

**For information
on 15 July 2013**

LEGISLATIVE COUNCIL PANEL ON HEALTH SERVICES

Improvement of Doctors' Working Hours in Public Hospitals

PURPOSE

This paper updates the Panel on the latest situation of doctors' working hours in the Hospital Authority (HA) and the progress of the implementation of reform strategies since the release of the Final Report on Doctor Work Reform (the Reform) in April 2010.

BACKGROUND

2. The Steering Committee on Doctor Work Hours (the Steering Committee) was established by HA in October 2006 to formulate strategies and implementation plans to reduce the doctors' working hours in public hospitals to a level not exceeding 65 hours per week, and to reduce the excessively long continuous working hours of doctors.

3. In September 2006, HA conducted the first full-scale monitoring of the doctors' working hours in all major specialties. In July to December 2009, HA conducted another full-scale monitoring of the doctors' working hours in all major specialties. The percentage of doctors working for more than 65 hours per week on average in all specialties of HA had decreased from around 18% in September 2006 to 4.8% by the end of December 2009. On the other hand, the proportion of overnight on-site on-call doctors having immediate post-call time-off increased from 65% in 2006 to about 82% and about 85% on the snapshot weekday and snapshot holiday respectively in 2009. In the 2009 monitoring exercise, ten specialties were identified to have doctors reported to have worked more than 65 hours per week on average ("the 10 specialties") and have been required to report the doctors' working hours annually since then.

4. We have briefed the Panel on Health Services on the objectives and strategies of the Reform vide paper CB(2)1266/07-08(03) in March 2008, on the outcome of interim review of the pilot reform programmes vide paper CB(2) 1476/08-09(04) in May 2009, and on the Final Report on the Reform vide paper CB(2) 1219/09-10(05) in April 2010.

MONITORING OF DOCTORS' WORKING HOURS

5. As recommended in the Final Report on the Reform, in 2009, HA has established a corporate mechanism and a structured, broad-brush and prospective approach to monitor doctors' rostered working hours of on-site work over a 26-week reporting cycle. Full-scale monitoring of doctors' working hours for all specialties has been conducted from July to December every alternate year since 2009, whereas doctors' working hours for "the 10 specialties" have been monitored annually since 2010.

6. By 2013, HA has completed two cycles of data collection for all specialties and four cycles of data collection for "the 10 specialties". In 2009, about 4.8% of doctors in all specialties of HA worked for more than 65 hours per week on average, and about 8% of doctors in "the 10 specialties" of HA worked for more than 65 hours per week on average. The corresponding percentages in 2011 remained the same. The average weekly working hours of doctors in 2006, 2009 to 2012 are at **Annex 1**.

7. The number of doctors undertaking on-site on-call duties for more than 24 hours was 221 and 217 in 2009 and 2011 respectively. The number of doctors undertaking on-site on-call duties for more than 28 hours was 98 and 99 in 2009 and 2011 respectively. The proportion of overnight on-site on-call doctors having immediate post-call time-off had increased from 82.4% in 2009 to 84.8% in 2011. The number and percentage of doctors with continuous working hours of overnight on-site on-call exceeding 24 and those exceeding 28 hours in 2009 and 2011 is at **Annex 2**.

8. HA will conduct the next full-scale monitoring of doctors' working hours for all specialties of HA from July to December in 2013.

PROGRESS UPDATE ON THE IMPLEMENTATION OF REFORM STRATEGIES

9. With an ageing population, advances in medical technology, and an increasing demand for healthcare services in the community, the manpower requirement for healthcare personnel grows commensurately. In recent years, HA is facing ever-increasing service demand, while there has been a significant doctor shortfall due to the reduced number of local medical graduates. As compared with 2009-10, the service growth for inpatient in 2012-13 is 5.8%, day in-patient service is 20.3%, specialist outpatient attendances 5.5% and primary care attendance is 15.6%. However, the increase in doctor strength is 4.9% which is less than service growth in service provision (please see **Annex 3**).

10. HA is committed to improving the working conditions of doctors and has implemented a basket of measures with a view to strengthening the medical workforce and boosting staff's morale. A progress update of the measures is set out in the ensuing paragraphs.

(a) Recruitment of Doctors

Active recruitment of full-time doctors

11. Apart from recruiting local medical graduates, over the years, HA has implemented a basket of measures to recruit additional doctors from local and overseas, including granting incremental credit to recognise the experience of newly recruited doctors. From 2009, HA could recruit on average 240 local graduates (95% of total graduates), 15 overseas graduates who have passed the Licentiate Medical Examination and 10 doctors from private sector per year. Since 2012, HA has commenced the recruitment of non-local doctors to practise with limited registration in HA as one of the additional measures to address the manpower shortage. As at June 2013, the Medical Council of Hong Kong has approved 16 applications of non-local doctors under limited registration submitted by HA, and two of them did not accept the HA offer eventually.

