

## Notes of 3<sup>rd</sup> Meeting Cluster Administration & Specialty Advisory Committee on Doctor Work Hour

Date : 18 Sep 2007 (Tue)  
Time : 9:30 am  
Venue : Function Room 205S, 2/F., HA Building

### Present:

Dr Lawrence LAI, JP	Cluster Chief Executive, HKWC	(Chairman)
Dr W L CHEUNG	Director (Cluster Services), HA	
Dr C B CHOW	Consultant (P&AM), CMC / OLMH / PMH	
Dr Dawson FONG	Chief of Service (Neuro), NTWC	
Dr T W LEE	Hospital Chief Executive, POH	
Dr S K LI	Chief of Service (Medicine), PYNEH	
Dr Susanna LO	Hospital Chief Executive, SH	
Dr K T TOM	Deputy Cluster Chief Executive, HKEC	
Dr S H YEUNG	Consultant (O&T), PYNEH	
Ms Y K CHAN	Cluster General Manager (Nursing), KEC	
Mr Linus FU	Manager (Doctor Work Reform), HA	(Secretary)

### In Attendance:

Dr Deacons YEUNG	Chief Project Coordinator (Doctor Work Reform), HA
Dr K H CHAN	Manager (Doctor Work Reform), HA

### Absent with Apology:

Dr Lily CHIU	Cluster Chief Executive, KWC
Dr C H CHUNG	Chief of Service (A&E), NDH
Dr H S LAM	Cluster Chief of Service (Radiology), KWC
Dr Joseph LUI	Chief of Service (Anae), CMC / OLMH / PMH / YCH
Dr Francis MOK	Chief of Service (Surg), CMC
Dr H K WONG	Cluster Chief of Service (O&G), KCC
Ms Alice TSO	Cluster General Manager (Nursing), KCC

## I. Welcome

The Chairman welcomed members to the meeting. He reiterated the 3 objectives of Doctor Work Reform (DWR) and 5 beliefs of the HA Steering Committee on Doctor Work Hour for members' reference and invited their views and comments on the recommended DWR strategies as contained in the draft DWR Recommendation Report.

## II. Confirmation of Notes of Last Meeting

The notes of the last meeting held on 12 December 2006 were confirmed without amendment.

## III. Status Update on Doctor Work Reform

The recommended DWR strategies were walked through in the meeting. Members in general supported the proposed direction of reform and the recommended reform strategies. The following views were exchanged on different reform initiatives:

### **a) Doctors' Work Hours**

- i) The Steering Committee was recommended to consider
  - (a) laying out the principles and scope of protected training for trainee doctors in consultation with the concerned Specialty Colleges and
  - (b) counting protected training time as work hours but a cap should be applied to ensure that adequate service hours were available for patient care.
- ii) The Steering Committee was recommended to make reference to the prevailing study leave policy and look into the statutory and public holidays as well as the 5-day week arrangements when calculating the average weekly work hours of doctors.

### **b) Reform Strategies**

- i) Extended day model

Opening extra OT sessions in the extended day was considered good for patient care as surgical operations previously scheduled for the late night could be performed in the extended day. However, to cater for the changing workload pattern under the extended day model, corresponding provision of additional manpower in the surgical wards or other clinical areas might be required to ensure proper ward operation, nursing care and patient management.

ii) Extending roles of non-medical staff

The Steering Committee was recommended to consider advising HA to reinforce training and empower the non-medical staff to provide better support for doctors. In general, members had no objection to enhancing the role of care technicians in the provision of round-the-clock service in blood-taking, performing ECG and intravenous cannulation for patients.

iii) Core-competency call team

The Steering Committee was recommended to consider adopting a balance between the need for highly sub-specialized training for healthcare staff to keep pace with the advancing medical knowledge and technology on the one hand, and development of core-competency call team in order to cater for the new mode of service at night on the other. Reform in the direction of setting up core-competency call teams should also take into account the role and service scope of different hospitals and their case mix at night. It would be necessary for HA to continue liaising and engaging with the Specialty Colleges on doctors' training.

iv) Shift replacing on-call system

It was generally agreed that continuity of patient care in a shift system could be safeguarded by putting in place a well-structured handover system and protocol-based care.

**c) *Training of Doctors***

The Steering Committee was recommended to consider assessing the impact of work reform on doctors' professional training. It was worth noting that in certain hospital clusters, the creation of service posts and development of shared care programmes with private practitioners' participation were effective in relieving and enabling our serving doctors to undertake specialist training.

**d) *Targeted Deployment of Resources***

The Steering Committee was recommended to consider soliciting additional resources to facilitate reform implementation in different clusters.

**e) *Enhanced Honorarium***

Members in general supported the broad-brush approach of nominal recognition of doctors' excess work hours and the principle of higher pay for more work. However, since the evolving work patterns under various reform strategies would affect the weekly work hours of doctors in different specialties, their honorarium rates and long-term financial implications to the entire organization should be assessed.

**f) Other Comments**

DWR was considered useful to relieve the workload of both doctors and nursing colleagues in general. Nonetheless, to yield positive reform outcome, the Steering Committee was recommended to consider drawing HA's attention to the details of reform implementation, in particular development of clinical pathways for multi-disciplinary collaboration, timing of rollout, staffing and service arrangements, provision of supportive measures as well as staff training, empowerment and readiness for reform. Moreover, critical success factors should be identified to objectively assess and evaluate the efficacy of reforms in reducing doctors' work hours and safeguarding patient safety.

Members noted that the DWR Team of HAHO would continue communicating and engaging different stakeholders at different stages of reform implementation. Meanwhile, members were welcome to submit further feedback, if any, to the DWR Team on or before 23 September 2007 for further processing. The refined DWR Recommendation Report would be sent to the Steering Committee on Doctor Work Hour for endorsement in its coming meeting on 22 October 2007 before submission to the HA Board for consideration.

**IV. Any Other Business**

The Chairman extended his heartfelt thanks to all members for their dedication and contribution which would be instrumental to making the corporate DWR a success.

**V. Close of Meeting**

The meeting adjourned at 12:15 noon.

*Cluster Services Division  
HAHO  
October 2007*