

# CHAPTER 5

## Strengthening the Healthcare Workforce: Recommendations and Implementation

### 5.1 General Observations - Healthcare Manpower

5.1.1 As our society ages, there is more demand for healthcare services. Technological advancement and higher expectation for healthcare services have added to the ever-increasing demand. There is a need for more healthcare professionals to cope with the challenges. However, healthcare training is costly and takes years to complete while demand, in particular those of the private sector, could fluctuate for reasons that could not have been fully and accurately captured by a projection model no matter how sophisticated it is.

5.1.2 Furthermore, for a dual-track healthcare system with a vibrant private sector, demand fluctuation in the short to medium term could be met, partly if not fully, through increased productivity among healthcare professionals in private practice. Innovation in healthcare practices would also have the effect of changing the demand on healthcare professionals in general or a particular type of healthcare professional.

**Figure 5.1 Factors affecting manpower projections**

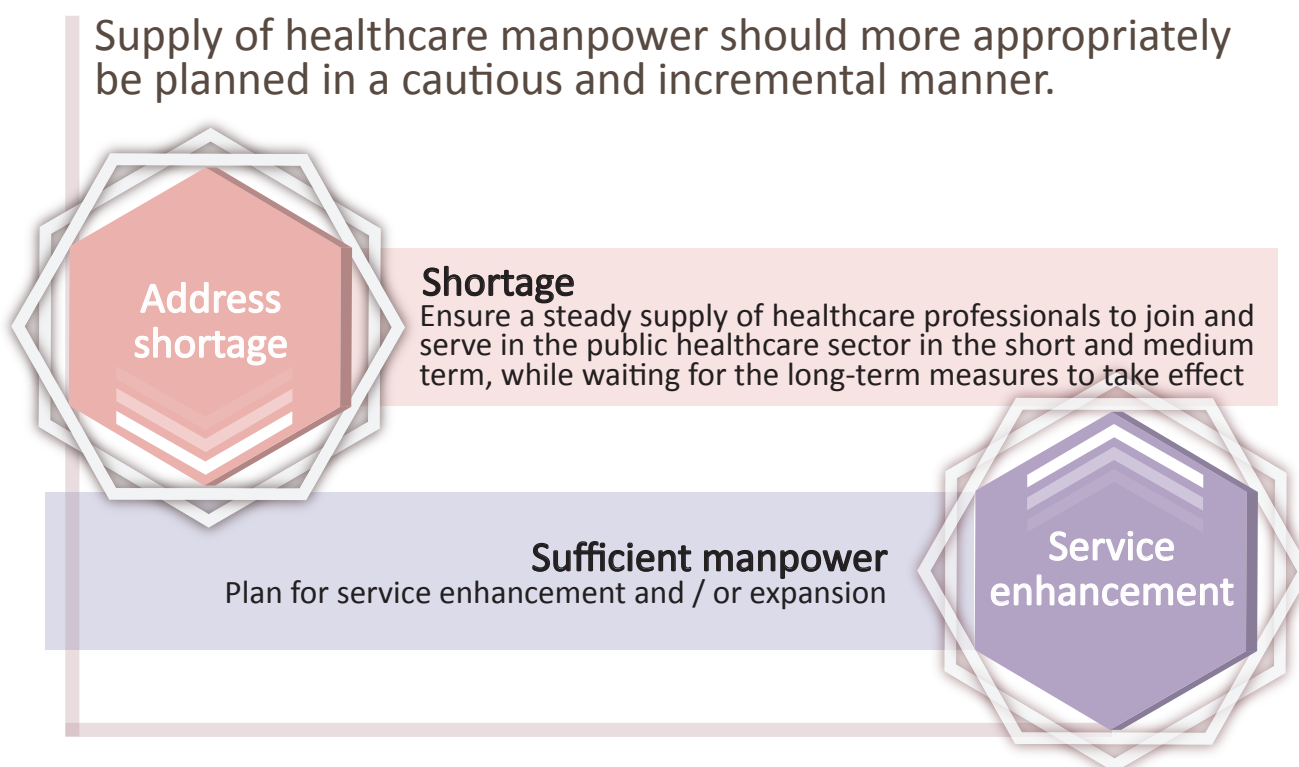


5.1.3 In the light of the complex dynamism between supply and demand, the Steering Committee considers that the supply of healthcare manpower should more appropriately be planned in a cautious and incremental manner.

5.1.4 The provision of healthcare services depends on the supply of healthcare professionals. If a shortage is likely to persist for a prolonged period, it is necessary to ensure a steady supply of healthcare professionals to join and serve in the public healthcare sector in the short and medium term, while waiting for the long-term measures to take effect.

5.1.5 If sufficient manpower is expected for a particular profession, this may not necessarily call for supply adjustment. It may instead enable us to plan for service enhancement and/or expansion. With a more accommodating manpower supply situation in various professions, the public healthcare system and social welfare sector would have greater room and flexibility to make service plans and implement new or improved delivery models to cope with the needs and challenge of our ageing society.

**Figure 5.2 Manpower gap: interpretation**



### ***Efforts in meeting healthcare manpower demand***

5.1.6 In light of a growing and ageing population, the provision of healthcare services has been expanding and it is noted that there is a general shortage of healthcare manpower to meet the service demand.

### ***Increasing training places over the past ten years***

5.1.7 The Government has already increased UGC-funded training places for doctors, nurses, pharmacists, and allied health professionals since the 2009/10 triennium. Details are as follows.

**Figure 5.3. Number of first-year-first-degree UGC-funded training places**

Healthcare Professions	2005 / 06 - 2008 / 09	2009 / 10 - 2011 / 12	2012 / 13 - 2015 / 16	2016 / 17 - 2018 / 19
Doctors	250	320	420	470
Dentists	50	53	53	73
Registered Nurses (General)	518 - 550 for both streams	560	560	560
Registered Nurses (Psychiatric)		30	70	70
Registered CMPs	79	79	79	79
Pharmacists	30	50	80	90
OTs	40	46	90	100
PTs	60	70	110	130
MLTs	35	32	44	54
Optometrists	35	35	34	40
Radiographers	35	48	98	110

5.1.8 The increase in UGC-funded training places has boosted the supply of healthcare professionals and met part of the manpower demand. Particularly, the increase in the number of UGC-funded pharmacy training places provides relief to pharmacists manpower, in which we have resorted to non-local source in the past. Other professions including doctors, dentists, nurses, OTs, PTs, MLTs, optometrists and radiographers are facing manpower shortage as the increase in manpower supply falls behind demand growth. For CMPs, the number of UGC-funded

training place remains stable for the past ten years given our stable supply of listed and registered CMPs.

5.1.9 As it takes time to train healthcare professionals and there is also limitation to the UGC-funded tertiary institutions to increase its training capacity in the short-to-medium term because of infrastructure constraints, the existing manpower gaps in various healthcare professions cannot be addressed simply through increasing publicly-funded training places.

**Figure 5.4 Training period of healthcare professionals**

Healthcare Professions	Years of Study (Year of Internship before getting registration)
Doctors <sup>32</sup>	6(1)
Dentists <sup>32</sup>	6
Dental Hygienists	2
Registered Nurses	5
Enrolled Nurses	2
Registered CMPs	6
Pharmacists	4(1)
OTs	4
PTs	4
MLTs	4
Optometrists	5
Radiographers	4

<sup>32</sup> It takes at least another six years to obtain a specialist qualification.



### ***Self-financing sector***

5.1.10 To meet the manpower shortage, the self-financing sector has taken on a bigger role over the years.

5.1.11 For example, there was a substantial increase in the training capacity in the self-financing sector for nurses, including -

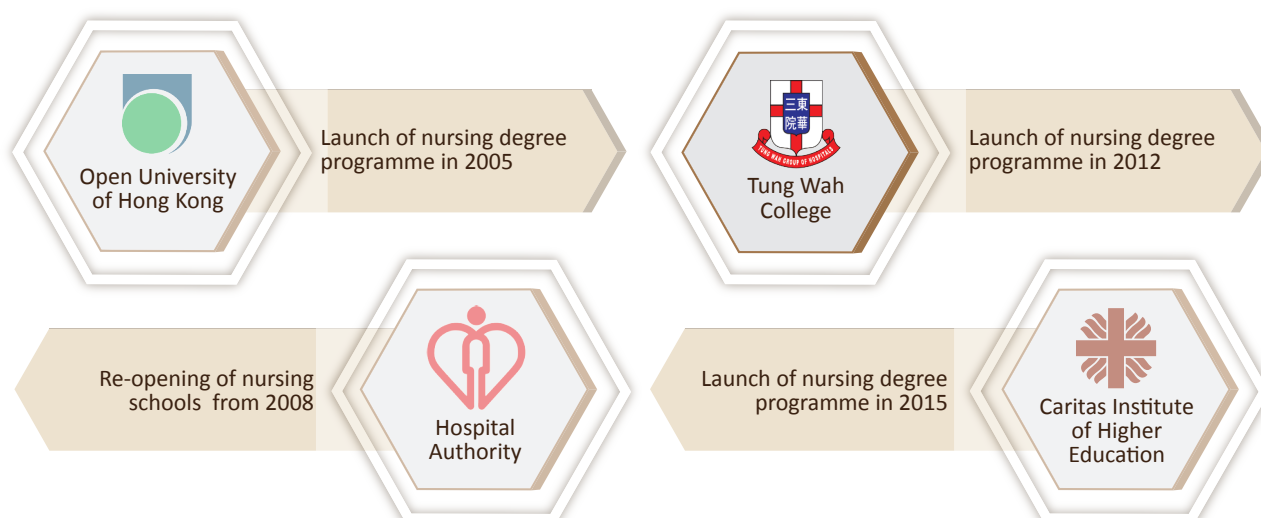
(a) Launch of nursing degree programme offered by OUHK in 2005;

(b) HA's re-opening of its own nursing schools in 2008;

(c) Launch of nursing degree programme offered by TWC in 2012; and

(d) Launch of nursing degree programme offered by Caritas in 2015.

