

立法會
Legislative Council

LC Paper No. CB(4)1722/20-21
(These minutes have been seen by
the Administration)

Ref : CB4/PL/HS

Panel on Health Services

**Minutes of special meeting by videoconferencing held on
Wednesday, 24 March 2021, at 9:00 am**

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)
Hon Abraham SHEK Lai-him, GBS, JP (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Kin-por, GBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon YIU Si-wing, BBS
Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP
Hon Alice MAK Mei-kuen, BBS, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, SBS, JP
Hon SHIU Ka-fai, JP
Dr Hon Pierre CHAN
- Members absent** : Dr Hon CHENG Chung-tai
- Public Officers attending** : Agenda item I
Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Ms Shirley KWAN
Deputy Secretary for Food and Health (Health) 3

Mr Chris FUNG
Principal Assistant Secretary (Health) 3
Food and Health Bureau

Other representative

Dr Janice Mary JOHNSTON
Associate Professor, Deputy Director (Education) and
Division Head
Division of Health Economics, Policy and Management,
School of Public Health
The University of Hong Kong

Clerk in attendance : Mr Colin CHUI
Chief Council Secretary (4)3

Staff in attendance : Ms Macy NG
Senior Council Secretary (4)3

Ms Peggy CHUNG
Council Secretary (4)3

Miss Ariel SHUM
Legislative Assistant (4)3

Ms Denise LAU
Clerical Assistant (4)3

Action

I. Healthcare manpower projection
[LC Paper Nos. CB(4)600/20-21(05) to (06)]

At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the updates of the study on Healthcare Manpower Projection ("the projection exercise") being conducted by The University of Hong Kong ("HKU"). Associate Professor, Deputy Director (Education) and Division Head, Division of Health Economics, Policy and Management, School of Public Health, HKU then conducted a PowerPoint presentation on the projection, details of

which were set out in Annex C to the Administration's paper (LC Paper No. CB(4)600/20-21(05)).

Overview of healthcare manpower planning

2. In response to Mr YIU Si-wing's enquiry about whether the Administration and/or the Hospital Authority ("HA") had conducted annual review of the manpower of Hong Kong's public healthcare service, SFH advised that HA had reviewed their manpower of healthcare professionals and implemented various measures to solve the manpower shortages in short-, medium- and long- term.

3. Noting that additional bed spaces would be provided upon completion of all the projects under the 10-year Hospital Development Plan, Mr POON Siu-ping asked how the Administration would deal with the insufficient healthcare personnel to meet the healthcare manpower needs arising from the enhanced facilities and what would be the plan to increase training places. SFH advised that the Administration and HA would keep implementing various human resources measures to alleviate the shortage of manpower.

4. Mr LEUNG Che-cheung opined that the Administration should widen the scope of public-private partnership to relieve the workload of public hospitals and utilize the resources in the private sector.

5. In response to Mr SHIU Ka-fai's enquiry, SFH advised that the first report on healthcare manpower planning was released in 2017, which had indicated manpower shortage in various healthcare disciplines. The manpower planning and projections for healthcare professionals were conducted once every three years to update the demand and supply projection. SFH said that the manpower shortage of doctors and nurses had worsened throughout the years due to the increasing demand for services.

6. Dr CHIANG Lai-wan expressed disappointment to the projection exercise as she opined that the Administration should set a target ratio of the number of doctors per capita as an indicator for more accurate manpower projection. Dr CHIANG also opined that the projection of manpower of doctors should include various specialties (e.g. ophthalmology).

7. In reply to the enquiries of Mr POON Siu-ping and Dr CHIANG Lai-wan, SFH advised that the manpower projection for specialist doctors was being conducted by HKU and was anticipated to be completed within 2021.

