

**For information on
9 July 2007**

Legislative Council Panel on Health Services

Healthcare Workforce Situation in the Hospital Authority

PURPOSE

This paper briefs Members on the healthcare workforce situation in the Hospital Authority (HA).

BACKGROUND

2. As at 31 March 2007, there were 52 922 staff in the HA. Of these, 29 113 were healthcare professionals comprising 4 617 doctors, 318 medical interns and dentists, 19 212 nurses and 4 966 allied health professionals. There were also 7 251 care-related support staff, such as health care assistants, ward attendants, general services assistants and technical services assistants, who provide support to healthcare professionals in the delivery of patient care. The manpower strength of HA's healthcare professionals and care-related support staff in the past four years is given in the table below –

Staff number on full-time equivalent (fte) basis *	2003-04	2004-05	2005-06	2006-07
Doctors	4 542	4 526	4 569	4 617
Nurses	19 308	19 162	19 248	19 212
Allied Health	4 891	4 830	4 894	4 966
Care-related support staff	6 838	6 888	7 082	7 251

* includes all staff in workforce on permanent, contract and temporary basis. All figures refer to position as at the end of the relevant financial year.

3. The level of medical services provided by the HA in the past four years is set out in the table below –

Major Patient Care Activities	2003-04	2004-05	2005-06	2006-07
No. of operations	297 895	343 234	338 582	338 670
- No. of major / ultra major operations	96 750	110 690	112 532	113 813
Inpatient and day patient discharges and deaths	975 381	1 126 389	1 125 265	1 155 226
Specialist Outpatient attendances	5 673 517	6 006 765	6 018 338	5 982 020
Accident and Emergency attendances	1 828 729	2 101 432	2 019 451	2 052 774
General Outpatient attendances	4 301 386	5 302 779	5 179 203	4 842 247
Outreach visits by community nurses	705 711	778 970	792 811	814 236

STAFF TURNOVER

4. With the improvement of the economy and expansion of the private market for medical services in recent years, the HA is experiencing an increase in turnover of its healthcare staff. If the effects of the voluntary retirement schemes launched by the Government and the HA in 2002 are excluded, the turnover rate of doctors increased from 3.7% in 2003-04 to 6.7% in 2006-07, and that of nurses from 1.3% to 3.2%. In comparison, the turnover rate of allied health professionals has remained fairly stable at below 3%. The number of staff departures and the turnover rate in the past four years are set out in the table below –

	2003-04	2004-05	2005-06	2006-07
<u>Doctors</u>				
Turnover *	252 (166)	298 (286)	302 (302)	310 (310)
Turnover Rate	5.6% (3.7%)	6.6% (6.3%)	6.6% (6.6%)	6.7% (6.7%)
<u>Nurses</u>				
Turnover *	862 (261)	625 (368)	400 (400)	615 (614)
Turnover Rate	4.4% (1.3%)	3.3% (1.9%)	2.1% (2.1%)	3.2% (3.2%)
<u>Allied Health</u>				
Turnover *	197 (117)	92 (71)	140 (140)	130 (130)
Turnover Rate	4.2% (2.5%)	2.0% (1.5%)	2.9% (2.9%)	2.7% (2.7%)

* Figures in brackets exclude voluntary early retirement figures

ESTIMATED MANPOWER DEMAND

5. In the light of the recent trend of increased turnover, the HA has conducted an exercise to estimate its manpower demand for healthcare professionals in the coming years. The methodology used is consistent with international standards, and consists of working out the projected requirement to replace staff turnover due to reasons including retirement and HA's additional manpower needs. In assessing HA's additional manpower needs, the primary factors taken into account in the projection are the effects of population growth and ageing on HA's service demand. The additional staff required for reducing the work hours of doctors and addressing the workload demand of nurses has also been taken into account.

Doctors

6. According to HA's projection, the demand for new recruits of doctors would be between 449 and 485 per year over the next five years. However, with the yearly number of local medical graduates decreasing from 310 in 2007-08 and 2008-09 to 280 in 2009-10 and 2010-11, and further to 250 in 2011-02, and having factored in a yearly supply of 10 overseas medical graduates and 20 doctors who graduated in previous years, there would still be a yearly shortfall between 110 and 190 doctors over the next five years.

Nurses

7. The HA's demand for new recruits of registered nurses (RNs) would progressively increase over the next five years from 1 079 in 2007-08 to 1 259 in 2011-12. While the supply of nursing graduates from degree courses and high diploma courses by tertiary institutions are also set to increase from 631 in 2007-08 to 893 in 2011-12, and having factored in a yearly supply of 30 nursing graduates who return from overseas, there would still be a shortfall of around 300 to 400 nursing graduates per year.

8. However, apart from the supply of nursing graduates mentioned above, a couple of nursing programs are currently being established. It is anticipated that there would likely be an additional supply of around 160 to 200 nursing graduates per year from 2010-11 onwards.

9. In addition, there will be an enhanced supply of enrolled nurses (ENs) through the Government's blister programme for the welfare sector starting from 2008-09. This will add to the supply from training programmes offered by private hospitals. The estimated yearly supply of ENs over the next five years will be around 200 to 380 from 2008-09 onwards.

Allied Health Professionals

10. According to HA's projection, there is no anticipated shortfall in general in the supply of allied health professionals over the next five years. There is a shortage of about 13 radiation therapists in 2007-08 and the service need could be met through overseas recruitment in the near term.

HA's MANAGEMENT MEASURES

11. In view of the anticipated shortfall in the supply of medical and nursing graduates, the HA will reflect its projected manpower requirements to the Government and University Grants Committee for consideration of a possible increase in the number of places in medical and nursing programmes funded by the Government. However, given the lead time required to train the graduates, the HA has adopted a three-pronged approach to manage the anticipated shortfall –

- (a) to step up recruitment of doctors and nurses;

- (b) to enhance retention of existing staff; and
- (c) to manage the demand of its medical services by preventing avoidable hospitalisation.

