

## Executive Summary

The World Health Organization (WHO) released a report entitled *Global Strategy on Human Resources for Health: Workforce 2030* in 2016 to guide health system planners and policymakers in the development of health systems globally. With reference to projections of best estimates presented in the report, 31 Organisation for Economic Co-operation and Development (OECD) countries are projected to face a shortfall against service requirements of 1.2 million physicians by 2030. With this perspective in mind, amidst this global shortage of doctors, it is of critical importance to assess how well Hong Kong is doing in leveraging non-locally trained doctors to supplement current and projected workforce shortages.

### Hong Kong's health system continues to be challenged by a severe shortage of doctors, and it is only getting worse

- Hong Kong continues to fall behind global counterparts in its doctor-to-population ratio. As of 2020, Hong Kong's population of close to 7.5 million was served by 15,298 fully registered doctors, equating to having approximately 2.0 doctors for every 1,000 people in Hong Kong. Continuing to fare worse than comparable Asian jurisdictions, such as Singapore (2.5) and other well-developed regions in the world (OECD countries average at 3.5), Hong Kong will need an addition of approximately 3,500 to catch up to Singapore and 11,000 doctors to catch up to OECD countries.
- Hong Kong continues to deteriorate from levels it once achieved in the ratio of doctors to the elderly population (aged  $\geq 65$  years) and doctors to the chronic disease patient population. Hong Kong will now need an addition of thousands of doctors to bring the ratios back to what was achieved in 2000.
- Hong Kong continues to suffer from a severe shortage of doctors, and the shortage gap has further widened in the short- to medium- term as revealed in the Food and Health Bureau (FHB) *Healthcare Manpower Projection 2020*. The latest projections show a shortfall of 1,610 doctors by 2030 and 1,949 by 2040 assuming the maintenance of the 2017 standard of health service delivery. As Hong Kong moves away from this undesirable standard that is clearly inadequate to cater for increasing healthcare demands, the Hong Kong SAR Government (HKSARG; or referred to as the Government)'s projected shortfalls are clearly underestimates.

### Hong Kong people are negatively impacted by the severe shortage of doctors

- People needing medical attention in Hong Kong are negatively impacted by an insufficient doctor supply. The waiting time for public healthcare services continues to increase across the board, from accident and emergency services to specialist out-patient clinic appointments and admission for inpatient hospital care, contributing to potential delay in diagnosis and treatment.
- Doctors in Hong Kong, particularly those working in the public sector, are negatively impacted by an insufficient doctor supply. The public healthcare sector is staffed with less than 50% of Hong Kong's doctor workforce despite currently handling a disproportionate volume of healthcare demands. Characterised by a subpar working environment with long working hours and limited patient interaction time, the public sector has a pertinent need for a boost in doctor supply. Of concern is the attrition of doctors in the Hospital Authority (HA) over the past five years, particularly among senior grade doctors with years of clinical experience. The injection of new locally trained doctors, coupled with other human resource measures, has been unable to fully offset the additional burden created by this ongoing attrition, resulting in the Government's estimated shortfall of at least 660 specialists and specialists-to-be in 2020.

### Hong Kong has shown weak determination in narrowing down its widening doctor shortage gap

In the past decade, Hong Kong has attempted a multifaceted approach to narrow down its widening doctor shortage gap, including increasing local medical training places, adjusting policies related to admitting non-locally trained doctors into the system, and bettering retention measures to lower attrition rates in the public sector. However, mechanisms currently in place have had limited impact on narrowing Hong Kong's widening doctor shortage gap.

### Hong Kong is not fully leveraging a non-locally trained doctor workforce

- Non-locally trained doctors used to make up a significant proportion of Hong Kong's doctor workforce. Following the abolishment of a pathway that allowed qualified non-locally trained doctors from recognised Commonwealth countries to attain Full Registration for practice in Hong Kong without taking a licensing examination in September 1996, Hong Kong experienced a drastic decrease in newly registered doctors. Notably, the proportion of newly registered doctors with non-local qualifications also fell drastically and has remained low ever since.
- Today, pathways for admitting non-locally trained doctors continue to exist, one for Full Registration and the other for Limited Registration. However, related policies are insufficient to boost the number of non-locally trained doctors serving in the system for reasons we highlight in upcoming sections.

