

**立法會**  
**Legislative Council**

LC Paper No. CB(4)600/20-21(06)

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**Panel on Health Services**

**Meeting on 12 March 2021**

**Updated background brief on the healthcare manpower projection**

**Purpose**

This paper provides background information on the healthcare manpower projection and summarizes the major views and concerns expressed by members of the Panel on Health Services ("the Panel") on the subject in previous discussions.

**Background**

2. Healthcare manpower planning is part of healthcare planning as the supply of adequate healthcare professionals is crucial to ensuring the availability, accessibility and quality of healthcare services to meet the service demand. At present, local graduates from University Grants Committee ("UGC")-funded programmes and self-financing programmes in healthcare-related disciplines are the primary source of manpower supply, supplemented as necessary by qualified non-local ones through established mechanism in the short term. The issue of healthcare manpower planning was featured in the two-stage public consultation conducted by the Administration in 2008 and 2010 respectively to take forward the healthcare reform.<sup>1</sup> The outcome of the two public consultation exercises revealed that the community considered that there was a need to ensure a steady

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<sup>1</sup> On 13 March 2008, the Administration put forth a package of healthcare service reforms and six possible supplementary healthcare financing options in the First Stage Healthcare Reform Consultation Document entitled "Your Health Your Life". Based on the outcome of the public consultation, the Administration published the Healthcare Reform Second Stage Public Consultation Document entitled "My Health My Choice" on 6 October 2010, in which a voluntary and government-regulated private health insurance scheme was proposed for public consultation. Members of the public have expressed support for the introduction of the scheme. The Voluntary Health Insurance Scheme has been fully implemented since 1 April 2019 to increase consumers' confidence in purchasing hospital insurance, thereby facilitating their use of private healthcare services when needed.

and adequate supply of healthcare manpower to support the sustainable development of the healthcare system.

3. The Administration established the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee") in January 2012. The Steering Committee, which is chaired by the Secretary for Food and Health, is tasked to formulate recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development, with a view to ensuring the healthy and sustainable development of the healthcare system. The review covers the 13 healthcare disciplines that are subject to statutory regulation, viz. doctors, dentists, dental hygienists, nurses and midwives, Chinese medicine practitioners, pharmacists, chiropractors, medical laboratory technologists, occupational therapists, optometrists, radiographers and physiotherapists.

4. To assist the Steering Committee in making informed recommendations on healthcare manpower planning, The University of Hong Kong ("HKU") and The Chinese University of Hong Kong ("CUHK") were commissioned to conduct two studies respectively on healthcare manpower projections of the relevant professions and regulatory frameworks governing healthcare professions in Hong Kong and other jurisdictions. The Report on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Strategic Review") was released in June 2017.<sup>2</sup> The five recommendations put forth by the Steering Committee in relation to healthcare manpower are in **Appendix I**.

## **Discussion at the Panel**

### *Manpower demand and supply models*

5. At the Panel meeting held on 13 December 2019, members criticized that the information provided by the Administration was too technical that some members might not be able to have a full grasp of the algorithm of the generic forecasting model being employed in the Healthcare Manpower Projection 2020 ("the projection exercise") within a short period of time. Some members suggested that the ratio of healthcare professional to patients or population should be used to ascertain the healthcare manpower requirement. Members also opined that the relevant demand model should include workload indicators as well as ratio of service providers to service users to ensure the accuracy of the healthcare manpower projection outcomes. Some other members asked whether the projection exercise used the average ratio of member countries of

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<sup>2</sup> The Report can be assessed at FHB's website at [https://www.fhb.gov.hk/en/press\\_and\\_publications/otherinfo/180500\\_sr/srreport.html](https://www.fhb.gov.hk/en/press_and_publications/otherinfo/180500_sr/srreport.html)

the Organisation for Economic Co-operation and Development (i.e. 3.4 doctors per 1 000 population) or the local ratio of 1.9 doctors per 1 000 population to project the manpower demand of the medical profession. Members also expressed concern about the workload indicators for the nursing profession. Members also asked whether the manpower supply model had taken into account the possibility that the Administration would not be able to honour its pledge to require the Hospital Authority ("HA") to hire all qualified locally trained medical graduates when there was an economic downturn, as was in the case in the early 2000s.

6. Some members remarked that a booming private healthcare market would result in brain drain from the public to private sector, while some other members were concerned that the development of the Guangdong-Hong Kong-Macao Greater Bay Area might induce greater demand for Hong Kong's private healthcare services. This would have an impact on the medical manpower demand and supply in both the private and public sectors. Some other members opined that the recent drop in the Mainlanders' demand for private specialist services in Hong Kong might result in a lower drainage of public hospital doctors to the private sector. These members enquired how this would be reflected in the manpower projection. They also opined that the social events in 2019 might increase wastage of the healthcare professionals servicing in the public sector and deter the non-locally trained healthcare professionals from coming to Hong Kong to practise, which would have a negative impact on the supply of healthcare manpower.