8. Mr SHIU Ka-fai asked whether the Administration had communicated with local universities on the provision of healthcare training places to avoid a mismatch between the demand for and supply of manpower in various healthcare professions. SFH advised that the Administration would continue to discuss with the universities concerned how to enhance their teaching facilities to cope with any increase in University Grants Committee ("UGC")-funded healthcare training places or adjust the number of training places for some disciplines with a projected surplus. At the request of Mr SHIU, SFH undertook to provide the relevant manpower data of the base year (i.e. 2017) on which the healthcare manpower projection model had been developed by HKU.

(Post-meeting note: The relevant manpower data was provided to members on 12 April 2021 vide LC Paper No. CB(4)749/20-21(01).)

9. SFH further advised that about 70% of primary healthcare services were provided by the private sector, while over 90% of in-patient services were provided by public hospitals. The Administration would implement a number of measures to step up primary healthcare services and enhance the collaboration between the private sector and the public sector in order to relieve the workload of HA.

Manpower of doctors

10. Mr YIU Si-wing asked what percentage of the shortfall of doctors in the public sector would be expected to be filled by the proposed legislation for admission of non-locally trained doctors who were permanent residents of Hong Kong. Mr LEUNG Che-cheung and Mr Tommy CHEUNG shared a similar concern that if non-locally trained doctors to be admitted under the proposed legislation must be Hong Kong permanent residents, the number of which would be limited and far below demand. The Chairman called on the Administration to relax the restriction to attract more non-Hong Kong permanent residents who were qualified to practise in Hong Kong. Mr SHIU Ka-fai expressed support to the proposal for admission of more qualified non-locally trained doctors to practise in the public sector of Hong Kong.

11. Mr Tommy CHEUNG cast doubt on the accuracy of the projection and considered that Hong Kong's per capita doctor ratio was far below other places and the waiting time for various public healthcare services in recent years was unduly long. The Chairman also opined that the manpower shortages of doctors and nurses shown in the projection results were underestimated.

12. SFH advised that Hong Kong had 2 doctors per 1 000 persons and such ratio was lower than that of Singapore, Australia, the United Kingdom and the United States. For retaining HA doctors, the Administration had provided additional resources to HA to upgrade posts of their doctors, rehire retired doctors, recruit part-time doctors and provide a special allowance for extra work done by doctors. About 60 to 70 HA doctors were rehired after retirement each year. The Administration had set up a platform to engage representatives from various professional bodies to discuss feasible options for increasing the supply of doctors. HA had also provided incentives and promotion prospects to attract more doctors admitted under the Limited Registration Scheme to work in HA.

13. SFH further advised that the shortage of doctors could not be solved by the existing measures as the waiting time of specialties services in HA remained extremely long. Thus, the Administration proposed to create a new pathway for admission of non-locally trained doctors who were Hong Kong permanent residents to practise in Hong Kong.

14. SFH added that the Administration had increased the number of medical training places in the two local medical schools each year from some 200 previously to some 500 currently, which represented an increase of more than one-fold, to increase the supply of locally trained doctors. The Administration would further increase the number of medical training places for the next triennium. SFH advised that the Administration was making efforts to retain doctors and increase manpower in the public healthcare system through various means. The Administration had also worked closely with the Hong Kong Academy of Medicine to ensure that sufficient specialist training places would be available for graduates of medical schools.

15. In response to Mr Tommy CHEUNG's enquiry, SFH clarified that the Chinese language requirement was not the prerequisite for recruiting doctors under the Limited Registration Scheme in some specialties, e.g. anesthesiology, pathology and radiology. SFH added that the Chinese language requirement was necessary for those specialists who were required to have frequent communication with patients. Mr CHEUNG suggested that translation service should be provided (e.g. by medical students) for those non-locally trained doctors who could not communicate in Chinese.

16. Mrs Regina IP supported importing medical professionals to meet the shortfall of manpower. She opined that the management of HA and unfair resource allocation and the discontentment of young doctors against the

management were some of the reasons for the wastage of HA doctors. Mrs IP urged the Administration to formulate long-term solutions to improve the management of HA. In that regard, SFH advised that the Administration had regular meetings with HA to discuss their manpower situation and resource allocation. The Administration would work closely with the management of HA to improve the working environment.

