LegCo Panel on Health Services

Supplementary Information on the Working Hours of Public Hospital Doctors

Purpose

At the LegCo Panel on Health Services meeting on 14 January 2002, Members requested the Hospital Authority (HA) to provide further information on the working hours of public hospital doctors. The requested information is set out below.

Number of New Doctors Recruited in 2000/01 and 2001/02

2. HA recruited a total of 312 and 303 new doctors in 2000/01 and 2001/02 respectively. Breakdown of new doctors recruited by nature of deployment is as follows:

	2000/01	**2001/02**
Total Number of Doctors Recruited	**312**	**303**
of which:		
a) for alleviation of workload	177	184
b) for replacement of doctors who had left the employ of HA	60	79
c) for provision of new or additional services	75	40

Results of the Audit Survey

3. The report on the Audit Survey of Doctors' Working Hours compiled by HA is at Annex. The three departments recording no change in the weekly working hours of doctors during the two audit surveys conducted in July 2000 and August 2001 respectively were the surgery department, the paediatrics department and the neurosurgery department.

Legal Advice on Interpretation of the Employment Ordinance
Estimate of Amount of Compensation Required

4. About 160 public hospital doctors have filed claims to the Labour Tribunal against the HA in connection with the granting of rest days and statutory holidays in the past six years. The case has been transferred to the High Court. As legal proceedings are in train, HA will not provide their legal opinion on the interpretation of the Employment Ordinance. Neither is it appropriate for HA to comment on the estimated amount required to compensate doctors for working on rest days.

Health and Welfare Bureau
May 2002

Annex

Audit Survey of Doctors' Working Hours

The Hospital Authority (HA) is committed to tackling the issue of long working hours of doctors in public hospitals, and considerable progress has been made in the past months to improve the situation. To enable the HA Board Members to understand as well as monitor the development of the situation, progress of implementation of the improvement measures is reported to the Board on a regular basis.

2. 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.

3. The following actions were taken by the HA in 01/02 to address the long working hour issue of public hospital doctors:

- Hospital management is required to keep documentation on the grant of statutory holidays and alternative holidays.
- Clinical department heads have taken the initiative to rearrange the on-call roster of the frontline doctors so that work on a statutory holiday can be compensated in accordance with the legal provisions.
- Hospital management is required to report the compliance of statutory holidays, rest days, on-call frequency and arrangement of post-call compensation of frontline doctors regularly in management meetings.
- On-going effort was made to enhance the communication process between frontline supervisors and doctors to reach mutually agreed arrangements concerning the provision of rest days in their department meetings.

4. An audit survey was conducted in August 2001 to assess the up-to-date position of the work hour and call frequency of the Medical Officers & Residents. The audit surveyed up to a total of 98 clinical departments in 11 hospitals in the HA, which were chosen with a view to focus on those with the highest work hours in the previous audit survey at July 2000. The surveyed hospitals were: Caritas Medical Centre (CMC), Kwong Wah Hospital (KWH), North District Hospital (NDH), Princess Margaret Hospital (PMH), Prince of Wales Hospital (PWH), Pamela Youde Nethersole Eastern Hospital (PYNEH), Queen Elizabeth Hospital (QEH), Queen Mary Hospital (QMH), Ruttonjee Hospital (RH), Tuen Mun Hospital (TMH) and United Christian Hospital (UCH). As with the previous audit survey, this audit primarily focused on Medical Officers (MOs) and interns, because these grades usually do residential call whilst more senior grades are unlikely to.

5. The report of this audit survey identified several key elements that could be targeted to help reduce doctors' working hours or increase rest periods. These were:

- On-call frequency
- Post-call compensation / ½ day off after excessive hours
- Statutory holiday compensation
- Rest days every one in 7

The result of the survey indicated that :

