[Hong Kong]

Task Shifting

TSE Hung Hing*1

The WHO Perspective

At the June 2006 General Assembly High-Level Meeting in HIV/AIDS, United Nations Member States agreed to work towards the goal of "universal access to comprehensive prevention programmes, treatment, care and support" by 2010. However, it was found that one of the main constraints is the serious shortage of health workers, especially in low income countries, where HIV and AIDS are taking the greatest toll.

In August 2006, the World Health Organization (WHO) launched the "Treat, Train, Retain" plan to strengthen and expand the health workforce by addressing both the causes and the effects of HIV and AIDS on health workers.

The workforce crisis has no single cause. Public health care systems are not training and recruiting enough people. Then the pool of skilled workers is unevenly distributed, with high concentrations in urban areas and many working in the private sector rather than in public health care. WHO, in collaboration with the Office of the United States Global AIDS Coordinator (OGAC), has therefore launched the WHO/OGAC Task Shifting Project as a key contribution to the "Train" element of the "Treat, Train, Retain" plan.

The WMA Resolution 2009

At the General Assembly in New Delhi, India, October 2009, the WMA adopted a resolution on Task Shifting. The term "Task Shifting" is used to describe a situation where a task normally performed by a physician is transferred to a health professional with a different or lower level of education and training, or to a person specifically trained to perform a limited task only, without having a formal health education. Task shifting occurs both in countries facing shortages of physicians and those not facing shortages.

The Hong Kong Scenario

The population of Hong Kong by mid-2010 is about 7.06 million. The number of HIV positive cases in Hong Kong in 2009, according to government statistics, is 398 and the number of AIDS disease is 76. The number of registered medical practitioners in Hong Kong by August 2010 is 11,712 (1 doctor per 602 people). We have 2 medical schools with 320 graduates per year. We also have overseas graduates returning to Hong Kong to take the Licentiate Examination of the Medical Council of Hong Kong. In short, there is no overall shortage of registered medical practitioners in Hong Kong.

The healthcare service in Hong Kong is provided by the public sector (The Hospital Authority) and the private sector. About half of the medical practitioners are working in the public sector while the other half is working in the private sector. Yet the public sector is providing more than 90% of the hospital services while the private sector only provides less than 10% of the hospital services. This major discrepancy is the result of the prize differential between the 2 sectors. The public healthcare service is under huge subsidy from the government while the private healthcare service is mainly paid by out of pocket spending unless there is insurance coverage. For out-patient services, the private sector is providing about 70–80% of the market share. So there is an apparent shortage of doctors in the public system only.

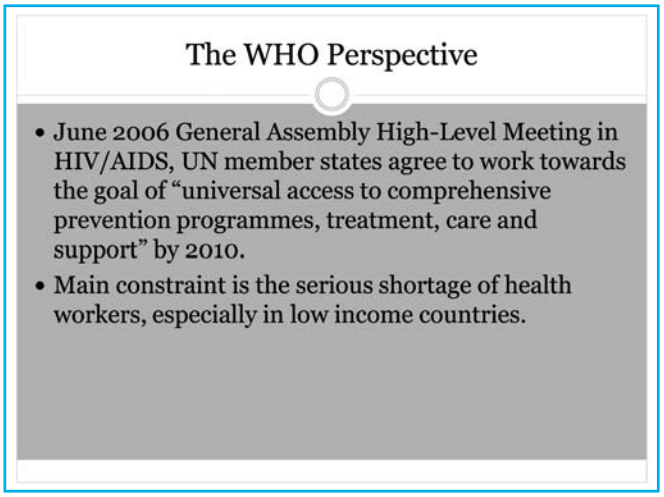
To solve this tremendous work load of the public sector, the administration of the Hospital Authority has been trying to "shift" some of the tasks from doctors. Typical examples like suturing of superficial wounds were done by nurses; allow-

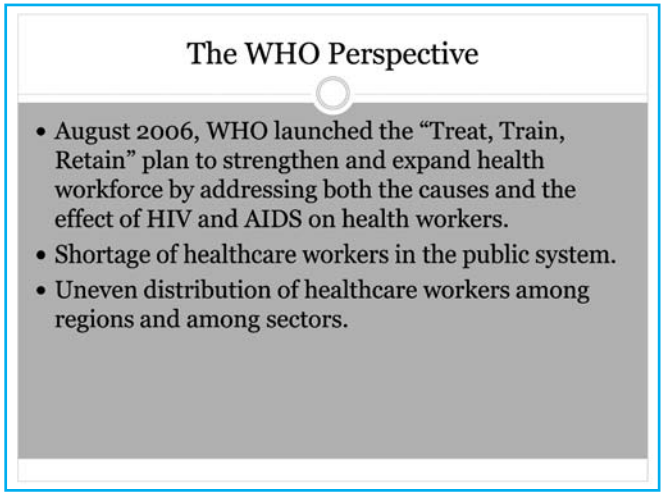
*1 Immediate Past President, Hong Kong Medical Association, Hong Kong (yvonnel@hkma.org).
This article is based on a presentation made at the Symposium themed "Task Shifting and Medical Profession" held at the 46th CMAAO Mid-term Council Meeting, Kuala Lumpur, Malaysia, on September 18, 2010.

