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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 11 July 2011

Issues relating to healthcare manpower in public hospitals

Purpose

This paper summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to the manpower of doctors and nurses in public hospitals.

Background

Doctors in public hospitals

2. The Hospital Authority ("HA") delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. As at 28 February 2011, there were 5 063 doctors working in HA and the ratio of doctors per 1 000 population was 0.7. The turnover rates of HA doctors in 2008-2009, 2009-2010 and 2010-2011 (from 1 April 2010 to 28 February 2011) were 5.0%, 4.4% and 5.3% respectively. In 2010-2011, the three specialties with the highest turnover rates were Obstetrics and Gynaecology (10.2%), Ophthalmology (7.3%) and Intensive Care Unit (7.1%).

3. HA plans to recruit about 330 doctors in 2011-2012, representing 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 2011-2012.

4. On 18 March 2011, HA announced a basket of measures, costing an additional annual budget of about $200 million, to address the concern of frontline doctors' workload and career development. The measures included the recruitment of part-time doctors, honorarium arrangement to recognize overnight on-site call duties and special call arrangement for pregnant staff.

Nurses in public hospitals

5. The undersupply of nurses has put pressure on HA's nursing manpower since the early 2000s. Owing to HA's cessation of student intake to its nursing schools in July 1999, the supply of nursing graduates decreased substantially from 1 391 in 2001-2002 to 336 in 2004-2005. While the Administration estimated in 2005 that the long-term requirement for additional nurses would be around 600 a year, HA projected in 2007 that its demand for new recruits of registered nurses would be 1 079 in 2007-2008 and would increase to 1 259 in 2011-2012. As such, there was a shortfall of around 400 nursing graduates per year.

6. To ensure the sufficient provision of nurses to meet the demand, HA has re-opened its nursing schools since 2008, offering publicly-funded three-year Registered Nurse Higher Diploma and two-year Enrolled Nurse training programmes. In 2011-2012, the target intake of these two programmes is 300 and 100 respectively. In addition, the University Grants Committee ("UGC") has increased the number of places for nursing programmes at the degree level from 550 to 590 and at the associate degree level from 110 to 160 in 2009-2010. The number of senior year places for UGC-funded nursing undergraduate programmes has also been increased from 40 to 100 in 2010-2011.

7. In 2010-2011, there were 20 093 nurses working in HA. The ratio of nurses per 1 000 population was 2.8. The turnover rates of HA nurses in 2008-2009, 2009-2010 and 2010-2011 were 4.7%, 4.1% and 5.3% respectively. In 2010-2011, the specialties with relatively high turnover of nurses were Paediatrics (8.8%), Obstetrics and Gynaecology (7.0%), Surgery (4.9%) and Medicine (4.9%).

8. HA plans to recruit about 1 720 nursing staff in 2011-2012, representing 90% of the available registered nurse and enrolled nurse graduates in Hong Kong and some existing qualified nurses in the market. It is estimated that there will be a net increase of 868 nurses in 2011-2012.

9. On 26 April 2011, in response to the survey findings released by a nursing association, HA announced that an additional $200 million has been earmarked to strengthen the recruitment and retention of nursing manpower to continuously

improve the working conditions and career prospects of nurses.

Deliberations of the Panel

10. The Panel held 13 meetings between January 2005 and May 2011 to discuss issues relating to the manpower of doctors and nurses working in public hospitals and received the views of deputations at three meetings. The major concerns of members are summarized below.

Manpower planning

Doctors

11. Members expressed disappointment at the Administration's failure to address the issues of serious wastage and low morale of medical manpower in HA. They urged HA to conduct manpower planning and set out a fixed doctor-bed ratio or doctor-outpatient attendee ratio in each clinical speciality.

12. The Administration responded that there was no universal standard on such ratio. HA considered it undesirable to set a rigid establishment regarding the number of doctor positions in each clinical speciality, so as to maintain flexible adjustment in its establishment for operational needs. In projecting its workforce requirement, HA had taken into account factors such as demographic changes, impacts of medical technology advancement and activities level of specific specialties.

Nurses

13. Members pointed out that the nursing manpower within HA had been under pressure for many years. Many members were of the view that the root of the problem was the lack of a nurse-to-patient ratio for projecting the nursing manpower requirement of HA. They urged HA to formulate a nurse-to-patient ratio in order to estimate the manpower requirement for nurses in the public sector and determine the number of training places required.

14. In the Administration's view, a simple ratio of nurse-to-patient was not an appropriate indicator of the manpower situation in HA given the difference in service needs and care settings for different types of patients. In the planning for nursing manpower, HA had developed a tool to calculate the workload of various specialties, which would take into account the healthcare service needs to be brought about by the ageing population, medical technology development, the direction of enhancing community care and service enhancement plans of

HA. An annual review would also be conducted to access the need to adjust the manpower requirement projection.

