

CHAPTER 8 – TRAINING UNDER THE NEW WORK HOUR ARRANGEMENTS

801 While HA seeks to improve the working conditions of doctors through different reform initiatives, it is of vital importance to ensure provision of high-quality specialist training for doctors and safe services for patients, both in and out-of-hours. The Steering Committee understands that various reform strategies may have bearings on doctors' professional training, and is therefore keen to solicit views and suggestions from both the medical profession and the Hong Kong Academy of Medicine. The Steering Committee is glad to receive many valuable feedback and suggestions from various rounds of hospital road shows and communication sessions with the Academy in the past months. Their views have provided a solid base for the Steering Committee to formulate reform strategies to meet the training needs of different specialties and strengthen the professional training of public hospital doctors with foreseeable improvement in patient outcome.

802 The conventional mode of on-call system requires long hours of work and frequent overnight on-call duties, thereby exhausting our trainee doctors and reducing their learning effectiveness. Overseas studies have shown that sleep deprivation impairs both performance and skill retention and is risky to patient care^{8.1}. Moreover, one is less motivated to create formal training opportunities at night. Learning by chance while on-call is also unsatisfactory for our junior doctors. It is therefore imperative to identify ways that can improve professional training of doctors while ensuring quality patient care and safety.

Consultation: Feedback from Respondents

803 In general, the medical profession was concerned about the impact of reform on the quality of doctors' training and the outcome of patient care.

804 Some respondents expressed that junior doctors were still in training and should have a substantial portion of their working time dedicated to learning. Capping the doctors average weekly work hours to 65 would reduce their call frequency, hence opportunities of learning. This might in turn bring forth the need for longer duration of professional training as compared with the current three years of basic training plus three years of specialist training.

805 Some respondents considered that the reform strategies, such as the partial shift system and treat-and-transfer initiative, would fragment doctors' experience in professional training, restrict their access to clinical supervision and adversely affect the continuity of patient care. The impact would be particularly prominent in hospitals and specialties where only a small number of doctors were put on roster. To tackle these issues, some suggested introducing protected training time for doctors so as to uphold the quality of training and ensure their competence in delivering patient care services. Other respondents suggested that clinical supervision should be strengthened, especially in surgical operations and interventional therapies, so that doctors might undergo better training to carry out complex and complicated clinical procedures.

^{8.1} P.3, Designing safer rotas for junior doctors in 48-hour week, Royal College of Physicians (Sep 2006)

Quality Care Teamwork

- 806 The Hong Kong Academy of Medicine expressed that the 65-hour cap on doctors' average weekly work hours might not have major impact on training but a further reduction in their work hours might necessitate lengthening of the entire specialist training for doctors in certain Colleges. Thus, within the 65-hour cap, the Academy suggested that there should be protected training time for trainee doctors. The use of training materials should be maximized, for example, by grouping cases and trainees in certain hospitals so that junior doctors could have greater exposure. The Academy also suggested giving greater flexibility in implementing the partial shift system so as to allow trainees to stay behind for learning purpose. To attain good training and patient outcome, an effective and efficient handover system should be developed in advance. Simulator or laboratory type of training could be further enhanced to compensate for the time spent on patient contacts and trainee-trainer interactions. This should be, as some respondents articulated, reflected in respective Specialty Colleges' training guideline in response to HA's new work hour arrangements. Adequate resources should also be deployed before effecting any reduction in doctors' work hours. The Academy welcomed any plans which entailed injecting additional staffing for reform implementation with due consideration of doctors' professional training, and would be glad to keep on communicating with HA to review the impact of various reform strategies on doctors' training and standard.
- 807 The Academy held that there was limited repetitive work in doctors' training, especially for skill-based ones, which was largely cognitive. Taking history from a patient for the second time might reveal features not apparent at the first time. Besides, emergency services were an indispensable part of specialist training and should not be compromised in the reform for optimizing doctors' workload. As for the extended roles of non-medical staff, the Academy opined that trainee doctors should be competent to perform basic skills. Mundane as these tasks might be, mastery of these basic skills could save lives under certain circumstances.
- 808 Regarding the core-competency call teams, the Academy expressed that it could be contradictory if on-call doctors, under the 65-hour cap, had to take up more generic work which would definitely prevent them from learning specialty-specific skills. HA was thus urged to define clearly and categorically the required competencies before launching the core-competency call teams. Clear guidelines should be available for junior doctors to call for assistance from their seniors or other specialties. Moreover, a "jump-call" policy allowing senior nurses to call for assistance might also be necessary.
- 809 The Hong Kong College of Orthopaedic Surgeons objected to the proposal for developing nurse clinics and extending the roles of allied health staff. It was considered that trainee doctors should not be deprived of training on basic patient care and triage of complex cases. Specialist-led services should not be reduced to paramedics-led, which was obviously undesirable. The College also proposed that, to compensate for the reduced training opportunities under the 65-hour cap, training should be strengthened through structured training programmes like computer simulation training, hands-on workshop with cadaver dissection, etc. The College would carefully assess the quality and quantity of training under the new work hour arrangements and would not rule out the possibility of extending the training period for their trainees.

- 810 The Censor in Chief of the College of Surgeons of Hong Kong considered that the capped 65-hour week would be adequate for surgical training, provided that the 65 hours were protected and supplemented by a well-structured training programme. In other words, training should be separated from service, and work that carried no training value should be taken away. Trainee doctors should have protected time for education and good support in research activities.
- 811 Finally, the HA nursing management had shown support for developing a common ward language, which would contribute to patient safety. It would particularly help those frontline nurses with only a few years of work experience.

