

LCQ12: Demand of and supply for doctors

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 13):

Question:

Non-locally trained medical practitioners are required to pass the Licensing Examination administered by the Medical Council of Hong Kong (MCHK) and to complete a period of internship at the Hospital Authority (HA) before they may be registered as medical practitioners. In addition, non-locally trained medical practitioners, if employed by designated institutions such as HA for the purposes of teaching, conducting research or performing clinical work, may apply to MCHK for limited registration. Regarding the demand and supply situation of medical practitioners, will the Government inform this Council:

- (1) whether it knows, in each of the past four financial years and the current financial year (up to September), (i) the shortfall of medical practitioners in HA, (ii) the number of vacancies of medical practitioners in HA, as well as (iii) the number of medical practitioners with limited registration to be recruited as planned by HA in that year and (iv) the number of such medical practitioners actually employed;
- (2) whether it will request HA to formulate performance pledges in respect of the waiting times for (i) specialist outpatient and (ii) Accident and Emergency (A&E) services; if so, of the additional expenditure to be incurred and the number of additional medical practitioners to be employed; if not, the reasons for that;
- (3) whether it knows if HA has set targets on the numbers of medical practitioners with limited registration to be employed for the various specialties; if HA has, of the numbers; if not, whether HA will set such targets;
- (4) whether it knows if HA has employed medical practitioners with limited registration for taking up Consultant posts; if HA has, of the numbers in each of the past four financial years and the current financial year (up to September); if not, the reasons for that;
- (5) whether it knows the shortfall of medical practitioners in the various specialties in HA in each of the past four financial years and the current financial year (up to September) (with a tabulated breakdown by Head Office and the various hospital clusters in Table 1); if such figures are not available, of the reasons for that, and whether HA will compile such statistics;

Table 1

Head Office/ Cluster	Specialty	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Head Office	(Not applicable)					
(Name of hospital cluster)	A&E					
	Anaesthesia					
	Family Medicine					
	Intensive Care Unit					
	Medicine					
	Neurosurgery					
	Obstetrics & Gynaecology					
	Ophthalmology					
	Orthopaedics & Traumatology					
	Paediatrics					
	Pathology					
	Psychiatry					
	Radiology					
	Surgery					
	Others					
	Sub-total					
...						
Total						

(6) whether it knows, in each of the past four financial years and the current financial year (up to September), among the medical practitioners with limited registration employed by HA, (i) the respective numbers of those sitting and passing the Licensing Examination as well as the passing rate, and (ii) the number of those turning to private practice after having been registered as medical practitioners, and the practice details of these persons; if such figures are not available, whether HA will compile such statistics;

(7) whether it will look into the practice situation of non-locally trained medical practitioners who have been registered as medical practitioners (including the number of those who switch to work in private healthcare institutions); if not, of the reasons for that;

(8) whether it knows the numbers of Hong Kong permanent residents who were

(i) medical students studying and (ii) medical practitioners practising in places outside Hong Kong, in each of the past four financial years and the current financial year (up to September) (with a tabulated breakdown in Table 2); if such figures are not available, whether it will compile such statistics; and

Table 2

Country/Place	2015-2016		2016-2017		2017-2018		2018-2019		2019-2020	
	(i)	(ii)	(i)	(ii)	(i)	(ii)	(i)	(ii)	(i)	(ii)
The United Kingdom										
Australia/ New Zealand										
The United States										
Canada										
Mainland										
Others										

(9) of the measures in place to encourage the persons mentioned in (8) to return to and practise in Hong Kong, and to work in public healthcare institutions?

Reply:

President,

My reply to the question raised by the Hon Elizabeth Quat is as follows:

(1) The cumulative shortfall of doctors, the attrition figure and attrition rate of full-time doctors in the Hospital Authority (HA) in each of the past four years are as follows:

Year	Cumulative shortfall of HA doctors	Attrition figure of full-time doctors (Attrition rate)
2015/16	300	240 (4.4%)
2016/17	300	286 (5.1%)
2017/18	300	336 (5.8%)
2018/19	260	374 (6.4%)

Note: Figures for 2019/20 are not yet available.

From 2011/12 to November 1, 2019, the Medical Council of Hong Kong (MCHK) approved 54 limited registration applications for non-locally trained doctors to practise in the HA. Currently, 20 non-locally trained doctors are serving in such specialties with manpower shortage as anaesthesia, accident

and emergency (A&E), cardiothoracic surgery, family medicine, medicine, neurosurgery, paediatrics, radiology and surgery. Four more non-locally trained doctors will assume office between the fourth quarter of this year and the first quarter of next year.

The table below sets out the number of non-locally trained doctors employed by the HA under limited registration in each of the past four years and in 2019 (as at November 1, 2019):

2015	2016	2017	2018	2019 (As at November 1, 2019)
10	12	12	10	20

Note: Except for 2019, the figure was the number of non-locally trained doctors employed by the HA as at December 31 of that year under limited registration to relieve manpower shortage.

(2)

Waiting time at specialist out-patient clinics

The HA implements a triage system for new referrals from specialist out-patient clinics (SOPCs) to ensure that patients with urgent conditions requiring early intervention are treated with priority. Under the system, new referrals are usually screened, first by a nurse then by a specialist doctor of the relevant specialty, for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine (stable) categories. The HA's targets are to maintain the median waiting time of no more than two weeks and eight weeks for priority 1 and 2 cases respectively. Both targets have been met so far.

