

Position Paper on the Creation of Healthcare Practitioner Rank for long term residential care services in Hong Kong

Participants:

- 1) Prof Sylvia Fung Yuk Kuen Chairlady, Hong Kong Academy of Nursing (HKAN)
- 2) Prof Angela Leung Yee Man Advisor, Hong Kong College of Community and Public Health Nursing
- 3) Ms Kathy Cheung Yuk Hung President, Hong Kong College of Community and Public Health Nursing
- 4) Ms Ellen Ku Wai Yin President, College of Nursing, Hong Kong
- 5) Mr Tse Kin Keung Chairman, Association of Hong Kong Nursing Staff (AHKNS)
- 6) Ms Ellice Leung Sze Wai Education Officer, AHKNS
- 7) Ms Joyce Yip Wai Man Nursing Officer, Hong Kong YWCA

1 Introduction

- 1.1 Hong Kong's ageing population is driving escalating long-term care demand for residential care services and workforce capacity. **Long-term residential care** in Hong Kong presents intense and looming demand, meaningful resident-centred work, and clear need to strengthen the care-home workforce. These involve complex resident needs, regulatory responsibilities, workforce pressure, and the need for clearly defined role boundaries.
- 1.2 **Staffing needs** in long-term residential care of Hong Kong, is challenging particularly in residential care homes for older persons and related care services. **Recent policy work** in Hong Kong has highlighted the need to strengthen health and rehabilitation manpower in residential care homes, including proposals for a new **Health & Care Practitioner rank**. Whether benefits outweigh the risks depend on multisectoral collaboration and a well thought-out framework for practice.

2 Situational Analysis – for Hong Kong

- 2.1 **Residential care within the wider long-term care system:** Residential care is an integral part of Hong Kong's broader long-term health care system, alongside community care and social support services. Conditions of many residents fluctuate from time to time, sometimes unpredictably. This warrants a shift in the level of care accordingly.

- 2.2 **Need for staffing strategies:**

Workforce shortages and retention pressure: Care homes struggle to recruit and retain qualified staff, thereby increasing workload pressures on remaining teams.

2.2.1 **Sector sustainability:** Improving the practice environment of the residential homes such as health technologies and care appliances to enhance work efficiency and occupational safety, also coupled with the long-term development of the care home sector to attract new staff.

- 2.2.2 **Staffing flexibility:** Extending the capabilities and roles of staff for comprehensiveness of practice for easy staff deployment. Moreover, staff who can respond to both health-related and day-to-day personal care needs in a practical, resident-centred manner could achieve higher job satisfaction.
- 2.2.3 **Continuity of care** in long-term residential care setting requires staff to build ongoing relationships with residents and support daily wellbeing, rehabilitation, and chronic disease management as well as to enable early detection of abnormalities or deterioration. A stable workforce is essential.
- 2.3 **Upskilling and competency challenges:** Sustainable workforce development depends on clear competencies, progression routes, and retention measures.
 - 2.3.1 **Broad skill set:** The health-social model of care requires a blend of clinical observation, personal care, medication-related care, infection control, communication, and care coordination.
 - 2.3.2 **Career progression potential:** Policy discussions in Hong Kong increasingly support clearer training pathways and progression routes for staff in residential care homes. These are requisites for sustainability and future development of long-term residential care sector.
 - 2.3.3 **Interdisciplinary practice:** Residential care depends on close collaboration among nurses, doctors, therapists, care workers, and social care staff. Trans-professional / trans-discipline skill training and transfer is the key to successful integration of care to residents.
- 2.4 **Regulatory framework:** Residential care homes for older persons operate under licensing and regulatory requirements of Social Welfare Department, including staffing and service standards.
 - 2.4.1 Residential care homes must meet **Regulatory and compliance requirements**, including licensing, staffing, documentation, and quality requirements.
 - 2.4.2 **Well-designed cross-sector / transdisciplinary role framework** with care protocols for skill transfer and practice boundary for referral and professional coverage can help homes deploy staff more efficiently while maintaining care quality and resident safety.
- 2.5 **Implementation cost:** Introducing a new rank or revised staffing model may require investment in training, supervision, pay structures, and governance. The course of action should be incremental with PDCA (Plan-do-check-act) model to build up confidence of staff and safeguard safety of residents.

