

中華人民共和國香港特別行政區政府總部食物及衞生局

Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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30 June 2021

Clerk to Subcommittee
(Attn: Ms Natalie YEUNG)
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Road
Central
Hong Kong

Dear Ms YEUNG,

Bills Committee on Medical Registration (Amendment) Bill 2021

List of follow-up actions required of the Administration arising from discussion at meeting on 23 June 2021

Further to the Bills Committee meeting on 23 June 2021, the requested supplementary information is provided at **Enclosure**.

Yours sincerely,

(Mr Ricky WU) for Secretary for Food and Health

Bills Committee on Medical Registration (Amendment) Bill 2021

List of follow-up actions required of the Administration arising from discussion at meeting on 23 June 2021

The Government's responses are as follows –

(a) The attrition rates of full-time doctors in HA in the past five financial years are tabulated below:

Financial Year	2016-17	2017-18	2018-19	2019-20	2020-21
Attrition rate of	5.1%	5.8%	6.4%	5.4%	4.1%
full-time doctors					

Notes:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
- (2) Since April 2013, attrition (wastage) of HA's full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition Rate (Wastage) and Part-time Attrition (Wastage) Rate respectively.
- (3) Attrition (Wastage) Rate = (Total no. of staff who left HA in the relevant 12 months / Average strength in the relevant 12 months) x 100%.
- (4) Doctors exclude Interns and Dental Officers.
- (b) HA has implemented a series of measures to attract and retain doctors, including
 - (i) Recruiting local medical graduates: The number of Resident Trainee posts has been increased to recruit and provide specialist training for all qualified local medical graduates;
 - (ii) Recruiting non-locally trained doctors: Apart from the recruitment of doctors with full registration, including locally trained medical graduates from the two medical schools in Hong Kong and non-locally trained doctors who have passed the Licensing Examination of the Medical Council of Hong Kong ("MCHK"), HA is also recruiting non-locally trained doctors without full registration so as to alleviate the heavy workload of frontline doctors. Since 2011-12, HA has resorted to recruit non-locally trained doctors under limited registration ("LR"). Upon the enactment of the Medical Registration (Amendment) Ordinance 2018, the validity period of LR has been extended from one year to three years. HA has correspondingly extended its contract

- period applicable to LR doctors to a maximum of three years for enhancing attractiveness;
- (iii) Re-employment after retirement: Since 2015-16, HA rehires suitable serving doctors upon their retirement at normal retirement age or completion of contract, so that they can continue to perform full-time clinical duties in public hospitals, thereby alleviating manpower shortage and facilitating staff training and knowledge transfer. In addition to the Special Retired and Rehire Scheme, retiring/retired staff may also re-join HA through the normal recruitment and selection process to fill existing vacancies;
- (iv) <u>Continuous recruitment of part-time doctors</u>: HA continues to recruit part-time doctors and introduces further flexibility in its recruitment strategies, including the setting up of the Locum Office;
- (v) <u>Special Honorarium Scheme ("SHS")</u>: HA continues to implement SHS as appropriate in order to address the issue of short-term manpower constraint and meet service demand;
- (vi) Creating more promotion opportunities: A centrally co-ordinated additional Associate Consultant ("AC") Promotion Mechanism has been launched since 2011-12 to recognise meritorious doctors who have served in HA for five years or more after obtaining fellowship. To further enhance the promotion opportunities of doctors, HA has also introduced additional measure, targeting at the serving ACs for promotion to Consultant rank, for retention of expertise;
- (vii) <u>Better training opportunities</u>: More training courses and overseas training opportunities have been provided for doctors, and simulation training has also been enhanced to support professional development;
- (viii) Flexible work arrangements: HA is introducing more flexible options in work arrangements to cater for the needs of its staff while retaining experienced hands and meeting the operational needs without compromising service quality and safety, such as providing special arrangement for existing full-time frontline professional staff with temporary special needs and on compassionate grounds (e.g. health or family reasons) to work fractionally for a fixed period of time and resume their full-time duties thereafter; and

- (ix) Fixed Rate Honorarium ("FRH") for doctors: To give recognition to the contribution of doctors who are required to work consistently long hours by nature of their duties in order to maintain adequate medical service for patients, HA grants FRH to eligible doctors on a monthly basis. To boost staff morale, HA has further increased the rate of FRH starting from April 2019.
- (c) According to the information available at the Singapore Ministry of Health's website, there were 9 030 public doctors and 4 439 non-public doctors in Singapore in 2019. The public to private doctors' ratio was thus around 2:1. We do not have readily available information on the public-private doctors' ratio in Japan.
- (d) If the shortage of doctors stated in the Healthcare Manpower Projection 2020 could be solved, the expected per capita doctor ratio in Hong Kong is provided below –

e.	Year	Year	Year	Year
0	2025	2030	2035	2040
Projected number of doctors (Note 1)	15 622	16 610	17 792	18 701
(a)	-			
Shortage of doctors stated in	1 345	1 610	1 700	1 949
the Healthcare Manpower			*	
Projection 2020				
(b)				
Total number of doctors if	16 967	18 220	19 492	20 650
the shortage of doctors could				
be solved			## ## ## ## ## ## ## ## ## ## ## ## ##	
(c) = (a)+(b)				
Hong Kong population (Note 2)	7.77	7.92	8.05	8.10
1904 100 100	million	million	million	million
Expected per capita doctor	2.18	2.30	2.42	2.55
ratio (per 1 000	t.		<u>R</u>	
population) if the shortage	34 T			
of doctors could be solved			8	

Notes:

⁽¹⁾ Projected numbers of doctors are from the Healthcare Manpower Projection 2020.

⁽²⁾ Figures of the Hong Kong population are from the Census and Statistics Department.