Beyond Service – Reorganization: Does Central Recruitment of Doctors Play a Role?

Hospital Authority Convention 2016
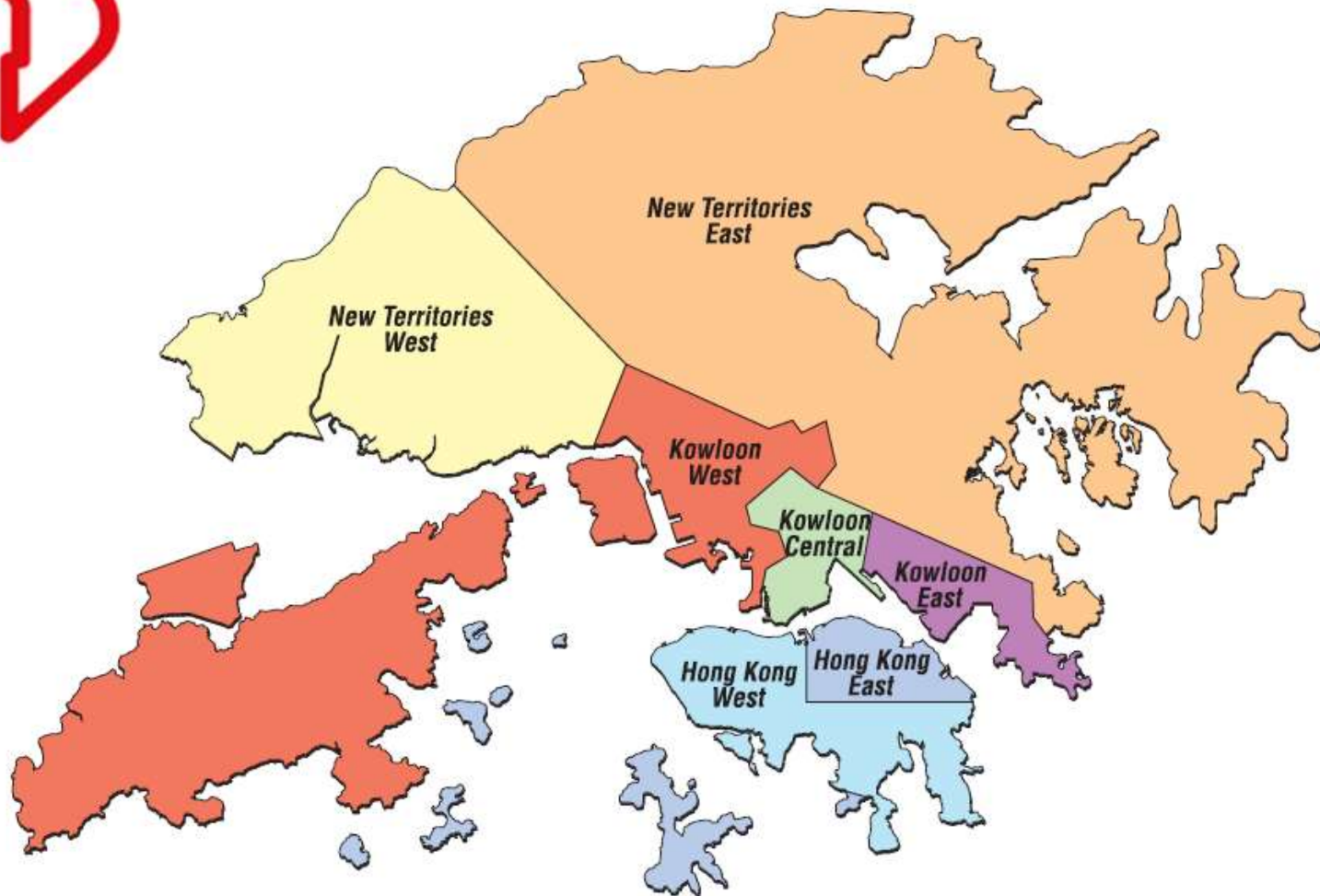
Dr PANG Fei-chau
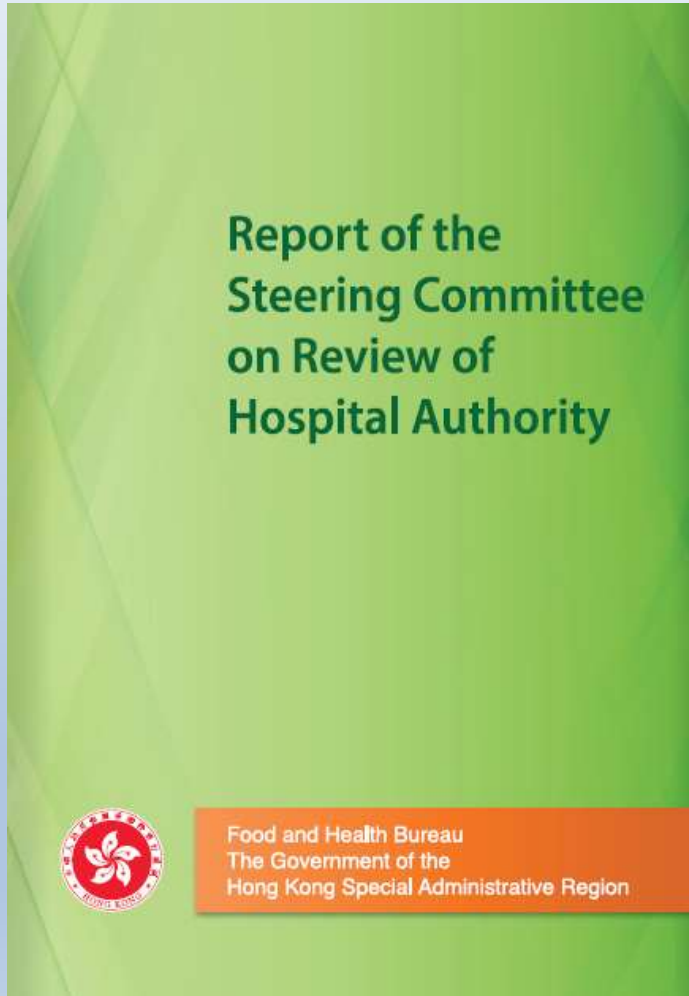
Hospital Authority Provision 2015