**Figure 5.5 Increase in the training capacity for nurses in self-financing sector**



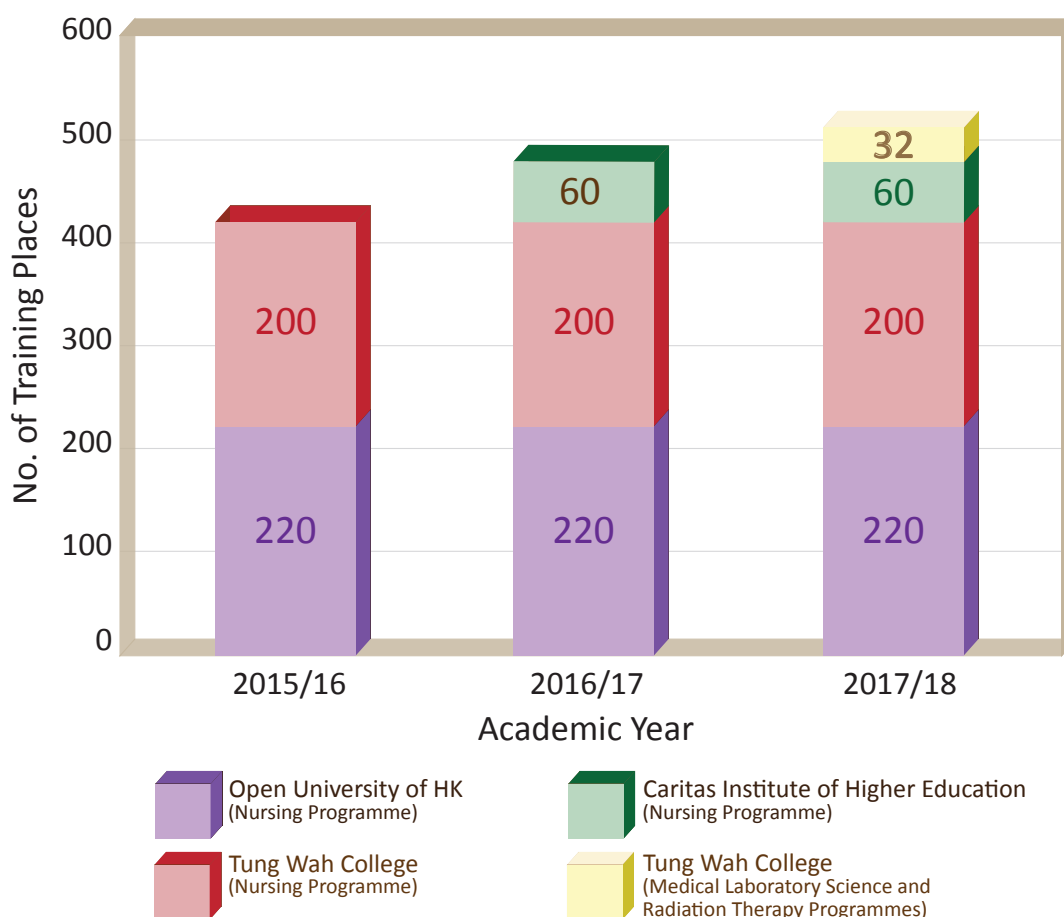
5.1.12 SSSDP<sup>33</sup> subsidised a total of 420 nursing training places for the 2015/16 cohort; and the number of subsidised places further increased to 480 for the 2016/17 and 2017/18 cohorts, leveraging on the supply of the self-financing sector to help ease the shortage of nurses in the market.

5.1.13 The self-financing sector has also started to offer courses in some of the allied health professions (such as occupational therapy, medical laboratory science and

radiation therapy). SSSDP subsidises another 32 places of the medical laboratory science and radiation therapy programmes offered by TWC for the 2017/18 cohort. The trend of a growing self-financing sector complementing the public-funded institutions in providing local healthcare training is becoming more prevalent and mature.

<sup>33</sup> SSSDP was a pilot scheme announced in the 2014 Policy Address to subsidise about 1 000 students per cohort to pursue designated full-time locally-accredited self-financing undergraduate programmes in selected disciplines for three cohorts of students admitted in the 2015/16 to 2017/18 academic years.

**Figure 5.6 Number of subsidised healthcare training places under SSSDP**



5.1.14 Healthcare professions with demand mainly coming from the private sector are more susceptible to the fluctuation of economic cycle. The Steering Committee considers that providing a **steady stream of locally trained graduates with a mix between UGC-funded and, where applicable,**

**self-financing training places would be the most effective way of maintaining the supply for these professionals. Locally trained graduates should be the primary source of supply, supplemented as necessary by qualified non-locally trained ones through established mechanism in the short term.**

## 5.2 Recommendations - Healthcare Manpower

### RECOMMENDATION 1

#### LOCAL SOURCE - 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.

5.2.1 The Steering Committee considers that locally trained healthcare professionals should continue to be the bedrock of our healthcare workforce. To meet the increasing demand for healthcare services, the Steering Committee recommends that the Government should consider increasing the number of UGC-funded training places for those professions which will still be facing manpower shortage in the medium to long term.

### RECOMMENDATION 2

#### LOCAL SOURCE – 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, notably nurses, OTs, PTs, MLTs, optometrists and radiographers and provide the necessary support to the self-financing sector in terms of infrastructural and funding support.

The Government should continue to subsidise the pursuit of study in those healthcare disciplines facing manpower shortage as appropriate, in particular, in the allied health disciplines, under SSSDP with a view to sustaining the healthy development of the self-financing tertiary education sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

5.2.2 At present, there are two medical schools (i.e. HKU and CUHK), one dental school (i.e. HKU), and one UGC-funded university for training allied health professionals (i.e. PolyU). UGC-funded places are costly and usually require a long planning horizon. There is also limitation to their capacity for expansion in the short-to-medium term because of infrastructural constraints.

5.2.3 Tertiary institutions should and could help meet part of our healthcare manpower needs through a wider and greater provision of self-financing training programmes. The Steering Committee notes that OUHK, TWC, PolyU, Caritas and HKU SPACE are heading towards this direction.

5.2.4 The Steering Committee recommends that the Government should make better use of

the self-financing sector to help meet part of the increasing demand for healthcare professionals, in particular **nurses, OTs, PTs, MLTs, optometrists and radiographers**, and provide necessary support to the self-financing sector in terms of infrastructural and funding support.

5.2.5 The availability of self-financing programmes for nurses and allied health professionals could provide more flexibility to meet changes in demand. These programmes produce graduates who may have greater incentive to work in sectors, such as social welfare organisations, which have hitherto experienced difficulties in recruitment. The nursing profession is the first healthcare profession with a strong and vibrant self-financing training capacity. Its experience shows that with the active participation of the self-financing sector, shortage in nurses could be addressed effectively within a reasonable period of time.

5.2.6 In order to nurture talents to meet our social and economic needs, the Government has decided to regularise SSSDP from the 2018/19 academic year to subsidise students to undertake designated self-financing undergraduate programmes. The number of subsidised places will be increased from about 1 000 per cohort to 3 000. Current students of the designated programmes will also receive the subsidy from the 2018/19 academic year. It is expected that about 13 000 students will benefit from the scheme each academic year.

5.2.7 The Steering Committee recommends that the Government should continue to subsidise the pursuit of study in those healthcare professions facing manpower shortage as appropriate, in particular, in the allied health professions, with a view to sustaining the healthy development of the self-financing tertiary education sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

### RECOMMENDATION 3

#### HEALTHCARE MANPOWER IN THE PUBLIC SECTOR

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 through limited registration more proactively.

#### *Retaining doctors to work in HA*

5.2.8 The Steering Committee recommends that to address manpower shortage in the short to medium term, more proactive measures should be adopted by HA to attract and retain healthcare professionals including doctors in the public sector. This would provide relief to the shortage of doctors in HA.

#### *Recruiting non-locally trained doctors through limited registration*

5.2.9 In a bid to alleviating manpower shortage, HA should continue to recruit non-locally trained doctors through limited registration. The Government introduced an amendment bill into LegCo to amend MRO to extend the validity period and renewal period of limited registration from not exceeding one year to not exceeding three years. Subject to the passage of the Bill, this will help HA recruit more non-locally trained doctors through limited registration to ease its doctor shortage problem in the short term.

5.2.10 The Steering Committee considers that while measures should be taken to facilitate experienced non-locally trained doctors to come and practise in Hong Kong, the quality and competency level of these doctors should not be compromised. MCHK should continue to be entrusted to uphold the professional standards of doctors in order to safeguard patient safety and interest in Hong Kong.

