EXECUTIVE SUMMARY

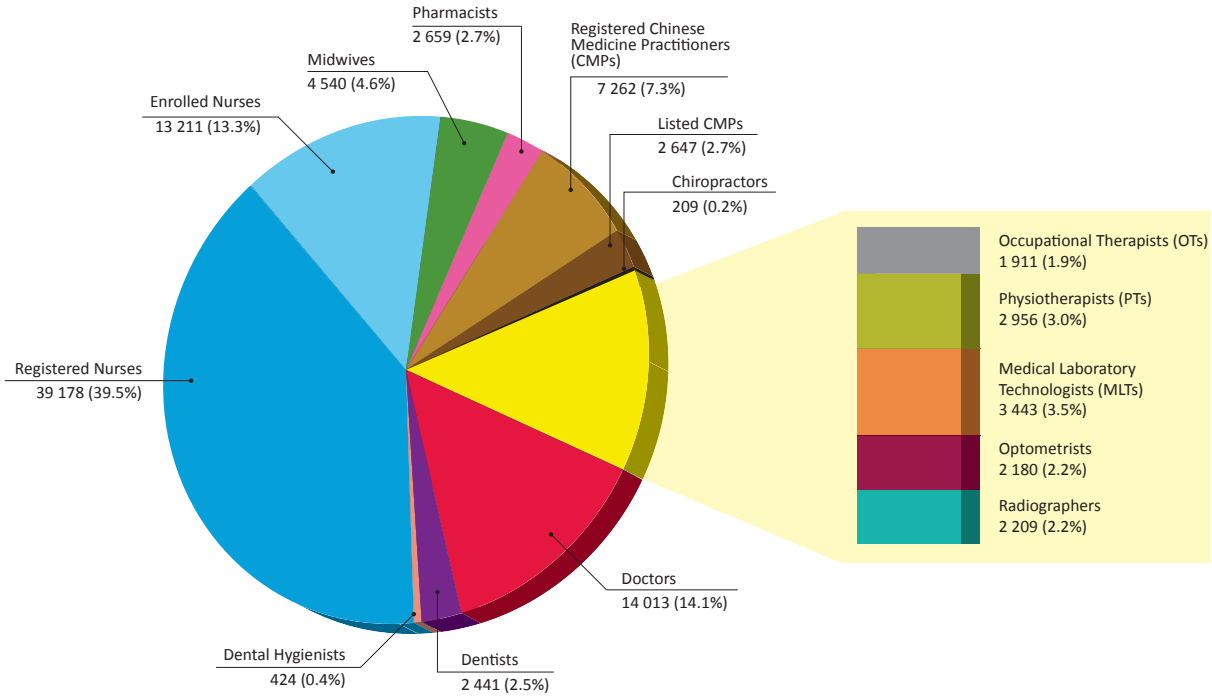
Part One: OVERVIEW

BACKGROUND

Over the years, Hong Kong has developed a highly efficient healthcare system and achieved impressive health outcome for its population. Hong Kong is among the best in the world in terms of many health indicators such as life expectancy and infant mortality rate. The standard and quality of our healthcare services enjoy renowned international standing, stay at the forefront of advances in medical technology, and compare favourably with other advanced economies.

2. Our healthcare system is supported by teams of dedicated healthcare professionals. As at end 2016, there are over 99 000 healthcare professionals from the 13 professions which are subject to statutory registration, growing from about 83 000 in 2011.

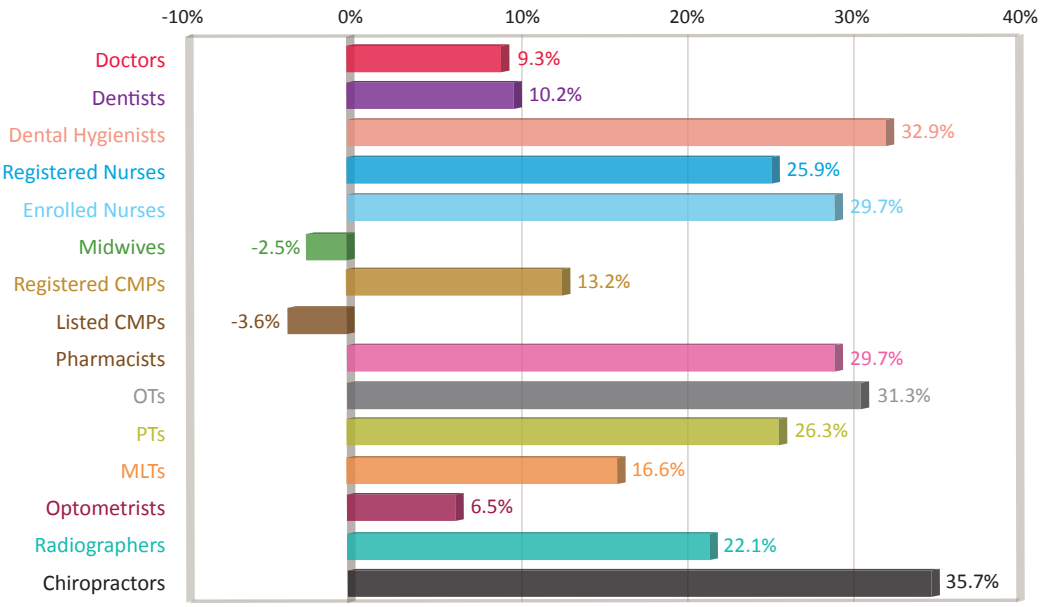
Figure 1. Healthcare workforce (as at end 2016)



Source: Department of Health (DH)

Note: Percentage in bracket denotes the proportion of respective healthcare professionals

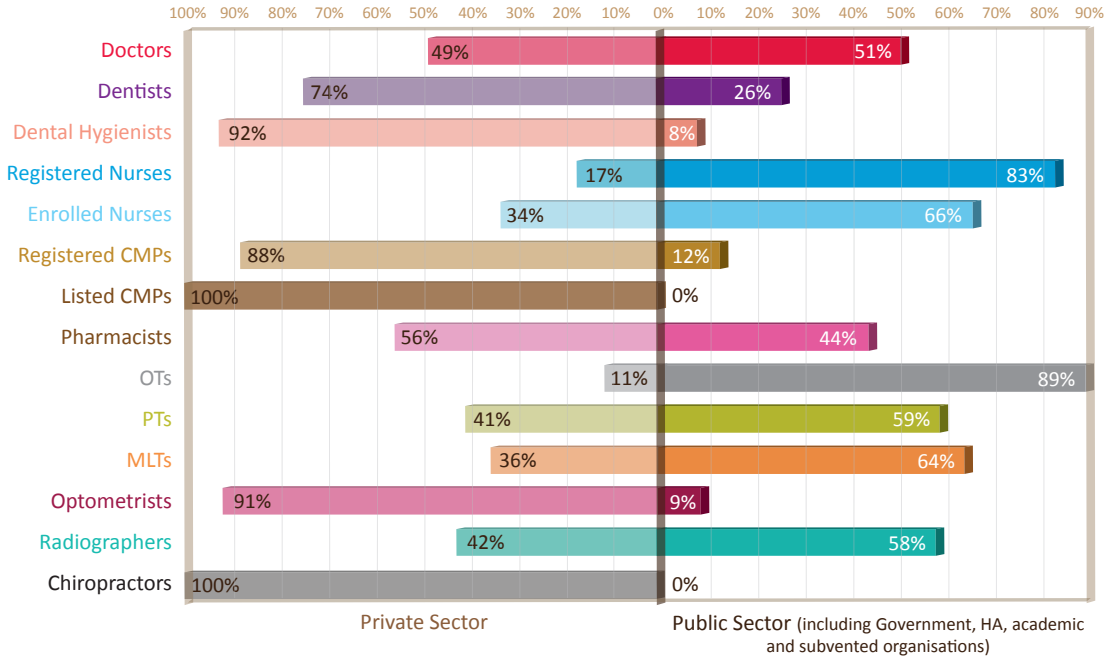
Figure 2. Growth of healthcare professionals, 2011-2016



Source: DH

3. The majority of doctors, nurses, OTs, PTs, MLTs and radiographers work in the public sector[1]. Healthcare professionals who are more commonly engaged in the private sector include dentists, dental hygienists, CMPs, pharmacists, optometrists and chiropractors.

Figure 3. Healthcare professionals by type of work sector



Source: Health Manpower Survey

[1] Public sector includes HA, DH, academic and subvented organisations.

4. As in the case of many advanced economies, the healthcare system of Hong Kong faces a number of major challenges, including an ageing population, increasing occurrence of lifestyle-related diseases and rising expectations for healthcare services. Confronted by these challenges, the Government, together with the Hospital Authority (HA) and in partnership with the private healthcare sector, have over the past few years embarked on a major reform of the healthcare system to ensure its sustainability.

5. Apart from efforts to enhance primary care, facilitate the development of hospital services through strengthening of infrastructure and regulation including regulation of private healthcare facilities, improve the public healthcare system, promote public-private partnership in the delivery of healthcare services and introduction of the Voluntary Health Insurance Scheme, the Government also seeks to formulate a healthcare manpower strategy to ensure an adequate supply of qualified professionals for meeting future needs and for supporting the sustainable development of our healthcare system.

Figure 4. Major initiatives under the healthcare reform

THE STRATEGIC REVIEW

6. Against the above backdrop, a Steering Committee was established in 2012 to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review).

Aims of the Strategic Review

7. The Steering Committee is tasked to make recommendations to –

(a) cope with the anticipated demand for healthcare manpower; and

(b) facilitate professional development of healthcare professions,

with a view to ensuring the healthy and sustainable development of our healthcare system.

Figure 5. Aims of the Strategic Review

Structure of the Steering Committee

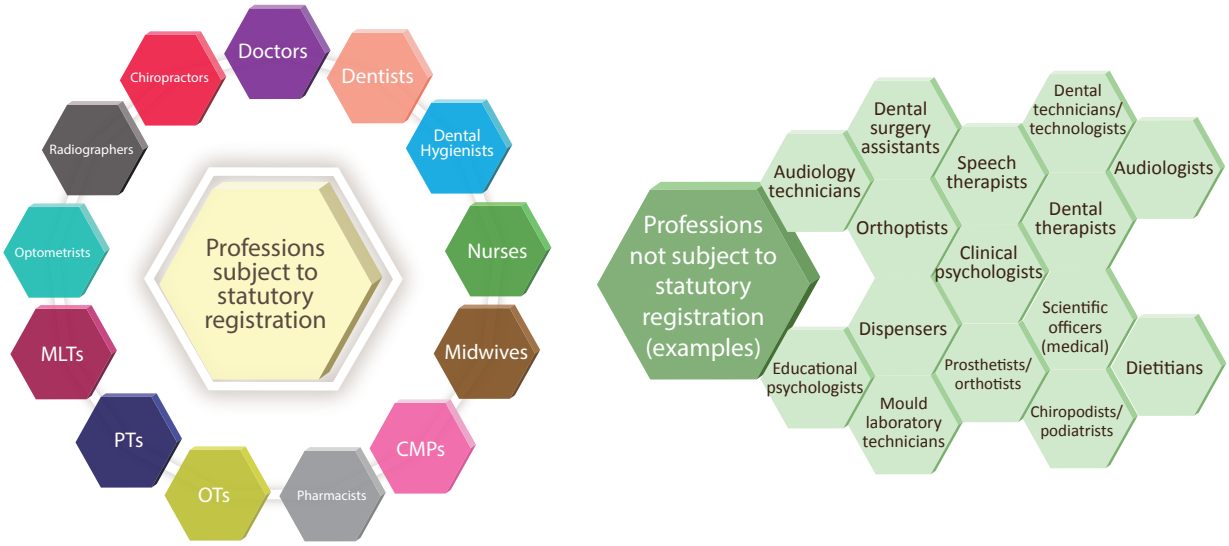
8. Chaired by the Secretary for Food and Health, the Steering Committee comprises some 30 members from wide-ranging backgrounds including renowned experts from overseas. It is underpinned by a Coordinating Committee chaired by the Permanent Secretary for Food and Health (Health), which comprises six Steering Committee representatives from non-healthcare background as non-official members. These six members in turn convene six consultative Sub-groups (namely the Medical Sub-group, Dental Sub-group, Nursing and Midwifery Sub-group, Traditional Chinese Medicine Practitioners Sub-group, Pharmacists Sub-group and Other Healthcare Professionals Sub-group), with a total membership of over 100, to hear and consolidate views from the healthcare professions and other stakeholders in the community.

Figure 6. Structure of the Steering Committee

Coverage of the Review

9. The Review primarily covers 13 healthcare professions which are subject to statutory registration, including doctors, dentists and dental hygienists, nurses and midwives, CMPs, pharmacists, OTs, PTs, MLTs, optometrists, radiographers and chiropractors. For healthcare professions not subject to statutory registration, the Other Healthcare Professionals Sub-group provides a platform for views on future development of the relevant professions to be suitably reflected through the consultative process.

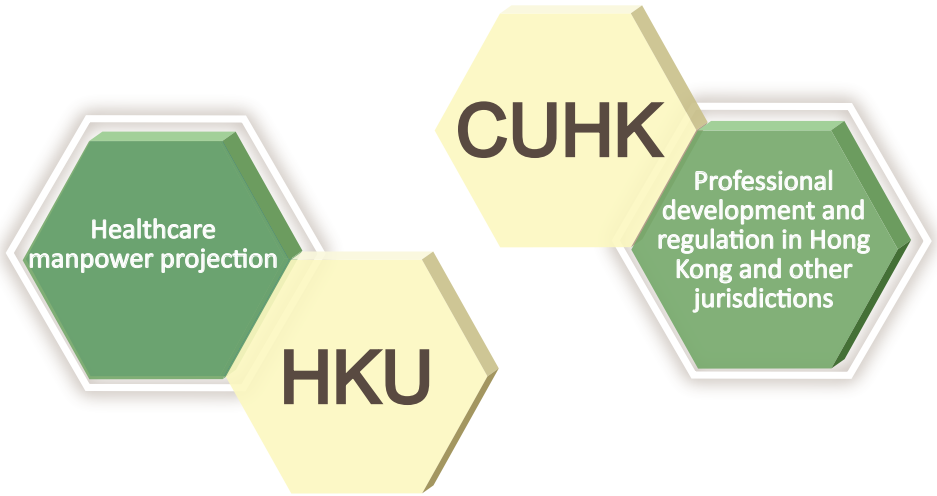
Figure 7. Coverage of the Review



Commissioned Studies

10. The Steering Committee commissioned **The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK)** to provide professional input and technical support by conducting two studies respectively on healthcare manpower projections of the relevant professions and regulatory frameworks governing healthcare professions in Hong Kong and other jurisdictions. The two universities completed the independent studies in 2016.

