For Discussion
on 10 March 2008

Legislative Council Panel on Health Services

Doctor Work Reform Recommendation Report

PURPOSE

This paper briefs Members on the recommendations made by the Steering Committee on Doctor Work Hour (the Committee) of the Hospital Authority (HA) to address the issues related to long working hours of public hospital doctors; and the initiatives taken by the HA to follow up on the recommendations.

BACKGROUND

2. The Committee was established by HA in October 2006 to formulate strategies and implementation plans to reduce the working hours of doctors of public hospitals to a level not exceeding 65 hours per week in 3 years, and to reduce the excessively long continuous working hours of doctors to a reasonable level. The membership of the Committee is at the **Annex 1**.

3. In formulating the strategies of doctor work reform, the Committee has consulted the frontline staff, staff unions and associations, hospital management as well as professional organizations through rounds of open consultations and exchange sessions. The views given by the abovementioned stakeholders have been duly considered and incorporated, where appropriate, in the Committee's Doctor Work Reform Recommendation Report (the Report). The Report was submitted to the HA Board in end November 2007. HA

welcomed the recommended work reform strategies and supported the direction of reform in general. The full Report is made available to the public via HA's internet website. A copy of HA's response statement on the Report is at **Annex 2**.

OBJECTIVES AND RECOMMENDATIONS ON DOCTOR WORK REFORM

4. The doctor work reform involves multi-faceted issues. The aims of the reform are not merely to improve working hours of doctors and enhance doctors' professional training, but also to ensure quality patient care and enhance patient safety. The objectives of the reform are threefold -

(a) to improve quality patient care through teamwork;

(b) to improve risk management for enhancing patient safety; and

(c) to provide quality doctor hours for service and training.

5. The key reform strategies recommended by the Committee along the above three objectives and the follow-up initiatives to be taken forward by HA are set out in the ensuing paragraphs.

To Improve Quality Patient Care through Teamwork

6. Both the Committee and HA recognize the importance of multi-disciplinary teamwork and protocol-based care in the delivery of quality patient care. The Committee has recommended to further improve the quality of patient care mainly by optimizing the workload and night-time activities in

hospitals. Specific measures that HA has launched since the end of 2007 in accordance with the Committee's reform strategies include -

(a) setting up Emergency Medicine wards in acute hospitals with Accident and Emergency services. The Emergency Medicine ward would serve as a gatekeeper to reduce duplication of work and workload in clinical departments, particularly during night-time. By now HA has established Emergency Medicine Wards in eight public hospitals;

(b) expanding service capacity in daytime and evening to optimize activities at night-time. HA has opened extra operating theatre sessions in four public hospitals to optimize night-time activities and address the long working hours of doctors of certain specialties;

(c) setting up a structured and comprehensive multi-disciplinary handover system for critically ill and unstable patients to ensure continuity and safety of patient care; and

(d) strengthening the support to doctors and nurses by non-medical staff in providing patient care. Technical Services Assistants (Clinical Assistant) have been trained and deployed in hospitals on a 24-hour basis to take up some of the technical duties of doctors and nurses.

To Improve Risk Management for Enhancing Patient Safety

7. According to the results of an internal survey conducted by HA in 2006, some 220 doctors on overnight on-site call had worked continuously for 24 to 30 hours, and another 120 doctors on such call had worked for more than

30 hours. To address the workload problem and ensure patient safety, the Committee has proposed to change the existing work pattern of doctors and further enhance the competencies of doctors. Specifically, HA will take forward the Committee's recommendations through the following measures –

(a) to facilitate and encourage doctors to undertake further training to enhance their competencies;

(b) to gradually reduce doctors' overnight on-site call hours and frequency to improve doctors' vigilance at night to ensure patient safety;

(c) to improve clinical protocols and care pathways to standardize and streamline the procedures of patient care, with a view to reducing variation in clinical practice, repetitive tasks and occurrence of errors. HA will also formulate and promulgate intra- and inter-departmental clinical protocols to streamline patient management;

(d) to set up core competency call teams in selected hospitals to provide cross-specialty care to patients with emergency conditions during night-time; and

(e) to develop a common ward language among non-medical staff to facilitate early detection of potentially critical patient conditions for timely specialist intervention.