For routine (stable) cases, since they do not fall under the urgent or semi-urgent categories, the HA will arrange appointments for the patients in accordance with the established procedures. Specialist doctors will review the classification of such cases during the process. A mechanism is also in place to advance the appointment should there be changes in the patient's conditions after the appointment is made.

The HA has implemented a series of measures to alleviate the waiting time in SOPCs. These measures include implementing a triage and prioritisation system; enhancing primary care services; promoting public-private partnership; enhancing manpower; implementing various annual plan programmes to manage SOPC waiting time; enhancing the transparency of SOPC waiting time and facilitating patients to make informed decisions on cross-cluster treatment; and optimising the appointment scheduling practices of SOPCs. In addition, the HA has launched a mobile application since March 2016 to facilitate new case bookings for major specialties.

Waiting time at accident and emergency departments (A&ED)

To ensure that patients in need of urgent care can receive timely treatment at the A&ED, the HA adopts a triage system which classifies patients into five categories according to their clinical conditions, namely critical, emergency, urgent, semi-urgent and non-urgent. The HA has set service targets to provide treatment for patients in need of urgent medical attention within a reasonable time as far as possible.

The HA has introduced an array of measures to alleviate the pressure on A&E services through increasing manpower and providing the public with relevant information on medical services. The A&E Support Session Programme, for example, offers a special honorarium for recruiting additional healthcare staff to handle semi-urgent and non-urgent cases, so that A&ED staff can focus on handling critical, emergency and urgent cases. The Locum Recruitment Website, which was launched in November 2018, also facilitates the recruitment of additional part-time healthcare staff in a more flexible and efficient way.

Besides, the HA's webpage and mobile application HA Touch provide information such as the waiting time in A&EDs of public hospitals, web links to private healthcare services and private doctor directories for public reference.

(3) The HA will continue to recruit non-locally trained doctors through limited registration. Upon the enactment of the Medical Registration (Amendment) Ordinance 2017, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding three years. With this extension and the other improvement measures, the number of non-locally trained doctors recruited under the limited registration scheme is expected to increase.

Since April this year, the HA has expanded the scope of the limited registration scheme to all specialties at the rank of Resident, and recruited non-locally trained specialists at the rank of Associate Consultant in eight specialties (namely anaesthesia, anatomical pathology, cardiothoracic surgery, otorhinolaryngology, obstetrics and gynaecology, ophthalmology, radiology and nuclear medicine) where wastage is more serious. All posts held by non-locally trained doctors employed under the limited registration scheme are supernumerary posts created with additional government resources.

(4) From 2011/12 to November 1, 2019, the HA did not recruit limited registration doctors at the rank of Consultant. To encourage and attract more eligible non-locally trained doctors to serve in public hospitals in Hong Kong through limited registration, thereby relieving the manpower shortage, the HA, at its Administrative and Operation Meeting held in April this year, approved the implementation of a career advancement mechanism for non-locally trained doctors. Non-locally trained doctors at the rank of Resident with five or more years of clinical experience in public hospitals after obtaining specialist qualification will have the chance to be promoted to the rank of Associate Consultant. As the promotion posts are created with additional

resources, the promotion prospects and training opportunities of locally-trained doctors will not be affected.

(5) The HA deploys manpower flexibly across specialties, hospitals or hospital clusters, having regard to the service demands as well as the manpower situation and operational needs of various departments. Figures on the shortfall of doctors by specialty and by hospital cluster are therefore unavailable.

Attrition figures of the HA's full-time doctors by hospital cluster and by specialty in the past four years are at Annex.

(6) From 2011/12 to November 1, 2019, the MCHK approved 54 limited registration applications for non-locally trained doctors to practise in the HA. Seven of them were granted full registration after passing the Licensing Examination. Of those seven, six chose to stay in public hospitals and one turned to private practice.

(7) On average, about 80 per cent of doctors who were granted full registration after passing the Licensing Examination and completing the internship assessment joined the HA in each of the past five years.

(8) and (9) The Government does not have readily available statistics on the number of Hong Kong permanent residents who are studying or practising medicine in places outside Hong Kong for each year.

The Government has all along adopted a multi-pronged approach in addressing the serious shortfall of doctors in the public healthcare system. Over the past few years, the MCHK has introduced various enhanced and new initiatives to help qualified non-locally trained doctors obtain full registration in Hong Kong. Some of the measures are as follows:

(i) The frequency of the Licensing Examination has been increased from once to twice a year starting from 2014;

(ii) since 2015, the MCHK has refined exemption requirements for the Licensing Examination. For Part III of the Licensing Examination, i.e. Clinical Examination, the minimum requirement of post-registration experience in relevant discipline(s) of an applicant applying exemption has been reduced from ten years to six years; and

(iii) the MCHK has shortened the period of assessment for non-locally trained specialist doctors who have passed the Licensing Examination from six months to two days starting from August 2019. We expect that more qualified doctors will thus be attracted to practise in Hong Kong.

Besides, the Medical Registration Ordinance was amended in April 2018 so that doctors admitted under limited registration might practise or have their registration renewed for a period not exceeding three years. The Food and Health Bureau, the Department of Health and the HA will continue to work closely, in collaboration with overseas Economic and Trade Offices, to

promote the new facilitation measure and encourage non-locally trained doctors to practise in Hong Kong. The Chief Secretary for Administration and the Secretary for Food and Health visited the United Kingdom last year respectively. The Secretary for Food and Health has also led a delegation to Australia in mid-September this year for this purpose.

To provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors without compromising specialist training opportunities for locally trained doctors. Colleges under The Hong Kong Academy of Medicine and the HA are studying the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.