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Panel on Health Services

Meeting on 10 March 2023

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.

Background

2. The Government has been adopting a multi-pronged approach to enhance healthcare manpower. At present, local graduates from University Grants Committee (“UGC”)-funded programmes and self-financing programmes are the primary source of manpower supply for most of the healthcare professions, supplemented as necessary by qualified non-local ones through established mechanism in the short term.

3. The Administration established the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development in 2012, which was tasked to formulate recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development.¹ Moreover, the Administration commissioned The University of Hong Kong (“HKU”) and The Chinese University of Hong Kong to conduct two studies respectively on healthcare manpower projections of the relevant professions

¹ The review covered the 13 healthcare disciplines that were 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.

and regulatory frameworks governing healthcare professions in Hong Kong and other jurisdictions, and released in 2017 the Report on Strategic Review on Healthcare Manpower Planning and Professional Development (“the Report on Strategic Review”). The five recommendations in relation to healthcare manpower put forth therein are in **Appendix 1**.

4. As recommended in the Report on Strategic Review, the Government would conduct a healthcare manpower projection exercise every three years to update the supply and demand figures of different healthcare professionals, in step with UGC’s triennial planning cycle. The last round of the manpower projection exercise was conducted in 2020 and the results were announced in March 2021. According to the latest manpower projection, as compared with the results in 2017, the shortage of doctors, nurses, dentists, physiotherapists, medical laboratory technologists, optometrists and radiographers persisted, with gaps further widened for the shortage of doctors and nurses in the short and medium-term. In particular, the numbers of doctors and nurses per 1 000 population were fewer in Hong Kong as compared with other high income economies.

Deliberations of the Panel

5. The Panel discussed issues relating to the healthcare manpower projection at its meetings on 13 December 2019 and 24 March 2021. The major deliberations and concerns of members are summarized in the ensuing paragraphs.

Overview of healthcare manpower planning

6. Members asked whether the Administration had conducted annual review of the manpower of Hong Kong’s public healthcare service, while some members suggested that a shorter time interval could be adopted for the conduction of each new round of healthcare manpower projection. The Administration advised that manpower planning and projections on healthcare professionals were conducted every three years to update the relevant supply and demand projections. The Hospital Authority (“HA”) had reviewed the manpower of healthcare professionals and implemented various measures to solve the manpower shortages in short-, medium- and long- term.

7. Considering that HA’s management and unfair resource allocation as well as the discontentment of young doctors against the management were some of the reasons for the wastage of HA doctors, members urged the Administration to formulate long-term solutions to improve the management of HA. The Administration advised that it would hold regular meetings

with HA to discuss their manpower situation and resource allocation, as well as improvement to the working environment.

8. Members enquired whether the Administration had communicated with local universities on the provision of healthcare training places to avoid a mismatch between the demand for and supply of manpower in various healthcare professions. The Administration advised that it would continue to discuss with the universities concerned how to enhance their teaching facilities to cope with any increase in UGC-funded healthcare training places or adjust the number of training places for some disciplines with a projected surplus.

9. Members suggested that the Administration should widen the scope of public-private partnership to relieve the workload of public hospitals and utilize the resources in the private sector. In response, the Administration pointed out that about 70% of primary healthcare services were provided by the private sector, while over 90% of in-patient services were provided by public hospitals. The Administration would implement a number of measures to step up primary healthcare services and enhance the collaboration between the private sector and the public sector in order to relieve the workload of HA.

10. Some members remarked that a booming private healthcare market would result in brain drain from the public to private sector, while some other members expressed concern 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. These members enquired how this would be reflected in the manpower projection. The Administration responded that 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.

11. In response to members' enquiries on whether the planned service volume of District Health Centres ("DHCs") 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 DHCs in 18 districts. Some other members supported importing medical professionals to meet the shortfall of manpower.

Manpower of doctors

12. Members opined that the Administration should set a target ratio of the number of doctors per capita as an indicator for more accurate manpower projection, and the projection of manpower of doctors should include various specialties. The Administration advised that it would not use a target ratio of the number of healthcare professionals per capita for projecting the healthcare manpower demand, and the manpower projection for specialist doctors was being conducted by HKU.