15. Members did not accept the Administration's explanation. They remained of the view that an appropriate manpower ratio was necessary to address the problems of heavy workload, high wastage and low morale of healthcare staff in public hospitals.

Measures to retain healthcare staff

16. Members noted that HA had carried out in the past years a series of measures to attract and retain doctors and nurses in public hospitals. The measures included enhancement of promotion prospects by introducing new career structures for doctors and nurses and creating additional posts; improvement of working conditions; provision of better training opportunities; and improvement in employment packages. Despite these improvement measures, the overall turnover rates of doctors and nurses remained at a high level. Pointing out that newly recruited medical and nurse graduates could not replace outgoing experienced healthcare staff, members urged the Administration to devise effective measures to attract and retain doctors and nurses in public hospitals.

17. The Administration advised that a series of further short-term and medium-term measures had been worked out by HA to improve healthcare staff retention. Consultation exercises were being conducted within HA on these measures. HA would continue to make suitable arrangements in manpower planning and deployment to cope with service needs.

Measures to strengthen manpower

Doctors

18. Noting a yearly shortfall of doctors between 110 and 190 doctors from 2007-2008 to 2011-2012, some members suggested that consideration should be given to recruiting more overseas medical graduates. The Administration advised that at present, no ceiling was set on the number of overseas medical graduates practising in Hong Kong, so long as these graduates passed the licensing examination run by the Medical Council of Hong Kong ("MCHK"). However, past records showed that only a handful of overseas medical graduates would sit for the licensing examination.

19. Members were subsequently advised that to address manpower shortage, HA would assess the need to recruit more overseas doctors with limited

registration for selected specialties or sub-specialties.

20. Noting that there would be additional funding to employ part-time doctors in order to alleviate doctors' workload in pressurized outpatient clinics, members sought information on the recruitment details. The Administration advised that HA would invite departed and retired doctors to take up part of the specialist outpatient consultations in pressurized specialties so that doctors on on-site call could be relieved of such duties and be granted immediate post-call time-off. Consideration would also be given to drawing in more private practitioners to better manage the service demand.

Nurses

21. Members noted that to tap the latent supply of experienced nurses who might not be able to work full-time, HA had recruited part-time nurses with specialty experiences to assist in patient care. Care technicians would also be recruited and deployed to relieve nurses from technical duties of low complexity. Some members were concerned that these arrangements might compromise the quality of care to patients and might not be effective in relieving the work pressure of frontline nursing staff.

22. The Panel passed a motion at its meeting on 9 July 2007 urging the Government to, among others, face squarely the problem of acute shortage of nursing manpower in the welfare sector, enhance staff training and allocate sufficient resources to maintain quality service with reasonable staff establishment.

Employment terms and conditions of HA doctors and nurses

23. Noting that newly recruited medical officers and nurses were employed on contract terms, members were worried that such measure would not be conductive to retaining good calibre staff. HA advised that a conversion scheme was introduced in 2006 to give those employees on contract terms who had completed at least six years of service with good performance the opportunity to switch to permanent terms of employment. Over 260 doctors and 140 nurses had been granted permanent employment through conversion as at July 2007.

24. Members noted that from 1 April 2000, HA had lowered the starting salaries of entry ranks for its new recruits and serving staff on in-service appointment, including trainee doctors and nurses, and abolished the omitted pay point arrangement. Members urged the Administration and HA to expeditiously address the pay disparity between doctors and nurses appointed before and after 1 April 2000. The Panel passed a motion at its meeting on

9 July 2007 urging the Government to, among others, immediately provide sufficient funding to HA so that its staff could get the same pay as that of civil servants and the pre-2000 pay scales could be reinstated, thereby boosting staff morale and reducing staff turnover.

25. Members were subsequently advised that HA had implemented new career/pay structure for its staff in 2007 and raised the entry pay points of doctors and nurses. Additional increments had been granted to Residents after obtaining the approved specialist qualification and to those nurses who joined HA between June 2002 and December 2005 and had worked for five full years of service. To provide a more secured employment environment, the arrangements for contract employment of Resident Trainees and nurses had also been enhanced by increasing the contract period to a maximum of nine years and six years respectively, with gratuity issued every three years.

Career progression

Doctors

26. Noting HA's proposal for the creation of additional Associate Consultant positions for all specialties on top of those for normal replacements and planned new services, members expressed concern that this would exert even greater work pressure on the frontline doctors as those being promoted to the position would not be required to perform frontline work.

27. The Administration advised that apart from supervisory duties, senior doctors including Consultants and Associate Consultants were required to perform patient care duties and they were also encouraged to devote more work hours to clinical duties.