Figure 8. Commissioned studies



Part Two:

MANPOWER PLANNING AND PROJECTIONS

OVERVIEW

11. 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.

12. 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.

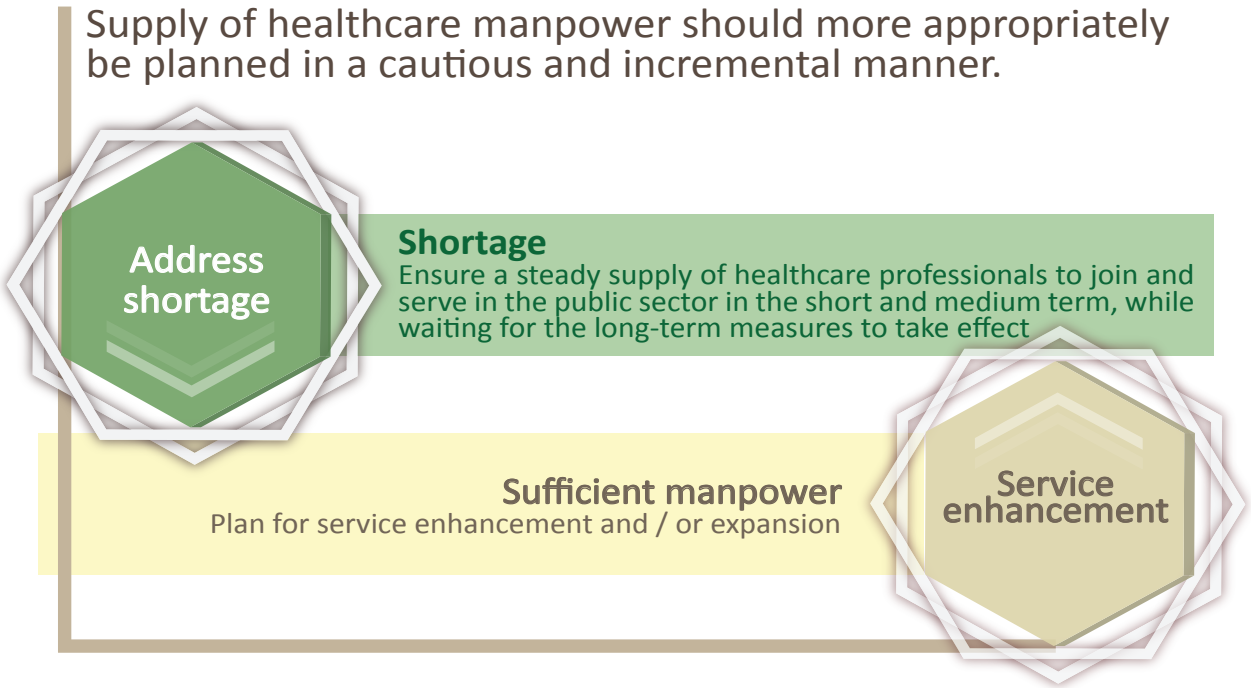
Figure 9. Factors affecting manpower projections

13. 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.**

14. 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 sector in the short and medium term, while waiting for the long-term measures to take effect.**

15. 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 10. Manpower Gap: Interpretation



Increasing training places over the past ten years

16. In light of the ageing population and the general shortage of healthcare manpower in the past years, the provision of healthcareservices has been expanding. Against this backdrop, the Government has already increased University Grants Committee (UGC)-funded places for doctors, nurses, pharmacists, and allied health professionals since the 2009/10 triennium. Details are as follows –

Figure 11. 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

17. 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.

18. 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 12. Training period of healthcare professionals

Healthcare Professions	Years of Study (Year of internship before getting registration)
Doctors[2]	6 (1)
Dentists[2]	6
Dental Hygienists	2
Registered Nurses (General)	5
Registered Nurses (Psychiatric)	2
Registered CMPs	6
Pharmacists	4 (1)
OTs	4
PTs	4
MLTs	4
Optometrists	5
Radiographers	4

[2] It takes at least another six years to obtain a specialist qualification.

Self-financing sector

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

20. 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 the Open University of Hong Kong (OUHK) in 2005;

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

(c) Launch of nursing degree programme offered by the Tung Wah College (TWC) in 2012; and

(d) Launch of nursing degree programme offered by the Caritas Institute of Higher Education (Caritas) in 2015.

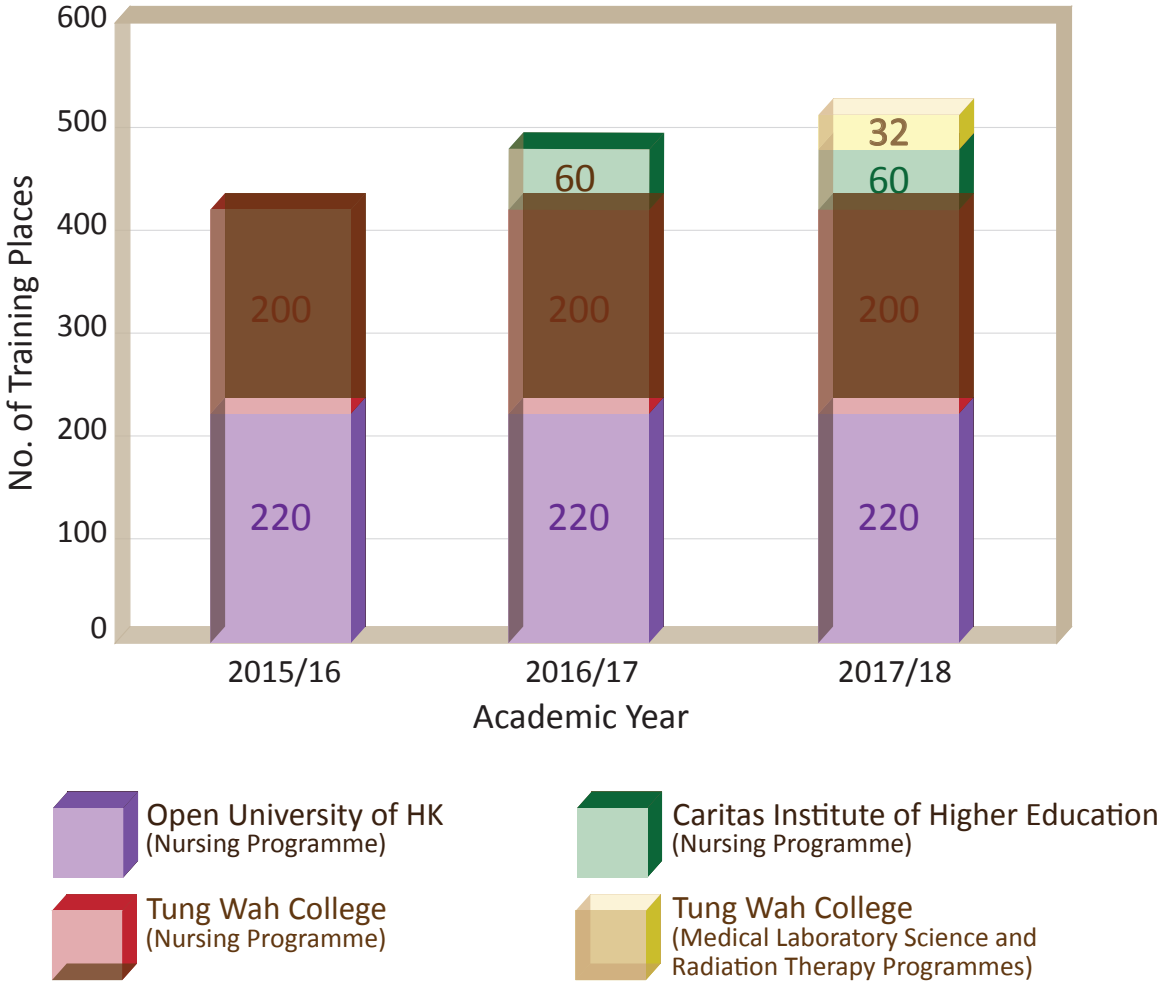
Figure 13. Increase in the training capacity for nurses in self-financing sector

21. The Study Subsidy Scheme for Designated Professions/Sectors (SSSDP)[3] 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.

22. 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 to be 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.

[3] 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 14. Number of subsidised healthcare training places under SSSDP



23. 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.**

HKU's manpower projections

24. Despite what the Government has done to boost the supply of healthcare professionals, the manpower situation, as forecasted by HKU, remains challenging for the coming decade and beyond.

25. HKU has developed a generic manpower projection model that suits the local circumstances and is adaptable to changing parameters to cater for differences in utilisation patterns among individual professions. The manpower projection model[4] seeks to quantify the difference between the projected demand for and supply of healthcare professionals in terms of full time equivalents (FTEs).

[4] Under this model, the demand at the base year (i.e. 2015) is assumed to be at an equilibrium, and takes into account known shortage in the public and subvented sectors for healthcare professionals as at end 2015. Future demand is derived having regard to demographic changes and other relevant factors including externalities and policy interventions through a sophisticated computer model, to which known and planned services and developments are incorporated. Future supply is derived from existing and planned local programmes as well as new registrants holding non-local qualifications.

