

Royal Australasian College of Surgeons Guide for Safe Working Hours and Conditions

INTRODUCTION

Healthcare facilities play a principal role in ensuring that all practising surgeons work in a safe and supportive environment that ensures the wellbeing of the surgical workforce and the safety of patients. This requires recognition and management of a number of complex, and sometimes conflicting factors.

The recommendations outlined in this paper are intended to address these factors, and provide guidance to Fellows, Trainees, International Medical Graduates (IMGs), and hospitals about on-call and shift rostering, handover, and the responsible management of stress and fatigue.

These guidelines will be updated regularly to ensure that they remain contemporary and reflective of best practice. For additional background and advice see [RACS Standards for Safe Working Hours and Conditions](#).

POSITION

Before formalising our position, RACS engaged in an extensive consultation process. We were guided by the available evidence base, as well as feedback from our membership sharing their common experiences. .

Unlike many industries which have a prescribed 38 hour working week set out under Australian and New Zealand laws RACS does not believe applying such a model to surgery is either realistic or in the best interests of clinicians and patients. (See 'Justification' section below for further detail).

However, the College is equally concerned about reports, such as the [2016 AMA Safe Hours Report](#), which highlights a number of disturbing findings. This includes a case of one doctor reporting working 118 hours in a week, and another case of a single shift lasting 76 consecutive hours.

While it is difficult to generalise what constitutes standard safe-working hours across the spectrum of surgical roles and taking in to account individual differences, it is imperative that established parameters exist to provide guidance and safeguard the practising surgeons' health and wellbeing.

RACS recommends:

- a) Working hours should not exceed a maximum of 70 hours in a working week averaged over a four week period when working daytime hours.
- b) Working hours should not exceed a maximum of 60 hours in a working week averaged over a four week period when working nighttime hours.

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- c) Surgical training is optimised between 50-60 with a maximum of 65 hours of clinical training per week, averaged over a four-week period.
- d) All future Public Service Medical Practitioner Enterprise Agreements or equivalent medical practitioner contracts in Australia and New Zealand should have the flexibility to provide for sufficient clinical training hours, including handover and educational and quality assurance activities.
- e) The structure of this award would include ordinary hours and exempt “overtime” hours which have an appropriate hourly loading payment.
- f) There should be a minimum of two sequential full days off in each 14-day cycle.

According to data from the [RACS workforce Census](#), the average hours worked per week by Fellow was 50 hours per week in 2018.

RACS recognises that by recommending a maximum 70 hour working week, fatigue minimisation practices and safe rostering practices will need to be employed. The mitigation of fatigue must be supported by robust reporting mechanisms, and a supportive environment. The individual surgeon, their peers and seniors, and the employer all carry a responsibility to ensure that such an environment exists.

The College also makes the following additional recommendations:

- g) Mechanisms to ameliorate the effects of fatigue should be implemented including, but not limited to;
 - Safe transport to Fellow’s/Trainees’ residence once fatigue is identified
 - Secure Fellow/Trainee rest and/or sleep areas within the hospital campus
 - Appropriate intervention to enable a fatigued surgeon to hand-over his or her clinical responsibilities. For example, during an unexpectedly busy weekend of on-call necessitating the surgeon to operate all Saturday night, another surgeon should be available to relieve the fatigued surgeon for a rest period.
- h) Within rostered hours sufficient time should be allocated during the week to allow:
 - Audit and peer review
 - Education, training and research
 - Recreational leave
 - Prescribed work-place assessments for Trainees
- i) Sufficient time should also be allocated to ensure effective handover, and the implementation of robust communication networks to ensure continuity of care. At least one hour of overlapping shift rostering should occur in those hospitals that have surgical registrar shift work for each change of shift, with provision for longer handover if surgical emergencies interfere with safe handover.
- j) Flexible training hours (at least 50 per cent FTE) should continue to be made available and promoted wherever possible.

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- k) The most frequent on-call roster is a 1 in 4 on-call rotation. This may not be possible for smaller specialties or in rural and remote areas. More frequent on-call rostering should be organised with caution and mitigations should be in place if fatigue is experienced by on-call surgeons.
- l) The following minimum, annually-based leave requirements are based on previous RACS recommendations and those outlined by the American Board of Surgery:
- Recreational leave 4 weeks
 - Study leave 2 weeks
 - Not less than appropriate award leave entitlements

These times do not include public holidays and festivals such as Easter and Christmas/New Year. Other leave may be negotiated on an individual basis, including sick leave and research.

- m) Trainees may rotate across state and national boundaries as part of training often impacting on the ability to accumulate and utilise leave entitlements. Hospitals should consider the impact this has on fatigue and the importance of recognising entitlements across jurisdictional boundaries.
- n) Hospitals should not expect that absences will be automatically covered by surgeons who are not on leave.
- o) When roster gaps occur, it should be the responsibility of the hospital administration, in cooperation with the surgeons, to resolve the shortfall. Workforce planning should include provision for the inevitability of such gaps occurring, and locums may be required.
- p) Expected periods of high workload such as sporting events or high tourist season in resorts, where there is a predictable increase in the local population should be planned for and additionally resourced.
- q) From time-to-time surgeons may be at higher risk of fatigue due to factors such as illness or injury. Individuals should remain conscious of the need to ensure their own wellbeing. Equally, healthcare facilities have a responsibility to promote a culture where legitimate absences due to illness or injury are supported.
- r) To minimise fatigue elective operating lists should be performed during routine hours.
 - Routine hours do not continue after 10pm
 - No elective list should be expected to last more than 12 hours.
 - If a single elective case is expected to last more than 12 hours appropriate fatigue management must occur.
- s) Where a surgeon becomes pregnant during their employment and has concerns that working patterns may exacerbate risk and fatigue, they should undertake an assessment to identify particular risk factors. Where appropriate, the Fellow, Trainee or International Medical Graduates (IMGs) should consult with their treating doctor. Steps should then be taken to eliminate these risk factors or mitigate their impact.
- t) Prior to attempting the Fellowship examination, a geographically remote (Remoteness Area 3 and above) IMG may need to devote up to three months to intense examination preparation. This may require paid leave and backfilling with locum services. The financial burden must be borne by the health service, not the IMG.

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Additional Resources:

- [Royal Australasian College of Surgeons Standards for Safe Working Hours and Conditions](#)
- [The AMA National Code of Practice – Hours of Work, Shift work and Rostering for Hospital Doctors \(2016\)](#)
- [The New Zealand Medical Association provides a series of strategies for managing shift work and fatigue.](#)
- [RACS Position Paper Rural and Regional Services.](#)

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