

2nd January 2009

Mr. Shane Solomon,
Chief Executive,
Hospital Authority.

Dear Mr. Solomon,

**Consultation Paper on New Appointment System of Senior Clinical Doctors
in Hospital Authority**

In response to the Consultation Paper on New Appointment System of Senior Clinical Doctors in Hospital Authority issued by the Hospital Authority*, a working group in the HKPDA issued a survey (Appendix 1) to collect members' opinion in December 2008. At closure, a total of 414 replies were received. The respondents included 94 Consultants, 136 Senior Medical Officer/Associate Consultants and 135 Medical Officers/Residents. The numbers from each Cluster were KW (114), NTW (60), NTE (52), HKW (52), KE (51), HKE (44), KC (39) and HAHO (2). The results and comments were summarized in Appendix 2.

Yours sincerely,



Dr HO Pak-leung
For HKPDA

*Consultation Paper on New Appointment System of Senior Clinical Doctors in Hospital Authority dated 3 November 2008 at <http://ha.home/visitor/> (Doctors Column)

Appendix 1

To:

**Survey on New Appointment System of Senior Clinical Doctors
in Hospital Authority***

Please tick

1. Do you agree with the new appointment system of senior clinical doctors in Hospital Authority overall?
2. Do you agree with the central coordination with cluster management participation in selection and posting?
3. Do you agree with the new guidelines on creation and filling of vacancies? (Appendix 3*)
4. Do you agree with the assessment criteria and scoring system? (Appendix 4*)
5. Do you agree with the new feedback and appeal system? (paragraphs 26- 27*)
6. Do you agree with the proposed voluntary rotation or lateral transfer of senior doctors? (paragraphs 35-36*)

	Agree	Disagree	Neutral
1. Do you agree with the new appointment system of senior clinical doctors in Hospital Authority overall?			
2. Do you agree with the central coordination with cluster management participation in selection and posting?			
3. Do you agree with the new guidelines on creation and filling of vacancies? (Appendix 3*)			
4. Do you agree with the assessment criteria and scoring system? (Appendix 4*)			
5. Do you agree with the new feedback and appeal system? (paragraphs 26- 27*)			
6. Do you agree with the proposed voluntary rotation or lateral transfer of senior doctors? (paragraphs 35-36*)			

Would you like to receive a copy of the aggregative result and other information from HKPDA? YES. My email is:

Other comment:

*Consultation Paper on New Appointment System of Senior Clinical Doctors in Hospital Authority dated 3 November 2008 at <http://ha.home/visitor/> (Doctors Column)

Thank you for your reply.

Please return the completed sheet to the HKPDA by fax on or before 23 December 2008. All information will be kept CONFIDENTIAL and only the aggregated result will be announced and submitted to the HAHO.

PLEASE FAX TO 3011-5685

Appendix 2

Summary of Survey on New Appointment System of Senior Clinical Doctors in Hospital Authority

1. Do you agree with the new appointment system of senior clinical doctors in Hospital Authority overall?	Agree 68 (17.3%)	Disagree 287 (72.8%)	Neutral 39 (9.9%)	No response 20
2. Do you agree with the central coordination with cluster management participation in selection and posting?	Agree 95 (24.3%)	Disagree 269 (68.8%)	Neutral 27 (6.9%)	No response 23
3. Do you agree with the new guidelines on creation and filling of vacancies? (Appendix 3*)	Agree 76 (19.6%)	Disagree 249 (64.3%)	Neutral 62 (16%)	No response 27
4. Do you agree with the assessment criteria and scoring system? (Appendix 4*)	Agree 81 (20.8%)	Disagree 229 (58.9%)	Neutral 79 (20.3%)	No response 25
5. Do you agree with the new feedback and appeal system? (paragraphs 26- 27*)	Agree 110 (28.5%)	Disagree 169 (43.8%)	Neutral 107 (27.7%)	No response 28
6. Do you agree with the proposed voluntary rotation or lateral transfer of senior doctors? (paragraphs 35-36*)	Agree 124 (32%)	Disagree 175 (45.2%)	Neutral 88 (22.7%)	No response 27

There are too many unfair problems in the existing appointment system!

Thank you

Keep the present system is better for the overall morale of the whole department / unit.

