



## DEPARTMENTAL POLICY & PROCEDURE

**Entity Name & Region:** Allied Health Training Management, all MNG-HA regions

**Page 1 of 5**

**Subject:** Postgraduate Allied Health Training Programs Duty Hours Policy

**Original Date:** 15 June 2022

**Revised Date:**

**Reference:** 9667-10

**Replaces Number:**

**Targeted Employees / Departments:** Postgraduate Allied Health Diploma and Residency Trainees and all medical and non-medical staff and all departments involved in the academic & clinical training in all MNG-HA facilities.

### 1. STATEMENT OF PURPOSE

- 1.1 Postgraduate Allied Health Trainees (PG-AHT) Duty Hours Policy provides trainees with a sound academic and clinical education that is carefully planned and balanced to ensure optimum patient safety and trainee well-being.
- 1.2 Duty hours assignments represent a vital mean to build trainees' knowledge, skills, and attitude related to various competencies. Healthcare expertise, communication, accountability, leadership, advocacy, collaborations, are examples of potential areas for professional development which are enhanced by duty hours assignments. It is very important to emphasize the importance of trainees' supervision, effective feedback, and proper handover in order to achieve these benefits,.
- 1.3 Appropriate limits are placed on duty hours to foster high-quality education and to promote patient safety.
- 1.4 Each postgraduate training program must ensure that the learning objectives of the program are not compromised by excessive reliance on trainees to fulfill service obligations. Didactic and clinical education must have priority in the allotment of trainees' time and energy.
- 1.5 Duty hours assignments must recognize that PG-AHTs have responsibility for the safety and welfare of patients.

### 2. APPLICABILITY

- 2.1 This policy & procedure applies to all PG-AHTs . An exception can be made for specific trainees of fellowship programs who are subjected to regulations of their discipline and by the recommendations of their training scientific committees.

### 3. RELATED REFERENCES

- 3.1 Saudi Commission for Health Specialties Duty Hours Policy 2017
- 3.2 DPP 9667-01: Supervision Policy for Postgraduate Allied Health Trainees

### 4. DEFINITIONS

- 4.1 .Postgraduate Allied Health Trainees (PG-AHT) refers Allied Health Diploma (AHD) trainee, and Allied Health Residency (AHR) Trainee who are registered with the Postgraduate Allied Health Training Management.
- 4.2 **AHTM**, refers to the Allied Health Training Management..

- 4.3 **PD** is an acronym for Program Director, who can be defined as *“the consultant/ or program supervisor who supervises the training process and trainees for specialization in the training center in accordance with the rules and regulations applicable in the SCFHS”*, with taking in consideration the institution policies and procedures

## 5. POLICY AND PROCEDURE

### 5.1 Duty Hours:

- 5.1.1 Duty hours are defined as all clinical and academic activities related to the postgraduate training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities.
- 5.1.2 PG-AHT must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Individual programs may request an increase in the 80 hour per week limit of up to 10 percent, additionally, if they can provide a sound educational rationale.
- 5.1.3 PG-AHT must have at least one full (24-hour) day out of seven free of all educational and clinical patient care duties, averaged over four weeks, inclusive of in-house and at home call. One day is defined as one continuous 24-hour period free from all clinical, education, and administrative activities.

### 5.2 On-Call Activities:

#### 5.2.1 In house call

- 5.2.1.1 The objective of on-call activities is to provide trainees with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when trainees are required to be immediately available in the assigned institution.
  - 5.2.1.1.1 In-house call must occur no more frequently than every 4th night or less than every 6th, averaged over a four-week period.
  - 5.2.1.1.2 Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
  - 5.2.1.1.3 PG-AHT may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, and maintain continuity of medical and surgical care.
  - 5.2.1.1.4 PG-AHT cannot take more than 2 weekend call per month.
  - 5.2.1.1.5 PG-AHT trainees must not assume responsibility for new patients after 24 hours of continuous duty.
  - 5.2.1.1.6 PG-AHT trainees will not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
  - 5.2.1.1.7 In unusual circumstances, trainees beyond their 4 hours, on their own initiative, may remain to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