Provision	Number
Clusters	7
Hospitals	41
Specialist Clinics	47
General Outpatient clinics	73
Specialties	16
Departments	200
Doctors	5,675
Nurses	24,427
Hospital beds	27,895

As at December 2015

7 Cluster Management

The Government Initiated HA Review & Published Report in 2015

Report of the Steering Committee on Review of Hospital Authority

Food and Health Bureau
The Government of the
Hong Kong Special Administrative Region

HA has published Action Plans which contain 124 actions to respond to the recommendations.

Findings for Clusters Management

- **HAHO**
  - Central planning
  - Policy and standards setting
  - Alignment of values and practices
  - Resource management and control

- **Continue cluster management**
  - Autonomy in operation to make service close to patients
  - Integration of services at cluster bases
  - Cross-cluster utilization of services fro certain highly specialized tertiary services

HA Review Report 2015

"Sectarianism" due to decentralization of cluster arrangement of services

- Favoritism in appointment/promotion
- Create silo and barriers to cross-fertilization of expertise
- Disparities among specialties services or clusters

Management of "Sectarianism" or "Tribalism"

Diversity is still a valid word to describe the society we live and work in with all of our differences in identity. However, when we talk of managing diversity, what we really manage is the myriad of **conflicting identities we all carry inside.**