Figure 15. HKU's demand model

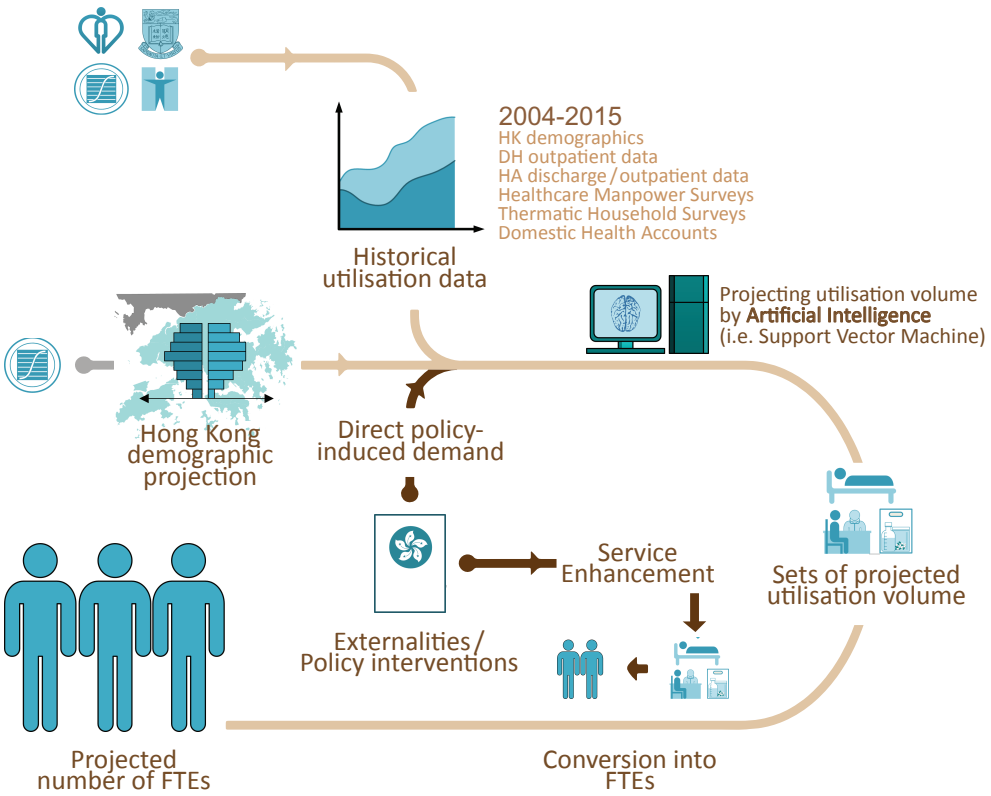
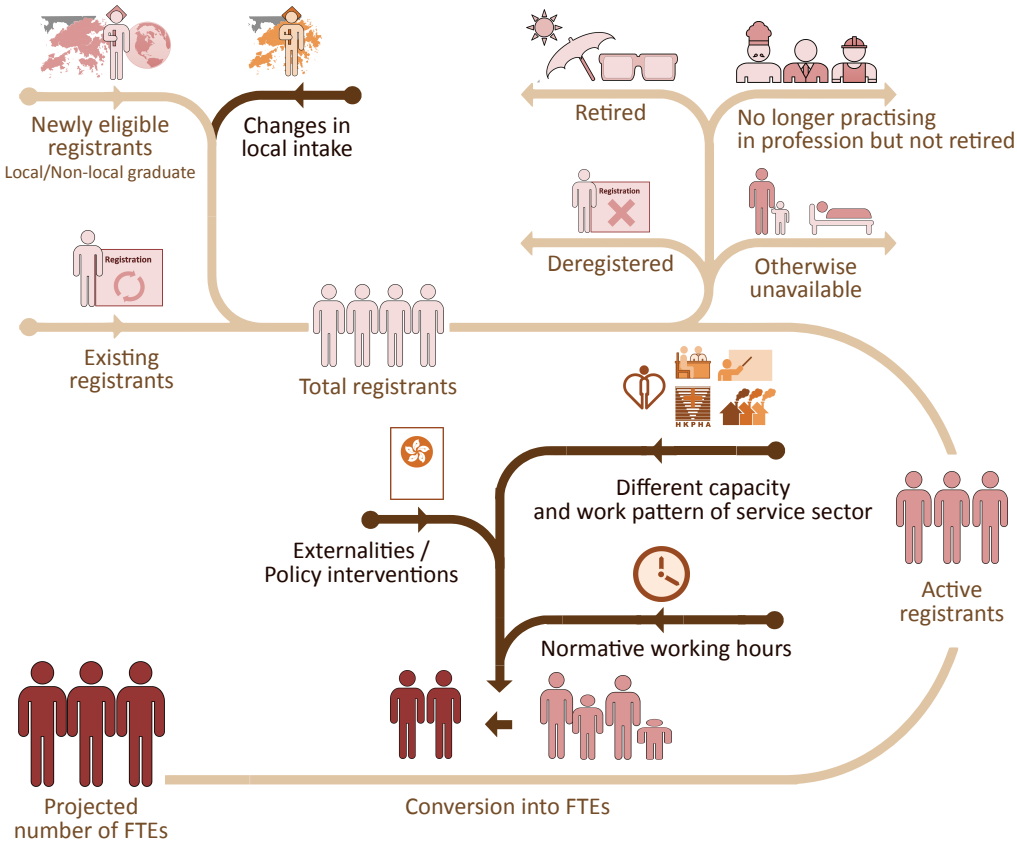
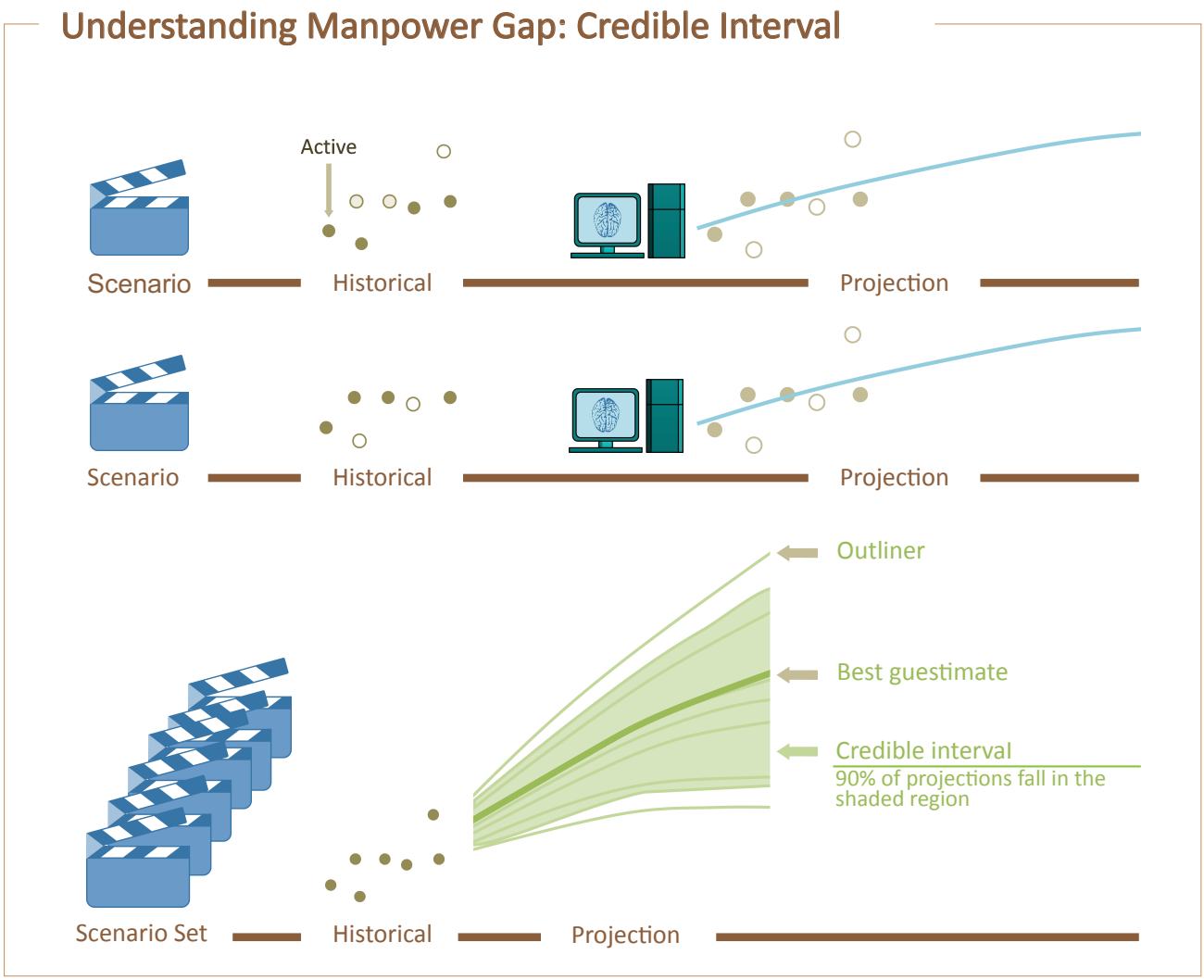


Figure 16. HKU's supply model



26. The manpower projection results for the healthcare professions subject to statutory registration are summarised as follows. Because of the nature of manpower forecast and the inherent limitations of the model itself, the projections should be viewed in perspective. In interpreting the projection results, we should focus on the trend rather than the absolute gap. The medium to long-term projection could change significantly if events unknown now happen in future.

Figure 17. Credible Interval



MANPOWER PROJECTION FOR EACH PROFESSION

27.1 DOCTORS
Key Facts

Full registration	14 013
Provisional registration	379
Limited registration	134
Temporary registration	81

Registered specialists	6 797

Doctor to population ratio	1 : 526
Proportion of public and private practice	51% : 49%

HA employs over 40% of registered doctors in HK.

Male to female ratio	68% (Male); 32% (Female)

Median age	46
Age distribution	
20-29	10.1%
30-39	23.6%
40-49	25.8%
50-59	19.7%
≥60	20.8%

* Based on information from 13 689 doctors with full registration (around 98% of total number of doctors with full registration) whose date of birth information is available.

Regulatory body	Medical Council of Hong Kong (MCHK)

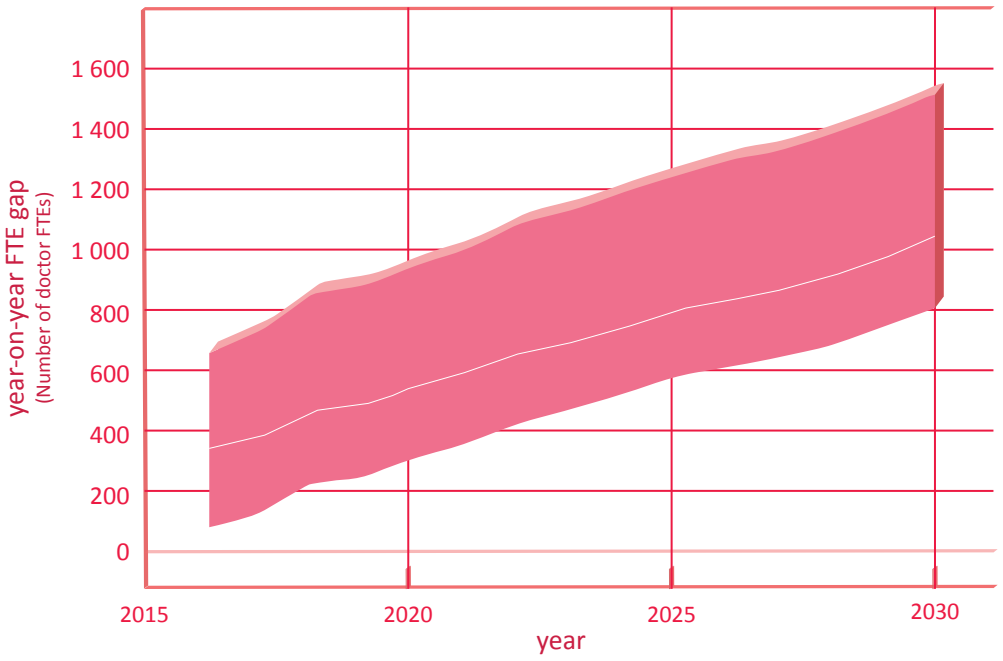
Training of medical doctors	CUHK HKU

Training of specialists	Hong Kong Academy of Medicine (HKAM)

The training cycle of a specialist is very long. It takes at least 13 years to become a specialist (six years of basic medical training, a year of internship training at HA and at least six years of specialist training).

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	80	320	596	829
	(0.7%)	(2.6%)	(4.4%)	(5.7%)
Best guestimate	285	500	755	1 007
	(2.4%)	(3.9%)	(5.5%)	(6.8%)
95th percentile	690	989	1 296	1 575
	(5.7%)	(7.5%)	(9.0%)	(10.3%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Historical number of vacancies in the public sector, known and planned hospital development and expansion projects in both the public and private sectors, as well as the assumed impact of the Voluntary Health Insurance Scheme, have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Locally trained doctors

27.1.1 The Steering Committee notes that ...
With the 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.

27.1.2 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

27.1.3 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

27.1.4 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

27.1.5 The Steering Committee recommends that ...
In a bid to alleviate 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 the Legislative Council (LegCo) to amend the Medical Registration Ordinance (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

27.1.6 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.

27.1.7 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.

27.2 DENTISTS
Key Facts

Registered dentists	2 441
Registered dental specialists	260
Dentist to population ratio	1 : 3 021
Proportion of public and private practice	26% : 74%

The majority of registered dentists are in private practice.

Male to female ratio	68% (Male); 32% (Female)

Median age	48
Age distribution	
20-29	12.0%
30-39	21.6%
40-49	20.7%
50-59	27.9%
≥60	17.8%

* Based on information from 2 392 dentists (around 98% of total number of registrants) whose date of brith information is available.

Regulatory body	Dental Council of Hong Kong (DCHK)
Training of dentists	HKU

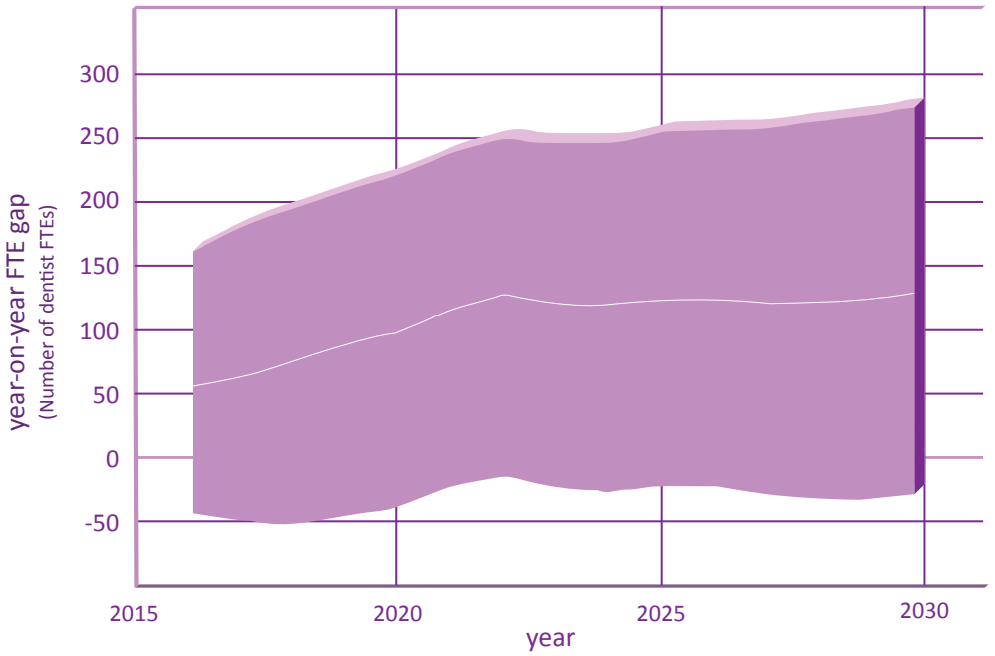
The Faculty of Dentistry of HKU is the sole provider of undergraduate training in dentistry.

Training of dental specialists	HKAM (The College of Dental Surgeons of Hong Kong)

The training cycle of a specialist is very long. It takes at least 12 years to become a specialist (six years of basic dentistry training and at least six years of specialist training).

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-46	-42	-24	-31
	(-2.2%)	(-2.0%)	(-1.1%)	(-1.3%)
Best guestimate	53	96	121	127
	(2.5%)	(4.2%)	(5.1%)	(5.1%)
95th percentile	162	223	256	277
	(7.1%)	(9.2%)	(10.1%)	(10.5%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Historical number of vacancies in the public sector and known and planned projects in the public sector have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Locally trained dentists

27.2.1 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.

27.2.2 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

27.2.3 The Steering Committee welcomes that ...
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.

27.2.4 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.

27.3 DENTAL HYGIENISTS
Key Facts

Enrolled dental hygienists	424
Proportion of public and private practice	8% : 92%

Over 90% of dental hygienists are engaged in the private sector.

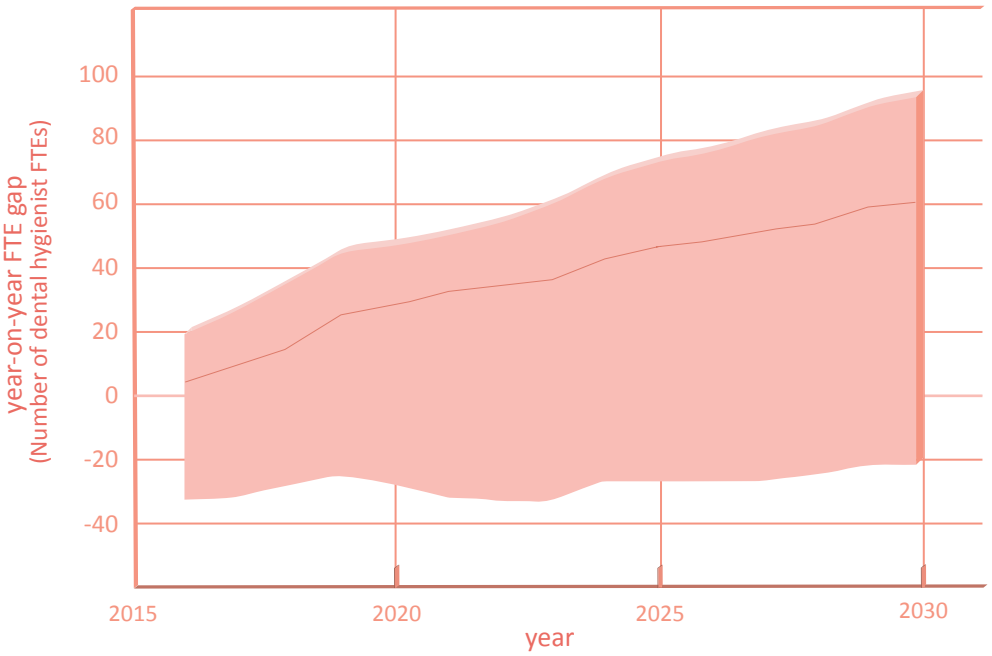
Male to female ratio	5% (Male); 95% (Female)

The vast majority of dental hygienists are female.

