

**Monitoring Committee on Implementation of the
SARS Expert Committee Report's Recommendations**

**Public Health Workforce Training for
Combating Communicable Diseases**

Purpose

The paper outlines the Government's plans to enhance the capacity of public health workforce on prevention and control of communicable diseases.

Background

2. The SARS Expert Committee, in its October 2003 Report, highlighted the problem of inadequate training in infection control and public health among health care workers. There was a special emphasis on training in clinical practice. The Committee noted a deficit at all levels, from primary training and undergraduate curriculum to continuing education. Even in public health services, there was a lack of field epidemiology and infectious disease control training, accreditation and experience.

Recommendations

3. The SARS Expert Committee considered that, in the long run, the Centre for Health Protection (CHP) would be ideally placed to play a leading role in public health education and training, with resources earmarked for this purpose. Specifically, the Expert Committee Report recommended -

- That the Government should give a policy commitment to public health training and ensure that priority is accorded in the allocation of resources (*recommendation 38*).
- That the Government, Hospital Authority (HA), universities,

training institutes, and private sector employers should ensure that all healthcare workers get basic and ongoing training in infection control and have an understanding of fundamental epidemiology and public health principles (*recommendation 39*).

- That the Department of Health (DH), HA and the universities should establish joint academic and clinical appointments of public health staff to work across the health and healthcare system (*recommendation 40*).

Progress

4. The CHP has taken some initial steps by working with stakeholders and training providers to coordinate an array of training initiatives. A summary of these initiatives to address certain imminent needs and a list of activities in hand is at **Annex**.

Advice of the Monitoring Committee

5. At the meeting of the Monitoring Committee held on 19 January 2004, the Government reported the enrollment of some 6,600 participants in training activities sponsored by the Training and Welfare Fund administered by the HA amounting to \$3.26Mn. Secondment arrangements for staff in field epidemiology and infection control have been worked out. Staff was sponsored to undertake post-graduate training in public health.

6. The Monitoring Committee considered that the Government should draw up a comprehensive workforce development plan engaging all partners and covering the training in public health and infectious disease control responsibilities of all disciplines working in DH, HA and the private and voluntary sectors. In particular, a workforce development plan for public health medicine should be developed and a workforce commissioning group should be established for developing a training strategy. A conceptual framework in this direction is outlined below.

A Framework for Public Health Workforce Development

Aims

7. The aims of developing a public health workforce development framework are –

- To ascertain, as a matter of urgency, the training needs of different sectors of the public health workforce in communicable disease prevention and control;
- To determine how the workforce-wide training needs can be met on an ongoing basis;
- To coordinate and mobilize multi-sectoral support in meeting identified training needs for the purpose of preventing, containing and resolving disease outbreaks or incidents of public health significance; and
- To monitor and review the overall training progress and effectiveness.

Who should be trained

8. For the purpose communicable disease prevention and control, the workforce can be divided into three tiers, comprising *specialists*, *practitioners* and *collaborating partners*. *Specialists* are experts in a specific professional domain who could be at scientific, managerial and/or strategic levels. Medical specialists in microbiology, public health (including epidemiology), and clinical infectious disease; specialists in clinical nursing, infection control or outbreak investigation; and laboratory scientists belong to this category. *Practitioners* are those qualified professional/technical personnel participating regularly in health protection work under the supervision of specialists. They include the main bulk of doctors, nurses, Chinese medicine practitioners, pharmacists, dentists and laboratory staff. *Collaborating partners* generally refers to non-health personnel including social workers, teachers and volunteers who provide personal services and who play an important role by supplementing the work of health professionals in infection control and disease prevention.

Why training is needed and on what

9. *Specialists* possess the state-of-the-art knowledge and expertise in field epidemiology, infection control, laboratory diagnosis and clinical disease management, and are pivotal in upholding high standards of disease prevention, response and control. Their training is best facilitated by the relevant Academy Colleges which stipulate the core competencies for trainees and fellows, the CHP and service providers (e.g. HA) where the expertise lies. To address the deficiency of field epidemiology and infectious disease control experience among local public health professionals, the CHP has engaged an overseas field epidemiology trainer to develop a local programme to rapidly enhance such skills among selected CHP staff as a starting point. The local programme will develop trained epidemiologists while at the same time provide opportunities for community medicine trainees to develop the competencies necessary to complete professional examinations for Fellowship of the Hong Kong College of Community Medicine.