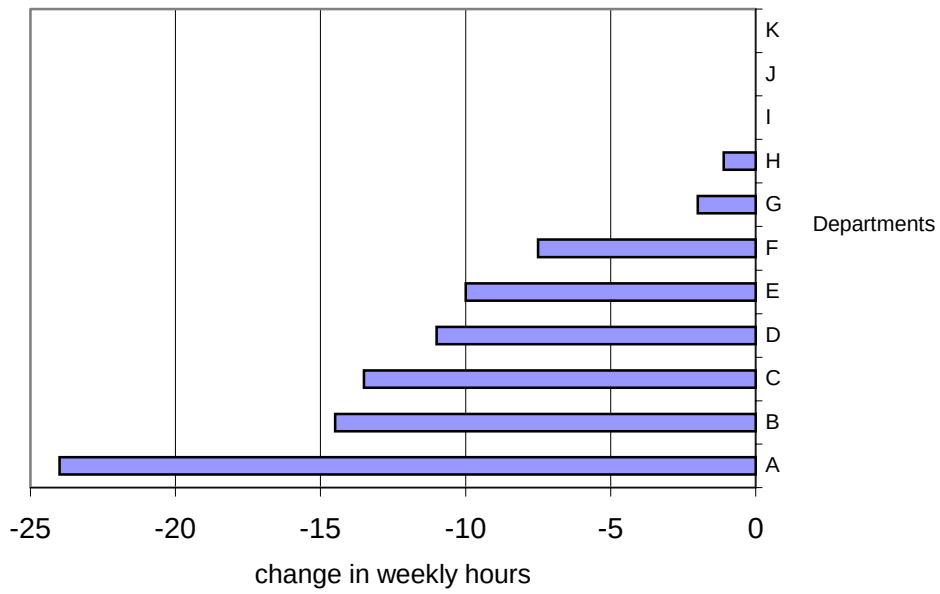
- All 98 clinical departments surveyed could now give statutory holidays compensation to MOs and Residents.
- No department had on-call frequency more than 1 in 3.
- 8 out of 11 of those departments with the highest number of working hours for medical officers/Residents at the audit survey in July 2000 had reduced the weekly work hours.
- 44 out of 57 (77%) could grant some forms of post-call compensation to Medical Officers/Residents which represented a 35% improvement over last year.
- The situation of granting rest days had been further improved. 60% of the departments surveyed could grant rest days every one in 7 for Medical Officers/Residents. Other departments have progressed since the last audit. For example, some can grant rest days every other week or to all, except those doctors on Sunday call.

6. The results of the audit report have been shared with members of Doctors Staff Group Consultative Committee, Working Group on Work Hours of Doctors and Hospital Chief Executive Roundtable, and also reported to the LegCo Panel on Health Services. In view of the concerns and interest expressed by the members of the LegCo Panel, the major audit findings are listed below:

I. TYPICAL WEEKLY HOURS (Figure 1)

Typical weekly hours of MOs / residents for the 11 departments with the highest hours in the last survey were examined. 8 departments improved and the others remained the same on average. The largest improvement was in the Neurosurgery department at Hospital A. Last time they only had 2 MO/Residents on first tier call, now they have 3 as the department was allocated an additional Resident internally. The on-call frequency was 1 in 2 and is now 1 in 3. This change reduces the call hours by 20 hrs per week. The same department also increased the level of post-call compensation, which further reduced typical weekly hours.

Figure 1: Change in MO's/Residents typical weekly hours for those departments with highest hours last year



In 3 departments the typical weekly hours for Residents remained the same as the previous year. The reasons are as follows:

- Surgery department I remained as 87 hours – The Urology team was split out and has independent call, so despite having 3 additional Residents the department need to put more on call too (increases from 3-4 to 4-5).

- Paediatrics department J remained as 87 hours - The department was allocated new Residents, but Residents were covering at another unit during the renovation period. When they returned the dept. should see some improvement.

- Neurosurgery department K remained as 105 hours - The department received new Residents, but the same number of Residents were returned to the Surgery department after their rotation.

For those departments that improved, the main mechanisms for the reduction are shown in figure 2 and include:

- Reducing call frequency
- Giving more post-call compensation, and other compensations.
- Reducing the 'extra' hours: usually due to change in starting / finishing times, but may be due to cutting back on Sunday working in order to give rest day.

The details are:

- Neurosurgery department A reduced from 110 to 86 hours
- O&G department B reduced from 98 to 84 hours

- Orthopaedics department C reduced from 96 to 83 hours
- Medicine department D reduced from 79 to 68 hours
- Paediatrics department E reduced from 80 to 70 hours
- Medicine department F reduced from 78 to 70 hours
- Orthopaedics department G reduced from 81 to 79 hours
- O&G department H reduced from 86 to 85 hours

II. STATUTORY HOLIDAY COMPENSATION (Figures 2 and 3)

A monitoring mechanism has been established and is being used in all departments to record the granting of statutory holiday (SH) compensation. Of the 98 departments auditors reviewed, the vast majority were using the documentation system effectively. All the departments surveyed can now give SH compensation to MO/Residents and Intern. There were some significant improvements in granting SH compensation compared to last year for some specialties.

