

**For information
on 11 April 2011**

Legislative Council Panel on Health Services

Issues Relating to the Wastage of Doctors in the Hospital Authority

PURPOSE

This paper briefs Members on the recent developments of the turnover of doctors in the Hospital Authority (HA) and the measures currently under consideration by HA to improve staff retention and strengthen manpower.

MEASURES FOR THE DOCTOR GRADE IN HA IN RECENT YEARS

2. HA highly values its healthcare professionals as the organization's important assets, and has deployed additional resources over the past few years to address manpower issues. Apart from recruiting additional healthcare staff to cope with increase in service demand, HA has made continuous efforts to enhance the professional training for staff, and to provide them with better working environment, promotion prospects and remuneration packages so as to attract and retain talents.

3. Over the years, through its yearly intake of new recruits and the provision of structured specialist training programs, HA has maintained steady growth in its medical workforce and specialist strength. The number of doctors in HA in the past five years is at Annex 1. As at end of February 2011, the number of doctors in HA shows a net increase of 340 as compared with that of three years ago (the end of March 2008), representing an increase of 7.2%. Over the same period, there was a net increase of 128 doctors for six specialties, namely, Surgery, Obstetrics and Gynaecology, Orthopaedics, Neurosurgery, Paediatrics and Medicine. In 2011-12, HA plans to recruit about 330 doctors, which represents almost all of the local medical graduates and some existing qualified doctors in the market. It is estimated that there will be a net increase of 75 doctors in HA in 2011-12.

4. To attract and retain doctors, HA has in recent years introduced a number of initiatives as set out below –

(a) *Introduction of a new career structure*

A new career structure has been implemented for doctors since 2007, with higher starting pay/maximum pay for Residents and Associate Consultants. The arrangements for contractual employment of Resident Trainees have also been enhanced by increasing the contract period to a maximum of nine years to cater for the needs of specialist training.

(b) *Enhancement of promotion prospects*

Apart from filling all vacancies of doctors, additional posts of Associate Consultant and Consultant have been created to meet operational needs while improving the promotion prospects of doctors. As at end of February 2011, the number of Associate Consultants and Consultants shows a net increase of 308 as compared with that of three years ago (the end of February 2008).

(c) *Improvement of working conditions*

Since the implementation of various doctor work reform programmes in 2007, there have been significant improvements in doctor's working conditions both in terms of average weekly work hours and continuous work hours. The proportion of doctors working for more than 65 hours per week on average dropped from 18% in December 2006 to 4.8% by the end of December 2009. The proportion of overnight on-site on-call doctors having immediate post-call time-off also increased from 65% in 2006 to 82.4% in 2009. As an ongoing effort to monitor the working condition of doctors, HA is collecting the data on the work hours of doctors for 2010-11.

(d) *Enhancement of training opportunities*

HA has all along attached great importance to the training and development of its doctors. For example, simulation training has been provided to doctors engaged in the provision of high-risk clinical services to enhance their professional competence. Since 2009-10, HA has also launched a corporate scholarship programme to sponsor specialist doctors to attend overseas training or attachment. In 2011-12, HA will increase the number of overseas scholarships offered to benefit more doctors.

TURNOVER OF HA DOCTORS AND MEASURES TO IMPROVE STAFF RETENTION AND STRENGTHEN WORKFORCE

5. As a result of the above improvement initiatives, the overall turnover rate of doctors in HA dropped from 6.6% in 2006-07 to 4.4% in 2009-10. Nevertheless, the overall turnover rate of doctors in HA recently increased to 5.3% in 2010-11. There are also a few specialties which have relatively high turnover rates over the past few years. The turnover rates of doctors in HA by specialty in the past five years are at **Annex 2**.

6. In the past few months, HA has been actively engaging staff representatives and frontline doctor unions in working out a series of measures to improve staff retention and strengthen the workforce. The key short-term and medium-term measures under consideration are set out below -

Short-term measures

(a) *Better recognition of doctors' contributions*

(i) *Enhancement of promotion opportunities*

To further enhance the promotion opportunities of doctors, HA proposes to create additional Associate Consultant positions for all specialties on top of those for normal replacements and planned new services.

(ii) *Recognition of excessive overnight on-site call duties*

In general, excessive overnight on-site call duties should be avoided so that doctors can maintain a proper work-life balance. In the event that doctors are required to perform frequently overnight on-site call duties given manpower shortage in the clinical departments concerned, such exceptional hardship should be rewarded. HA is exploring possible options to recognize overnight on-site call duties of doctors.

(iii) *Provision of full-pay examination leave*

HA will remind departments of the prevailing policy that full-pay examination leave may be granted to cover examination time and preparation time for examinations organized/recognized by the colleges of the Hong Kong

Academy of Medicine for fellowship status.

(iv) *Enhancement of arrangement for examination fee reimbursement*

HA proposes to enhance the arrangement for reimbursement of examination fees of doctors. Under the proposal, doctors who have passed the final specialist examination in 2011 will have the fees paid for their successful attempts in Part I, Intermediate and Exit Examination fully reimbursed.