Regulatory body	DCHK
Training of dental hygienists	HKU School of Professional and Continuing Education (HKU SPACE) Community College

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-31	-26	-25	-20
	(-11.2%)	(-7.9%)	(-6.5%)	(-4.6%)
Best guestimate	6	30	48	62
	(1.9%)	(7.8%)	(10.7%)	(12.2%)
95th percentile	22	49	75	95
	(6.7%)	(12.1%)	(15.7%)	(17.7%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (orsurplus under the model).
2. Age-, sex-specific parameters are used in the projections.
3. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of dental hygienists

27.3.1 The Steering Committee notes that …
It is projected that there will be manpower shortage of dental hygienists in the short to medium term.

27.3.2 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.

27.4 NURSES
Key Facts

Registered nurses (General)	36 555
Registered nurses (Psychiatric)	2 612
Registered nurses (Mentally Sub-normal)	5
Registered nurses (Sick Children)	6
Enrolled nurses (General)	11 719
Enrolled nurses (Psychiatric)	1 492

Nurses, comprising registered nurses and enrolled nurses, constitute more than half of the total healthcare workforce in Hong Kong.

Nurse to population ratio	1 : 141
Proportion of public and private practice	Registered nurses: 83% : 17% Enrolled nurses: 66% : 34%
Male to female ratio	Registered nurses: 15% (Male); 85% (Female) Enrolled nurses: 11% (Male); 89% (Female)

The majority of nurses are female.

Median age (Registered nurses)	42
Median age (Enrolled nurses)	41
Age distribution	
20-29	22.8%
30-39	21.5%
40-49	25.5%
50-59	21.4%
≥60	8.8%

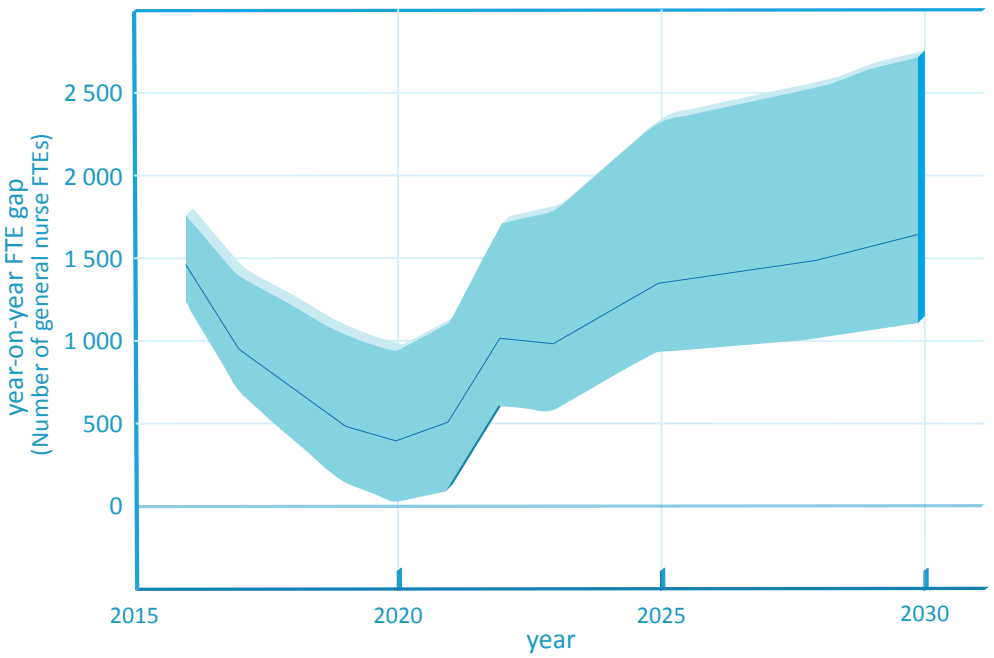
* Based on information from 38 954 registered nurses and 13 144 enrolled nurses (around 99% of total number of registrants) whose date of birth information is available.

Regulatory body	Nursing Council of Hong Kong (NCHK)
Training of nurses	Accredited pre-service nursing programmes offered by training institutions, HA and private hospitals

There is a strong and vibrant self-finacing sector dedicated to nurse training, in addition to nurse prgrammes offered by UGC-funded institutions. CUHK, HKU and the Hong Kong Polytechnic University (PolyU) provide a total of 630 UGC-funded first-year-first-degree places and 125 senior-year intake places 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 around 3 000 nursing training places offered each year.

Manpower Projection General Nurses

Manpower Gap in FTE



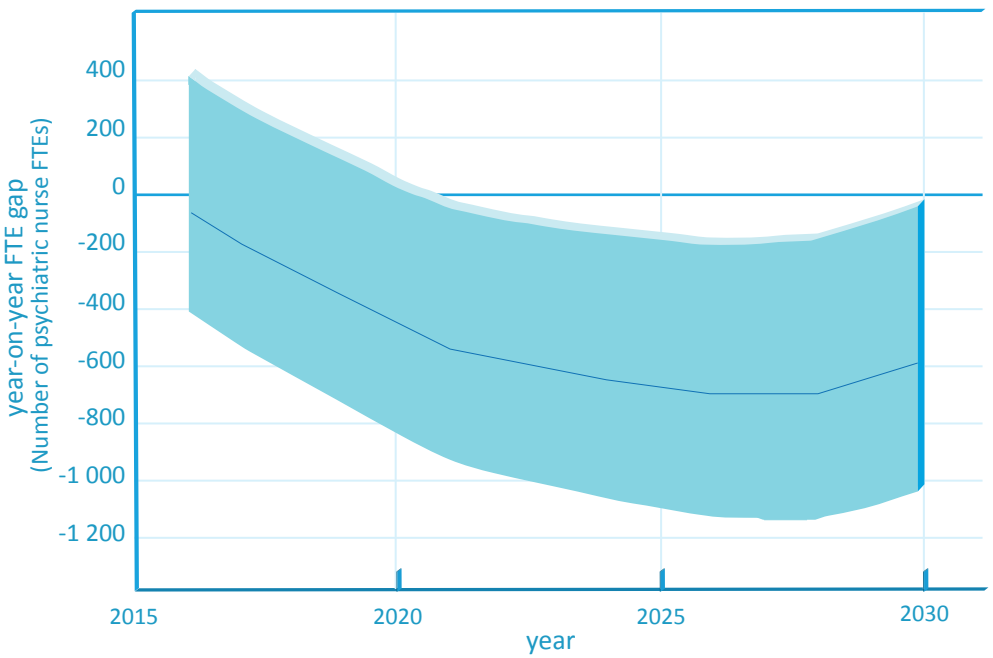
Year	2016	2020	2025	2030
5th percentile	1 245	83	964	1 131
	(3.6%)	(0.2%)	(2.1%)	(2.3%)
Best guestimate	1 485	455	1 383	1 669
	(4.2%)	(1.2%)	(3.0%)	(3.3%)
95th percentile	1 813	993	2 341	2 727
	(5.1%)	(2.5%)	(5.0%)	(5.3%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Historical number of vacancies in public sector, and known and planned projects in the public and subvented sectors have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Manpower Projection Psychiatric Nurses

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-441	-873	-1 131	-1 078
	(-16.1%)	(-30.1%)	(-35.9%)	(-31.6%)
Best guestimate	-94	-487	-708	-623
	(-3.0%)	(-14.8%)	(19.8%)	(-16.1%)
95th percentile	401	17	-174	-55
	(11.2%)	(0.4%)	(-4.2%)	(-1.2%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Historical number of vacancies in public sector, and known and planned projects in the public and subvented sectors have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Locally trained nurses

27.4.1 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

27.4.2 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.

27.4.3 The Steering Committee notes 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

27.4.4 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

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

27.5 MIDWIVES
Key Facts

Registered midwives	4 540
Midwife to population ratio	1 : 1 624
Proportion of public and private practice	85% : 15%
Male to female ratio	0% (Male); 100% (Female)

Midwife may hold dual registration in both nursing and midwifery. About 95% of registered midwives possess registered nurses registrations.

Regulatory body	Midwives Council of Hong Kong
Training of midwives	School of Midwifery of the Prince of Wales Hospital (Clinical placement will be conducted in the maternity unit of various clinical training grounds approved by the Midwives Council of Hong Kong)

The School of Midwifery of the Prince of Wales Hospital is currently the only institution providing midwifery training in Hong Kong. It runs an 18-month post-registation diploma course in midwifery which admits only registered nurses. Any person who wishes to practise as a midwife in Hong Kong has to pass the Midwives Council Examination before she can register with the Midwives Council of Hong Kong.

Observations

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.

27.6 CHINESE MEDICINE PRACTITIONERS
Key Facts

Registered CMPs	7 262
Listed CMPs	2 647
CMPs with limited registration	47

The number of listed CMPs is declining over the years while the number of registered CMPs is rising.

Male to female ratio (Registered CMPs)	63% (Male); 37% (Female)
Male to female ratio (Listed CMPs)	76% (Male); 24% (Female)

CMPs to poplulation ratio	1 : 744

Proportion of public and private practice of registered CMPs	12% : 88%

The vast majority of CMPs, registered or listed, worked in the private sector.

Median age (Registered CMPs)	59
Median age (Listed CMPs)	66
Age distribution	
20-29	5.2%
30-39	11.4%
40-49	8.6%
50-59	20.6%
≥60	54.2%

The CMP profession is a relatively ageing profession as compared to other healthcare professions.

Regulatory body	Chinese Medicine Council of Hong Kong (CMCHK)

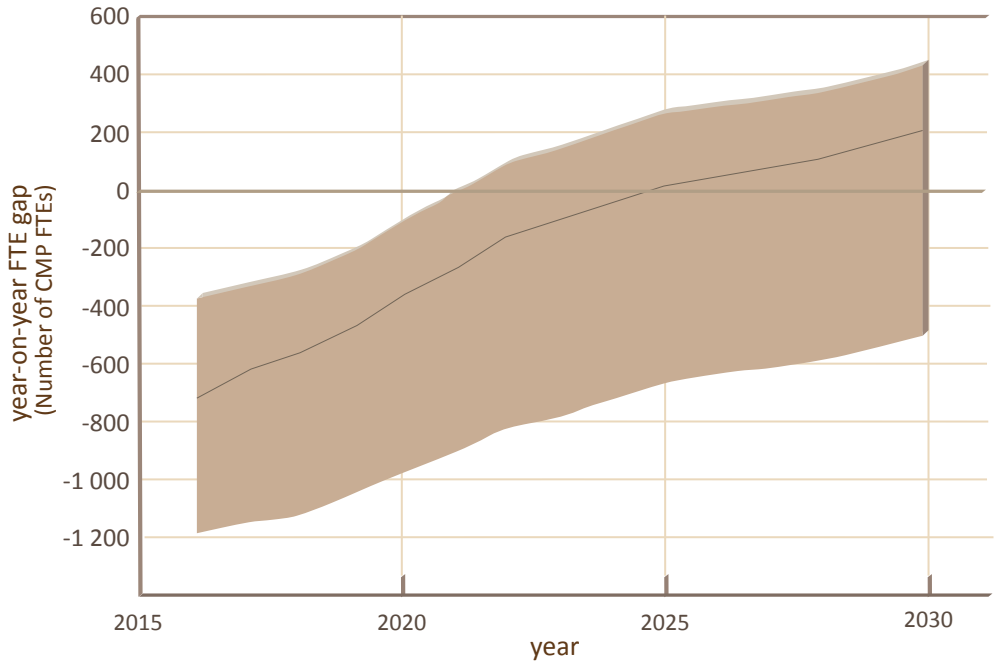
Training of CMPs	Hong Kong Baptist University (BU) CUHK HKU

A person who aspires to be a CMP must have satisfactorily completed such an undergraduate degree course of training in Chinese Medicine practice or its equivalent, whether or not conferred by a local university, approved by the CMP Board of CMCHK before they can take the Licensing Examination and obtain registration to practise in Hong Kong.

Three local universities, viz. BU, CUHK and HKU offer six-year undergraduate courses in Chinese Medicine which are recognised by CMCHK as approved courses for Licensing Examination. The number of training places has remained steady over the past decade, around 80 annually.

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-1 198	-984	-673	-505
	(-18.7%)	(-14.8%)	(-9.8%)	(-7.2%)
Best guestimate	-716	-354	25	222
	(-10.4%)	(-4.9%)	(0.3%)	(2.9%)
95th percentile	-359	-82	287	451
	(-4.9%)	(-1.1%)	(3.7%)	(5.7%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. 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.
3. 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 practice in HK and their passing rate of the Licensing Examination.
4. Age-, sex-specific parameters are used in the projections.
5. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of CMPs

27.6.1 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.

27.6.2 The Steering Committee notes 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

27.6.3 The Steering Committee notes that ...
During the deliberation of the CMP Sub-group, there was concern over the trend 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	255	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.

27.7 PHARMACISTS
Key Facts

Registered pharmacists	2 659

Non-locally trained pharmacists accounted for 56% newly registered pharmacists in the past five years (2012 to 2016).

