

Panel on Health Services
March 8th, 2019

**Views on manpower situation of the Hospital Authority-
Submission of Our Hong Kong Foundation**

Panel Members,

Thank you for this opportunity to make a few remarks on behalf of Our Hong Kong Foundation (OHKF).

OHKF is delighted to be a part of the Panel on Health Services' discussion on the corporate and manpower situation of the Hospital Authority (HA). OHKF has actively been advocating for the need to improve our ailing health system to make it fit for purpose in the 21st century. In November 2018, OHKF launched a policy research report that looks into how Hong Kong's health system can prepare and adapt in the face of (a) an ageing population and (b) the growing burden of chronic diseases that have become more prevalent among younger generations (our report can be downloaded from:

https://ourhkfoundation.org.hk/sites/default/files/media/pdf/ohkf_research_report_digital_120_1.pdf). Our report looks into the complex system-wide changes that need to be developed, designed and implemented in Hong Kong, and we advocate for moving towards a primary care-led integrated person-centred health system that adequately meets the healthcare needs of our population.

Amidst the many challenges faced by our health system, the issue of shortage in doctors remains unresolved and has recently resurfaced in the public arena causing widespread concern. The current situation is dire. In 2017, our population of close to 7.4 million people was served by 14290 fully registered doctors, equating to having approximately 1.9 doctors for every 1000 people in Hong Kong¹. This number is well below the Organisation for Economic Co-operation and Development (OECD) average of 3.4, and we lag behind international peers including the UK (3.7) and Singapore (2.4)². In other words, Hong Kong needs to have an addition of approximately 12985 and 3376 doctors in order to catch up with the ratio in the UK and Singapore, respectively. Worthy of particular attention is the enormous burden placed on our public hospital system and the overworked doctors serving it. The HA provided approximately 80%³ of inpatient hospital services throughout recent years but only had a close to 50%⁴ share of active doctors in Hong Kong to provide services. The situation is worsened by the increasing attrition rate observed among HA fulltime doctors that peaked an average of 5.9% in 2017-18⁵.

¹ Health Facts of Hong Kong (2018 Edition); Hong Kong in Figures (2018 Edition).

² HKSAR Food and Health Bureau; OECD data; Yearbook of Statistics, Singapore. Note: calculated based on number of doctors with full registration in the UK and doctors with full/conditional/temporary in Singapore. Note: Singapore ratio represents *number of doctors in Singapore per 1000 total population*.

³ Hong Kong Annual Digest of Statistics, Census and Statistics Department.

⁴ Department of Health 2015 Manpower Survey.

⁵ Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2018-19, HKSAR Food and Health Bureau.



Scattered efforts have been made to address the shortage in doctors, albeit evidently, with limited effectiveness. It is our view that due consideration needs to be given to evaluating the supply of healthcare manpower and specifically, becoming more receptive towards augmenting the role of foreign-trained doctors in our public healthcare system.

As of now, two pathways exist that allow for foreign-trained doctors to practice in Hong Kong. The first is through obtaining *limited registration* which as the name suggests, allows well-qualified doctors who have been selected for employment to directly practice at *limited venues* (generally at the Hospital Authority, Department of Health, or medical schools at the University of Hong Kong and the Chinese University of Hong Kong) for a *limited* duration of 3 years (with potential for renewal for another 3 years). Doctors applying through this path are not required to sit the Licensing Examination but they also *do not* naturally progress to full registration. This contrasts with a clear progression track leading to full registration for ‘non-exam’ pathways observed in other jurisdictions. As an example, in Singapore, a ‘non-exam’ temporary registration that allows performance of procedures on patients in public or private settings may be granted to visiting experts for a set duration. However, well-qualified and experienced foreign-trained doctors also have the option to apply for *conditional* registration, undergo supervised practice in public or private settings for a minimal of 2 years before being considered for *full* registration without sitting a licensing examination. Less experienced medical graduates with an approved primary qualification from 28 jurisdictions (including qualifications from the University of Hong Kong and the Chinese University of Hong Kong)⁶ could apply for *provisional* registration for employment as a ‘Postgraduate Year 1 *trainee*’ to complete a 12-month internship at an approved hospital in Singapore before becoming eligible for *conditional* and eventually *full* registration without sitting a licensing examination. As a result, as at 31st December 2017, doctors practicing through limited registration in Hong Kong made up just close to 1% of our medical practitioner workforce^{5, 7} while in Singapore, foreign-trained doctors made up approximately 40% of the medical practitioner workforce⁸.

