most of the amendments proposed by the Government in the captioned Bill 2017.

Our utmost concern is the composition of the Medical Council of Hong Kong. Presently, there are 2 representatives appointed by the Government from each of the 5 statutory bodies, namely, Department of Health, Hospital Authority, Hong Kong Academy of Medicine, University of Hong Kong and

to be cont'd

Chinese University of Hong Kong. Also there are 4 lay members appointed by the Government, 7 directly elected Doctor Members and 7 doctor members returned by the Hong Kong Medical Association by direct election.

The addition of 4 lay members to the MCHK as suggested by the Government in the captioned bill is supported by the majority of the HKDU members on the condition that 4 more elected Doctor Members should be added as well so as to maintain the 1 : 1 ratio of appointed vs elected members. This is in line with the consensus among the public and private doctors in Hong Kong to maintain the 1:1 ratio to protect the **professional autonomy of the medical profession**.

If the Government insists on the 1/4 occupancy of lay members in health care boards as stipulated in her recent discussion paper on **Strategic Review on Healthcare Manpower Planning and Professional Development**, then the alternative would be adding both 6 lay members together with 6 elected Doctor Members to raise the ratio of lay members of the MCHK to 25%. To this, we have no disagreement.

However, if ONLY adding 4 lay members is the base line of the Government, we would suggest to change the status of one member each from Department of Health and Hospital Authority respectively to direct election among doctors. This is to maintain the 1:1 ratio for Professional Autonomy and at the same time would not disturb the return of members from the Hong Kong Academy of Medicine (HKAM) as proposed by the Government in the captioned bill. We are of the opinion that the representation of the HKAM is very important in the MCHK to uphold the standard of postgraduate specialist training and the standard of medical care in Hong Kong. The representatives from the HKAM should not be returned by general election which would go out of the control from her board of directors who formulate the postgraduate medical education.

## 2. Manpower problem in the public hospital setting

Hong Kong has one of the best healthcare systems in the world for years and the average spending of Healthcare system is around 5.7 per cent of the GDP in Hong Kong which is comparatively low when compared with other developed countries. The public healthcare sector faces a number of challenges, namely, shortage of medical practitioners, a growing elderly population, and rising healthcare costs, etc. These problems are not new and they have been in existence for a long long time and should be

handled with practical care. **The shortage of manpower in the public healthcare sector are expected if we wish to maintain the dual public and private healthcare systems in Hong Kong.** However, our Council still wishes our Government to review the running of the Hospital Authority and to consider ways of building up a more friendly environment in the public hospital settings so that the public doctors would stay longer in public healthcare system in Hong Kong.

3. **Concern about relaxing the licensing examination for foreign practitioners**

There are voices in the society to suggest relaxing the licensing examination for foreign practitioners so as to increase the number of medical practitioners in the public healthcare system. However, relaxing the licensing examination for foreign practitioners might lower the quality of medical services and we could not see how it would benefit patients in Hong Kong. Furthermore, these foreign practitioners would not guarantee to work long in the public healthcare system in Hong Kong and would not be able to solve the manpower shortage in the public healthcare system.

4. **Preventive Public Private Partnership programmes run by the Department of Health**

We must applaud the Government in delivering the Colorectal Cancer Screening (CRC) Programme together with the private medical sector to screen the large bowels of the elders which prove to be successful in catching 6 to 7 % of the anomalies among the targeted groups. We do hope such preventive programmes for other common diseases can be started soon with the cooperation of the public and private medical sectors. However, we have much concern on the recent proposed Pneumococcal Vaccination programme to the elders in which the Government subsidy is too low and would not be attractive to both the elders and the participating doctors. We are afraid the programme would end up in a failure with few participation from the elders. We therefore suggest the Government to reconsider a more reasonable subsidy levels to encourage participation from the elders.

5. **Public-Private Partnership Programme Run by Hospital Authority (HA)**

The General Outpatient Clinic Public-Private Partnership (GOC-PPP) Programme to direct public to private market has proven to be a failure. Participating doctors are generally unhappy of the slow and clumsy login and relatively unfriendly user interface. While consultation time of a GOC-PPP patient is

to be cont'd

much longer compared to a regular patient, the cost of drug dispensed is high. HA should increase level of subsidy to a more realistic level.

