

立法會
Legislative Council

LC Paper No. CB(2)1031/01-02
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

LegCo Panel on Health Services

Minutes of meeting
held on Monday, 14 January 2002 at 9:00 am
in Conference Room A of the Legislative Council Building

Members Present : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Chairman)
Dr Hon LO Wing-lok (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP
Hon Tommy CHEUNG Yu-yan, JP
Hon Michael MAK Kwok-fung

Member Absent : Hon CHAN Kwok-keung

Public Officers Attending : All items
Mr Thomas YIU
Deputy Secretary for Health and Welfare

Miss Joanna CHOI
Principal Assistant Secretary for Health and Welfare

Mr Nicholas CHAN
Assistant Secretary for Health and Welfare

Dr W M KO
Director (Professional Services & Public Affairs)
Hospital Authority

Item III

Dr S H LIU
Senior Executive Manager (Professional Services)
Hospital Authority

Item IV

Ms Nancy TSE
Director (Finance)
Hospital Authority

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Date of next meeting and items for discussion
(LC Paper No. CB(2)852/01-02(01))

Members noted a list of agenda items proposed by the Administration for discussion by the Panel from February 2002 to July 2002 set out in the Appendix to the paper, and did not raise any query.

2. Members agreed to discuss the following items at the next meeting to be held on 4 February 2002 at 8:30 am -

- (a) Preventive programmes of the Department of Health; and

(b) Medical Council's reform proposals.

3. Mr Michael MAK enquired when the Administration would be in the position to discuss the issue of privately purchased medical items proposed by Mr LAW Chi-kwong in the previous legislative session. Deputy Secretary for Health and Welfare (DSHW) replied that the issue would be covered under the item of fees restructuring scheduled for discussion sometime between March and July this year. Dr LO Wing-lok said that it would be useful if the Administration could provide the criteria for determining the types of medical items which had to be purchased by patients and measures to assist patients who could not afford such for discussion then.

II. Proposed visit to Tung Wah Group of Hospitals Kwong Wah Hospital - The Chinese University of Hong Kong Chinese Medicine Clinical Research and Services Centre

(LC Paper No. CB(2)852/01-02(02))

4. Referring to the letter from the Tung Wah Group of Hospitals inviting Members of the Legislative Council to visit its service centres in January or February 2002, the Chairman sought members' view as to whether they were agreeable to visit the Tung Wah Group of Hospitals Kwong Wah Hospital - The Chinese University of Hong Kong Chinese Medicine Clinical Research and Services Centre. Members agreed that the clerk should fix a date for the visit.

III. Working Hours of Public Hospital Doctors

(LC Paper No. CB(2)852/01-02(03))

5. At the invitation of the Chairman, Director (Professional Services & Public Affairs), Hospital Authority (DHA) briefed members on the Administration's paper which detailed the progress made by the Hospital Authority (HA) in addressing the issue of long working hours of public hospital doctors.

6. Mr LAW Chi-kwong said that the Administration's paper failed to give any concrete information on how well the problem of long working hours of public hospital doctors had been tackled, as it merely stated that the weekly working hours of doctors in eight of the 11 departments with the longest working hours recorded in the previous audit had reduced by one hour to 24 hours per week. In the light of this, Mr LAW requested HA to provide the results of the audit survey on the working hours of doctors in 11 major hospitals conducted in August 2001. Mr LAW further said that HA should set a limit on the working hours for doctors,

so as to better gauge the effectiveness of its measures to alleviate the workload of doctors. Noting that 312 and 303 doctors had been recruited by HA in 2000-01 and 2001-02 respectively, Mr LAW enquired whether these figures represented a net gain of doctors to alleviate the workload of doctors or included replacements of doctors who had left the employ of HA.

7. DHA responded that with additional doctors provided, the weekly working hours of doctors had generally been reduced. For example, one department had managed to reduce the weekly working hours of its doctors from 110 hours to 86 hours. DHA, however, pointed out that such significant improvement could not be achieved by all departments. This was because the smaller the number of doctors a clinical department had, the more room it could have in terms of reducing the weekly working hours of its doctors. To give members a clearer picture of the existing situation of the working hours of public hospital doctors, DHA agreed to provide members with more findings of the recent survey on doctors' working hours after the meeting.