7. The representative of HKU advised that the same generic forecasting model developed for the last projection exercise, which was built on an endogenous and historically-informed base case model, would be used in the projection exercise. Using historical utilization data as the basis for projection, the model could be adopted to adjust for the impact of externalities and policy interventions on manpower demand and supply. In response to members' enquiries on whether the planned service volume of the District Health Centres had been set for projecting the manpower requirement in the relevant healthcare professions, the Administration assured members that the projection exercise would cover the healthcare manpower requirements to meet the service demand arising from the setting up of District Health Centres in 18 districts.

8. In response to members' enquiries, the Administration pointed out that it would not use a target ratio of the number of healthcare professionals per capita for projecting the healthcare manpower demand. The generic forecasting model had taken into account demographic changes and other relevant factors such as utilization trends of both the public and private healthcare sector, including the demand of Mainlanders for Hong Kong's healthcare services.

*Assumption of the generic forecasting model*

9. Noting that the manpower demand and supply in the base year (i.e. 2017) adopted in the projection exercise was assumed to be at equilibrium, several members expressed concern on the accuracy of the projection as the waiting time for various public healthcare services in recent years was unduly long and the consultation time of public outpatient services was unreasonably short. The representative of HKU explained that any manpower forecasting model building on an endogenous and historically-informed base case model would require the use of historical data of a specific timeframe as the basis for making the projection. An essential assumption of such model was that the manpower situation in the base year was at an equilibrium. For the projection exercise, 2017 was the base year. The generic forecasting model adopted in the last and this projection exercises was well established and critically evaluated. As in the case of the last projection exercise, the projection outcomes so derived would be subject to review by the respective healthcare professions and could be suitably adjusted and factored in the latest development of the professions concerned. The Administration supplemented that the model had taken into account known shortage in the public and subvented sectors for healthcare professionals as at end 2017. Members were assured that while facing a tight manpower situation, efforts would continuously be made by HA to enhance its service quality through measures such as manpower deployment and workflow improvement.

*Healthcare manpower training and service planning*

10. In response to members' enquiries about the plan to meet the healthcare manpower requirements, the Administration advised that long-term planning was needed in order to facilitate timely commencement, progression and completion of major hospital development projects for meeting future service needs. In tandem, efforts would continuously be made to increase the healthcare manpower supply, with local graduates being the primary source of supply. The conduction of a healthcare manpower projection exercise once every three years in step with the triennial planning cycle of UGC, as recommended by the Steering Committee in the last projection exercise, would ensure a steady supply of locally trained healthcare professionals. Where necessary, there would be an increase in the number of healthcare-related UGC-funded first-year-first-degree intake places per annum. In this connection, some members suggested that a shorter time interval could be adopted for the conduction of each new round of healthcare manpower projection.

11. Members noted that according to the outcomes of the last projection exercise, the projected full-time-equivalent surplus for Chinese medicine

practitioners was 716 in 2016 and 354 in 2020 given the existing service levels and models, members therefore asked whether the Administration had made reference to the above projection and planned for enhancement of the Chinese medicine services, in particular in the area of preventive treatment of disease. Members also remarked that the steady supply of registered Chinese medicine practitioners might affect the demand for private general outpatient services. The Administration advised that with the incorporation of Chinese medicine into the healthcare system in Hong Kong, the Administration would keep in view the role of Chinese medicine practitioners in the healthcare system.

12. In reply to members' request that the Administration should draw reference to the manpower projection outcome of dentists to plan for the enhancement of public dental services, the Administration advised that given the manpower shortage of dentists, the Administration's policy on dental care sought to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. At present, eligible elders could use the Elderly Health Care Voucher to cover their expenses for private dental services. Separately, various initiatives had been launched in recent years to provide dental care support for needy elders living in the community or residential care homes, and adult patients with intellectual disability and financial difficulties.

### **Motions passed at Panel meeting**

13. At its meeting on 13 December 2019, the Panel passed three motions which respectively:

- (a) urged the Government to be realistic and include workload indicators and the ratio of persons being taken care of to service providers when conducting healthcare manpower planning, so as to achieve an equilibrium in the demand and supply of services.;
- (b) requested that a doctor-to-population ratio of not lower than 2.3 (per 1 000 population) should be included in the healthcare manpower projection conducted by The University of Hong Kong at that time. and
- (c) urged the Government to set specific indicators for performance pledge, including shortening the waiting time for specialist services to a reasonable level, when conducting healthcare manpower planning. The Food and Health Bureau also has to make concrete and feasible recommendations on how to enhance manpower accordingly.

The wording of the motions is in **Appendix II**.

### **Questions raised at Finance Committee meetings**

14. At the special FC meetings to examine the Estimates of Expenditure 2020-2021 held on 8 April 2020, a number of members raised questions about healthcare manpower projection. Details of the questions and the Administration's replies are given in the hyperlinks in **Appendix III**.