Figure 2: Numbers of departments granting statutory holiday compensation for MOs/Residents compared with last year

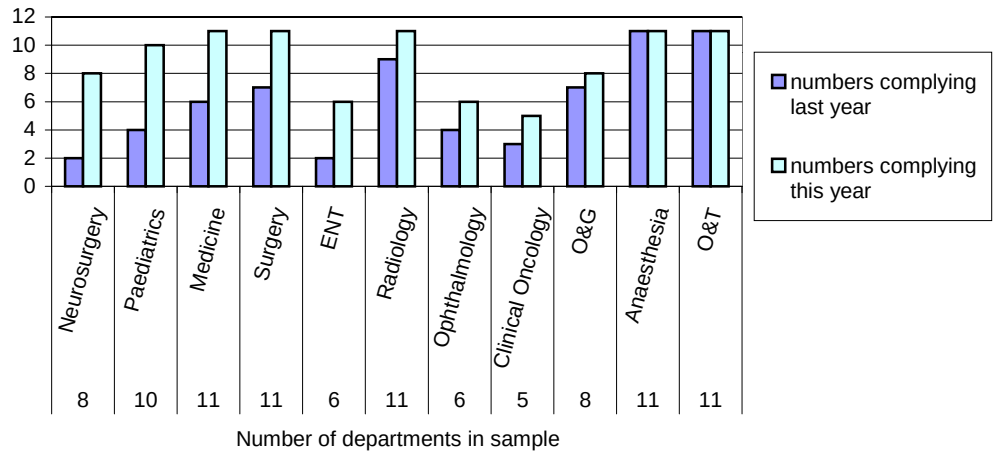
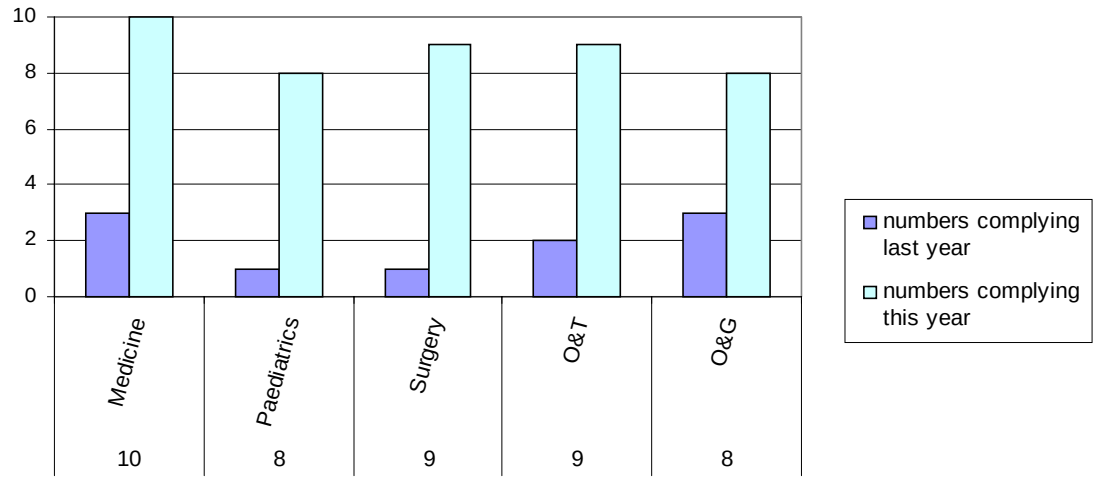


Figure 3: Numbers of departments granting statutory holiday compensation to interns compared with last year