Identities of Clusters for Employees

Creation of Silo by Department

Specialty Representatives

Hospital Chief Executive

Department Head
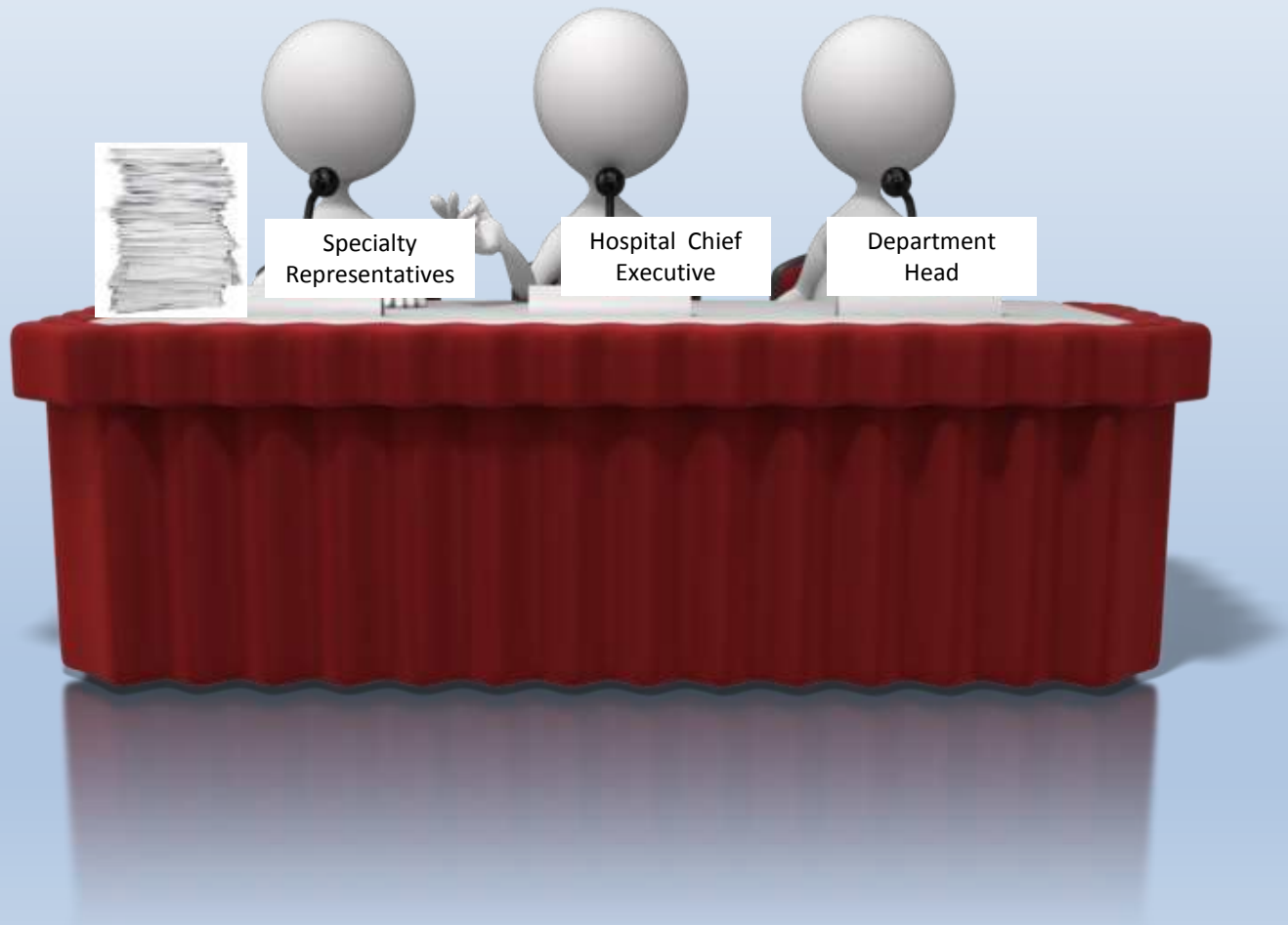
Diversities of Identities for Cross-Cluster Services