### Hong Kong must fully leverage on a non-locally trained doctor workforce to drastically increase the doctor supply

- The Government's recent effort in rekindling enthusiasm for leveraging a non-locally trained doctor workforce includes the announcement of a proposal on a new legislated pathway to admit non-locally trained doctors. This landmark proposal announced in February 2021 was very similar to the recommendations made in Our Hong Kong Foundation's (OHKF) 2019 advocacy report, *Health System Capacity Constraints – The Severe Shortage of Doctors in Hong Kong Public Hospitals* and stipulates that non-locally trained doctors who are Hong Kong permanent residents would be eligible to attain Full Registration in Hong Kong under specified conditions, that i) candidates must have graduated from recognised medical schools; ii) have specialist qualifications; and iii) worked in public healthcare institutions for a specified period. While this is a good step forward, the Government proposal should extend beyond the current conditions to allow for the entry of high quality doctors for Hong Kong to drastically increase its doctor supply.
- The Government has sent a clear signal for the need to leverage on a non-locally trained doctor workforce. However, direction must be complemented with dedication and coordination of all relevant parties. These parties should exercise respective powers to reach the common goal of ensuring a sufficient supply of doctors in Hong Kong to deliver quality healthcare services in a timely manner. Importantly, key hurdles that exist in our system as barriers to non-locally trained talent must be identified and overcome for Hong Kong to stand a chance at overcoming its longstanding doctor shortage crisis.

## Our study

- Our study aims to better understand factors that facilitate or hinder qualified non-locally trained doctors to enter and continuously provide services in our system. More specifically, we interviewed non-locally trained doctors practising in Hong Kong to obtain: i) qualitative data from semi-structured interviews and ii) quantitative data from surveys. Our study also encompasses findings from a review of policies related to registration requirements and training opportunities of non-locally trained doctors in different jurisdictions.
- Quantitative and qualitative findings reveal that non-locally trained doctors are facing barriers to excel in Hong Kong at all qualification levels in their medical career. We put forward six key recommendations and 22 detailed suggestions on how these barriers could be overcome. Recommendations have important implications for health workforce planning in Hong Kong.

## RECOMMENDATION 1

### Hong Kong must strengthen its governance and strategic vision in health workforce planning

Across the world, governments employ a range of levers that align with and facilitate the achievement of the strategic goal to ensure doctor supply sufficiency, often considering the role of non-locally trained doctors. Levers range from adjustment of visa arrangements in the United Kingdom (UK) to instilling flexibility with registration requirements (such as the list of acceptable primary qualifications) in Singapore. While there is no one-size-fits-all solution, the Hong Kong Government needs to enforce strategic oversight and streamlined coordination between relevant parties to capitalise on the contribution of non-locally trained doctors towards ensuring doctor supply sufficiency.

To achieve this, Hong Kong needs to accurately size its doctor shortage and implement replacement strategies effectively. Being a key employer of doctors in Hong Kong, the HA should publicly disclose attrition details of doctors, especially senior grade doctors, and how vacant positions are filled on a regular basis to make sure vacant positions could be replaced in a timely manner. The years of experience of outgoing and of the corresponding replacement doctors should also be disclosed regularly. In addition to spearheading and coordinating strategic plans for recruitment efforts that require streamlining synergy between relevant parties including the HA and the Hong Kong Academy of Medicine (HKAM; or referred to as the Academy), we recommend the Government to mandate additional headcount for the HA and Department of Health (DH) in accordance to projected doctor shortfalls as calculated in the FHB Healthcare Manpower Projection (2020) for the global recruitment of doctors with either local or non-local qualifications based on merit to relieve respective doctor shortages. Additional funding should be conditional on the successful fulfilment of these headcounts. In particular, the HA should target global recruitment efforts to fill posts across all ranks, from Resident Trainee to Associate Consultant and Consultant posts. Furthermore, to ensure that there is a sufficient supply of specialists in Hong Kong to meet population health demands, the HKAM should ensure that accreditation and recognition criteria for all non-local specialist qualifications are clearly disclosed to facilitate the process of hiring non-locally trained specialists to fill Hong Kong's doctor shortage gap.