Recruitment

12. The HA will enhance its recruitment drives for healthcare graduates. In 2007-08, the HA is planning to recruit at least 320 to 340 doctors, 600 nurses and 190 allied health staff for professional training and to meet service needs. The recruitment exercise will be co-ordinated centrally by the HA Head Office. Efforts will be made to attract suitable candidates locally as well as from overseas. In addition, both full-time and part-time new recruits may be offered pay increments commensurate with their experience on appointment.

13. The HA will make wider use of part-time employment to tap the latent supply of experienced doctors and nurses in the market, who may not be able to commit on a full-time basis. As a matter of fact, the HA has already recruited over 40 part-time nurses with specialty experience to assist in patient care since January 2007.

14. To further alleviate the workload of nurses, the HA will recruit more temporary undergraduate nursing students to provide assistance in clinical settings. Technicians will also be recruited and deployed after training to relieve nurses from low complexity technical duties.

Retention

15. The HA is seeking to improve retention of existing staff through a number of human resources strategies. These include –

- (a) *Flexible pay arrangements*: introduced in April 2006 to improve pay incentives for both existing staff and new recruits. One of the relevant initiatives is the granting of increments to all serving employees recruited on fixed-pay-point contracts (i.e. those recruited on or after 15 June 2002), subject to effective performance and completion of the required length of service.
- (b) *Enhanced employment policies*: these are aimed at giving staff greater job

security and work-hour flexibility. For example, the HA introduced a conversion scheme in July 2006 to give those employees on contract terms, who have completed at least six years of service with good performance, the opportunity to switch to permanent terms of employment. Another example is the use of more flexible employment terms, under which existing full-time staff may apply to switch to part-time employment subject to operational needs.

- (c) *Improved career structure*: the HA is reviewing the career structure for its healthcare staff. This involves the development of career pathways, clearer delineation of the roles and responsibilities at various levels within the relevant grades, formulation of a more appropriate remuneration package, and enhanced advancement opportunities. The HA expects that new career progression models for its healthcare staff will be available by the end of 2007-08.
- (d) *Enhanced training and development opportunities*: HA will strengthen such opportunities for its healthcare staff to facilitate their professional development.

16. In addition to the general strategies and measures above, the following specific measures have been implemented or would be implemented for doctors, nurses and allied health staff –

(a) Doctors

- (i) The pool will be enhanced by attracting overseas medical graduates who are either registrable or might intend to pursue local registration through sitting the licentiate examination or limited registration.
- (ii) Doctors' work hour reform is being piloted with a view to improving doctor's working conditions, hence improving retention.
- (iii) Residents with specialist qualification from the Hong Kong Academy of Medicine and those who passed the intermediate examinations have been recognised and rewarded with pay increments since April 2006.
- (iv) Over 260 doctors have been granted permanent employment through conversion.

- (v) A new career model for doctors is being explored. The career model aims to establish a better linkage between staff's competence level and the job requirement, and to provide doctors with better recognition and development opportunities. The new career structure will facilitate the recognition for specific roles and position for achievement of career/professional milestones, thereby creating better incentives for experienced doctors and specialists to stay. The current pay scale for different levels of doctors will be reviewed. Job titles may also be modernised in alignment with market practice.
- (vi) Over 30 tailored training programs have been planned for doctors in 2007-08.

(b) Nurses

- (i) The hourly rates for temporary part-time nurses have been enhanced to provide a more competitive package.
- (ii) More flexible continuous night shift arrangements have been introduced to reduce the frequency of night shifts for nurses since end 2006.
- (iii) Over 140 nurses have been granted permanent employment through conversion.
- (iv) The Advanced Practice Nurse (APN) level introduced in 2003 is one of the key components in the enhanced career structure for nurses. So far, over 700 appointments to APN positions have been made over the four-year period.
- (v) Career progression models for nurses are being explored with a view to establishing better defined clinical career pathways within the nursing job family. The career framework will help create a better pathway for the reward of nurses who attained the required experience and competence level under the new model. Staff groups will be consulted on the new model in the near future.
- (vi) HA will further strengthen the two-year structured preceptorship

scheme for newly recruited Registered Nurses.

- (vii) 11 specialty courses and 60 advanced enhancement programs have been planned for nurses in 2007-08.
 - (viii) Training subsidy will continue to be given to Registered Nurses and Enrolled Nurses for taking the conversion program.
- (c) Allied Health Professionals
- (i) Over 110 allied health professionals have been granted permanent employment through conversion.
 - (ii) Career models will be piloted for physiotherapists, occupational therapists and radiographers. Review is in progress for relevant staff groups. A structured training program for all newly recruited allied health staff in accordance with the training and career development framework has been launched since April this year. The program is a three-year cluster-based professional specific program which aims to provide new recruits with a structured exposure to the HA working environment, refine their practices and facilitate a better understanding of their roles and responsibilities.
 - (iii) 33 tailored training programmes have been planned for allied health staff in 2007-08.

Demand Management

17. To cope with the increasing service demand, the HA has considered various measures to prevent avoidable hospitalisation. The relevant initiatives planned for 2007-08 include strengthening primary and community based services, setting up emergency medicine wards to enhance gate-keeping function of Accident and Emergency Departments, expanding Chinese medicine service in response to public demand, and developing multidisciplinary service in partnership with other service providers for the group of patients with chronic illness and high risk of admission.

ADVICE SOUGHT

18. Members are invited to note the HA's healthcare workforce situation and the measures taken by the HA to manage the anticipated shortfall in the supply of medical and nursing graduates.

**Food and Health Bureau
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