MOTION FORM

Canadian Medical Association - General Council 2012

Please indicate motion category:

☒ **Delegates' Motion**

☐ **Strategic Session # 2: Achieving Sustainability by Increasing Efficiency**

☐ **Strategic Session #3: Engaging Physicians to Lead on Health Care Transformation**

☐ Please check box to indicate if motion should be placed on the **Consent Agenda** for the above noted session.

* ***Note:*** *Strategic Sessions #1 and #4 will be held in committee of the whole format*

MOVER Dr. Gillian Shiau

MOVER CONTACT INFORMATION (phone/email where mover can be reached on **9-10 Aug**)

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SECONDER CONTACT INFORMATION (phone/email where mover can be reached on **9-10 Aug)**

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MOTION (maximum approx.150 words – please refer to **2012 Guidelines** for Motions in the attached procedures)

The Canadian Medical Association supports the six recommendations put forward in the Canadian Association of Internes and Residents' position paper "Canadian Patient and Physician Safety and Wellbeing: Resident Duty Hours" to help guide regional, provincial and national efforts to manage resident duty hours and set limits on the number of continuous uninterrupted hours that residents are on duty.

Please indicate motion type:

☒**Policy Motion** (describes the position the CMA is taking on an issue or a standard or a belief that the CMA will support on behalf of the medical profession - e.g., *The CMA supports the development of a national strategy for improving the health literacy of Canadians.*)

☐**Directive Motion** (describes a specific strategic direction/action that the CMA will explore/initiate on major items – e.g., *The CMA will develop guidelines for physician involvement in the governance of health information systems.*)

EXISTING POLICY CHECK

☒ Please check box to confirm that the CMA policybase on cma.ca has been checked and the submitted motion does not duplicate existing CMA policy. The link for the CMA policy base is **http://www.cma.ca/cma.ca%20-%20cma%20policy**

ADDITIONAL CONTACT PERSON/INFORMATION (phone/fax/email etc.)

Ms. Cheryl Pellerin, tel: 613-234-6448, email: cpellerin@cair.ca

1. **SUBSTANTIVE RATIONALE** – Include: **a)** why this motion should be considered **b)** supporting scientific evidence (if a scientific/clinical motion); and **c)** previous motions from GC (if applicable) (approx 250 words)

The hours that trainees work is a matter gaining increasing attention within the medical profession and with the public. To help guide discussion on regulation of duty hours for residents, CAIR released a position paper (April 2012) that takes into account the safety and educational issues and the changing health care and educational realities across Canada.

There is a strong body of evidence on fatigue from excessive work hours adversely impacting patient safety, the ability of trainees to learn and resident safety and wellbeing (see Institute of Medicine study http://books.nap.edu/openbook.php?record_id=12508 and http://www.cair.ca/u/elibrary/CAIR_EN_compressed%20final%20Apr%204.pdf). Results of national resident surveys conducted by CAIR in 2011 and 2012 (see Additional Comments for details) echo these findings and support the need for change.

Recent efforts by various stakeholders to move this issue forward and establish national standards or common approach on duty hours has led to a number of initiatives and forums for wider consultation and discussion.

In full support of regional, provincial, and national efforts to ensure patient safety, safe working conditions, and an optimal educational experience for residents across Canada, CAIR makes six key recommendations in the paper (see appendix), based on principles previously identified by CAIR and supported by the CMA.

These recommendations provide a strong basis for addressing this issue and guiding stakeholder discussions.

This motion builds on GC Resolution 11-39 that: "The CMA supports the principles of ensuring patient and provider safety, resident well-being and an optimal learning experience in the management of residents' duty hours."

2. KEY STAKEHOLDERS - Include: suggested key stakeholders involved/engaged with implementation e.g., federal government, provincial/territorial medical associations, affiliates, associates, national medical organizations, etc. (approx 50 words)

CMA, CAIR, FMRQ, CFPC, Royal College, AFMC/FMEC PG Project, National Steering Committee on Resident Duty Hours, PG Deans, Program Directors, Hospital Administrators.

3. SUGGESTED IMPLEMENTATION – Include: any particular direction on how the motion should be implemented (approx 200 words)

The principle-based recommendations put forward by CAIR as the national representative body of over 8,000 resident physicians across Canada should be used by stakeholders at all levels to inform and guide their discussions of changes to duty hours – including (e.g.), the CMA's work on restricted duty hours for physicians and the 2012-13 multi-stakeholder National Steering Committee on Resident Duty Hours.

4. RELEVANCE TO CMA MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES. See CMA strategic plan at http://www.cma.ca/aboutcma/history-mission-vision-values (approx 250 words)

Ensuring that the hours of work of our residents are managed such that patient and resident safety, well-being and quality education are protected, speaks directly to the CMA's Mission, Vision, Values and Strategic Directions:

- The recommendations put forward by CAIR for managing changes to resident duty hours and their emphasis on safe patient care are in keeping with the CMA values of Excellence, Professionalism, and Integrity.
- This motion will be a demonstration of the CMA's membership value proposition for its trainee members. The impact that excessively long duty hours has on personal well-being (stress, burnout, work-life balance) has been identified by residents as an ongoing key concern.
- Providing patient care in a safe and ethical manner is intrinsic to professionalism and one of the core values of the medical profession.

5. ESTIMATED RESOURCES REQUIRED (money, time, human) please check the relevant boxes.

HR less than one person week	HR more than one person week – less than one person month	HR over one person month	Under $5,000	$5,000-$25,000	Above $25,000
x			x		

6. ADDITIONAL COMMENTS (approx 200 words)

In 2011 CAIR surveyed its membership and found that over 80% reported instances where the quality of their care had been compromised by the number of consecutive hours worked. Almost 60% felt they could only provide safe, high quality patient care for 16 consecutive hours or less. The 2012 CAIR member survey reported similar findings – 76% of respondents admitted to making errors at work due to work-related fatigue, and MVA incidents where work-related fatigue was felt to be a factor included nodding off at the wheel (34%), narrowly avoiding a collision (25%), and being in a MVA (4%).

With the publication of its position paper, CAIR became the first national medical organization to take an official stance on this controversial topic. Working closely with resident representatives from all specialties and regions across Canada, CAIR developed a position that calls for significant reform not only for residents but also for staff physicians and non-resident learners.

By avoiding a single solution and advocating for alternate training models, hours may be redistributed to optimize learning, minimize fatigue and improve physician well-being, thereby improving efficiency and precluding any need to lengthen training – a key concern for trainees. Moreover, formalizing handover training will help reduce fatigue-related errors and ensure appropriate transfer of care.