

For discussion
on 10.3.2000

**LegCo Panel on Health Services Meeting
to be held on 10 March 2000**

Long working hours of public doctors

Introduction

This paper informs members of the results of an internal audit conducted by the Hospital Authority (HA) to review, inter alia, the workload of its medical staff and measures adopted to alleviate their workload, and the proposed way forward to further relieve their burden.

Work pattern of doctors in public hospitals

2. Due to the nature of hospital operation which requires provision of round-the-clock services for patients, it is necessary for hospital doctors to adopt work schedules that extend beyond normal working hours. In major clinical specialties of public hospitals, most doctors are engaged in activities, such as ward rounds, outpatient services, day and ambulatory care procedures, elective surgery etc, during normal working hours. They are required to provide continual medical attention to inpatients and patients admitted on emergency basis, and perform emergency operations and other procedures after normal working hours.

3. It is a common and established practice of clinical departments worldwide to set up an “on-call” system whereby an on-call team consisting of trainees and specialist doctors of different seniority and clinical experience provides coverage for all clinical service needs outside normal working hours. A typical on-call duty list in a clinical department consists of junior doctors on resident call, and senior doctors with specialist qualification on second or higher tiers of call. All residents are supervised by specialists and a rapid and reliable

communication system between residents and supervising specialists is in place. Depending on patients' conditions, specialists will either be on-site or be available on site at short notice.

4. The existing work pattern is crucial in training junior doctors to possess the necessary competence and ability to provide continued quality care to patients and to cope with sudden changes in work demand arising from emergency patients. In order to ensure patient care quality while providing adequate training for junior doctors, it is vital that the availability, ranks and skills of doctors in the hospitals are appropriately matched to patients' needs and to medical training requirements. As a result, the arrangements, such as the number of doctors available and the duration, of on-call teams vary in different specialties and hospitals.

Measures taken to alleviate long working hours

5. There has been concerns that, under the existing on-call system, the working hours of public doctors serving in some specialties in busy acute hospitals are too long. To address this problem, HA has been implementing the following initiatives since September 1997 to alleviate the medical staff workload and safeguard quality of patient care –

- (a) schedule on-call cycle for interns and junior doctors at no more than 1 in 3 days;
- (b) arrange statutory holiday compensation off for doctors;
- (c) arrange time-off for doctors after excessive continuous hours of work; and
- (d) streamline work process and minimize non-clinical duties to relieve doctor's workload and pressure.

Audit findings of doctors' working hours

6. In 1998, the HA's Group Internal Audit conducted an audit on "Acute Medical Staffing Management within HA hospitals", which focuses on, among other things, the progress made by hospitals in implementing the measures stated in paragraph 5 above to alleviate doctors' workload. Ten acute hospitals were selected to participate in the audit and six specialties were sampled during the audit (i.e. Medicine; Surgery; Orthopaedics & Traumatology (O&T);

Obstetrics & Gynaecology (O&G); Ophthalmology; and Ear, Nose and Throat (ENT)). The audit findings are summarized below.

Working hours & on-call duties

7. The audit survey revealed that the working hours (normal office hours plus on-call hours) of junior doctors varied across different hospitals and specialties, ranging from 50 to 95 hours per week. On average, the working hours of Interns was 85 per week, with those working in Medicine and Surgery recording the longest working hours. The average working hours of Medical Officers was 70 hours per week, with those working in Surgery and O&G having the longest working hours. The rest hours for Interns and Medical Officers whilst on-call were between 3 to 4 hours per weekday night, and 4 to 6 hours on weekends in the four main acute specialties (Medicine, Surgery, O&T and O&G). As for the other two specialties (Ophthalmology and ENT), the rest hours were between 6 to 7 hours on weekdays and 8 to 10 hours on weekends.

8. The survey also showed that while Senior Medical Officers and Consultants worked on average 62 hours per week, there was considerable variation in total working hours across hospitals (e.g. the working hours per week in Medicine varied from 53 to 73 hours across hospitals). This could be due to differences in the workload of the departments, case-mix of patients and the number of training doctors in post.

9. Moreover, the audit survey revealed that 69% of junior doctors were required to be on-call duty in 1 in 4 days, and 27% in 1 in 3 days.

General management activities

10. HA aims to minimize general management workload for medical staff, with the targets set as follows –

- <25% general management time for professional staff in management position (Chiefs of Service); and
- <10% general management time for other professional staff (Consultants, Senior Medical Officers).

11. The audit survey results revealed that most of the Chiefs of Service spent less than the target time on general management (e.g. business meetings) but with some spending up to 35%. For Consultants and Senior Medical Officers, they spent an average of 13% per week on general management, which was more than the target time.

Allocation of tasks

12. The audit had also tried to gather information on the extent that practical tasks which do not require junior doctors' specific skills have been transferred to other staff. Such transfer of tasks (e.g. pursuing test result, filing test results, collecting equipment from other wards) can help reduce junior doctors' working hours while their training exposure will not be adversely affected.

13. The audit determined that there were examples of transfer of tasks to other professionals, e.g. a technician to carry out the echo-cardiogram which is traditionally performed by doctors. However, there did not appear to be a universal policy of reviewing junior doctors tasks with the aim of relieving them of duties which provide no additional training benefits and assisting in a reduction of their working hours.

Audit Recommendations

14. Based on the audit results, it was concluded that good progress has been made in the achievement of the initiatives. The audit review also recommends that –

- (a) Each hospital's annual service planning should include a review of manpower plans and the use of benchmarking to assist in ensuring an appropriate match between workload and medical staffing;
- (b) Hospitals should monitor the working hours of doctors to ensure appropriate deployment of human resources and the progress in meeting the targets of "half day off after excessive hours on-call" and statutory holiday compensation;
- (c) Hospitals should identify the additional support required to further reduce the time spent by their senior clinical staff on general management duties; and
- (d) A systematic review of the appropriateness of tasks undertaken frequently by junior doctors should be conducted as a means of identifying other opportunities to relieve workload pressure.

Way Forward

15. HA has conducted another survey in January 2000 on the frequency of on-call duties of Interns and Medical Officers in different specialties in 12 acute hospitals. It is shown that progress has been made in this respect, with no specialty or hospital had junior doctors to be on-call duty more frequent than 1 in 3 days, compared to 4% as found in the 1998 audit survey. The average on-call frequency for Interns was 1 in 3 days, whereas the average range of on-call frequency for Medical Officers was from 1 in 4 days (e.g. Surgery) to 1 in 6 days (e.g. Medicine). In view of the results that on-call frequency varies across different specialties/hospitals, HA's Group Internal Audit will conduct another survey on the working hours and work schedules of Interns and Medical Officers in different specialties in all HA hospitals. The aim is to identify the specialties and hospitals with the longest working hours and measures taken in alleviating doctors' workload.

16. As a continuous effort to ease the workload of public hospital doctors, HA is establishing a Working Group on Work Hours of Doctors in HA hospitals to be chaired by the Chief Executive of HA, comprising senior HA executives, hospital chief executives, and representatives from all ranks of frontline doctors. The Working Group is tasked to follow up on the recommendations of the Audit Report with an action plan, to identify specific measures on selected specialties/hospitals currently having the longest work hours and to make recommendations for improvement on the existing system. It is expected that the Working Group will forward its recommendations to HA in six months' time.