

**For information  
on 19 June 2017**

**Legislative Council Panel on Health Services**

**Strategic Review on Healthcare Manpower Planning and  
Professional Development**

**PURPOSE**

This paper briefs Members on the recommendations of the Strategic Review on Healthcare Manpower Planning and Professional Development (“the Strategic Review”).

**BACKGROUND**

2. In 2012, the Government set up a steering committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The Strategic Review primarily covers 13 healthcare professions which are subject to statutory registration, including doctors, dentists and dental hygienists, nurses and midwives, Chinese medicine practitioners (“CMPs”), pharmacists, occupational therapists (“OTs”), physiotherapists (“PTs”), medical laboratory technologists (“MLTs”), optometrists, radiographers and chiropractors. The opportunity is also taken to look into healthcare professionals not subject to statutory registration such as speech therapists, clinical psychologists, education psychologists, audiologists and dietitians.

3. To assist the Steering Committee in making informed recommendations, we have 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.

## HEALTHCARE MANPOWER PLANNING

### *Existing Landscape of Healthcare Manpower Supply in Hong Kong*

4. At present, there are two medical schools (i.e. HKU and CUHK), one dental school (i.e. HKU), and one University Grants Committee (“UGC”)-funded university for training allied health professionals (i.e. the Hong Kong Polytechnic University). In light of the ageing population and the general shortage of healthcare manpower in the past years, the Government had already increased UGC-funded places for doctors, nurses, pharmacists, and allied health professionals starting from the 2009/10 – 2011/12 triennium (details at **Annex A**).

5. Apart from UGC-funded institutions, the Open University of Hong Kong (“OpenU”), Tung Wah College (“TWC”), Caritas Institute of Higher Education (“Caritas”) and the School of Professional and Continuing Education of The University of Hong Kong (“HKU SPACE”) have started providing healthcare training programmes including nursing, medical laboratory science, radiation therapy and occupational therapy over the years. **Annex B** summarises the intake number of training programmes provided by the publicly-funded sector and the self-financing sector.

### *HKU’s Findings*

6. HKU has developed a generic manpower forecasting model that suits the local circumstances and is adaptable to changing parameters to cater for differences in utilization patterns among individual professions. The manpower projection model<sup>1</sup> seeks to quantify the difference between the projected demand for and supply of healthcare professionals in terms of full time equivalents. Because of the nature of manpower forecast and the inherent limitations of the model itself, the projections should be

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<sup>1</sup> Under this model, the demand at the base year (i.e. 2015) is assumed to be at an equilibrium and takes into account known shortage in the public and subvented sectors for healthcare professionals as at end 2015. Future demand is derived having regard to demographic changes and other relevant factors including externalities and policy-induced demand through a sophisticated computer model, to which known and planned services and developments are incorporated. Future supply is derived from existing and planned local programmes as well as new registrants holding non-local qualifications.

viewed in perspective. In interpreting the projection results, we should focus on the trend rather than the absolute gap. The medium to long-term projection could change significantly if events unknown now happen in future.

7. HKU's findings show that there is a general shortage<sup>2</sup> of doctors, dentists, dental hygienists, general nurses, OTs, PTs, MLTs, optometrists and radiographers in the short to medium term. The supply of psychiatric nurses, pharmacists, CMPs and chiropractors are projected to be sufficient to meet the demand given the existing service levels and models.

### ***Key Observations***

8. The key observations on healthcare manpower are summarized as follows –

- (a) The provision of healthcare services depends on the supply of healthcare professionals. If a shortage is likely to persist for a prolonged period, it is necessary to ensure a steady supply of healthcare professionals to join and serve in the public sector in the short and medium term, while waiting for the long-term measures to take effect. If sufficient manpower is expected for a particular profession, this may not necessarily call for supply adjustment. It may instead better enable us to plan for service enhancement and/or expansion; and
- (b) In the light of the complex dynamism between supply and demand, the supply of healthcare manpower should more appropriately be planned in a cautious and incremental manner. A steady stream of locally-trained graduates with a mix between UGC-funded and, where applicable, self-financing training places would be the most effective way of maintaining the supply for these professionals. Local graduates should be the primary source of supply, supplemented as necessary by qualified non-local ones through established mechanisms in the

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<sup>2</sup> The manpower supply of MLTs and radiographers is projected to be in slight shortage but close to equilibrium. It is projected that there will be sufficient manpower of OTs under existing service levels and models after taking into account the 50 training places provided by TWC each year.

short term.