8. As to the suggestion of setting a limit on the working hours for doctors, DHA said that this was not workable because the service needs of different specialties were varied and that demand for hospital services was outside the control of HA. DHA further said that reducing the working hours of doctors was only one aspect of addressing the issue of long working hours of doctors. It was more important to give doctors compensatory off for working during statutory holidays and grant them rest days as required by the Employment Ordinance, as well as providing them with appropriate rest periods after working excessively long hours. Following the implementation of a series of measures to alleviate the workload of doctors as detailed in paragraph 2 of the Administration's paper, noticeable improvements had been made not only in reducing the weekly working hours of doctors, but also in the compliance of compensatory off for statutory holidays and provision of rest days, in the reduction of on-call frequency and in the increase of post-call compensation as detailed in paragraph 3 of the paper. DHA assured members that HA would continue to closely monitor the working hours of doctors through regular management meetings between the Chief Executive of HA and the Hospital Chief Executives, and regular reports on the granting of rest days and compensatory off, and on-call frequency submitted by individual hospitals. Departments would be encouraged to re-organise their work and schedule their duties to relieve frontline doctors from excessively long hours.

9. As regards the question as to whether the 312 and 303 doctors recruited by HA in 2000-01 and 2001-02 respectively represented a net gain of doctors or otherwise, DHA clarified that these figures included doctors recruited to fill the vacancies of those who had left the employ of HA and to provide new services. DHA however pointed out that although he did not have the figures on hand, the

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great majority of new doctors were deployed to alleviate the workload of doctors as the wastage rate of doctors had dropped to only around 2% in recent years. At the request of Mr LAW Chi-kwong, DHA undertook to provide members with a breakdown of the number of new doctors recruited in the past two years to alleviate the workload of doctors and to replace doctors who had left the employ of HA.

10. Mr LAW Chi-kwong said that providing members with partial findings of the audit survey was not satisfactory, and urged that the complete findings of the audit survey be provided. If these findings were meant to be kept confidential, members would keep them to themselves. Despite the practicable difficulties of setting a limit on the working hours for doctors highlighted by DHA in paragraph 8 above, Mr LAW nevertheless considered it necessary to have such a limit in place as a guideline rather than a rule to follow for safeguarding the interests of doctors and ensuring service quality. DHA agreed to consider Mr LAW's request of providing the complete findings of the audit survey to members. As to the question of setting a limit on the working hours for doctors, DHA reiterated that such an approach was not workable as there was a need to strike a balance between improved working condition of doctors and patient care, professional standards, and adequacy of training. The nature of hospital operation required provision of round-the-clock hospital services for patients. In addition, the training need of the profession had also to be taken into account. In view of the complexity of the issue, a gradual approach had to be adopted.

11. Ms LI Fung-ying expressed concern that HA still failed to fully comply with the Employment Ordinance by providing doctors with one rest day every seven days, and enquired whether HA had the intention to do so, and if so, when. Noting that the total number of doctors in HA had increased by 12% since March 2000, Ms LI further enquired whether there had been a corresponding increase in the number of patients since then and whether some of the 615 additional doctors recruited in the past two years were hired for the provision of new or enhanced services, and if so, how many.

12. DHA responded that it had always been HA's intention to fully comply with the statutory requirement of provision of one rest day every week. DHA pointed out that as a result of the provision of additional doctors in the past two years, 60% of the 90 departments audited could grant one rest day every week to medical officers/residents and a further 32% could grant some form of rest days, such as granting rest days to doctors once very other week, or granting rest days to all doctors except those on Sunday calls. The situation for interns had also improved, with 20% of the 44 departments granting one rest day every week and a further 34% granting some form of rest days. This was a significant

improvement compared with the results of the previous audit, where only 18% of these departments could grant any form of rest days to interns. DHA explained that the reason why granting one rest day every week for all doctors could not be fully achieved thus far was because to do so would entail a significant increase in the number of doctors within a short period, which was not feasible. Notwithstanding, DHA assured members that granting all doctors one rest day every week was an area on which HA was now focussing. DHA further said that unlike the provision of compensatory off for statutory holidays which must be strictly adhered to, there was a flexibility in the provision of rest day as the law allowed employees to work on a rest day voluntarily. Despite such, HA would not exploit such a provision by relying on doctors to work on a rest day voluntarily or not providing them with day off if they had to work on a rest day.

13. Ms LI Fung-ying disagreed with DHA's views that the law allowed employees to work on a rest day voluntarily. To her understanding, it was stated explicitly in the Employment Ordinance that employees must be given one rest day every seven days, although the provision of rest day did not have to be on a Sunday. Ms LI also pointed out that in the present economic climate, most employees did not dare to turn down their employers' requests to work on a rest day. DHA responded that he would seek legal advice to ascertain whether the Employment Ordinance allowed the employers the flexibility to grant rest days to their employees outside every week if employees accepted other forms of rest days.

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14. Mr Michael MAK agreed with Ms LI Fung-ying's view on the provision of rest day. Mr MAK then raised the following questions -

- (a) What was the longest working hours recorded in the audit survey and whether any audit had been made on the impact of such long working hours on the performance of the doctors concerned;
- (b) Whether the increase in the number of doctors to alleviate the workload of doctors was made at the expense of other health care personnel, having regard to the facts that government funding to HA would be capped and patients' demand for health care services in the public sector continued to be on the rise; and
- (c) Whether there would be an increase in the number of senior doctors at directorate rank as a result of the increase in the number of doctors to alleviate the workload of doctors.

