立法會
Legislative Council

LC Paper No. CB(2)1476/08-09(05)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 11 May 2009

Doctor Work Reform

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on Doctor Work Reform.

Background

2. The Steering Committee on Doctor Work Hour (the Committee) was established by the Hospital Authority (HA) in October 2006 to formulate strategies and implementation plans to reduce in three years the working hours of doctors of public hospitals to a level not exceeding 65 hours per week, and to reduce the excessively long continuous working hours of doctors to a reasonable level.

3. The Committee submitted its Doctor Work Reform Recommendation Report to the HA Board in end November 2007. The Committee considers that the aims of doctor work 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 Committee has recommended the following three key reform strategies -

(a) to further improve the quality of patient care mainly by optimising the workload and night-time activities in hospitals;

(b) to address the workload problem and ensure patient safety by changing the existing work pattern of doctors and further enhance the competencies of doctors; and

(c) to limit the average working hours of doctors to under 65 hours in a week and to gradually reduce doctors' continuous working hours on weekdays and at weekends and holidays to 16 and 24 hours respectively.

Deliberations of the Panel

4. At the meeting on 10 March 2008, HA briefed the Panel on the recommendations made by the Committee and the initiatives taken by HA to follow up on the recommendations. Eight deputations also attended the meeting to give views on the matter. Major views/concerns expressed by members and responses from HA' and the Administration are set out in the ensuing paragraphs.

5. Members noted that HA had set the following targets to take forward the Committee's recommendations on doctors' working hours -

(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.

Besides the abovementioned reform targets, HA would employ part-time doctors to provide specialist outpatient consultations and take up other clinical duties.

6. Members considered it unreasonable for HA to set the average weekly work hours of HA doctors at 65 hours, having regard to the fact that the average weekly work hours of doctors in many developed economies only ranged from 44 to 48 hours. Hon Audrey EU suggested stipulating standard weekly work hours for public hospital doctors, as had been done in many developed economies.

7. HA clarified that reducing doctors' weekly work hours to not more than 65 hours should not be construed as making 65 hours a standard work week for doctors. Rather, it was an initial target which HA strived to achieve by the end of 2009, having regard to the phenomenon revealed in a local survey on doctors' work hours conducted in September 2006 that about 18% of all HA doctors were working for more than 65 hours in a week. HA would explore the feasibility of further reducing the doctors' work hours after achieving the initial target. HA further advised that due to differences in the working conditions among clinical specialties, it would not be practicable to establish standard work hours for all HA doctors.

8. Members noted that HA would take forward the Committee's recommendation of changing existing doctors' work pattern to address the workload problem by setting up core competency call teams in selected hospitals to provide cross-specialty care to patients with emergency condition during night-time. Members pointed out that merely changing doctors' work pattern

without providing additional funding could not bring about marked reduction in doctors' work hours, as the root of the problem lay in rising service demand, shortage of manpower, and significant public-private imbalance in the healthcare system.

9. HA recognised that measures to re-engineer the existing work procedures could not by themselves resolve the issues relating to doctors' long work hours and excess workload. However, given that manpower resources could not be made available overnight and lead time was required to produce medical graduates, reform in both service mode and doctors work patterns were necessary to ensure sustainable and quality patient care services in public hospitals. To tackle the problem of shortage of doctors, the Administration had already conveyed HA's projected manpower requirement on medical graduates to the University Grants Committee for consideration of a possible increase in the number of places of medical programmes funded by the Government.

10. In terms of funding support to HA, the Administration advised that an additional recurrent funding of $300 million had been provided to HA in 2006-2007 and 2007-2008 respectively. To support new initiatives of HA, funding allocation to HA in 2008-2009 would further increase by over $780 million, representing an increase of 2.6%. Apart from the recurrent subvention to HA, the Administration would also allocate non-recurrent provisions to HA to cover the expenditure on equipment and information systems. In 2007-2008, around $500 million had been allocated to HA for replacement of equipment. The Administration would continue to liaise with HA on its resource requirement for meeting service needs and implementing new initiatives, including those relating to the Doctor Work Reform.

11. Concern was raised about HA's plan to transfer technical duties previously performed by doctors and nurses to non-medical staff. HA explained that technical duties, such as blood-taking, were already being taken up by Technical Services Assistants. The proposal merely extended such arrangement to a 24-hour basis to reduce the workload of doctors at night. HA assured members 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 standard of their work. Apart from these, improvements would be made to clinical protocols and care pathways to standardise and streamline the procedures, with a view to reducing occurrence of errors for enhancing patient safety.

12. The Panel passed a motion requesting HA to limit the average working hours of doctors to 44 hours in a week as the target, to improve the promotion prospect of doctors and to address the present uneven distribution of workload between the public and private health sectors; in addition, the Administration should report to the Panel the outcome of its review on the pilot programmes to implement the Committee's recommendations before the expiry of the current legislative session.

Recent development

13. The Administration provided a progress report on Doctor Work Reform to the Panel on 4 July 2008, summaries of which are as follows -

(a) HA has set aside $31 million and $77 million respectively in 2007-2008 and 2008-2009 for implementing various pilot programmes related to the Doctor Work Reform. A total of 348 new posts including doctors, nurses, allied health professionals and other supporting staff will be created for these programmes. Besides, 47 newly recruited doctors will be deployed to work in specialties that require longer working hours. The total headcount of HA doctors has also increased from 4 595 in May 2007 to 4 707 in May 2008; and

(b) the pilot programmes, such as opening of extra operating theatre sessions to reduce emergency operations at night time and setting up of emergency wards in eight acute hospitals to serve as a gatekeeper to reduce duplication of work and workload in clinical departments, particularly during night time, were launched in phases from the end of 2007 to March 2008. While they are still ongoing, it is initially observed that they could improve the quality of patient care and could also help reduce night-time activities at hospitals and workload of frontline doctors.

The Committee will continue to oversee the pilot programmes and evaluate their effectiveness after six to nine months of their implementation. The Committee aims to report to the HA Board on the implementation of the programmes in early 2009.

14. The Committee submitted the "Interim Pilot Review Report on Doctor Work Reform" to the HA Board on 26 February 2009.

Relevant papers

15. Members are invited to access the Legislative Council website (http://www.legco.gov.hk) for details of the relevant papers and minutes of the meeting.

Council Business Division 2
Legislative Council Secretariat
5 May 2009