Pharmacist to population ratio	1 : 2 774
Male to female ratio	47% (Male); 53% (Female)
Proportion of public and private practice	44% : 56%

Median age	39
Age distribution	
20-29	20.5%
30-39	31.8%
40-49	23.0%
50-59	14.6%
≥60	10.1%

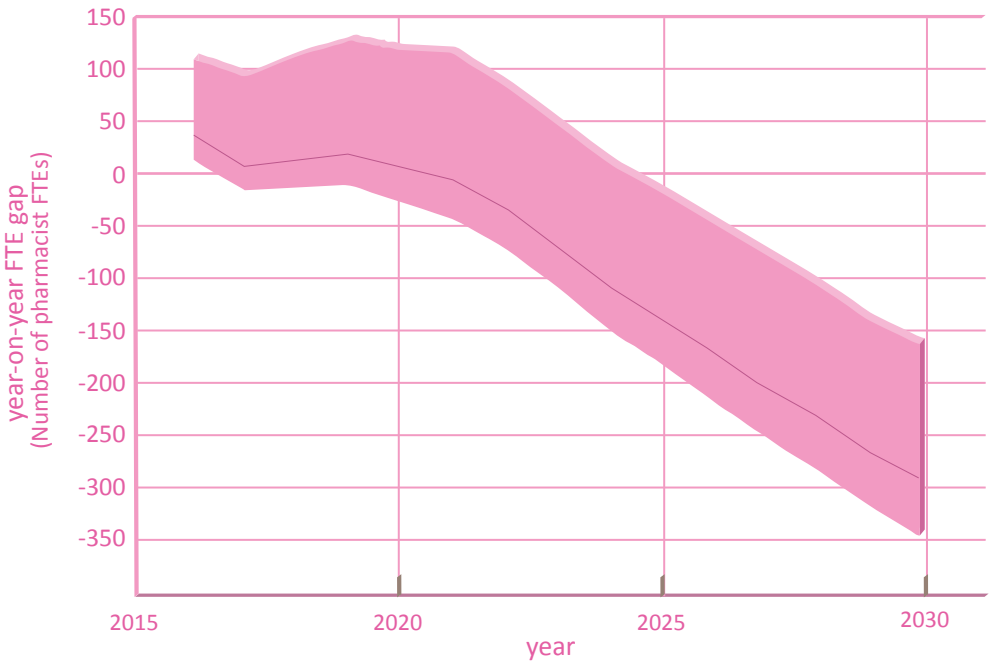
* Based on infomation from 2 478 registered pharmacists (around 93% of total number of registrants) whose date of birth information is available.

The pharmacist profession is a relatively young profession.

Regulatory body	Pharmacy & Poisons Board of Hong Kong (PPBHK)
Training of pharmacists	CUHK HKU

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	22	-20	-175	-341
	(1.2%)	(-0.9%)	(-7.4%)	(-13.5%)
Best guestimate	47	16	-129	-283
	(2.5%)	(0.7%)	(-5.4%)	(-11.0%)
95th percentile	123	131	-5	-151
	(6.3%)	(5.7%)	(-0.2%)	(-5.6%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Initiatives in the public sector and the development in the private sector have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of pharmacists

27.7.1 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

27.7.2 The Steering Committee considers that …
With a steady locally trained 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

27.7.3 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

27.7.4 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.

27.8 OCCUPATIONAL THERAPISTS
Key Facts

Registered OTs	1 911
OT to population ratio	1 : 3 859
Proportion of pubilc and private practice	89% : 11%

Male to female ratio	33% (Male); 67% (Female)

Median age	33
Age distribution	
20-29	35.1%
30-39	45.4%
40-49	15.3%
50-59	3.6%
≥60	0.6%

* Based on information from 1 413 registered OTs (around 74% of total number of registrants) whose date of birth information is available.

The OT profession is a relatively young profession.

Regulatory body	Supplementary Medical Professions Council (SMP Council) Occupational Therapists Board (OTs Board)

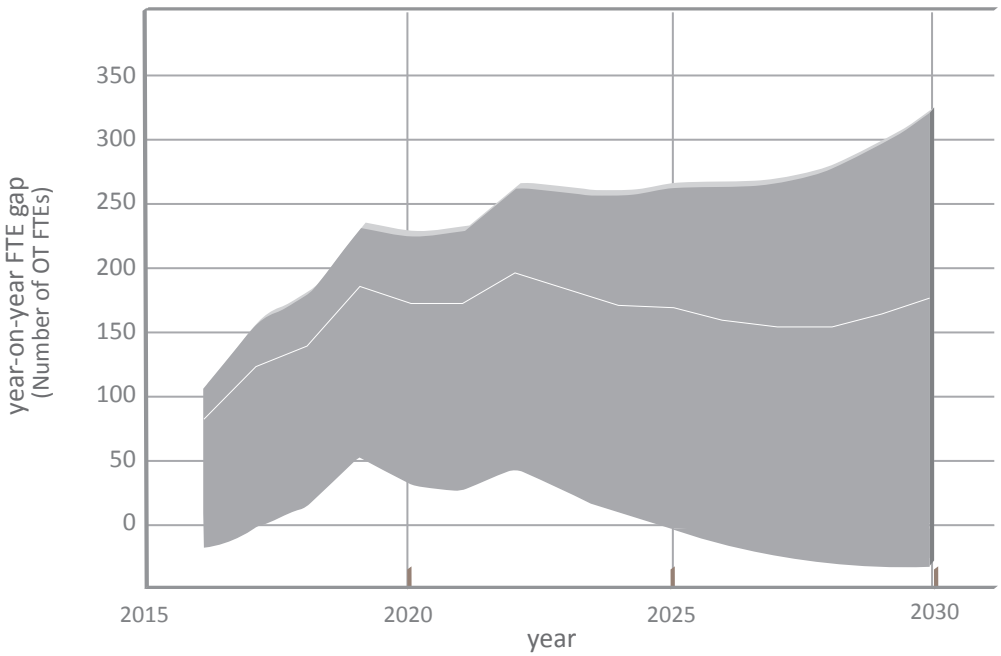
Training of OTs	PolyU TWC (undergoing accreditation)

TWC

TWC has started to operate a self-finanacing programme in occupational therapy, providing about 50 training places in the 2013/14 academic year. The programme is undergoing accreditation by SMP Council. The first cohort of students will graduate in 2017.

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-33	33	0	-52
	(-2.0%)	(1.6%)	(0.0%)	(-2.0%)
Best guestimate	87	181	178	186
	(5.3%)	(8.9%)	(7.6%)	(7.1%)
95th percentile	117	237	277	337
	(6.6%)	(10.6%)	(10.5%)	(11.2%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Manpower requirement ratio set by SWD, known and planned projects in the public and subvented sectors have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of OTs

27.8.1 The Steering Committee notes that …
It is projected that there will be manpower shortage of OTs in the short to medium term under the existing service level and model.

Manpower shortage in the welfare sector

27.8.2 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.

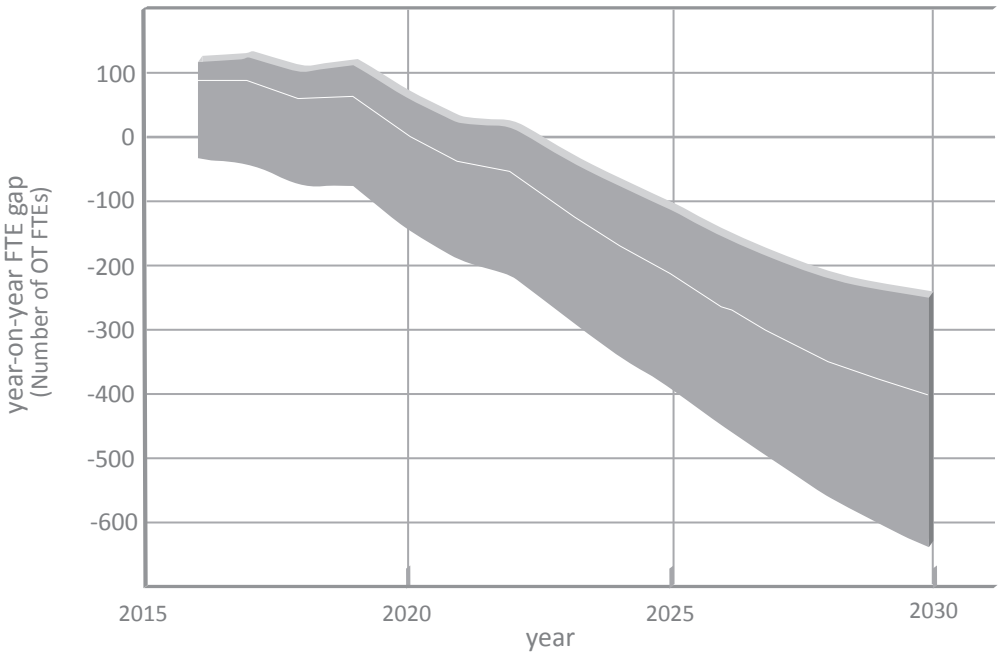
To alleviate the shortage of OTs in the welfare sector, PolyU launched a two-year entry level Master in Occupational Therapy (MOT) programme in January 2012 on a self-financing basis. To encourage graduates of the MOT programme to join the welfare sector, the Social Welfare Department (SWD) has introduced a Training Sponsorship Scheme to provide funding support for the non-governmental organizations (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

27.8.3 The Steering Committee notes that …
TWC has started to operate a self-financing programme in occupational therapy, providing about 50 training places. 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 the account graduates from TWC.

Scenario Analysis
(Taking into account TWC's graduates of 50)

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-33	-141	-384	-635
	(-2.0%)	(-6.9%)	(-16.3%)	(-24.3%)
Best guestimate	87	7	-206	-397
	(5.0%)	(0.3%)	(-8.1%)	(-13.9%)
95th percentile	117	63	-107	-246
	(6.6%)	(2.8%)	(-4.1%)	(-8.2%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Assuming additional supply from the occupational therapy programme offered by TWC.

27.8.4 The Steering Committee considers that …

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

Demand in the welfare sector

27.8.5 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 exercise projection for OTs

27.8.6 The Steering Committee notes 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.

27.9 PHYSIOTHERAPISTS
Key Facts

Registered PTs	2 956
PT to population ratio	1 : 2 495
Proportion of pubilc and private practice	59% : 41%

Male to female ratio	41% (Male); 54% (Female)

Median age	37
Age distribution	
20-29	23.3%
30-39	36.1%
40-49	25.2%
50-59	13.2%
≥60	2.2%

The PT profession is a relatively is a young profession.

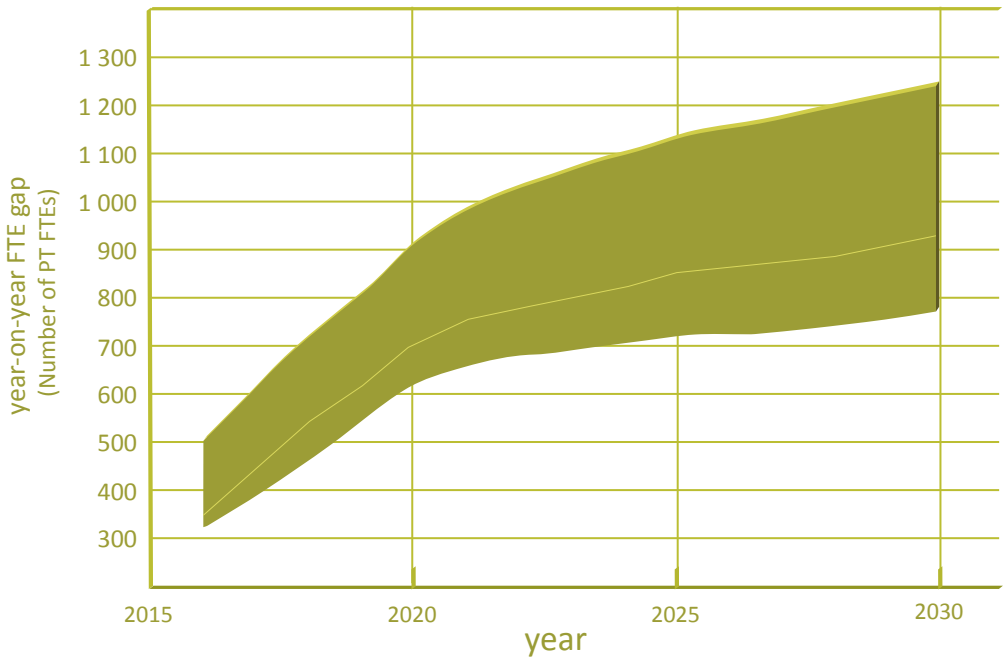
Regulatory body	SMP Council Physiotherapists Board (PTs Board)

Training of PTs	PolyU

PolyU is the only institution providing PT training in HK.

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	321	623	723	775
	(11.4%)	(18.2%)	(18.7%)	(18.6%)
Best guestimate	351	710	854	933
	(12.4%)	(20.2%)	(21.4%)	(21.6%)
95th percentile	509	919	1 137	1 243
	(17.0%)	(24.7%)	(26.6%)	(26.8%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Historical manpower shortage in the subvented sector, known and planned projects in the public and subvented sectors have been taken into account in the projection.
3. Age-, sex-specific parameters are used in the projections.
4. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of PTs

27.9.1 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

27.9.2 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 Master in Physiotherapy (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 the 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

27.9.3 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.

27.10 MEDICAL LABORATORY TECHNOLOGISTS
Key Facts

Registered MLTs	3 443
MLT to population ratio	1 : 2 142
Proportion of pubilc and private practice	64% : 36%

Male to female ratio	46% (Male); 54% (Female)

Median age	36
Age distribution	
20-29	24.6%
30-39	40.5%
40-49	27.8%
50-59	5.4%
≥60	1.7%

* Based on information from 2 224 registered MLTs (around 65% of total number of registrants) whose date of birth information is available.

The MLT profession is a relatively young profession.