15. Responding to Mr MAK's first question, DHA reiterated the audit survey

revealed that the longest weekly hours recorded was 110 hours. DHA further said that although no audit had been conducted on the impact of excessively long working hours on the performance of doctors, there was no question that this not desirable. To this end, much efforts had been made to provide doctors who had worked a stretch of excessively long hours with appropriate rest periods and to ensure that no doctors should have on-call frequency more than once in every three days. As regards Mr MAK's second question, DHA said that there was no question that the increase of doctors would be achieved at the expense of other health care personnel, as it was envisaged that HA would receive more funding than in the past with the implementation of the new funding arrangement based on population changes. Moreover, it was hoped that if some of the measures to encourage better-off patients to use services provided by the private sector proposed in the Consultation Document on Health Care Reform (the Consultation Document) were adopted, the present uneven distribution of workload between the public and the private sectors could be rectified. As to Mr MAK's last question, DHA clarified that there was no fixed senior doctor to junior doctor ratio as the creation of the former was based on service needs.

16. Mr Michael MAK pointed out that despite the fact that HA would receive more funding than in the past as a result of implementing the new funding arrangement, such an increase might not be adequate to bring about improvement to the manpower situation of nurses and other frontline health care staff in HA, given that resources were finite and that there was no sign that any of the measures proposed in the Consultation Document to improve the uneven distribution of workload between the public and the private sectors could be implemented. In response, DSHW reassured members that the Administration was committed to financing the public health care system to uphold its quality and standards. Moreover, the new funding system for HA was subject to review three years after its implementation. DSHW also pointed out that under the new funding arrangement, HA could continue to bid for additional resources for new initiatives and technology advancement under the annual Resource Allocation Exercise.

17. Noting the August 2001 audit revealed that the weekly working hours of doctors had reduced by up to 24 hours per week, Dr TANG Siu-tong enquired about the weekly working hours of doctors recorded in the May 2000 audit. Dr TANG further enquired how many of the 270 new doctors to be recruited in 2002-03 were intended for new or enhanced services.

18. Responding to Dr TANG's first question, DHA said that of the one department with the longest working hours of doctors recorded in the May 2000 audit, the reduction had been from 110 hours to 86 hours per week. As to Dr TANG's second question, DHA said that the great majority of new doctors to be recruited next year were aimed at alleviating the workload of frontline doctors,

as no plan had been made to expand HA services except for the psychiatric services. In the event that Chinese medicine would be made an integral part of HA services, separate funding for such would be provided.

19. Mr Andrew CHENG said that HA was violating the law for failing to grant all doctors one rest day every week, and urged that this be rectified expeditiously. Dr YEUNG Sum and Ms Cyd HO concurred with Mr CHENG. Responding to Dr YEUNG Sum's enquiry as to when HA could fully comply with the rest day statutory requirement, DSHW said that he could not give a timetable for complying such. Nevertheless, the Administration would actively follow up the matter with HA with a view to coming up with a solution to see that more doctors, particularly interns, could be granted one rest day every week in the short-term. Notwithstanding, DSHW emphasised that it was the long-term goal of both the Administration and HA to see that all doctors would be granted one rest day every week.

20. DHA reiterated that in HA's views, provision of one rest day every week did not have to be applied strictly if the employees agreed to some other form of rest day, say, one rest day every other week. To ascertain the aforesaid, legal advice would be sought. DHA stressed that HA respected the law and it was its long-term goal to grant all doctors one rest day every week. However, given the complexity of the issue of long working hours of public hospital doctors, a gradual approach had to be adopted. After achieving the goal of granting compensatory off for doctors working during statutory holidays, the next task at hand was to ensure that all doctors would be granted one rest day every week.

21. Mr Andrew CHENG disagreed with DHA's explanation that provision of one rest day every week did not have to be strictly applied if the employees agreed to some other form of rest day. He suggested that the Panel should seek legal advice on the provision of rest day stipulated in the Employment Ordinance from the Legal Adviser of the Legislative Council. Members expressed support.

22. Dr LO Wing-lok made the following points -

- (a) Working hours of public hospital doctors should be made a standing issue for discussion by the Panel on a yearly basis and that representatives of the Hong Kong Public Doctors' Association (HKPDA) be attended to join the discussion of this item;
- (b) The problem of long working hours of doctors could not be solved by the hiring of additional doctors, as the great majority of them were/would be hired on contract terms for six to eight years only;

- (c) The full results of the recent audit survey on doctors' hours should be made available to members so to enable them to have a complete picture of the working hours of public hospital doctors; and
- (d) HKPDA should be invited to comment on the progress made by HA in addressing the issue of long working hours of public hospital doctors as set out in the Administration's paper, as well as to provide the Panel with their own survey audit on doctors' working hours.