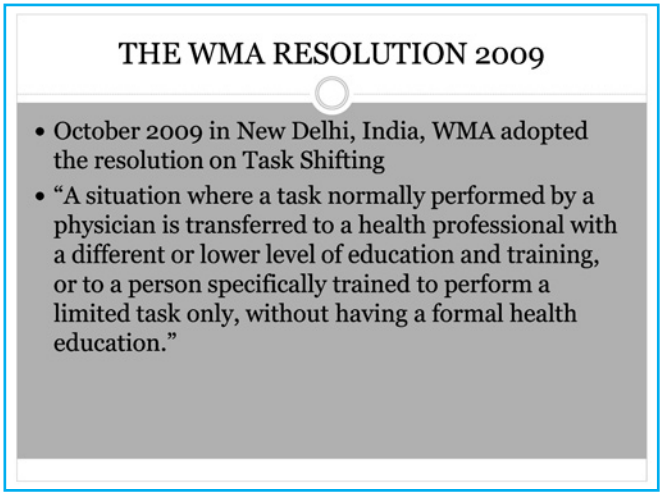
ing nurses to perform diagnostic protoscopy and sigmoidoscopy; follow up of psychiatric patients by nurses and vaccination of babies performed by some insufficiently trained persons. Last year, the Hospital Authority administration was planning to accept referrals from opticians to their ophthalmology specialist clinics. This was opposed by ophthalmologists from both the private and the public sector because that was in fact shifting the diagnostic role from primary care doctors to the opticians. Shifting the diagnostic role from doctors to insufficiently trained persons is particularly dangerous. Over diagnosis would further overload the workload of specialists while underdiagnosis is detrimental to patients.

In the history of development of healthcare service in China and Hong Kong, we have seen situations when healthcare services had been provided by persons who are insufficiently trained for the job. Typical examples included the "bare foot doctors" providing healthcare services in the rural areas of China during the Cultural Revolution. And in the early days in Hong Kong when there was a real shortage of doctors, resident doctors were required to do operations without adequate supervision.

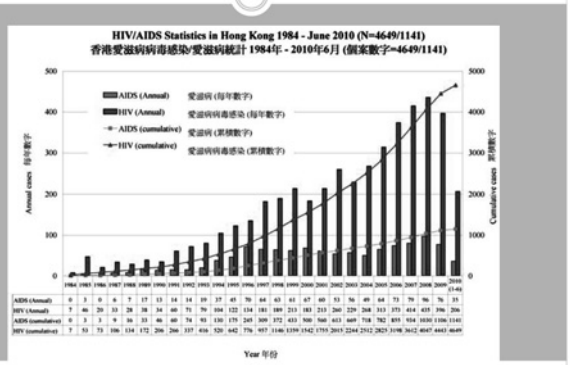
So "task shifting" is nothing new to us but should be something in history and definitely is not the way forward. The Hong Kong Medical Association is against "Task Shifting" when there is no real shortage of doctors. We believe there are other ways to solve the problem of uneven distribution of medical practitioners among different sectors or among different regions. We urged our government to buy services from the private market where there are excessive services available instead of delegating the role of doctors to non-doctors.







HONG KONG SCENARIO



HONG KONG SCENARIO

- Population (by mid-2010) 7.06million
- HIV positive cases – 398 in 2009
- AIDS disease – 76 in 2009
- Registered medical practitioners in August 2010 - 11,712 (1 doctor per 602 citizen)
- 2 medical schools, 320 graduates/year
- Overseas graduates returning to Hong Kong

HONG KONG SCENARIO

- 2 systems – public sector (the Hospital Authority) and the private sector
- Distribution of medical practitioners – 50% working in HA and 50% working in private
- Public system providing 90% of hospital services while private sector only 10%
- Outpatient service 70-80% provided by the private sector
- Apparent shortage of doctors in the public sector only

TASK SHIFTING IN THE PUBLIC SECTOR

- Suturing of superficial wounds done by nurses
- Allowing nurses to perform diagnostic prostoscopy and sigmoidoscopy
- Follow up of psychiatric patients by nurses
- Vaccination of babies done by insufficiently trained persons
- Accept referrals from opticians to ophthalmology clinics

HISTORY

- Task Shifting did occur during the development of healthcare service both in China and Hong Kong
- "Bare-foot doctors" during Cultural Revolution
- Operations done by resident doctors without adequate supervision

OUR VIEWS

- Task Shifting is nothing new but should be in history and not the way forward
- We are against "Task Shifting" when there is no real shortage of doctors
- Other ways to solve the problems of uneven distribution of doctors
- Buy services from the private market where there are abundant services available