On a separate track, individuals who wish to be considered for *full registration* to practice in Hong Kong must pass the 3-part Licensing Examination and complete a 12-month period of assessment in approved hospitals. This evidently is no easy way out- in 2016, the pass rate for part 1 of the exam was an average of 12% across two sittings⁹, and only 60 individuals were successfully registered through this route¹⁰. Less stringent examination criteria are observed elsewhere. For example, to be considered for general registration in Australia, international medical graduates could opt for taking the ‘Standard pathway’ and are required to pass just a 2-

⁶ List of Registrable Basic Medical Qualifications- the “Second Schedule”, Singapore Medical Council.

⁷ *Note*: some individuals in our medical professional workforce have medical qualifications of recognised Commonwealth countries and were recognised for registration by MCHK before September 1996. From that time, foreign-trained doctors (apart from those registered under the transitional provision detailed in section 35 of the Medical Registration Ordinance) must pass the MCHK-administered Licensing Examination and complete an internship assessment before they become eligible for full registration to practice in Hong Kong.

⁸ Singapore Medical Council Annual Report 2017.

⁹ Licensing Examination Information Portal, The Medical Council of Hong Kong.

¹⁰ Strategic Review on Healthcare Manpower Planning and Professional Development Report (2017), HKSAR Food and Health Bureau.



part exam of the Australian Medical Council (AMC). Unlike Hong Kong, English proficiency does not necessitate examination but could instead be demonstrated in a variety of ways, including satisfactory International English Language Testing System (IELTS) results. Examination pass rates are also more encouraging (58.5% across four sittings of the part 1 MCQ exam in 2016-17; also in 2016-17, 597 individuals successfully qualified for the AMC certificate that together with 12 months of supervised practice, make them eligible for general registration¹¹), possibly at least partly attributable to the comparatively more detailed and accessible examination resources and reference material. Importantly, internship experience is not a listed exam prerequisite contrasting to Hong Kong where examination eligibility requires the applicant to have “5 years fulltime medical training” that “includes a period of fulltime internship resident in a hospital”¹²- a potential barrier for individuals who graduate from medical courses that do not offer relevant experience. To enhance the motivation of more foreign-trained doctors to practice in Hong Kong, examination prerequisites, ways to demonstrate language proficiency and availability of comprehensive resources for examination preparation should be reviewed. Also worthy of consideration is the relaxation of examination and post-examination internship requirements for doctors who are already well-qualified with ample clinical experience seeking full registration in Hong Kong.

It is in the best interest of our crippling public health system and for the wellbeing of our healthcare workforce and our citizens that we must tackle the limited attractiveness of working as a doctor in local public hospitals. To that end, as we continue our efforts in enhancing our health system, there is an imminent need to review the procedures currently in place to encourage the uptake of more well-qualified foreign-trained doctors to join our healthcare workforce, particularly to serve in our public hospitals. This is not the only solution nor do we claim it to be the best, but it is an important one so that we can move our health system forward from one that is plagued by chronically overloaded inpatient wards manned by chronically overworked doctors in public hospitals.

Thank you again for your time and we look forward to further discuss.

Sincerely,

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¹¹ Australian Medical Council Limited Annual Report 2017.

¹² Guidelines 1- Eligibility to Take Licensing Examination, The Licentiate Committee of The Medical Council of Hong Kong.