Fatigue management in vocational general practice training
Statement of principles and discussion paper – July 2012
Statement of Principles

Preamble
This is a document arising from the meeting between representatives from the Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, National General Practice Supervisors Association, Rural Doctors Association of Australia, Australian Medical Association, Association of Chief Executives and General Practice Registrars Association in November 2011.

Definition of Terms
Fatigue is an acute, ongoing state of tiredness that leads to mental or physical exhaustion and prevents a person from functioning within normal boundaries. Fatigue is a hazard that can affect all health professionals. It has implications for the provision of safe, high-quality care and the wellbeing of the doctor. The management of fatigue is both the responsibility of individual practitioners as well as the systems that they work in.

A Statement of Principles is the formulation of an agreed-upon conceptual framework for future discussions. It is not a set of standards. Standards are set with reference to a Statement of Principles, but there are also many other considerations including legal ramifications, cost-benefit analyses and feasibility.

The Statement of Principles
1. Safe, high-quality patient care and the safety of the doctors providing it is important to all stakeholders in general practice.

2. Fatigue is a multifactorial problem that can occur as a result of various factors that may be work-related, lifestyle-related or a combination of both, and personal and organisational responsibility is required in its management.

3. General practice is diverse: it encompasses in-clinic consulting, administration and management, hospital, after hours, sub-specialty work etc.

4. The need for health care is around-the-clock. In some places in Australia, general practitioners provide almost all of this care. This is a vital community service.

5. Fatigue can be managed by the provision of well-designed systems: addressing day-to-day, ongoing or predictable concerns and a transparent feedback process to resolve conflicts.

6. An all-of-industry approach that is equitable for all general practitioners at all stages of training and career should be taken to ensure quality practice.
The discrete nature of the general practice training program provides a unique opportunity to explore and consolidate various strategies to manage fatigue. Training in general practice should be reflective of the diversity of general practice and should prepare registrars accordingly.

7. Training should be supported. Learning can be challenging, but should not be threatening. In managing fatigue, support should occur at the practice, regional training provider and national level.

8. Stakeholder organisations should have a policy on managing fatigue and matters related so that clear, workable protocols are available for the guidance of those in the general practice training environment.

9. Concerns from registrars regarding threatening situations or safety should be addressed promptly and respectfully.

10. Registrars have a responsibility to act in a professional manner within the Australian General Practice Training program. This includes taking an active role in managing external factors promoting fatigue.
Fatigue Management in Vocational General Practice Training

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Background
Fatigue is a recognised workplace hazard. The General Practice Registrars Association responded to registrar concerns regarding this – framed in the context of safe work hours - with a discussion paper to the general practice training and wider community in 2011. This paper provoked intense debate and discussion and saw an industry group come together to progress this important issue. The group comprised representatives from the Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACCRM), National General Practice Supervisors Association (NGPSA), Rural Doctors Association of Australia (RDAA), Australian Medical Association (AMA), Association of Chief Executives (ACE) and General Practice Registrars Association (GPRA).

The term ‘fatigue management’ is preferred over ‘safe working hours’ in recognition that work-hours are only one facet of the problem. ‘Fatigue’ is also the current language being used by Safe Work Australia.

Safe Work Australia has recently released a draft code of practice that provides comprehensive details on this problem. Workplace fatigue is a recognized workplace hazard that is managed as any other under workplace occupational health and safety responsibilities. This is clearly articulated in the move towards nationwide harmonisation of workplace laws. For ease of understanding of the current literature and legislative framework, the nomenclature of Safe Work Australia will be used.

While ultimately this hazard will need a whole of profession and industry solution, the general practice training environment provides a more defined space in which to make changes. Quality of standards and productivity of training is of utmost importance to all involved in this process.

Scope of this paper
This consultation discussion paper has been developed to provide background information and promote discussion about fatigue management in vocational general practice training. While general practice registrars work in a variety of different settings
during their training, this paper will expressly concern both RACGP and ACRRM registrars working in the general practice setting.

Statement of goodwill
By developing a statement of principles regarding fatigue management in vocational general practice training, the industry group seeks to encourage a mutual attitude of goodwill between all key stakeholders such as the regional training providers (RTPs), supervisors and registrars. All reasonable efforts should be made to work and learn together in a spirit of mutual trust and goodwill to provide high quality healthcare to the Australian public, while safeguarding the training, health and personal needs of registrars and other doctors in the training environment.

The setting: general practice
General practice is diverse. It encompasses in-clinic consulting, administration and management, hospital, after hours, procedural and sub-specialty work. General practitioners (GPs) have a responsibility to provide quality patient care in a safe and equitable manner.

The need for safe, high-quality healthcare is constant and continual. In some places in Australia, general practitioners provide almost all of this care. This responsibility is a vital community service and a potentially satisfying one. Training in general practice needs to be reflective of this and prepare a registrar for this diversity. Many registrars report that they highly value the unique learning environments that rural and remote practices can provide. The challenges of providing this care can be alleviated by the provision of well-designed systems: addressing day-to-day, ongoing or predictable concerns and a transparent feedback process to resolve conflicts.

The challenge: managing fatigue during vocational training
Fatigue, as per the Safe Work Australia nomenclature, is an acute, ongoing state of tiredness that leads to mental or physical exhaustion and prevents a person from functioning within normal boundaries.
Fatigue can occur as a result of various factors that may be work-related, lifestyle-related or a combination of both. In the workplace, fatigue may result in impaired decision-making, reduced responses, increased work-related accidents, and poor concentration and motivation levels. Regardless of the cause, sleep is the most effective long-term strategy to prevent and manage fatigue.