Regulatory body	SMP Council Medical Laboratory Technologists Board (MLTs Board)

Training of MLTs	PolyU TWC HKU SPACE

TWC

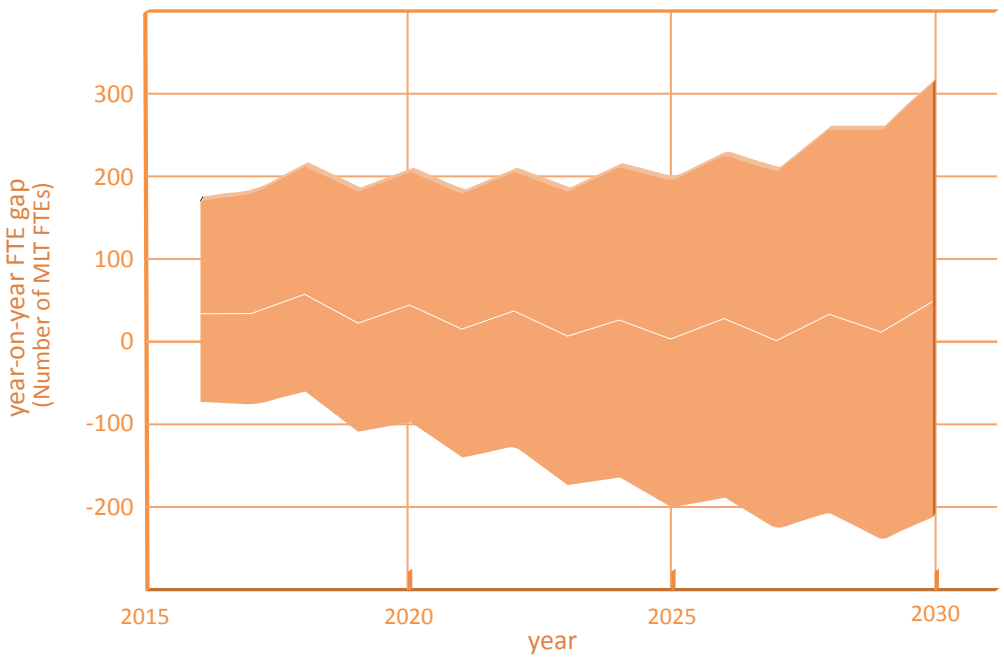
TWC has started to operate a self-financing programme in medical laboratory science, providing about 20 training places in the 2012/13 academic year. The programme is accredited by SMP Council in August 2016 and the first cohort of students graduated in the same year.

SSSDP

Considering that there is a sustained demand for MLTs in HK 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 pragramme by TWC under SSSDP for the 2017/18 cohort.

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-71	-95	-196	-207
	(-2.6%)	(-3.3%)	(-6.2%)	(-6.0%)
Best guestimate	33	44	3	49
	(1.2%)	(1.4%)	(0.1%)	(1.3%)
95th percentile	167	201	190	309
	(5.7%)	(6.3%)	(5.3%)	(7.8%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Age-, sex-specific parameters are used in the projections.
3. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of MLTs

27.10.1 The Steering Committee notes that …

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

27.10.2 The Steering Committee considers that …

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

Self-financing training

27.10.3 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.

27.11 OPTOMETRISTS
Key Facts

Registered optometrists	2 180
Optometrists to population ratio	1 : 3 383
Proportion of pubilc and private practice	9% : 91%

Regulatory body	SMP Council Optometrists board
Training of optometrists	PolyU

The vast majority of optometrists worked in the private sector.

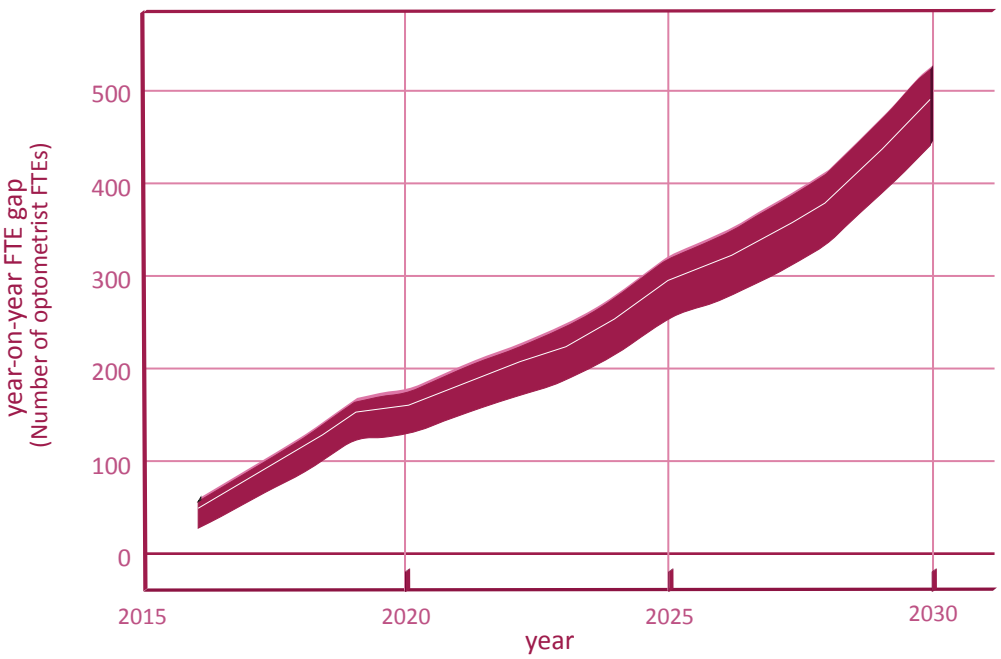
PolyU is the only institution providing optometry training in HK.

Male to female ratio	76% (Male); 24% (Female)

Median age	50
Age distribution	
20-29	10.4%
30-39	15.0%
40-49	24.0%
50-59	32.4%
≥ 60	18.2%

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	31	134	259	446
	(1.7%)	(7.0%)	(13.2%)	(22.2%)
Best guestimate	56	167	302	497
	(3.0%)	(8.6%)	(15.0%)	(24.1%)
95th percentile	63	181	326	533
	(3.3%)	(9.2%)	(16.0%)	(25.4%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Age-, sex-specific parameters are used in the projections.
3. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of optometrists

27.11.1 The Steering Committee notes that …
It is projected that there will be manpower shortage of optometrists in the short to medium term.

27.11.2 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

27.11.3. 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.

27.11.4 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

27.11.5 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.

27.12 RADIOGRAPHERS
Key Facts

Registered radiographers	2 209
Registered radiographers (Category : Diagnostic)	1 842
Registered radiographers (Category : Therapeutic)	367
Radiographer to population ratio	1 : 3 339
Proportion of public and private practice	
(Category : Diagonostic)	57% : 43%
(Category : Therapeutic)	62% : 38%
Male to female ratio	55% (Male); 45% (Female)
Median age	41
Age distribution	
20-29	22.5%
30-39	23.8%
40-49	26.7%
50-59	20.4%
≥60	6.6%

Regulatory body	SMP Council Radiographers Board
Training of radiographers	PolyU TWC

TWC

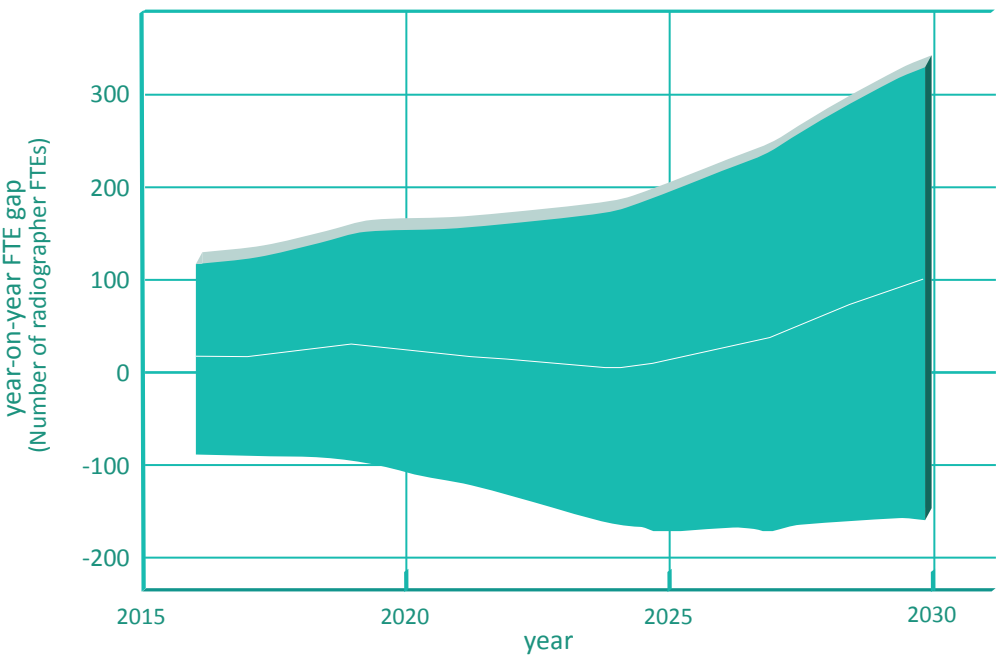
In addition to PolyU, TWC has started to operate a self-financing programme in radiation therapy, providing about 15 training places in the 2012/13 academic year. In 2016, the programme was accredited by SMP Counil with the first cohort of students graduated in the same year.

SSSDP

Considering that there is a sustained demand for radiographers in HK 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.

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-94	-114	-178	-166
	(-4.9%)	(-5.2%)	(-6.9%)	(-5.7%)
Best guestimate	18	26	14	106
	(0.9%)	(1.1%)	(0.5%)	(3.3%)
95th percentile	123	161	202	349
	(5.8%)	(6.5%)	(6.8%)	(10.2%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Age-, sex-specific parameters are used in the projections.
3. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of radiographers

27.12.1 The Steering Committee notes that …

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

27.12.2 The Steering Committee considers that …

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

Self-financing training

27.12.3 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.

Manpower planning for radiographers

27.12.4 The Steering Committee notes 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.

27.13 CHIROPRACTORS
Key Facts

Registered chiropractors	209
Chiropractor to population ratio	1 : 35 287
Proportion of pubilc and private practice	0% : 100%

Regulatory body	Chiropractors Council
Training of chiropractors	Not available in HK

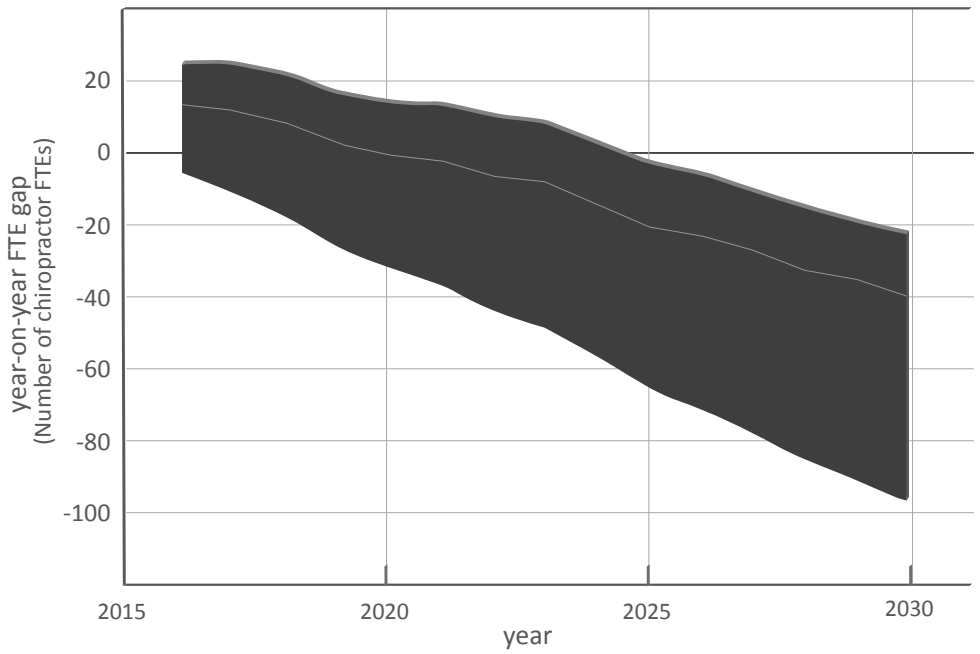
All registered chiropractors are engaged in the private sector.

Male to female ratio	70% (Male); 30% (Female)

Median age	42
Age distribution	
20-29	10.0%
30-39	35.4%
40-49	23.0%
50-59	15.8%
≥ 60	15.8%

Manpower Projection

Manpower Gap in FTE



Year	2016	2020	2025	2030
5th percentile	-6	-33	-66	-98
	(-3.1%)	(-15.6%)	(-29.0%)	(-41.4%)
Best guestimate	13	-1	-21	-40
	(6.3%)	(-0.4%)	(-7.6%)	(-13.8%)
95th percentile	25	14	-3	-23
	(11.5%)	(5.4%)	(-1.1%)	(-7.3%)

Note:

1. A positive number indicates shortfall, whereas a negative number indicates sufficient manpower (or surplus under the model).
2. Age-, sex-specific parameters are used in the projections.
3. Retirement pattern with reference to Health Manpower Survey.

Observations and Recommendations

Manpower projection of chiropractors

27.13.1 The Steering Committee notes that …

It is projected that the manpower supply of chiropractors is close to manpower 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.

27.13.2 The Steering Committee considers that …

All chiropractors are working in the private sector. As in the case of optometrists, the current projection of chiropractors 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.

RECOMMENDED MEASURES

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.

28. 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 sector to complement the UGC-funded sector in broadening and diversifying study opportunities.

29. At present, there are two medical school (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.

30. 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.

31. 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.

32. 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 institutions, 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.

33. 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.

34. 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 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 under limited registration more proactively.

Retaining doctors to work in HA

35. 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

36. In a bid to alleviate 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 to ease its doctor shortage problem in the short term.

37. 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.

38. 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.

39. 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 (see Figure 18).

40. 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.

41. 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 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.

42. For pharmacists and chiropractors, it is noted that non-locally trained 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.

