

LCQ3: Manpower of doctors

Following is a question by Dr the Hon Chiang Lai-wan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (December 4):

Question:

It is learnt that manpower shortage of doctors in public hospitals has caused delay in the treatment of quite a number of patients. For instance, the longest waiting time for new case booking at the specialist outpatient clinics under the Hospital Authority (HA) is as long as three years and ten months. Regarding the manpower of doctors, will the Government inform this Council:

(1) whether it will, by making reference to the average ratio of 3.2 doctors per 1 000 persons in the European region, set a target doctor-to-population ratio for Hong Kong and carry out manpower planning properly, so as to ensure that there are sufficient doctors in public healthcare institutions for maintaining service quality, and to avoid creating a vicious cycle of excessive work pressure causing wastage of doctors; if so, of the details; if not, the reasons for that;

(2) given that doctors hired under the Special Retired and Rehire Scheme are only offered contracts of a term of one year, whether it knows if HA will extend the contract term to three years, so as to attract more retired doctors to apply for rehiring; if HA will, of the details; if not, the reasons for that; and

(3) of the latest situation regarding HA's recruitment of non-locally trained doctors under limited registration; given that the Government has proposed to provide specialist training for this type of doctors to attract them to work in Hong Kong, whether the Government will allocate additional resources to HA and the Hong Kong Academy of Medicine, with a view to increasing the training places; if so, of the details (including the specialties which will be accorded priority for increasing the training places); if not, the reasons for that?

Reply:

President,

Owing to an ageing population and an over-burdened public healthcare system, the shortfall in the supply of doctors has been serious in the public sector. The Government has been adopting a multi-pronged approach to tackle this problem. The Food and Health Bureau set up a platform in March this year, engaging representatives from the Medical Council of Hong Kong (MCHK), the Hong Kong Academy of Medicine (HKAM), the Hong Kong Medical Association, the Hospital Authority (HA), the two medical schools in Hong Kong and the

Department of Health to discuss about practicable options to increase the supply of doctors.

As a result of these discussions, 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 this year. We expect that this will attract more qualified non-locally trained specialists to practise in Hong Kong. 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. Relevant colleges under the HKAM and the HA are studying the implementation details with a view to attracting more non-locally trained doctors to serve in Hong Kong.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations of the medical profession, so as to explore other measures to increase the supply of doctors.

My reply to the question raised by Dr the Hon Chiang Lai-wan is as follows:

(1) The Government has not set any target ratio between medical professionals and the population. As for the HA, different types and levels of services are provided having regard to the conditions and needs of each patient. Therefore, the HA does not have any prescribe medical professional-to-patient ratio. Nevertheless, the HA has established a mechanism for manpower assessment and planning to ensure that there are sufficient medical staff to meet service demand. The HA will continue to keep in view the manpower situation and make appropriate arrangements in manpower planning to cope with the growing demand for healthcare services.

(2) The HA reviews and enhances the arrangements for the Special Retired and Rehire Scheme from time to time to retain experienced medical professionals for the purposes of training and knowledge transfer, as well as alleviating the manpower shortage. Starting from 2020-21, the contract period for rehired medical staff will be extended from one year to two years, up to the age of 65. As at the end of October 2019, a total of 65 doctors have been rehired after retirement to continue their service in various HA specialties.

(3) From 2011/12 to November 1, 2019, the 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 departments with manpower shortage, including anaesthesia, accident and emergency, 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.

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, cardio-thoracic 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.

Following the implementation of the Medical Registration (Amendment) Ordinance 2018, 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 other improvement measures, the number of non-locally trained doctors recruited under the limited registration scheme is expected to increase.

As regards the provision of specialist training for non-locally trained doctors, a number of colleges under the HKAM, including accident and emergency, medicine, family medicine, obstetrics and gynaecology, ophthalmology, paediatrics, psychiatry, community medicine and pathology, have admitted these doctors to continue their specialist training in Hong Kong. The HKAM and its relevant colleges are discussing and working out the implementation details.

Upon finalisation of the details, the HA will update the recruitment conditions of limited registration doctors accordingly and submit relevant limited registration applications to the MCHK for approval. Besides, to enable the non-locally trained doctors working in the HA to undergo trainee rotation as required by the relevant colleges under the HKMA, the HA has obtained approval from the MCHK to assign non-locally trained limited registration doctors to work in different departments of public hospitals in accordance with their training needs and service demand.

The HA will continue to recruit non-locally trained doctors by way of limited registration, and will keep reviewing and monitoring the overall manpower situation.