### **Latest position**

15. The Administration will brief the Panel, at its meeting scheduled for 12 March 2021, on the findings of the new round of manpower projection exercise to update the demand and supply projections of 13 healthcare professions which are subject to statutory registration.

### **Relevant papers**

16. A list of relevant papers is in **Appendix III**.

Council Business Division 4  
Legislative Council Secretariat  
16 March 2021

### **Recommendations of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development in relation to healthcare manpower**

The five recommendations on healthcare manpower are as follows:

(a) Publicly-funded healthcare training

The Government should consider increasing the number of UGC-funded healthcare training places for those disciplines which will still be facing manpower shortage in the medium to long term.

(b) Self-financing healthcare training

The Government should make better use of the self-financing sector to help meet part of the increasing demand for healthcare professionals as appropriate, notably nurses, occupational therapists, physiotherapists, medical laboratory technologists, radiographers and optometrists and provides the necessary support to the self-financing sector in terms of infrastructural and funding support.

The Government should continue to subsidize the pursuit of study in those healthcare disciplines facing manpower shortage as appropriate, in particular, in the allied health disciplines, under the Study Subsidy Scheme for Designated Professions/Sectors with a view to sustaining the healthy and sustainable development of the self-financing higher education sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

(c) Healthcare manpower in the public sector

The HA should make every effort to retain existing healthcare professionals and attract retired doctors and other healthcare professionals to work in the public sector for an extended period after retirement.

HA should recruit non-locally trained doctors under limited registration more proactively.

(d) Non-locally trained healthcare professionals

On the premise of preserving professional standards, Boards and Councils should consider suitable adjustments to the current arrangements, including but not limited to those on Licensing Examinations, internship arrangements, and limited registration (where applicable).

The Government should actively promote and publicize the registration arrangements overseas with targeted and proactive recruitment drive to attract non-locally trained healthcare professionals, many of whom are Hong Kong citizens or have deep roots here, to come to Hong Kong to practise.

(e) Healthcare manpower planning and projections

The Government should conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of UGC.

*Source: Report on the Strategic Review on Healthcare Manpower Planning and Professional Development*



**Appendix II**

**立法會 CB(2)429/19-20(01)號文件**  
**LC Paper No. CB(2)429/19-20(01)**

**衛生事務委員會**  
**在 2019 年 12 月 13 日的會議上就議程第 III 項**  
**"醫療人力規劃 2020"通過的議案**

**Panel on Health Services**

**Motions passed at the meeting on 13 December 2019**  
**under agenda item III "Healthcare manpower planning 2020"**

議案一：

本委員會促請政府在醫療人力規劃不能不切實際，必須加上工作量指標及被照顧者與服務提供者比例，以達到服務需求及供應平衡。

動議人：李國麟議員  
和議人：邵家臻議員

(Translation)

Motion 1:

This Panel urges that the Government must be realistic and include workload indicators and the ratio of persons being taken care of to service providers when conducting healthcare manpower planning, so as to achieve an equilibrium in the demand and supply of services.

Moved by : Prof Hon Joseph LEE Kok-long  
Seconded by: Hon SHIU Ka-chun

議案二：

本委員會要求是次港大推算人力應加上醫生與人口比例不低於 2.3。

動議人：葛珮帆議員

(Translation)

Motion 2:

This Panel requests that a doctor-to-population ratio of not lower than 2.3 (per 1 000 population) should be included in the healthcare manpower projection currently conducted by The University of Hong Kong.

Moved by : Hon Elizabeth QUAT

議案三：

本委員會促請政府在醫療人力規劃上，必須訂立工作服務承諾的具體指標，包括縮短各專科輪候時間至合理水平。食物及衛生局亦需就如何增加相應人手作出具體可行的建議。

動議人：黃碧雲議員

(Translation)

Motion 3:

This Panel urges that the Government must set specific indicators for performance pledge, including shortening the waiting time for specialist services to a reasonable level, when conducting healthcare manpower planning. The Food and Health Bureau also has to make concrete and feasible recommendations on how to enhance manpower accordingly.

Moved by : Dr Hon Helena WONG Pik-wan

## Appendix III

### List of relevant papers

Meeting	Date of meeting	Paper
Panel on Health Services	13 December 2019	<a href="#">Administration's paper CB(2)349/19-20(03)</a>  <a href="#">Background brief prepared by the Legislative Council Secretariat CB(2)349/19-20(04)</a>  <a href="#">Minutes CB(2)798/19-20</a>
Special Finance Committee	8 April 2020	Administration's replies to Members' initial written questions (Reply Serial Nos. FHB(H)124, FHB(H)142, FHB(H)172, FHB(H)191, FHB(H)196, FHB(H)334, FHB(H)405)  ( <a href="https://www.legco.gov.hk/yr19-20/english/fc/fc/w_q/fhb-h-e.pdf">https://www.legco.gov.hk/yr19-20/english/fc/fc/w_q/fhb-h-e.pdf</a> )

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