### ***Five Recommendations on Healthcare Manpower***

9. The five recommendations on healthcare manpower are as follows –

(a) Publicly-funded Healthcare Training

**The Government should consider increasing the number of UGC-funded training places for those disciplines which will still be facing manpower shortage in the medium to long term<sup>3</sup>.**

(b) Self-financing Healthcare Training

**The Government should make better use of the self-financing sector to help meet part of the increasing demand for healthcare professionals as appropriate, notably nurses, OTs, PTs, MLTs, radiographers and optometrists and provide the necessary support to the self-financing sector in terms of infrastructural and funding support.**

**The Government should continue to subsidize the pursuit of study in those healthcare disciplines facing manpower shortage as appropriate, in particular, in the allied health disciplines, under the Study Subsidy Scheme for Designated Professions/Sectors (“SSSDP”)<sup>4</sup> with a view to sustaining the**

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<sup>3</sup> In so doing, consideration should be given to capacity constraints of UGC-funded universities and the need to preserve their flexibility to allocate first-year first-degree (“FYFD”) places to non-healthcare disciplines which also face manpower shortage if the total number of UGC-funded FYFD places should remain unchanged at 15 000 per annum, as well as availability of self-financing programmes.

<sup>4</sup> SSSDP was a pilot scheme announced in the 2014 Policy Address to subsidize about 1 000 students per cohort to pursue designated full-time locally-accredited self-financing undergraduate programmes in selected disciplines for three cohorts of students admitted in the 2015/16 to 2017/18 academic years. SSSDP subsidized a total of 420 nursing training places for the 2015/16 cohort and 480 for the 2016/17 and 2017/18 cohorts. SSSDP subsidises another 32 places of the medical laboratory science and radiography programmes for the 2017/18 cohort.

It has been announced in the 2017 Policy Address that SSSDP would be regularized starting from the 2018/19 academic year with an increased number of subsidized places from about 1 000 to about

healthy and sustainable development of the self-financing higher education sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

(c) Healthcare Manpower in the Public Sector

To address manpower shortage in the short to medium term, **the Hospital Authority (“HA”) should make every effort to retain existing healthcare professionals<sup>5</sup> and attract retired doctors and other healthcare professionals to work in the public sector for an extended period of five years after retirement.**

In a bid to alleviate manpower shortage, **HA should continue to recruit non-locally trained doctors through limited registration.** Subject to the passage of the Medical Registration (Amendment) Bill 2017, the extended period of limited registration to a maximum period of three years will help HA recruit more non-locally trained doctors to ease its doctor shortage problem in the short term.

(d) Non-locally Trained Healthcare Professionals

On the premise of preserving professional standards, the **Boards and Councils should consider suitable adjustments to the current arrangements, including but not limited to those on licensing examinations, internship arrangements, and limited registration (where applicable),** with a view to facilitating qualified non-locally trained healthcare professionals, in particular, those originally from Hong Kong, to practise in Hong Kong.

**More efforts should be made to promote and publicize the registration arrangements overseas with targeted and**

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3 000 per cohort.

<sup>5</sup> HA has already adopted an interim measure to rehire retired healthcare professionals for two years up to 62 on a pilot basis.

**proactive recruitment drive** to attract non-locally trained healthcare professionals, many of whom are Hong Kong citizens or have deep roots here, to come to Hong Kong to practise.