## RECOMMENDATION 2

### Hong Kong can consider providing internship placements and a structured career path for non-locally trained doctors

Different jurisdictions have put in place policies that invite talent to serve in respective health systems as early on in their careers as possible. Of note, special measures are often in place to incentivise citizens to return after training abroad. For instance, both Singapore and the UK have clear pathways and career prospects for non-locally trained doctors without internship experience.

While internship experience is a core component of a medical career, internship placements are not guaranteed for all medical students, particularly non-local medical students. Medical graduates trained outside Hong Kong without internship experience would find it difficult to enter Hong Kong's health system to practise through the key pathways dedicated for the admission of non-locally trained doctors. To enhance the reception of medical graduates seeking to start their medical careers in Hong Kong and with reference to policies enforced in other jurisdictions like the UK, we recommend relaxing the current prerequisite for taking the Medical Council of Hong Kong (MCHK) Licensing Examination that requires the candidate to have completed a full-time internship. The requirement to complete a period of assessment in Hong Kong after passing the Licensing Examination should be maintained and completed under Provisional Registration. Furthermore, the period of assessment that effectively functions as a post-Examination internship is a redundant requirement for doctors who have already served in Hong Kong's health system for a period of time. Thus, to better utilise doctors' advanced skillsets, we recommend the period of assessment for doctors who have served under Limited Registration for more than one year and who have passed the Licensing Examination to be waived.

Additionally, with view of facilitating entry into our system under Limited Registration or through the Government's proposed pathway, and with reference to Singapore's provisional registration, we recommend the Government to mandate relevant medical institutions to create internship placements for completion under Provisional Registration. These positions should be offered to qualified non-locally trained medical graduates who have not been able to secure an internship placement in their place of training. A medical internship priority system could be in place to ensure positions are allocated to Hong Kong permanent residents only. After completion of an internship in Hong Kong, the Government can consider setting up a mechanism to allow these doctors to continue providing public service in the local health system. For example, the relevant authorities can collaborate with medical regulatory bodies outside Hong Kong to grant full registration at the place of medical training. This initiative will allow doctors to enter Hong Kong's system under Limited Registration or through the Government's proposed pathway with internship experience, which will meet the criterion for registration with a medical authority outside Hong Kong.

### RECOMMENDATION 3

### Hong Kong should strengthen its investment in specialist training

Continuing training is vital for a doctor's medical career development and progression. This is especially true for doctors who have already commenced specialist training outside Hong Kong but have chosen to offer their services in the local health system. Opportunities should be made available for these doctors to continue and complete their training in Hong Kong. Reference could be made to other jurisdictions, such as the UK, that offer multiple training opportunities.

The HA currently offers doctors with Full Registration a nine-year integrated contract devised with a view to facilitate specialist training. To ensure that continuing training opportunities are offered to non-locally trained doctors looking to establish a medical career in Hong Kong, we recommend the Government to provide additional funding and mandate the HA and the HKAM to facilitate continuing specialist training for non-locally trained doctors under Limited Registration. The HKAM and the HA should collaborate and consider offering integrated contracts to eligible doctors with a view to facilitate the completion of specialist training in Hong Kong. This initiative should not affect the opportunities to train local medical graduates since Resident Trainee posts have already been reserved and committed to them. At the same time, the Government should empower the Academy to mandate training quotas under the Academy Colleges to provide specialist training to non-locally trained doctors employed by the HA, particularly if their qualifications are attained from non-local specialist authorities that are deemed comparable to that of the Academy Colleges. The Academy should prioritise providing continuing specialist training to Hong Kong permanent residents. The Academy should mandate the Academy Colleges to specify entry requirements and compile a list of acceptable qualifications for retrospective accreditation. The information should be clearly organised, made publicly accessible and centralised by the Academy to enhance the ease of information accessibility for potential candidates.

