

Demanding work hours impacting resident health, changes needed to manage physician fatigue while ensuring access to care

OTTAWA, ON, JUNE 27, 2013 —The National Steering Committee on Resident Duty Hours has released Canada's first comprehensive, collaborative and evidence-based report on the hotly debated issue of how much fatigue is too much fatigue for Canada's approximately 12,000 resident physicians.

"Residents are essential members of our health system, working long hours, and fatigue impacts their physical and mental health," said Dr. Kevin Imrie, co-chair of the national steering committee and Physician-in-Chief at Sunnybrook Health Sciences Centre. "This report provides clear recommendations to help ensure residents are healthy and fit to provide the highest quality of patient care to Canadians."

Traditionally, resident physicians have worked a variety of lengthy shifts, a practice that has come under increasing scrutiny. With funding from Health Canada, the national steering committee brought together nine health care organizations and experts for Canada's first cross-jurisdictional effort to find consensus on the critical health and safety issue of resident duty hours.

Across Canada, no single standard exists about how many resident duty hours are appropriate or safe because each of our multiple health jurisdictions has unique standards.

"Canadian health care is too complex, and the differences between disciplines and jurisdictions too great for a 'one size fits all' solution," said Dr. Jason Frank, co-chair of the national steering committee. "What's more, evidence suggests that work hours are only one piece of the puzzle. A much broader approach is needed."

The report stresses the status quo is not acceptable and that shifts of 24 hours or longer without restorative sleep should be avoided. Among its recommendations, the report urges all provinces and health care institutions to develop comprehensive strategies to minimize fatigue and fatigue-related risks during residency. Also proposed: changes to accreditation standards, increased use of simulation and skills training for the safe handover of patient information.

This broad approach is crucial. Based on the available evidence, restricting resident duty hours alone will not improve patient safety. A successful approach must address all of the many factors that contribute to fatigue.

"Fatigue is more than how many hours are worked. It's also the type of work being done, the intensity of workload and many other factors," Dr. Imrie said. "We need to better manage fatigue, create more effective call schedules and do a better job of designing our training programs in order to create positive, lasting change."

More information is available at www.residentdutyhours.ca.

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About the National Steering Committee on Resident Duty Hours

The National Steering Committee on Resident Duty Hours is composed of national health care organizations and experts involved in Canadian postgraduate medical education, including the Federal, Provincial and Territorial Committee on Health Workforce, Association of Canadian Academic Healthcare Organizations, Association of Faculties of Medicine of Canada – Postgraduate Deans, Canadian Association of Internes and Residents, College of Family Physicians of Canada, Canadian Medical Association, Collège des médecins du Québec, Fédération des médecins résidents du Québec and the Royal College of Physicians and Surgeons of Canada. For more information, visit www.residentdutyhours.ca.