5.2.1.1.8 Under those circumstances, the trainee will:

5.2.1.1.8.1 Appropriately handover the care of all other patients to the team responsible for their continuing care.

5.2.1.1.8.1.1 Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

5.2.1.1.9 PG-AHT is not allowed to remain on duty beyond 4 hours post a 24 hours.

5.2.1.1.10 PD/ Site supervisor will ensure that all trainees and faculty members abide with the post-call rules.

### **5.3 Home Call:**

5.3.1 At-home call (pager call) is defined as call taken from outside the assigned institution.

5.3.1.1 The frequency of at-home call is not subjected to limitations described under item (3.2.1). PG-AHT taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

5.3.1.2 Home call must occur no more frequently 10 and not consecutive more than 6 days averaged over a four-week period.

5.3.1.3 When trainees are called into the hospital from home, the hours trainees spend in-house are counted toward the 80-hour limit.

5.3.1.4 The trainee is allowed to have post call if he was called into the hospital to perform duties for at least 4 consecutive hours within at least one hour of which extends past midnight.

5.3.1.5 The PD and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **5.4 Shift duty:**

5.4.1 Either 8 hours or 12 hours shift are acceptable.

5.4.2 The maximum number of accumulative hours should never exceed 168 hours per four-week period.

5.4.3 The minimum number of hours of accumulative hours should never be less than 135 hours per four-week period.

5.4.4 PG-AHT should never take more than 7 shifts in a row at any time.

5.4.5 PG-AHT should never do more than one shift per 24 hours.

5.4.6 PG-AHT should be granted two weekends off per four-week period.

5.4.7 Post shift handover should never exceed one hour.

## **5.5 Handover, Collaboration & Sense of Responsibility:**

- 5.5.1 Handover is the process of transferring and documenting pertinent patient information and clinical responsibility between health care practitioners. Each program director should ensure effective orientation and training of trainees to practice effective handover after duty hours.
- 5.5.2 This policy is placed to ensure balanced planning of learning needs, patient care demands, and trainees' well being.
- 5.5.3 PGT are expected to support their program demands during special circumstances e.g. periods of shortage during summer and official holidays. This should be subjected to mutual agreements and limited duration.
- 5.5.4 Program directors and their delegates (e.g. deputy and/or chief resident/) are responsible to govern this policy.

## **5.6 Postgraduate Medical Trainees supervision during On-Call**

- 5.6.1 A clinical supervisor must be designated for each shift that a trainee works and the trainee must be able to easily contact his supervisor.
- 5.6.2 In cases where the clinical supervisor is not the most responsible physician/supervisor, the trainee must be able to easily contact the most responsible physician/supervisor.
- 5.6.3 Supervising physicians (including both the clinical supervisor and most responsible physician/supervisor) must be immediately available under circumstances in which urgent judgments by highly experienced physicians are typically required.
- 5.6.4 Supervision may be provided from an off-site location in circumstances where the quality of supervision can be maintained and when required, the supervising physician's physician presence can be assured within a reasonable amount of time.
- 5.6.5 Supervising physicians (including both the clinical supervisor and most responsible physician) must respond in a timely fashion when paged by the trainee and if requested, the supervising physician must be available to attend.

## **5.7 On-Call rooms**

- 5.7.1 Physicians on-call rooms and lounges provided for trainees must be clean, smoke free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors.
- 5.7.2 Any appliances supplied must be in good working order.
- 5.7.3 There must be adequate locks on doors.

## **5.8 Traveling before or after on-call**

- 5.8.1 For long distance travel (by vehicle) to attend clinical or other academic assignments, trainees should not be on call the day prior.
- 5.8.2 When long distance travel is required to begin a new rotation, trainees should request not to be on call the last day of the preceding rotation.
- 5.8.3 PG-AHT should not drive home after call unless they had adequate rest.