CHAPTER 9 – TARGETED DEPLOYMENT OF RESOURCES

901 Implementation of Doctor Work Reform is not without resource implications. While execution of certain reform initiatives is subject to funding availability and additional resources are required to employ more workers for the public healthcare system, savings can be generated from different reform strategies, service rationalization and process re-engineering initiatives. Depending on the prevailing conditions, design of operational mode and breadth of reform implementation in different clusters and specialties, the exact financial implications of Doctor Work Reform have yet to be reckoned. HA is recommended to lead changes and champion reform within the bounds of available resources. In the long term, it is targeted that the requirement for doctors on night shift will be reduced and the scarce professional resources of HA can be used more efficiently for the ultimate benefits of patients.

Consultation: Feedback from Respondents

902 Frontline doctors were worried about the stringent staffing, heavy workload and frequent call duties in their current work pattern. The distribution of Interns and Resident Specialists was of particular concern for certain specialties and secondary hospitals with overstretched workforce. The Coordinating Committee (Radiology) expressed appreciation of the Steering Committee for its comprehensive recommendations and realistic recognition of the need for resource deployment, in particular the upgrading of diagnostic imaging support to limited 2-shift service to cater for extra operations in the extended day. HA was urged to provide additional manpower and inject resources to cope with service demands and attain success of various reform initiatives. Moreover, it was suggested that HA should take stock of the baseline provisions for different services and determine the best way of resource deployment in order to ensure equal access to clinical services in different parts of the territory.

The Steering Committee's View & Recommendations

Principles of Resource Deployment

903 The Steering Committee echoes HA Chief Executive's view that more doctors are needed to reduce doctors' work hours[9.1]. Yet, this is not the single solution and there are other viable options to address the issue. Besides, according to the experience in the UK, simple addition of doctors to the base level will create concerns over career progression as more doctors will compete for the same number of senior posts. Resources should therefore be strategically allocated to pressure areas and consideration be given to equity, right incentive and sustainability of different reform initiatives. Moreover, HA is recommended to roll out priority programmes across all public hospitals as appropriate in order to maximize the positive impacts of reform on improving doctors' working conditions and patient outcome.

Priority Areas for Investment

904 The Steering Committee believes that funding investment in the following directions will help optimize doctors' workload and ensure patient safety for the ultimate benefits of the community at large:

905 A) To deploy resources to targeted areas

a) Enhancing Operating Theatre Capacity
This can be achieved by opening one or more operating theatre (OT) sessions in the extended day in acute hospitals to cater for certain surgical procedures and address doctors' long work hours in the surgical specialties. It involves deployment of additional doctors, nurses and supporting staff as well as introduction of a Flexible Employment Strategy to recruit part-time doctors to work in extra OT sessions in certain clinical departments.

b) Setting up Emergency Medicine Wards by the Accident & Emergency Departments
This initiative may reduce avoidable admissions to clinical departments and curtail repetitive activities at night. It involves deployment of additional manpower to run the service. With the introduction of Emergency Medicine wards, there will be fewer admissions and repetitive activities in various specialties at night. There is thus room for more effective and efficient use of the workforce among the clinical units.

c) Extending the Roles of Non-medical Staff
The roles of non-medical staff can be extended to take up some of the technical duties of on-site call doctors, in particular those in the medical specialties. This initiative involves deployment and training of technicians in patient care. The core competency of these technicians has to be identified and protocol-driven care pathways should be drawn up with appropriate training given to these care technicians.

9.1 P.9, Keynote Address by Chief Executive, Hospital Authority at the HA Convention 2007

d) Enhancing Diagnostic Imaging Support for Computerized Tomography Service in the Extended Day

This involves deployment of additional manpower to cater for surge demand and provide support for clinical departments at night.

