

For discussion  
on 27.2.2001

**LegCo Panel on Health Services Meeting  
to be held on 27 February 2001**

**Working Hours of Public Hospital Doctors**

**Purpose**

This paper briefs members on the progress made by the Hospital Authority (HA) in addressing the issue of long working hours of public hospital doctors, including the outcome of the review on doctors' working hours conducted by the Working Group on Work Hours of Doctors.

**Review on Working Hours of HA Doctors**

2. HA established a Working Group on Work Hours of Doctors in April 2000 to examine and review the working hours of HA 僱 doctors, and to recommend measures for improvement. The Working Group is chaired by the Chief Executive of HA, with HA 僱 senior executives, Hospital Chief Executives, and representatives from all ranks of frontline doctors as members. The Working Group completed its Report on Doctors' Working Hours in HA Hospitals in November 2000.

3. During the course of the review, HA Head Office executives maintained active dialogue with Hospital Chief Executives, Chiefs of Service as well as frontline doctors with a view to identifying ways to bring about improvements. The Chief Executive of HA attended more than ten cluster-based forums and exchanged views with frontline doctors and representatives of doctors' associations from 24 hospitals. The issue of working hours was also extensively discussed at the management meetings between the Chief Executive of HA and Hospital Chief Executives/Chiefs of Service of hospitals. HA Head Office executives participated in formal meetings and informal discussions with the frontline doctors and representatives of doctors' associations in each hospital to ensure adequate follow-up of the working hour

issue at the hospital level.

4. Taking into account the views expressed by all parties and following deliberations by the Working Group, the following common bases have been reached for tackling the problem of long working hours of public hospital doctors :

(a) Guiding Principle

The guiding principle is that patient care must come first irrespective of how doctors' duties are structured. That said, HA's management also recognises the importance to provide staff with appropriate rest and adequate training.

(b) Overseas Experience

Long working hours of doctors in-training is a longstanding problem encountered by the medical profession worldwide. Different countries and regions have issued guidelines or directives on doctors' working hours, which include, among others, setting a limit on on-call frequency or working hours per week. Such an approach however arouses concern pertaining to its impact on the continuity of patient care and a doctor's training with regard to teaching time allocation and the trainee's ability to learn from clinical duties. HA will closely monitor overseas practices in addressing the issue of doctors' long working hours and consider how such overseas practices could be applied in the local context.

(c) On-call Frequency

Arrangements should be made to ensure that doctors' on-call frequency should not be more than once in every three days.

(d) Statutory Holidays

In accordance with the requirements under the Employment Ordinance, doctors who perform on-site on-call duties during statutory holidays should be provided with compensatory off.

(e) Excessive Continuous On-call Hours

Where permissible, time-off should be arranged for doctors who have worked excessive continuous on-call hours. A rest period of four hours is recommended during a continuous stretch of on-call work.

(f) Rest Day

The Employment Ordinance stipulates that employees should be given one rest day every seven days. That said, the law allows employees to work on a rest day voluntarily. Individual hospitals should work towards the granting of rest days through re-arranging work duties and designing on-call roster and duty list flexibly to balance service needs and training requirements. Departmental management should involve frontline staff in working out on-call roster and duty list acceptable to staff.

(g) Manpower

More doctors would be recruited in 2001 and 2002 to alleviate doctors' workload in pressure areas.

**Allocation of Additional Doctors to Alleviate Workload**

5. To alleviate the workload of doctors, HA recruited 288 new doctors in July 2000 and another 24 new doctors in January 2001. As a result, the total number of doctors in HA increased by 6.4%. Departments with a net gain of doctors have been asked to deploy these additional hands to address the workload and working hour issue.

**Audit Review on Doctors' Working Hours**

6. In May 2000, HA 僱 Group Internal Audit conducted another audit on the working hours and work schedules of interns and medical officers in 13 major acute hospitals. The purpose of the audit was to identify the specialties and hospitals with the longest working hours and measures taken to alleviate doctors' workload. A follow-up survey was conducted in August 2000 to assess the effects of the deployment of additional doctors recruited in July 2000. The audit findings are summarized in paragraphs 7 to 9 below.