In the general practice setting, workplace factors that commonly contribute to fatigue include:

- A single practitioner who provides 24 hours on-call or after hours health care
- Prolonged consulting hours
- Adverse environmental conditions
- Provision of emergency care especially between the hours of 2am and 6am
- Workforce shortage hindering sustainable scheduling and planning of rostered recovery time and leave
- Intense, mentally demanding nature of general practice
- GP registrar role: in new, unfamiliar or unsupported situations
- GP supervisor role: additional responsibilities in and after hours

Stress and fatigue would seem to affect those in rural and remote areas more than urban-based GPs due to the increased likelihood of after hours care being provided by the patient’s own GP. This is also recognised by the RACGP in their Occupational Health and Safety statement within the 4th Edition of the Standards (4.1.2), noting that fatigue and related factors, also known as human factors, are associated with harm to patients and that these are particularly of note in areas of workforce shortage.

Being on-call and involved in emergency work is a known stressor for GPs, with these GPs having higher rates of stress and stress-related illnesses than those not working in this capacity.

There is some evidence to suggest that age may be correlated with increased sensitivity to fatigue, which is of interest given the rural general practitioner workforce tends to fit an older age profile.
Fatigue in GP training environment

After hours work requirements may not be the major contributor to work-related fatigue for every general practitioner, as this is a complex and multifactorial problem. General practitioners who provide registrar supervision shoulder responsibilities for the after hours workload of their registrars in addition to their own workload. Hence supervisors are exposed to a greater risk of fatigue than may be expected from their individual work roster.

The ‘work of learning’ experienced by GP registrars when managing on-call and after hours duties can also be a significant contributor. The effects of fatigue and workplace stress are known to lessen the more experienced a doctor becomes in a role. Moreover, in comparison to more senior colleagues, GP registrars are still learning how to balance working, home and personal life.

In this context, the unsupported registrar can be the most at risk of fatigue. While each individual’s response to extended working hours will vary, the registrar who is concerned that he or she is not receiving adequate supervision at all times is particularly vulnerable. Anxiety about the on-call has a significant impact on quality of sleep and can result in fatigue, and therefore in its attendant sequelae, even if the workload is minimal.

Providing equitable solutions

Current approaches

Several approaches peculiar to general practice exist that may be of benefit to a practice, region or regional training provider addressing fatigue management.

The AMA statement on managing fatigue in the general practice setting provides a tool to measure an individual’s fatigue risk and for practices to examine work patterns as a whole. The document is aimed at GPs but is not currently well-utilised in the training environment.
RDAA has been active in championing policy directives to ensure compensatory leave is made available to rural practitioners.13

The National Minimum Terms and Conditions Agreement14 protects registrars in the first year of training from taking on a greater workload than other general practitioners in the practice and confirms the need for accessible supervision after hours.

The learning and personal needs of the registrar however are upheld in the RACGP Standards statement that “the service demands of the training post must not be excessive and the structure of duty hours and on-call schedules consider the needs of patients, continuity of care and the educational needs of the registrar”. The companion to the Training and Training Post Standards further clarify this to mean that service demands should not impinge on registrar education and registrars should not be seeing more patients than other general practitioners in the practice.15

Many practices and communities are trying to tackle fatigue with such models as deputising services, co-operatives, telephone triage and advice services. There is little evidence to suggest that one model offers significant benefits over another,16 suggesting that a ‘one-size fits all’ model may not be the answer.

Many communities and general practitioners are still struggling with the issues of fatigue management in providing quality patient care. The specific needs of the training environment are not considered in the above approaches. While the development of an industry-wide approach will take time, the opportunity to provide guidance in this training environment should be capitalised on. This experience can then be of benefit to the wider profession.

**Proposed approaches**

In a regionalised training environment, much of the registrar’s environment is governed at the regional or local level.

It is suggested by this industry group that regional training providers and training practices include fatigue management during inductions for supervisors and registrars.
Practice allocation policies that ensure skill-matching between a registrar and a practice will also ameliorate stress. In the training environment, it ultimately falls to RTPs to police all aspects of registrar safety including working hours. To this end, RTPs should have clear fatigue management and registrar-at-risk policies. Such policies are needed to provide for transparent, blame-free processes in which issues can be highlighted and resolved.

All training practices and supervisors should familiarise themselves with fatigue indicators and the patterns of work of registrars training in their practice. In the light of the evidence and recommendations in the area of fatigue management, the potential impact of certain on-call and after hours practices may need to be assessed.

Registrars are encouraged to take an active role in identifying and managing reasonably foreseeable hazards that could contribute to fatigue. For instance, registrars who ‘moonlight’ for extra income in addition to training hours need to be aware that this will affect their capacity for vocational training. Registrars with concerns are encouraged to address them through early consultation with their supervisors, or RTP.

No registrar should have grounds to feel threatened when raising concerns regarding fatigue management during their vocational training.

**Conclusion**

Fatigue in vocational training is a multifactorial problem due to the complex environment of general practice. This discussion paper suggests that workable policies and active management approaches at the regional level by regional training providers, supervisors and registrars are necessary.
References


2. ACCRM Primary Curriculum Third EditionRevised 2009. ISSN 1447-1051.