To Provide Quality Doctor Hours for Service and Training

8. On doctors' working hours, the Committee has recommended that doctors should not work for more than 65 hours in a week on average; and doctors' continuous working hours on weekdays and at weekends and holidays should be gradually reduced to the long term target of 16 and 24 hours respectively. HA fully agrees that with improved working conditions, doctors would be more vigilant in providing patient care and at the same time be able to spend more time on training, which would in turn be conducive to enhancing patient safety and quality of care. HA has set the following targets to take forward the recommendations of the Committee –

(a) to limit the average working hours of doctors to under 65 hours in a week by the end of 2009;

(b) to gradually reduce the continuous working hours of doctors to the level as recommended by the Committee; and

(c) subject to exigencies and service sustainability, to consider in the interim the arrangement of granting post-call half-day time-off to doctors on overnight on-site calls and four consecutive hours of mutual-cover sleep time to doctors taking on overnight on-site call duties exceeding 24 hours.

9. Besides the abovementioned reform targets, HA will employ part-time doctors to provide specialist outpatient consultations and take up other clinical duties, thereby relieving the workload and reducing the working hours of HA doctors.

Implementation of the Recommendations

10. HA will implement the recommendations made by the Committee in all public hospitals by phases. A number of pilot programmes have been launched in seven hospitals in four clusters (viz Kowloon West, Hong Kong East, Kowloon East and the New Territories East) starting from the end of 2007. The Committee will oversee the implementation of the pilot programmes and evaluate the effectiveness of the programmes after six to nine months of their implementation. The Committee will give regular progress report to the HA Board. HA will continue to communicate with frontline staff, hospital management and stakeholders at all levels, in order to fine-tune the reform initiatives.

11. With a view to further improving the working conditions of its staff and enhancing the quality of patient care, HA will continue to review the role and scope of services provided by different clusters and individual hospitals, and identify ways to manage workload through service re-organization and rationalization in the long term.

Advice Sought

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

Hospital Authority
March 2008

Annex 1

Steering Committee on Doctor Work Hour
Hospital Authority

Membership List

Chairman	Dr C H LEONG Former Chairman, Hospital Authority
Members	Dr Sherene DEVANESEN (Overseas Expert)
	Mr Andrew FOSTER (Overseas Expert)
	Prof T F FOK Dean, Faculty of Medicine The Chinese University of Hong Kong
	Prof K N LAI Chair Professor, Department of Medicine The University of Hong Kong
	Dr C T HUNG Vice President (Education & Exams), Hong Kong Academy of Medicine
	Dr Lawrence LAI Chairman, Cluster Administration and Specialty Advisory Committee on Doctor Work Hour Hospital Authority
	Dr W L CHEUNG Chairman Doctors Staff Group Consultative Committee Hospital Authority

Annex 2

醫院管理局
HOSPITAL AUTHORITY

HA's Response Statement on
Doctor Work Reform Recommendation Report

The Hospital Authority (HA) convened its Administrative and Operational Meeting today (29 November 2007, Thursday) and discussed the Doctor Work Reform Recommendation Report (Report) submitted by the Steering Committee on Doctor Work Hour (Steering Committee). The following is HA's response to the Report.

I. Overall Response

2. HA welcomes the recommended work reform strategies of the Steering Committee and supports the directions of reform in general.

3. Doctor Work Reform is a key priority area under HA's "People First" Strategy. It carries the three-fold objectives of quality patient care through teamwork, risk management for enhanced patient safety as well as quality doctor hours for service and training.

4. Issues that HA's Doctor Work Reform seeks to resolve are multi-faceted and intricate, including doctors' work and training, service mode and volume, roles and functions of hospitals, system support and, above all, accountability for providing quality and safe patient services. The road of reform is daunting and confounded by different challenges, like frugal public healthcare expenditure, manpower constraint, increasing turnover of clinical staff in recent years and uncertainties about the future mode of healthcare financing. Mere injection of resources, provision of additional doctors or any piecemeal remedial action cannot by themselves solve nor revert the looming situation. HA needs a total work reform to address the issues.

5. HA appreciates the Steering Committee's efforts in formulating a local reform model by way of wide consultation and engagement of stakeholders and professional organizations. The recommendations are all made with due consideration of patient safety, workability, rationality, affordability as well as service sustainability. The proposed strategies are targeted to improve not only patient care and safety, but also doctors' working conditions and morale.

6. The Report has brought in new perspectives and pragmatic ways of delivering patient services and work arrangements across disciplines, set the right direction of reform and provided HA with a menu of possibilities to tackle the workload issues while ensuring the

quality of service. The right care can thus be given to the right patients at the right time in public hospitals.

