

Major Proposed Measures to Retain Doctors and Strengthen Manpower

Proposed Interim Measures		Estimated Financial Implication
Enhance promotion opportunities	<ul style="list-style-type: none"> ➤ 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 	<p>\$23 million in the first year</p> <p>Up to \$100 million in the fifth year</p>
Enhance training support for Residents/ Medical Officers	➤ Reinforce full pay examination leave for examination preparation and sitting the examination	-
	<ul style="list-style-type: none"> ➤ 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 32 nd week of pregnancy	-
Relief of outpatient clinic workload	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Provide 24-hour phlebotomist services in all acute hospitals ➤ Enhance clerical support in wards 	\$40 million per year
Enhance transparency of doctor allocation	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ 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:- <ul style="list-style-type: none"> (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	<ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> \$1,750 + \$2,000 = \$3,750 \$3,500 + \$2,000 = \$5,500 \$3,500 + \$5,000 = \$8,500 	\$100 million per year