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Panel on Health Services

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

Issues relating to doctors working in public hospitals

Purpose

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

Background

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 31 December 2010, there are 5 074 doctors working in HA and the ratio of doctors per 1 000 population is 0.7. The turnover rates of HA doctors in 2008-2009 (from 1 April 2008 to 31 March 2009), 2009-2010 (from 1 April 2009 to 31 March 2010) and 2010 (from 1 January 2010 to 31 December 2010) are 5.0%, 4.4% and 5.4% respectively. In 2010, the three specialities with the highest turnover rates are Obstetrics and Gynaecology (10.3%), Ophthalmology (7.4%) and Paediatrics (6.4%).

Deliberations of the Panel

3. The Panel held seven meetings between April 2006 and April 2010 to discuss issues relating to doctors working in public hospitals and received the views of deputations at three meetings. The deliberations and concerns of members are summarized below.

Demand for doctors

4. Members noted that according to HA's projection, the demand for new recruits of doctors would be between 449 and 485 per year over the five years from 2007-2008 to 2011-2012. There was a view that the estimation was excessive as the number of doctors in HA was about 4 600 in 2006-2007 and the total number of doctors in Hong Kong was some 11 000.

5. The Administration advised that apart from replacing staff due to turnover and retirement, additional doctors were required to reduce the work hours of doctors and substitute the work of those doctors on overseas training, as well as to cater for the increasing demand for HA services brought about by the expanding and ageing population. HA would regularly review the projection and assessment on estimation of the long-term manpower demand.

6. Noting a yearly shortfall of doctors between 110 and 190 doctors over the next five years from 2007-2008 to 2011-2012, there was a suggestion that consideration should be given to recruiting more overseas medical graduates and increasing the number of student places of medical undergraduate programmes in the long run.

7. 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. Past records showed that as only a handful of overseas medical graduates would sit for the licensing examination, HA had to rely on the local universities to supply medical graduates. As regards the suggestion to increase the number of places of medical undergraduate programmes, the Administration advised that it would forward its findings on manpower requirements for healthcare professionals to the University Grants Committee in step with its triennial academic development planning cycle.

8. Members were subsequently advised that to address persistent recruitment difficulties of particular grades (e.g. Diagnostic Radiographers, Radiation Therapists and Podiatrists), HA had introduced for three years from 2009 a special enhanced package to overseas recruits of these grades. In addition to the pay and benefits of a standard contract employment package, these overseas recruits were also eligible for a one-off relocation allowance to facilitate their relocation to Hong Kong on taking up appointment with HA.

Employment terms and conditions of HA doctors

9. Members noted that starting from 1997, HA had changed the employment terms for newly recruited Medical Officers from permanent to contract terms. This arrangement also applied to the "Resident" rank established within the

medical grade in 2000. There was concern that the contract arrangement was not conducive to retaining good calibre staff.

10. HA explained that the contract arrangement enabled HA to continue to take in about 300 new medical graduates every year for training and secure a definitive number of promotions every year despite severe budgetary constraints. In addition, a conversion scheme was also 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 had been granted permanent employment through conversion as at July 2007.

11. 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 abolished the omitted pay point arrangement. Members urged the Administration and HA to expeditiously address the pay disparity between doctors appointed before and after 1 April 2000.

12. The Administration explained that the lowering of the starting salaries for trainee doctors (medical graduates under specialist training) newly recruited on or after 1 April 2000 by HA was to enable HA to take in all local medical students graduated in that year, due to resource constraint brought about by the reduction in Government subvention to HA. The Administration was discussing with HA ways to address the pay disparity between HA staff at entry ranks appointed before and after 1 April 2000. In view of the large number of affected staff involved, more time was needed to work out the detailed arrangements that were reasonable and fair and which HA could support financially in the long run. In April 2006, HA had granted increments to all staff, including doctors, 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.

13. The Panel passed a motion at its meeting on 9 July 2007 urging the Government to, amongst 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.

14. Members were subsequently advised that HA had implemented new career/pay structure for its staff, including doctors, since October 2007, as well as new pay scales for the ranks of Resident (with starting pay raised by three pay points and maximum eight pay points) and Associate Consultant (with starting pay points raised by five pay points). Examination-related increments (up to a maximum of five increments) had also been granted to Residents when

they had passed the relevant examinations and completed the required services in HA after obtaining the approved specialist qualification. The arrangements for contract employment of Resident Trainees had also been enhanced by increasing the contract period to a maximum of nine years. Contract gratuity was paid normally every three years subject to satisfactory performance and achievement of specific training milestones. To facilitate hospital management in assessing doctors' performance and in deciding the renewal of contract, clear guidelines on performance standard of doctors had been issued. Hospital management had also been reminded of the good practice to inform staff whether their contract would be renewed at least three months before expiry of contract as far as practicable.

Work hours of HA doctors

15. 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). Members also noted that following the Steering Committee's submission of the Doctor Work Reform Recommendation Report to the HA Board in November 2007, four major reform programmes were piloted in selected public hospitals since the end of 2007: deployment of doctors to pressurized specialties; re-engineering of emergency operating theatre services to reduce night-time operations; establishment of Emergency Medicine Wards; and introduction of care technician services.

16. 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 around 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).

17. 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 were no universal standards on doctor 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 hour on specialist training of doctors.

18. 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.

19. Many members were concerned that despite the implementation of the work reform programmes, HA still required frontline doctors to work overnight on-site on-call for more than 24 hours.

20. HA advised that following the pilot work reform programmes and 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.