(e) Healthcare Manpower Planning and Projections

**The Government should conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of UGC.**

## **PROFESSIONAL DEVELOPMENT AND REGULATION**

### *Existing Landscape of Professional Development and Regulation in Hong Kong*

10. Healthcare regulation in Hong Kong is operated under the principle of professional autonomy. There are 13 healthcare professions subject to statutory registration, involving eight ordinances and 32 pieces of subsidiary legislation. The Boards and Councils are given statutory power to prescribe the registration requirements to handle and investigate complaints and take disciplinary actions as necessary against registered healthcare professionals. The characteristics of the regulatory regime in Hong Kong are summarized as follows –

(a) Composition and Lay Participation of the Boards and Councils

The Boards and Councils comprise members mainly from the respective healthcare professions, with the rest comprising Government representatives and persons who are not members of the professions under regulation. The lay membership account for about 14% to 50% in various Boards and Councils;

(b) Funding of the Operation of the Boards and Councils

All Boards and Councils are funded by the public purse with secretariat support provided by the Department of Health

(“DH”), and legal services mainly provided by the Department of Justice. The costs involved are partially recovered by fees and charges relating to the registration of healthcare professionals (including licensing examination) collected as stipulated under the respective legislation. The cost recovery rates range from 13% to 100%;

(c) Continuing Professional Education/ Continuing Professional Development (“CPE/CPD”)

CPE/CPD is a mandatory requirement for continuing practice of specialist doctors, specialist dentists and registered CMPs. There are also voluntary CPE/CPD programmes implemented by relevant Boards and Councils for non-specialist doctors, non-specialist dentists, nurses, midwives, chiropractors, OTs, PTs, MLTs, optometrists and radiographers;

(d) Complaint Handling and Disciplinary Inquiry Mechanism

The number of complaint cases received by the Boards and Councils ranges from zero to over 500 each year. The complaint handling time varies among the Boards and Councils, ranging from nine to 72 months for cases requiring inquiry; and

(e) Voluntary, Society-based Regulation for Healthcare Professions not subject to Statutory Registration

At present, the regulation of most healthcare professions not subject to statutory registration in Hong Kong has been achieved through voluntary, society-based registration. Under society-based registration, a professional body administers a registration system and promulgates a list of its members to which members of the public can make reference when choosing certain type of healthcare services. The professional bodies can also formulate relevant codes of practice and encourage their members to pursue continuing professional education and/or development. Some professional bodies also develop disciplinary mechanisms to

safeguard the professional standards of their members.

### ***CUHK's Findings***

11. CUHK has conducted a review of the international literature and a survey of the international practices on the subject of regulation of healthcare professionals. The major findings of CUHK's study are summarized as follows –

- (a) the trend is for more openness and accountability through greater involvement of lay persons in regulatory bodies;
- (b) mandatory continuing professional education/ development has increasingly become the commonly accepted practice;
- (c) changes have been made to the investigatory and disciplinary functions in a regulatory body so as to reduce conflict of interest, perceived or real, in handling complaints including professional misconduct. Investigation and adjudication functions are separated from regulatory bodies in some jurisdictions;
- (d) some jurisdictions are reviewing their measures in attracting healthcare graduates from abroad to help address short-term manpower shortages at home<sup>6</sup>; and
- (e) regulatory bodies usually operate on self-financing basis through fees and charges paid by professionals.

### ***Key Observations***

12. The key observations on professional development and regulation are summarized as follows –

- (a) There is no one-size-fits-all solution, and differences in

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<sup>6</sup> Some jurisdictions have a recognized list of qualified overseas institutions for accepting overseas-trained healthcare professionals. These graduates may need some form of professional assessment before working in healthcare institutions, and some jurisdictions require them to complete a specified period of supervised training in lieu of qualifying or licensing examinations or internship.



regulatory regimes are inevitable because of differences in circumstances. The regulatory regimes among developed economies in the west are converging towards a more modern mechanism with more openness, greater accountability, a more independent and separate complaint investigation and disciplinary inquiry mechanism, and increased emphasis on continuing professional education and development. While Asian jurisdictions tend to follow a more traditional mode of professional self-regulation with strong government oversight, there are signs that efforts are being made to build a more modern regulatory framework; and

- (b) We fully recognize the importance of ensuring stability in professional regulation. Any change proposed must be based on solid grounds that would advance professionalism and are in the interest of maintaining public trust in our healthcare professionals and would advance professionalism.

