

CHAPTER 5 – WORK HOURS – WHAT & HOW?

- 501 The Steering Committee is aware of the importance of balancing the work-life quality of doctors and the demands on doctors for quality patient care. Overseas evidence has shown that a hospital is most vulnerable during the out-of-hour period when staff's alertness and vigilance are at the lowest^{5.1}. It is also revealed that night work and sleep deprivation are associated with poor health, poor learning, social isolation, medical errors and accidents, and can have inherent dangers and deleterious impacts on both doctors and patients^{5.2}. Moreover, exhaustion not only impairs doctors' performance and recent learning, but also affects their ability in making correct clinical judgments and performing procedures.
- 502 Local data collected in September 2006 suggested that about 18% of all HA doctors, i.e. about 900 in number (or 24% of doctors at Medical Officer, Resident and Resident Specialist ranks) were working for more than 65 hours in a week. Moreover, about 340 doctors were on overnight on-site call in HA hospitals every night, of whom 220 and 120 worked continuously for 24 to 30 hours and more than 30 hours respectively. The Steering Committee is committed to formulating strategies to **reduce, within three years, the weekly work hours of doctors to not more than 65 and their continuous work hours to a reasonable level as an initial target.**

I. Weekly Work Hours

Consultation: Feedback from Respondents

- 503 In the course of consultation, the Steering Committee received much feedback from doctors. Some frontline doctors were sceptical of the Steering Committee's initial target of Doctor Work Reform while others objected to capping the average weekly work hours to 65, which was deemed "too much", "unfair", "destructive to doctors' life and family" and posing "threats" to doctors currently working for fewer than 65 hours in a week. Besides, some criticized the target as too modest and not ambitious enough to let frontline doctors truly benefit from the reform; and it was advocated that capping doctors' average weekly work hours should not adversely affect those who currently worked for fewer than 65 hours in a week. There was also a perception that the weekly work hours required of doctors were different from those applicable to other staff groups. While a doctor opined that doctors' weekly work hours should not be calculated against their work pattern, others suggested HA to plan further for alleviating doctors' workload in order to enable them to have quality time for work and professional training.

^{5.1} P.3, Designing safer rotas for junior doctors in 48-hour week, Royal College of Physicians (Sep 2006)

^{5.2} Section 1.1, Findings and recommendations from the Hospital at Night Project, Modernization Agency, NHS (Apr 2004)

- 504 The Hong Kong Public Doctors' Association (HKPDA), together with other Doctors' Associations, submitted in their Joint Position Statements on Doctor Work Reform (Appendix XI) that HA doctors should not work for more than 65 hours in a week on 5% of the occasions (i.e. once in every twenty weeks). Some frontline doctors were worried that their department management might not adhere to the corporate policy of capping their weekly work hours at 65. Besides, Family Medicine trainees, who might be rotated to two different specialties on short term basis (approximately 10 to 12 weeks for each rotation), were concerned about the fair assessment of their average weekly work hours, which might be brought down to fewer than 65 in situations where their rotation entailed extremely long weekly work hours in one specialty and relatively fewer hours in another specialty.
- 505 On the whole, views from respondents were diverse as to what, how and how much should be counted as doctors' work hours. Frontline doctors requested HA to duly recognize the long and unsocial hours of doctors on call while some senior doctors expressed that their off-site duties should be recognized as work. HKPDA together with other Doctors' Associations also advocated that off-site calls should be regarded as full contribution to teamwork in the on-call units.
- 506 There were assorted views as to whether travel time should be counted as work hours. In the Strategic Planning Workshop held in March 2007, participants generally advocated that travel time should not be counted, since given the small geographical area of Hong Kong, counting of travel time would create unnecessary administrative burdens in reporting and calculation. However, this view was subsequently disputed as some respondents raised concerns over travel time and insurance coverage for commuting to the hospital, as it was anticipated that Doctor Work Reform would result in more called-back duties for specialists who were on off-site call from home.
- 507 Frontline doctors also suggested HA to provide protected training time for both trainees and specialists by designating a specific percentage of their weekly work hours for training. Departmental and HA-organized training during work hours were suggested to be counted as work, whereas self-arranged overseas conferences and development programmes were proposed to be excluded from the work hour calculation.