(b) *Strengthening of workforce*

(i) *Improvement of mechanism for doctor allocation with enhanced transparency*

HA will work out an appropriate methodology for allocation of new doctor positions in July 2011, having regard to the relative turnover rates and service needs of different specialties among clusters. To enhance the transparency of the allocation exercise, the methodology adopted and the initial allocation of Resident Trainee positions for July 2011 will be released to all HA doctors in April 2011.

(ii) *Extension of pilot scheme for employment of part-time doctors*

Since January 2011, HA has launched a pilot scheme for employment of part-time doctors in the Obstetrics and Gynaecology specialty. To address manpower shortage in the short-term, HA proposes to extend the scheme to other specialties in the second phase of the pilot.

(c) *Improvement of working conditions*

(i) *Exemption of doctors with late pregnancy from overnight on-site call duties*

HA proposes to formulate a policy that as far as practicable, pregnant doctors should not be assigned long overnight on-site call duties starting from the 32nd week of pregnancy.

(ii) *Enhancement of phlebotomist service and clerical support*

To relieve doctors from non-clinical work, HA proposes to extend its 24-hour phlebotomist service to more acute hospitals, followed by the enhancement of non-clinical clerical support for doctors at later stage.

(iii) *Re-prioritization of projects*

HA will review the impact of its various projects on doctors' workload, and suitably re-prioritize and adjust the pace of projects having regard to the actual manpower availability.

Medium-term measures

(a) *Employment of doctors with limited registration*

At present, apart from doctors with qualifications for registration under the Medical Registration Ordinance (Cap. 161), HA has also been employing a number of doctors who were trained in the overseas and granted limited registration by the Medical Council of Hong Kong for the purpose of supplementing the manpower in highly specialized clinical areas with a proven lack of relevant local expertise. HA will explore whether it is necessary to recruit more doctors with limited registration for selected specialties or sub-specialties to address manpower shortage.

(b) *Review of doctors' workload*

HA will shortly set up a Task Force on Medical Workforce Review to study the existing working conditions of doctors in different clinical specialties and make recommendations to manage their workload in the medium term.

Measure to increase supply of doctors in the long term

7. In the long run, we expect a substantial increase in the demand for healthcare practitioners including doctors in future. The Food and Health Bureau has recently reviewed manpower requirements for healthcare professionals and forwarded our findings to the University Grants Committee in step with its triennial academic development planning cycle. As mentioned by the Chief Executive in his 2010-11 Policy Address, we encourage tertiary institutions to increase student places for healthcare disciplines.

WAY FORWARD

8. A consultation exercise will be conducted within HA on the above proposed measures. HA will engage its doctors in working out the implementation details for various improvement initiatives with a view to improving staff retention, boosting morale and strengthening manpower. HA will continue to monitor the manpower situation of its doctors and make suitable arrangements in manpower planning and deployment to cope with service needs.

ADVICE SOUGHT

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

**Food and Health Bureau
Hospital Authority
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Annex 1

Medical Workforce in HA from 2006-07 to 2010-11

Manpower (on full-time equivalent basis)	2006-07	2007-08	2008-09	2009-10	2010-11 (as at 28 Feb 2011)
No. of specialists	2,385	2,405	2,502	2,621	2,660
Total number of doctors (excluding interns and dentists)	4,617	4,722	4,863	4,995	5,063

Turnover Rates of HA Doctors from 2006-07 to 2010-11

Specialty	2006-07	2007-08	2008-09	2009-10	2010-11 (As at 28 Feb 2011) (Annualized)
Accident & Emergency	4.2%	5.0%	4.9%	3.0%	5.2%
Anaesthesia	5.1%	7.6%	3.8%	6.0%	4.0%
Clinical Oncology	1.9%	2.6%	5.0%	0.0%	2.4%
Ear, Nose, Throat	4.1%	13.9%	3.9%	5.0%	6.7%
Family Medicine / General Out-patient Clinic	14.4%	10.4%	6.8%	6.1%	5.6%
Intensive Care Unit	8.0%	0.0%	4.3%	2.7%	7.1%
Medicine	4.8%	3.7%	4.8%	5.2%	5.3%
Obstetrics & Gynaecology	12.7%	8.7%	6.0%	8.3%	10.2%
Ophthalmology	11.8%	5.9%	6.5%	3.4%	7.3%
Orthopaedics & Traumatology	3.5%	2.4%	6.2%	3.7%	6.1%
Paediatrics	6.0%	5.8%	6.6%	3.5%	6.7%
Pathology	4.7%	5.1%	1.1%	4.4%	1.6%
Psychiatry	4.9%	4.7%	4.1%	1.9%	6.5%
Radiology	5.0%	6.3%	5.6%	3.7%	4.4%
Surgery	6.7%	6.9%	4.1%	4.4%	3.6%
Overall	6.6%	5.8%	5.0%	4.4%	5.3%

Note

Turnover includes resignation, retirement, completion of contract without renewal or termination of employment. Promotion, transfer and staff movements within HA are not regarded as turnover.