

For information
on 10 March 2003

LegCo Panel on Health Services

Doctors Employed on Contract Terms for Professional Training in the Hospital Authority

Introduction

This paper briefs Members on the arrangements for doctors employed on contract terms for professional training in the Hospital Authority (HA).

Background

2. The rapid development of medical knowledge and technology has made medical practice inordinately complex. It is a norm for doctors to enter into programmes of postgraduate training upon completion of their internship to acquire more specialised knowledge and skills. As the statutory body established for, among others, fostering the development of postgraduate medical education and continuing medical education, the Hong Kong Academy of Medicine (the Academy) lays down the specialist qualification examination requirements for the medical profession in Hong Kong, which comprises in general 3-year basic specialist training and 3-year higher specialist training. The majority of the clinical departments in the HA are recognised for specialist training by Colleges of the Academy, and there are only limited training opportunities in the private sector. In running the specialist training programme, HA has to ensure that on the one hand it is able to train sufficient specialists for the organisation, and on the other hand, the programme can meet the community's needs for specialists.

3. Prior to 1997, HA used to employ "Medical Officers" on a permanent basis. This however has resulted in inflexibility in regulating the number of specialists required by each specialty given the unpredictability of turnover in the specialties, the uncertainty of the trainees' success rate in acquiring specialist qualification, and the changes in demand for specialists in respect of a specialty in the light of technological evolution, changes in demographics and disease patterns. It is against this background that HA started to recruit medical officers on contract terms to facilitate the development of a specialist training

pathway for various clinical specialties in 1997. Through this arrangement, we can have sufficient supply of specialist trainees both for HA as well as the community. The programme is further refined with the establishment of “Resident” rank within the medical grade in 2000. This Resident Training Programme provides a systematic approach for the planning of basic and higher specialist training to meet future needs for specialists by HA and the community.

Contract Arrangements under the Resident Training Programme

Specialist Training for Specialties other than Family Medicine

4. Doctors on the Resident Training Programme for various clinical specialties will normally be offered an initial contract of 3-year duration. Trainees who are assessed to be suitable for further training and have demonstrated satisfactory performance will be offered a further contract of three years. The “3 + 3” years contract arrangement is designed to comply with the general requirements of the Colleges for six years of supervised training. The intermediate assessment after the 3-year basic training is to ensure the trainees’ suitability for further specialist training before progressing to another three years of higher training.

5. In view of the different basic and higher training durations (which may be in combinations of “2 + 4”, “3 + 3” or “4 + 2” years for basic and higher training respectively), examination frequency and varying passing rates among the specialties, HA will provide an extra contract year to facilitate suitable trainees to complete the required training. Such an arrangement on the duration of training period was implemented after consultation with the Academy. The extra contract year would be flexibly administered either at the end of the first contract for basic training or at the end of higher training (i.e. after six years’ training) to suit individual trainees’ progress and the assessment schedules of the Colleges.

Family Medicine Specialist Training

6. In the case of Family Medicine (FM), trainees have to meet the College’s requirements for four years of basic training, which comprise two years of hospital-based training and two years of community-based training. Contracts are therefore offered on a 2-year basis. Similar to the training for other specialties, FM trainees will be assessed on their suitability for further training at the end of the first contract before progressing to the second 2-year contract. Upon completion of the 4-year basic training, these trainees need to

complete their higher training outside HA by practicing the provision of primary care services in the community.

Number of Contract Doctors Employed by HA

7. As at 31 January 2003, 1 453 trainees were employed under contract terms in various clinical specialties while 17 doctors were employed on contract terms for service delivery. The distribution of contract doctors employed for service provision by clinical specialty and year of service is at Appendix I, and that for contract doctors on the Resident Training Programme is at Appendix II.

8. The contracts of 361 Residents will expire on 30 June 2003. Contract renewal for these Residents is being processed and will be based on on-going assessment of the following:

- (a) competence of the Resident ;
- (b) performance of the Resident, including contribution to patient care; and
- (c) progress made by the Resident in obtaining the specialist qualification and suitability of the Resident for professional training.