The Steering Committee's View

On 65-Hour/Week Target

- 508 Having reviewed both literature^{5.3} and local data on doctors' work hours, the Steering Committee believes that the reform target to reduce the average weekly work hours of doctors to not more than 65 within 3 years is pragmatic and feasible.

^{5.3} Effects of reducing interns' weekly work hours on sleep and attentional failures (NEJM Vol 351, No. 18, Oct 28, 2004): Doctors working at the mean hours of 65.4 have less than half the rate of attentional failures as compared with those working at the mean hours of 84.9.

- 509 In general, **while the average weekly work hours of doctors should not exceed 65, those currently working for fewer than 65 hours should also be benefited from the reform.** The inherent nature of doctors' work in round-the-clock patient care entails irregular and long continuous work hours. The Steering Committee therefore believes that it is more practicable to adopt the average rather than the absolute weekly work hours as the parameter for assessing doctors' work hours.
- 510 While the Steering Committee understands HKPDA and other Doctors' Associations' advocacy of a relatively stable work pattern by restricting situations where doctors need to work for more than 65 hours in a week, to 5% of the occasions (i.e. once in every twenty weeks), it however believes that such restriction is not the best way forward as it will inevitably restrict exchange of duties among doctors (which is quite a common practice to suit individual doctors' social and family needs) and cause great inconvenience to frontline doctors.
- 511 Regarding the suggestion of some frontline doctors to actually clock their work hours by time recorder, the Steering Committee holds the view that doctors, as dedicated professionals devoted to patient care, should not waste effort and energy on meticulous counting of work hours. The administrative burden of counting doctors' work hours should be kept to minimum.

On Recognition of On-call Duties

- 512 Traditionally, doctors work long hours and HA doctors are no exception. The Steering Committee fully appreciates the dedication of the frontline doctors in taking on calls during unsocial hours and is cognizant of their request for recognizing work at late night and in the early morning by attributing a heavier weight than that done during the normal duty hours. However, this will not improve doctors' working conditions. Instead, giving higher recognition in terms of more time counted for work at unsocial hours would just reduce the serviceable hours during the day time, which may jeopardize HA's healthcare services at the current level of doctors' workforce, not to mention the possible inducement and multiplying effects of such calculation.
- 513 The intrinsic nature of the medical profession entails round-the-clock service and work at unsocial hours. Doctors at similar grade or in the same call tier share similar patterns of work spread over normal duty days and the unsocial hours. **In fact, the whole spirit of Doctor Work Reform is to optimize the total workload and to reduce doctors' on-site call hours and frequency, hence their weekly and continuous work hours, so that their quality of life can be improved.** The Steering Committee deeply believes that public hospital doctors should pursue medical professionalism and quality patient care rather than meticulous counting of work at unsocial hours. Moreover, while the various reform strategies would bring about quality hours for doctors in the long run, pilot programmes would be run to test out the efficacy of the reform strategies.

514 With regard to duties performed by off-site doctors who are on call from home, it is widely accepted by HA doctors that off-site hours should not be counted as one-to-one equivalent on-site hours. Currently, HA does not have a mechanism to recognize off-site service. However, in the Strategic Planning Workshop held in March 2007, the Steering Committee was advised to work out the calculation of doctors' off-site call hours as a percentage of on-site work. Since there is little literature or well-documented methodology for assessing off-site call hours as on-site work, the Steering Committee recommends HA to consider developing a strategy to nominally recognize doctors' off-site call and tasks, taking into account sustainability and feasibility of such strategy. HA may consider drawing reference to a public hospital system in Australian which notionally recognizes each off-site call of doctors as approximately one on-site hour in calculating doctors' weekly work hours. Counting off-site work as multiple work hours would lift doctors' weekly work hours tremendously and bring forth concerns over service sustainability in the long term.