7. HA extends its sincere thanks to the Steering Committee under the lead of Dr C H LEONG, GBS, JP, former Chairman of HA, for its dedicated work and tremendous contribution to the corporate reform. The Report is the outcome of constructive exchanges and concerted efforts of all. Stakeholders' engagement and opinions have played a crucial part in shaping the reform strategies. HA is particularly grateful for the precious views and suggestions of all frontline doctors, Doctors' Associations and Unions, clinical heads, the nursing profession, management colleagues as well as the Hong Kong Academy of Medicine and its constituent Colleges to make the reform possible and successful in future.

II. Response to Work Reform Recommendations

8. HA will follow the recommendations of the Steering Committee in relation to optimizing total workload, change in existing doctors' work pattern, training under the new work hour arrangements and targeted deployment of resources. HA will roll out different reform strategies in phases, subject to the outcome of pilot programmes, to improve doctors' working conditions and enhance the quality of patient care. While the Report will form the blueprint for reform implementation in the entire organization, HA is committed to attaining specific milestones of reform under the aforesaid constraints, and will continuously collaborate with the concerned professional groups and the training institutions on reform implementation.

A) Improving Doctors' Working Conditions

9. HA is committed to reducing doctors' average weekly work hours to not exceeding 65 by the end of 2009. HA will implement reforms as to gradually reduce the continuous work hours of doctors to a reasonable target of 16 on weekdays and 24 at weekends and during public and statutory holidays in the long term. In the interim, HA will look to the arrangement of granting post-call half-day time-off to doctors on overnight on-site calls and 4 consecutive hours of mutual-cover sleep time to doctors taking on overnight on-site call duties exceeding 24 hours, subject to exigencies and service sustainability.

10. According to an HA-wide self-reporting Survey on Doctor Work Hour in September 2006, it was estimated that 18% of all HA doctors were working for more than 65 hours in a week on average. HA will strive to attain the stated target of 65 hours through different reform strategies in the coming years, subject to compliance monitoring, while those who are currently working for fewer than 65 hours in a week will also be benefited from the reform. As for the Steering Committee's recommendations on continuous work hours, it will take time for HA to attain the stated targets, given the manpower constraint and readiness of other supportive measures at present. However, HA will facilitate the proposed interim measures so that doctors can work in vigilance and freshness at night.

11. HA is aware of frontline doctors' request for reviewing the honorarium system in recognizing their excess work hours. HA agrees to the Steering Committee's recommended principle of nominal recognition in a broad-brush approach. With the implementation of the

New Career and Pay Structure for Doctors in October 2007, frontline doctors' concern over "equal work and unequal pay" has been significantly alleviated. In particular, the pay point for new doctors has been raised by 3 pay points to attract new comers; the salary of 2,000 serving doctors who joined HA after April 2000 will have a pay rise by 15% – 38%; and the ceiling of doctors' pay scale has been lifted by 8 pay points with a view to retaining specialists in the public hospital system. Besides, doctors who have passed specialist examinations will have pay increments; and HA will offer a nine-year employment contract to retain doctors undergoing specialist training. Under this new initiative, HA has committed an annual recurrent expenditure of more than $350 million to retain well qualified specialists in the public sector. Despite the financial commitment and the stringent financial position, HA will actively communicate with the frontline and the concerned stakeholders to explore a sound and appropriate honorarium system so as to address the concerns of frontline doctors.

B) Improving Patient Safety

12. Since its inception, HA has devoted great attention to patient safety which is also a key focus of the Steering Committee's recommended reform strategies. To this end, a number of strategies will be implemented in phases, viz. (a) continual facilitation and encouragement of doctors' training, (b) gradual reduction of overnight on-site call hours / frequency, (c) enhancement of clinical protocols and care pathways to streamline patient management, (d) pilot running of call teams with enhanced core-competency in selected hospitals as well as (e) development of a common ward language to identify potentially critical patient conditions for timely specialist intervention.

13. With regard to the Steering Committee's recommendation on core-competency call teams, HA agrees with the Steering Committee that the aims of setting up these call teams are to reduce the number of doctors required to be on on-site call in the hospital and improve the provision of emergency care for patients through enhancing the core competencies of doctors. Doctors will be geared up with the core-competency skill sets, i.e. the requisite knowledge and skills in recognizing, assessing and managing patients with critically ill and unstable conditions in both emerging and urgent situations, so that the call teams will be competent to handle the majority of emergency conditions that require immediate attention at night. In the event that cases require a higher level of expertise, the team can readily access stand-by multi-disciplinary specialists' support within a reasonable time frame.