### ***Five Recommendations on Professional Development and Regulation***

13. The five recommendations on professional development and regulation are as follows –

- (a) Lay Involvement in Boards and Councils

**The Boards and Councils should ensure meaningful lay involvement by, among others, setting a minimum lay membership of 25%.**

- (b) Continuing Professional Education/ Continuing Professional Development

**The Boards and Councils should continue to upkeep the strong professional competency of healthcare professionals through, among others, making continuing professional education and/or continuing professional development a mandatory requirement.** The detailed arrangement should be considered by the respective Boards and Councils in

consultation with their stakeholders. The Boards and Councils should also ensure that there is sufficient training capacity before mandatory CPE/CPD is introduced.

(c) Complaints Investigation and Disciplinary Inquiry Mechanism

**The Boards and Councils concerned should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry**, with a view to minimizing potential conflict of interest and shortening the duration in processing complaints against malpractice or misconduct.

The Secretariats of the Boards and Councils should, where appropriate, strive to provide more user-friendly services by, among others, streamlining the existing administrative procedures.

**The Boards and Councils concerned should, where appropriate, explore the feasibility of using mediation in handling complaints not involving professional misconduct.** As far as cases involving professional misconduct are concerned, mediation is not a solution by itself and cannot replace in total an efficient complaint handling mechanism.

(d) Cost Recovery of the Operations of the Boards and Councils

**The Government should improve cost recovery of the operations of the Boards and Councils.** DH should conduct a comprehensive review of the full costs of each Board and Council, including the legal costs.

(e) Regulation of Healthcare Professions not subject to Statutory Registration

To safeguard public health and ensure patient safety, there is a need to institute a more robust regulatory framework for healthcare professions which are not subject to statutory

regulation e.g. audiologists, clinical psychologists, dietitians, speech therapists. As a start, **a voluntary accreditation scheme should be introduced for healthcare professions not subject to statutory registration.**

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14. The ten recommendations of the Strategic Review are summarized in **Annex C**.

## **WAY FORWARD**

15. Members are invited to note the recommendations of the Strategic Review.

**Food and Health Bureau  
June 2017**

**Annex A**

**Number of University Grants Committee-funded  
First-year-first-degree Healthcare Training Places**

	<b>2005/06- 2008/09</b>	<b>2009/10- 2011/12</b>	<b>2012/13- 2015/16</b>	<b>2016/17- 2018/19</b>
<b>Doctors</b>	250	320	420	470
<b>Dentists</b>	50	53	53	73
<b>Registered Nurses (General)</b>	518-550 for both streams	560	560	560
<b>Registered Nurses (Psychiatric)</b>		30	70	70
<b>Registered Chinese Medicine Practitioners</b>	79	79	79	79
<b>Pharmacists</b>	30	50	80	90
<b>Occupational Therapists</b>	40	46	90	100
<b>Physiotherapists</b>	60	70	110	130
<b>Medical Laboratory Technologists</b>	35	32	44	54
<b>Optometrists</b>	35	35	34	40
<b>Radiographers</b>	35	48	98	110