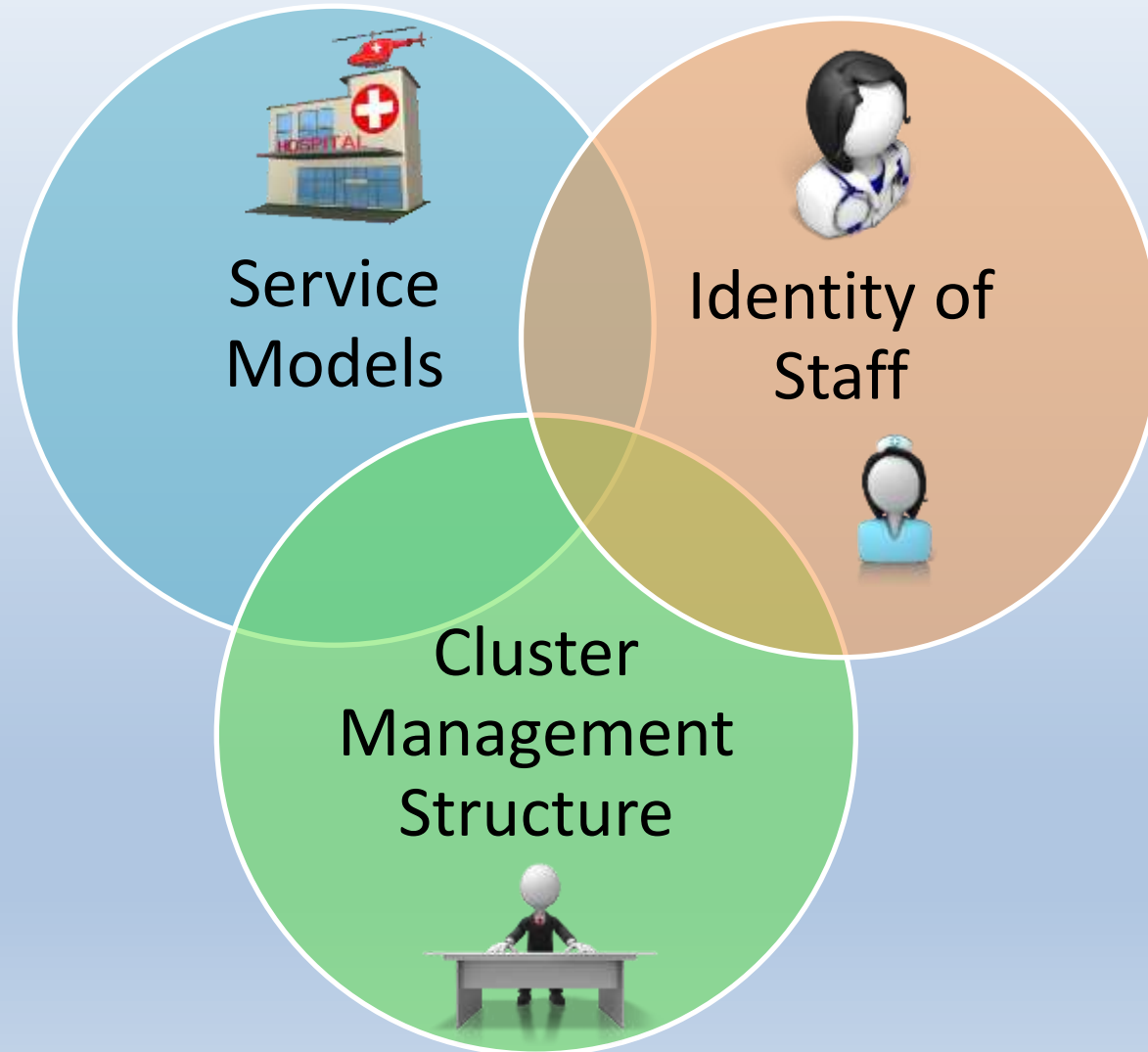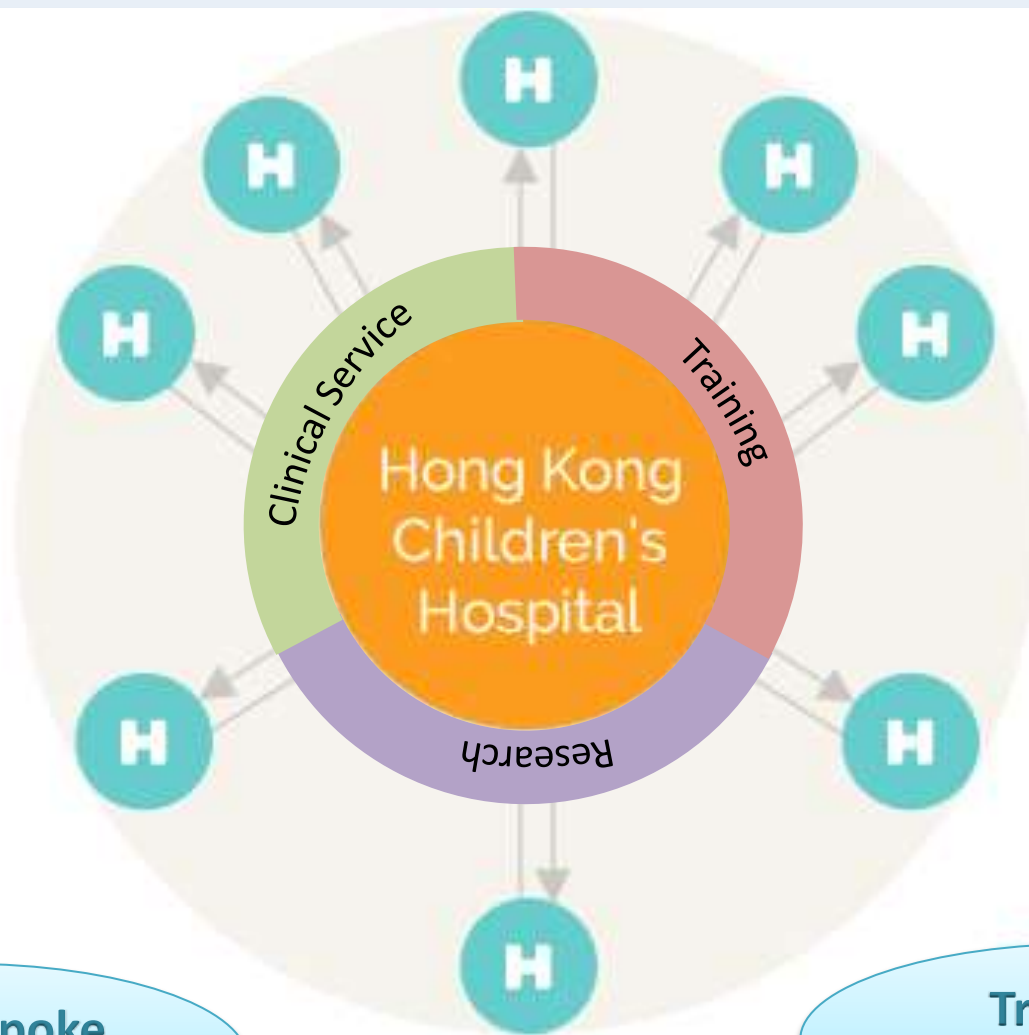# To Manage Diversities, We Need a Stronger Identity in Common