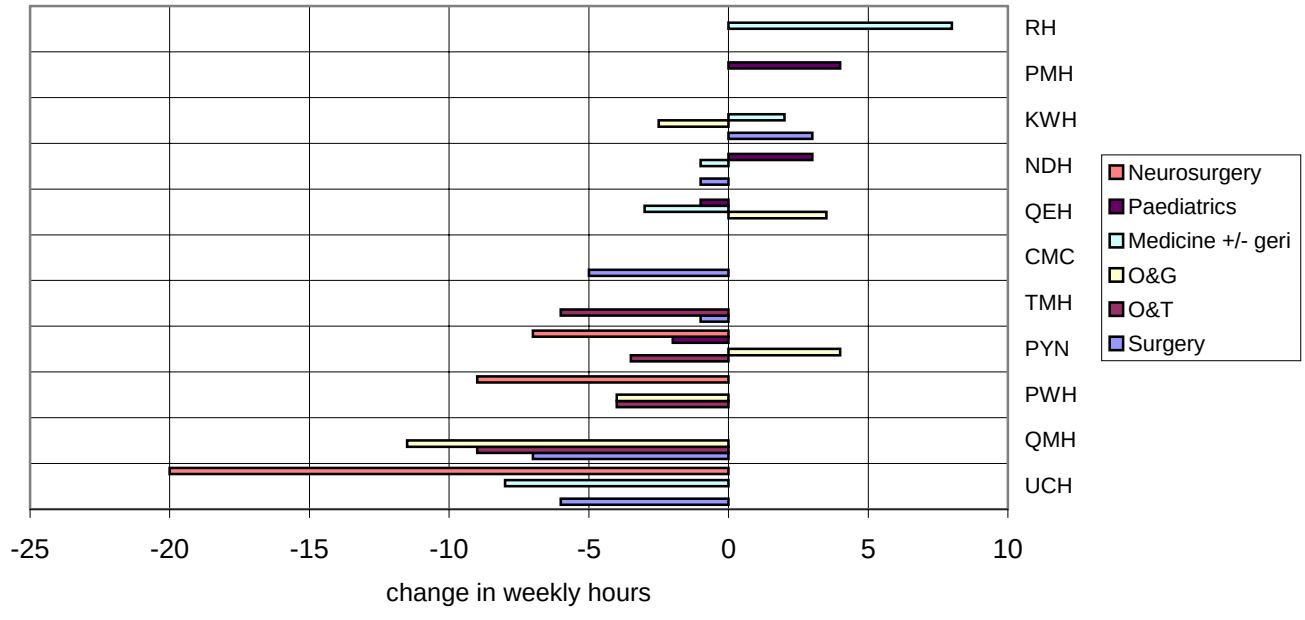
III. ON-CALL FREQUENCY (Figure 4)

Call frequency is perhaps the biggest single influencing factor on the variation in the number of hours doctors spend resident in the hospital. None of the departments has call frequency higher than 1 in 3 on average. There were improvements for both MOs and interns:

- MOs/Residents – 20 (35%) departments out of 57 improved (i.e. on-call frequency was reduced).
- Interns – 15 (34%) departments out of 44 improved.

Some departments improved, some stayed the same and some increased their call frequency. Broadly speaking, those that have improved most are those

Figure 4: Effect of change in call frequency on typical weekly hours of MOs/Residents (57 depts)



with the highest call frequencies in the past. On the other hand those that have increased call frequency may have had relatively lower frequencies previously. For those that have not changed, reasons include:

(a) they have put more doctors on call;
(b) they have put more doctors on 2nd tier call;
(c) they have improved other areas instead (specifically granting rest days or post-call compensation);
(d) they had no net gain in the number of doctors because even if they received new doctors, others left;
(e) they are currently pairing new doctors with existing doctors, until they are ready to work independently when some improvement may be seen.

Broadly speaking again, departments in Neurosurgery, Surgery and Orthopaedics which on average had the highest call frequencies last time (1 in 3 to 1 in 5), have improved the most, whilst the specialties where a few departments have seen an slight increase in hours such as Paediatrics and Medicine are those which had lower frequencies on average last time (1 in 5 to 1 in 7).

