

LCQ20: Policies and measures on rare diseases

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 (May 5):

Question:

Regarding the policies and measures on rare diseases, will the Government inform this Council:

(1) as the Chief Executive (CE) indicated in the 2019 Policy Address that, in order to strengthen the support for patients with uncommon disorders, the Government planned to implement progressively a series of targeted measures, which included developing databases for individual uncommon disorders, enhancing public awareness of such disorders, strengthening the support of drug treatment for patients with such disorders through the Samaritan Fund and Community Care Fund Medical Assistance Programmes (the two Medical Assistance Programmes), reviewing the manpower support and deploying resources to help take care of the needs of patients, and promoting relevant technological development and clinical research, of the specific details, implementation timetables and performance indicators of the various measures;

(2) whether it will set up a steering committee on strategies for rare diseases to be tasked with formulating relevant strategies and plans as well as coordinating the work on implementing the various measures mentioned in (1); if so, of the details; if not, the reasons for that;

(3) whether it will launch a scheme of short-term trial of drugs for rare diseases under which (i) a panel, to be formed by clinical experts and representatives of the Hospital Authority (HA), patient groups and pharmaceutical companies, is to be tasked with selecting drugs for free trials by patients and drawing up relevant details (such as clinical criteria, trial periods and indicators of curative effect), and (ii) patients whose conditions have substantially improved after the end of the trial period are to be subsidised, through the existing drug treatment support mechanism, to continue the medication; if so, of the details; if not, the reasons for that;

(4) whether it knows the respective average, longest and shortest time taken by the authorities in each of the past three years for vetting and approving the applications under the two Medical Assistance Programmes; if such figures are not available, whether it will compile such statistics; of the measures in place to enhance the efficiency of vetting and approving applications;

(5) whether it knows, in respect of each type of drugs for rare diseases, (i) the total number of patients receiving subsidies under the two Medical

Assistance Programmes and, among them, the respective numbers of those receiving full and partial subsidies, (ii) the average amount of subsidy received by each subsidised patient, (iii) the average amount of drug cost contributions made by each subsidised patient, and (iv) the total subsidy amount, in each of the past three years;

(6) as CE indicated in the 2020 Policy Address that the Government would, in accordance with the established mechanism, continue to increase the drugs covered by the two Medical Assistance Programmes and relax the clinical criteria for inclusion of drugs, of the details and latest progress of the relevant work;

(7) as HA indicated in September last year that it had, through the annual plan mechanism, sought additional resources from the Government for taking measures to cope with uncommon disorders, of the amount of the relevant funding and a breakdown by the uses; whether it has assessed if the additional resources concerned are sufficient for the provision of appropriate support for patients of rare diseases on a long-term basis; and

(8) given that the Hong Kong Genome Institute, which is wholly owned by the Government, is implementing a large-scale genome sequencing project called "Hong Kong Genome Project" (HKGP), the pilot phase of which is focusing on those patients with undiagnosed disorders and hereditary cancers as well as their family members, of the following details of the pilot phase of HKGP: (i) whether any rare diseases have been included in HKGP (if so, the names of the diseases), (ii) the progress of recruitment of patients and the screening arrangements, and (iii) the procedure for sample taking and genome sequencing?

Reply:

President,

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

(1), (2) & (7) The Government and the Hospital Authority (HA) highly value the provision of sustainable, affordable and optimal treatment and care for all patients (including those with uncommon disorders) and have been working closely to discuss, formulate and review the policy support for patients with uncommon disorders, while maintaining communication with relevant stakeholders including patient groups to keep reviewing and enhancing relevant mechanisms and measures. Currently, mechanisms have been put in place to provide support for patients with uncommon disorders in various aspects, including clinical diagnosis and assessments, multi-disciplinary care and rehabilitation services, introduction of new drugs, as well as subsidising drug treatment. We therefore do not see a need to set up a steering committee on strategies on top of existing mechanisms.

To strengthen support for patients with uncommon disorders, the Government and the HA are progressively rolling out a series of measures. For

instance, the Government has increased the recurrent funding for the HA by \$25 million from 2021-22 onwards to support the Hong Kong Children's Hospital (HKCH) in providing more comprehensive services to patients with uncommon disorders. These include gradually increasing the manpower for clinical genetic service and the number of relevant clinical and supporting staff; launching a case manager programme for the co-ordination of patients' treatment and care; boosting the capacity of genetic and genomic testing service to enhance the capability to diagnose uncommon disorders; developing databases for individual uncommon disorders (including spinal muscular atrophy as well as inborn errors of metabolism covered under the existing newborn screening programme in the beginning phase) to facilitate clinical diagnosis and treatment; and establishing information platforms (e.g. by utilising the HA's Smart Patient Website) to raise the awareness of uncommon disorders among the public and healthcare professionals. These measures will be taken forward by the HKCH progressively from 2021-22.