On Increase in Weekly Work Hours

515 Regarding the concern for possible increase in work hours of doctors who currently work for fewer than 65 hours in a week on average, the Steering Committee is aware of the possibility that there might be a marginal increase in the weekly work hours of some of these doctors during the transitional period of reform. However, the Steering Committee believes that the marginal increase, if any, will be offset in the long term when all the Doctor Work Reform strategies, such as the HA-wide initiatives to reduce avoidable admissions, delegation of some of doctors' non-clinical duties to care technicians, employment of part-time private practitioners via the Flexible Employment Strategy to relieve the workload in specialist outpatient clinics, and increase in staffing for certain overstretched specialties through the on-going Resident Trainee / Resident Specialist allocation mechanism, are put in place.

On Protected Training

516 As healthcare changes rapidly, it is vital that doctors have the opportunity to keep up-to-date and continually learn about new developments and medical advancement so that patient care and safety can be improved. The Steering Committee recognizes the importance of postgraduate medical education and shares that HA has the obligation to facilitate and encourage training of doctors for enhancement of clinical skills and medical professionalism. This is in line with the practice of many other professional organizations, both local and overseas, which also facilitate and encourage staff training that is directly relevant to their official duties, professional accreditation and fulfilment of organizational goals.

517 Currently, specialist training and accreditation of local doctors for fellowship are governed and monitored by respective Specialty Colleges under the Hong Kong Academy of Medicine. Different specialties vary widely in their training requirements. Throughout the years, the mechanism and arrangement in HA for medical specialist training are considered largely effective in that no trainee doctor has been deprived of the opportunity to fulfil the stipulated training requirements. Moreover, HA supports doctors' training by offering a 9-year employment contract for trainees and granting

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official release or paid study leave (an eligible staff benefit rather than an entitlement) for doctors to attend in-service training, HA-commissioned or recognized fellowship programmes, or to prepare and sit for examinations of an approved qualification, subject to service requirements, operational practicability and resource availability. Furthermore, the Steering Committee considers that HA is not obliged to protect all continual medical education programmes for doctors. Both trainee doctors and specialists have the responsibility for their own training and should invest their time to attend professional and self-development training programmes.

- 518 In view of the varied accreditation and training requirements of different specialties, the Steering Committee deems it more appropriate to define the scope (i.e. what hours spent on training to be counted as work) rather than the amount of time specified for doctors' training for the purpose of calculating their weekly work hours. On the other hand, the Steering Committee also believes that it may not be opportune and mature enough for HA at this stage to define the specific weekly hours of training for doctors at different levels in different specialties. In order to strike a balance between service needs and doctors' professional training and to allow greater flexibility for clinical heads in roster arrangement, the Steering Committee comes to a view that doctors can be deemed to be at work while they are granted official release or on paid study leave, and their time spent on approved training during the normal duty hours can be regarded as work hours.

On Calculation of Doctors' Average Weekly Work Hours

- 519 To attain the target of no more than 65 hours of work in an average week, HA may consider putting in place a mechanism to assess serving doctors' average weekly work hours over a defined period. Yet, in view of the different work patterns among specialties and the variety of leave types available to eligible staff, the Steering Committee realizes the immense complexity and difficulty in work hour calculation.
- 520 The Steering Committee is also aware of frontline doctors' request for discounting the statutory and public holidays from the total working weeks in calculating the average weekly work hours. However, for simplicity and sustainability reasons, the Steering Committee does not recommend HA to discount these holidays from the calculation.
- 521 The Steering Committee recommends HA to adopt the following principles for the sole purpose of assessing and monitoring doctors' average weekly work hours. These principles, hence the calculation, may evolve with the modernizing policies and changing environment over time.
- a) The calculation should be **simple and easily comprehensible** - For this purpose, a **broad-brush approach** may be adopted to avoid meticulous counting and possible disputes over work arrangements, since addressing these issues would draw on the current stringent resources which should preferably be used on developing healthcare services rather than tedious calculation and administration.