17. Mr Michael TIEN opined that the existing Limited Registration Scheme for non-locally trained doctors to practise in Hong Kong was effective and flexible. He considered that the manpower shortage in the public sector could not be tackled if the non-locally trained doctors admitted through the Administration's relevant proposed legislation were allowed to work in the private sector after having worked in the public sector for five years. He also opined that the new pathway might discourage local students to attend local medical schools. In this regard, the Chairman opined that the proposal could provide an incentive for non-locally trained doctors to practise in Hong Kong.

18. SFH advised that the proposed new pathway would provide an alternative route for non-locally trained doctors to practise in Hong Kong, apart from the existing Limited Registration Scheme. To tackle the manpower shortage in the public sector, SFH said that doctors admitted through the new pathway would be required to work in full-time employment in any of the public healthcare institutions for at least five years after obtaining the specialist qualification.

Manpower of nurses

19. Mr YIU Si-wing enquired how the Administration would address the shortage of nurses and Mr Tommy CHEUNG expressed concern about the shortage of nursing manpower at acute hospitals. The Chairman called on the Administration to take measures to retain nurses in HA.

20. SFH agreed that there was a shortage of nursing manpower, in particular during the influenza season. The Administration had increased the UGC-funded and self-financing training places of nursing to about 3 000 per year. HA had also sponsored enrolled nurses to undertake registered nurses conversion programmes. Measures such as rehiring retired nurses, recruiting part-time nurses and providing special allowances for extra work had been taken to alleviate the manpower shortage. SFH said that the wastage rate of nurses was relatively high, as compared with that of doctors. HA had made efforts to retain nursing staff, especially the experienced and specialist nurses. HA had also increased senior nursing posts to enhance the career prospects and retain the manpower.

21. In response to Mr CHAN Kin-por's enquiry on whether the Administration would consider deploying midwives to perform general nursing duties if there were a surplus in manpower of midwives, SFH advised that most of the midwives in Hong Kong were registered nurses. The workload of the midwifery work in the eight HA hospitals providing obstetrics services was heavy at present. The Administration would review the manpower of midwives from time to time.

Manpower of Chinese Medicine Practitioners

22. Mr CHAN Kin-por said that there was a surplus of Chinese medicine practitioners. He asked whether the Administration had plans for enhancement of the Chinese medicine services, in particular in the area of preventive treatment. The Chairman opined that the Administration should adjust the number of training places of Chinese medicine practitioners in response to the surplus.

23. SFH advised that the Administration was committed to promoting the development of Chinese medicine in Hong Kong. She said that preparation for the commissioning of the Chinese Medicine Hospital was in progress. In addition, the quota of the 18 Chinese Medicine Clinics cum Training and Research Centres had been doubled to provide inexpensive out-patient Chinese medicine services to members of the public. The operation of integrated Chinese-Western medicine in HA was continuously enhanced. With the launch of the \$500 million Chinese Medicine Development Fund, SFH said that there would be a positive impact on the development of Chinese medicine in Hong Kong. Also, Chinese medicine treatment against COVID-19 was introduced at the Community Treatment Facility at AsiaWorld-Expo.

(At 10:29 am, the Chairman extended the meeting for 15 minutes, so that the meeting could end not later than 10:45 am. At 10:45 am, members agreed to the Chairman's suggestion to further extend the meeting for 10 minutes, so that the meeting could end not later than 10:55 am.)

Other concern

24. In response to Dr CHIANG Lai-wan's concern about the governance of HA, SFH advised that the Government of the last term had conducted a review of HA governance and provided a series of suggestions on its management. SFH added that there were about 40 doctors performing management work in HA at the time

Admin of review. At the request of Dr CHIANG, SFH undertook to provide the report on corporate governance of HA.

II. Any other business

25. There being no other business, the meeting ended at 10:54 am.

Council Business Division 4
Legislative Council Secretariat
9 November 2021