**APPENDIX 1**

**Contemporary National Recommendations**

**1.A RESIDENT DOCTORS OF CANADA (RDOC) POSITION STATEMENT**

**SAFETY AND WELLBEING: RESIDENT DUTY HOURS**

1. Resident physicians’ duty hours must be managed such that they do not in any way endanger their health or the health of patients. In particular, limits are required on the number of continuous uninterrupted hours that residents are on duty. In keeping with current evidence, RDoC urges that all provinces and regions in Canada work towards a system that limits continuous uninterrupted duty hours to 16 hours or less at a time. Additionally, the scheduling of duty hours must allow for adequate time in-between work periods to eliminate the effects of sleep deprivation. This limitation will enhance residents’ ability to provide safe, high quality patient care, while protecting their own personal health and safety.

2. Resident duty hours must be such as to allow for an optimal educational experience. Specifically, trainees’ duty hours must not impair their ability to learn or to train others.

3. Residents must be formally trained in handover skills, the ability to transfer care appropriately when going off duty.

4. Resident duty hours should be flexible enough to accommodate the specific context of the resident’s role and the service needs on particular rotations.

5. The management of duty hours should parallel a change in the culture of medicine that addresses the effects and consequences of uninterrupted consecutive duty hours for the medical profession as a whole, including staff physicians and non- resident learners.

6. Where a violation of Federal or Provincial ethical, legislative, or legal standards has occurred, including but not limited to those related to the Canadian Charter of Rights and Freedoms, RDoC calls upon all stakeholders to address and remedy the situation as swiftly as possible.

**1.B NATIONAL STEERING COMMITTEE ON RESIDENT DUTY HOURS – FATIGUE, RISK AND EXCELLENCE**

1. Recognizing that there are many factors that contribute to resident fatigue, a comprehensive approach to minimize fatigue and fatigue-related risks should be developed and implemented in residency training in all jurisdictions in Canada.

2. Educational approaches should be redesigned to leverage innovations and new approaches, to ensure appropriate training and acquisition of competencies in an era of increasing resident duty hour regulations.

3. Accreditation standards must be adapted to support planned modifications of the content and duration of resident duty, through the enforcement of fatigue risk management activities.

4. An inventory of alternate models of scheduling and provision of after-hours care should be created and disseminated to provide alternatives and benchmarks of scheduling and service delivery.

An independent, pan-Canadian consortium devoted to the evaluation of resident duty hours in Canada should be created.

**1.C CANADIAN MEDICAL ASSOCIATION POLICY PAPER: MANAGEMENT OF PHYSICIAN FATIGUE**

1. Educate physicians about the effects of sleep deprivation and fatigue on the practice of medicine and physician health, and how to recognize and manage their effects.

2. Create a national tool-box of self-awareness tools and fatigue management strategies and techniques.

3. Advocate for the integration of fatigue management into the continuum of medical education.

4. Advocate for the creation of system enablers with the flexibility to:

· Consider the full workload of physicians (clinical, teaching, administrative, research, etc.);

· Optimize scheduling to coordinate on call and other patient care following call; and

· Implement organizational/institutional level fatigue risk management plans.

5. Develop and advocate for implementation of standardized handover tools.

6. Enhance and reaffirm a culture within medicine that focuses on patient-centered care.

7. Reaffirm the culture shift within medicine that encompasses physician well-being.

8. Encourage physicians treating physicians to be aware of the aggravating effects of fatigue on their well-being and practice.

**APPENDIX 2**

**ROYAL COLLEGE OF PHYSICANS AND SURGEONS OF CANADA & COLLEGE OF FAMILY PHSICANS OF CANADA - ACCREDITATION STANDARDS RELATED TO RESIDENT WELLNESS**

**2.A GENERAL STANDARDS APPLICABLE TO ALL RESIDENCY PROGRAMS**

3.6 The residency program committee **must** establish and maintain mechanisms by which residents receive ongoing career counseling.

3.7 The residency program committee **must** establish and maintain mechanisms for residents to access services to manage stress and similar issues.

3.7.1 The residency program committee **must** make sure that the residents are aware of these available services and how to access them.

3.9 The residency program committee **must** have a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.

3.9.1 The policy **must** specifically include educational activities (e.g. identifying risk factors).

3.9.2The program **must** have effective mechanisms in place to manage issues of perceived lack of resident safety.

3.9.3 Residents and faculty **must** be aware of the mechanisms to manage issues of perceived lack of resident safety.

5.1 Residents **must** have adequate space to carry out their daily work.

**2.B GENERAL STANDARDS APPLICABLE TO THE UNIVERSITY AND AFFILIATED SITES**

3.7 The committee **must** ensure a proper educational environment free of intimidation, harassment and abuse with mechanisms in place to deal with such issues as they arise.

3.8 The committee **must** have a policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac).

Standard A2: Sites For Postgraduate Medical Education

6. All participating sites **must** ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.

**2.D OBJECTIVES OF TRAINING IN THE SPECIALTY OF EMERGENCY MEDICINE**

**3. Manage their practice and career effectively**

3.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life

3.5. Set realistic priorities, and utilize time and resources in an efficient manner to reach goals and meet personal and professional commitments