### RECOMMENDATION 4

### Hong Kong must capitalise on and nurture valuable human capital

Non-locally trained specialists in Hong Kong face significant barriers in obtaining recognition of prior specialist training, potentially resulting in mismatched qualification level and occupational rank, restrictions on career prospects, and convoluted procedures to join Hong Kong's Specialist Register through attaining Certification for Specialist Registration (CSR). Reference should be made to comparable jurisdictions, such as Singapore and the UK, that adopt clear and transparent pathways for specialist recognition.

To resonate with Recommendation 1 and promote equal opportunities for locally and non-locally trained doctors, the HA should remove all barriers that potentially impede the career progression of non-locally trained doctors who should be considered for progression that is merit-based alongside their locally trained peers.

In fully capitalising on the experience and qualifications of doctors regardless of place of training, the Government should consider setting up an independent specialist accreditation body with international expert members that is solely responsible for the recognition and accreditation of specialist training and determination of qualifications for inclusion in Hong Kong's Specialist Register. This newly formed independent body should take reference to Singapore's Specialists Accreditation Board (SAB) which determines the qualifications, experience, and other considerations necessary for accreditation, as well as the training programmes recognised for registration as a specialist in Singapore. Alternatively, the Government can consider empowering the MCHK Education and Accreditation Committee (EAC) to take on this role and mirror the organisation, functions and responsibilities of the SAB in Singapore.

The Government's proposed pathway for the admission of non-locally trained doctors partially addresses the constraints faced by doctors under Limited Registration. It is important that the committee to be set up under the Government's proposal (for the purpose of establishing a mechanism to determine recognisable medical schools) remain independent, such that professional and objective decisions can be made. Also, to maximise our intake of qualified doctors trained outside Hong Kong, we recommend the Government to consider instilling flexibility into the three specified eligibility conditions (refer to page 4). Alternative mechanisms should be in place to capture and retain well-qualified doctors that fall outside set criteria. As an example, an appeal mechanism could be devised to review cases of ineligible well-qualified doctors already serving in our health system on an individual basis.

Alternative arrangements to lift restrictions imposed under Limited Registration should be considered to enhance doctor retention measures. As an example, the duration restriction of Limited Registration should be lifted for non-locally trained specialists employed by the HA or the DH who will continue their appointment with these public healthcare institutions. Relaxation of the venue restriction of Limited Registration should also be considered after doctors have served in the HA or DH for an extended period of time (e.g., 10 to 15 years). Both relaxations should be subject to desirable performance monitoring and assessment outcomes.

On a separate note, CSR applications undergo a thorough vetting process that involves all relevant authorities, including the Academy Colleges. Specialists that successfully attain CSR would have been certified by the Academy to have achieved a professional standard comparable to that for the award of Fellowship of the Academy, in accordance with Section 20K of the Medical Registration Ordinance (MRO) (Cap. 161). Given the comparable professional competencies, the Academy Fellows (nominated by the Academy Colleges) and specialists with CSR should thus have equivalent entitlement in their careers in Hong Kong. To achieve this, holders of CSR should be awarded Fellowship of the Academy.

## RECOMMENDATION 5

### **Hong Kong should adopt the Electronic Portfolio of International Credentials to streamline examination application and medical registration procedures**

Against the backdrop of the growing international mobility of doctors, streamlining the process of validating medical credentials gained from the place of training to the place of practice has been at the forefront of facilitating applications. Medical regulatory bodies internationally have incorporated technology to enhance the verification processes of non-locally trained doctors applying from abroad.

Various medical regulatory bodies such as the General Medical Council (GMC) in the UK and the Singapore Medical Council (SMC) have incorporated the Electronic Portfolio of International Credentials (EPIC) for the verification of credentials on a virtual integrated platform. With reference to these examples, we recommend relevant authorities in Hong Kong to consider the adoption of widely accepted and commonly used technology platforms, such as EPIC, to improve application processing times and enhance overall application experiences of doctors.