14. HA realizes the frontline's concern for cross-specialty coverage at night. HA agrees that cross-specialty coverage is not applicable to Obstetrics and Gynaecology, Paediatrics and Psychiatry. Doctors in the medical and surgical service streams of service, given their fundamentally different requisite skills and core competencies in patient management, cannot cross cover. However, HA will re-focus on the core competency skill sets of overnight on-site call doctors, and continue to facilitate training of doctors and collaborate with the Academy in order to improve the foundation training of junior doctors. In the meantime, HA will plan for a system of formulating and promulgating intra- and inter-departmental clinical protocols to streamline patient management. Besides, HA will, as an initial step, facilitate doctors on general call to cover their respective sub-specialty on-site calls at night and consider piloting core competency call teams in certain district hospitals where services are not highly sub-specialized.

C) Improving the Quality of Patient Care

15. HA has all along been emphasizing delivery of quality patient care through teamwork. HA supports the Steering Committee's recommendations for delivering protocol-based care with enhanced multi-disciplinary collaboration. Besides, HA has identified great potentials for improved care and more efficient use of resources in various reform strategies proposed by the Steering Committee, including (a) establishment of Emergency Medicine wards to reduce avoidable admissions, (b) expansion of service capacity during daytime and evening to reduce unnecessary activities at night, e.g. opening of extra operating theatre sessions on weekday evenings, (c) set-up of a structured and comprehensive multi-disciplinary handover system for critically ill and unstable patients to ensure continuity and safety of patient care, (d) extension of roles of non-medical staff in patient care and (e) enhancement of diagnostic imaging support for services.

16. Service volume remains the major issue of concern for HA. HA will keep on reviewing the role and scope of service provided by different hospitals within clusters and identify ways to manage workload through service re-organization, process re-engineering and enhanced public-private interface programmes, so that the scarce professional resources can be better utilized to deliver the best care for the patients. HA will study the feasibility of further service networking and rationalization among specialties in different hospital clusters in the long term.

III. The Way Forward

17. To facilitate gradual rollout of reform to all public hospitals, HA will embark on a number of pilot programmes in 7 hospitals of 4 clusters, commencing the end of 2007, to verify the efficacy of the reform strategies. The Kowloon West Cluster will be the major site for pilot reform whereas individual pilot programmes will be implemented in the Hong Kong East, Kowloon East and New Territories East Clusters. Apart from $19 million already allocated for development of Emergency Medicine wards in 4 public hospitals, HA has further deployed $12 million in 2007 / 08 to run four pilot programmes, namely, (a) opening of extra weekday operating theatre sessions, (b) establishment of Emergency Medicine wards, (c) introduction of 24-hour Technical Care Assistant service, and (d) employment of part-time doctors to help out in specialist out-patient consultations and other clinical duties. The pilot programmes will be run for 6 to 9 months.

18. Additional manpower, including Associate Consultants, Residents, nurses, allied health and supporting staff, will be recruited. HA will monitor the resource utilization and assess the impacts of reform on doctors' work hours, distribution of workload, service operation and patient outcome. Extra resources will be injected for sustaining and rolling out successful reform programmes to other HA hospitals in 2008/09 through the Annual Planning process.

19. HA has delegated the Steering Committee to oversee the pilot programmes and report the outcomes to the HA Board at intervals, as its Members have already mastered the underlying issues of reform and had thorough understanding of the local health system. The Steering Committee has all along been steering the reform strategy formulation and will definitely provide valuable input to the implementation of reform throughout the pilot phase.

20. HA believes that Doctor Work Reform strategies will evolve with the changing needs and service priorities over time. HA will continue to liaise with the Government on the resource requirement. Despite the stringent workforce, financial constraints as well as other confounding factors and uncertainties ahead, HA will keep on communicating with stakeholders at all levels and plan for further reform rollout to other hospital clusters in order to bring forth the intended outcome and take the entire organization another leap forward.

21. Doctor Work Reform is the business of everyone in HA. HA will make the Report available to the concerned parties. All staff and the general public may access the Report via HA's intranet and internet websites respectively for reference.

Hospital Authority
November 2007