Re-organization for Newly Developed Services

Service Models

Identity of Staff

Cluster Management Structure
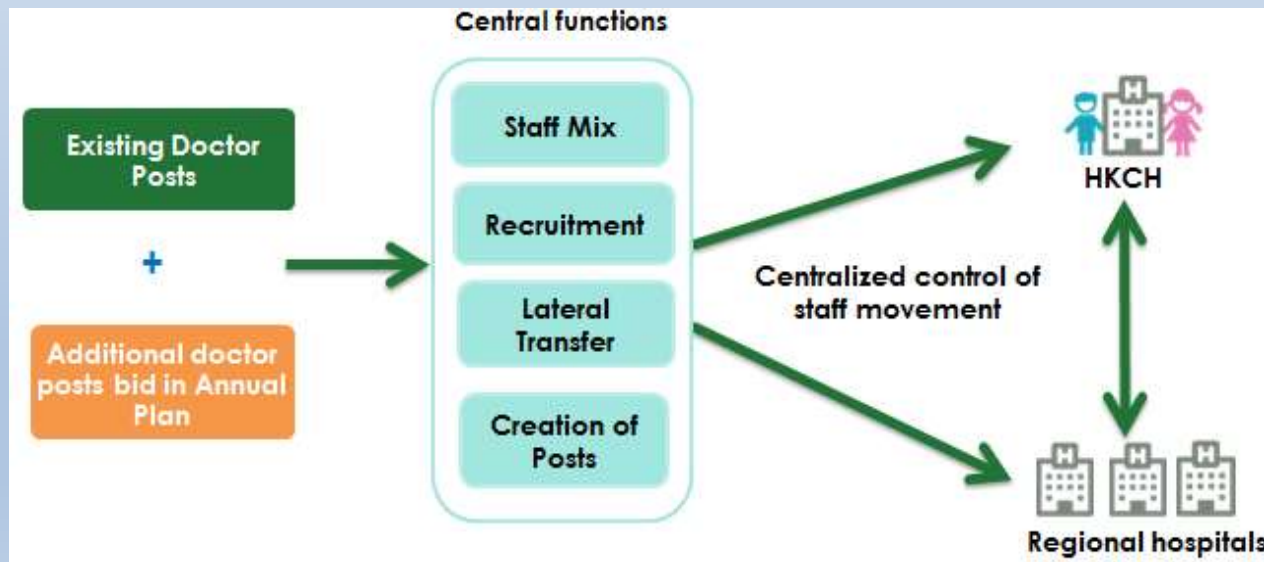
Central Recruitment Model

Principle:

- ✓ ALL paediatric doctors will be employed and served under the HA paediatric network

- ✓ To facilitate hub & Spoke service model and staff training/rotation

Central Recruitment & Deployment Model

- Starting from 2015, all the new resident trainees in Paediatrics are employed under this model

Manpower Planning

Leaders
— HCE Designate,
Commissioning Service Coordinators

Training *— Local & overseas*

New Manpower Model
- Central Recruitment & Deployment Model

Advance Recruitment *— for priority clinical areas*

Manpower Translocation *— along service reorganization*

Central Panel to Recruit New Doctors for Paediatrics

17

Achievable Outcomes
for Paediatrics Specialty

- Cross-cluster fertilization in rotation for succession and training

- Building platforms for development of service network

- Coordination and collaboration within specialty for efficient resource management