## RECOMMENDATION 6

### **Hong Kong should conduct a review of the Medical Council of Hong Kong Licensing Examination to uphold fair assessment standards**

Reference should be made to jurisdictions that enforce measures to ensure that the local licensing examination taken by non-locally trained doctors is a fair assessment of doctors' competency. For example, Australia and the UK are known to provide comprehensive revision material and achieve standardisation between examinations administered to locally- and non-locally trained doctors through calibration and/or provision of an identical examination.

In view of this, we recommend the MCHK to optimise the investment made towards administrating the Licensing Examination on a bi-annual basis. Sufficient examination and administrative support should be in place, including the need for the MCHK to uphold transparency of the scope examined in the Licensing Examination. This can be supplemented by the dissemination of comprehensive revision materials that include reference materials, full versions of past examination papers, and an exhaustive syllabus. Furthermore, to ensure a fair assessment of doctors' competency, the MCHK should lift potentially discouraging assessment practices, such as the negative marking mechanism. Another example is to allow candidates to retain passes for respective subjects in Part III of the Licensing Examination for the next two scheduled sittings instead of requiring a candidate who fails more than one out of four subjects in one sitting to re-sit all subjects. To further enforce fairness in examination standards, we recommend the MCHK to mandate regular benchmarking of the Licensing Examination to ensure content validity and fairness towards candidates. Consideration should also be given to setting up an independent examination authority staffed and governed with international medical experts to carry out standardised professional examinations for all doctors. To optimise the assessment of competencies and with reference to other jurisdictions like Australia, the MCHK should consider making available alternative assessment methods for doctors, such as options to engage in workplace-based assessment and alternative measurements to fulfil the medical English proficiency requirement in place of Part II of the Licensing Examination.

## Conclusion

System-level changes to the mix and distribution of our health workforce, including building up and strengthening our primary care workforce and leveraging allied health professionals, remain key strategies in relieving the local doctor shortage crisis. Nonetheless, these changes will take time to enforce and take effect. Apart from waiting to realise the benefits of boosting local medical training places, Hong Kong needs to enhance efforts in fully leveraging a non-locally trained doctor workforce to increase its doctor supply in more immediate terms. It is only by taking bold steps that Hong Kong will be able to drastically boost its supply of doctors and give its people a chance at receiving timely access to healthcare services.



## Summary of Recommendations

### **RECOMMENDATION 1. Hong Kong must strengthen its governance and strategic vision in health workforce planning**

- 1.1 The Hospital Authority should publicly disclose attrition details of doctors, especially senior doctors, and how they are replaced on a regular basis to make sure vacant positions could be replaced in a timely manner. The years of experience of outgoing and of the corresponding replacement doctors should also be disclosed regularly.
- 1.2 The Government should coordinate plans, including streamlining synergy between relevant parties, for the recruitment of non-locally trained doctors and have in place a clear evaluation framework for recruitment outcomes.
- 1.3 The Government should mandate additional headcount for the Hospital Authority and the Department of Health in accordance to projected doctor shortfalls as calculated in the FHB Healthcare Manpower Projection (2020) and hold both accountable for effective utilisation of additional funding for the global recruitment of doctors.
- 1.4 The Government should hold the Hong Kong Academy of Medicine accountable for the enforcement of its statutory powers to organise, monitor, assess and accredit specialist training and qualifications. Accreditation and recognition criteria for all non-local specialist qualifications should be clearly disclosed.

### **RECOMMENDATION 2. Hong Kong can consider providing internship placements and a structured career path for non-locally trained doctors**

- 2.1 Non-locally trained doctors who have not completed a period of full-time internship but have an acceptable primary medical qualification should be qualified to take the Medical Council of Hong Kong Licensing Examination.
- 2.2 The post-Examination period of assessment for doctors who have served under Limited Registration for more than one year and have passed the Licensing Examination should be waived.
- 2.3 The Government should mandate medical institutions to create internship placements offered to qualified non-locally trained medical graduates who are Hong Kong permanent residents unable to secure an internship placement in their place of training. After completion of an internship in Hong Kong, the Government can consider setting up a mechanism to allow these doctors to continue providing public service in the local health system.

