



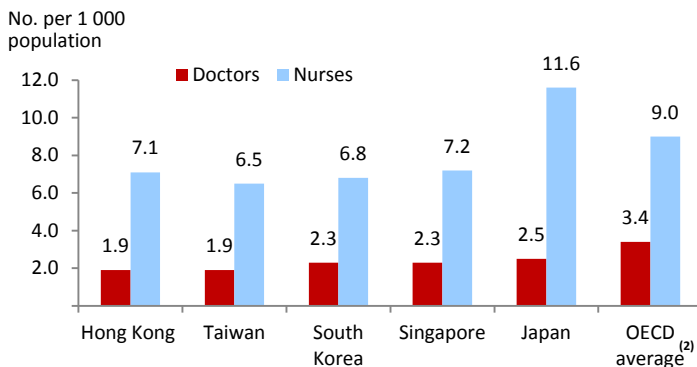
Healthcare workforce

Figure 1 – Waiting time for public healthcare services

	2013-2014	2017-2018	Change
Average waiting time for accident and emergency services⁽¹⁾			
Overall semi-urgent patients	1 h 46 m⁽²⁾	1 h 54 m	+ 8 m
- Prince of Wales Hospital	2 h 54 m	3 h 29 m	+ 35 m
- Tuen Mun Hospital	2 h 29 m	2 h 49 m	+ 20 m
- United Christian Hospital	2 h 2 m	2 h 48 m	+ 46 m
Overall non-urgent patients	2 h 4 m	2 h 7 m	+ 3 m
- United Christian Hospital	3 h 4 m	3 h 48 m	+ 44 m
- Prince of Wales Hospital	2 h 43 m	3 h 13 m	+ 30 m
- Tuen Mun Hospital	2 h 41 m	3 h 2 m	+ 21 m
Waiting time for new case bookings for 90th percentile of routine cases of public specialist out-patient services			
Medicine	1 y 23 wk ⁽³⁾	1 y 50 wk	+ 27 wk
Psychiatry	1 y 36 wk	1 y 48 wk	+ 12 wk
Ophthalmology	1 y 17 wk	1 y 43 wk	+ 26 wk
Gynaecology	1 y 25 wk	1 y 31 wk	+ 6 wk

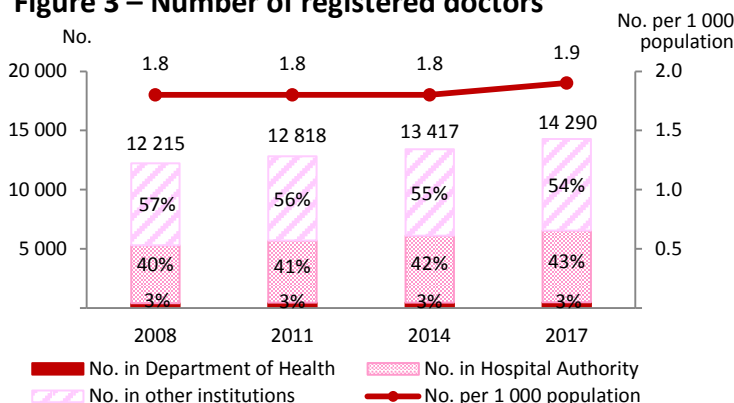
Notes: (1) Figures for 2017-2018 are as at 31 December 2017.
 (2) "h" refers to hour(s) and "m" refers to minutes.
 (3) "y" refers to year and "wk" refers to weeks.

Figure 2 – Number of medical professionals⁽¹⁾ per 1 000 population in 2016



Notes: (1) Figures for Hong Kong and Singapore refer to the number of registered medical professionals while figures for other places refer to the number of practitioners.
 (2) Figures refer to the average of the member countries of OECD in 2015.

Figure 3 – Number of registered doctors



Highlights

- With the ageing of the population in Hong Kong, there has been a growing demand for public healthcare services. Between 2013-2014 and 2016-2017, the number of attendances of public primary care and specialist out-patient services increased by 5% and 8% respectively. Yet, shortage of manpower in the public healthcare sector has undermined its capacity to cope with the growing service demand and to deliver timely services to patients.
- Probably reflecting the tight manpower capacity, the average waiting time for public accident and emergency ("A&E") services and specialist out-patient services has increased in the past few years. For certain public hospitals such as the Prince of Wales Hospital, Tuen Mun Hospital and United Christian Hospital, the average waiting time for A&E services was particularly long and increased by some 20 to 40 minutes for both semi-urgent and non-urgent patient categories between 2013-2014 and 2017-2018 (Figure 1). For specialist out-patient services, the waiting time for new case bookings for the 90th percentile of routine cases had also increased by over 25 weeks for some specialties such as medicine and ophthalmology.
- In 2016, Hong Kong had 1.9 registered doctors and 7.1 registered and enrolled nurses per 1 000 population. These figures compared unfavourably with those of other Asian places such as Singapore and Japan, and were lower than the average figures of the member countries of the Organisation of Economic Co-operation and Development ("OECD") (Figure 2).
- Indeed, over the 10-year period from 2008 to 2017, the number of registered doctors in Hong Kong had increased by 17% to 14 290 (Figure 3). The increase, however, has not sufficiently met the rising service demand as reflected by the marginal improvement in the doctor-to-population ratio from 1.8 to 1.9 per 1 000 population. While the proportion of the registered doctors working in the Hospital Authority ("HA") had been rising, according to the Government, there had still been an annual shortage of around 300 doctors in HA between 2013-2014 and 2017-2018.