#### RECOMMENDATION 4

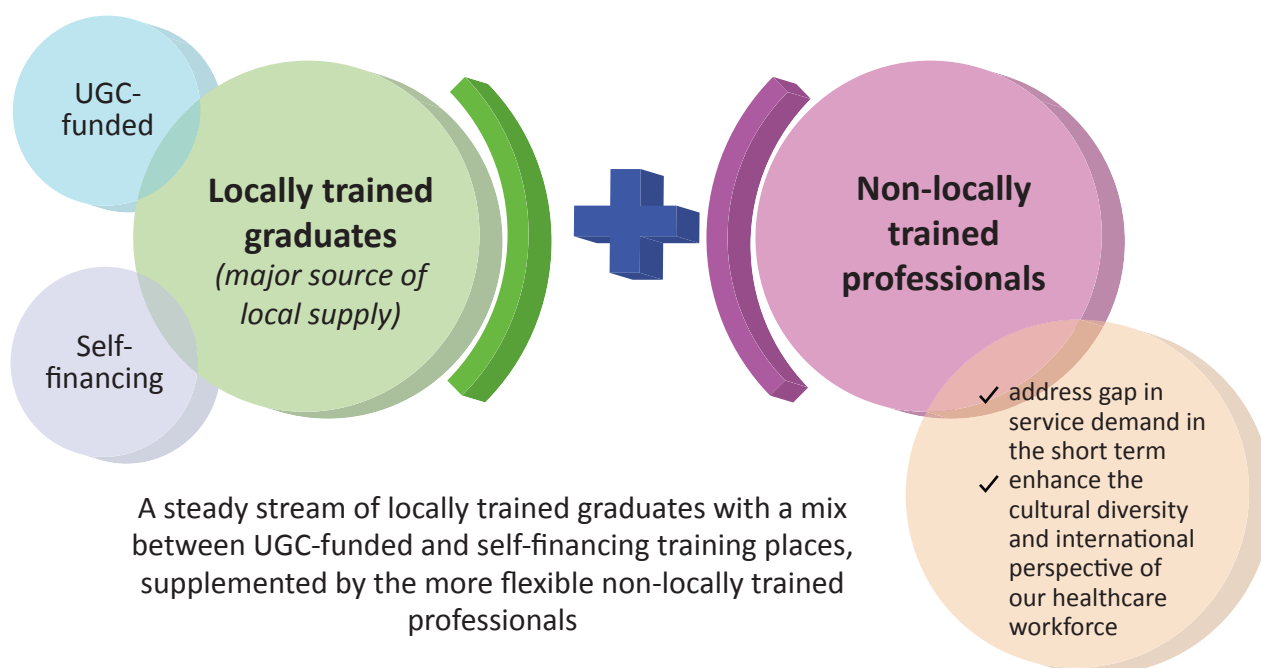
##### NON-LOCALLY TRAINED HEALTHCARE PROFESSIONALS

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 publicise the registration arrangements overseas with targeted and proactive recruitment drive to facilitate non-locally trained healthcare professionals, many of whom are Hong Kong citizens or have deep roots here, to come to Hong Kong to practise.

5.2.11 While locally trained healthcare professionals should be the primary source of supply, they should be supplemented as necessary by qualified, non-locally trained ones through established mechanism in the short term.

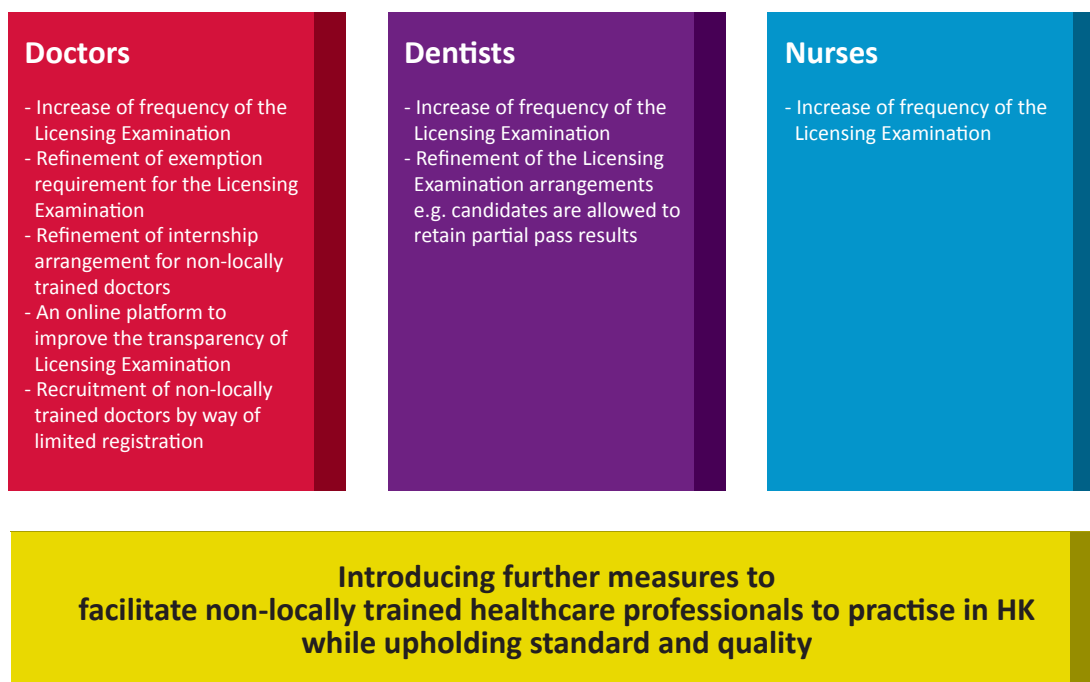
**Figure 5.7 Sources of manpower supply in Hong Kong**



5.2.12 There are avenues for non-locally trained healthcare professionals to practise in Hong Kong. For those professions where full registration is granted to non-locally trained professionals through licensing examinations,

the Steering Committee notes that MCHK, DCHK and NCHK have increased their frequency of licensing examinations and, where appropriate, introduced more flexibility for internship arrangement.

**Figure 5.8 Measures taken to facilitate non-locally trained healthcare professionals to practise in Hong Kong**



5.2.13 As for allied health professions, non-locally trained professionals could gain full registration without licensing examination through recognised qualifications in general. There is, thus, no need to increase the frequency of the relevant licensing examinations which often attract a small number of candidates.

institutions in Hong Kong, to the UK in November 2016 to attract and recruit healthcare professionals (in particular OTs and PTs) to work in Hong Kong. More efforts should be put on attracting non-locally trained professionals through the Government's economic and trade offices overseas.

5.2.14 However, where there is shortage of local supply, the Steering Committee recommends that more efforts should be made to publicise 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. For instance, it is noted that the Government led a delegation, with the participation of various social welfare

5.2.15 For pharmacists and chiropractors, it is noted that non-locally trained healthcare professionals account for an important source of manpower supply in Hong Kong. As for CMPs, the trend of HK students studying Chinese Medicine in the Mainland needs attention and close monitoring of its consequential impact on the overall supply of CMPs in Hong Kong in the years to come.

## RECOMMENDATION 5

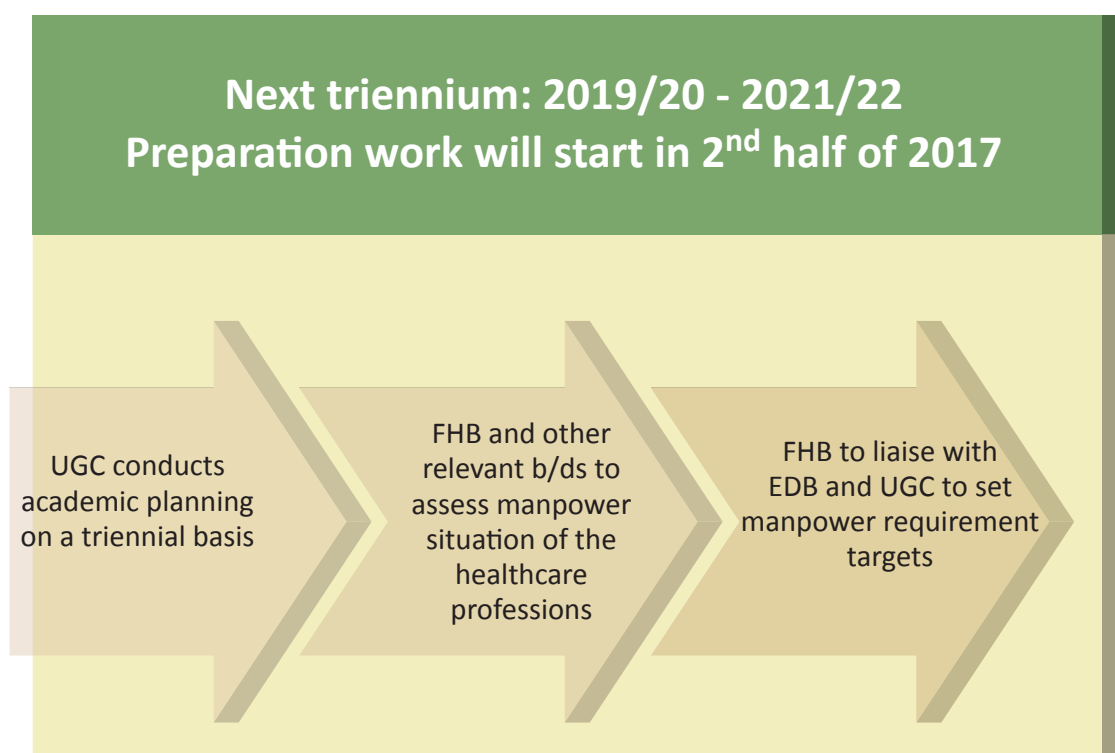
### MANPOWER PLANNING AND PROJECTIONS

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

5.2.17 The Steering Committee recommends that the Government should devise a more sophisticated data collection mechanism so as to facilitate manpower projections in the future. The Government should also continue its engagement with the healthcare professions so as to keep abreast of the latest manpower situation of healthcare professionals.

5.2.16 The current manpower projection exercise and the manpower projection model designed by HKU have provided a starting point and good basis for the Government to conduct healthcare manpower planning regularly. To keep in view the manpower situation of the healthcare professions, the Steering Committee recommends that the Government should conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of UGC. The next projection exercise will start in the second half of 2017 for the 2019/20 - 2021/22 triennium.