Figure 18. Measures taken to facilitate non-locally trained professionals to practise in Hong Kong

Doctors

- Increase of frequency of the Licensing Examination
- Refinement of exemption requirement for the Licensing Examination
- Refinement of internship arrangement for non-locally trained doctors
- An online platform to improve the transparency of Licensing Examination
- Recruitment of non-locally trained doctors by way of limited registration

Dentists

- Increase of frequency of the Licensing Examination
- Refinement of the Licensing Examination arrangements e.g. candidates are allowed to retain partial pass results

Nurses

- Increase of frequency of the Licensing Examination

Introducing further measures to facilitate non-locally trained healthcare professionals to practise in HK while upholding standard and quality

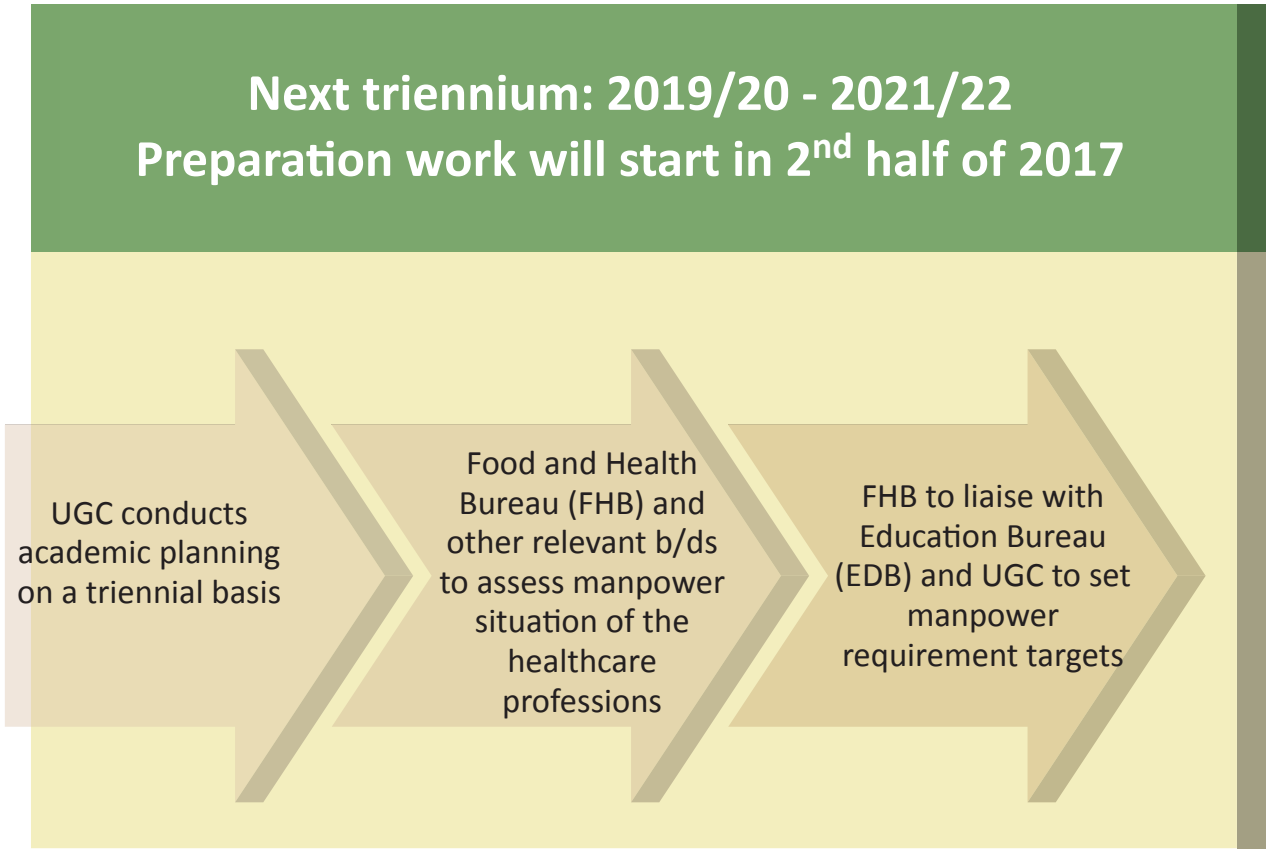
RECOMMENDATION 5
MANPOWER PLANNING AND PROJECTIONS

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

43. The current manpower projection exercise and the manpower forecast model designed by HKU have provided a starting point and good basis for the Government to conduct 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.

44. 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.

Figure 19. Conducting manpower planning and projections once every three years



Part Three:

PROFESSIONAL DEVELOPMENT AND REGULATION

OVERVIEW

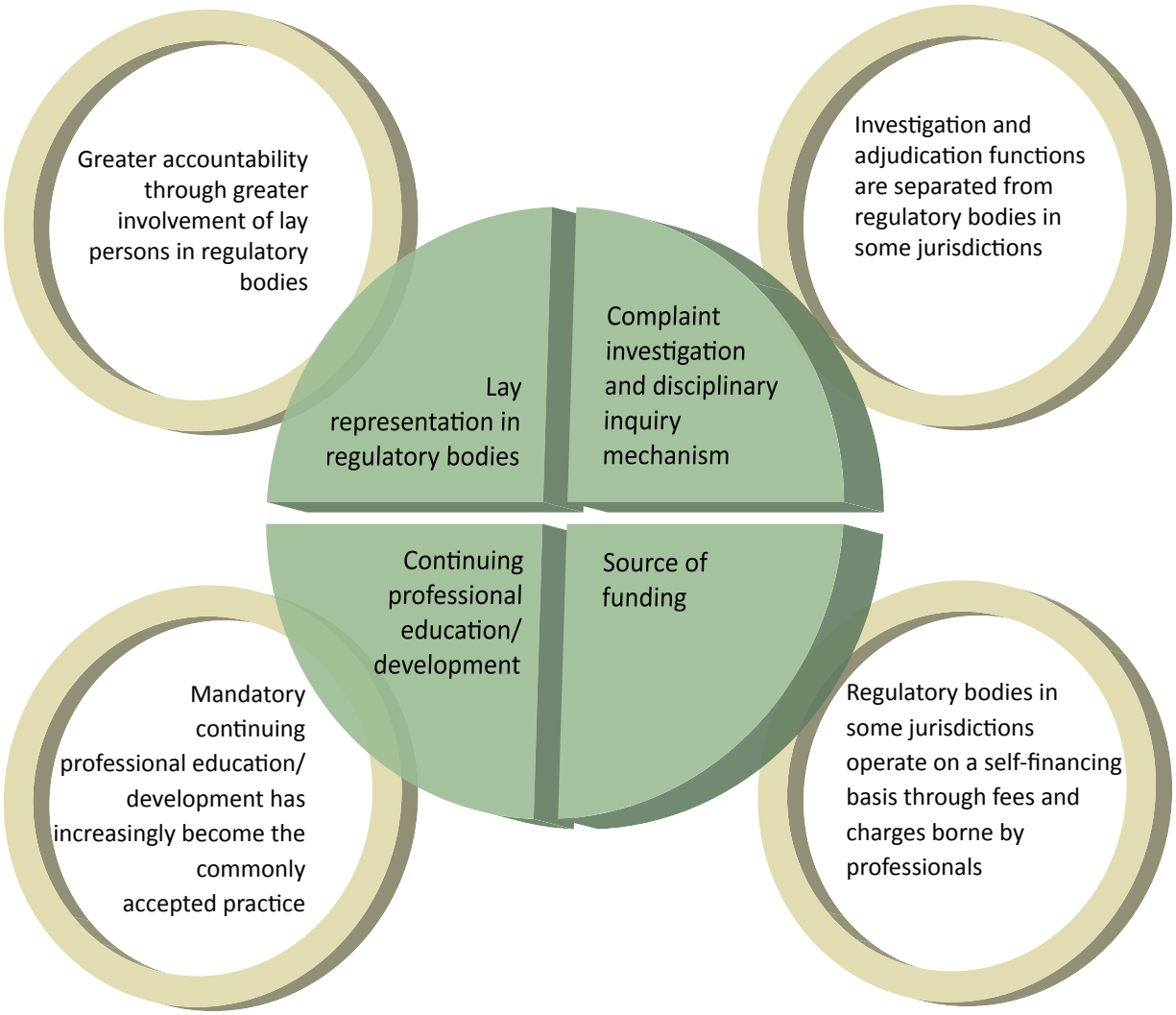
45. The healthcare system of Hong Kong is renowned for its quality, efficiency and cost-effectiveness. The achievements we have made on the front of healthcare owe much to the competence, dedication and commitment of our healthcare professionals. Their good and hard work has earned the trust and respect 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.

CUHK's Findings

46. The findings and observations of the study commissioned to CUHK offer a comprehensive view of the latest regulatory models 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 20). 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.

47. 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 20. Global trends in regulatory regime of healthcare professionals



RECOMMENDED MEASURES

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%.

48. 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.

49. 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 (see Figure 21) 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.

Figure 21. Lay participation in Boards and Councils: current situation

	Total no. of members	No. of lay members (percentage)
MCHK	28	4 (14%) [4 lay persons]
DCHK	12	3 (25%) [1 lay person and 2 doctors]
NCHK	15	3[5] - 6 (20% - 40%) [3 lay persons, 1 member nominated by HA, 2 members selected from a pool of persons nominated by each of the tertiary institutions providing accredited nursing programmes]
Midwives Council of Hong Kong	18	4 (22%) [2 lay persons and 2 doctors]
CMCHK	19	6[6] - 8 (32% - 42%) [chairman, 2 public officers, 2 from educational or scientific research institutions in Hong Kong and 3 lay persons]
PPBHK	11	3 (27%) [2 doctors and 1 lawyer]
SMP Council	15-18	6[7] - 13 (33% - 72%)[8] [chairman, deputy chairman, 4 public officers, 4 other persons not being public officers and 3 persons nominated by CUHK, HKU and PolyU]
OTs Board PTs Board MLTs Board Optometrists Board Radiographers Board	8-11	2[9] - 3 (18% - 27%)[10] [chairman, 1 doctor and 1 person specially qualified to advise on professional education]
Chiropractors Council	10	5 (50%) [4 lay persons and 1 public officer]

[5] There will be three fewer lay members if the member nominated by HA and the two members selected from a pool of persons nominated by each of the tertiary institutions providing accredited nursing programmes are not considered so. According to past record, these members are usually registered nurses.

[6] There will be two fewer lay members if the two members from educational or scientific research institutions in Hong Kong are not considered so. According to past record, these two members are usually filled by registered CMPs or persons in the field of Chinese Medicine.

[7] There will be seven fewer lay members if the four other persons not being public officers and three persons nominated by CUHK, HKU and PolyU are not considered so. According to past record, except the person nominated by PolyU, the other six members are usually other registered healthcare practitioners.

[8] In calculating the lay proportion, assuming the total number of members is 18 members.

[9] There will be one fewer lay member if the person specially qualified to advise on professional education is not considered so. According to past record, this member is usually from education institution being registered in that SMP profession.

[10] In calculating the lay proportion, assuming the total number of members is 11 members.

50. Lay participation in MCHK was discussed at the Tripartite Platform on Amendments to the MRO[11]. The Government would weigh all relevant considerations, including the recommendation of the Steering Committee and deliberations at the Tripartite Platform, and make a decision that has balanced the best 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 more than one year to not more than three years.

51. 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.

52. 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.

[11] 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 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.

53. Continuing Professional Education (CPE) / Continuing Professional Development (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.

54. 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 (see Figure 22). Continuing education is a mandatory requirement for continuing practice of registered CMPs[12]. It is also mandatory for doctors and dentists[13] on the specialist registers. 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 Figures 22 and 23. For dental hygienists and pharmacists, there is no CPE/CPD programme administered by the relevant Board and Council.

[12] Under section 82(2) of the Chinese Medicine Ordinance (Cap. 549), the CMPs 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).

[13] 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 22. CPE/CPD requirement for the 13 healthcare professions concerned

Mandatory for all practitioners	Mandatory for specialists	Voluntary programmes	No voluntary programmes
• Registered CMPs	• Specialist doctors • Specialist dentists	• Non-specialist doctors • Non-specialist dentists • Nurses (Registered & Enrolled) • Midwives • OTs • PTs • MLTs • Optometrists • Radiographers • Chiropractors	• Dental hygienists • Pharmacists

Figure 23. Voluntary CPE/CPD programmes at a glance

	No. of registrants (as at end 2016)	CPE/CPD Programme	Since	Situation as at end 2016
Doctors	14 013 (6 782 who are also on specialist register)	Voluntary "CME Programme for Practising Doctors who are not taking CME Programme for Specialists"	1 Oct 2001	No. of doctors awarded CME certificate: 1 091 No. of doctors holding valid "CME Certified" title: 1 268
Dentists	2 441 (260 who are also on specialist register)	Voluntary "CPD Programme for Practising Dentists"	1 Jul 2002	No. of dentists awarded CPD certificate for the 2015 CPD Cycle: 575
Nurses	Registered nurses: 39 178 Enrolled nurses: 13 211	Voluntary Continuous Nursing Education (CNE) System for all Registered/Enrolled Nurses	1 Nov 2006	See Note 1
Midwives	4 540	Post-registration Education in Midwifery (PEM) Pilot Scheme for all Registered Midwives on a voluntary basis	1 Nov 2006	See Note 2
OTs	1 911	Voluntary CPD Scheme for registered OTs	1 Oct 2006	No. of OTs that met the specified CPD requirement in 2015/16: 101
PTs	2 956	Voluntary CPD scheme for registered PTs	1 Jul 2005	No. of PTs that met the specified CPD requirement in 2015/16: 166
MLTs	3 443	Voluntary CPD scheme for registered MLTs	1 Jan 2005	No. of MLTs that met the specified CPD requirement in 2015/16: 72
Optometrists	2 180	Voluntary CPD programme for registered Optometrists	1 Nov 2004	No. of optometrists that met the specified CPD requirement in 2015/16: 138
Radiographers	2 209	Voluntary CPD programme for registered Radiographers	1 Jan 2006	No. of radiographers that met the specified CPD requirement : 38
Chiropractors	209	Voluntary CPD scheme for registered Chiropractors	1 Jan 2010	No. of chiropractors that met the specified CPD requirement: 5

Note 1 There are a total of 123 providers of CNE accredited by NCHK. CNE points and certificates are awarded to the participants of the CNE programmes/activities by the providers accredited by NCHK.