- b) The calculation should be **flexible** to cater for the varying needs and situations in different specialties.
- c) The calculation should **balance individual fairness, operational practicability and service sustainability** in the long term.

The Steering Committee's Recommendations

522 The Steering Committee fully appreciates that many dedicated doctors work long hours on various patient care activities, like clinical care, writing medical reports, interviewing patient relatives and attending meetings for development of treatment plans for patients under their care, etc. Having considered the operational needs of different specialties and the concerns of our clinicians, and drawing reference from overseas experience in work hour calculations, the Steering Committee recommends the following in relation to the calculation of doctors' weekly work hours:

- a) **All doctors should not work for more than 65 hours in a week on average.**
- b) HA may consider fully counting doctors' time involved in rostered on-site clinical care and administrative duties as well as intervening meals as work hours. The time involved in doctors' urgent called-back on-site clinical duties during their off-site calls may also be counted as work hours. Besides, the entire doctors' off-site call duty may be counted as one equivalent on-site work hour. To minimize the administrative inconvenience arising from meticulous counting of work hours for individual doctors, HA is recommended to document the above-said activities in the doctors' duty rosters, which would serve as the basis for calculating doctors' average weekly work hours.
- c) 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. HA may consider counting official release and paid study leave as work for the purpose of assessing doctors' average weekly work hours.

For simplicity and consistency in calculation, for departments operating on a 5.5-day week,

8 hours may be counted for doctors on official release or paid study leave to attend a full-day training programme and 4 hours counted for attending a half-day training programme; whereas for departments operating on a 5-day week, 8.8 hours may be counted for doctors on official release or paid study leave to attend a full-day training programme and 4.4 hours for attending a half-day training programme.

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- d) HA may consider fully counting doctors' intervening commuting time within a rostered duty as work hours. However, HA is recommended not to count adjoining travel time involved in home-to-office journeys for doctors' rostered on-site duties as work hours. For doctors who are required to return to and from a non-hospital site to perform urgent on-site duties during their off-site calls, HA is recommended to adopt a **broad-brush approach** to count such out-of-hour commuting as one work hour. As an illustration, an off-site call doctor performing on-site call duties for three hours will be deemed working for a total of five hours, including one for out-of-hour commuting and another covering the entire off-site call duty. The Steering Committee notes that injuries sustained by doctors during home-to-office journeys are currently not covered by HA's prevailing employee compensation policy in general^{5.4}. HA may therefore consider providing additional insurance cover to doctors for out-of-hour commuting to perform called-back duties during an off-site call.
- e) HA may consider counting the weekly work hours of doctors as an average over a period of 26 consecutive working weeks. To cater for short-term clinical rotations of doctors in different specialties, HA is recommended to allow some flexibility for trainee doctors to apply for reducing the time span down to 10 weeks in calculating their weekly work hours.
- f) HA may consider using a work hour formula, as suggested in Appendix XVIII, for the sole purpose of compliance monitoring in relation to doctors' average weekly work hours to facilitate workforce planning. Application of the formula will follow the guiding principle of nominal recognition under the enhanced honorarium system and subject to the work cap at 65 hours in a week on average for all HA doctors.
- g) HA may consider merging a doctors' total work hours in an assessment period with those in the next, if his / her countable working weeks (i.e. after deducting prolonged absence and all types of no pay leave) are fewer than 10 weeks in the initial assessment period. Hence, his / her average weekly work hours would be calculated on the basis of his / her aggregated work hours and countable working weeks in both assessment periods. This may facilitate staffing arrangement and ensure service sustainability of the clinical departments.