Besides, the Government will continue to deploy resources to promote scientific development and clinical research relating to uncommon disorders, which includes the provision of funding for new related research projects under the Health and Medical Research Fund. These projects will commence progressively.

On drug subsidy, we have further refined the means test mechanism of the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes in late April 2021, which includes modifying the calculation of annual disposable financial resources and the validity period of financial assessment for recurrent applications.

(3), (5) & (6) Provision of suitable drug treatment is one of the important aspects of support for needy patients (including those with uncommon disorders). With the advancement of medical technology, the HA has been keeping abreast of international developments in the medical field and new drugs introduced into the pharmaceutical market from time to time. The HA has an established mechanism for regular appraisal of registered new drugs or their clinical indications and review of its Drug Formulary (HADF) and the coverage of the safety net with the support of multiple expert panels of different specialities, in order to cater for prevailing and evolving service needs. The review process follows an evidence-based approach, having regard to the safety, efficacy and cost-effectiveness of drugs and other relevant considerations, which include international recommendations and practices as well as professional views, so as to ensure equitable and effective use of public resources in providing optimal treatment for patients.

The HA is providing drug treatment for needy patients (including those with uncommon disorders) through the recurrent funding from the Government, the SF and the CCF Medical Assistance Programmes. On the other hand, the HA will, based on service needs, liaise with pharmaceutical companies concerned from time to time to discuss and formulate risk sharing or capping programmes for individual suitable self-financed drugs. Moreover, the HA will liaise with pharmaceutical companies on providing special or compassionate programmes, having regard to the exceptional circumstances and clinical needs

of specific individual patients, so as to facilitate their early access to drug treatment. The HA will also look into the long-term arrangements for drug treatment to patients with specific uncommon disorders.

On increasing the drugs covered by the SF and the CCF Medical Assistance Programmes and relaxing the clinical criteria for existing drugs, the HA's Drug Management Committee (DMC) will regularly call for submissions from clinicians on self-financed drugs proposed for inclusion into the safety net. Upon professional deliberation by the DMC, the list of drugs recommended for inclusion into the safety net will undergo governance approval process by relevant committees.

As at March 2021, the numbers of drugs covered by the SF and the CCF Medical Assistance Programmes were 51 and 37 respectively. The number of drugs included in the safety net over the past three years is as follows:

Number of drugs included (Note)	2018-19	2019-20	2020-21
SF	6	10	9
CCF Medical Assistance Programmes	10	4	11

Note: Including new drugs repositioned from the CCF Medical Assistance Programmes to the SF, as well as those which are originally covered by either the SF or the CCF Medical Assistance Programmes and subsequently introduced to the other source of funding for different clinical indications.

Taking into account the increasing demand for ultra-expensive drug treatments for uncommon disorders, the Government and the HA introduced a CCF Medical Assistance Programme in August 2017 to provide subsidy for eligible patients to purchase ultra-expensive drugs (including those for treating uncommon disorders). The statistics of approved applications for drugs covered by the Programme since its implementation is set out at Annex.

The HA will formulate clinical treatment criteria for drugs to be included in the HADF or the safety net based on the principle of evidence-based medical practice, published scientific research and clinical data as well as international practices. Review of drugs listed on the HADF and the safety net as well as related clinical indications and clinical treatment criteria is an ongoing process driven by evolving medical evidence, the latest clinical developments and market dynamics.

The HA will continue to keep abreast of the latest developments of clinical and scientific evidence, listen to the views and suggestions of patient groups, and review the HADF and the scope of subsidy under the safety net through the established mechanism so as to benefit more patients in need.

(4) The HA does not keep information on the required time from submission of application by an applicant to completion of vetting process for the SF or the CCF Medical Assistance Programmes. Nonetheless, upon receipt of referrals

from the doctors concerned as well as the required information or documents from the patients, medical social workers will process the applications as soon as possible to provide timely assistance for needy patients.