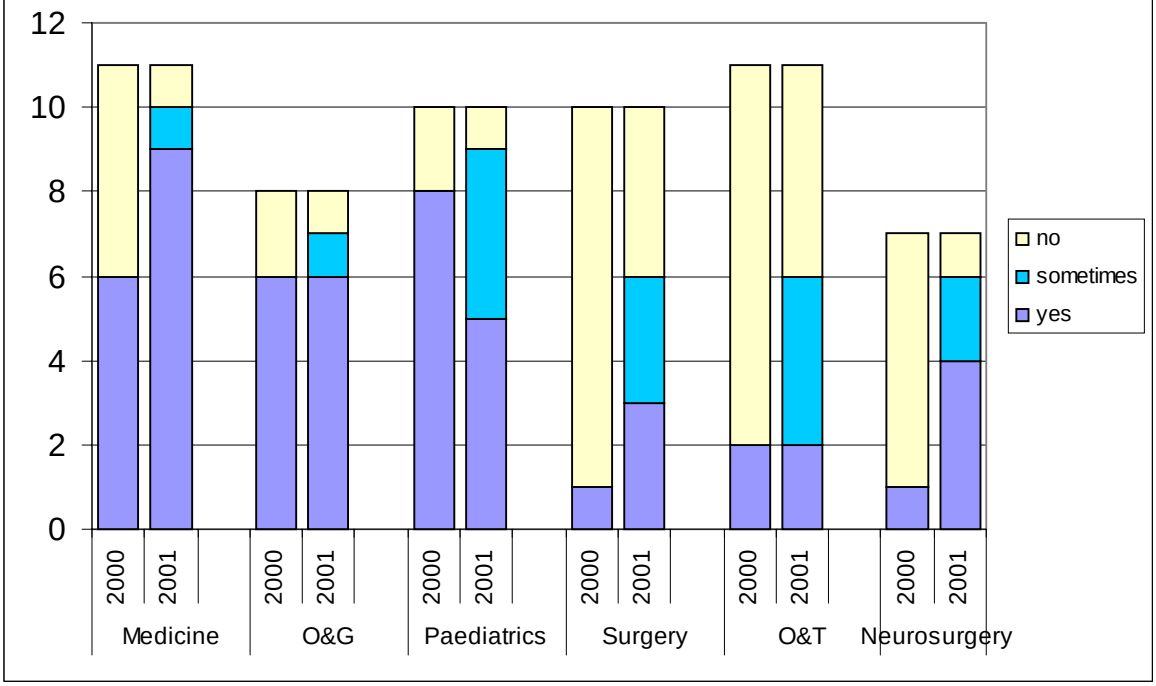
IV. POST-CALL COMPENSATION (Figure 5)

Granting of post-call compensation can also reduce hours. For example, if a doctor is on call twice per week and gets compensation of 4 hours per call then hours can reduce by 8 hours per week. Again the situation has improved compared to last year. For the main 6 specialties in the sample hospitals:

- MOs/Residents – 77% of departments could grant compensation (50% always) (last year only 42% could grant any).
- Interns – 16% of departments could grant compensation (9% always) (last year only 2% could grant any).

Granting of post-call compensation was more common in Medicine, Paediatrics, and O&G and less common in Surgery and O&T.

Figure 5: Numbers of departments in the six main specialties that can grant post-call compensation to MOs / Residents compared to last year



In this case "sometimes" may include the following:

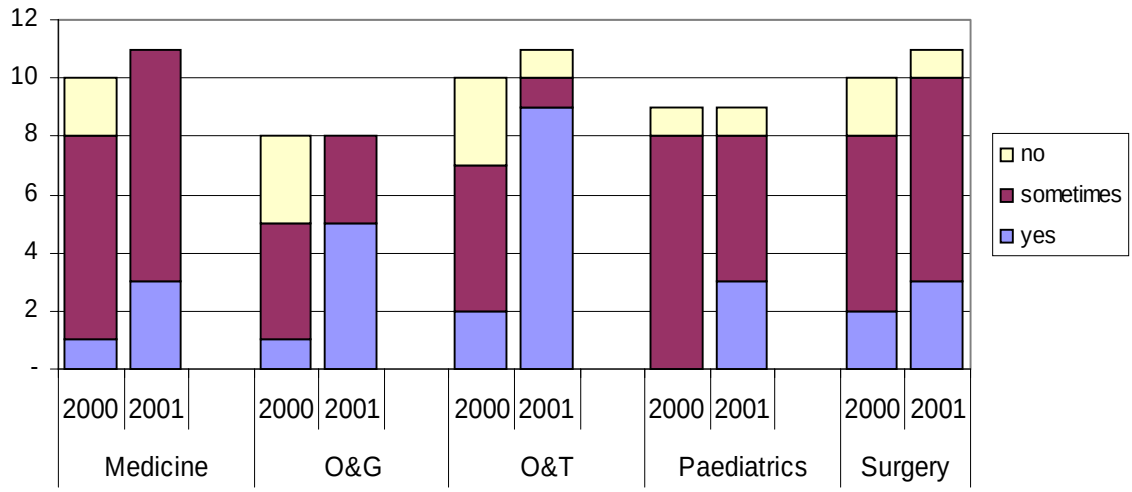
- To some MOs/Residents – e.g. one department grants it to the 2 out of 5 MOs who regularly work long hours
- To those on long call only – e.g. one department, grants it to those on long call.
- Situational – where it depends on the workload the call doctor have.