^{5.4} At present, injuries occurring during home and office journeys are only covered subject to the terms and conditions of the policy and the provisions of the Employees' Compensation Ordinance if the journeys are taken:

- a) whilst the employee is, with the express or implied permission of the employer, travelling as a passenger to and from his place of work by a means of transport operated or arranged by his employer (except as part of a public transport service),
- b) while travelling by a direct route between his residence and his place of work for the purpose of and in connection with his employment by driving or operating a means of transport arranged by or provided by his employer, and
- c) while travelling between his residence and his work place within 4 hours before or after his working hours when typhoon signal no.8 or above or a red /black rainstorm warning is hoisted.

- h) HA may consider redressing the disparity in honorarium for doctors' excess work hours in a **broad-brush approach** through an enhanced honorarium system (please refer to Chapter 10 for details). In the event that doctors still need to work for more than 65 hours in a week on average, which the Steering Committee believes should rarely happen as the departments should have prospectively worked out their duties in the last few weeks within the assessment period to bring down the average weekly work hours, HA is recommended to look into the work arrangements and identify ways to rectify the situation and grant time-off to the doctors concerned in the next assessment period of average weekly work hours.

Pursuant to the above recommendation, if the average weekly work hours of a doctor is 67 over a period of 26 weeks, HA may consider granting time-off to him / her for 52 hours (i.e. 2 hours x 26 weeks) if he / she has not taken any leave during the assessment period. To obviate the adverse impact on patient service and service operation, HA is recommended to formulate an action plan for optimizing patient care services and reducing doctors' workload.

- i) HA may consider implementing different reform initiatives in order to reduce the weekly work hours of junior doctors. HA is recommended to regularly monitor compliance and assess the efficacy and impact of reform in reducing the weekly work hours of doctors, and strive for further improvement in the medium and long terms.

II. Continuous Work Hours

Consultation: Feedback from Respondents

- 523 The general feedback from respondents was that the current 32 – 36 hours of continuous work should be reduced, as prolonged work with deprived rest time was considered "dehumanizing", "robbed enthusiasm at work", "affected service quality" and might result in "callosity in patient treatment".
- 524 Views as to the appropriate duration of continuous work hours were diverse. There were suggestions to define the allowable number of shifts and calls in a week and conduct a fair and open assessment of doctors' workload, taking into account operational needs, work complexity and quality expectation of doctors in different specialties. Some respondents proposed adopting the Australian model of 16 hours per shift while others supported the UK pattern of 13 hours as the maximum continuous work hours. The Hong Kong Women Doctors Association (Appendix XII) supported in principle to cap the maximum continuous work hours but opined that the proposed 13 – 16 hours might not be applicable to weekends and public holidays when the work intensity was normally not high. Some Orthopaedic colleagues opined that limiting the continuous work hours to not more than 16 to 24 hours would require a change from the traditional on-call system to a shift pattern, which involved inevitably a radical change in both the continuity of patient care and the quality and quantity of training available to the frontline doctors. Demand was raised to retain the time-honoured on-call system possibly through setting continuous work to no more than 24 hours. Some respondents also advocated protecting sleep time for doctors after long hours of overnight work in some specialties to ensure that they would work with alertness and vigilance for the safety and health of patients.

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- 525 The frequency of overnight calls and work at unsocial hours was a major concern of doctors. The Hong Kong Public Doctors' Association and other Doctors' Associations stated in their Joint Position Statement that colleagues in general felt that doctors' continuous work hours should be reduced to 13. However, if this in turn would require doctors to take up "extended duty" more frequently (e.g. once every 1.5 to 3 days), the overall effect would be more devastating to their social life. Hence the Doctors' Associations submitted that the frequency of "extended duty" should not be increased to more than their current "on-call" frequency (i.e. number of overnight calls per month) if doctors' continuous work hours were to be capped at a reasonable level. There was a view that a maximum of 6 night shifts in 4 weeks would be acceptable, subject to the confounding limits of 65 hours in a week and 24 hours of work at one go.
- 526 A suggestion was received to cap the continuous work hours of doctors in inpatient and outpatient settings to 12 – 16 hours and 8 hours respectively. This would enable doctors to concentrate on clinical duties rather than simple technical or administrative tasks which could be taken up by other trained non-medical staff. Finally, granting of mandatory post-call half-day time-off to junior doctors was proposed; and HA was suggested to enforce this policy strongly so as to boost staff morale and bring forth ultimate success of the reform initiatives.