Nurses

28. Members noted that HA had introduced in June 2008 a new three-tier career structure covering Registered Nurse, Advanced Practice Nurse/Ward or Unit Manager and Nurse Consultant/Department Operations Manager. Under the new career structure, over 450 new Advanced Practice Nurse and Nurse Consultant positions had been created in several clinical areas on a pilot basis as at January 2010. Members were worried that the 450 new positions might not be sufficient for addressing the shortage of nurses in HA.

29. There was a suggestion to nurture specialist nurses to provide better care to patients with special needs. The Administration advised that many nurses had reservations about the suggestion, as being specialist nurses might limit their

career pathways.

Work hours of HA doctors

30. As an initiative to improve the working condition of doctors in public hospitals, members noted that a Steering Committee on Doctor Work Hour was established by HA in October 2006 to formulate strategies and implementation plans to reduce the average weekly work hours of doctors to not more than 65 by the end of 2009, and to gradually reduce their continuous work hours to a reasonable level (of not more than 16 to 24 hours). Four major reform programmes were piloted in selected public hospitals since the end of 2007.

31. On doctors' work hours, members were advised that the proportion of doctors working for more than 65 hours per week on average had dropped from 18% in September 2006 (involving around 900 doctors in 12 clinical specialties) to 4.8% by the end of December 2009 (involving 252 doctors in 10 clinical specialties). As a result of the revamp of doctors' on-call arrangements, the number of doctors undertaking on-site on-call duties for more than 24 hours in one go had dropped from 340 in 2006 to 221 in 2009. The proportion of overnight on-site on-call doctors having immediate post-call time-off had increased from 64% in 2006 to 82.4% in 2009. HA's target was to gradually reduce doctors' continuous work hours on weekdays as well as weekends and holidays to 16 and 24 hours respectively.

32. Question was raised as to whether setting the average weekly work hours at not more than 65 was comparable to the overseas standards. HA advised that there was no universal standard on doctors' work hours, as different countries had different healthcare systems. Reducing weekly work hours of doctors to not more than 65 was merely an initial target of HA. HA would continue to review doctors' work hours and work closely with the Hong Kong Academy of Medicine to assess the long-term impacts of the target of work hours on specialist training of doctors.

33. On the suggestion of stipulating a standard weekly work hours for doctors, HA advised that due to the differences in the working conditions among clinical specialties, it would not be practicable to establish standard work hours for all HA doctors.

34. Noting that frontline doctors were still required to work overnight on-site on-call for more than 24 hours after the implementation of the work reform programmes, members expressed grave concern about the excessive call frequency and work hours of doctors, in particular in the Medicine specialty of Tuen Mun Hospital. There was also concern about the adverse effect on

patient care brought about by the long and continuous work hours of doctors.

35. Some members considered that the inadequate supply of doctors was the crux of the problem of long work hours of doctors. They urged the Administration to work out the number of additional doctors required for reducing the work hours of serving doctors to a reasonable level. HA advised that this was a complicated issue as the workload of doctors in HA would be affected by factors such as rising demand for public healthcare services and the increasing complexity of medical treatment. HA would collate statistics to monitor the annual trend of doctors' work hours and deploy additional doctors to the pressurized specialties.

36. The Panel passed a motion at its meeting on 10 March 2008 requesting HA to, among others, limit the average work hours of doctors to 44 hours in a week as the target, improve the promotion prospects of doctors and address the present uneven distribution of workload between the public and private health sectors.

Latest developments

37. Oral questions concerning the recruitment of non-local doctors were raised by the Hon Ronny Tong Ka-wah and the Hon Jeffrey Lam Kin-fung at the Council meetings of 25 May and 15 June 2011 respectively. According to the Administration, MCHK was empowered to approve individual applications of overseas medial practitioners for limited registration for a period not exceeding one year. Upon approval and endorsement by MCHK, applicants who meet the qualifications stipulated in the Medical Registration Ordinance (Cap.161) could be exempted from taking the Licensing Examination and registered as medical practitioners with limited registration. HA is planning to employ non-local doctors with limited registration to strengthen its manpower. Applicants are required to have several years of experience and have acquired a qualification of intermediate examinations recognized by the constituent colleges of the Hong Kong Academy of Medicine. HA would review details of the scheme in light of the response to the first round of the recruitment exercise.

38. At its meeting on 31 May 2011, the Special Doctors Staff Group Consultative Committee ("DSGCC") reached a consensus on the enhanced interim measures for promotion and special allowance for retention of doctors as set out in **Appendix I**. Progress of other measures to retain doctors and improve the career prospects for doctors is in **Appendix II**.

39. A steering committee on Medical Manpower Review, to be chaired by the Chief Executive, will be set up to review the doctors' workload and manpower planning. The first meeting is expected to be held in July 2011, with representatives from various clinical specialties, staff unions and DSGCC.

