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# Over-stretched medical manpower in the Hospital Authority

Submission by the

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## Extent of the Problem

Unreasonably long working hours for doctors is a serious and long term problem in the Hospital Authority (HA). It has been widely reported and has even been the cause of a law suit against the HA by its own medical employees. Despite this, many doctors are still working more than 1.5 time of the 44 hour-week which most people would regard as normal. Furthermore, to avoid future law suits, the HA has cancelled the standard weekly working hours in its contract with newly recruited contract term doctors. This has infuriated doctors of all ranks. Finally, under great pressure from the medical profession and the public, the HA finally agreed to investigate ways to reduce maximum weekly working hours 'down to' 65 hours. PHUDA is very concerned about this development as it may send out the wrong signal to departmental managers, making them think that 65 hours is actually the new standard working hours for doctors.

The problem does not end with standard working hours.

1. Trainee doctors: they have to study for professional examinations at their own time. Due to the time limit set by the HA, doctors under training for specialist qualifications are under great pressure to pass their professional examinations at one go. When work eats up their personal time, they are left with very little time to prepare for such examinations. Furthermore, fatigue due to excessively long hours of work also prevents them from studying effectively. Many frontline doctors are not even allowed to take their entitled leave for study, for conferences and for examinations simply because there are not enough pair of hands in their departments.

2. Senior doctors: many of them are also burdened by unreasonably high work load. Apart from clinical duties either as direct patient care or supervision of junior doctors, they

also have to take up a large proportion of administrative duties. This is especially so, after the devolution of budget management to the clinical department level. Finally, complaint cases also take away a very significant amount of time because they require in-depth investigation, report writing, and attending Public Complaints Committee meetings. With the trend of increasing emphasis on research, clinicians have to take up research projects, or to supervise trainee doctors on their research projects. This demand is particularly big for doctors working in teaching hospitals of the 2 universities. As a result, many are burnt out and leaving the HA. The recent wave of 'exodus' of experienced clinicians to the private market has further aggravated the problem for these senior clinicians because they have to take up the supervisory and teaching duties left behind by the middle ranking doctors who went private.

The Causes

What are the causes of this over-stretching of medical manpower in HA? We believe there are a number of reasons:

1. Imbalance between the public and private sectors:

   Since its establishment in 1990, HA has been asked to coordinate public medical care. The rapidly expanding government expenditure in the early nineties pushed HA to expand both global service volume and into new areas of medical care not previously endeavoured by public service in the pre-HA era. Without a clear focus for service development, HA quickly took up more and more work. This led to unfair competition and eventually a serious imbalance between the public and private sectors. Thus, the private sector did not have enough work to do while HA ended up taking over more and more.

   In 1995, HA came under attack from the Government Department of Audit for over-spending. The HA responded by increasing its clinical output through productivity gain. This trend was carried right up to the SARS outbreak. Clinicians, both frontline and senior, were driven by a corporate culture to work ever harder in order to produce more. The result is further intensification of the private- public imbalance, rapidly escalting workload for frontline doctors, and a global deterioration in morale.

   It is only in recent years that there is a clear demand for HA to re-define its core business. However, the corporate culture to work more and harder still prevails at the clinical department level. While frontline doctors have started asking for reasons to work harder and harder, senior clinicians, driven by their role as managers, are still trotting along the old tracks.

2. Establishment of new services without adequate resources:
   clinical departments are often not provided with adequate manpower when they set up new services. So, in order to meet output targets, managers have to make staff work harder. We are aware of situations in which clinical teams received no additional resources, but were asked to meet service targets nonetheless.

3. Disparity in resource allocation and local needs:
   due to historical reasons, there exists large discrepancy in the resources different clusters have. While one of the job of HA is to rectify such discrepancies, unfortunately, after 17 years, such differences are still severe. Thus, doctors working in certain hospitals have heavier workload and less promotional prospects than others.

Some may argue that there is a shortage of doctors in Hong Kong. This we cannot agree. We believe the 250 new graduates from the 2 local medical schools, together with doctors trained outside Hong Kong who are qualified to practice in Hong Kong, ensures an adequate supply of doctors. The fact that Hong Kong people have the longest life expectancies (ranked first for men, and second for women) in the world speaks for itself. The problem is about mismatch between workload and human resource, public- private imbalance, departure of experienced and well qualified doctors due to unfavourable working conditions, unreasonable pay, lack of job satisfaction and lack of promotional prospects.

<u>The Solutions</u>

Thus, to solve the problem of over-stretched manpower in HA, we propose the following measures:

A. for the Hospital Authority

1. to reverse the pressure on clinical departments to increase output without adequate human resources.
2. to cultivate a culture that respects the personal rights of individual staff to protected personal time in these departments.
3. to improve contract, pay, welfare and promotional prospects for doctors so as to keep them in the public sector even after they completed specialist training. The discrepancy in terms of employment between doctors employed before and after 2000 must be addressed and resolved AS SOON AS POSSIBLE.
4. to accept the 44 hour week as standard and offer extra remuneration for any over time work. We do not accept the argument that doctors are already paid to do extra hours because if we take into account the number of hours a professional works, front line

doctors actually earn significantly less than basic rank nurses and other professionals in public service.

B. for the Government

5. to work more closely with the HA in defining its role in the entire health care system.
6. to monitor the actual utilization of funds in setting up new services.
7. to work closely with HA so as to address the marked discrepancy in remuneration, pay scale and terms of employment in general between doctors recruited before and after 2000.

C. for the Public and Their Representatives

8. to understand the implications of unreasonable workload for doctors and offer us support.
9. to come to a realistic consensus on what people want from the public health care sector, bearing in mind that everything comes at a cost. Doctors, like any other working people, have their rights to rest, to pursue interests, to further study and to fulfill their other roles.