### **RECOMMENDATION 3. Hong Kong should strengthen its investment in specialist training**

- 3.1 The Government should provide additional funding and mandate the Hospital Authority and the Hong Kong Academy of Medicine to facilitate continuing specialist training for non-locally trained doctors under Limited Registration.
- 3.2 In consideration that the Hospital Authority offers doctors with Full Registration a nine-year integrated contract to facilitate specialist training, the Hong Kong Academy of Medicine and the Hospital Authority should collaborate and offer integrated service contracts to non-locally trained doctors for continuing specialist training without affecting training opportunities of local medical graduates.
- 3.3 The Government should empower the Hong Kong Academy of Medicine to mandate training quotas for the relevant Academy Colleges to provide specialist training for non-locally trained doctors employed by the Hospital Authority. Hong Kong permanent residents should be prioritised.
- 3.4 The list of recognised non-local specialist qualifications and other Academy College entry requirements should be clearly organised, made publicly accessible and centralised by the Hong Kong Academy of Medicine to enhance the ease of information accessibility for potential candidates.

### **RECOMMENDATION 4. Hong Kong must capitalise on and nurture valuable human capital**

- 4.1 The Hospital Authority should remove all barriers that potentially impede the career progression of non-locally trained doctors who should be considered for progression that is merit-based alongside their locally trained peers.
- 4.2 The Government should ensure the independence of the committee that will determine a list of recognised medical schools under the Government's new proposal on the admission of non-locally trained doctors. An appeal mechanism should be devised to review the eligibility of experienced non-locally trained doctors who currently do not meet stipulated criteria to benefit from the proposal.
- 4.3 The Medical Council of Hong Kong should lift the duration restriction of Limited Registration for non-locally trained specialists employed by the Hospital Authority or the Department of Health who will continue their appointment with these public healthcare institutions. The venue restriction should also be relaxed for non-locally trained specialists under Limited Registration after they have served in the Hospital Authority or the Department of Health for an extended period of time. Both relaxations should be subject to desirable performance monitoring and assessment outcomes.

- 4.4 The Government should consider setting up an independent specialist accreditation body with international expert members that will solely be responsible for the recognition and accreditation of specialist training and determination of qualifications for inclusion in Hong Kong's Specialist Register. Alternatively, the Government can consider empowering the Education and Accreditation Committee under the Medical Council of Hong Kong to take on this role.
- 4.5 Fellows of the Hong Kong Academy of Medicine and specialists with Certification for Specialist Registration (CSR) (attained via the Academy) should have equivalent entitlement in their careers in Hong Kong. To achieve this, holders of CSR should be awarded Fellowship of the Academy.

**RECOMMENDATION 5. Relevant authorities in Hong Kong including the Medical Council of Hong Kong should adopt the Electronic Portfolio of International Credentials to streamline examination application and medical registration procedures**

**RECOMMENDATION 6. Hong Kong should conduct a review of the Medical Council of Hong Kong Licensing Examination to uphold fair assessment standards**

- 6.1 The Medical Council of Hong Kong should strategically invest in support measures for the Licensing Examination including the provision of comprehensive revision materials, an exhaustive syllabus and options to complete parts of the Examination outside Hong Kong or virtually.
- 6.2 The Medical Council of Hong Kong should abolish discouraging assessment practices of the Licensing Examination, such as negative marking mechanisms.
- 6.3 The Medical Council of Hong Kong should implement measures to ensure fairness in examination standards. This could involve regular calibration of the Licensing Examination with locally trained medical graduates and/or the setting up of an independent examination authority to administer a standard licensing examination for local and non-locally trained doctors.
- 6.4 The Medical Council of Hong Kong should make alternative assessment methods available for experienced doctors, such as workplace-based assessment.
- 6.5 The Medical Council of Hong Kong should consider alternative measures to fulfil the medical English proficiency requirement, such as the recognition of results from well-established English language testing systems like International English Language Testing System (IELTS) or consider graduates from medical schools with English as a medium of instruction to have met the requirement.