The Hong Kong College of Psychiatrists
Specialist Manpower Planning Framework

Assumptions on Healthcare Environment	
1. Regulations	The following anticipated changes in regulations may entail an increased need for specialist manpower in the foreseeable future: 1. Changes in the Mental Health Ordinance. 2. Increased demand on expertise in mental capacity assessment in relation to consent, Guardianship Order, Advanced Directive etc. 3. Increased demand on expertise in Ordinary Assessment Board (OAB) and compensation issues.
2. Government policy	An increase in the proportion of private psychiatric care is anticipated. The patients/doctor ratio will be different between specialist psychiatrists in the private and public sectors.
3. Population growth and ageing effect	Assume 2.2% increased demand per year. It is anticipated that increased awareness of mental health and efforts at educating the general public would increase the demand for specialist manpower. In addition, population growth and increase prevalence of psychiatric disorders in old age will also necessitate an increased demand for psychiatric care.
4. Disease pattern changes and impact	Increased demand anticipated in the following areas: 1. Psychosis – due to early intervention efforts, public education and raised awareness, increased incidence of substance abuse related psychotic disorders in the society. 2. Child Psychiatry – due to increase in public awareness and attention to the needs of children with childhood psychiatric disorders, e.g. ADHD. 3. Co-morbidity – due to increased incidence of substance abuse. 4. Consultation-liaison psychiatry. 5. High prevalence mental disorders – due to increase in public awareness and expectations towards treatment. The need of patients suffering

	from depression will increase in the future.
5. Impact of technology	Increased demand on specialist manpower due to: 1. Accessibility of psychological intervention, which is more labour-intensive. 2. Availability of new psychotropics – increased rate of discharge leading to increasing emphasis on community care, which is more labour-intensive. 3. Changing mode of care delivery with increased emphasis on community care, intensive outreach and crisis intervention.
6. Work hour changes in public hospitals	Little impact anticipated at present, as current work hour in psychiatry stands at about 57-60 hours per week. The limits on continuous work hour, and further reduction in doctor work hours will require modification of the current projection.
7. Non-full time work / retirement age	Part-time work or shared job may have an impact on training capacity and time needed to complete specialist training, it is anticipated that only a small proportion of the trainees would take up part-time jobs.

Assumptions on Specialist Demand	
1. International benchmarking	Estimated as 1:16,000 – 19,000 after taking into account international benchmarks (with the UK) and local factors. Please refer to submission by the College earlier for details.
2. Local factors	Shortfall in subspecialties anticipated – substance abuse, forensic psychiatry, learning disability, psychotherapy.
3. Shortfall/surplus at present and projected	To reach comparable benchmarking with UK, 22 new trainees will need to be recruited annually from 2008 wards till 2011.
5. Target and time frame	415 specialists in psychiatry by 2011.

Assumptions on Training Capacity	
1. Source of Trainees	Source of BST will become a limiting factor, as the number of medical graduates is expected to decrease.
2. Training centres	Not a limiting factor in psychiatry
3. Trainers	Not a limiting factor in psychiatry

4. Training materials	Not a limiting factor in psychiatry
5. Funded posts	Qualified staff employed as Resident Specialist in the current system may reduce the number of funded posts available for trainee recruitment.

Assumptions on Training Programme	
1. Length	6 years
2. Exam passing rate	Exam Part 1: 50-60% Part 2: 50-60% Exit: 60-70%
3. Fulfil log books	100% (or otherwise specified) within the expected years.
4. Drop out rate	Due to poor progress: 6 (from 2001/2002 to 2005/2006) Due to resignation from programme: 16 (from 2001/2002 to 2005/2006)
5. Actual outturn	15 specialists per year
6. Efficiency measures	90-95% within the expected years (+/- breakdown stages) Ratio of specialists qualifying each year : total HST no. Ratio of HST : BST = 1:1:1.3
7. Projected outturn in next 5 years	75

Actions Required	
1. Projected mismatch of demand and supply	
2. Projected training efficiency improvement	
3. Additional requirement of training capacity	
4. Proposed adjustment of trainee numbers	
5. Years to reach target (or close 50% of gap)	