3 Key risks and challenges

3.1 Patient Safety Risks

Increased complexity and prevalence of pathological condition due to longevity. Unpredictability and rapid deterioration of physiological conditions of residents

High care complexity: Residents often present with frailty, cognitive impairment, multiple chronic conditions, and rehabilitation needs.

- 3.1.1 Injury or trauma during procedures
- 3.1.2 Medication or treatment errors
- 3.1.3 Complications from improper technique
- 3.1.4 Increased risk of infection

3.2 Professional Competency Risks

Weak supervision, unclear delegation, or insufficient training may affect medication handling, monitoring, infection control, and emergency response.

- 3.2.1 Inadequate training or clinical experience
- 3.2.2 Variations in skill level among practitioners
- 3.2.3 Lack of ongoing competency assessment

3.3 Legal and Regulatory Risks

3.3.1 Regulatory recognition: The training, regulation and legislation governing supporting health care workers at residential care homes is currently under the Social Welfare Department, the newly proposed Healthcare Practitioner rank would undertake nursing tasks at a higher practice level especially if it is classified as a nursing category. There would be blurring or ambiguity of regulatory practice.

- Unclear scope of practice
- Professional liability in case of adverse outcomes

3.3.2 Role ambiguity: If a new practitioner rank is not clearly defined, overlap with nurses, health workers, care workers, or allied health staff may create confusion.

- Risk of breaching Hong Kong healthcare regulations or institutional policies

3.4 Ethical Risks

3.4.1 Public and sector understanding: the operators, residents, families, and staff understand what the role is and why it is needed.

- Concerns over patient dignity and informed consent
- Delegation of tasks beyond competence
- Balancing service efficiency with patient welfare

3.4.2 Ethical and dignity considerations: Practice should support residents' dignity, privacy, advocacy, and person-centred care.

3.5 Organizational Risks

- 3.5.1 Insufficient supervision and support

- 3.5.2 Lack of clear protocols or guidelines
- 3.5.3 Poor communication within multidisciplinary teams

3.6 Workforce and System Risks

Emotional strain and burnout: Staff may face sustained stress related to end-of-life care, dementia care, family communication, and residents with high dependency needs.

- 3.6.1 Staff shortages leading to task shifting
- 3.6.2 Increased workload and burnout
- 3.6.3 Pressure to use less qualified staff to fill service gap

4 Risk mitigation: relationships and interprofessional practice

To mitigate risks in **long-term residential care**, particular attention should be paid to working relationships and interprofessional practice within residential care homes.

4.1 **Clear role descriptions, and transparent lines of accountability** can reduce confusion and boundary disputes among nurses, healthcare practitioners, health workers, care workers, therapists, and medical staff. Early consultation with relevant disciplines, managers, and operators can strengthen legitimacy and improve acceptance of the role.

4.2 Clarifying **Scope of Practice**

Shared protocols, regular case communication, and practical training can further support mutual understanding, coordinated care, and safe escalation of resident needs. These measures help prevent duplication, role encroachment, and operational conflict while promoting resident safety, team cohesion, and effective service implementation. Agreed scopes of practice should include:

- 4.2.1 Clear legal and professional boundaries
- 4.2.2 Defined delegation protocols
- 4.2.3 Role descriptions within institutions

4.3 **Regulatory Framework** for Competence

The competence standard of these practitioner under this portfolio should be regulated by the Nursing Council or a conjoint committee under these 2 jurisdictions to address nursing care incidents or under-performance..