At the same time, Electronic Health Record Sharing System (eHRSS) has been rolled out by the government for over a year. Most feedback we received from our members are worries that too much information presented in an interface with screens full of texts and hyperlinks make consultations more difficult. Not only the time needed to locate relevant information is a lot longer than their usual practice, important clinical data might easily be overlooked leading to medical mishaps. Situation would be worse as more and more information accumulated in the system in the years to come. HA should ensure the patient records presented in eHRSS are comprehensive, precise and user-friendly.

Yours sincerely,



Dr. Yeung Chiu Fat Henry  
President  
Hong Kong Doctors Union

cc: Mrs. Carrie Lam Cheng Yuet-Ngor, Chief Executive  
Prof. Sophia Chan, Secretary for Food and Health, Food and Health Bureau  
Dr. Hon. Pierre Chan, Legislative Councillor  
Mr. Yuen Siu Lam, Chairman, Hong Kong Alliance of Patients' Organizations Ltd.  
Dr. Mak Siu King, Hong Kong Public Doctors' Association  
Media



《2017年醫生註冊(修訂)條例草案》法案委員會主席張宇人議員

張宇人議員:

**政府當局對《2017年醫生註冊(修訂)條例草案》  
中香港醫務委員會的組成的擬議修訂之意見書**

承蒙張議員的邀請，本會現就政府對《2017年醫生註冊(修訂)條例草案》("《條例草案》")中有關香港醫務委員會("醫委會")的組成所提出的擬議修訂表達一些意見。

業內不同團體較早前達成共識，一致支持歐耀佳醫生的建議，即由衛生署及醫院管理局各交出一委員席位予所有註冊醫生投選。此方案既能讓更多業內有志之士直接參與醫委會的工作，亦能解決衛生署和醫管局代表經常未能兼顧醫委會工作的問題。

首先，我們喜見政府相關官員近月積極與業內代表接觸，耐心地聽取大家的意見。跟去年提交到立法會的議案相比，這次提出的擬議修訂確參考了更多業界的意見。然而，這次的擬議修訂並未接納業界一致贊同的歐耀佳醫生建議。我們認為修訂中將由衛生署及醫院管理局交出的兩席位交由香港醫學專科學院專科學院("醫專")院士選出的做法，影響了非專科醫生的參與權利。

另一方面，我們理解大眾市民殷切期望醫委會盡快進行改革，和醫專要求在醫委會內有更多代表，得以反映日益增加的專科醫生數目。因此，本會現贊成政府對《條例草案》中有關醫委會的組成所提出的擬議修訂，我們希望這能令《條例草案》的討論繼續向前。

與此同時，我們要求政府能在草案中有更詳細的解釋及盡力監督醫專，確保醫專新增的兩席位是經由所有院士公平地投選出來。我們樂意繼續向政府提供意見，為香港醫療服務發展出一分力。

此致

香港公共醫療醫生協會會長

麥肇敬醫生



香 港 醫 學 會  
The Hong Kong Medical Association

附錄VII  
Appendix VII

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MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA  
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Tel: (852) 2527 8285 (6 lines) Fax: (852) 2865 0943 E-mail: hkma@hkma.org Website: www.hkma.org  
香港軒尼詩道十五號溫莎公爵社會服務大廈五樓

8 November 2017

Ms. Priscilla LAU  
Bills Committee on Medical Registration (Amendment) Bill 2017  
Legislative Council  
HKSAR

Dear Ms LAU,

**Medical Registration (Amendment) Bill 2017**

Your letter dated 26 October 2017 refers.

As stated in our submission to the Bills Committee in July 2017 and our joint letter to all Legislative Councillors on 11 September 2017, The Hong Kong Medical Association (HKMA) supports to reform the Medical Council of Hong Kong (MCHK) and particularly its complaint handling. To date, our position remains unchanged.

For the sake of taking the reform forward without further delay, the HKMA Council resolved to accept the Government's latest proposal including the provisions that two new seats will be given to the Hong Kong Academy of Medicine (HKAM) and one seat each will be deducted from the Department of Health (DH) and Hospital Authority (HA). The resolution was passed with a majority acceptance.

The above position is subject to the condition that all HKAM fellows be given equal rights in the election of the two new Members of MCHK without restrictions by virtue of office, experience or seniority. The rights include the right of nomination, the right of being nominated and the right to vote.