**Figure 5.9 Conducting manpower planning and projections once every three years**





## 5.3 Recommendations - Manpower Planning for Each Profession



### 5.3.1 DOCTORS

#### Locally trained doctors

##### ***The Steering Committee notes that ...***

With ageing population and increasing demand for healthcare services, it is projected that there will be manpower shortage of doctors in the short to medium term. Local graduates are the predominant source of doctors serving in the public sector.

##### ***The Steering Committee recommends that ...***

The Government should consider further increases in medical training places having regard to the supply of and demand for doctors.

#### Doctor manpower in the public sector

##### ***The Steering Committee considers that ...***

In considering ways to address the doctor shortage, the Steering Committee is mindful that the private sector is more flexible in adjusting productivity in response to market demand. The Steering Committee also notes the observations of some that there remains spare capacity in the private sector and thus considers that the Government's priority should be focused on filling the manpower gap in HA, which provides nearly 90% of all in-patient services and around 30% of primary care services in Hong Kong.

#### Retaining doctors to work in HA

##### ***The Steering Committee welcomes ...***

HA's adoption of a higher retirement age of 65 for new recruits commencing employment on or after 1 June 2015.

HA's initiative to rehire retired healthcare professionals for two years up to 62 on a pilot basis. Through the re-hiring scheme in

2015/16 and 2016/17, HA has recruited 63 doctors, 48 nurses, nine allied health professionals and 884 healthcare support staff. The Steering Committee supports that HA should continue to re-employ suitable retirees through the Special Retired and Rehire Scheme in 2017/18.

#### Recruiting non-locally trained doctors through limited registration

##### ***The Steering Committee recommends that ...***

In a bid to alleviating manpower shortage, HA should continue to recruit non-locally trained doctors through limited registration. It is noted that the Government introduced an amendment bill into LegCo to amend MRO to extend the validity period and renewal period of limited registration from not exceeding one year to not exceeding three years. Subject to the passage of the Bill, this will help HA recruit more non-locally trained doctors through limited registration to ease its doctor shortage problem in the short term.

#### Non-locally trained doctors

##### ***The Steering Committee welcomes MCHK's initiatives to ...***

- increase the frequency of its Licensing Examination
- refine the exemption requirements for the examination
- refine requirement of internship assessment

*Around 70 candidates passed the Part III Clinical Examination of the Licensing Examination in 2014 and another 40 in 2015 and 41 in 2016, which was significantly higher than the five-year average of 30 from 2009 to 2013.*

##### ***The Steering Committee notes that ...***

The Government has provided additional resources to MCHK to set up an online platform for candidates sitting the Licensing Examination in order to increase the transparency of the Licensing Examination.





### 5.3.2 DENTISTS

#### Locally trained dentists

***The Steering Committee notes that ...***

It is projected that there will be manpower shortage of dentists in the short to medium term.

As our society ages and with enhanced public awareness of dental care, the private demand for dental services is set to increase. Furthermore, with the introduction of new dental initiatives by the Government, notably the Outreach Dental Care Programme for the Elderly, the Community Care Fund Elderly Dental Assistance Programme and the Pilot Project on Dental Service for People with Intellectual Disability, the demand for subsidised dental services is on the rise with consequential implications for dental manpower.

***The Steering Committee recommends that ...***

The Government should keep in view the manpower supply of dentists and consider increasing the number of publicly-funded training places as appropriate.

#### Non-locally trained dentists

***The Steering Committee welcomes ...***

DCHK's initiatives to hold two Licensing Examinations for non-locally trained dentists every year starting from 2015. DCHK has further improved the arrangement of certain parts of the Licensing Examination starting from 2015, including allowing candidates to re-sit those unsuccessful part(s) for certain papers of the Licensing Examination, while retaining partial pass results for the successful ones. DCHK has also updated its result retention policy and examination admission arrangement.

***The Steering Committee recommends that ...***

A limited registration mechanism be put in place for the dentist profession so as to supplement the local manpower in the short term when necessary.



### 5.3.3 DENTAL HYGIENISTS

#### Manpower projection for dental hygienists

***The Steering Committee notes that ...***

It is projected that there will be manpower shortage of dental hygienists in the short to medium term.

***The Steering Committee considers that ...***

The Government should consider devising a more robust mechanism with updated registration status of dental hygienists, as dental hygienists, once enrolled, will stay on the list without the need for annual renewal.



## 5.3.4 NURSES

### Locally trained nurses

#### ***The Steering Committee notes that ...***

There is a strong and vibrant self-financing sector dedicated to nurse training, in addition to nurse programmes offered by UGC-funded institutions. CUHK, HKU and PolyU providing a total of 630 UGC-funded first-year-first-degree places and 125 senior-year intake each year. HA, private hospitals and other tertiary institutions operate in parallel a variety of self-financed nursing programmes, which add up to about 2 200 places annually. All in all, there are some 3 000 nursing training places offered each year.

The Government has also provided sizable subsidy to nursing programmes meeting the criteria and selected under the mechanism of SSSDP. A total of 420 self-financing nursing places were subsidised for the 2015/16 cohort and the number of subsidised self-financing nursing places was increased to 480 for the 2016/17 and 2017/18 cohorts.

### Manpower projection - General Nurses

#### ***The Steering Committee notes that ...***

It is projected that there will be manpower shortage of general nurses in the short to medium term. There is also increasing demand for general nurses from the welfare sector with the implementation of enhancement initiatives to strengthen the nursing support in terms of elderly and rehabilitation services.

#### ***The Steering Committee considers that ...***

When considering whether to increase the annual UGC-funded nursing places, the Government should take into account, among others, the training cycle of nurses and the fact that the self-financing market is flexible and responsive in adapting to market demand.

### Manpower projection - Psychiatric Nurses

#### ***The Steering Committee notes that ...***

It is projected that the manpower supply of psychiatric nurses is close to manpower equilibrium in the short term and there will be sufficient manpower in the medium term. This is based on the model assumption that the existing service level and model will remain unchanged throughout the projection period and no new services will be provided. In reality, service provision and planning are dependent on the availability and sufficiency of the necessary healthcare manpower. Knowing that there is an increasing supply of psychiatric nurses in relation to existing service level and model, various service providers such as HA and social welfare institutions should capture this opportunity to plan ahead to make better and fuller use of psychiatric nurses in the provision of existing and new healthcare services. Furthermore, given the adaptability and flexibility of the self-financing sector, there would be natural adjustment in response to the need and demand for nurses.

### Non-locally trained nurses

#### ***The Steering Committee welcomes ...***

NCHK's initiative to increase the frequency of Licensing Examination for non-locally trained nurses from once to twice a year from 2016.



### 5.3.5 MIDWIVES

There were 4 540 midwives as at end 2016. To the best of our understanding, only 40% of them are working in the field of midwifery, obstetrics and gynaecology, due to the low fertility level in Hong Kong. Since a midwife may hold dual registration in both nursing and midwifery, and nurses are also deployed to work in the field of midwifery, obstetrics and gynaecology in both HA and private hospitals, it would not be possible to present a meaningful manpower projection for midwives. Given the low fertility level in Hong Kong and the stable demand for midwives, the supply of midwives should be more or less sufficient to meet the demand.



### 5.3.6 CHINESE MEDICINE PRACTITIONERS

#### Manpower projection of CMPs

##### ***The Steering Committee notes that...***

It is projected that there will be sufficient manpower of CMPs in the short term and manpower shortage in the medium term.

##### ***The Steering Committee considers that ...***

There is no urgent need to adjust the training places for CMPs considering that there will be sufficient manpower before 2025 in the profession.

#### HK students studying Chinese Medicine in the Mainland

##### ***The Steering Committee notes that ...***

During the deliberation of the CMP Sub-group, there was concern over the substantial increase of HK students studying Chinese Medicine in the Mainland.

According to the statistics provided by CMCHK, the average number of candidates passing the Licensing Examination and getting registered for the period from 2012 to 2016 is about 200 each year.

2012	2013	2014	2015	2016
189	203	190	204	233

It is observed that the number of students studying Chinese Medicine programmes in the Mainland recognised by CMCHK has decreased from the peak from about 470 in 2013/14 to 260 in 2015/16. The potential impact on the supply of CMPs needs further assessment, pending the availability of more data e.g. graduation rate, willingness to practise in HK and their passing rate of the Licensing Examination.

The Steering Committee considers that the

Government should continue to keep in view the trend of HK students studying Chinese Medicine in the Mainland and the number of candidates passing the Licensing Examination. Assessment should also be conducted regarding the impact of HK students studying in the Mainland on the overall manpower supply of CMPs.



### 5.3.7 PHARMACISTS

#### Manpower projection of pharmacists

##### ***The Steering Committee notes that ...***

It is projected that the supply of pharmacists is in slight shortage or close to equilibrium in the short term and there will be sufficient manpower in the medium term under the existing service level and model.

#### Enhancement of pharmacy services

##### ***The Steering Committee considers that ...***

With a steady local supply of pharmacists in the tune of 90 every year, healthcare service providers including HA should make full use of the manpower resources to plan for new and enhanced initiatives, e.g. clinical pharmacy services, in response to the challenges of ageing population.

#### Demand for community pharmacists in the private sector

##### ***The Steering Committee notes that ...***

The demand for community pharmacists in the private sector is contingent on the economic situation and the condition of the retail market. The demand-supply dynamics could shift swiftly in the face of economic fluctuations with consequential impact on the retail market. During an economic boom, the supply of community pharmacists would be tight or even in shortage whereas an economic downturn could cause short-term sufficient manpower of community pharmacists.

#### Next manpower projection exercise for pharmacists

##### ***The Steering Committee recommends that ...***

The Government should make use of the next projection exercise (which will start in the second half of 2017 for the 2019/20 - 2021/22 triennium) to re-assess the supply and demand projection having regard to the latest changes in the retail market, in particular local community pharmacies.