Note 2 There are a total of 19 providers of PEM accredited by the Midwives Council of Hong Kong. The PEM points and certificates are awarded to the participants of the PEM programmes/activities by the providers accredited by the Midwives Council of Hong Kong.

55. 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

56. 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. Figure 24 summarises the number of complaints received by Boards and Councils of healthcare professions from 2014 to 2016.

Figure 24. Number of complaint cases and processing time

Boards and Councils	No. of registrants (as at end 2016)	No. of complaints received			Average time required (months)		
		2014	2015	2016	Pre-PIC stage (if any) and PIC stage	Inquiry stage	Total
MCHK	14 013	624	493	628	36	36	72
DCHK	2 441	173	126	132	22	12	34
NCHK	52 389	38	25	52	12	6	18
Midwives Council of Hong Kong	4 540	2	0	0	12	6	18
CMCHK	9 956	361	186	209	1	8	9
PPBHK	2 659	3	0	0	3 Note 1	6	9
OTs Board	1 911	4	1	2	7	7	14
PTs Board	2 956	9	7	10	7	7	14
MLTs Board	3 443	4	4	1	7	7	14
Optometrists Board	2 180	9	6	12	7	7	14
Radiographers Board	2 209	1	2	2	7	7	14
Chiropractors Council	209	5	8	9	7	7	14

Note 1 There is no PIC established under PPBHK. The complaints received will be brought up to PPBHK for consideration. It takes about 3 months for PPBHK to make decisions on whether to initiate a disciplinary inquiry against the pharmacist concerned.

57. 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 considered to often 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.

58. 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.

59. 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.

60. The Steering Committee notes that a bill i.e. the Medical Registration (Amendment) Bill 2016 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.

61. 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.

62. 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.

63. 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 disciplinary inquiry mechanism should be devised.

64. 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/COUNCILS

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

65. 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 (see Figure 25).

66. 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.

67. 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.[14]

68. In line with the "cost recovery" and "user pays" principle, it is 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.[15] 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.

[14] 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.

[15] 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 Poisons 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%.

Figure 25. Cost recovering rates of the fees stipulated under the relevant legislations

	Cost recovering rates (before 2016)	Cost recovering rates (after 2016)
Medical Registration (Fees) Regulation (Cap. 161C)	11% - 94%	13% - 100%
Dentists (Registration and Disciplinary Procedure) Regulations (Cap. 156A)	44% - 84%	50% - 92%
Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B)	61%	70%
Nurses (Registration and Disciplinary Procedure) Regulations (Cap. 164A)	33% - 52%	40% - 60%
Enrolled Nurses (Enrolment and Disciplinary Procedure) Regulations (Cap. 164B)	36% - 52%	43% - 60%
Midwives Registration (Fees) Regulation (Cap. 162B)	43% - 89%	13% - 98%
Chinese Medicine Practitioners (Fees) Regulation (Cap. 549B)	11% - 116%	14% - 100%
Occupational Therapists (Registration and Disciplinary Procedure) Regulations (Cap. 359B)	26% - 84%	31% - 93%
Physiotherapists (Registration and Disciplinary Procedure) Regulation (Cap. 359J)	26% - 84%	31% - 93%
Medical Laboratory Technologists (Registration and Disciplinary Procedure) Regulations (Cap. 359A)	26% - 84%	31% - 93%
Optometrists (Registration and Disciplinary Procedure) Regulation (Cap. 359F)	26% - 84%	31% - 93%
Radiographers (Registration and Disciplinary Procedure) Regulation (Cap. 359H)	26% - 84%	31% - 93%
Chiropractors Registration (Fees) Regulation (Cap. 428A)	34% - 81%	41% - 89%

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.

69. 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.

70. 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.

71. In end 2016, the Government launched the Pilot Accredited Registers Scheme (Pilot AR Scheme). The Pilot AR Scheme covers the existing 15 non-statutorily registered 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.

PROFESSION-SPECIFIC ISSUES

72. Apart from the general and generic issues set out in the preceding section, the Steering Committee has also taken stock of profession-specific issues and concerns that have been brought to its attention during the Review. The deliberations at the six Sub-groups and the study commissioned to CUHK, in particular the SWOT analysis conducted with the participation of healthcare professionals, have brought to light issues and concerns pertaining to regulation and development of each profession. The Steering Committee heeds the call for changes from healthcare professionals, in particular, nurses, CMPs, pharmacists and other allied health professionals, to enhance their functions and make better use of their expertise in order to advance their professional development. Some healthcare professionals are making efforts to develop specialist education and accreditation on a voluntary and administrative basis, with the vision that this would eventually result in a well-established framework for the training, recognition, and practice of specialists. These issues and views of the professions are summarised below.

DOCTORS

Urgency to Improve the Complaint Handling and Disciplinary Inquiry mechanism of MCHK

- Strong and almost unanimous call for improving the complaint investigation and disciplinary inquiry mechanism so that cases could be concluded within a reasonable period

- Clear call for increasing lay participation in MCHK

- Strong and divergent views over the proposed change to the composition of MCHK during the deliberations and debates on the Medical Registration (Amendment) Bill 2016. More engagement and communication to promote understanding and hopefully narrow differences among parties with different views

- Mediation has long been made use of outside the context of MCHK for resolving medical disputes. Exploration of the feasibility of introducing mediation as part and parcel of MCHK's complaint investigation and disciplinary inquiry mechanism

Manpower Projection for Specialist Doctors

- Suggestion for conducting manpower projection for doctors in different specialities for better manpower planning

DENTISTS

Non-locally Trained Dentists

- Introduction of a limited registration mechanism similar to that for doctors to facilitate qualified non-locally trained personnel to practise dentistry in Hong Kong for teaching, research and hospital work under prescribed conditions, and abolishment of the "deemed-to-register" arrangement upon the introduction of limited registration[16]

- Introduction of temporary registration for persons employed/invited for clinical teaching, research or academic exchange

Specialist Training

- Ensuring continuous provision of quality specialist training for dentists in Hong Kong so that our dental profession can acquire core competencies to deliver professional dental healthcare services

Manpower Projection for Specialist Dentists

- Suggestion for conducting manpower projection for dentists in different specialities for better manpower planning

[16] Under Dentists Registration Ordinance (Cap. 156), there is a "deemed-to-register" arrangement for dentists recruited from overseas for the purpose of teaching and performing hospital work in the Faculty of Dentistry of HKU. These registrants are not subject to disciplinary action under the Dentists Registration Ordinance.

DENTAL HYGIENISTS

Review of Relevant Regulation

- Consideration of amending the legislation[17] regulating dental hygienists to, among others, establish a statutory registration system for dental hygienists and a statutory disciplinary framework in order to safeguard professional conduct of dental hygienists and protect patients' interests

Role of Dental Hygienists

- Review on the scope of work of dental hygienists
- Exploration of the possibility of enhancing the role of dental hygienists

Regulation of Other Ancillary Dental Workers

- Views that other ancillary dental workers including dental therapists and dental surgery assistants under the Dentists Registration Ordinance (Cap. 156) should be regulated

[17] The subsidiary legislation, Ancillary Dental workers (Dental Hygienists) Regulations, of the Dentists Registration Ordinance (Cap. 156) empowers DCHK to provide enrolment and regulation of dental hygienists. A roll of enrolled dental hygienists is maintained by the Council.

NURSES

Elected Members of NCHK

- Strong call to introduce elected members in NCHK as provided by the Nurses Registration (Amendment) Ordinance 1997 as soon as possible

Development of Nursing Practice Specialisation

- Recognition of the pivotal role played by nurses in revitalising healthcare systems through advanced nursing practice and enhanced clinical specialties. Specialisation in nursing is an important milestone in the professionalisation of the nursing profession. The Hong Kong Academy of Nursing was established in 2011 to provide structured training and promote professional development of nurse specialists and advanced practice. The Government has set up a task force with wide participation from the nursing profession to look into the critical issues concerning specialisation of nursing practice in order to map out the way forward, with the ultimate goal of putting in place a legal framework on nursing specialisation in the long run

CHINESE MEDICINE PRACTITIONERS

Non-locally Trained CMPs

- Views over the trend of Hong Kong people studying Chinese Medicine in the Mainland, with consequential implication for the supply of CMPs in future

- Views that the rigour and adequacy of Licensing Examination as well as the need for local internship (which is not required as of now) should be critically reviewed, in order to ensure the quality and standard of non-locally trained CMPs

Development of Practice Specialisation and Specialist Registration

- Establishment of a statutory specialist registration system for CMPs, and credentialing of the specialist qualification. The Chinese Medicine Development Committee (CMDC) was established in February 2013 to focus on the study of four major areas, namely the development of Chinese Medicine services, personnel training and professional development, development of scientific research and development of the Chinese Medicine industry (including Chinese Medicine testing). To tie in with the development of the Chinese Medicine hospital and enhance the level of Chinese Medicine services, the Government has started to explore with CMDC on the way forward of the development of Chinese Medicine specialisation. The Chinese Medicine Practice Sub-committee, set up under CMDC, is studying the issue and will maintain communication with the profession, and make recommendations to the Government in due course

Separation of Regulation of CMPs and Chinese Medicine

- Views that CMPs, who are now regulated under the same roof as Chinese Medicine, should be regulated separately as a profession under another piece of legislation

Roles and Functions of CMPs

- In the course of studying on how to strengthen the cooperation of Chinese and Western medicine, comments from different parties should be considered, including views that CMPs should be empowered to prescribe common imaging and laboratory tests such as x-ray for their patients, and also to make direct referrals to allied health professionals

PHARMACISTS

Non-locally Trained Pharmacists

- Views that the rigorous and adequacy of Licensing Examination as well as the need for local internship (which is not required as of now) should be critically reviewed

Regulation of Pharmacists

- Differing views on establishment of a separate regulatory body -

  - Pharmacists should be regulated as a profession on par with the statutory arrangement for other healthcare professions such as doctors, dentists and nurses, and that a separate Pharmacy Council should be set up as a long-term goal rather than having pharmacists regulated as of now under the same statutory umbrella for pharmaceutical trade, drugs and poisons. Establishment of a separate regulatory body would contribute positively towards branding of the profession and promoting the use of pharmacy service by the general public

  - It is not necessary to set up a Pharmacy Council as PPBHK is effective in regulating the profession and setting up a separate regulatory body is merely one of the many measures to enhance the role and contribution of pharmacists

  - Some small and medium enterprise community pharmacists are worried that their interests might not be well looked after if a separate regulatory body is set up

Separation of Regulation of Pharmacists and Drugs

- Views that pharmacists, who are now regulated under the same roof as drugs, should be regulated separately as a profession under another piece of legislation

Enhanced Roles for Pharmacists

- In view of the expansion of local supply of pharmacists and having regard to overseas experience, pharmacists should take up an enhanced role in the provision of healthcare services, particularly in HA. For instance, clinical pharmacists should gradually be integrated into the clinical care team and to provide out-patient consultations along the patient care path in various clinical areas e.g. oncology, pediatrics and chronic diseases management in HA. In addition, HA may enhance its provision of drug refill services through deploying more pharmacists to provide medication advice to high risk patients with long duration of prescriptions. This can help enhance medication safety and reduce drug wastage

ALLIED HEALTH PROFESSIONALS (OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS, MEDICAL LABORATORY TECHNOLOGISTS, OPTOMETRISTS AND RADIOGRAPHERS)

Functions of Supplementary Medical Professions Council and its Boards

- Views that the set-up of SMP Council and its statutory Boards, which currently overseeing the five professions including OTs, PTs, MLTs, optometrists and radiographers, should be reviewed

- There is no perfect model of the set-up of statutory regulatory body and each model has its merits

Composition of SMP Council and its Statutory Boards

- Views that allied health professionals should be given a presiding role in their own regulatory Boards[18]

Non-locally Trained Allied Health Professionas

- Views that the current assessment system[19] should be reviewed and the feasibility of introducing a universal registration examination for assessing a person's qualification for registration should be explored

Enhanced Role in Primary Care

- Enhancement of the role of the five professions in the provision of primary care, including increasing the multi-disciplinary element in the healthcare service delivery model

- Views that there should be stream/specialty in the registration of MLTs

[18] Currently, the chairmanship of SMP Council and its five Boards are taken up by persons who are not a member of its respective professions.

[19] Currently, the individual Boards under SMP Council set the registration requirement for non-locally trained healthcare professionals, taking into account the circumstances of each discipline.

CHIROPRACTORS

Request for Provision of Local Training Programme and Public Chiropractic Services

- Views that there should be local chiropractic training programme in Hong Kong
- Views that HA should introduce chiropractic service

Introduction of Universal Registration Examination

- Views that there should be a universal registration examination

Part Four:

RECOMMENDATIONS AND IMPLEMENTATION

73. 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 to increase publicly-funded degree places for healthcare professions facing manpower shortage for the 2019/20-2021/22 UGC triennium. Consideration should be given to 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 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 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 under 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 under 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 professional 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, 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 is in the best 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 disciplinary inquiry mechanism should be devised, having due regard to the international trend for separation of complaint investigation and adjudication functions under outside

Boards and Councils with a significant number of complaint cases

- 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 operation 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 operation 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

74. 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.

Part Five:
VOTE OF THANKS

75. We would like to take the opportunity to express our gratitude to all members of the Steering Committee, Coordinating Committee, six consultative Sub-groups for their insight, contribution and dedication throughout the Review. The efforts by HKU and CUHK in providing professional input and technical support to the Review are also deeply appreciated. Our thanks also go to all the healthcare professionals and other relevant stakeholders of the community for their valuable comments and suggestions, in particular the Subcommittee on Health Protection Scheme of LegCo Panel on Health Services, LegCo Members, HA, DH, SWD, EDB and representatives of healthcare service providers.

76. For details on HKU's projection models and projections for individual professions and CUHK's findings on the regulatory frameworks for healthcare professions elsewhere and in Hong Kong, please refer to the reports prepared by HKU and CUHK which are supplementary to this review report. Soft copies of the reports are available online at **www.hpdo.gov.hk.**