

**For discussion on
5 February 2021**

Legislative Council Panel on Health Services

Proposal for Admission of Non-locally Trained Doctors

PURPOSE

This paper briefs Members on the proposed legislative framework for admission of more qualified non-locally trained doctors to practise in the public sector of Hong Kong.

BACKGROUND

Severe Shortage of Doctors

2. Over the years, Hong Kong has been facing a serious shortfall of doctors. This could be fully reflected by its per capita doctor ratio, which lags behind other advanced economies. Currently, Hong Kong has a ratio of two doctors per 1 000 population, far below the ratio in Singapore (2.5), Japan (2.5), the United States (2.6), the United Kingdom (3.0) and Australia (3.8).

3. According to the “Healthcare Manpower Projection 2020”¹ (with 2017 as the base year for projection) conducted by the Food and Health Bureau (FHB), there will be a continuous shortage of doctors in the long term in the light of the projection of healthcare needs with regard to demographic changes. The projected shortfall of doctors in 2030 and 2040 will be 1 610 and 1 949 respectively.

4. The shortage of doctors is particularly acute in the public sector. According to the “Healthcare Manpower Projection 2020”, currently (i.e. in 2020) there are a shortfall of 660 and 49 specialists and specialists-to-be in the Hospital Authority

¹ The Food and Health Bureau plans to announce the figures in the first quarter of 2021.

(HA) and the Department of Health (DH) respectively. The projected manpower shortage of HA and DH in 2030 and 2040 will be 800 and 51, 960 and 51 respectively.

Long Waiting Time of Specialty Services in the Public Sector

5. The shortage of doctors is the main cause for the long waiting time of specialty services in HA and DH. While HA manages to keep the waiting time of urgent and semi-urgent cases within the service target of two weeks and eight weeks respectively, the waiting time for routine cases remains extremely long. The waiting time for routine cases in the specialties under pressure (e.g. Medicine, Ophthalmology and Orthopaedics & Traumatology) is over 100 weeks. We consider the situation unacceptable.

6. For DH, there is a shortage of ten specialists (40% vacancy rate) in the Child Assessment Service. In 2020, child assessment was completed within six months for around 60% of the new cases, which is far below the target of 90%.

Manpower Shortage Cannot be Solely Tackled by Increasing the Number of Locally-trained Doctors

7. To fill the shortfall, the Government has been proactively training local doctors. The two local medical schools have increased the number of medical training places each year from 250 in the 2008/09 academic year to the current 530, an increase of more than one-fold. The Government is also actively considering further increasing the number of the University Grants Committee-funded medical training places for the next triennium. However, in view of the time required for training a doctor and the constraints in enhancing the training capacity of the medical schools, we cannot solely rely on increasing the number of local training places to solve the manpower problem.

Significant Drop in the Number of Non-locally Trained Doctors

8. The significant drop in the number of non-locally trained doctors is one of the main reasons for the shortage of doctors. From 1991 to 2000, a total of 2 224 non-locally trained doctors were registered in Hong Kong, accounting for 45% of the 4 950 newly registered doctors in Hong Kong during the same period. Over the period from

2001 to 2010, only 366 non-locally trained doctors were registered in Hong Kong, accounting for 10.5% of the 3 470 newly registered doctors in Hong Kong during the same period.

9. With the Government's lobbying efforts to relax the threshold for non-locally trained doctors to practise in Hong Kong, a total of 396 non-locally trained doctors were registered in Hong Kong from 2011 to 2020, accounting for 10.7% of the 3 687 newly registered doctors in Hong Kong during the same period. Although the number and percentage of non-locally doctors have slightly increased, they are much lower than the past figures and are far from sufficient to fill the shortfall.

PROPOSAL

10. The Government has decided to introduce a Medical Registration (Amendment) Bill to the Legislative Council (LegCo) in the current legislative session to create a new pathway under the existing Medical Registration Ordinance (Cap. 161) in order to allow qualified non-locally trained doctors to come back and practise in our public healthcare sector so as to expand our pool of doctors. These non-locally trained doctors will still be subject to the disciplinary oversight of the Medical Council of Hong Kong (MCHK).

11. The following are the three salient points of the proposal:

- (1) Non-locally trained doctors to be admitted must be Hong Kong permanent residents;
- (2) Non-locally trained doctors to be admitted must be graduates of recognised medical schools outside Hong Kong, and have been registered as medical practitioners or have obtained specialist qualifications in their respective places, so as to ensure the standard of doctors admitted; and
- (3) All approved applicants must be first employed by public healthcare institutions (i.e. the HA / DH / the University of Hong Kong / the Chinese University of Hong Kong) and work for the institutions concerned for a certain period, which is proposed to be five years, after obtaining their specialist qualifications, in a bid to focus on tackling the shortage of doctors

(especially specialist doctors) in public healthcare institutions. After the proposed working period, the doctor can obtain full registration.

12. The Government proposes to set up a committee comprising the Director of Health, the Chief Executive of HA, the Chairman of MCHK, the President of the Hong Kong Academy of Medicine, Deans of the two local medical schools and other member(s) as appointed by the Government, which will engage in discussions and establish a mechanism to determine a list of recognised medical schools for consideration by the SFH. The committee will consider requiring that the recognised medical schools should be of quality comparable with that of the two local medical schools. Our initial proposal is that the number of recognised medical schools will be capped at 100.

13. The FHB will promulgate the list to enhance objectivity and transparency and provide more information for parents and students to make informed decisions. The list will be reviewed once every three years.

WAY FORWARD

14. We will consult different sectors of the community (including the medical and healthcare sectors as well as patient groups) on the proposal and thereafter submit the Medical Registration (Amendment) Bill to the LegCo in the second quarter this year.

Food and Health Bureau

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