The Steering Committee's View & Recommendations

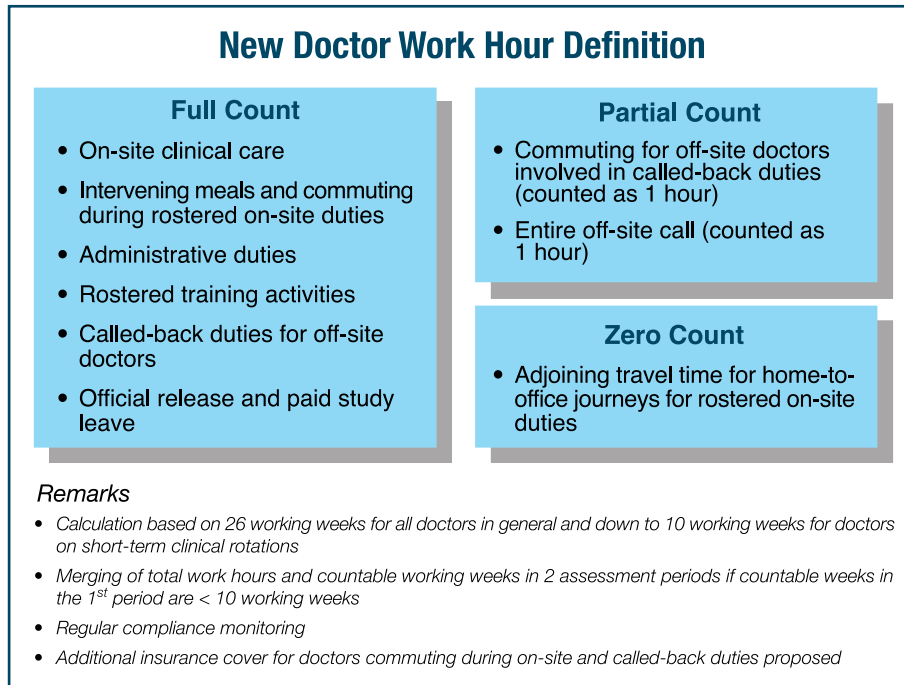
- 527 The Steering Committee well appreciates the differences in work pattern and practice among specialties and is open to the suggestion for doctors or specialties to adopt different work patterns that best suit their operational needs within an agreed framework. In the light of current doctors' work patterns, anticipated decrease in the supply of doctors as well as the time needed to implement various recommended supportive measures (such as delegating non-medical staff to take on extended roles, establishing clinical protocols and core-competency call teams), the Steering Committee believes that it would be unrealistic and infeasible to shorten doctors' continuous work hours to 13 – 16 in the coming few years.
- 528 The Steering Committee definitely understands the view of the Doctors' Associations to reduce doctors' continuous work hours to 13. However, the Steering Committee also needs to be prudent in handling the grave concerns of many doctors expressed in various communication and consultation sessions. By setting the target of continuous work hours at 13 to 16, doctors would be assigned more frequent shift duties during the unsocial hours. On balance, the Steering Committee, while agreeing that it is a right move to reduce the continuous work hours of doctors to not more than 24, recommends HA to adopt a more flexible and pragmatic approach in setting its target of doctors' continuous work hours. To ensure that both doctors and patients will truly benefit from the Doctor Work Reform, HA may consider planning for and gradually moving in phases towards the **hybrid model** of doctors' continuous work up to **16 hours on weekdays and 24 hours at weekends and throughout public and statutory holidays**. The Steering Committee believes that HA can strive to achieve a target of shorter continuous work hours for doctors when all other supporting Doctor Work Reform strategies are put in place over time.

