

**For discussion
on 19 April 2016**

**Legislative Council Panel on Health Services
Subcommittee on Health Protection Scheme**

**Latest Progress on the Strategic Review on Healthcare Manpower
Planning and Professional Development**

PURPOSE

This paper aims to brief Members on the latest progress on the strategic review on healthcare manpower planning and professional development and the way forward.

BACKGROUND

2. In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, in 2012, the Government set up a steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong (“the Review”). The Review covers 13 healthcare professions which are subject to statutory regulation, including doctors, dentists and dental hygienists, Chinese medicine practitioners, nurses, midwives, pharmacists, chiropractors, medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers. The Review aims to make recommendations that would better enable us to meet the projected demand for healthcare professionals as well as foster professional development with a view to ensuring healthy and sustainable development of our healthcare system and the continued provision of quality healthcare services to the public.

3. To assist the Steering Committee in making informed recommendations, we commissioned The University of Hong Kong (“HKU”) and The Chinese University of Hong Kong (“CUHK”) to provide professional input and technical support to the Review. We also set up six consultative sub-groups under the Steering Committee to hear and consolidate views from the healthcare professions. The Review is now progressing in full swing.

LATEST POSITION

Healthcare Manpower Planning

4. On manpower projection, HKU has developed a generic forecasting model that suits the local circumstances and is adaptable to changing parameters to cater for utilisation parameters peculiar to individual professions in forecasting manpower demand and supply of the 13 healthcare professions. HKU is finalising the manpower projections under the Review.

5. The preliminary findings of the projections show that there will likely be a general shortage of healthcare manpower in the run-up to 2041. The Government is aware of the need for more healthcare professionals, and has already increased the number of University Grants Committee (“UGC”)-funded degree places for doctors (from 320 to 420), nurses (from 590 to 630) and allied health professionals (from 196 to 342¹) from the 2012/13 triennium. To meet the anticipated demand for healthcare manpower, the Government has, based on the preliminary findings of the Review, further increased the number of UGC-funded degree places in medicine, dentistry and other healthcare disciplines by 50, 20 and 68¹ respectively in the 2016/17-2018/19 triennium.

6. It is noted that there is a substantial increase in the training capacity for nurses in the self-financing sector (including the Open University of Hong Kong, Tung Wah College and Caritas Institute of Higher Education). The self-financing sector has also started to offer courses in some of the allied health discipline (such as occupational therapy, medical laboratory technology and radiography).

7. In addition to increasing the number of UGC-funded degree places for the relevant healthcare professions, we have pursued the following additional measures to increase the supply of doctors, dentists, nurses and other healthcare professionals.

Doctors

8. To facilitate more non-locally trained doctors to practise in Hong Kong, the Medical Council of Hong Kong (“MCHK”) has increased the frequency of the Licensing Examination from once to twice a year since 2014 and has introduced more flexibility to the relevant

¹ For details, please refer to paragraph 14 below.

internship requirement since 2016. Any person who has passed the Licensing Examination can apply for exemption from a specialty of internship assessment if he/she has a comparable specialist experience. The internship period could be shortened from one year to six months.

9. In a bid to alleviate manpower shortage, the Hospital Authority (“HA”) will continue to recruit non-locally trained doctors under limited registration. In addition, HA will extend the Special Retired and Rehire Scheme to recruit more retired healthcare staff and will enhance the coordination of the recruitment of part-time staff.

Dentists

10. Starting from 2016, the Dental Council of Hong Kong (“DCHK”) has increased the frequency of licensing examination from once a year to twice a year², so as to attract more qualified personnel to practise in Hong Kong and contribute to the diversity of the local workforce. In addition, DCHK has taken various initiatives to improve the arrangement of the Licensing Examination starting from 2015. For instance, candidates who fail in certain parts of the Licensing Examination are allowed to re-sit those unsuccessful part(s) only, while retaining partial pass results for the successful ones.

Nurses

11. On nursing manpower, at present there are over 2 800 nursing training places provided in Hong Kong. HKU, CUHK and Hong Kong Polytechnic University (“PolyU”) provide a total of 630 UGC-funded degree places each year. HA, private hospitals and other higher education institutions also operate a variety of self-financed nursing programmes, which add up to over 2 200 places annually.

12. The Government has subsidised students to pursue designated self-financing undergraduate programmes in the nursing discipline starting from 2015/16 academic year. The number of subsidised places has increased from 420 in 2015/16 academic year to 480 in 2016/17 academic year by 60. In addition, the Nursing Council of Hong Kong has increased the frequency of the Licensing Examination from once to twice a year from 2016 to facilitate more non-locally trained nurses to practise in Hong Kong.