Some cases might take longer to process as patients or household members have not submitted all required documents. As such, the HA has stepped up publicity to remind patients or applicants of the information and supporting documents required for processing their applications. Video clips about the application procedures, points to note and post-approval check mechanism of different types of medical assistance are being produced to enhance public understanding of how to apply for assistance under the SF and the CCF Medical Assistance Programmes. Meanwhile, the HA is developing a mini mobile application in "HA Go" to facilitate communication with patients on the financial assessment as well as applicants' enquiry on application status and funding utilisation.

Moreover, measures taken by the Government and the HA in recent years to enhance the means test mechanism of the SF and the CCF Medical Assistance Programmes have also helped streamline the application process. For example, since early 2019, the definition of "household" adopted in financial assessment has been revised to cover only core family members living under the same roof and having direct financial connection with the patient concerned. Statistics have shown that the number of drug subsidy applications with household size of one to two persons increased by about 30 per cent in the first 12 months after the implementation of the enhancement measures. In addition, further refinements have been implemented since late April 2021, including extending the validity period of the financial assessment of the first application from recurrent applicants to 18 months on the condition that the patient contribution is not more than \$2,000, as well as waiving the requirement for all applicants to submit financial documents if they have been referred a second application within one to two months after the first application.

The Government and the HA have sought to streamline and expedite the processing of subsidy applications by simplifying the application procedures, stepping up publicity, as well as enhancing the transparency of both the application and vetting procedures. We will also continue to study the issues relating to drug subsidy applications with a view to providing appropriate support for needy patients.

(8) Under the pilot phase of the Hong Kong Genome Project (HKGP), around 5 000 whole genome sequencing will be performed, which will cover cases of undiagnosed genetic diseases and hereditary cancers, many of which involve patients with uncommon disorders. The Hong Kong Genome Institute is proactively discussing with the three partnering centres at the HKCH, the Li Ka Shing Faculty of Medicine of the University of Hong Kong and the Faculty of Medicine of the Chinese University of Hong Kong on the recruitment of participants, and the projects such as testing and genetic counselling. According to the current progress, recruitment of patients for the HKGP will start later this year.

LCQ22: Coronavirus Disease 2019 vaccines

Following is a question by the Hon Starry Lee and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 5):

Question:

It has been reported that a member of the expert advisory group has indicated that the efficacy of the two Coronavirus Disease 2019 (COVID-19) vaccines currently used in Hong Kong drops when fighting the South Africa COVID-19 variant, but one of the vaccines (i.e. Comirnaty) still has a certain effect. So far, just over 10 per cent of the population in Hong Kong has been vaccinated against COVID-19. However, a vaccination rate of at least 60 per cent is needed to achieve herd immunity. As the first local confirmed case of the South Africa variant has emerged in Hong Kong earlier on, members of the public should receive vaccination expeditiously to prevent the spread of such virus in Hong Kong, which may increase the probability of the virus mutating. In this connection, will the Government inform this Council:

(1) whether, in order to encourage members of the public to receive vaccination, the Government will proactively discuss with the Mainland authorities allowing, when the number of COVID-19 confirmed cases in Hong Kong remains at a low level, those Hong Kong residents who have received two vaccine doses and have been tested positive for COVID-19 antibody to enter the Mainland (or only the Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area at the initial stage) without being subject to the 14-day compulsory quarantine requirement; if so, of the details; if not, the reasons for that; and

(2) given that the experts of the University of Hong Kong and certain countries are conducting studies on the efficacy and safety of mixed vaccination involving different types of vaccines, whether it knows the latest progress of the studies?

Reply:

President,

Vaccination is the current focus of the global anti-epidemic work. The Government has implemented the COVID-19 Vaccination Programme (the Vaccination Programme) since February 26 this year. As of May 3, about 1.53 million doses of COVID-19 vaccines have been administered to members of the public, with about 970 000 people having received the first dose (accounting for about 14.8 per cent of the population aged 16 or above). The Government

will adopt the concept of "vaccine bubble" as announced earlier as the new direction in fighting the epidemic, with an aim to restoring the normal operations of society in a gradual and orderly manner. However, the premise is that the public needs to work together and get vaccinated proactively in order to help Hong Kong beat the epidemic as soon as possible. Although mutant viruses are spreading rampantly around the globe and Hong Kong recently recorded the first local case of infection with unknown source involving a mutant virus strain, the two authorised vaccines under the Vaccination Programme are still effective in vitro testing against the two mutant viruses detected in the local case. In view of the higher transmissibility of mutant strains, we urge the public to get vaccinated without delay.