9. Apart from those trainees who would leave HA later this year upon completion of their training (including some 70 FM trainees), the majority of all other contract Residents on specialty training are still undergoing training in their respective programmes. As explained in paragraphs 4 and 5 above, HA will provide a maximum contract period of seven years for those who could complete the training requirement stipulated by the Colleges and have demonstrated satisfactory performance. Flexibility to extend the contract period for training beyond seven years to meet the examination schedules of the Colleges would be considered on a case-by-case basis and on individual merits.

Medical Manpower Planning

10. Medical manpower planning in HA is centrally coordinated with inputs from the Coordinating Committees (COCs) of the various specialties to ensure the availability of appropriate number of medical staff with the right skills for effective service provision and to provide adequate training opportunities to further the development needs of staff. During the HA annual planning exercise, the intake of the number of new trainees will be determined having regard to service need, projection of staff turnover, the recommendations of the COCs on the requirement for specialist trainees, and the budget of HA.

11. For 2003/04, HA plans to recruit 300 new Residents into various training programmes. The recruitment exercises will normally be conducted from April to May in the year. On the other hand, residents who have completed training and attained specialist qualification may be recruited by HA as specialists for service delivery or post-specialist expertise development in various clinical specialties.

Way Forward

12. In taking forward its Resident Training Programme, HA has to strike a balance between the need to facilitate the completion of the training requirements set by the specialty College concerned and to allow reasonable time for the majority of the contract Medical Officers / Residents to attain specialist qualification in a specialty on the one hand, as against the need to take care of the training opportunity of new medical graduates on the other. HA will continue to discuss with the Academy on how the HA Resident Training Programme and the specialist training requirements of the Colleges can tie in with each other with a view to enhancing the quality of the medical profession and addressing the specialist training needs of the community as a whole.

Advice Sought

13. Members are invited to note the content of this paper.

Health, Welfare and Food Bureau
March 2003

Appendix I

Distribution of Non-trainee Contract Doctors by Clinical Specialty and Year of Service (as at 30.6.03)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year > 6	Total
ANA	1				1		2	4
FM					2	6		8
MED		1						1
O&T	1							1
PAED					1			1
SRG	1			1				2
Total	3	1	0	1	4	6	2	17

Legend

ANA: Anaesthesiology
FM: Family Medicine
MED: Medicine
O&T: Orthopaedics & Traumatology
PAED: Paediatrics
SRG: Surgery

Appendix II

Distribution of Contract Doctors on the Resident Training Programme by Clinical Specialty and Year of Service (as at 30.6.03)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year > 6	Total
A&E	9	15	26	21	31	22	0	124
ANA	18	17	23	17	19	10	5	109
CLIN								
ONC	5	6	3	3	2	3	0	22
D/R	7	8	7	2	3	0	1	28
ENT	4	2	4	4	1	3	0	18
FM	89	69	59	55	13	7	1	293
MED	58	56	46	55	69	43	1	328
O&G	6	13	11	4	5	5	0	44
O&T	13	13	19	14	16	7	0	82
OPH	6	10	9	14	7	5	0	51
PAED	15	19	9	9	16	5	0	73
PATH	4	12	13	6	3	1	0	39
PSY	21	17	11	20	9	5	0	83
SRG	26	31	33	28	30	11	0	159
Total	281	288	273	252	224	127	8	1453

Legend

A& E:	Accident & Emergency
ANA:	Anaesthesiology
CLIN ONC:	Clinical Oncology
D/R:	Diagnostic Radiology
ENT:	Ear, Nose and Throat
FM:	Family Medicine
MED:	Medicine
O & G:	Obstetrics & Gynaecology
O&T:	Orthopaedics & Traumatology
OPH:	Ophthalmology
PAED:	Paediatrics
PATH:	Pathology
PSY:	Psychiatry
SRG:	Surgery