### 5.3.8 OCCUPATIONAL THERAPISTS

#### Manpower projection of OTs

##### ***The Steering Committee notes that ...***

It is projected that there will be manpower shortage of OTs in the short to medium term.

#### Manpower shortage in the welfare sector

##### ***The Steering Committee notes that ...***

The social welfare sector has expressed concerns over the manpower shortage of OTs due to ageing population and increasing service provision. However, there is only one UGC-funded institution i.e. PolyU providing OT programme in HK.

To alleviate the shortage of OTs in the welfare sector, PolyU launched a two-year entry level MOT programme in January 2012 on a self-financing basis. To encourage graduates of the MOT programme to join the welfare sector, SWD has introduced a Training Sponsorship Scheme to provide funding support for the non-governmental organisations (NGOs) to offer tuition fee sponsorship to students whom they recruited. Students obtaining the sponsorship have to work for NGOs concerned for not less than two years. The first and second cohorts of around 30 students graduated in January 2014 and January 2016 respectively. PolyU cooperated with SWD again to implement the third batch of MOT programme in 2016/17, providing a total capacity of around 24 places. The graduates need to undertake to work in the welfare sector for not less than three years.

#### Self-financing training

##### ***The Steering Committee notes that ...***

TWC has started to operate a self-financing programme in occupational therapy, providing about 50 training places in 2013/14. The programme is undergoing accreditation by SMP

Council. The first cohort of students will graduate in 2017. There will be sufficient manpower in the medium term after taking into account the graduates from TWC.

##### ***The Steering Committee considers that ...***

Increased graduates from the self-financing sector would better enable healthcare providers in particular social welfare organisations to plan for new and/or improved services.

#### Demand in the welfare sector

##### ***The Steering Committee notes that ...***

The manpower of OTs might be insufficient as the demand for OTs in the welfare sector has long been suppressed because of manpower shortage.

#### Next manpower projection exercise for OTs

##### ***The Steering Committee recommends that ...***

The Government should make use of the next projection exercise (which will start in the second half of 2017 for the 2019/20 - 2021/22 triennium) to re-assess the supply and demand projection, in particular when the new and increased demand for OTs in the welfare sector is fully captured.



### 5.3.9 PHYSIOTHERAPISTS

#### Manpower projection of PTs

##### ***The Steering Committee notes that ...***

It is projected that there will be manpower shortage of PTs in the short to medium term.

#### Manpower shortage in the welfare sector

##### ***The Steering Committee notes that ...***

The social welfare sector has expressed concerns over the manpower shortage due to ageing population and increasing service provision. However, there is only one UGC-funded institution i.e. PolyU providing PT programme in HK.

To alleviate the shortage of PTs in the welfare sector, PolyU launched a two-year entry level MPT programme in January 2012 on a self-financing basis. To encourage graduates of MPT programme to join the welfare sector, SWD has introduced a Training Sponsorship Scheme to provide funding support for NGOs to offer tuition fee sponsorship to students whom they recruited. Students obtaining the sponsorship have to work for NGOs concerned for not less than two years. The first and second cohorts of around 30 students graduated in January 2014 and January 2016 respectively. PolyU cooperated with SWD again to implement the third batch of MPT programme in 2016/17, providing a total capacity of around 48 places. The graduates need to undertake to work in the welfare sector for not less than three years.

#### Self-financing training

##### ***The Steering Committee recommends that ...***

The Government should encourage the self-financing sector to offer physiotherapy programmes as in the case of OTs, in addition to increasing publicly-funded training places.



### 5.3.10 MEDICAL LABORATORY TECHNOLOGISTS

#### Manpower projection of MLTs

##### ***The Steering Committee notes that ...***

It is projected that there will be slight shortage (close to equilibrium) of MLTs in the short to medium term.

##### ***The Steering Committee considers that ...***

The Government should keep in view the manpower situation of MLTs in the market.

#### Self-financing training

##### ***The Steering Committee notes that ...***

There is an increasing demand for MLTs in both public and private sectors. The increased training places and provision of self-financing programmes could help meet such increasing demand.

Considering that there is a sustained demand for MLTs in Hong Kong and the programme of TWC has obtained professional accreditation from SMP Council, the Government has decided to subsidise 20 training places of the medical laboratory science programme operated by TWC under SSSDP for the 2017/18 cohort.



### 5.3.11 OPTOMETRISTS

#### Manpower projection of optometrists

***The Steering Committee notes that ...***

It is projected that there will be manpower shortage of optometrists in the short to medium term.

***The Steering Committee recommends that ...***

The Government should encourage self-financing sector to offer optometry programmes, in addition to increasing publicly-funded training places.

#### Optometrists in the private sector

***The Steering Committee notes that ...***

Similar to the pharmacists profession, the demand for optometrists in the private sector is contingent on the economic situation and the condition of the retail market.

***The Steering Committee notes that ...***

As the vast majority (over 90%) of optometrists are in private practice, the quality and availability of data for the purpose of manpower projection may not be as robust and reliable as those where there is a significant proportion of public service. The shortage in the short to medium term could be mitigated by market adjustments and behavioral change of practising private optometrists. The projected manpower shortage would be reduced if optometrists in private practice opt to work well beyond the retirement age commonly observed in public organisations.

#### Next manpower projection exercise for optometrists

***The Steering Committee recommends that ...***

The Government should make use of the next projection exercise (which will start in the second half of 2017 for the 2019/20 - 2021/22 triennium) to re-assess the supply and demand projection, having regard to the latest changes in the retail market and other relevant factors.





### 5.3.12 RADIOGRAPHERS

#### Manpower projection of radiographers

***The Steering Committee notes that ...***

It is projected that there will be slight shortage (close to equilibrium) of radiographers in the short to medium term.

***The Steering Committee considers that ...***

The Government should keep in view the manpower situation of radiographers in the market.

#### Self-financing training

***The Steering Committee notes that ...***

Considering that there is a sustained demand for radiographers in Hong Kong and the programme of TWC has obtained professional accreditation from SMP Council, the Government has decided to subsidise 12 training places of the radiation therapy programme operated by TWC under SSSDP for the 2017/18 cohort.

#### Next manpower planning exercise for radiographers

***The Steering Committee considers that ...***

Registered radiographers in Hong Kong are divided into two categories: diagnostic and therapeutic. While the manpower projection conducted by HKU is for the whole radiography profession, the two streams of radiographers have different skill sets and are specialised in different types of work. For the current exercise, radiographers are treated as one for the purpose of manpower projections. The Government would consider whether and, if so, how separate projections could be made in the next round of projection exercise.



### 5.3.13 CHIROPRACTORS

#### Manpower projection of chiropractors

***The Steering Committee notes that ...***

It is projected that the manpower supply of chiropractors is close to equilibrium in the short term and there will be sufficient manpower in the medium term.

For chiropractors, given the current demand situation, the supply of non-locally trained graduates should be adequate to meet the local demand in the short to medium term.

***The Steering Committee considers that ...***

Over 90% of chiropractors are working in the private sector. As in the case of optometrists, the current projection should be viewed in context. Concerted efforts should be made in the next round of exercise to improve the quality and reliability of data from the private sector.



## 5.4 General Observations - Professional Development and Regulation

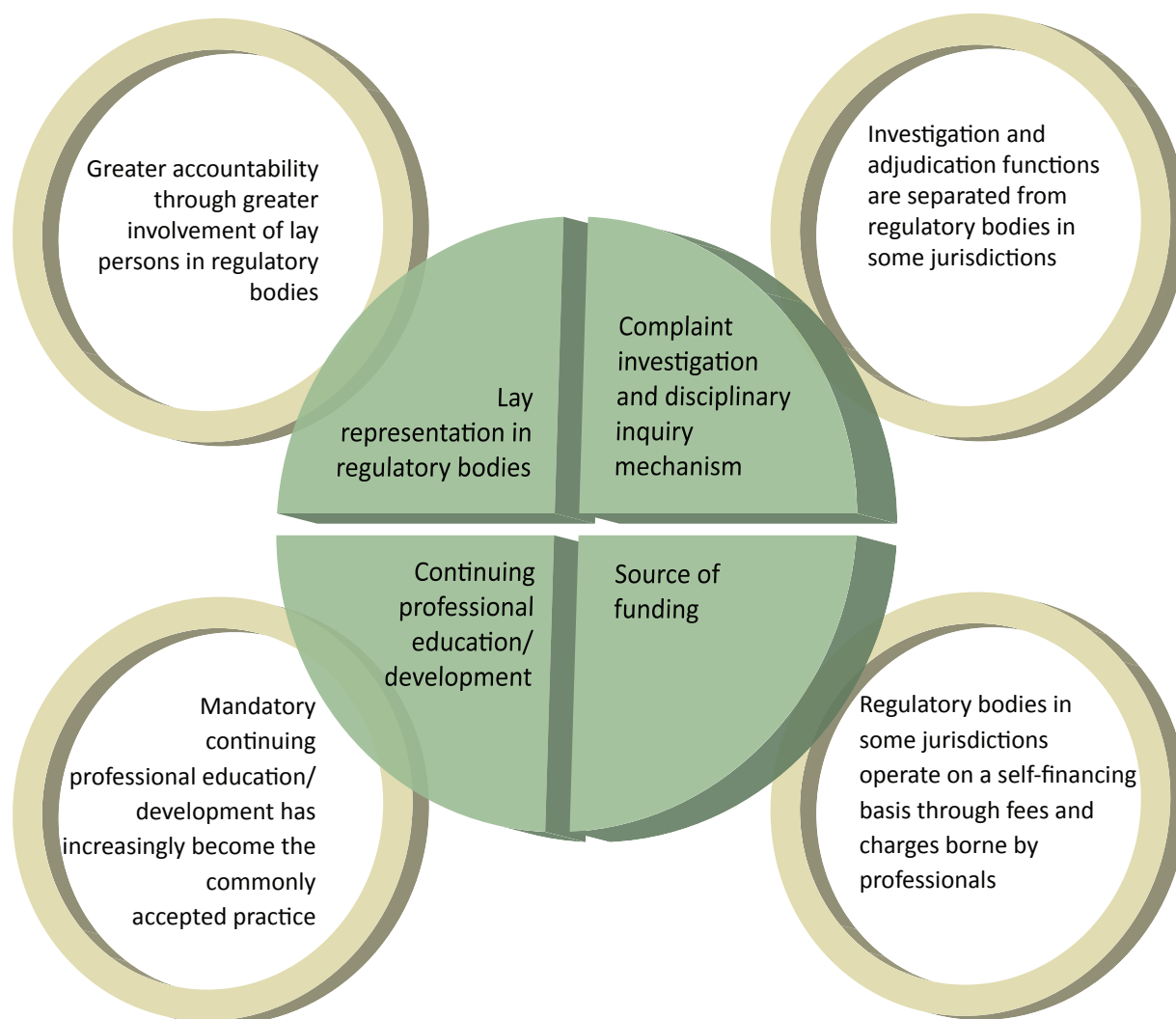
5.4.1 The healthcare system of Hong Kong is renowned for its quality, efficiency and cost-effectiveness. The achievements we have made on the front of healthcare owe much to the competence, dedication and commitment of our healthcare professionals. Their good and hard work has earned the trust and respect of the community over the years. Public trust is a crucial element for professional self-regulation which has been accepted here without much dispute for decades while professional regulation elsewhere undergoes substantive changes. However, professional self-regulation must evolve and improve itself in keeping with the prevailing rules and values of our open and cosmopolitan society.