In consultation with the Constitutional and Mainland Affairs Bureau, my reply to the various parts of the question raised by Hon Starry Lee is as follows:

(1) The Hong Kong Special Administrative Region Government has been communicating and liaising closely with the relevant authorities in the Mainland and Macao Special Administrative Region Government on disease prevention and control measures, as well as on arrangements for cross-boundary travel for residents of the three places. We are actively exploring the resumption of normal cross-boundary activities amongst residents of the three places in a gradual and orderly manner when the epidemic situation in the three places is under control and without increasing public health risks.

(2) The Health and Medical Research Fund has invited local universities to submit research proposals relating to COVID-19 vaccines, out of which the University of Hong Kong is making preparations for a research study to vaccinate volunteers with a single dose of Comirnaty (a mRNA vaccine) followed by a single dose of CoronaVac (an inactivated vaccine). The objective is to compare with those vaccinated with two doses of Comirnaty or two doses of CoronaVac, in order to provide the relevant data on safety and increasing immunogenicity with respect to the combined use of COVID-19 vaccines. The proposal is under peer review and assessment is expected to be completed within this month.

Community Oral History Theatre Project's "Sai Kung, Therefore I Live" Screening and Sharing Session to be held in mid-May (with photos)

The Community Oral History Theatre Project – Sai Kung District will

conclude with the "Sai Kung, Therefore I Live" Screening and Sharing Session at 3pm on May 19 (Wednesday) at the Sai Kung Jockey Club Town Hall. The screening will present three stories re-enacting precious memories of the elderly participants of the project.

The project in Sai Kung District started in 2018 and is co-organised by the Leisure and Cultural Services Department (LCSD), Chung Ying Theatre Company, Caritas Elderly Centre – Sai Kung and the Neighbourhood Advice-Action Council. Through organising a series of drama workshops, the project has gathered the personal experiences and valuable recollections of the elderly from Sai Kung District to come up with drama scripts, providing opportunities for the elderly to perform their stories.

Although the drama training was sometimes interrupted due to the pandemic, the elderly completed the project with passion to share three stories of their days in Sai Kung using the drama skills learnt over two years.

Free tickets, with a maximum of two per person, for the "Sai Kung, Therefore I Live" Screening and Sharing Session (in Cantonese with free seating) will be distributed on a first-come, first-served basis from tomorrow (May 6) at the following locations:

- Caritas Elderly Centre – Sai Kung (G/F, 69-75 Man Nin Street, Sai Kung);
- Enquiry Counter, Hong Kong Cultural Centre (10 Salisbury Road, Tsim Sha Tsui); and
- Enquiry Counter, Hong Kong City Hall Low Block (5 Edinburgh Place, Central).

For programme enquiries, please call 2591 1300 (LCSD), 8106 8336 (Chung Ying Theatre Company) or 2792 6205 (Caritas Elderly Centre – Sai Kung), or visit www.abo.gov.hk/en/subScheme/ohsaikung.

Since its launch in 2009, the Community Oral History Theatre Project has been implemented in several districts, namely Sham Shui Po, Kwun Tong, Islands (Tai O), Eastern, Sha Tin, and Central and Western Districts, and has been well received by the elderly participants and audiences. The project encourages the elderly to participate in arts and cultural activities, and provides them with an opportunity to recount and perform their stories onstage. In addition, it allows the younger generation to understand the previous generations through the performances and encourages them to reflect on their own lives.



[LCQ21: Amendment of plans and modification of land leases](#)

Following is a question by the Hon Chan Hak-kan and a written reply by the Secretary for Development, Mr Michael Wong, in the Legislative Council today (May 5):

Question:

On the applications made under section 12A of the Town Planning Ordinance (Cap. 131) for amendment of plans, and the applications made to the Lands Department (LandsD) for modification of land leases, will the Government inform this Council:

(1) of the number of applications received in each of the past five financial years by the Town Planning Board (TPB) which were made under section 12A of Cap. 131 for rezoning certain land(s) on the original approved plans from non-residential use to residential use, and set out in a table the following information on those cases which were accepted in whole or in part by TPB:

- (i) the lot number(s) involved;
- (ii) the area of the land(s) within the lot(s);
- (iii) the number of residential flats proposed to be built;

(iv) the date on which the application was first submitted;
 (v) the date on which the TPB published the amendments to the approved plan;
 (vi) the date on which the TPB exhibited the draft plan for the public to make representations;
 (vii) the date on which the proposed amendments were incorporated by the TPB as part of the draft plan; and
 (viii) the date on which the draft plan was approved by the Chief Executive in Council.

