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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 12 April 2010

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 Steering 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 Steering Committee submitted its Doctor Work Reform Recommendation Report to the HA Board in end November 2007. The Steering 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 Steering 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.

Past discussions

Implementation of the Steering Committee's recommendations

4. At the meeting on 10 March 2008, HA briefed the Panel on the recommendations made by the Steering 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. Members noted that HA had set the following targets to take forward the Steering 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.

5. 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.

6. 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.

7. Members noted that HA would take forward the Steering 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.

8. 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.

9. 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.

10. 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.

11. 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.

Outcome of the interim review of the pilot doctor work reform programmes

12. On 11 May 2009, the Administration briefed the Panel on the outcome of the interim review on the following pilot doctor work reform programmes implemented by HA -

(a) Deployment of doctors to areas under pressure - To relieve the heavy workload of doctors, the number of doctors had been increased by 204 from August 2006 to August 2008. Amongst them, 96 doctors had been deployed to the six specialties where doctors had prolonged work-hour issues;

(b) Re-engineering of emergency operating theatre (EOT) services - Four acute hospitals had opened extra operating theatre sessions to expand their day-time service capacity on weekdays. The utilisation rate of EOT time at night, relative to the total EOT time used throughout the whole day, had been reduced by 14% to 45% in these four hospitals in the second quarter of 2008 as compared to the same period in 2007;

(c) Establishment of Emergency Medicine Wards - Pilot Emergency Medicine Wards had been set up in three acute hospitals to improve the quality of care for short-stay patients and efficiency in the handling admission of acute patients. The programme had contributed to reducing acute patient bed days by 2.9% to 26.3% in the three acute hospitals in the period from November 2007 to August 2008, when compared to those from November 2005 to August 2006; and

(d) Support to doctors by trained non-medical staff - Ninety-one Technical Services Assistants had been recruited to provide 24-hour blood-taking, electrocardiogram and intravenous cannulation services for patients in six acute hospitals. From May to October 2008, an average of around 11 000 doctor work hours were saved each month.

13. Members were also advised that other initiatives included phased implementation of a common ward language with integrated observation charting and a unified communication approach for multi-disciplinary communication, training programmes to enhance the core competency of healthcare professionals, as well as an electronic handover system piloted in selected acute hospitals. These programmes commenced at various junctures in 2008 and early 2009.

14. Concern was raised that despite the implementation of the doctor work reform programmes, HA still required frontline doctors to work overnight on-site on-call for more than 24 hours.

15. HA advised that its long-term target was to gradually reduce doctors' continuous working hours on weekdays as well as weekends and holidays to 16 and 24 hours respectively. HA had started monitoring doctor work hours systematically since January 2009 and would continue to improve doctors' work patterns in different specialties in order to attain the work-hour target of not more than 65 a week by the end of 2009. To further relieve the heavy workload of frontline doctors, HA would deploy 23 additional Residents under specialist training to pressurised specialties and enhance the roles of experienced nurses to strengthen their support in patient

management in selected acute hospitals in 2009-2010. Rest-breaks would also be provided to doctors having to work for long hours.

16. Dr Hon LEUNG Ka-lau pointed out that the reason why the problem of long work hours of frontline doctors could not be resolved was due to HA's absence of a formula to project its manpower requirement based on workload.

17. HA explained that due to rapid advancement in medical technology and the continuous changing mode of operation, it was difficult for HA to adopt a formula for calculating its manpower requirement. Notwithstanding this, HA would work out from time to time its demand for new recruits of doctors per year over the next three years. In assessing the additional manpower needs, factors that would be taken into account included the effects of population ageing on HA's service demand, changes in medical technology, etc. Given that manpower resources could not be made available overnight, there was still a shortfall of doctors in public hospitals.

18. The Administration advised the Panel in writing on 10 July 2009 that according to the internal surveys conducted by HA in December 2008 and September 2006, the average weekly work hours of doctors in various ranks serving in different pressurised specialties were generally decreasing. According to the 2006 survey, it was estimated that 18% of HA doctors of different specialties (including 3% of Consultations, 4% of Senior Medical Officers/Associate Consultants and 24% of Medical Officers/Residents) worked for over 65 hours per week on average. According to the survey conducted in 2008 in one hospital cluster where pilot doctor work reform programmes were launched, it was estimated that only 4.8% of doctors (including less than 1% of Consultants, Senior Medical Officers/Associate Consultants and 7% of Medical Officers/Residents) worked for over 65 hours per week on average.

Recent development

19. On 25 February 2010, the HA Board endorsed the Final Report on Doctor Work Reform submitted by the Steering Committee. HA was recommended to -

(a) keep the momentum of reform, roll out effective work reform strategies to other public hospitals in phases and continue its various service rationalisation initiatives in order to improve doctors' worklife balance and ensure the quality of patient care, taking into account the "People First" culture, patient safety, prudent use of public money, rationality, operational practicability and service sustainability;

(b) continue developing a flexible workforce with extended roles to meet the evolving healthcare needs of the society, reinforcing risk management through protocol-based care and technology based pathways, as well as fostering teamwork among the healthcare

professionals in order to deliver quality and safe care in public hospitals;

(c) extend its scope of community and ambulatory services with improved system support and expand its public-private partnership programmes in order to reduce avoidable admissions and workload in public hospitals and manage patients in a safer, more convenient and cost effective manner;

(d) keep track of doctors' working conditions and introduce pragmatic work arrangements in the light of different clinical specialties' readiness and operational practicability in order to gradually attain the continuous work hour targets of 16 hours on weekdays and 24 hours at weekends and holidays in the long run; and

(e) keep in close liaison and communication with stakeholders at all levels in revamping its on-call systems while not compromising the quality and safety of patient care in public hospitals. Collaboration with the Hong Kong Academy of Medicine should also be continued in monitoring the effects of reduced work hours on doctors' specialist training.

In response, HA pledged that it will consolidate the experience in the pilot phase and maintain the momentum of reform to address doctors' prolonged work hour issues and strive to attain the 65-hour per week cap for all frontline doctors in the coming years and bring down their continuous work hours to reasonable levels in the long term.

Relevant papers

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

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