5.4.2 The findings and observations of the study commissioned to CUHK offer a comprehensive view of the latest regulatory framework for healthcare professionals in different parts of the world. There is no one-size-fits-all solution, and differences in regulatory regimes are inevitable because of differences in circumstances. The regulatory regimes among developed economies in the west are converging towards a more modern mechanism with more openness, greater accountability, a more independent and separate complaint investigation and disciplinary inquiry mechanism, and increased emphasis on continuing professional education and development (see Figure 5.10). While Asian jurisdictions tend to follow a more traditional mode of professional self-regulation with strong government oversight, there are signs that efforts are being made to build a more modern regulatory framework.

5.4.3 In its deliberations, the Steering Committee has adopted a holistic and balanced approach, taking into account both the views and concerns of healthcare professionals and other stakeholders in the community as well as the findings and observations of CUHK's study. We fully recognise the importance of ensuring

stability in professional regulation. Any change proposed must be based on solid grounds that would advance professionalism and are in the interest of maintaining public trust in our healthcare professionals. We appreciate the contribution of our healthcare professionals, and would strive to ensure that the hard-earned trust remains as strong as it is through measures that strike a balance between upholding professional autonomy and responding to legitimate calls for more credibility and greater accountability.

**Figure 5.10 Global trends in regulatory regime of healthcare professionals**



## 5.5 Recommendations - Professional Development and Regulation

### RECOMMENDATION 6

#### LAY INVOLVEMENT IN BOARDS AND COUNCILS

Boards and Councils should ensure meaningful lay involvement by, among others, setting a minimum lay membership of 25%.

5.5.1 The Steering Committee considers that there is a need to ensure meaningful lay involvement in Boards and Councils. Having an appropriate proportion of lay members, who are neither post-tied ex-officio members nor members of the profession under regulation, could help bring in fresh views and offer wider perspectives. A meaningful presence of lay members provides an institutional assurance for enhanced public accountability while preserving professional self-regulation.

5.5.2 The Steering Committee believes that lay members should generally make up at least 25% of the membership of Boards and Councils. A survey of the current situation shows that 11 Boards and Councils have already had a lay ratio equal to or larger than 25%. There are two, namely MCHK and Midwives Council of Hong Kong, which have less than 25% of lay members.

5.5.3 Lay participation in MCHK was discussed at the Tripartite Platform on Amendments to the MRO<sup>34</sup>. The Government has weighed all relevant considerations, including the recommendation of the Steering Committee and deliberations at the Tripartite Platform, and made a decision that has balanced the interest of the community as a whole. The Government introduced an amendment bill into LegCo on 7 June 2017 to –

- (a) improve the complaint handling and disciplinary inquiry mechanism of MCHK for greater efficiency, accountability and credibility;

- (b) increase lay membership in MCHK for enhanced accountability and credibility; and
- (c) enable MCHK to approve applications for limited registration from not exceeding one year to not exceeding three years.

5.5.4 As regards the Midwives Council of Hong Kong, the Steering Committee considers that it should deliberate and advise the Government whether the present lay involvement is adequate and, if not, what changes should be made in further increasing lay participation.

5.5.5 As for other Boards and Councils, the Steering Committee notes that there are seats where the law provides latitude for them to be filled by persons either within the profession or outside. Taking NCHK as an example, the actual involvement of lay persons varies year from year depending on whether such seats (three in total) are filled up by nurses or lay members as they are open to both. There are also seats to be filled by public officers - either (ad-personam or post-tied) or another professional members such as doctors and lawyers. Boards and Councils may deliberate on their own and, where necessary and justified, make suggestions on refinement to their respective composition, with a view to better ensuring a meaningful involvement of lay persons to enhance public accountability.

<sup>34</sup> A tripartite platform comprising doctors, representatives of patients' interests and consumers' interests, and LegCo Members was set up to promote understanding and communication, as well as provide views and deliberate on amendment proposals to the MRO.

## RECOMMENDATION 7

### CONTINUING PROFESSIONAL EDUCATION AND/OR DEVELOPMENT

Boards and Councils should continue to upkeep the strong professional competency of healthcare professionals through, among others, making continuing professional education and/or continuing professional development a mandatory requirement.

5.5.6 CPE/CPD is an integral element of professionalism. Maintaining and developing skills, expertise and professional practice are the core aspects of good healthcare practice. This requires participation in professional development, practice improvement and any other activities that would help ensure professional capabilities.

5.5.7 The Steering Committee is pleased to note that all healthcare professions value and recognise the importance of CPE/CPD but the practice and legal requirement vary among them. Continuing education is a mandatory requirement for continuing practice of registered

CMPs<sup>35</sup>. It is also mandatory for doctors and dentists on the specialist registers<sup>36</sup>. Non-specialist doctors and non-specialist dentists may on their own volition voluntarily enrol in CPE/CPD administered by MCHK and DCHK respectively, but they do not have an obligation as that of their specialist counterparts to undertake and complete continuing professional education. There are also voluntary CPE/CPD programmes administered by relevant Boards and Councils for nurses, midwives, OTs, PTs, MLTs, optometrists, radiographers and chiropractors. The above-mentioned voluntary CPE/CPD programmes are summarised in Figure 5.11. For dental hygienists and pharmacists, there is no CPE/CPD programme administered by the relevant Council and Board.

<sup>35</sup> Under section 82(2) of the Chinese Medicine Ordinance (Cap. 549), the Chinese Medicine Practitioners Board shall determine the requirements relating to continuing education in Chinese medicine which are to be complied with before a practising certificate may be renewed under section 76 or 77 (of the Ordinance).

<sup>36</sup> Under the Medical Registration Ordinance (Cap.161) and the Dentists Registration Ordinance (Cap.156), a registered doctor and a registered dentist who wishes to have his name included in the Specialist Register must satisfy the continuing education requirements.

**Figure 5.11 CPE/CPD requirement for the 13 healthcare professions concerned**

Mandatory for all practitioners	Mandatory for specialists	Voluntary programmes	No voluntary programmes
<ul style="list-style-type: none"> <li>Registered CMPs</li> </ul>	<ul style="list-style-type: none"> <li>Specialist doctors</li> <li>Specialist dentists</li> </ul>	<ul style="list-style-type: none"> <li>Non-specialist doctors</li> <li>Non-specialist dentists</li> <li>Nurses (Registered &amp; Enrolled)</li> <li>Midwives</li> <li>OTs</li> <li>PTs</li> <li>MLTs</li> <li>Optometrists</li> <li>Radiographers</li> <li>Chiropractors</li> </ul>	<ul style="list-style-type: none"> <li>Dental hygienists</li> <li>Pharmacists</li> </ul>

5.5.8 The Steering Committee considers that CPE/CPD should not be just an option or confined to specialists, but should be widely promoted and ultimately become a mandatory requirement for healthcare professionals under statutory registration. The process should be carefully planned with due consideration to the current situation, readiness of the profession as well as the legal and resource implication to achieve smooth progression over time. Respecting the principle of professional self-regulation, the Steering Committee considers that, subject to deliberations at the relevant Board and Council, a possible route for implementing mandatory CPE/CPD – as an alternative to legislative amendments – is that Boards and Councils may determine and set out the CPE/CPD requirements as part and parcel of their professional standard requirements e.g. the code of professional conduct and establish a mechanism to oversee whether the healthcare professionals have satisfied the CPE/CPD requirement. Once the relevant Board and Council has reached a view on how mandatory CPE/CPD should be achieved, it should draw up an implementation plan in consultation with the profession, having regard to all relevant considerations, including legal feasibility, practicality, sustainability and enforceability. All relevant Boards and Councils should also ensure that there is sufficient training capacity before CPE/CPD is made mandatory.