² Regarding the number of Licensing Examination to be held per annum, three Licensing Examinations will be held in 2016 while one was held in 2015. DCHK will hold the Licensing Examination twice a year starting from 2017.

13. Besides, to alleviate the shortage of nurses in the welfare sector, the Social Welfare Department (“SWD”) has collaborated with HA since 2006 to organise a two-year Enrolled Nurse (“EN”) (General)/EN (Psychiatric) Training Programme. A total of 14 training classes have been organised so far, providing a total of about 1 800 training places. The training programme is fully subsidised by the Government. The trainees are required to sign an undertaking to work in the welfare sector for two consecutive years after graduation. Among the graduates of the first nine classes, over 90% joined the social welfare sector after graduation.

Other Healthcare Professionals

14. Noting that the overall supply of allied health professionals are in short of overall demand, the Government has increased the number of UGC-funded degree places in allied health disciplines since the 2012/13 academic year. The details are as follows -

	2009/10-2011/12 Academic Year	2012/13-2015/16 Academic Year	2016/17-2018/19 Academic Year
Pharmacy	50	80	90
Medical Laboratory Science	32	44	54
Occupational Therapy	46	90	100
Optometry	35	34	40
Physiotherapy	70	110	130
Radiography	48	98	110

15. To further alleviate the shortage of allied health professionals in the welfare sector, PolyU launched a two-year entry level Master in Occupational Therapy (“MOT”) programme and a two-year entry level Master in Physiotherapy (“MPT”) programme in January 2012 on a self-financing basis. To encourage graduates of the MOT and MPT programmes to join the welfare sector, SWD has implemented a Training Sponsorship Scheme to provide funding support for the NGOs to offer tuition fee sponsorship to students whom they recruited. Students obtaining the sponsorship have to work for the NGOs concerned for not less than two years. The first and second cohorts of 59 and 56 students graduated in January 2014 and January 2016 respectively. PolyU will co-operate with SWD again to implement the third batch of MOT and MPT programmes in 2016/17, providing an initial total capacity of 72 places.

PROFESSIONAL DEVELOPMENT

16. CUHK has completed a review of the international literature and a survey of the international practices on the subject of regulation of healthcare professionals. The study finds that many jurisdictions are undergoing regulatory reforms with an aim to better protect patients' rights, ensure patient safety and improve quality of care. Increasingly healthcare professional regulation is moving from the premise of self-regulation of the profession to one of co-regulation in partnership with the public to better protect the public's health. There is a global trend for more openness and accountability, including greater involvement of lay persons in regulatory bodies and relevant panels for review and inquiries. It has become a norm for continuing professional development requirements to be made compulsory for healthcare professionals to maintain professional competence. Improvement is made to the investigatory and disciplinary functions in a regulatory body so as to reduce conflict of interests, perceived or real, in detecting and dealing with poor performance. According to CUHK's study, other jurisdictions also review their measures in attracting healthcare graduates from abroad to help address short-term manpower shortages at home.

17. The Steering Committee is reviewing the regulatory regimes for healthcare professionals in Hong Kong, and will make recommendations on the way forward based on the findings of the CUHK including the prevalent international practices which gear towards more transparency and accountability as well as greater public participation, local circumstances of Hong Kong including public aspirations and concerns, as well as the history and development of statutory regulatory bodies. Key areas of the review include –

- (a) functions of the statutory regulatory bodies;
- (b) membership of the statutory regulatory bodies, in particular, the number and proportion of lay members;
- (c) arrangement for non-locally trained healthcare professionals to practise in Hong Kong;
- (d) complaint handling and disciplinary inquiries mechanisms; and
- (e) training and development, in particular, mandatory continuous professional education and development.

18. The Steering Committee agrees that the prevalent legislation which governs the healthcare professions should keep pace with the times and should be reviewed comprehensively.

Medical Registration (Amendment) Bill 2016

19. The public is most concerned about issues related to doctors to which we will accord first priority. In response to the mounting public concerns over the efficiency of MCHK in complaint investigation and disciplinary inquiries, as well as the lack of flexibility in the arrangements for non-locally trained doctors to practise in Hong Kong, pending the completion of the Review report and in advance of the full implementation of its recommendations, the Government introduced the Medical Registration (Amendment) Bill 2016 into the Legislative Council in March 2016, aiming to -

- (a) increase lay participation in MCHK, with a view to enhancing its accountability and public participation;
- (b) improve the complaint investigation and disciplinary inquiry mechanism of MCHK; and
- (c) facilitate non-locally trained doctors in Hong Kong to practise in Hong Kong through limited registration.

WAY FORWARD

20. We expect that the Review will be completed in mid-2016. The Government will publish the report and take forward the recommendations in consultation with relevant stakeholders as appropriate upon completion of the Review.

Food and Health Bureau
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