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

Appointment mechanism for senior doctors in HA

22. Members were advised that to further enhance the efficiency, fairness and transparency of the process for selection of senior doctors (i.e. doctors in the rank of Consultant and Associate Consultant), HA had set up a Review Group on the Appointment Process for Senior Doctors ("the Review Group") in September 2007. The proposal of the Review Group would be put to the management of HA for consideration and consultation with staff in the latter half of 2008.

23. Members urged HA to address the concern of HA doctors about the unfairness of the selection process of senior doctors. It was alleged that candidates serving in the recruiting hospital/cluster often stood a higher chance of being selected. In reviewing the process for selection of senior doctors, HA should also address the problems of Residents leaving HA for obtaining specialist qualification, the lack of promotional opportunities for doctors at the rank of Associate Consultant and salary advancement arrangements for doctors at the rank of Consultant. HA should also consult widely on the proposal submitted by the Review Group to ensure that the views of doctors of all groups and levels had been taken into account in the review process.

24. HA advised that staff representatives were actively engaged in the review process. HA reassured that staff consultation would be conducted if significant changes were recommended by the Review Group. It was also HA's plan to review the salary progression arrangements of doctors at the rank of Consultant in due course.

25. Members sought information on any appeal mechanism in respect of decisions relating to the appointment of senior doctors. HA advised that under the existing mechanism, the Staff Appeals Committee, chaired by a member of the HA Board and comprising representatives from the Human Resources Committee, was responsible for determining appeals from staff against decisions made by the management. HA would consider the recommendations of the Review Group before deciding on the appeal mechanism for handling appeals arising from decisions on the appointment of senior doctors.

26. The Panel passed a motion at its meeting on 16 June 2008 expressing regret that HA had failed to improve the promotion prospects of doctors, leading to brain drain and further deterioration of the quality of public health care, and requesting HA to propose improvement measures expeditiously so as to reduce the wastage of doctors.

Recent developments

27. According to the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2011-2012, 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.

28. On 18 March 2011, HA announced that a basket of measures as set out in **Appendix I** to address the concern of frontline doctors' workload and career development had been presented to the Doctors Staff Group Consultative Committee for discussion. According to HA, these measures were estimated to cost an additional annual budget of about $200 million.

Relevant papers

29. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2
Legislative Council Secretariat
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Appendix I

醫院管理局
HOSPITAL AUTHORITY

Major Proposed Measures to Retain Doctors and Strengthen Manpower

Proposed Interim Measures		Estimated Financial Implication
Enhance promotion opportunities	➢ Top up the Associate Consultant positions in addition to those for normal replacements and planned new service ➢ Provide over 170 Associate Consultant posts to promote Resident Specialists to relieve the pressure of manpower shortage of Specialties due to limited promotion opportunities	$23 million in the first year Up to $100 million in the fifth year
Enhance training support for Residents/ Medical Officers	➢ Reinforce full pay examination leave for examination preparation and sitting the examination	-
	➢ Reimbursement of specialist examination fees upon attainment of specialist qualification ➢ About 250 doctors each year	$9 million per year
Call arrangement	➢ To minimise long overnight on-site on-call duties for female doctors starting from the 32nd week of pregnancy	-
Relief of outpatient clinic workload	➢ Employ part-time doctors for pressure departments ➢ Adopt the package piloted in more specialists departments	HAHO will provide additional funding to employ part-timers
Enhance support in wards	➢ Provide 24-hour phlebotomist services in all acute hospitals ➢ Enhance clerical support in wards	$40 million per year
Enhance transparency of doctor allocation	➢ Allocate of Resident positions according to relative needs ➢ Methodology and outcome of current-year allocation will be released in April to all doctors ➢ Set up a committee to review specialty manpower and advise on doctor allocation for next year	-

Special Allowance for Excessive Overnight Duties		Estimated Financial Implications
Option A	➢ In the event that the number of doctors taking overnight on-site duties in a department has fallen short from the norm to the extent that doctors are required to perform excessive on-site overnight call duties, the doctors' existing fixed rate honorarium will be increased ➢ If the no. of "first-line on-call" doctors has dropped by:- (a) more than 15% to 25% - fixed rate honorarium x 2 (b) more than 25% - fixed rate honorarium x 3 ➢ Current Fixed Rate Honorarium is $3,500/ $1,750 per month	To be calculated
Option B	➢ To grant an additional monthly lump sum payment to specific groups of doctors who are required to be on "first line on-call" ➢ Two rates can be set to differentiate overnight duties work intensity (a) Additional $5,000 for extremely busy specialties with overnight admissions. For example, Departments of Medicine, Surgery, Obstetrics & Gynaecology, Orthopaedics & Traumatology, Paediatrics, etc. in the 15 acute hospitals (b) Additional $2,000 for Medical Officers/ Residents in other specialties in the 15 acute hospitals, plus Medical Officers/ Residents in other hospitals ➢ Basing on the above differentiation of work intensity, there will be 3 tiers of fixed rate honorarium: $1,750 + $2,000 = $3,750 $3,500 + $2,000 = $5,500 $3,500 + $5,000 = $8,500	$100 million per year

Source : Press release entitled "Hospital Authority Initiatives to Retain Doctors, Relieve Workload and Strengthen Workforce" issued by the Hospital Authority on 18 March 2011

Appendix II

Relevant papers on issues relating to doctors working in public hospitals

Committee	Date of meeting	Paper
Panel on Health Services	10.4.2006 (Item IV)	Agenda Minutes CB(2)746/06-07(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
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)
Finance Committee	25.3.2011	Administration's replies to Members' initial written questions in examining the Estimates of Expenditure 2011-2012 (Reply Serial Nos. FHB(H)034, FHB(H)040, FHB(H)118, FHB(H)121, FHB(H)158 and FHB(H)198)

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