The Hong Kong Medical Association



3 November 2017

**COUNCIL**

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Hon Tommy Cheung Yu-yan, GBS, JP  
Chairman, Bills Committee  
Legislative Council Secretariat  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong.

Dear Mr. Cheung,

**Medical Registration (Amendment) Bill 2017**  
**Revised Proposal on Composition of the Medical Council of Hong Kong**

Thank you for the letter (dated 26 October 2017) inviting the Hong Kong Academy of Medicine (HKAM) to give views on the Government's revised proposal on the Medical Registration (Amendment) Bill 2017.

The Academy welcomes the suggestion of having two additional seats from the HKAM in the Medical Council of Hong Kong (MCHK), as we believe that such additional representation will enable the Academy to further contribute to MCHK, with its unique role in safeguarding the highest professional standards of medical specialists in Hong Kong.

The Academy has reiterated previously our opinion that the number of representatives from HKAM in the MCHK should be increased. Given that the number of Fellows of the Academy has grown from slightly over 2,000 at its inauguration to more than 7,600 at present, the increased HKAM representation in MCHK will help strengthen the provision of expert advice and deployment of resources in supporting the MCHK with enhanced efficiency.

As highlighted in the Legislative Council paper about the revised proposal, it is expected that the members from HKAM will contribute to the MCHK from the perspectives of training and professional standards of specialists. Indeed, this role aligns perfectly with the Academy's statutory functions in specialist training and professional development in Hong Kong, which also adheres to the functions of MCHK in regulating the medical profession and maintaining its professional standards. In order to enable our representatives to perform the said role effectively, we shall need to ensure that those Fellows representing the HKAM in the MCHK should have an appropriate level of experience and expertise in the medical profession, as well as relevant knowledge in Academy's affairs.

Under the revised proposal, in addition to the two existing seats which are nominated by the Academy Council and subsequently appointed by the Government, there will be two seats which will be elected by the Academy according to its rules and regulations. We believe that such an arrangement can provide a good mix of expert views from different perspectives, including

**EX OFFICIO MEMBERS**

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*Emergency Medicine*  
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*Ophthalmologists*  
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*Orthopaedic Surgeons*  
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*Psychiatrists*  
Prof. Eric Chen  
*Radiologists*  
Dr. C.K. Law  
*Surgeons*  
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Prof. Gabriel Leung  
Dr. H.T. Luk  
Dr. Matthew Tsui

**Honorary Legal Advisor**  
Mr. Jacob Tse

**Auditor**  
Crowe Horwath (HK) CPA Ltd

**Chief Executive Officer**  
Mr. Aaron Cheng

those from the Academy Council, specialty Colleges and Fellows of the Academy.

The Academy will be holding a Consultation Forum at the end of November 2017 to collect views from our Fellows on the arrangement of nomination and election mechanisms of the two additional seats from the HKAM. We believe that engagement of all our Fellows in the overall election process of the two additional members is crucial, and we look forward to hearing our Fellows' opinions in the coming Forum. Their views will be essential in facilitating the Academy Council to consider and come up with the most suitable arrangements in future.

I hope that the above information would help the Bills Committee understand the Academy's position on the latest development of this Amendment Bill.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Lau Chak-sing', written in a cursive style.

Professor LAU Chak-sing  
President  
Hong Kong Academy of Medicine



## 全民健康協會 回應《就政府當局對香港醫務委員會的組成的擬議修訂》意見書

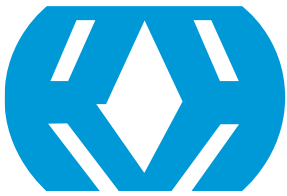
政府推出2016年醫生註冊(修訂)條例草案時過度倉促，並未有充份諮詢業界意見，引起業界內的反彈，加上媒體報導和社會輿論，令醫患關係漸趨對立。

全民健康協會認為，任何改革醫務委員會的建議均必須以維持醫生推舉的委員及政府委任的委員的比例相等為前提，務求得出一個能夠加快調查醫療事故速度、維持醫生專業水平，並增加透明度的方案。