906 B) To employ additional doctors for selected specialties on a need basis

HA is recommended to employ additional doctors for selected specialties on a need basis in the following situations:

a) Where the recommended strategies may not fully address doctors' workload issue – This can be resolved by more staffing provision and / or adjustment through the Resident Trainee / Resident Specialist allocation mechanism in the coming years; and

b) Where doctors consistently work for long hours in overstretched departments – This involves employing part-time private practitioners through the Flexible Employment Strategy to relieve the workload of serving doctors in selected areas, such as specialist outpatient consultations, clinical procedures and operations. This will also enable doctors to focus more on inpatient services and professional training at daytime.

907 The Steering Committee recognizes that each of the above programmes would require deployment of available resources and HA is now facing many challenges in securing deployable resources for the targeted areas. While additional funding can be an impetus to reform, HA still needs to consider redeploying resources from non-priority areas and ploughing back savings from the reform and other service rationalization initiatives to implement Doctor Work Reform. The net additional resources required for implementing all reform initiatives are yet unknown and will have to be reckoned in due course.

908 Based on the available information, the Steering Committee has estimated the preliminary resource deployment required in each of the targeted areas as follows (Table 9.1):

(Table 9.1)

Targeted Areas for Resource Deployment	Programme Description	Estimated Annual Resources Required to be Deployed (in HK$ - Based on 07/08 NAMS + On-cost)
1. Opening extra operating theatre sessions in the extended day to cope with work drawn from the night	Extra doctors, nurses and supporting staff for opening one extra operating theatre session on weekdays in acute hospitals	$34 – $58 Mn
2. Setting up Emergency Medicine wards by the Accident & Emergency Departments	Extra doctors, nurses and supporting staff to run Emergency Medicine wards with a view to reducing repetitive activities at night and admissions into clinical departments in acute hospitals	$80 – $91 Mn
3. Optimizing on-call activities of doctor (24-hr care technician service)	Delegation of some of doctors' technical activities to trained supporting staff / care technicians in secondary and tertiary hospitals	$38 – $41 Mn
4. Enhancing diagnostic imaging support	Extra doctors, nurses and radiographers to expand computerized tomography service to the extended day in selected acute hospitals	$12 – $23 Mn
5. Employing additional doctors for selected specialties on a need basis	Increased headcount to bring down the average weekly work hours to no more than 65 in Neurosurgery, Obstetrics & Gynaecology, Paediatrics and other concerned specialties	$33 – $53 Mn

Note: The above estimates do not include resources required for the enhanced honorarium system

909 It should be noted that, even with additional funding or deployable resources, the smooth launch and success of Doctor Work Reform will still be confounded by many other factors, such as timely availability of doctors and other trained non-medical staff, anticipated resistance from the frontline staff to change, need for collaboration with multiple stakeholders including College Members of the Hong Kong Academy of Medicine. To ensure success of reform, the Steering Committee recommends HA to progressively implement the reform strategies in phases over the coming years and keep on evaluating the pilot projects in the light of cost effectiveness, clinical outcome, service sustainability as well as staff sentiments and receptiveness to reform.

910 C) To enhance the current honorarium system

This initiative aims at redressing the disparity in pay for doctors' excess work hours in different specialties. It will be elaborated in greater detail in Chapter 10.

Resources for Pilot Implementation

911 The Steering Committee recommends HA to pilot implementing various Doctor Work Reform strategies in the hospital clusters, commencing the end of 2007, in order to test out the efficacy and impact of the programmes in reducing doctors' work hours. HA may consider injecting resources as incentives for clusters to roll out pilot reform programmes, taking into consideration the potential of individual programmes for reducing doctors' work hours and intensity and improving patient safety. Since the pilot programmes will last for 6 to 9 months, HA is also recommended to evaluate the outcome at different stages of the reform implementation, closely monitor the reform progress and strategize for further rollout to all hospital clusters as appropriate in order to attain the laid-down targets. A system of continual monitoring should be in place to ensure that organization-wide reform programmes are implemented for the intended outcome.

912 The recommendations of the Steering Committee on targeted deployment of resources can be summarized in Figure 9.1 below.

(Fig. 9.1)