(2) whether an application for land lease modification, submitted to the LandsD by an owner of the land(s) within the lot(s) concerned during the period between the dates mentioned in (1)(vii) and (viii), will be accepted; if not, of the reasons for that; and

(3) given that the LandsD will seek the views of the relevant government departments on an application for land lease modification and submit it to a District Lands Conference for discussion before proposing the provisional terms (including the land premium) to the applicant, whether the LandsD has reviewed the target time for completing the various procedures; if so, of the details; if not, the reasons for that?

Reply:

President,

With the relevant departments consulted, my reply to various parts of the question is as follows:

(1) In the past five financial years, the Town Planning Board (TPB) received a total of 45 applications for amendment of approved Outline Zoning Plan (OZP)/draft OZP under section 12A of the Town Planning Ordinance (TPO) (Cap. 131) involving rezoning from non-residential zones (Note 1) to residential and related zones (Note 2).

Of these 45 applications, 26 were considered by the TPB. The TPB decided to agree/partially agree to 11 applications, details of which are as follows:

Application Site	Site Area (m ²) (Note 3) (about)	Proposed No. of Flat/House (Note 3)	Application Received Date [TPB Decision Date for the Application]	Date of Publication of Draft OZP by the TPB Inviting Representation (Note 4)	Date of Approval of Draft OZP by the Chief Executive in Council
2016-17					
Junction of Shek Pai Wan Road and Tin Wan Hill Road, Aberdeen	7 725	600 flats	April 5, 2016 [October 28, 2016]	September 15, 2017	August 21, 2018

Various Lots in D.D. 51 and adjoining government land, Fanling	3 617	300 flats	August 4, 2016 [June 23, 2017]	March 29, 2019	January 7, 2020
2017-18					
Sai Pin Wai, Sai Kai Road, Yuen Long	106	1 small house	May 15, 2017 [August 11, 2017]	January 29, 2021 (Under representation consideration process)	–
Hilltop Road, Tsuen Wan	40 024	458 flats	January 30, 2018 [September 1, 2020]	February 26, 2021 (Under representation consideration process)	–
2018-19					
Ship Street, Schooner Street and adjoining government land, Wan Chai	2 428	221 flats	April 13, 2018 [December 13, 2019]	Not yet incorporated in the draft plan	–
Stanley Village Road, Stanley	7 646	8 flats	July 11, 2018 [January 4, 2019]	June 5, 2020 (Under representation consideration process)	–
Hang Hau Road, Sai Kung	4 195	8 houses	October 19, 2018 [September 18, 2020]	Not yet incorporated in the draft plan	–
2019-20					
Various Lots in D.D. 390 and adjoining government land, Sham Tseng, Tsuen Wan West	1 068	56 flats	January 8, 2020 [March 12, 2021]	Not yet incorporated in the draft plan	–
2020-21					
Carpenter Road, Kowloon City	5 921	850 flats	May 6, 2020 [August 21, 2020]	Not yet incorporated in the draft plan	–
Various Lots in D.D. 92 and adjoining government land, Kam Hang Road, Kwu Tung South	31 050	1 427 flats	June 11, 2020 [December 18, 2020]	March 5, 2021 (Under representation consideration process)	–

On Chun Street, Ma On Shan	8 000	758 flats or 637 flats and 194 hotel rooms	September 21, 2020 [February 26, 2021]	Not yet incorporated in the draft plan	—
----------------------------	-------	--	--	--	---

(2) Generally speaking, when processing lease modification applications, the Lands Department (LandsD) formulates development restrictions of lots according to the land use and development parameters permitted by the prevailing statutory OZPs. For application relating to the change of land use zoning submitted under section 12A of the TPO (Cap. 131) that have been approved by the TPB for inclusion into the relevant draft OZP, but the draft OZP has yet to be approved by the Chief Executive in Council, the LandsD in general would not commence the processing of such lease modification application submitted by the relevant lot owner. That said, for lease modification applications involving housing supply, the LandsD would consider commencing the preliminary processing in advance on a case-by-case basis in order to expedite the approval process.