Relevant papers

40. A list of the relevant papers on the Legislative Council website is in **Appendix III**.

Council Business Division 2
Legislative Council Secretariat
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附錄 I
Appendix I

特別晉升及額外津貼措施
Measures on Promotion and Special Allowance

加強副顧問醫生晉升機制
Special Associate Consultant (AC) Promotion Mechanism

年度 Year	2011/12	2012/13	2013/4	2014/15	2015/16
額外職位 Extra Positions	110	110	120	130	130

發放額外津貼安排（適用於醫生／駐院醫生及部分需駐院夜間當值的其他醫生）
Additional Honorarium (For Medical Officer/Resident and other doctors taking on site overnight duties)

前線人手短缺情況 Frontline manpower shortage	10% - <15%		15% - <25%		≧25%	
臨床部門 Units	急症 Acute	非急症 Non-acute	急症 Acute	非急症 Non-acute	急症 Acute	非急症 Non-acute
每月額外津貼 Additional Monthly Honorarium (per month)	$5,250	$3,500	$8,750	$5,250	$14,000	$8,750

（註：目前所有職級醫生均按其所屬專科部門獲發放 $1,750 或 $3,500 的每月定額津貼）
(Note: Currently a fixed-rate honorarium of $1,750 or $3,500 will be provided to doctors of all rank according to their specialty.)

資料來源: 醫院管理局於2011年5月31日發出題為"醫管局調查獲醫生支持 盡早推行晋升及津貼措施"的新聞稿
Press release entitled "HA polling confirms doctor support towards enhanced measures" issued by the Hospital Authority on 31 May 2011.

附錄 I I
Appendix II

挽留醫生及改善專業前景措施實施進度
Progress of Measures to Retain Doctors and Improve Career Prospect

進度 Progress	措施 Measures
即時推行 Immediate Implementation	改善新入職醫生崗位分配機制 Improve mechanism on doctors allocation
	擴展以更佳待遇招聘兼職醫生的先導計劃 Extend pilot scheme for employment of part-time doctors with enhanced package
	統一應考專科考試的假期安排 Standardise granting of examination leave
	重訂工作項目優次 Re-prioritise projects
籌備中 Under Preparation	加強抽血員服務及文書支援 Enhance phlebotomist services and clerical support
	在評核管理層員工工作表現時考慮員工意見 Incorporate staff feedback into managers' development review
待醫管局大會通過後實施 Pending HA Board Approval	加強晉升機制以反映獲取專科資格後的年資 Enhanced promotion mechanism to recognise post-fellowship experience
	發放額外津貼以反映因人手短缺引致的額外工作量 Enhanced honorarium arrangement to recognise workload during manpower shortage periods
	加強發還專科考試費的安排 Enhance examination fees reimbursement
	豁免懷孕醫生通宵駐院當值 Exempt pregnant doctors from overnight on-site call duties

資料來源: 醫院管理局於2011年5月31日發出題為"醫管局調查獲醫生支持 盡早推行晋升及津貼措施"的新聞稿
Press release entitled "HA polling confirms doctor support towards enhanced measures" issued by the Hospital Authority on 31 May 2011.

Appendix III

Relevant papers on issues relating to healthcare manpower in public hospitals

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2005 (Item V)	Agenda Minutes
Panel on Health Services	25.2.2005 (Item V)	Agenda Minutes CB(2)2293/04-05(01)
Panel on Health Services	28.6.2005 *	CB(2)2132/04-05(01)
Panel on Health Services	10.4.2006 (Item IV)	Agenda Minutes CB(2)746/06-07(01)
Panel on Health Services and Panel on Welfare Services	25.6.2007 (Item II)	Agenda Minutes CB(2)1286/07-08(01)
Panel on Health Services	9.7.2007 (Item III)	Agenda Minutes CB(2)2000/07-08(01)
Panel on Health Services	10.3.2008 (Item IV)	Agenda Minutes CB(2)2549/07-08(01)
Panel on Health Services	16.6.2008 (Item IV)	Agenda Minutes

Committee	Date of meeting	Paper
Panel on Health Services	11.5.2009 (Item V)	Agenda Minutes CB(2)2198/08-09(01)
Panel on Health Services	11.1.2010 (Item VI)	Agenda Minutes CB(2)1030/09-10(01)
Panel on Health Services	12.4.2010 (Item V)	Agenda Minutes CB(2)1686/09-10(01)
Panel on Health Services	11.4.2011	Agenda Minutes
Panel on Health Services	9.5.2011	Agenda Minutes
Legislative Council	25.5.2011	Official Record of Proceedings (Question 3)
Legislative Council	15.6.2011	Question 5 Administration's reply

* Issue date

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