23. Members expressed support for the suggestions made by Dr LO in paragraph 22(a), (c) and (d) above.

24. Dr LO further said that in his contact with some frontline public hospital doctors, it was brought to his attention that not all doctors had been granted compensatory off for working during statutory holidays. Dr LO surmised that this might be due to the fact that HA had based its audit findings on doctors' hours on returns from department heads who tended to paint a more optimistic picture of the working hours of doctors. DHA responded that there was no question of such a situation as all data contained in the returns submitted by department heads were required to undergo an audit process.

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25. Noting that the weekly working hours of three of the 11 departments with the longest working hours recorded in the previous audit remained about the same, Ms Cyd HO enquired which these three departments were and the weekly working hours of their doctors. DHA undertook to provide the information after the meeting.

26. Miss CHAN Yuen-han said that in her contact with one of the staff associations concerned prior to the meeting, it was conveyed to her that although there were some improvements in addressing the issue of long working hours of public hospital doctors, HA still fell short of achieving the objectives of granting doctors one rest day every week and having to work for a stretch of excessively long hours. In the light of this, Miss CHAN urged HA to address these two key problem areas expeditiously.

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27. Mr Tommy CHEUNG held a different view from members on the provision of rest day in that he believed that the law allowed employers to compensate their employees money for working on rest days if this was agreed by the employees concerned. Mr CHEUNG requested HA to provide information on the estimated amount of money it might need to compensate their doctors for working on rest days.

IV. Over-commitment Limit for Subhead 979 Hospital Authority - equipment and information systems (block vote)

(LC Paper No. CB(2)852/01-02(04))

28. DSHW briefed members on the Administration's paper which presented the reasons for seeking the agreement of the Finance Committee to increase the over-commitment limit of the approved provision under Head 177 SUBVENTIONS : NON-DEPARTMENTAL PUBLIC BODIES Subhead 979 Hospital Authority - equipment and information systems (block vote) from 50% to 80% with effect from 2001-02.

29. Mr Michael MAK expressed concern that as a result of raising the over-commitment level for Subhead 979, HA would tend to spend the money more loosely, say, by purchasing expensive medical equipment which had very low utilisation. He drew members' attention to Report No. 37 of the Director of Audit (D of A) which criticised, amongst others, the lax procurement procedures of major equipment by HA.

30. DSHW explained that the reason for raising the over-commitment level for Subhead 979 was to enable HA to fully utilise the approved provision of \$380 million in Subhead 979 for the procurement of medical equipment and information it required. DSHW further said that the report made by D of A on the management of medical equipment by HA and the issue of raising the over-commitment level for Subhead 979 were two different issues, as the former mainly concerned about the acquisition of furniture and equipment for hospital projects whereas the latter concerned the procurement of equipment and information system for existing hospitals.

31. Dr LO Wing-lok expressed concern that raising the over-commitment level for Subhead 979 would result in over-spending by HA on the procurement of medical equipment and information system. DSHW responded that there was no question of such a situation as the raising of over-commitment level for Subhead 979 was to provide greater flexibility to HA in managing its approved provision for the procurement of medical equipment and information system, and did not involve any additional provision.

32. Mr Tommy CHEUNG expressed reservation about merging Subheads 977 and 978 to form a new Subhead 979 and raising the over-commitment level for Subhead 979 from 50% to 80%. He was concerned that it would create an environment for HA to spend its money with even lesser restraint than at present

as pointed out by the D of A in its Report No. 37 on the management of medical equipment by HA.

33. DHA clarified that the proposal to merge the two Subheads with effect from 2001-02 was made by the Administration. He pointed out that the Finance Committee had approved in June 1996 the increase in the limit of over-commitment for Subheads 977 and 978 from the standard limit of 50% by which approved provision might be over-committed under a capital account block vote subhead to 90% and 70% respectively with effect from 1996-97. DHA further said that the merging of Subheads 977 and 978 into a new Subhead 979 would in fact help HA to become more prudent in utilising the approved provision for the procurement of equipment and information system it required. DSHW supplemented that the paper only sought to make a technical adjustment. He pointed out that the Administration was well aware of the public concern about the procurement of equipment by HA, and monitoring in this regard had been stepped up.

V. Any other business

34. Dr LO Wing-lok said that the Administration's response to his question on how the \$75 million allocated for the transfer of five general out-patient clinics from the Department of Health to HA would be used, raised at the meeting in May 2001, was still outstanding and should be followed up.

35. There being no other business, the meeting ended at 10:40 am.