

**LegCo Panel on Health Services
Meeting to be held on 14 January 2002**

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.

Measures Implemented to Address the Working Hours of Doctors

2. The LegCo Panel on Health Services last discussed measures adopted by HA to alleviate the workload of public hospital doctors in February 2001. Since then, HA has implemented the following measures to address the problem of long working hours of public hospital doctors:

(a) Pledge in HA's Annual Plan

The problem of long working hours has been given due attention at the corporate and hospital level. HA has pledged in its 2001/02 Annual Plan to reduce frontline doctors' work hours by recruiting more doctors to relieve the work of busy departments, facilitating compensation for statutory holidays, better arrangement of on-call duties and provision of rest periods after excessively long hours of work.

(b) Provision of Compensatory Off for Statutory Holiday

A monitoring mechanism has been set up to ensure that compensatory off for statutory holiday would be provided in accordance with the Employment Ordinance. Hospital management is required to keep records on the granting of statutory holidays and alternative holidays for those staff who have worked on statutory holidays. Clinical department heads have taken further initiatives to ensure that statutory holidays would be compensated for doctors. As a result, HA is now able to comply fully with the statutory requirement relating to the provision of statutory holidays for

doctors on residential calls.

(c) Better Arrangement of On-call Duties

HA has set up a monitoring mechanism to ensure that doctor's on-call frequency is not more than once in every three days. Hospital management is required to report the on-call frequency of doctors to the HA Head Office. Thus far, the average on-call frequency of Medical Officers/Residents and interns of all HA hospitals was found to be no more than once in every three days.

(d) Rest Days

Individual hospitals have made continuous efforts to enhance the communication process between supervisors and frontline doctors with a view to coming up with mutually agreed arrangements on the provision of weekly rest days, and appropriate rest to doctors who have worked a stretch of excessively long working hours.

(e) Recruitment of Additional Doctors

To alleviate the workload of doctors, HA recruited 312 doctors in 2000/01 and another 303 doctors in 2001/02. As a result, the total number of doctors in HA increased by around 12% since March 2000. The audit survey conducted by HA in August 2001 showed that the intake of these additional doctors has proved to be useful in alleviating the workload and work hours of frontline doctors in busy departments.

Audit Survey on Doctors' Working Hours

3. HA conducted in August 2001 a follow-up audit survey on the working hours of doctors working in 98 clinical departments of 11 major hospitals. The audit focused on the key problem areas relating to long working hours of doctors that were identified in the previous audit survey. These included the provision of compensatory off for statutory holidays, the on-call frequency of doctors, the granting of weekly rest day and post-call compensatory off for doctors, and typical weekly working hours of doctors in 11 departments which recorded the longest working hours in the previous audit survey. Those departments identified in the previous audit to have great difficulty in tackling a key problem area were audited again to check the progress made in addressing the key problem area in question. Overall speaking, there were noticeable

improvements in the issue of long working hours when compared with the findings of the previous audit. The major findings of the survey are summarized below.

(a) Working Hours of Doctors

The audit revealed that with additional doctors provided, the average weekly working hours of medical officers/residents in eight of the 11 departments with the longest working hours recorded in the previous audit had been reduced. The magnitude of reduction ranged from one hour to 24 hours per week. The weekly working hours of the remaining three departments on average remained about the same because there was no net gain of doctors for the departments concerned as a result of service reorganization or resource redistribution among departments within the same hospital.

(b) Compensatory Off for Statutory Holidays

There were significant improvements relating to the granting of compensatory off to medical officers/residents and interns. The previous audit conducted in July 2000 revealed that only 67% of the 98 departments surveyed could grant compensatory off to medical officers/residents and 22% of the 44 departments surveyed could do so for interns. The current audit survey revealed that all 98 clinical departments surveyed were able to grant compensatory off to all medical officers/residents and interns.

(c) On-call Frequency of Doctors

No department of main specialties had an on-call frequency of more than once in every three days. About 35% of the 57 departments audited managed to reduce the call frequencies for their medical officers/residents and 34% of the 44 departments audited could do so for interns. The audit survey also found that broadly speaking, departments that had higher call frequencies in the past were able to make the greatest improvement in reducing their call frequency.

(d) Post-call Compensation for Doctors

The current audit survey found that 50% of the 57 departments surveyed could grant post-call compensation to medical officers/residents and another 27% could grant some form of post-call compensation. By way of comparison, only 42% of these departments could grant any form of

post-call compensation in July 2000. The percentage of specialties granting interns post-call compensation has improved to 11%, with another 5% capable of granting some form of post-call compensation. On the other hand, only 2% of these departments could grant any form of post-call compensation in the previous audit.

(e) Provision of Rest Days

The audit survey found that 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 every other week, or granting rest days to all doctors except those on Sunday calls. The situation for interns has 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 is 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.

Way Forward

4. HA is committed to tackling the problem of long working hours of public doctors, and considerable progress has been made in the past months to address the problem. The Working Group on Work Hours of Doctors chaired by the Chief Executive of HA will continue to work on the working hour issue and serve as a forum for all ranks of doctors to exchange views on how best to tackle the problem. 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. HA will continue to collect feedback from doctors through the Doctors' Staff Grade Consultative Committee and during hospital visits by the Chief Executive of HA and senior executives of the HA Head Office to ensure adequate follow-up on the working hour issue at the hospital level. HA will also brief members of the Doctors' Staff Consultative Committee regularly on the progress made on this issue.

5. HA will continue to closely monitor the work hours of doctors through regular management meetings among 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 will be encouraged to reorganize their work and schedule their duties to relieve frontline doctors from excessively long working hours. To

further address pressure areas in different public hospitals, HA will recruit at least 270 new doctors in 2002/03.

Advice Sought

6. Members are invited to note the progress made by HA in addressing the long working hours of public doctors.

Health and Welfare Bureau
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