### *Working Hours of Doctors*

7. The audit revealed wide variation in doctors' working hours in different specialties and hospitals. For medical officers, the median normal working hours per week (excluding on-call hours) varied from 34 in Anaesthesia to 54 in Surgery. The on-call hours per week (including rest hours if any) ranged from 9 in Radiology to 41 in Neurosurgery. For interns, the median normal working hours per week (excluding on-call hours) varied from 49 in Medicine to 55 in Surgery. The median on-call hours per week (including rest hours if any) ranged from 35 in Obstetrics & Gynaecology to 42 in Medicine.

### *Measures Taken by Departments to Alleviate Doctors' Workload*

8. Some departments have implemented the following practices which could help reduce the working hours of doctors :

- (a) combining calls for doctors of different subspecialties to reduce the number of staff required for on-call duty, and hence, the call frequency of doctors;
- (b) flexibly adjusting the length of on-call hours to better match the number of staff on-call with the workload during peaks and troughs to reduce the overall on-call hours required;
- (c) rationalizing workload among doctors to reduce working hours, including requiring on-call doctors to conduct evening ward rounds and handing over patients to on duty doctors during weekends;
- (d) assigning different doctors for the morning ward round and for the operating theatre or the outpatient clinics to better manage work schedules of doctors;
- (e) giving post-call compensatory off to doctors at less busy times; and
- (f) giving Saturday off to doctors who have to work on-call on Sunday.

It should however be noted that the above practices may not be applicable to departments across-the-board in view of different operating environments.

### *Follow-up Survey Conducted in August 2000*

9. The survey revealed that with the addition of 288 new doctors in July 2000, positive improvements were observed in most departments where there was net gain in doctors. For example, 17 departments managed to reduce the weekly working hours of doctors by one to seven hours and 16 departments had reduced the on-call frequency of doctors. The majority of the departments were able to comply with the statutory holiday compensation requirement, and more doctors could have rest days.

### **Experience Sharing**

10. Four sharing sessions were organized in November and December 2000 for all Hospital Chief Executives and Chiefs of Service to share experience in addressing the workload problem having regard to the understanding reached in paragraph 4.

### **Way Forward**

11. HA is committed to tackling the issue of long working hours, and progress has been made in the past months to address the issue. There is however a need to strike a balance between improved working condition of doctors against patient care, professional standards and adequacy of training. The nature of hospital operation requires provision of round-the-clock hospital services for patients. The culture and tradition of the profession have also to be taken into account. In view of the complexity of the issue, a gradual approach has to be adopted.

12. The Working Group on Work Hours of Doctors has proved to be a useful forum to exchange views among different levels of management and frontline doctors, coordinate improvement initiatives and monitor progress made on the long working hour issue. The Working Group will continue its work on the working hour issue and serve as a forum for all ranks of doctors to share their views. HA Head Office executives will continue to maintain active dialogue with individual clinical departments to obtain direct feedback on frontline issues and to facilitate the implementation of different measures to alleviate the workload of doctors. To ensure that the long working hour issue would be appropriately taken forward at hospital level, HA will incorporate the following targets in its 2001/02 Annual Plan for all hospitals to follow :

- (a) On-call Frequency - Doctors should be on-call no more than once in every three days.
- (b) Statutory Holiday – Compensation for statutory holiday would be provided in accordance with the Employment Ordinance.
- (c) Excessive Continuous Hours of Work and Rest Day – Individual hospitals should enhance their communication mechanisms between managers and staff with regard to the arrangement for weekly rest days, and the provision of appropriate rest after a stretch of excessively long working hours.
- (d) Additional Doctors – At least 270 new doctors would be recruited annually in 2001/02 and 2002/03 to further address pressure areas in different public hospitals.
- (d) Managing Demand – Various targets will be set in the HA Annual Plan to manage the increase in service demands and alleviate doctors' workloads.

Progress made will be monitored through regular management meetings.

### **Advice Sought**

13. Members are invited to note the progress made by HA in addressing the long working hours issue.

Health and Welfare Bureau  
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