- Develop excellence in pediatric services

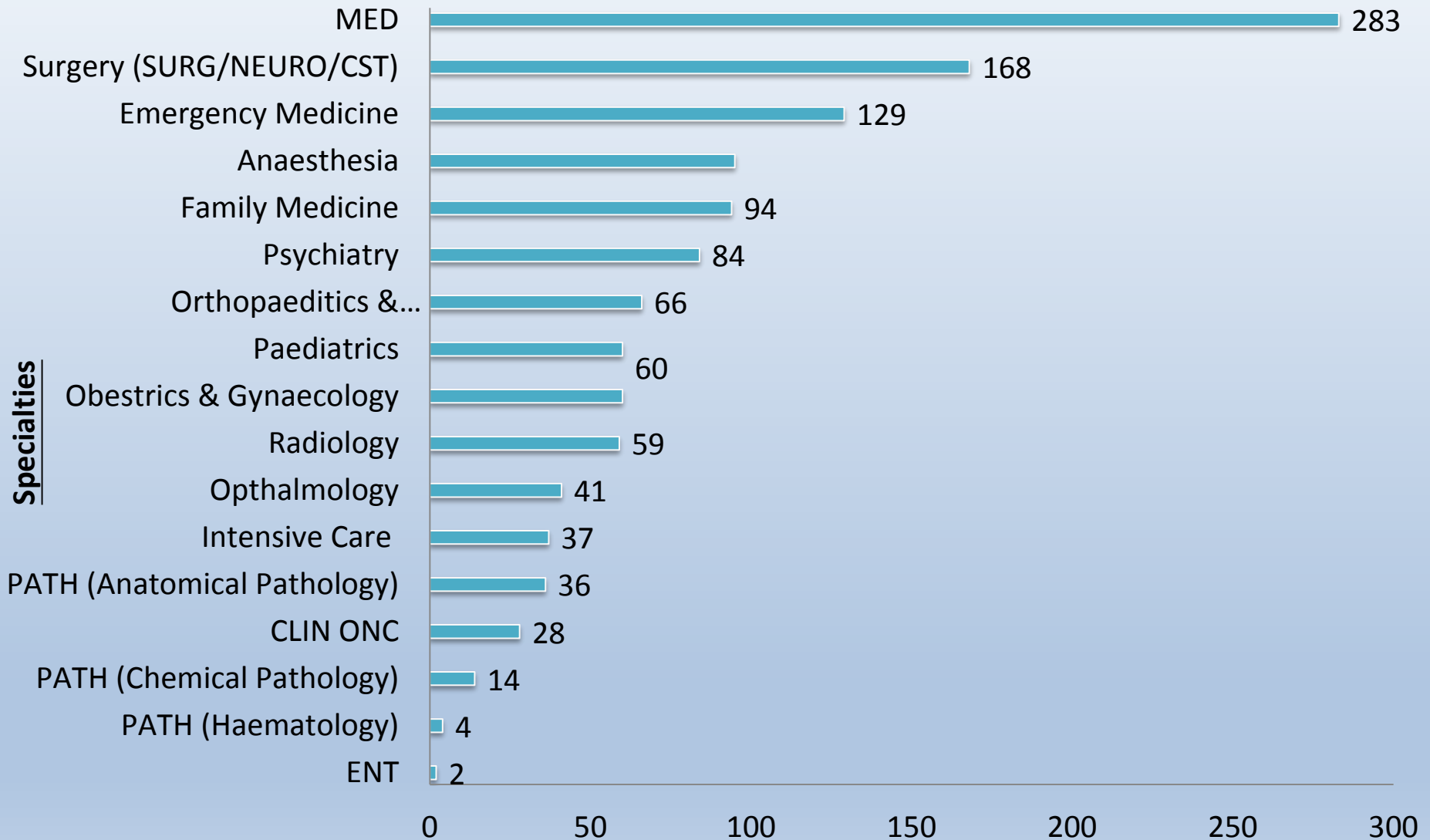# Platforms for One-HA Identity & Spirit

- Enhance Central Recruitment of Resident Trainees
- Central platforms by specialties (Central Coordinating Committees)
  - Minimize the inconsistent practices from planning, training, manpower, quality of services, technology
  - One HA Identity for cross-fertilization and deployment of staff

How Doctors Choose Specialties?

Preferences of Graduated Medical Interns

(Final as at April 2016)

Specialty	Number
MED	283
Surgery (SURG/NEURO/CST)	168
Emergency Medicine	129
Anaesthesia	
Family Medicine	94
Psychiatry	84
Orthopaeditics &...	66
Paediatrics	60
Obestrics & Gynaecology	
Radiology	59
Opthalmology	41
Intensive Care	37
PATH (Anatomical Pathology)	36
CLIN ONC	28
PATH (Chemical Pathology)	14
PATH (Haematology)	4
ENT	2

Specialties (vertical axis label)

Horizontal axis: 0, 50, 100, 150, 200, 250, 300

■ Number of choices by 390 graduated interns

Central Panels for Specialties

PAED

O&G
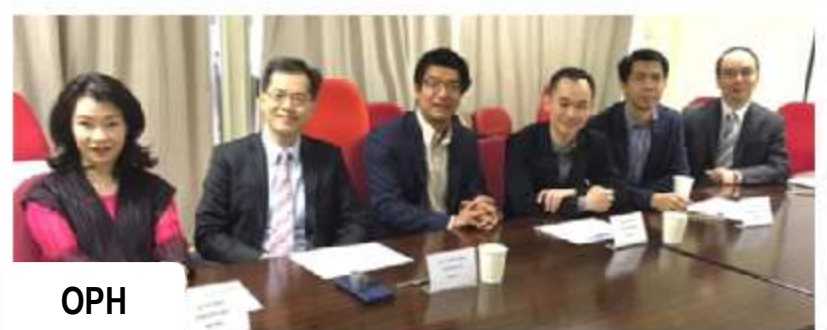
OPH

ANA

Central Panels for Specialties

MED

SUR

RAD

PATH
(Haematology, Chem Path, Immunology)