## RECOMMENDATION 8

### COMPLAINT INVESTIGATION AND DISCIPLINARY INQUIRY MECHANISM

Boards and Councils should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry by –

- Boards and Councils concerned should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry, with a view to minimising potential conflict of interest and shortening the duration in processing complaints against malpractice or misconduct;
- The Secretariats of Boards and Councils should, where appropriate, strive to provide more user-friendly services by, among others, streamlining the existing administrative procedures; and
- Boards and Councils concerned should, where appropriate, explore the feasibility of using mediation in handling complaints not involving professional misconduct.

### ***Reviewing and improving the mechanism for complaint investigation and disciplinary inquiry for profession(s) where there is long delay with caseload far exceeding capacity***

5.5.9 The number of complaint cases and the time required for concluding them through investigation and where necessary, disciplinary hearings vary greatly across the 13 professions.

5.5.10 The majority of complaint cases are lodged with MCHK, which alone received 580 cases a year on average in the past three years (i.e. 2014-2016). The Steering Committee understands that this reflects the paramount importance of doctors in our healthcare system and the nature of their profession where they are often considered to bear the ultimate responsibility for the life and death of patients

under their care. As a result, the caseload, together with increased complexities, has far exceeded the current capacity of MCHK, resulting in prolonged delay. MCHK Secretariat estimates that the delay would be aggravated to 72 months in the years ahead.

5.5.11 CMCHK and DCHK received, on average, about 250 and 140 cases respectively per year in the past three years (i.e. 2014-2016). The number of complaints lodged with other Boards and Councils is limited, ranging from zero to 52 each year. Because of the small number of complaints, these Boards and Councils are able to complete investigation and conclude cases, where necessary, through disciplinary hearings within a reasonable time. Even for DCHK, the average time required for concluding cases requiring disciplinary hearings is around 34 months, whereas that for CMCHK is around nine months.

5.5.12 It is vital for Boards and Councils to handle complaint cases in a timely manner for the interest of both the public and the healthcare professionals concerned. The Steering Committee considers that all Boards and Councils should spare no efforts in looking for ways to improve the efficiency of its complaint investigation and disciplinary inquiry mechanism through administrative or, if necessary, legislative means.

5.5.13 The Steering Committee notes that a bill i.e. the Medical Registration (Amendment) Bill was introduced in March 2016 to amend MRO with a view to, among others, improving the efficiency of the complaint investigation and disciplinary inquiry mechanism under MRO. This bill was unable to complete the legislative process before prorogation of the fifth term (2012-2016) of LegCo in July 2016. The Steering Committee further notes that this issue was discussed at the Tripartite Platform on Amendments to the MRO. The Steering Committee looks forward to a viable and practical proposal that could not only improve

efficiency by addressing bottlenecks inherent in the present mechanism, but also respond to the strong call for separating the investigative and disciplinary function from the main council but under the auspices of MCHK, in keeping with the international trend.

5.5.14 As regards CMCHK and DCHK, the Steering Committee considers that each should review and deliberate among its respective council as to whether the present mechanism is adequate and efficient enough to deal with existing caseload and also estimated caseload in the coming years. If changes are considered necessary, the relevant council should advise the Government what amendments should be made to their respective ordinances.

5.5.15 As for other Boards and Councils, the Steering Committee considers that they should review their respective mechanism for complaint investigation and disciplinary inquiry as appropriate. Each Board and Council, however, should keep in view the situation and start deliberations among its council if there is indication that changes are called for.

5.5.16 It has become an international norm that the complaint investigation and adjudication functions are separated under or outside the healthcare regulatory bodies. Participation of Council/Board members is limited, or none in some jurisdictions. Such separation of functions aims to increase public confidence in the disciplinary inquiry process. The Steering Committee considers that, in their deliberations, Boards and Councils should have due regard to the international trend for separation and consider whether or not, and if so, how their respective complaint handling and discipline inquiry mechanism should be devised.

5.5.17 Enabling parties to communicate, negotiate and eventually resolve their dispute amicably and efficiently through a trained neutral third party, mediation is generally used and promoted in Hong Kong as a cooperative and consensus-oriented dispute resolution



method which can be used in diverse practice areas, including both public and private spheres. The Steering Committee considers that Boards and Councils with a significant number of complaint cases, where appropriate, should explore the feasibility of using mediation in handling complaints not involving professional misconduct. As far as cases involving professional misconduct are concerned, mediation is not a solution by itself and cannot replace in total an efficient complaint handling mechanism.

#### RECOMMENDATION 9

##### COST RECOVERY OF BOARDS AND COUNCILS

The Government should improve cost recovery of the operation of Boards and Councils.

5.5.18 The Government is currently funding the operation of Boards and Councils and meeting in full, including secretariat expenses and all legal costs associated with their actions and decisions. Such cost involved are partially recovered by fees and charges collected from the professionals under the relevant legislation.

5.5.19 The Steering Committee notes that the existing funding arrangement of Boards and Councils is different from the norm of the developed economies that CUHK has surveyed, where regulatory bodies in the UK, the US, Canada, Australia and New Zealand operate on a self-financing basis through fees and charges borne by professionals.

5.5.20 It is also different from how professional self-regulated regulatory bodies outside the healthcare sector are being funded. For instance, the Hong Kong Institute of Certified Public Accountants operates on a self-financing basis and fixes fees and charges to cover its operating expenses including costs and expenses related to disciplinary

proceedings. The Law Society of Hong Kong (the Law Society) and the Bar Association of Hong Kong (the Bar Association) are also financially independent from the Government, but the relevant Ordinance provides for the costs of legal proceedings to be funded by the Government<sup>37</sup>.

5.5.21 In line with the “cost recovery” and “user pays” principle, it is the Government’s policy that fees charged by the Government should in general be set at levels adequate to recover the full cost of providing the services<sup>38</sup>. The Steering Committee considers that DH should conduct a comprehensive review of the full costs of each Board and Council, including the legal costs. The Steering Committee considers that DH should also review the level of existing fees and charges stipulated in the legislations. For those fees which have not yet attained the relevant full cost level, adjustment of the fees should be made so as to improve the cost recovery of the operations of the Boards and Councils.

<sup>37</sup> Under the Legal Practitioners Ordinance, disciplinary proceedings of solicitors and barristers are conducted by the respective Disciplinary Tribunal, independent from the Law Society and the Bar Association. Disciplinary cases are referred by the Law Society and the Bar Association to the respective tribunal for adjudication.

<sup>38</sup> In the 2013-14 Budget Speech, the Financial Secretary emphasised the need to review fees and charges systematically for upholding the “user pays” principle, with priority given to those fees that had not been revised for years and did not directly affect people’s livelihood, as well as items which had low cost recovery rates. In 2014, DH has reviewed the statutory fees relating to registration (including licensing examination) of the healthcare professionals (except fees under schedule 9 of Pharmacy and Poisons Regulations (Cap. 138A), Pharmacy and Poisons (Pharmacy and Poison Appeal Tribunal Regulations (Cap.138D) and Pharmacists (Disciplinary Procedures) Regulations (Cap.138E)). These fees were either last revised between 2000 and 2006 or had not been revised since their introduction, and DH’s costing review shows that their current cost recovering levels range from 11% to 116%. In order to achieve full cost recovery gradually and avoid a steep fee increase, 117 fees were proposed to be increased by 7% to 20%, while the remaining fee to be reduced by 14%. With the revised fee levels, the cost recovering rates of these existing statutory fee items are in the range of 13% to 100%.

## RECOMMENDATION 10

### REGULATION OF HEALTHCARE PROFESSIONS NOT SUBJECT TO STATUTORY REGISTRATION

The Government should introduce an accreditation scheme for healthcare professionals which are not subject to statutory registration.

5.5.22 The Steering Committee notes that at present, the regulation of most healthcare professions which are not subject to statutory registration has been achieved through voluntary, society-based registration. While recognising the importance and effectiveness of voluntary society-based registration, the Steering Committee considers that a more structured scheme with enhanced credibility could be set up to promote good service standards for the professions and provide more information to members of the public who intend to use their services.

5.5.23 The Steering Committee supports the Government's initiative to introduce an accredited registers pilot scheme for

healthcare professions not subject to statutory registration in Hong Kong. The Scheme could help enhance the current society-based registration arrangement under the principle of professional autonomy, with a view to ensuring the professional competency of healthcare professionals and providing more information to the public so as to facilitate them to make informed decision. This is in line with the international trend to adopt a "right-touch" approach, for regulating healthcare professions in a way commensurate with the level of risks they pose to public health.

5.5.24 In end 2016, the Government launched the Pilot Accredited Registers Scheme (Pilot AR Scheme). The Pilot AR Scheme covers the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of LegCo. These professions may, having regard to their own aspirations and circumstances, opt to join the Pilot AR Scheme. If healthcare professions other than the above-mentioned are interested in joining the Pilot AR Scheme, their applications would be considered on a case-by-case basis. The result of the Pilot AR Scheme is expected to be announced by end 2017.



## 5.6 Recommendations & Implementation

5.6.1 The ten recommendations of the Steering Committee are summarised as follows and implementation of the recommendations requires

the concerted efforts among the Government, HA, regulatory bodies concerned, healthcare professionals and other relevant stakeholders.

### A. HEALTHCARE MANPOWER

#### RECOMMENDATION 1

##### LOCAL SOURCE – PUBLICLY-FUNDED HEALTHCARE TRAINING

#### RECOMMENDATION

- 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.

#### IMPLEMENTATION

***The Government should ...***

#### ***For healthcare professions with manpower shortage***

- Consider increasing publicly-funded degree places for healthcare professions facing manpower shortage for the 2019/20 – 2021/22 UGC triennium. Consideration should be given to the capacity constraints of UGC-funded universities and the need to preserve their flexibility to allocate first-year first-degree (FYFD) places to non-healthcare disciplines which also face manpower shortage if the total number of UGC-funded FYFD places should remain unchanged at 15 000 per annum, as well as availability of self-financing programmes; and
- Engage relevant stakeholders in the professions in the UGC triennial planning process.

