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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 9 May 2011**

Nursing manpower and nurses working in public hospitals

Purpose

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

Background

2. Since early 2000s, the undersupply of nurses has put pressure on the Hospital Authority ("HA")'s nursing manpower. 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.

3. 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.

4. As at 31 December 2010, there were 19 951 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 (from 1 January 2010 to 31 December 2010) were 4.7%, 4.1% and 5.1% respectively. In 2010, the three specialities with the highest turnover of nurses were Paediatrics (8.8%), Obstetrics and Gynaecology (6.2%) and Surgery (5.6%).

Deliberations of the Panel

5. The Panel discussed the issues relating to nursing manpower and nurses working in public hospitals at its meetings between January 2005 and January 2010. The major concerns of members are set out below.

Nursing manpower

6. Members were concerned that while the supply of nursing graduates from tertiary institutions would increase from 631 in 2007-2008 to 893 in 2011-2012, and having factored in a yearly supply of 30 nursing graduates returning from overseas, there would still be a shortfall of around 300 to 400 nursing graduates per year. They were also concerned whether the Administration had any plans to increase the supply of enrolled nurses for the welfare sector.

7. The Administration advised that the Food and Health Bureau would discuss with the Education Bureau and UGC the feasibility of increasing the number of places in publicly-funded nursing programmes. It was anticipated that there would likely be an additional supply of around 160 to 200 nursing graduates per year from 2010-2011 onwards.

8. 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. Nevertheless, members were concerned whether these arrangements would compromise the quality of care to patients and about their effectiveness to relieve the work pressure of frontline nursing staff.

9. At its meeting on 9 July 2007, the Panel passed a motion urging the Government to, amongst 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 nurses

10. Noting that HA had increased the use of contract employment for new recruits including nurses, members were worried that such a measure would not be conducive to retaining good calibre staff. HA advised that a conversion scheme was introduced in 2006 to give 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 140 nurses 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 nurses, and abolished the omitted pay point arrangement. Members urged the Administration and HA to expeditiously address the pay disparity between nurses appointed before and after 1 April 2000. The Administration advised that it was discussing with HA ways to address the issue. In view of the large number of affected nurses involved, more time was needed to work out the detailed arrangements that would be reasonable, fair and financially viable to HA.

12. The motion passed by the Panel on 9 July 2007 also urged 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.

13. In this connection, members were advised that following a review of the starting salaries of relevant ranks in the nursing, allied health and some other grades in 2007, HA had raised the entry pay for Registered Nurse and Enrolled Nurse by two pay points. For existing nursing staff whose pay was below the new entry pay point as at the implementation date of the salary adjustment, their pay had been raised to the new entry pay point. For those whose pay was already on or above the new entry pay point as at the implementation date of the salary adjustment, they had been granted one extra pay point subject to the maximum of the respective pay scale of the rank. To address the high turnover rate of nurses and as a token of recognition of their work, an additional increment was given to nurses who joined HA between June 2002 and December 2005 and had worked for five full years of service.

14. The Administration also advised that a six-year employment contract (with gratuity issued every three years) had been offered to new recruits of Registered Nurse to provide a more secured employment environment and to facilitate continuous clinical training and professional development. While contract employees of other grades and ranks required six years of service in the

rank to be eligible for consideration of permanent employment, contract Registered Nurses with three years or more full-time service in the rank and who had met the performance criteria were eligible for application for permanent terms of employment.

Career progression for HA nurses

15. Members noted that HA 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.

16. 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.

Deployment of nursing manpower in HA

17. There was a suggestion that HA should adopt the manpower ratio of one nurse to five patients as in some overseas places. The Administration advised that a simple ratio of staff to patient was not an appropriate indicator of the manpower situation, given the differences in the service needs and care setting for different types of patients.

Recent developments

18. The Chief Executive announced in his 2010-2011 Policy Address that the Government would ensure an adequate supply of healthcare personnel, including nurses, for the provision of services through various measures, which included encouraging tertiary institutions to increase student places and strengthening HA's training programmes.

19. According to the Administration, 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 nurses in the market. It is estimated that there will be a net increase of 868 nurses in 2011-2012.

20. On 26 April 2011, HA issued a press release in **Appendix I** in response to the survey findings released by a nursing association. According to HA, an

additional \$200 million has been earmarked this year to strengthen the recruitment and retention of nursing manpower to continuously improve the working condition and career prospect of nurses.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
6 May 2011

PRESS RELEASE 新聞稿

Hospital Authority Building, 147B, Argyle Street, Kowloon, Hong Kong

Tuesday, 26 April 2011

Attention News Editors:

In response to media enquiries on the survey findings released by a nursing association today (26 April), the spokesperson for the Hospital Authority (HA) gave the following reply:

HA has all along been concerned with the heavy workload and pressure faced by frontline nurses. The findings and recommendations of the survey would be studied and considered in detail. In fact, some of the recommendations in the survey have already been put in place, including the increase in allowance for continuous night shift scheme; employment of additional supporting workers to take up non-nursing duties; increase in training programmes by the Institute of Advanced Nursing Studies from 12 specialties to 23 specialties from 2010; increase in number of training quota from 360 to around 700; and the provision of full sponsorship for Enrolled Nurse to study in Registered Nurse conversion course.

Furthermore, some of the recommendations have been incorporated into the HA Annual Plan 2011-12. We have earmarked an additional allocation of \$200 million this year to strengthen the recruitment and retaining of nursing manpower to continuously improve the working condition and career prospect of nurses. HA is in the process of consultation with frontline nurses on the enhanced measures.

The enhanced measures in recruitment and retention of nursing manpower are listed as follows:

- **Manpower strength** - In 2011/12, HA will recruit more than 1,600 nurses to replace turnover and support new services. Among them, 300 are extra manpower to be deployed to rectify deficit in pressure areas.

- **Proficiency of new graduates** – HA will recruit experienced nurses in part-time or by issuing special allowance as preceptors to help new nurse graduates cope with ward environment and procedures, as well as to alleviate the workloads of existing experienced nurses who need to provide guidance. Simulation training on emergency care located at Princess Margaret Hospital will also be provided to new nurse graduates.

- **Training & Development** - Institute of Advanced Nursing Studies will provide training for 23 specialties. HA will support the degree course for Registered Nurse. HA will also provide 4-week overseas training sponsorship to Advanced Practice Nurse.

- **Retaining talent** – HA will create additional promotion posts including over 50 Nurse Consultant and 150 Advanced Practice Nurse posts to retain experienced nurses by offering a promising career prospect.

- **Quality of work life** – HA will purchase 1,700 electric beds and other patient care/monitoring equipment for use in ward to make the nursing work more convenient and effective. HA will also continue to employ supporting workers to take up non-nursing duties to reduce the frequency of night duties.

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**Relevant papers on issues relating to nursing manpower
and nurses working 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	11.1.2010 (Item VI)	Agenda Minutes CB(2)1030/09-10(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)030, FHB(H)034, FHB(H)040, FHB(H)070, FHB(H)071, FHB(H)077, FHB(H)087, FHB(H)097, FHB(H)121, FHB(H)158, FHB(H)169, FHB(H)196 and FHB(H)234)

* Issue date