



會 學 醫 港 香

The Hong Kong Medical Association

FOUNDED IN 1920•INCORPORATED IN 1960 AS A COMPANY LIMITED BY GUARANTEE
MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

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Response of the Hong Kong Medical Association to the Public Engagement Exercise of Population Policy

Introduction

The birth-rate world-wide is now a quarter million daily. In the early seventies, the world population was 4 billion and Hong Kong housed 3.5 million roughly. Now, the world figure is near 8 billion and the population in Hong Kong has also doubled. Citizens here have problem in housing, in schooling, and in finding a hospital bed. Fair or unfair, the blame people is already putting on new immigrants and tourist from the Mainland is an understandable reaction to the great difficulty to maintain reasonable livelihood. The Government's laissez faire attitude at such daily encounter can hardly be helpful to nurture a harmonious society. Hong Kong is eager to see solid steps taken by the Government to address effectively problems of a population boom.

This paper outlines the response of the Council of Hong Kong Medical Association (HKMA) to the captioned matter recently raised by the government. The following points are brought forth in the sequence of questions listed in the consultation paper.

Encourage female homemakers to work

HKMA agrees in principle to have more accessible and affordable childcare services for female homemakers with young children and retraining opportunities for those with grown-up children. HKMA is especially concerned about the currently half-hearted attempts of the Hospital Authority in accommodating female doctors to practice part-time and at the same time raising a family when they are primed to do so.

Extend working life

HKMA agrees in principle to extend the working life but there should be mechanism to ensure that promotion opportunities for younger workers are not tarnished. Most doctors do not stop working at 60. We are confident that in the 21st century, science, technology, and a healthy environment will allow most to work beyond sixty, especially in Hong Kong when the average life span for both man and woman is already 80 or above.

Talent admission

No other place in the world would allow non-residents to come and sit a licentiate examination and then be given paid internship training followed by a visa to stay and practice, certainly not in the UK, USA, Australia, Canada, or any European Country. Hong Kong is a rare exception.



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The Medical Council of Hong Kong used to have a reciprocal recognition of standard prior to 1997 when we recognized Commonwealth Medical Graduates whose country of origin also recognized us. Overseas recognition from these countries has since been revoked.

The Common Licentiate Examination for all Medical Graduates after 1997 ensures that a minimum standard is achieved before practice in Hong Kong is allowed.

A core value of professional autonomy granted to the medical profession by virtue of Chapter 6, paragraph 142 of the Basic Law, is to ensure that the standard of medical care is decided by the profession solely on consideration of safeguarding public health. Such decision should be free from external interference, whether political or otherwise. This provision of the Basic Law is as inseparable as any other provision enshrined therein, and it should not be altered at the political agenda or personal discretion of any Government official, however high his ranking.

Currently 10% or more of the medical profession is registered through the Licentiate Examination. There is no data to suggest that the LMCHK Examination has a lower pass rate than the LRCP, MRCS examination of England, or the Pre-internship and LMCC Examination of Canada, or the ECMFG of the USA. Any mention about CEPA should be followed by the number of doctors who are allowed to practice by themselves in the way they practice in Hong Kong. Adding the number of Chinese Medicine Practitioners who are given official recognition after 1997, our doctor-patient ratio is as healthy as any other country. If there is any deficiency in the number of medical doctors in Hong Kong, it remains in the public sector.

Compared with the pre-1997 era, the Hospital Authority has been injected with an enviable sum of money to manage public hospitals. If the government is concerned about why young doctors are leaving the service, why private doctors are not joining as part-time doctors, and why the Accident and Emergency Department is always overcrowded, we shall be glad to offer our advice as the largest representative body of the medical profession in Hong Kong.

A golden opportunity has lapsed when the Hong Kong Medical Association was left out of the Steering Committee of the Hospital Authority Reform Group.

Short of an appropriate opportunity to discuss in detail, we still wish to state categorically that there is no true lack of doctor in Hong Kong. The apparent inadequacy in the public sector is an error in policy issue of the Hospital Authority. Ways and suggestions forward have been given but not heeded. To forego the standard of care for the sake of a few overseas graduates who may have significant background is a disproportionate adventure putting public health at stake. The current Licentiate examination, the Limited and Temporary registration systems are well-established and have proved effective over time.



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Instead of recruiting doctors from overseas without ascertaining their standard, the Government should tap of the talents of private medical professionals in Hong Kong either by extending Hospital Authority part-time employment, improved public-private healthcare partnership or have the Government purchasing public healthcare services from private doctors.

Admission schemes for talent across professions should share common and consistent principles.

Hong Kong emigrants and their offspring

As far as medical doctors are concerned, the licensing mechanism is open to international medical graduates, including Hong Kong emigrants and their offspring. All they have to do is to prove their standard by way of the Licentiate Examination. The standard is adjudicated by the two local Faculties of Medicine. Transparency of the licensing system can be enhanced so that overseas doctors who wish to come to Hong Kong to practice medicine can be better prepared.

Unfortunately, there are a number of barriers currently deterring migrants and their offspring to return to Hong Kong to work. These include mistrust of the Administration, exorbitant property prices, poisonously polluted air and an unwelcoming political environment. To minimize the gap in expectation, the actual work environment should be made known to potential migrant returnees.

Importation of low-skilled workers

HKMA supports the engagement of local labour force as a priority. Employers should be encouraged to try their best to engage local employees, including raising the wages, before considering importing workers.

Fostering a supportive environment for our people to form and raise families

HKMA supports the provision of family benefits or services, such as longer maternity leave, paid paternity leave, subsidized childcare and afterschool care services, as well as the facilitation of family-friendly workplace practices. However HKMA strongly disagrees in the provision of subsidized assisted reproductive technology (ART) treatment. With a much higher failure rate than success rate, it is destined to create more unhappiness in the society, and unwittingly a subsidized unhappiness if the scheme is pushed forth. Although it is named a treatment, it is irrelevant to health and should not gain Governmental support as other health-related matters. Instead, encouraging women to bear child at a younger age when they are more capable of both bearing and raising a child is a healthier way forward.



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Meanwhile, HKMA considers the measures enlisted in the consultation to help people form and raise families are missing the point. Discouraging factors for people to raise families in Hong Kong include mistrust in the Government, unwelcoming political environment, uncertainties in education, poorly managed public medical and health care and most importantly, housing price far above the general capability of the people. More public housing should be provided and this should be first and foremost on the list the Government has for her problems.

Embracing opportunities in an ageing society

HKMA agrees that there should be more elderly-friendly community service facilities, including more toilets in MTR stations, longer green lights for pedestrians and more information on elderly volunteering to empower the elderly continue to serve society.

The Hong Kong Medical Association
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