- 529 Taking into consideration the suggestions and preferences of some frontline doctors for consecutive rather than intermittent night shifts in certain specialties, the Steering Committee recommends HA to arrange no more than 5 consecutive night shifts for doctors. Details of the recommended arrangements will be shown in paragraphs related to the shift system replacing overnight on-call duties in Chapter 7.
- 530 Having noted the concerns of the HKPDA and other Doctors' Associations over the apparent or potential increase in the frequency of "extended duty" under the 13 / 16-hour shift arrangement, the Steering Committee agrees that the on-call frequency should be one of the considerations to be weighted against other merits or limitations when a clinical department plans for implementation of a shift system for doctors at night. However, the Steering Committee would not prescribe such a rule on shift pattern or on-call frequency for doctors.
- 531 Before all clinical departments can fully adopt the proposed shift system to replace the current on-call system, the Steering Committee recommends HA to grant, as an interim measure, **post-call half-day time-off** to all current overnight on-site call doctors. Besides, the Steering Committee recommends HA to grant 4 consecutive hours of **mutual-cover sleep time**, recommended to be counted as work hours, to doctors for their overnight on-call duties exceeding 24 hours. Since on-site call doctors will be required to cover one another during the mutual-cover sleep time, HA is recommended to monitor the above arrangement regularly.
- 532 The Steering Committee recommends HA to consider exploring and implementing various Doctor Work Reform initiatives in different hospitals so as to reduce the continuous work hours of doctors to 16 on weekdays in the long term. Moreover, HA may continue its efforts to optimize the workload of doctors so as to further reduce their continuous work hours in due course.

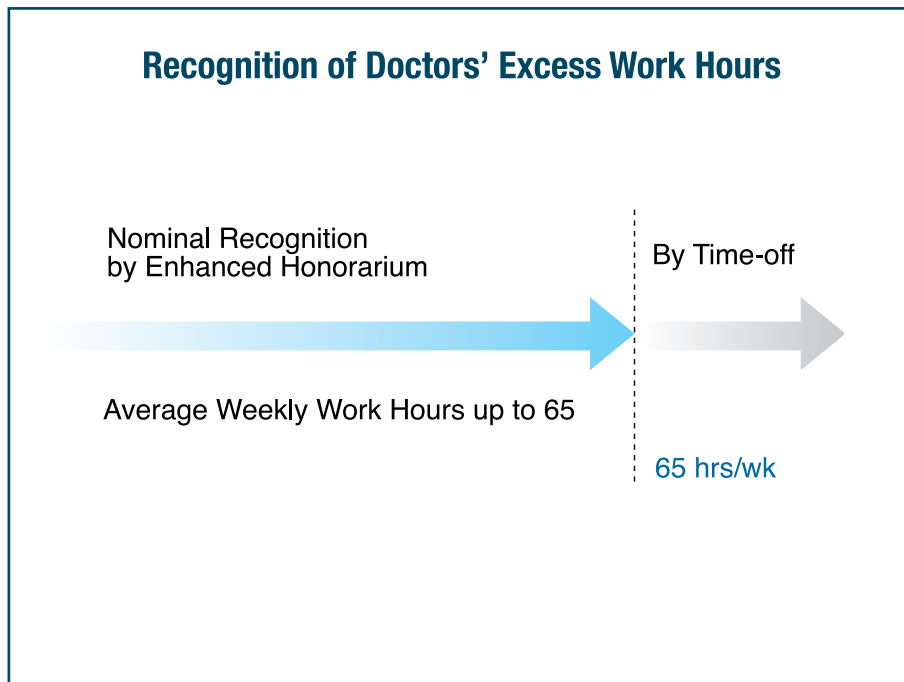
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533 The following is a summary of the Steering Committee's recommendations on doctors' work hours and related issues (Figures 5.1, 5.2 and 5.3).

(Fig. 5.1)



(Fig. 5.2)



(Fig. 5.3)