Healthcare workforce (cont'd)

Figure 4 – Number of registered and enrolled nurses

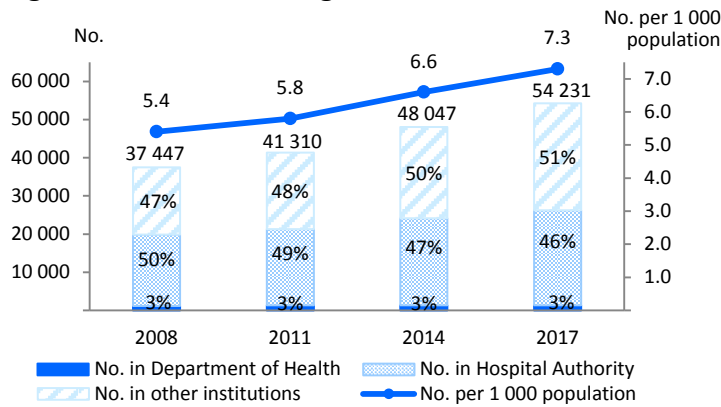


Figure 5 – Attrition rate of full-time doctors in the Hospital Authority by rank of doctors

Rank	2013		2017	
	No. of doctors	%	No. of doctors	%
Consultant	40	5.8	61	8.4
SMO/AC ⁽¹⁾	65	4.0	125	7.2
MO/R ⁽²⁾	86	3.0	128	4.5
Total	191	3.7	314	5.9

Notes: (1) SMO/AC refers to the rank of Senior Medical Officer/Associate Consultant.

(2) MO/R refers to the rank of Medical Officer/Resident.

Figure 6 – Attrition rate of full-time doctors in the Hospital Authority by specialties

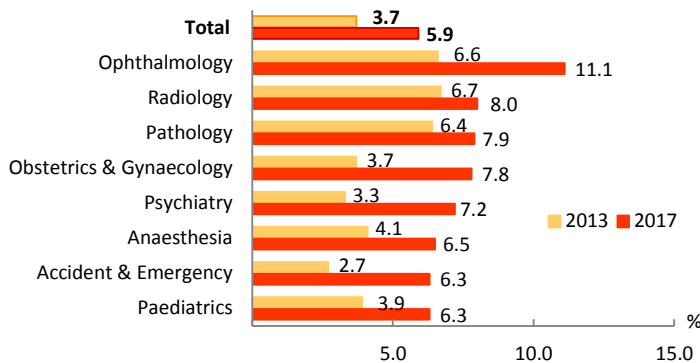


Figure 7 – Number of UGC-funded healthcare training places

Academic year	2009-2010 to 2011-2012	2012-2013 to 2015-2016	2016-2017 to 2018-2019
Doctors	320	420	470
Registered nurses	590	630	630

Highlights

- In contrast, the number of registered and enrolled nurses had markedly increased by 45% between 2008 and 2017, probably due to the increase in nursing training places over the years, particularly for places offered in the self-financing sector. The increase in manpower supply of nurses to over 54 200 had led to a noticeable increase in the nurse-to-population ratio from 5.4 to 7.3 per 1 000 population during the period (Figure 4). Nonetheless, the proportion of nurses working in HA had contracted to 46% and there was still a manpower shortfall of 400 nurses in HA in 2017-2018.
- The strained manpower situation of HA has been aggravated by the increase in attrition rate of full-time doctors which reached 5.9% in 2017 (Figure 5). A total of 314 full-time doctors left HA in 2017, of which 61 or 19% were consultants, and 125 or 40% were senior medical officers/associate consultants. The median length of experience of these two groups of doctors was 23.9 years and 14.6 years respectively. Specialties of doctors having a higher attrition rate included ophthalmology, radiology, pathology, and obstetrics & gynaecology (Figure 6).
- The Government has addressed the shortage of doctors by increasing the number of University Grants Committee-funded ("UGC-funded") training places from 320 in the 2009-2010 to 2011-2012 triennium to 470 in the 2016-2017 to 2018-2019 triennium (Figure 7). According to the Chief Executive's 2018 Policy Address, the Government will further increase the number of training places by 60 in the 2019-2020 to 2021-2022 triennium. Besides, HA has raised the retirement age of new recruits from 60 to 65 since June 2015, and rehired a total of 61 retired doctors in 2015-2016 and 2016-2017. Regarding the measure to employ non-locally trained doctors with limited registration to practise in HA, only 12 non-local doctors were working in HA under such an arrangement as at July 2018.

Data sources: Latest figures from Census and Statistics Department, Food and Health Bureau, Hospital Authority, Organisation for Economic Co-operation and Development and statistics bureaux/departments of overseas places.

Research Office
Information Services Division
Legislative Council Secretariat
2 November 2018
Tel: 3919 3582

Statistical Highlights are compiled for Members and Committees of the Legislative Council. They are not legal or other professional advice and shall not be relied on as such. Statistical Highlights are subject to copyright owned by The Legislative Council Commission (The Commission). The Commission permits accurate reproduction of Statistical Highlights for non-commercial use in a manner not adversely affecting the Legislative Council, provided that acknowledgement is made stating the Research Office of the Legislative Council Secretariat as the source and one copy of the reproduction is sent to the Legislative Council Library. The paper number of this issue of Statistical Highlights is ISSH05/18-19.