



## **Fatigue, Risk, & Excellence: Towards a Pan-Canadian Consensus on Resident Duty Hours Frequently Asked Questions**

### **What was the *Towards a Pan-Canadian Consensus on Resident Duty Hours* project?**

The *Towards a Pan-Canadian Consensus on Resident Duty Hours* project brought together nine key stakeholder organizations and a wealth of experts on the topic of health care in Canada. Launched in March 2012, and led by the National Steering Committee on Resident Duty Hours (National Steering Committee), the project was intended to address the hours worked by Canadian physicians and surgeons in residency training. Inherent to the project's mandate was a review of the existing evidence related to resident duty hours and the development of a pan-Canadian consensus on a way forward as pertains to this important issue.

### **Who was included on the National Steering Committee?**

The National Steering Committee brought together a diverse group of residents, medical educators and other experts, along with nine collaborating organizations from across Canada: The Royal College of Physicians and Surgeons of Canada (Project Secretariat), Association of Faculties of Medicine of Canada – Postgraduate Deans; Association of Canadian Academic Healthcare Organizations; and representatives from academic faculties of medicine Collège des médecins du Québec (CMQ); Fédération des médecins résidents du Québec (FMRQ); The College of Family Physicians of Canada (CFPC); Canadian Medical Association (CMA); Canadian Association of Internes and Residents (CAIR); the Federal, Provincial and Territorial Committee on Health Workforce; and representatives from academic faculties of medicine.

For a roster of National Steering Committee Members, please [click here](#).

### **Were other residents, medical educators and health care experts consulted?**

In addition to the work of the National Steering Committee, residents, educators and experts from across Canadian health care participated in six Expert Working Groups, devoted to key themes related to resident duty hours: Patient Safety, Medical Education, Health Systems Performance and Health Economics, Professionalism, Resident and Faculty Health and Wellness, and Special Considerations for Procedural Disciplines. Many of these individuals also attended the invitational Canadian Consensus Conference on Resident Duty Hours in March 2013. In addition, all Canadian residents, Program Directors, and PG Deans, and a sample of hospital administrators were invited to participate in a national survey regarding perceptions on key issues related to resident duty hours. More information about activities can be found in Section 2.0 of the final report.

### **What is the rationale for multiple Canadian regulations and approaches for resident duty hours?**

Resident training needs exemplify significant diversity across the country, among disciplines, between rotations and training sites, and across stages of training. Optimizing resident training and patient care requires consideration of a number of unique factors within each rotation. Based on a thorough, multi-methods and extensive examination of resident duty hour research and evidence, the National Steering Committee believes that there is no single one-size-fits-all approach that will optimize the education, patient safety, and patient care components of Canada's diverse residency education system.

Rather, the report outlines a detailed series of recommendations on systems-based changes to address issues pertaining to, and impacted by, resident duty hours in Canada. Furthermore, the National Steering Committee's report does state that duty periods of twenty-four or more consecutive hours without restorative sleep should be avoided and should only be undertaken in rare and exceptional circumstances.

### **What research informed these conclusions?**

A mixed-method, multi-phased approach was developed to guide research and analysis throughout the project. The project's methodology included a number of methods to retrieve and synthesize data:

- Interviews with National Steering Committee members
- National Survey of Residents, Postgraduate Deans, Program Directors, and a Sample of Hospital Administrators
- Analysis of Current and Historic Collective Agreements
- Literature Review
- Jurisdictional Review outside Canada
- Six Expert Working Group Commentary Papers
- Canadian Consensus Conference.

More information about each phase of activities can be found in Section 2.0 of the final report.

### **What was included in the literature review?**

The regulation of resident duty hours is widely regarded as a complex and multifaceted issue. As a result, resident duty hours have been a subject of debate internationally for more than two decades, and a significant amount of literature exists on this topic. While the release of the 2009 Institute of Medicine (IOM) report in the United States has been regarded as a "gold-standard" document that explores the key issues and evidence surrounding this debate, to better understand the current landscape of resident duty hours, the project secretariat undertook a literature review, focusing on systematic reviews published since the IOM report in 2009. The primary goal of the literature review was to understand the evidence regarding the impact of resident duty hours on a number of variables, such as medical education, patient safety, and health care delivery in order to ensure the final report and the recommendations were informed by a robust collection of evidence.

### **How exactly are terms such as "moonlighting", "workday", "resident duty hours" and others defined?**

Given the distinction between certain interventions used for changes to resident duty hours and associated regulations, and significant variability across jurisdictions with respect to commonly used terminology, an assessment of key terms pertaining to resident duty hours was undertaken. A proposed glossary is listed in Section 3.1.3 of the final report. This glossary is intended to serve as an important contribution to policy debates on this topic by ensuring that all stakeholders have a common language for discussion and deliberation.

### **Are the report's principles and recommendations applicable to Quebec, where in-house call duty shift cannot be longer than 16 consecutive hours?**

The recommendations of the National Steering Committee are diverse and far-ranging, making their application possible within all provinces, in accordance with provincial collective agreements. Also, recognizing that the new approach being implemented in Quebec is unprecedented in Canada, pursuing evaluation of these changes will be instrumental.

**My residency program is already piloting innovative new work models. How does this fit with the final report?**

The report's explicitly encourages pilot projects and innovation across Canada. Amongst other recommendations, the report calls for the encouragement of pilot projects in residency education, in recognition of the importance of innovation to support efficient and effective training in an era of changes such as resident duty hours regulations. It also calls for the creation of a national tool box to host a repository of evidence-based resources such as, for example, templates for fatigue management plans, in addition to evidence-based and valid risk assessment tools.

**What are the next steps?**

The final report provides clear guidelines to help all provinces and jurisdictions ensure residents are healthy and fit to provide the highest quality of patient care. The National Steering Committee will widely disseminate and share its findings across the health care continuum, while also continuing to advance our understanding of the Canadian landscape by conducting additional analysis and study of existing survey data. We hope all bodies in residency education come together to embrace these recommendations and support this new path forward to optimize patient care and educational outcomes.

To download the full report or to learn more, visit the website [www.residentdutyhours.ca](http://www.residentdutyhours.ca). For questions, please contact [RDH-HTR@royalcollege.ca](mailto:RDH-HTR@royalcollege.ca).