

**Submission to Panel on Health Services**

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

**By Dr Veronica Wai**

Being a member of the healthcare profession, I understand the plights of manpower shortfall among both the profession and the community. They have been urging for an increase in healthcare manpower substantially and in a sustainable manner for many years. Frankly, the strategic review should have been conducted and completed much earlier to alleviate the plights, especially in the public healthcare sector.

Before focusing on the recommendations in the review, I would like to also underscore the importance of three key success factors in realizing the recommendations. They are (a) government resources commitment, (b) partnership with the healthcare profession, as well as (c) safeguarding or even raising the professional standards Hong Kong has long been proud of.

My comments on the recommendations are as follow:

**Recommendations on Healthcare Manpower**

(1) Comments on Healthcare Manpower in the Public Sector (*Recommendation 3*)

- a) I agree to the suggestion for the Hospital Authority (HA) to retain existing healthcare professionals and attract retired doctors and other healthcare professionals to be re-employed.
- b) As for employment of non-locally trained doctors who are under limited registration, I suggest introducing a “1+3” employment arrangement. HA should offer a one-year first contract for a new applicant who satisfies all the employment requirements. After the first contract, they can be offered a contract extension for every three years provided HA is satisfied with his service. This measure will offer both flexibility and proper control for HA to take in and retain non-locally trained doctors within the public service according to their performance and manpower demand as time goes by.

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

- (2) Comments on Disciplinary Mechanism (duration of complaint handling and disciplinary inquiry mechanism) (*Study by The Chinese University of Hong Kong: findings 4.3.5*)

I suggest introducing a pledge of 12 months for processing cases requiring inquiry by the Medical Council of Hong Kong (MCHK). It is misleading for the Government to imply that the inquiry processing will be increased by a mere increase of lay membership. The solution lies in extending the number of Preliminary Inquiry Committee (PIC) from “1 committee” (as so stipulated in the legislation as PIC is in singular) to become “many committees” (PICs in future), subject to the actual needs for processing the accumulated cases for preliminary inquiry.

- (3) Comments on Continuing Professional Education / Continuing Professional Development (*Recommendation 7*)

I agree to upkeep the strong professional competency of all medical professionals by continuing professional education / continuing professional development (CPE/CPD). Meanwhile, I concur that the Boards and Councils should ensure there is sufficient training opportunity before mandatory CPE/CPD for all is introduced.

Dr Veronica Wai