



Royal Australasian College
of Dental Surgeons
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RACDS

Safe Working Hours and Conditions Guide for Supervisors and Trainees

ORAL AND MAXILLOFACIAL SURGERY



Introduction

Regional training centres, hospitals, and training posts have a significant responsibility in establishing a safe and supportive workplace conducive to the well-being of both supervisors and trainees, with a paramount focus on the safety of healthcare practitioners and ensuring patient well-being. This undertaking entails the recognition and adept management of a multitude of factors that may occasionally be at odds with one another.

The objective of this guide is to provide recommendations that effectively address these considerations and extend support to supervisors, trainees, international medical graduates (IMGs), and healthcare institutions, particularly in areas pertaining to on-call duties and shift rostering, handover protocols, and the management of stress and fatigue.

These guidelines will undergo periodic evaluation and revision to uphold their currency and align with current best practices in the field.

College Position

While certain industries adhere to a standard 38-hour workweek as stipulated by Australian and New Zealand labour laws, the Royal Australasian College of Dental Surgeons (College) holds the view that implementing such a model in the field of surgery is neither feasible nor advantageous for the well-being of healthcare professionals and the welfare of patients.

While it is challenging to generalise what constitutes standard safe-working hours across the spectrum of surgical roles and taking into account individual differences, it is crucial to have established parameters that offer guidance and ensure the protection of the health and well-being of supervisors, trainees, and IMGs.

Recommendations

The College recommends that:

- a) The maximum allowable working hours during daytime shifts should not surpass 70 hours in a single working week, with an average calculated over a four-week period.
- b) The maximum allowable working hours during nighttime shifts should not exceed 60 hours in a single working week, with an average calculated over a four-week period.
- c) There should be at least two consecutive full days off within a 14-day cycle.
- d) The following annual minimum leave requirements should be adhered to:
 - Four weeks of annual leave
 - Two weeks of personal leave
 - Not less than the appropriate leave entitlements specified by relevant awards

These leave durations do not include public holidays and festive periods such as Easter and Christmas/New Year. Other types of leave, such as sick leave and research-related leave, can be negotiated on an individual basis.

- e) All future employment agreements should incorporate the necessary flexibility to ensure an adequate allocation of clinical training hours. This should include provisions for handover, educational activities, and quality assurance.
- f) The on-call roster structure should adhere to a 1 in 3 on-call rotation. This may not always be attainable, especially in smaller specialties or within rural and remote regions. When considering more frequent on-call rotations, it is essential to exercise prudence and put in place measures to effectively manage the fatigue experienced by on-call surgeons.
- g) Adequate time within the rostered hours should be allocated to allow for:
 - Education, training, and research opportunities.
 - Prescribed workplace assessments for trainees and IMGs.
 - Audit and peer review activities.
 - Annual or personal leave.
- h) In situations where roster gaps emerge, it is the shared responsibility of both the hospital administration and the training centre to rectify the deficiency. Effective workforce planning should proactively consider the potential occurrence of such gaps and may necessitate the enlistment of locums to fill the vacant positions.

- i) Measures should be put in place to mitigate the impact of fatigue, which may include, but are not limited to:
- Arranging safe transportation for supervisors, trainees and IMGs to their residence once fatigue is identified.
 - Providing secure rest and/or sleep areas within the hospital premises for supervisors, trainees and IMGs
 - Implementing appropriate measures to streamline the transition of clinical duties when a surgeon is fatigued. For instance, in cases where a surgeon has been engaged in continuous on-call responsibilities over a busy weekend, there should be another surgeon ready to take over temporarily, allowing them to take a necessary rest period.
- j) Supervisors, trainees and IMGs may, at times, encounter an elevated risk of fatigue stemming from factors such as illness or injury. It is incumbent upon practitioners to prioritise their personal well-being and remain cognisant of these potential risks. Simultaneously, healthcare institutions have a duty to cultivate a culture that nurtures and accommodates legitimate absences arising from health-related issues or injuries.
- k) Supervisors, trainees or IMGs who become pregnant during their employment and has concerns about working patterns that may increase the risk and fatigue should undergo an assessment to identify specific risk factors. If necessary, the practitioner should consult with their medical specialist. Subsequently, appropriate steps should be taken to eliminate or mitigate the impact of these risk factors.

References

- Australian Medical Association National Code of Practice, Hours of Work, Shift Work, and Rostering for Hospital Doctors (August 2016)
- New Zealand Multi-Employer Collective Agreement
- Royal Australasian College of Surgeons Guide for Safe Working Hours and Conditions (December 2018)
- New Zealand Resident Doctors' Association
- Specialty Trainees of New Zealand

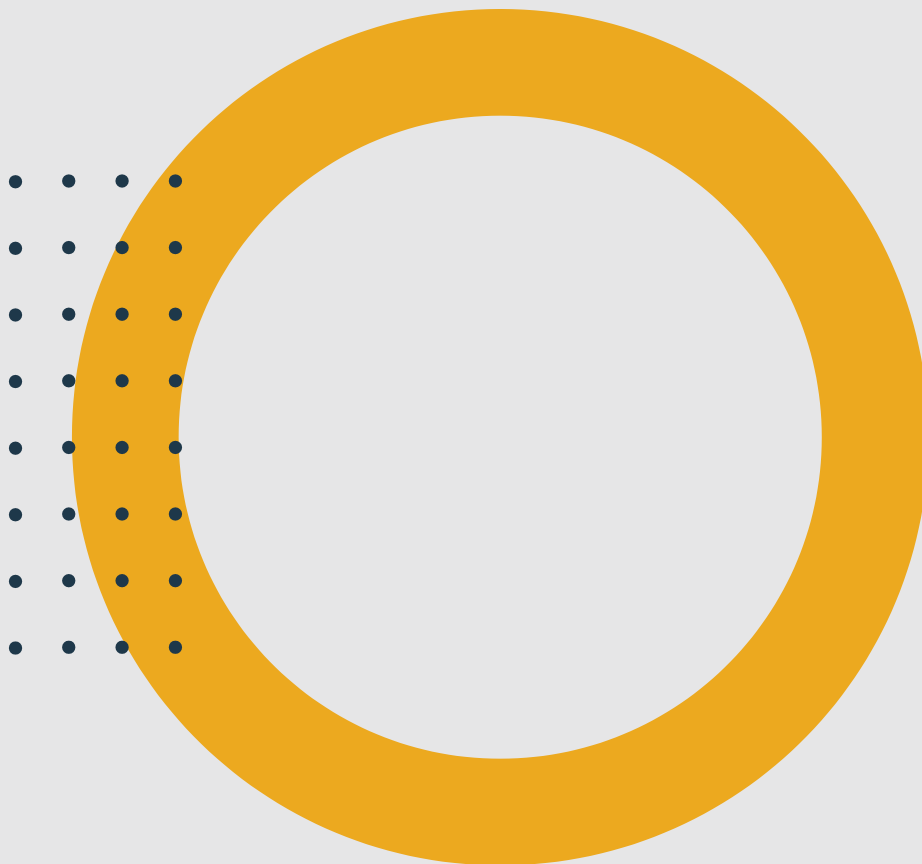
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