現時政府提出《2017年醫生註冊(修訂)條例草案》的擬議修訂，將一方面適量增加業外委員，亦能維持現時選任醫生佔整體委員一半的組成。協會期望，有關修訂可以增加醫務委員會的公信力，同時透過增加醫專代表，完善醫專規管專科醫生及專業水平。

協會明白醫委會過往因資源不足影響處理醫療事故及投訴個案的效率。根據立法會資料顯示，投訴個案現時已積壓至約800宗，預計每宗個案需時六年方能完成，但醫生註冊(修訂)條例草案的立法工作經已延誤多時。在政府能就是次修訂的主要內容與業界達成共識的前提下，全民健康協會希望有關修訂能夠盡早通過，以回應病人組織及社會各方面的長期訴求。我們期望，政府日後能夠在有關問題上，扮演更積極角色，加強委員參與醫委會工作的誘因，提高醫委會效率。

全民健康協會主席  
葉沛霖醫生  
二零一七年十一月



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## 香港復康聯盟對政府當局就《2017年醫生註冊(修訂)條例草案》 中有關香港醫務委員會組成所提出的擬議修訂的意見書

香港復康聯盟(下稱康盟)支持政府當局就《2017年醫生註冊(修訂)條例草案》(下稱草案)中有關香港醫務委員會(下稱醫委會)組成所提出的擬議修訂。雖然新修訂並非完美，但卻是收窄各方的分歧、是醫委會改革重要的一步；故康盟希望草案盡快獲得通過，以免醫委會改革一再被拖延。

首先，醫生團體要求醫委會內選舉產生委員佔全數委員數目一半、不應削減香港醫學專科學院(下稱醫專)的代表席位。康盟認為新修訂的內容已考慮醫生團體的關注及顧慮，並平衡各方的意見。醫委會的成員一半由選舉產生、一半由委任產生，免除政府操縱醫委會之嫌。雖然是次擬議修訂中將醫院管理局及衛生署的醫委員代表各削減一席的做法並不理想，但為著草案能夠盡快獲通過，故康盟支持是次擬議修訂。

康盟認為香港醫學專科學院為法定機構在醫委會中擔任重要角色，為醫委會提供專家意見，實不容削減其席位。就其角色而言，醫專代表需提供專家意見，需較資深、經驗較豐富的醫生作為代表。故康盟同意保留醫專兩個委任席位，以保持醫委會內有足夠專科醫生的聲音。另一方面，是次擬議修訂建議額外增加兩個由醫專選舉產生的席位，有助加強醫專於醫委會內的角色。

雖然選舉方法由醫專自行訂定，但康盟認為兩個額外增加的醫專席位應由醫專院士選出；而非由全港醫生一人一票選出，因這兩個席位是代表醫專而非全港醫生。

醫委會改革的討論始於 2001 年一宗醫療個案，直至 2016 年才出現《2016年醫生註冊(修訂)條例草案》，但最終被拉到，歷時十多年。市民、病人尚有多少個十年可以等待呢？如是次未能把握醫委會改革的機會，投訴個案又會積累至多嚴重呢？故康盟懇請各方放下分歧，盡快通過《2017年醫生註冊(修訂)條例草案》及擬議修訂，踏出改革的第一步。

最後，即使是次草案及擬議修訂獲得通過，亦並非醫委會改革的完結，康盟希望恆常三至五年作檢討，以確保醫委會向正確方向改革。

如有任何查詢，請致電+852 2337 0826 與康盟署理總幹事劉國霖先生聯絡。



香港醫務委員會  
The Medical Council of Hong Kong

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**Legislative Council**  
**Bills Committee on Medical Registration (Amendment) Bill 2017**  
**Written Submission by the Medical Council of Hong Kong**

On the invitation of the Bills Committee, the Medical Council of Hong Kong (“the Council”) at its Policy Meeting held on 1 November 2017 discussed the Government’s proposal to amend the Medical Registration (Amendment) Bill 2017 in respect of the composition of the Council. The Council noted that the major proposed change involved reducing the two seats nominated by the Director of Health and the Hospital Authority each by one, with these two seats converted to two members to be nominated and elected by fellows of the Hong Kong Academy of Medicine (“HKAM”) in accordance with the regulations or procedures of HKAM. Whilst the Council welcomes all constructive proposals for reform but since no detailed information on the said election of HKAM is available, the Council is not in a position to provide any comment at this stage.

8 November 2017