4.4 Addressing **High Risk Procedures**

4.4.1 Definition of invasive nursing tasks

Examples of invasive nursing tasks

- catheterization
- wound care procedures
- injections
- tube feeding
- suctioning

- 4.4.2 Delineate conditions under which invasive nursing tasks may be safely delegated, and back referral to professional staff such as nurses, doctors and allied health professionals.
- 4.5 Enhancing Supervision and Governance
 - 4.5.1 Direct oversight by registered nurses or physicians
 - 4.5.2 Incident reporting and audit systems
 - 4.5.3 Institutional guidelines and quality assurance
- 4.6 **Building a Competency framework**
 - 4.6.1 Building up the framework with clearly defined elements including required qualifications, training, and assessed competencies.
 - 4.6.2 **Credentialing & re-certification** should be established.
 - 4.6.3 **Quality-assured training programme** conducted and delivered by training institutions providing QF Level 5 nursing education.
- 4.7 Improving Patient Safety Measures
 - 4.7.1 Use of evidence-based protocols
 - 4.7.2 Limitations and contraindications for high risk procedures
 - 4.7.3 Documentation and monitoring of procedures
- 4.8 Addressing System-Level Issues
 - 4.8.1 Better workforce planning especially on supervisory ratio
 - 4.8.2 More training support for long-term care services
 - 4.8.3 Clear credentialing requirement for invasive/high risk procedures
 - 4.8.4 Reducing over-reliance on task shifting

5 Suggested implementation strategies

This focuses on **putting the proposal into practice effectively.**

- 5.1 **Define the care role clearly:** Set out title, purpose, qualifications, core duties, and limits of practice. **Operational clarity** should be assured for managers and frontline supervisors to clearly allocate tasks, supervision, and accountability. The **scope and limits of “nursing procedures”** for this new rank of staff must avoid unnecessary overlap or conflict with nurses or other healthcare professions. The role should strengthen residential care services without blurring legal authority, clinical responsibility, or professional identity.
- 5.2 **Scope of permitted practice:** Duties must be clearly limited to what the role is trained, authorised, and supervised to perform in residential care settings. There should be **distinction from existing roles.** This role should complement, not replace or confuse, nurses, health workers, care workers, therapists, and medical staff.
- 5.3 **Delegation and accountability:** Responsibilities, reporting lines, and supervisory arrangements must be explicit. The arrangement must not create uncertainty over high risk procedures such as intra-muscular injection, urinary catheterization, renal dialysis, restraint, or emergency response, etc.
- 5.4 **Link the role to residents’ needs:** Align the role with frailty care, chronic disease support, dementia care, rehabilitation support, and daily care needs in

homes. The role should be integrated into staffing models used and **fit the operations** in residential care homes without major disruption

- 5.5 **Develop competency and training standards:** Competency enhancement with structured education and practical assessment should be created.
- 5.6 **Career progression ladder** should be defined and made accessible with **training or bridging pathways** for existing care workers or health workers
- 5.7 **Defined cross-sector regulatory and governance arrangements:** Clarify registration, credentialing, supervision, documentation, risk management, and accountability requirements.
- 5.8 **Pilot in selected residential care homes:** Test the model in a limited number of settings before wider rollout.
 - **Potential workforce supply:** There should be adequate potential recruit from the market and/or retention of enough long-term care workers to make the role viable at scale.
- 5.9 **Evaluate service outcomes:** Assess resident safety, quality of care, staff retention, role clarity, and operational efficiency.
- 5.10 **Support retention and career development:** Build progression opportunities so the role contributes to a more sustainable long-term care workforce.

6 Conclusion

- 6.1 Establishing a healthcare practitioner post for **long-term residential care** aims to increase accessibility of higher technical care to residents. However, the enhanced model requires a **clear link to residents' needs and staff's capabilities,**
- 6.2 The enhancement of duties must be supported by **defined competencies for skill transfer, operationally workable referral system for residential care homes, and governed by clear professional scope of practice and accountability.**
- 6.3 The main risks include **role ambiguity, lack of safety protocol inability to screen out safety concerns, and regulatory gap to address under-performance.**
- 6.4 Successful implementation depends on **clear role design and safety framework, competency-based training with credentialing system, complexity triaging with adequate supervision and appropriate delegation** as well as **ongoing evaluation and quality assurance.**