

**立法會**  
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**Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 15 July 2013**

**Improvement of doctors' working hours in public hospitals**

**Purpose**

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on improvement of doctors' working hours in public hospitals.

**Background**

2. To address issues relating to doctors' long working hours and excess workload in public hospitals, the Hospital Authority ("HA") established the Steering Committee on Doctor Work Hour ("the Steering Committee") in October 2006 to formulate strategies and implementation plans with a view to reducing the average weekly working hours of doctors to not exceeding 65 hours by the end of 2009, and gradually reducing the continuous working hours of doctors to not more than 16 hours on weekdays and 24 hours at weekends and during holidays. The Steering Committee submitted its Doctor Work Reform Recommendation Report to the HA Board in November 2007. To take forward the recommendations of the Steering Committee, HA had embarked on a number of pilot doctor work reform programmes in public hospitals since the end of 2007. The main pilot reform programmes were (a) deployment of doctors to pressurized areas; (b) re-engineering of emergency operating theatre

services; (c) establishment of emergency medicine wards; and (d) introduction of care technician services to relieve the heavy workload of healthcare professionals. HA also delegated the Steering Committee to oversee the pilot programmes and report the outcomes to HA.

3. In February 2010, the HA Board endorsed the Final Report on Doctor Work Reform submitted by the Steering Committee. According to HA, it had made significant improvements in its doctors' working conditions both in average weekly working hours and continuous working hours. HA would continue to strive to achieve the target of capping the working hours of all frontline doctors to 65 hours per week and to bring down doctor's continuous working hours to a reasonable level in the long run.

### **Deliberations of the Panel**

4. The Panel held four meetings between 2008 and 2011 to discuss the Doctor Work Reform carried out by HA and issues relating to the working hours of HA doctors. The Panel also received views of deputations at one meeting. The main deliberations and concerns of members are summarized below.

#### Working hours of doctors in public hospitals

5. Members were advised that following the implementation of the pilot reform programmes, the proportion of doctors working for more than 65 hours per week on average had dropped from around 18% in September 2006 (involving around 900 doctors in 12 clinical specialties) to 4.8% by the end of December 2009 (involving 252 doctors in 10 clinical specialties). As a result of the revamp of doctors' on-call arrangements, the number of doctors undertaking on-site on-call duties for more than 24 hours in one go had dropped from 340 in 2006 to 221 in 2009, and the proportion of overnight on-site on-call doctors having immediate post-call time-off had increased from 64% in 2006 to 82.4% in 2009.

6. Pointing out that the average weekly working hours of doctors in many developed economies only ranged from 44 to 48 hours, members considered it unreasonable to set the average weekly working hours of local doctors at not more than 65 hours. According to HA, there was no universal standard on doctors' working hours, as different countries had different healthcare systems.

Reducing weekly working hours of doctors to not more than 65 hours was merely an initial target of HA. HA would continue to review doctors' working hours and work closely with the Hong Kong Academy of Medicine to assess the long-term impacts of the target of working hours on the specialist training of doctors.

7. On the suggestion of stipulating a standard weekly working hours for doctors, HA advised that due to the differences in the working conditions among clinical specialties, it would not be practicable to establish standard working hours for all HA doctors.

8. Noting that frontline doctors were still required to work overnight on-site on-call for more than 24 hours after the implementation of the reform programmes, members expressed grave concern about the excessive call frequency and working hours of doctors, in particular in the Medicine specialty of Tuen Mun Hospital. There was also concern about the adverse effect on patient care brought about by the long and continuous working hours of doctors.

9. The Panel passed a motion at its meeting on 10 March 2008 requesting HA to, among others, limit the average work hours of doctors to 44 hours in a week as the target, improve the promotion prospects of doctors and address the present uneven distribution of workload between the public and private health sectors.

#### Activities undertaken by on-site on-call doctors

10. Some members expressed concerned about the activities of doctors during on-site call. According to a study conducted by HA in 2007 to examine the nature and pattern of activities of doctors during on-site call, HA advised that the activities carried out by doctors during on-site call were performance of clinical tasks (37%), performance of technical tasks including blood-taking (7%), taking of rest (12%) and performance of other self-arranged activities not specified by doctors (44%). As doctors generally considered it time-consuming to report their activities undertaken whilst on duty retrospectively, HA decided not to re-run the study but to conduct another exercise from July to December 2009 to monitor the working hours of doctors. According to the Administration, a corporate Central Doctor Work Hour Monitoring System was developed to facilitate data submission and management reporting on doctor's working hours.

### Role of non-medical staff

11. Noting the Administration's measure to strengthen the support of non-medical staff by taking up some of the technical duties of doctors and nurses, members expressed concern that the quality of patient care might be compromised.

12. HA explained that technical duties, such as blood-taking, were already taken up by Technical Services Assistants. The measure only extended such arrangement to a 24-hour basis to reduce the workload of doctors at night. Members were assured that HA would strengthen the training of non-medical staff with extended roles in patient care and a monitoring mechanism would be put in place to ensure the work standard.

### Resources for implementing the Doctor Work Reform

13. Members shared the deputations' view that merely changing doctors' work pattern without providing additional funding could not bring about marked reduction in doctors' working hours, as the root of the problem lay in rising service demand, shortage of manpower and significant public-private imbalance.

14. While recognizing that measures to re-engineer the existing work procedures alone could not resolve the issues relating to doctors' long working hours, HA advised that reform in the service mode and doctors work patterns was necessary in order to ensure sustainable and quality patient care services in public hospitals. On the funding support to the reform programmes, members noted that HA had allocated a total of \$182 million from 2007-2008 to 2009-2010 to implement the pilot work reform programmes and created 348 new posts in various grades.

### Medical manpower requirements to address the long working hours of doctors

15. Members noted with concern that the growth rate of frontline doctors had all along been lower than that of senior executives in HA. There was a view that workload should be used as the basis for determining the manpower needs of frontline doctors in order to effectively address the long working hours of doctors. Some members considered that the inadequate supply of doctors was the crux of the problem of long working hours of doctors. They urged the

Administration to work out the number of additional doctors required for reducing the working hours of serving doctors to a reasonable level.

16. HA advised that this was a complicated issue as the workload of doctors in HA would be affected by factors such as rising demand for public healthcare services and the increasing complexity of medical treatment. HA would collate statistics to monitor the annual trend of doctors' working hours and deploy additional doctors to the pressurized specialties.

### **Relevant papers**

17. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2  
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**Relevant papers on the improvement of doctors' working hours  
in public hospitals**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	10.3.2008 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2549/07-08(01)</a>
Panel on Health Services	11.5.2009 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2198/08-09(01)</a>
Panel on Health Services	12.4.2010 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1686/09-10(01)</a> <a href="#">CB(2)2095/09-10(01)</a>
Panel on Health Services	11.4.2011 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>

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