Employment of part-time doctors

12. HA has introduced an enhanced and unified pay package for employment of part-time doctors in all specialties. As at March 2013, there were approximately 290 part-time doctors working in HA, providing support equivalent to about 110 full-time doctors. As compared with 129 part-time doctors who provided manpower strength equivalent to about 48 full-time doctors in 2009, there is a growth of 129%.

(b) Retention of Doctors

Enhancement of promotion prospect

13. Since 2011-12, HA has launched a centrally co-ordinated additional promotion mechanism for Associate Consultant to recognize meritorious doctors who have served HA for five years or more after obtaining fellowship. Under the mechanism, additional Associate Consultants have been appointed to meet the operational needs while improving the promotion prospects for doctors. Over the years, the number of Associate Consultants showed a steady increase.

Enhanced recognition through honorarium scheme

14. Since 2009, HA has enhanced its honorarium scheme for doctors by two stages. HA has revised the monthly Fixed Rated Honorarium (FRH) which all along is granted to doctors to recognize their need to work consistently long hours by nature of their duties. The revised FRH Scheme has raised the honorarium of the existing two tiers from \$1,750 and \$3,500 to \$2,750 and \$4,750 respectively. A third tier rate of \$5,750 is also introduced to compensate those doctors who work in departments with exceptionally frequent overnight on-site call duties. In addition, the Special Honorarium Scheme, which aims to address short term manpower constraint issues, has also been enhanced to facilitate operation of extra service sessions to meet operational needs of individual hospitals under special projects.

Monitoring of Attrition Rate

15. HA has also been closely monitoring the attrition rate of all staff.

The attrition rate of full-time doctors in HA has decreased from about 4.9% to 4.4% from 2010-11 to 2012-13. HA will continue the effort in retaining doctors and maintain the workforce for service provision.

(c) Reduce Workload of Doctors

Establishment of Emergency Medicine Ward

16. In 2006, HA has piloted the operation of Emergency Medicine Ward (EMW) to reduce avoidable admissions, improve the quality of short-stay patient care and enhance the efficiency in handling acute patient admissions. In 2013, HA has extended the service model to six clusters by phases and established EMW in 10 acute hospitals. The number of beds in EMW has also increased from 224 in 2007-08 to 339 beds in 2012-13.

Introduction of care technician services and clerical support to doctors

17. In order to relieve doctors from non-clinical work, 24-hour phlebotomist service has been provided to acute hospitals. As a strategy to relieve doctors and nurses from technical tasks and mundane activities, HA has been recruiting care technicians since 2008 and training more care technicians to provide round-the-clock blood-taking, electrocardiogram and intravenous cannulation service in all acute public hospitals. The number of care technicians recruited has increased from 95 in 2008 to 509 in 2012. HA has also enhanced the clerical support to frontline healthcare professionals. As at February 2013, HA has recruited an additional of 315 clerical staff with a view to providing more support the frontline healthcare professionals.

CONCLUSION

18. With the implementation of reform strategies as outlined in paragraphs 11 to 17, the working hours of doctors in public hospitals have been maintained steady in the past three years. The Government has taken steps to tackle the healthcare manpower shortage problem at source, including the allocation of an additional \$200 million for the triennial cycle starting from 2012 to increase the number of first-year first-degree places in medicine by 100 to 420 per year. Looking forward, we anticipate that with an increase in

the total number of doctors when 320 and 420 medical graduates complete their internship in 2015-16 and 2018-19 respectively, the working hours of doctors would be improved in the long-run.

WAY FORWARD

19. We appreciate and are thankful to all doctors for their commitment and contribution to serve the public even in critical shortage of doctors. HA will continue to communicate with doctors through various channels on the reform strategies and implemented measures to address their needs.

20. HA will continue its efforts in monitoring of doctors' working hours and implementing the initiatives to improve the workforce and the working conditions of doctors. HA will also continue to monitor the manpower situation of its doctors and make suitable arrangements in manpower planning and deployment to cope with service needs.

ADVICE SOUGHT

21. Members are invited to note the content of this paper.

**Food and Health Bureau
Hospital Authority
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Annex 1

Average Weekly Work Hours (AWWH) of Doctors in HA in 2006, 2009, 2010, 2011 and 2012