PATH
(Anatomical Path, Microbiology)

Specialty Base Selection of Trainees

PAED	• Central Selection Panel with scoring system • HAHO Appointment Letter
ICU	• 2-tier Recruitment for Higher Trainee and Basic Trainee by Central Selection Panel
MED	• Central Selection Panel by Group Interviews
O&T	• Central Selection Panel followed by Hospital-based Selection
RAD & NM	• Split Recruitment for Nuclear Medicine and Diagnostic Radiology
SUR, CTS & NS	• Combine Central Selection Panels with scoring system • Central Selection of Higher Trainees
A&E	• Central Selection Panels with scoring system

Selection and Matching Principles for COC reference (PSY model)

- <u>Ranking</u> of Graduating Interns by COSs in Central Selection Panel
- Match according to Intern preferences and no. of posts available
- Illustration (total 5 candidates selected PSY as 1st priority and 4 posts in PSY)

Intern	1st preference	2nd preference	3rd preference	Total marks*	Ranking
1	KCC	HKWC	HKEC	50	4
2	HKWC	HKEC	KCC	60	2
3	HKWC	KCC	HKEC	65	1
4	HKEC	HKWC	KCC	55	3
5	KCC	HKWC	HKEC	45	5

*Maximum 70 marks with 7 COSs in the Central Selection Panel

Cluster	Matching Result
HKEC (1 post)	2
HKWC (1 post)	3
KCC (2 posts)	4
	1
2nd priority	5

Selection and Matching Principles for COC reference (SUR and NS model)

- <u>Ranking</u> of Graduating Interns by Central Panel Interview Score
- COS meeting to give additional discretion score by COS to match Intern Preference to posts by hospitals
- Illustration (total 5 candidates selected SUR as 1st priority and 4 posts in SUR)

Intern	1st prefer-ence	2nd prefer-ence	3rd prefer-ence	Panel Score *	COS Score (25)	Total marks	Rank-ing
1	KCC	HKWC	HKEC	50		50	5
2	HKWC	HKEC	KCC	60	25 (HKWC)	85	1
3	HKWC	KCC	HKEC	65		65	3
4	HKEC	HKWC	KCC	55		55	4
5	KCC	HKWC	HKEC	55	25 (KCC)	80	2

Cluster	Matching Result
HKEC (1 post)	4
HKWC (1 post)	2
KCC (2 posts)	5
	3
2nd priority	1

*Maximum 75 marks with all COSs in the Central Selection Panel

Balance Point for Centralization & Localization

Building Service Networks by Central Selection

- Centrally coordinated trainee selection will help in concentration of training to sustain specialized services

- Common pool of basic trainees for surgical stream and central selection of higher trainees

- Specialized clinical service network in HA e.g.
  - Cardiothoracic Surgery
  - Plastic Surgery
  - Paediatric Surgery
  - Chemical Pathology

Breaking Barriers for Rotation Across Clusters

- Develop system of trainee rotation
- Assign program director for rotation arrangement with HK Academy of Medicine
- Participate in selection of trainees allow chiefs of departments to have chance to know trainees
- Promotion by reviewing the rotation experiences

Building HA Culture for HA Staff

Summary

- Build service network through cluster structure
- Balance centralization and location in service provision
- Strength one common identity for new recruits in the process of service re-organization
- Build common platform for managing diversities of identities by a common mission, vision and values

Acknowledgment

- Commissioning Team of Hong Kong Children's Hospital
- Coordinating Committees and Central Committees
- Human Resources Divisions & Cluster Human Resources Department
- Colleagues in Medical Grade

Thank You