#### ***For healthcare professions with sufficient manpower***

- Encourage healthcare services providers to consider and, where appropriate, plan for service enhancement and/or expansion.

#### RECOMMENDATION 2

##### LOCAL SOURCE – SELF-FINANCING HEALTHCARE TRAINING

#### RECOMMENDATION

- The Government should make better use of the self-financing sector to help meet part of the increasing demand for healthcare professionals, notably nurses, OTs, PTs, MLTs, optometrists and radiographers and provide the necessary support to the self-financing sector in terms of infrastructural and funding support.

- The Government should continue to subsidise the pursuit of study in those healthcare disciplines facing manpower shortage as appropriate, in particular, in the allied health disciplines, under SSSDP with a view to sustaining the healthy development of the self-financing tertiary education sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

#### IMPLEMENTATION

***The Government should ...***

- Encourage tertiary institutions to continue to provide self-financing training courses for nurses and allied healthcare professions to meet the demand in a flexible and responsive manner;
- Facilitate more tertiary institutions to introduce, where appropriate, more healthcare training courses on a self-financing basis to better cope with the rising demand for healthcare professionals in various sectors ranging from healthcare, social welfare to

education;

- Consider and vet proposals submitted by interested and ready tertiary education institutions on the introduction of healthcare training courses; and
- Subsidise self-financing programme(s) which provide training for healthcare professions facing manpower shortage under SSSDP as appropriate.

### RECOMMENDATION 3

#### HEALTHCARE MANPOWER IN THE PUBLIC SECTOR

##### RECOMMENDATION

- 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 through limited registration more proactively.

##### IMPLEMENTATION

###### ***HA should ...***

- Draw up plans and advise the Government on the progress made over retention of retired healthcare professionals and recruitment of non-locally trained doctors by limited registration; and
- Recruit non-locally trained doctors with limited registration more proactively.

###### ***The Government should ...***

- Provide funding support for HA to retain existing healthcare professionals, attract retired doctors and other healthcare professionals and recruit non-locally trained doctors under limited registration.

### RECOMMENDATION 4

#### NON-LOCALLY TRAINED HEALTHCARE PROFESSIONALS

##### RECOMMENDATION

- 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 publicise the registration arrangements overseas with targeted and proactive recruitment drive to facilitate non-locally trained healthcare professionals, many of whom are Hong Kong citizens or have deep roots here, to come to Hong Kong to practise.

##### IMPLEMENTATION

###### ***The Government should ...***

###### ***For healthcare professions facing local manpower shortage***

- Provide necessary support to organisations concerned to proactively recruit healthcare professionals from overseas, including doctors, dentists and allied health professionals, to fill supply gaps in the healthcare, welfare and education sectors in the short term, while awaiting increase in local supply to catch up with demand in the long term;
- Amend MRO to extend the validity period and renewal period of limited registration for non-locally trained doctors from not exceeding one year to not exceeding three years; and
- Make more efforts to publicise the registration arrangements overseas with targeted and proactive recruitment drive to facilitate non-locally trained healthcare

professionals; and many of whom are HK citizens or have deep roots here, to come to Hong Kong to practise.

***For healthcare professions which depend significantly on non-local sources***

- Closely monitor whether the existing manpower supply is sufficient to meet manpower demand.

***For CMP Profession***

- Closely monitor the impact of HK students studying Chinese Medicine in the Mainland on the overall supply of CMPs in HK.

***Boards and Councils should ...***

- On the premise of preserving professional standards, review the existing administrative arrangements of facilitating non-locally trained healthcare professionals, in particular, those originally from Hong Kong, to practise in Hong Kong.

**RECOMMENDATION 5**

**MANPOWER PLANNING AND PROJECTIONS**

**RECOMMENDATION**

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

**IMPLEMENTATION**

***The Government should ...***

- The Food and Health Bureau should continue to engage relevant stakeholders in future manpower planning and projections exercise; and
- Devise a more sophisticated data collection mechanism so as to facilitate manpower projections in the future.

**B. PROFESSIONAL DEVELOPMENT AND REGULATION**

**RECOMMENDATION 6**

**LAY INVOLVEMENT IN BOARDS AND COUNCILS**

**RECOMMENDATION**

- Boards and Councils should ensure meaningful lay involvement by, among others, setting a minimum lay membership of 25%.

**IMPLEMENTATION**

***The Government should ...***

- Weigh all relevant considerations, including the recommendation of the Steering Committee and deliberations at the Tripartite Platform, and make a decision on lay participation in MCHK that has balanced interest of the community as a whole.

***Boards and Councils should ...***

***Midwives Council of Hong Kong***

- Deliberate and advise the Government whether the present lay involvement is adequate and, if not, what changes should be made in further increasing lay participation.

***Other Boards and Councils***

- Noting that there are seats where the law provides latitude for them to be filled by persons either within the profession or outside, deliberate on their own and, where necessary and justified, make suggestions on refinement to their respective composition, with a view to better ensuring a meaningful involvement of lay persons to enhance public accountability.

## RECOMMENDATION 7

### CONTINUING PROFESSIONAL EDUCATION AND/OR DEVELOPMENT

#### RECOMMENDATION

- Boards and Councils should continue to upkeep the strong professional competency of healthcare professionals through, among others, making continuing professional education and/or continuing professional development a mandatory requirement.

#### IMPLEMENTATION

##### ***Boards and Councils should ...***

- Deliberate on the implementation for mandatory CPE/CPD with due consideration to the current situation, readiness of the profession as well as the legal and resource implication to achieve smooth progression over time. Subject to deliberations at the relevant Board and Council, a possible route for implementing mandatory CPE/CPD – as an alternative to legislative amendments – is that Boards and Councils may determine and set out the CPE/CPD requirements as part and parcel of their professional standard requirements and establish a mechanism to oversee whether the healthcare professionals have satisfied the CPE/CPD requirement;
- Draw up an implementation plan in consultation with the profession, having regard to all relevant considerations, including legal feasibility, practicality, sustainability and enforceability; and
- Ensure that there is sufficient training capacity before CPE/CPD is made mandatory.

## RECOMMENDATION 8

### COMPLAINT INVESTIGATION AND DISCIPLINARY INQUIRY MECHANISM

#### RECOMMENDATION

- Boards and Councils should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry by –
  - Boards and Councils concerned should review and, where necessary, improve the mechanism for complaint investigation and disciplinary inquiry, with a view to minimising potential conflict of interest and shortening the duration in processing complaints against malpractice or misconduct;
  - The Secretariats of Boards and Councils should strive to provide more user-friendly services by, among others, streamlining the existing administrative procedures; and
  - Boards and Councils concerned should, where appropriate, explore the feasibility of using mediation in handling complaints not involving professional misconduct.

#### IMPLEMENTATION

##### ***The Government should...***

- Introduce necessary legislative amendments to enable MCHK to speed up its complaint handling process having regard to, among others, the discussion at the Tripartite Platform on Amendments to the MRO.

### ***Boards and Councils should ...***

#### ***All Boards and Councils***

- Proactively look for ways to improve the efficiency of its complaint investigation and disciplinary inquiry mechanism through administrative or, if necessary, legislative means; and
- Deliberate and consider whether or not, and if so, how their respective complaint handling and discipline inquiry mechanism should be devised, having due regard to the international trend for separation of complaint investigation and adjudication functions under or outside the healthcare regulatory bodies.

#### ***Boards and Councils with a significant number of complaint cases should...***

- Explore the feasibility of using mediation in handling complaints not involving professional misconduct where appropriate.

#### ***Dental Council of Hong Kong and Chinese Medicine Council of Hong Kong***

- Review and deliberate as to whether the present mechanism is adequate and efficient enough to deal with existing caseload and also estimated caseload in the coming years. If changes are considered necessary, advising the Government what amendments should be made to their respective ordinances.

### ***Other Boards and Councils***

- Review the respective mechanism for complaint investigation and disciplinary inquiry as appropriate and start deliberations among its Board/Council if there are indications that changes are called for.

#### **RECOMMENDATION 9**

#### **COST RECOVERY OF BOARDS AND COUNCILS**

#### **RECOMMENDATION**

- The Government should improve cost recovery of the operations of Boards and Councils.

#### **IMPLEMENTATION**

#### ***The Government should ...***

- Conduct a comprehensive review of the full costs of each Board/Council, including the legal costs; and
- Review the level of existing fees and charges stipulated in the legislations. For those fees which have not yet attained the relevant full cost level, adjustment of the fees should be made so as to improve the cost recovery of the operations of the Boards and Councils.

## RECOMMENDATION 10

### REGULATION OF HEALTHCARE PROFESSIONS NOT SUBJECT TO STATUTORY REGISTRATION

#### **RECOMMENDATION**

- The Government should introduce an accreditation scheme for healthcare professionals which are not subject to statutory registration.

#### **IMPLEMENTATION**

##### ***The Government should ...***

- Monitor the implementation of the Pilot Accredited Registers Scheme, and review and improve the scheme taking into account the experience of the pilot scheme;
- Strengthen communication with healthcare professionals which are not subject to statutory registration; and
- Consider formulating a regulatory framework for healthcare professions which are not subject to statutory registration in the long term.

## WAY FORWARD

5.6.2 In order to take forward recommendations 4, 6, 7 and 8 in an effective and efficient manner, the Government should invite Boards and Councils to submit proposals within **6 – 12 months** on how they would implement the recommendations in their respective professions, and that the Government should conduct a comprehensive review of the existing legislations governing healthcare professions after taking into account profession-specific issues, present-day circumstances, international practices, and possible legislative amendments required arising from the proposals of relevant regulatory bodies.