The Steering Group on Streamlining Development Control (Steering Group) convened by the Development Bureau is reviewing the above situation. For applications relating to the change of land use zoning submitted and approved under section 12A of the TPO, we hope to set out procedural guidelines for the LandsD to commence the processing of such lease modifications before the completion of the draft OZP amendments, so as to save time and expedite housing supply.

(3) For lease modification (including land exchange) applications in general, the LandsD has a performance target to reply to the applicant within 22 weeks upon receiving the submission of documents (including necessary information to support the application), which may be in the form of a provisional offer with basic terms, an in-principle agreement, or a rejection. In order to expedite the processing of large-scale lease modification applications and those relating to residential development, the LandsD has set up a dedicated Land Supply Section in April 2019 to handle these cases. The Land Supply Section maintains close communication with lease modification applicants and arranges inter-departmental meetings to swiftly handle relevant matters.

As regards premium assessment, since September 2018, the LandsD has centralised all premium assessment exercises from its district lands offices to its headquarters valuation team with a view to streamlining the procedures and expediting the handling of applications.

Given that the issuance of provisional basic terms offer as well as premium offer are two key milestones in a lease modification application, the Steering Group will also follow up with the LandsD on shortening the time required for these two procedures.

Note 1: Involving mainly "Agriculture", "Green Belt", "Conservation Area",

"Government, Institution or Community", "Recreation", "Open Space", "Other Specified Uses" zones and area shown as 'Road'.

Note 2: Involving mainly "Residential", "Comprehensive Development Area", "Village Type Development" and "Other Specified Uses" zones.

Note 3: The proposed site area and number of flat/house are for reference only and may be subject to change depending on the restrictions of respective land use zoning of the draft plan and the detailed development proposal.

Note 4: When the TPB exhibits the relevant draft plan, it means the TPB preliminarily agrees to incorporate the proposed amendment in the draft plan.

LCQ8: Vetting of the qualifications for specialist registration

Following is a question by the Hon Tommy Cheung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 5):

Question:

According to the Medical Registration Ordinance (Cap. 161), the requirements for a registered medical practitioner's name to be included in the Specialist Register include (a) having been awarded a Fellowship of the Hong Kong Academy of Medicine (HKAM), or (b) having been certified by the HKAM to have training and qualification comparable to that required of an HKAM Fellow in the relevant specialty. A non-locally trained doctor may have his name included in the Specialist Register if he has been certified by HKAM to have met requirement (b). In this connection, will the Government inform this Council whether it knows:

(1) the number of applications, received by the HKAM in each of the past 10 years, for vetting the applicants' qualifications to see if requirement (b) had been met; and

(2) in respect of the applications mentioned in (1), (i) a breakdown of the number by the specialty involved and the place where the applicants received their training, and (ii) the respective numbers of those which have been approved, have been rejected, are under vetting, and are under appeal?

Reply:

President,

In consultation with the Hong Kong Academy of Medicine (HKAM), my reply to the question raised by the Hon Tommy Cheung is as follows:

(1) The numbers of applications received by the HKAM in the past 10 years for vetting specialist qualifications are as follows:

Year	Number of Applications
2011	7
2012	8
2013	10
2014	5
2015	6
2016	10
2017	6
2018	6
2019	9
2020	7
Total	74

(2) In respect of the 74 applications mentioned in (1), the percentage of applicants by place of specialist training received is as follows:

Place of Training	Percentage (%)
The United Kingdom	43
The United States of America	18
Australia and New Zealand	16
Canada	8
Singapore	7
Malaysia	2
France	2
Germany	1
Ireland	1
Macau, China	1
Taiwan, China	1

Note: Some applicants received specialist training in more than one country or region.

In respect of the 74 applications mentioned in (1), the number of applications by specialty is as follows:

Specialty	Number of Applications
Medicine	31
Radiology	9
Surgery	9
Psychiatry	5
Ophthalmology	4
Orthopaedics & Traumatology	4
Paediatrics	3
Family Medicine	3
Obstetrics & Gynaecology	3
Ear, Nose and Throat	2
Anaesthesiology	1
Total	74

In respect of the 74 applications mentioned in (1), the respective numbers of applications which have been approved, have been rejected, are under vetting, and are under appeal are as follows:

Approval Status	Number
Approved	49
Rejected	24
Under Vetting	1
Under Appeal	0
Total	74