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Ms Mary So
Clerk to Panel
Panel on Health Services
Legislative Council
8 Jackson Road
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Dear Ms So,

Progress Report on Doctor Work Reform

At the Panel meeting on 10 March 2008, Members were briefed on the recommendations made by the Steering Committee on Doctor Work Hour (the Steering Committee) of Hospital Authority (HA), as well as the pilot programmes to follow up on the recommendations. Members noted that HA has targeted to reduce the average weekly working hours of public hospital doctors to a level not exceeding 65 hours per week by the end of 2009, and to reduce the excessively long continuous working hours of doctors to a reasonable level in the longer term. Members have requested HA to report the outcome of its review on the pilot programmes to the Panel before the expiry of the current legislative session.

HA has set aside \$31 million and \$77 million respectively in 2007-08 and 2008-09 for implementing various pilot programmes related to the Doctor Work Reform. A total of 348 new posts including doctors, nurses, allied health professionals and other supporting staff will be created for these programs. Besides, 47 newly recruited doctors will be deployed to work in specialties that require longer working hours in order to alleviate the workload

of frontline health care personnel. The total headcount of HA doctors has also increased from 4 595 in May 2007 to 4 707 in May 2008.

These pilot programmes were launched in phases from the end of 2007 to March 2008. While they are still ongoing, it is initially observed that they could improve the quality of care and maintain patient safety. They could also help reducing night-time activities at hospitals and workload of frontline doctors. The updates of the programmes are set out below for Members' reference.

a) **Opening of extra operating theatre (OT) sessions**

Extra OT sessions opened in four hospitals (namely Caritas Medical Centre, United Christian Hospital, Yan Chai Hospital and North District Hospital) have reduced emergency operations at night-time and hence related activities in the surgical stream specialties. Operation outcome would be improved as risk of operation at night associated with fatigue of staff could be minimized.

b) **Setting up of Emergency Medicine (EM) wards in hospitals**

EM wards have been set up in eight hospitals (namely Caritas Medical Centre, Princess Margaret Hospital, Queen Elizabeth Hospital, Pok Oi Hospital, Tuen Mun Hospital, Prince of Wales Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital) to improve quality of short-stay patient care and improve the efficiency in handling all acute patient admissions. They could also serve as a gatekeeper to reduce duplication of work and workload in clinical departments, particularly during night-time.

c) **Recruitment and training of non-medical staff**

A total of 84 non-medical staff have been recruited in five hospitals (namely Caritas Medical Centre, Alice Ho Miu Ling Nethersole Hospital, Princess Margaret Hospital, Pamela Youde Nethersole Eastern Hospital and Yan Chai Hospital) to provide 24-hour services on blood taking, electrocardiogram and indwelling venous catheter, etc, so as to relieve the workload of doctors and nurses. Frontline doctors are therefore able to focus more on clinical work for improved care.

d) **Training for doctors and nurses**

HA has arranged for around 360 nurses to attend the clinical skill enhancement training programmes and seminars on extended nursing roles in June 2008. A core competency training course for doctors

will also be organized for around 100 specialist trainees in the end of 2008. These training programmes would be able to improve the overall quality of patient care.

The Steering Committee will continue to oversee the above pilot programmes and evaluate their effectiveness after six to nine months of their implementation. The Steering Committee aims to report to the HA Board on the implementation of the programmes in early 2009.

Yours sincerely,

(Kirk YIP)
for Secretary for Food and Health