10. *Practitioners*, be they working in the public or private sector, are the best gatekeepers to guard against communicable diseases. They are well versed in public health and epidemiology principles, maintain high standards of infection control in daily practice, raise awareness of unusual patterns of diseases, make prompt notifications, and provide effective and timely treatment, where appropriate. At times of crises, they constitute as an effective buffer to cater for surge capacity by assisting in the implementation of public health control measures. For this group of workers, basic training (pre-registration) and structured update series (continuing education) in infection control, diseases surveillance, recognition and notification, clinical management and contingency response should be provided. Service providers (HA, DH and private hospitals), professional organizations and academic institutions play a key role in coordinating and delivering these training programmes.

11. *Collaborating partners* with basic concepts and skills in infection control are able to maintain infection-free and health-promoting living and working environments for their staff and clients. Examples of these settings are schools, elderly homes, beauty parlours, etc. The training should focus on infection control, recognition of common infections encountered in their settings, notification mechanisms and reliable sources of health advice and educational/resource materials.

Formation of a Workforce Working Group

12. Apart from the training and development efforts initiated by the CHP, DH sees a need to strengthen public health education and training on a broader front in collaboration with the Hong Kong College of Community Medicine (HKCCM) as well as local and overseas universities. DH proposes to set up a Public Health Workforce Working Group to be chaired by the Director of Health with members drawn from the HKCCM, HA, the private medical sector, academic institutions and other professional associations/groups.

13. The key priority of the Working Group will be to develop and monitor the implementation of a Hong Kong-wide public health workforce strategy that addresses public health development priorities and is capable of meeting practitioner, industry research and public health policy needs. The strategy will take into account public health goals and objectives, current and emerging needs as well as system capability and preparedness. The strategy will guide development, coordinate implementation of training programmes and monitor the needs and the competency standards of the workforce and training outcomes. More importantly, it will make recommendations regarding educational funding. A longer term vision of the Working Group is to develop mechanisms by which public health workforce needs and priorities for development could be systematically analysed to guide policy decisions in training activities.

Advice Sought

14. The Monitoring Committee is invited to comment on the proposed approach to enhance public health workforce capacity for Hong Kong.

Centre for Health Protection
Department of Health
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Health Protection Workforce Development for CD Prevention and Control in Hong Kong

Workforce		Current training & guidelines	Enhancements	Main Driver	Progress	
Specialists	Medical	◆ Public health	Guidelines issued by Academy Colleges	1. FETP for selected CHP staff	◆ CHP	To start in 2004Q4
		◆ Microbiology		2. All new trainees to undergo ID training	◆ HKCCM	To start in 2005Q1
		◆ Clinical management		3. Integration of ID into specialist training	◆ HKCP ◆ HKCPath ◆ HKCPaed	Under discussion Under discussion Under discussion
	Nursing	◆ Infection control	◆ Structured training	4. Enhanced training through IDTWF	◆ HA	Ongoing
		◆ Outbreak control	◆ In-service training	5. Structured training in outbreak control	◆ CHP	To be explored
		◆ Clinical management	◆ Structured training	6. Enhanced training through IDTWF	◆ HA	Ongoing
	Laboratory		◆ Commissioned & overseas training	7. Advanced learning & overseas attachments	◆ CHP	Ongoing
Practitioners	Doctors, Nurses, Laboratory staff, Dentists, Pharmacists, Chinese medicine practitioners and other health personnel	◆ University pre-registration training	8. Strengthened medical curriculum	◆ Universities	To be discussed	
		◆ In-service training	9. Enhanced nursing syllabus	◆ Medical/Nursing Council	To be discussed	
			10. Enhanced CME, CNE & CPD in public sector	◆ HA /DH/CHP	Ongoing	
			11. Enhanced CME, CNE & CPD in private sector	◆ Professional bodies/CHP	Ongoing	
Collaborating partners	◆ Volunteers ◆ Teachers & child care workers ◆ Elderly home carers ◆ Others e.g. media, trades, social workers	Ad hoc talks	12. Training of AMS health protection teams	◆ CHP	Ongoing	
			13. Network of contact persons in schools & CCCs	◆ CHP	Network developed	
			14. Training of Infection control officers in OAHs	◆ DH/CHP	Ongoing	
			15. Structured briefings, seminars, workshops	◆ CHP	Being planned	

DH = Department of Health

CHP = Centre for Health Protection

FETP = Field Epidemiology Training Programme

ID = Infectious disease

IDTWF = Infectious disease training & welfare fund