



## Duty hours and professional responsibility

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Dear Colleagues,

By the time you read these lines, a new cohort of medical graduates will have begun their residencies in family medicine and other specialties. Your College is one of the organizations represented on a steering committee addressing resident duty hours, hosted by the Royal College of Physicians and Surgeons of Canada, with funding from Health Canada. The report *Fatigue, Risk and Excellence: Towards a Pan-Canadian Consensus on Resident Duty Hours* was released in June.<sup>1</sup> The robust process started with an environmental scan, including a literature review and a survey of residents and program directors, and incorporated recommendations from expert working groups in 6 theme areas: patient safety; professionalism; medical education; resident and faculty health and wellness; health system performance and health economics; and special considerations for procedural disciplines. A consensus conference was held in March 2013. Your College is also represented on a committee of the Canadian Medical Association, and has had input in the creation of a document on fatigue management as it relates to the medical profession as a whole.<sup>2</sup> Here are some of the lessons learned from my involvement in these projects.

Lesson 1: Duty hours are complex and can affect physician health. There is substantial variation among countries in how resident duty hours are organized and regulated. There is consensus that the manner in which consecutive duty hours have been managed in Canada (often with acceptance of 24-hour on-call shifts without restorative sleep) presents risks to physician physical and mental health, as well as behavioural performance. However, we must bear in mind that duty hours represent only one factor in a complex maze of issues that contribute to fatigue and that might negatively affect physicians' performance.

Taking a fresh look at resident duty-hour regulations and physician on-call policies is necessary, but might affect deployment of health human resources, and the organization of health care services and systems.

Lesson 2: One size does not fit all for potential solutions. Residents have related roles as learners and health care providers. They play a vital role in providing coverage 24 hours a day, 7 days a week, both in health care institutions and in the community. In order to minimize risk, enhance patient safety, and also remain sensitive to residents' well-being and the particular context of their residency programs, we must recognize the need for a flexible, tailored approach to duty hours.

Lesson 3: Fatigue management is key. We need to do a better job of working with residents and all practising

physicians to educate them about fatigue and its management, and to encourage disciplined reflection and implementation of fatigue management strategies. We can learn from the experience of the military and the airline industry in this regard. Elements could include the following:

- use of self-assessment tools (eg, the Fatigue Avoidance Scheduling Tool used by the US Air Force; the Australian Medical Association's fatigue risk assessment tool);
- redesign of call schedules in line with best practices in minimizing disruption to the circadian rhythm;
- implementation of nonpunitive adjustments, enabling physicians to cancel and rebook clinical commitments if they believe they cannot work safely and professionally;
- inclusion of fatigue management in the curriculum; and
- determination of whether certain changes should be made in our accreditation standards to reflect this.

As changes are implemented, it will be essential to pay particular attention to the management of transitions and handovers of patients.

Lesson 4: Our role as professionals is integral to the discussion at every stage of practice. We need to remind ourselves of the privilege conferred upon us to assist patients with matters pertaining to their health and to follow them, in a variety of settings, for the little things and the big things in their lives. That means that we need to be prepared to be courteous, respectful, and empathetic and ensure superb follow-up, in addition to providing expert medical opinion; this also means at times having to find alternate arrangements if we are unable to do the clinical work required of us. As a Newfoundland colleague reminded me, "Sometimes you need to say no to protect the things you say yes to." But we should embrace saying yes, whenever possible, and leave our patients feeling that they have been well cared for.

I take this opportunity to welcome all family medicine residents. I hope that you will find your residency in family medicine to be a stimulating and rewarding experience. The College is your professional home. We look forward to including you in our activities and thank those of you who will serve on our committees and working groups. We welcome your comments and suggestions. Please feel free to e-mail our President, Dr Marie-Dominique Beaulieu ([mdbeaulieu@cfpc.ca](mailto:mdbeaulieu@cfpc.ca)), or myself ([fl@cfpc.ca](mailto:fl@cfpc.ca)). 

### References

1. National Steering Committee on Resident Duty Hours. *Fatigue, risk and excellence: towards a pan-Canadian consensus on resident duty hours*. Ottawa, ON: Royal College of Physicians and Surgeons of Canada; 2013. Available from: [www.residentdutyhours.ca](http://www.residentdutyhours.ca).
2. Canadian Medical Association. *Management of physician fatigue: a discussion paper*. Ottawa, ON: Canadian Medical Association; 2013.

Cet article se trouve aussi en français à la page 803.