V. REST DAYS EVERY 1 IN 7 (Figure 6 and 7)

Overall, across 90 departments in all 11 specialties in the sample hospitals, 54 (60%) departments can grant rest days to MOs/Residents "always" and a further 29 (32%) "sometimes". Sometimes in this case may include, for example, every other week, or to all except those on Sunday call. For the 5 main specialties in the sample hospitals (50 departments):

- 94% of departments could grant rest days 'always or sometimes' for MOs/Residents (Figure 6).
- 56% of departments (with interns) could grant rest days 'always or sometimes' for interns.

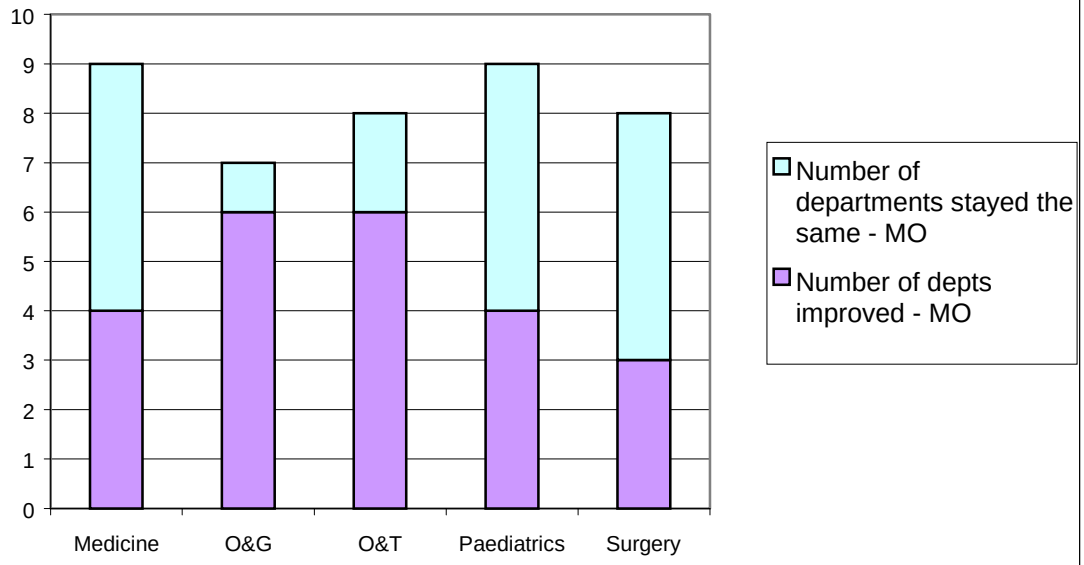
Figure 6: Numbers of departments in the five main specialties that can grant rest days 1 in 7 to MOs / Residents compared with last year



It was noted that there was difficulty granting rest days in Medicine and Paediatrics because the work pattern dips less at the weekend compared to the surgical stream. But, it is worth comparing this with the situation for post-call compensation where these specialties are more likely to be able to grant it. They also have relatively lower call frequencies.

A number of departments have improved in the provision of rest days, but the improvement is sometimes masked by the crude categories in figure 6. Figure 7 reflects all improvements. The total height of the column here represents the number of departments that could not always grant rest days at the last audit (i.e. those that had the potential to improve). Nearly 50% of departments could grant rest days more often than last year for MOs/Residents.

Figure 7: Departments that are more able to grant rest days to MOs / Residents than at the last survey



For Interns, 9 (20%) departments from the 5 main specialties could grant rest days every 1 in 7 "always" and 15 (34%) could grant rest days sometimes. This is a significant improvement on the previous year when only 8 (18%) departments could grant rest days either "always or sometimes".

7. Judging from experience, it should be noted that the on-call pattern and work arrangements for frontline doctors in public hospitals are conducive to meeting the training requirements for medical interns as well as Residents to maintain the professional standards. In addressing the issue of long working hours of doctors, a concern was raised about the implication on the clinical exposure of medical interns and junior doctors, and the period of training required to meet the professional requirements of the Universities or relevant Colleges before they are qualified as a medical practitioner or specialist.

8. In the long run, we always maintain that the issue of long working hours of doctors has to be addressed in the wider context of health care financing and health care reforms. Facing the current imbalance between the public and private health care services, and the immense pressure of meeting increasing demand on public hospital services with finite resources, we need to work closely with the Government and the private sector to make the public hospital system become sustainable to the public as well as our staff members.

Way Forward

9. Targets have been set to grant rest days for all doctors in the coming year. Hospital management had been informed about the need to fully comply with the rest day requirements through various management meetings. It is expected that the target can be met after additional doctors are recruited in July 2002.