The Steering Committee's View

- 812 The Steering Committee recognizes the concerns of the medical profession and welcomes the Academy's view that capping the average weekly work hours at 65 is feasible and may not have major impact on the current standard of professional training. In fact, according to overseas experience, long work hours do not necessarily bring about better training. Besides, quality training no longer relies solely on the volume and range of case exposure, but can be achieved through a formalized and planned approach imbued in the normal work pattern. Simulation or scenario-based learning can contribute to training competent specialists, let alone e-learning as exemplified in specialties like Diagnostic Radiology. The Steering Committee agrees that there should be a balance between service provision and training on patient care. Protected training should be encouraged to enhance the professional competency of doctors.
- 813 With the introduction of various reform initiatives, such as provision of non-medical staffing support for relieving technical tasks, structured and comprehensive handover system as well as the extended day and partial shift system, much of the negative health impacts on doctors due to prolonged night work will be reduced. The Steering Committee shares the same view with the Academy and some senior clinicians that trainee doctors should learn basic skills, such as blood-taking, cannulation and electrocardiogram recording, in their early years of training. Yet, they should be relieved from these non-value-adding activities once they have mastered the techniques and upon reform implementation.
- 814 The Steering Committee considers that, as a result of the extended day operational mode, junior doctors will have more time to observe procedures carried out by senior clinicians in a more intensive manner; and trainees can learn from specialists the acumen in clinical decision making and care planning during the structured and comprehensive multi-disciplinary handover. Quality training is thus attained through closer supervision of junior doctors who are more vigilant and focused at work.
- 815 To compensate for the reduced training opportunities under the treat-and-transfer initiative, rotation of trainees among hospitals on an intra- or inter-cluster basis should be a viable option to widen the exposure of doctors. The Steering Committee is glad to know that most Specialty Colleges are ready to implement, or in fact, implementing cluster-based training for trainee doctors. HA may consider exploring further with the Academy and the Specialty Colleges to drive reform and enhance doctors' training in this direction.

Quality Care Teamwork

- 816 Regarding introduction of core-competency call teams after 22:00 hours, the Steering Committee holds that the wide exposure of a specialist to a full spectrum of diseases in all patient categories during his / her early years of training should be useful in making right diagnoses and timely referrals to other concerned specialties. Hence, to ensure quality training and patient safety, HA is recommended to continually develop care protocols and clinical pathways among specialties and arrange appropriate training for junior doctors.
- 817 It is recognized that the voluminous and intensive work in some specialties makes it difficult for doctors to concentrate on inpatient care and structured day-time training. While the proposed reform initiatives will release doctors from mundane, repetitive and technical activities, the Steering Committee considers that creation of part-time service posts for certain consistently overstretched departments will definitely enable doctors to attend competency-based training.
- 818 Apart from doctors' professional development, it is equally important to take care of the training of non-medical staff, like nurses and care technicians, who will take up some of the basic care duties from doctors with a view to curtailing the latter's workload in the short to medium term. To this end, the multi-disciplinary team needs a common ward language, like MEWS (Modified Early Warning Score) used in the UK, to identify critical patient conditions for timely specialist intervention. Patient care will thus be competency-based and protocol-driven, supplemented by appropriate staff training and regular assessment, so that the quality of patient care can be upheld with continual enhancement.

The Steering Committee's Recommendations

- 819 Having considered literature evidence, overseas experience, relative merits and drawbacks of different reform strategies and other available options to supplement doctors' training at night, the Steering Committee recommends HA to adopt the following recommendations on doctors' training under the new work hour arrangements:
- a) HA may consider following the prevailing study leave policy and administrative procedures to facilitate and encourage doctors' training, subject to service requirements, operational practicability and resource availability. Flexibility should be given to release doctors for structured day-time training which should be recorded in the roster and counted as work in calculating their weekly work hours (Please refer to Chapter 5).
 - b) HA may consider establishing a **formal and comprehensive multi-disciplinary handover system** between shifts with enhanced out-of-hour clinical supervision – This offers a quality training experience for junior doctors, improves clinical care and outcome and is well recognized by the Royal Colleges in the UK as a great learning opportunity for trainee doctors (Please refer to Chapter 7).

- c) HA may consider continually developing **competency-based protocols and clinical pathways** among specialties – This will ensure that doctors have the requisite skills in patient care for enhanced safety (Please refer to Chapter 7).
- d) HA may consider providing more structured day-time training for trainee doctors using new technologies, e.g. **simulation model or scenario-based training** sessions, to supplement the contemporaneous training framework.
- e) HA may consider exploring with the Hong Kong Academy of Medicine to introduce **cluster-based training programmes** with rotation of trainees among hospitals on an intra- or inter-cluster basis. HA is also recommended to further collaborate with the Academy in evaluating the impacts of reform and the new work hour arrangements on the standard of doctors' training during the pilot phase.
- f) HA may consider creating **part-time service posts** for consistently overstretched specialties – This will lessen the burden on trainee doctors and concentrate resources for enhanced doctors' training.
- g) HA may consider adopting a **common ward language** to identify critical patient conditions for timely specialist intervention, and training all staff involved in patient care to use this language.

820 Figure 8.1 below summarizes the aforementioned recommendations on doctors' training under the new work hour arrangements.

(Fig 8.1)