Specialties	Sep 2006		Jul-Dec 2009		Jul-Dec 2010		Jul-Dec 2011		Jul-Dec 2012	
	Mean AWWH	AWWH > 65 Hours	Mean AWWH	AWWH > 65 Hours	Mean AWWH	AWWH > 65 Hours	Mean AWWH	AWWH > 65 Hours	Mean AWWH	AWWH > 65 Hours
Accident & Emergency	46.3	0.0%	43.7	0.0%	-	-	43.6	0.0%	-	-
Anaesthesia	52.2	0.0%	51.1	0.0%	-	-	51.5	0.0%	-	-
Cardio-thoracic Surgery #	58.3	22.0%	54.6	5.6%	57.0	3.0%	55.4	5.7%	54.2	2.5%
Community Medicine	-	0.0%	47.5	0.0%	-	-	50.0	0.0%	-	-
Ear, Nose, Throat #	50.7	16.0%	50.8	4.9%	51.7	11.4%	51.3	8.0%	50.8	10.8%
Family Medicine	45.2	0.0%	44.4	0.0%	-	-	44.0	0.0%	-	-
General Surgery #	63.5	45.0%	58.4	18.6%	57.7	18.1%	56.9	18.0%	56.8	21.5%
Intensive Care Unit #	53.2	4.0%	53.3	1.5%	52.9	0.0%	52.3	0.0%	50.1	0.0%
Internal Medicine #	58	21.0%	53.4	1.5%	52.8	0.7%	52.5	0.9%	51.6	0.5%
Neurosurgery #	71.4	73.0%	57.9	12.5%	58.0	24.7%	57.5	22.7%	54.2	2.6%
Obstetrics & Gynaecology #	63.9	40.0%	59.8	17.9%	60.4	26.2%	59.0	18.5%	59.5	25.1%
Oncology	59.7	26.0%	52.9	0.0%	-	-	51.1	0.0%	-	-
Ophthalmology #	52.8	13.0%	50.5	6.7%	49.5	6.6%	49.9	4.5%	48.5	0.6%
Orthopaedics & Traumatology #	60.1	29.0%	57.9	15.6%	57.3	12.9%	56.9	15.6%	56.1	14.5%
Paediatrics #	60.9	40.0%	56.3	7.0%	56.1	6.0%	55.2	6.5%	55.5	7.9%
Pathology	46.2	0.0%	46.9	0.0%	-	-	46.4	0.0%	-	-
Psychiatry	53.2	12.0%	47.6	0.0%	-	-	47.8	0.0%	-	-
Radiology	46.8	0.0%	47.2	0.0%	-	-	46.3	0.0%	-	-
Overall for the 10 specialties #	-	-	55.3	8.2%	55.0	8.4%	54.7	8.2%	53.8	8.4%
HA Overall	55	18.0%	51.9	4.8%	-	-	51.3	4.8%	-	-

10 Specialties with doctors working for more than 65 hours per week on average reported in 2009

Notes

1. The table above sets out the average weekly work hours of doctors according to the survey conducted in 2006, 2009, 2010, 2011 and 2012. The data for 2007 and 2008 are not available as no survey has been conducted. From 2010 onwards, only the specialties with doctors working for more than 65 hours per week on average reported in 2009 are required to report the doctor work hours data on a yearly basis. Full-scale monitoring for all specialties will be conducted every alternate year. The average weekly work hours of doctors in 2010 and 2012 are not available for all specialties.
2. The average weekly work hours are calculated on actual calendar day basis based on rostered hours and self-reported hours of called back duties during off-site calls.

(I) Doctors with Continuous Working Hours of Overnight On-site On-call Exceeding 24 Hours in 2009 and 2011

	2009	2011
HA overall (no.)	221	217
HA overall (%)	4.56 %	4.32 %

(II) Doctors with Continuous Working Hours of Overnight On-site On-call Exceeding 28 Hours in 2009 and 2011

	2009	2011
HA overall (no.)	98	99
HA overall (%)	2.02 %	1.97 %

Notes

1. The table above sets out the percentage of doctors with continuous working hours of overnight on-site on-call exceeding 24 / 28 hours according to the surveys conducted in 2009, and 2012. From 2010 onwards, only the specialties with doctors working for more than 65 hours per week on average reported in 2009 are required to report the doctor work hours data on a yearly basis. Full-scale monitoring for all specialties will be conducted every alternate year. The continuous working hours of doctors for all specialties in 2010 and 2012 are thus not available.
2. The continuous working hours are calculated on actual calendar day basis based on rostered hours.

(I) Service Growth in HA (2009-10 to 2012-13)

Services	2009-10 (Actual)	2010-11 (Actual)	2011-12 (Actual)	2012-13 (Revised Estimate)	Estimated Service Growth (2009-10 vs 2012-13 revised estimated)
Inpatient services – no. of discharges & deaths	948,314	981,639	1,004,326	1,003,560	5.8%
Day inpatient services – no. of discharges & deaths	416,885	459,548	496,640	501,600	20.3%
Specialist out-patient attendances	6,392,410	6,630,190	6,731,155	6,746,000	5.5%
Total no. of primary care attendances	4,972,689	5,261,612	5,599,191	5,749,200	15.6%

Note

1. The information above are extracted from the Controlling Officer's Report of 2011-12, 2012-13, 2013-14 Issues.

(II) Manpower of Doctors in HA in 2009-10, 2010-11, 2011-12 and 2012-13

	2009-10	2010-11	2011-12	2012-13	Growth in Strength (2009-10 vs 2012-13)
HA Overall	4972.08	5019.67	5129.67	5217.33	4.9%

Note

1. Manpower on full-time equivalent (FTE) includes permanent, contract and temporary staff in HA's workforce.
2. Exclude Interns, Dental Officers, and those in HA Head Office.