

LCQ4: Manpower of doctors

Following is a question by the Hon Tommy Cheung and a reply by the Acting Secretary for Food and Health, Dr Chui Tak-yi, in the Legislative Council today (January 9):

Question:

It has been reported that with the successive commissioning of cross-boundary infrastructure facilities, an "one-hour living circle" has basically been realised in the Guangdong-Hong Kong-Macao Greater Bay Area. As a result, more and more Mainlanders come to Hong Kong to seek medical treatment. Quite a number of doctors in public hospitals have switched to work in the thriving private healthcare market, thereby aggravating the problem of shortage of doctors in public hospitals. Consequently, the waiting time of new cases at various public specialist outpatient clinics has become longer and longer in recent years. In this connection, will the Government inform this Council:

(1) whether it knows the top 10 specialist departments in public hospitals with the highest wastage rates of doctors last year; and the respective wastage rates concerned;

(2) whether it has projected afresh the respective manpower demands for doctors in the public and the private healthcare sectors in the coming five years, having regard to the factors that more and more doctors have joined the private healthcare sector and that the number of Mainlanders coming to Hong Kong to seek medical treatment has continued to increase; if so, of the respective specific figures; if not, whether it will expeditiously make such projections; and

(3) of the long-term solutions to the problem of shortage of doctors in public hospitals; whether it will draw reference from the practice of Singapore and permit those doctors who graduated from medical schools of renowned universities outside the territory to practise in the territory without sitting for any examination, and whether it will provide incentives to encourage Hong Kong people who have completed medical training overseas to return to Hong Kong to work in public hospitals; if so, of the details (including the implementation timetables for the relevant measures); if not, the reasons for that?

Reply:

President,

My reply to the question raised by the Hon Tommy Cheung is as follows:

(1) In 2017/18, the overall attrition rate of full-time doctors in public hospitals was 5.8 per cent. The top 10 specialties in public hospitals with the highest attrition rates of full-time doctors were Anaesthesia, Clinical Oncology, Family Medicine, Medicine, Obstetrics and Gynaecology,

Ophthalmology, Orthopaedics and Traumatology, Pathology, Psychiatry and Radiology. The respective attrition rates of the above specialities ranged from 5 per cent to 10.6 per cent. Details are set out at Annex 1.

(2) The Government published the Report of Strategic Review on Healthcare Manpower Planning and Professional Development (Report) in mid-2017. For doctors' manpower, the projections have taken into account demographic changes and other relevant factors, including the known and planned services and developments, the requirements of public and private healthcare, social welfare and education sectors, as well as the demand for primary, secondary and tertiary care services in Hong Kong. It is projected that there will be continuous manpower shortage of doctors in the medium to long term. The manpower gaps for doctors in 2020, 2025 and 2030 are set out at Annex 2.

As an ongoing initiative to monitor the manpower of healthcare professionals, the Government will conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee (UGC). A new round of manpower projection exercise has already commenced, and the results are expected to be published in the first half of 2020. In conducting healthcare manpower planning, the Food and Health Bureau (FHB) will, in collaboration with relevant policy bureaux and departments, assess the manpower situations of various healthcare professionals by taking into account all the known and planned services/developments as far as possible, such as the latest development of public and private hospitals, the development of the Greater Bay Area and its implications, etc.

(3) I will elaborate on the following measures which have been taken to increase doctors' manpower:

(i) The Government has substantially increased UGC-funded medical training places over the past decade. The number of places was 470 in the 2016/17 academic year, representing an increase of 90 per cent when compared with 250 in the 2005/06 academic year. In the 2019/20 to 2021/22 UGC triennium, the Government will further increase the number of UGC-funded medical training places by 60 each year. We expect that increasing the number of medical training places will alleviate the manpower shortage of doctors in the medium to long term.

Healthcare professionals in the public sector are of utmost importance. The Hospital Authority (HA) will recruit all qualified locally trained medical graduates and provide them with relevant specialist training. There will be a total of over 2 000 medical graduates becoming registered doctors in the coming five years. Moreover, the HA will continue to proactively recruit doctors, retain existing healthcare professionals and rehire retired doctors to address the manpower shortage of doctors in the public healthcare system.

(ii) Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding three years. It is

expected that more eligible non-locally trained doctors, particularly those who are Hong Kong people, will be attracted to serve in the public sector in Hong Kong through limited registration, thus alleviating the manpower shortage problem. The HA and the Department of Health (DH) will continue to proactively recruit eligible non-locally trained doctors through the limited registration arrangement to provide clinical services in the public healthcare system. So far, about 20 applications for positions under limited registration submitted by non-locally trained doctors to the HA have preliminarily been assessed as eligible. Successful applicants will start providing services in 2019/20 gradually.

To further encourage Hong Kong students studying medicine overseas to return to Hong Kong to practise, the FHB, HA and DH have collaborated with overseas Economic and Trade Offices in conducting promotion activities to encourage qualified non-locally trained doctors to practise in Hong Kong. The Secretary for Food and Health (SFH) went to the United Kingdom (UK) in May last year to meet with Hong Kong students studying medicine there and encourage them to return to Hong Kong to practise after graduation. Their responses were positive. A seminar was held in Hong Kong in August last year by Hong Kong students studying medicine in the UK, at which the SFH and representatives from the HA and DH were invited to speak on the opportunities for overseas medical students to practise in Hong Kong. The Chief Secretary for Administration and HA Chairman visited the UK in September last year to promote the HA's recruitment scheme. The SFH has also planned to visit Australia in the middle of this year to promote the scheme.

(iii) To facilitate more non-locally trained medical graduates to practise in Hong Kong after passing the Licensing Examination (LE), the Medical Council of Hong Kong (MCHK) has, on the premise of upholding professional standards, enhanced the arrangements for the LE, including increasing the frequency of the LE to twice a year, and introducing more flexible arrangements for relevant internship requirement since 2016. In addition, the MCHK officially launched the Virtual Education Resource Centre in October 2018 to improve the transparency of the LE and refine the examination questions.

(iv) For non-locally trained doctors who have passed the LE and worked in the HA for three years under limited registration, the MCHK is exploring if their internship requirement could be exempted. This is to provide more incentive for eligible non-locally trained doctors to serve in the public healthcare system in Hong Kong through limited registration.

The Government will continue to take forward the recommendations of the Report with a view to planning ahead for the long-term manpower demand. It will also take into account the effectiveness of extending the period of limited registration and responses from the healthcare sector before deciding on the way forward.