- i) The existing 山頭主義 may have advantage. But some high-Quality AND senior staff is deprived of promotion. Simply because his own hospital somehow cause of promote them.
- ii) This new system is quite towards the other extreme.
- iii) The middle-way is to need the proposed system, but in need scoring local promotion to a suitable level.

Total lost of moral.

Department will always try their best to promote the best candidate inside or outside the department. The purposed “centralized” approval is in fact counter productive.

I strongly approve to the new proposal from HA to centralize the new appointment system.

Thanks for this survey!

There is unfairness in our current system but the proposal would be worse – it takes the ability of candidates to “choose” where they would like to work away from them – “distant appointment will have big impact on family, schooling and housing. It is the “un-measurable” soft benefits that after candidates that make a workplace/dept/hospital Flourish – we all talk about “identification”- “bonding” with the spirit of the place we work in. the HA pretends it is for the HA in general but we all know it is about bonding with individual hospitals which as we ...(Missing)

It will be rather unrealistic to believe that CCE from different clusters will have a fair assessment of a candidate they don't know or familiar with,

The decentralized system that exists now, although quite readily perceived as unfair by the unsuccessful candidate does ensure that the best candidate is selected for a particular job. Bringing in a candidate from another hospital/cluster who is not conversant with the requirements of the job would mean that he/she would have to be trained. This could be a major disadvantage. Also making appointments in according with success/waiting for could mean candidates being forced to take up posts that they would not normally wish to take up.

I vote against the new appointment system as I cannot see their points that the new system could assure a “fairer” play than existing one. Rather, the new system lacks of transparency. Unless central training/rotation and a revision on appraisal system are carried out. I can't see this new proposal is worth taking.

Proposed system down-player same and belonging.

Creative of more senior posts by upgrading with funding from whatever sources should be encouraged and should not be forbidden. As an union, PDA should take action to promote

the careers project of all doctors.

I don't agree that we have no idea or right to choose hospital to work in the full time.

Please withdraw the new proposal before it causes more trouble!

I really appreciate the way put the quoted reference here with asters. This allows people to because the paper on web again, especially for those who forgot to look at the paper beforehand.

The HAHO needs to take overall leadership/co-ordinate/facilitate in the organization promotion of senior staff for the long-term well being and the authority there and instance when unfasten do. They are by passed for frontier because of not ...the ...can't post. (No.55 page of PDF file 02)

To encourage competition, specialists from other regions be eligible for promotion.

5- The appeal computer should be plan more authority of the process of school be

6- Mandatory rather their voluntary.

Senior posts appointment should take account of candidate's clinical performance, dedication and results all through the years. Medicine is an of patient care >>please choose someone who really serves with their heart>>these standards of highest human spirit cannot be understood by "administrative animals".

The present system is functioning well. Transfer to other cluster still happen often.

Senior doctors with ample experience and not found to be bad doctors should be given the appropriate title not actually promoted. The number of senior doctors should be tied to the requirements in different hospital and not a fixed scale. e.g. more consultant/AC or needed in those hospital requirement his true and special skills. Experience of Candidate should be given a higher weight for selection.

I dislike the idea of not faking consideration of candidate preference in the matching process and that scoring is somewhere relative as HKCEE, HKAL rather than something. Capability and competence is an absolute quality and not charge with performance of other.

- 1) ACL kinds of assessment process introduce personal bias.
- 2) The new system process increased while human resource into the recruitment processes.
- 3) The fairest system should improve more emphasis or objective features such as year of graduation, areas of specialization etc.

It may be even simplified to think the central recruitment can store the problem of fairness. The main problem is not taking consideration of the wishes of the recruiting departments and the candidates.

Researches without innovation idea should not count at all during promotion exercise

otherwise doctors in small senior hospital are put to gross disadvantages.

HA should make changes to the current mo system which has no hierarchy according to seniority. It should adopt the British model (foreign registrar, junior registrar, senior registrar, etc) with different pay scale & degree of responsibilities otherwise they will keep losing doctors to private practice.

Lack of a well recognized objective tool to truly reflect the character a competency of a candidate in the proposed system.

New system is not a win-win-win system; new system should take into account the preference of department head, the applicant and the half in a fair manner.

New system is total nonsense.

Promotion of Staff from the same hospital or cluster is both sensible and logical. On the other hand, promotion of an outsider who may not be able to cope with the new environment or get along well with the 'well' colleagues is very detrimental to staff's morale and may promise patients' care.