13. Some members cast doubt on the accuracy of the projection and considered that the manpower shortages of doctors shown in the projection results were underestimated. The Administration responded that Hong Kong had 2 doctors per 1 000 persons and such ratio was lower than that of Singapore, Australia, the United Kingdom and the United States. For retaining HA doctors, the Administration had provided additional resources to HA to upgrade posts of their doctors, rehire retired doctors, recruit part-time doctors and provide a special allowance for extra work done by doctors. About 60 to 70 HA doctors were rehired after retirement each year. The Administration had set up a platform to engage representatives from various professional bodies to discuss feasible options for increasing the supply of doctors. Moreover, the Administration had increased the number of medical training places in the two local medical schools each year from some 200 previously to some 500, and they would be further increased.² The Administration had also worked closely with the Hong Kong Academy of Medicine to ensure that sufficient specialist training places would be available for graduates of medical schools. HA had also provided incentives and promotion prospects to attract more doctors admitted under the Limited Registration Scheme to work in HA. The Administration also proposed to create a new pathway for admission of non-locally trained doctors to practise in Hong Kong.³

Manpower of nurses

14. Members enquired how the Administration would address the shortage of nurses. The Administration advised that the wastage rate of nurses was relatively high as compared with that of doctors. HA had made

² The Government has further increased the number of training places for medical students to 590 per cohort in the 2022/23 to 2024/25 triennium.

³ The Medical Registration (Amendment) Bill 2021 was passed by the Legislative Council in October 2021 to create a pathway of special registration for qualified non-locally trained doctors to obtain full registration in Hong Kong, subject to certain requirements or criteria being met.

efforts to retain nursing staff, especially the experienced and specialist nurses, and had also increased senior nursing posts to enhance the career prospects and retain the manpower. Moreover, the Administration had increased the UGC-funded and self-financing training places of nursing to about 3 000 per year, and HA had also sponsored enrolled nurses to undertake registered nurses conversion programmes. In addition, measures such as rehiring retired nurses, recruiting part-time nurses and providing special allowances for extra work had been taken to alleviate the manpower shortage.

Manpower of Chinese medicine practitioners

15. Some members noted that the projection results indicated that there was a surplus of Chinese medicine (“CM”) practitioners, and asked whether the Administration had plans to enhance CM services, and adjust the number of the relevant training places. The Administration advised that it had been committed to promoting CM development in Hong Kong, and preparation for the commissioning of Chinese Medicine Hospital was underway. The service quota of the 18 Chinese Medicine Clinics cum Training and Research Centres had been doubled, and the operation of integrated Chinese-Western medicine in HA was continuously enhanced.

Manpower of dentists

16. Members requested that the Administration should draw reference to the manpower projection outcome of dentists to plan for the enhancement of public dental services. The Administration responded 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.

Motions passed at Panel meeting

17. 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 2**.

Latest position

18. The Administration will brief the Panel on the work of healthcare manpower projection 2023 at the meeting on 10 March 2023.

Relevant papers

19. A list of relevant papers on the Legislative Council website is in **Appendix 3**.

Council Business Division 4
Legislative Council Secretariat
7 March 2023

**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

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

List of relevant papers

Committee	Date of meeting	Paper
LegCo meeting	8 February 2023	Question 2 - Introducing a registered nurse practitioners system
	30 November 2022	Question 7 - Primary healthcare services
	16 November 2022	Question 18 - Assisting non-locally trained doctors in practising in Hong Kong
	2 November 2022	Question 2 - Dental services
	13 July 2022	Question 20 - Shortfall in public dental services
	25 May 2022	Question 17 - Licensing Examination of Medical Council of Hong Kong
	6 April 2022	Question 21 - Dental care services
	23 February 2022	Question 4 - Services of the Hospital Authority
Panel on Health Services	24 March 2021	Agenda Minutes CB(4)1722/20-21
	13 December 2019	Agenda Minutes CB(2)798/19-20
Special Finance Committee	13 April 2022	Administration's written replies to initial questions (Reply Serial Nos. FHB(H)004, FHB(H)010, FHB(H)025, FHB(H)032, FHB(H)033, FHB(H)039, FHB(H)056, FHB(H)059)

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