## Annex B

### **Intake Number of Training Programmes Provided by the Publicly-funded Sector and the Self-financing Sector**

<b>Healthcare Professions</b>	<b>UGC-funded programme (2016/17-2018/19 Triennium)</b>	<b>Self-financing Programme (position as at end 2016)</b>
<b>Doctors</b>	470	N/A
<b>Dentists</b>	73	N/A
<b>Dental Hygienists</b>	N/A	24 (HKU SPACE)
<b>Registered Nurses (General)<sup>Note</sup></b>	685	1 210
<b>Registered Nurses (Psychiatric)<sup>Note</sup></b>	70	125 (OpenU)
<b>Enrolled Nurses (General)</b>	N/A	820 (OpenU, TWC, HKU SPACE Community College, HA and private hospitals)
<b>Enrolled Nurses (Psychiatric)</b>	N/A	60 (OpenU)
<b>Registered Chinese Medicine Practitioners</b>	79	N/A
<b>Pharmacists</b>	90	N/A
<b>Occupational Therapists</b>	100	50 (TWC) [under accreditation by the Supplementary Medical Professions Council]
<b>Physiotherapists</b>	130	N/A
<b>Medical Laboratory Technologists</b>	54	25 (TWC)  72 (HKU SPACE) [alternative year]
<b>Optometrists</b>	40	N/A
<b>Radiographers</b>	110	15 (TWC)
<b>Chiropractors</b>	N/A	N/A

<sup>Note</sup> Figures including UGC-funded senior year intake but excluding conversion programmes

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OpenU - Open University of Hong Kong

TWC - Tung Wah College

Caritas - Caritas Institute of Higher Education

HKU SPACE - The School of Professional and Continuing Education of The University of Hong Kong

**Recommendations  
of the Strategic Review on Healthcare Manpower Planning and  
Professional Development**

**Healthcare Manpower**

(i) Publicly-funded Healthcare Training

The Government should consider increasing the number of University Grants Committee (“UGC”)-funded healthcare training places for those disciplines which will still be facing manpower shortage in the medium to long term.

(ii) Self-financing Healthcare Training

The Government should make better use of the self-financing sector to help meet part of the increasing demand for healthcare professionals as appropriate, notably nurses, occupational therapists, physiotherapists, medical laboratory technologists, radiographers and optometrists and provides the necessary support to the self-financing sector in terms of infrastructural and funding support.

The Government should continue to subsidize the pursuit of study in those healthcare disciplines facing manpower shortage as appropriate, in particular, in the allied health disciplines, under the Study Subsidy Scheme for Designated Professions/Sectors with a view to sustaining the healthy and sustainable development of the self-financing higher education sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

(iii) Healthcare Manpower in the Public Sector

The Hospital Authority (“HA”) should make every effort to retain existing healthcare professionals and attract retired doctors and other healthcare professionals to work in the public sector for an extended period after retirement.

HA should recruit non-locally trained doctors under limited registration more proactively.

(iv) Non-locally Trained Healthcare Professionals

On the premise of preserving professional standards, Boards and Councils should consider suitable adjustments to the current arrangements, including but not limited to those on Licensing Examinations, internship arrangements, and limited registration (where applicable).

The Government should actively promote and publicize the registration arrangements overseas with targeted and proactive recruitment drive to attract non-locally trained healthcare professionals, many of whom are Hong Kong citizens or have deep roots here, to come to Hong Kong to practise.

(v) Healthcare Manpower Planning and Projections

The Government should conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of UGC.

## **Professional Development and Regulation**

(vi) Lay Involvement in Boards and Councils

Boards and Councils should ensure meaningful lay involvement by, among others, setting a minimum lay membership of 25%.

(vii) Continuing Professional Education/ Continuing Professional Development

Boards and Councils should continue to upkeep the strong professional competency of healthcare professionals through, among others, making continuing professional education and/or continuing professional development a mandatory requirement.

(viii) Complaints Investigation and Disciplinary Inquiry Mechanism

Boards and Councils should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry by –

- Boards and Councils concerned should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry, with a view to minimising potential conflict of interest and shortening the duration in processing complaints against malpractice or misconduct;
- The Secretariats of Boards and Councils should, where appropriate, strive to provide more user-friendly services by, among others, streamlining the existing administrative procedures; and
- Boards and Councils concerned should, where appropriate, explore the feasibility of using mediation in handling complaints not involving professional misconduct.

(ix) Cost Recovery of the Operations of the Boards and Councils

The Government should improve cost recovery of the operations of Boards and Councils.

(x) Regulation of Healthcare Professions not subject to Statutory Registration

The Government should introduce an accreditation scheme for healthcare professionals which are not subject to statutory registration.