



Implementation of Flexi Hours for House Officers

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SCHOMOS was invited to two meetings with the Cawangan Pembangunan Profesyen Perubatan KKM regarding the flexi hour shift duty for house officers. I attended these two meetings and gave view points for the house officers. I couldn't attend the subsequent meeting because of short notice. The final decision regarding flexi hours for house officers will be announced by the Director General of Health Dato' Dr Hasan bin Abdul Rahman on 5 August 2011 where he will brief all the *pengarah* of hospitals and SCHOMOS regarding the model of flexi hours and the time of implementation of the flexi hours.

Implementation of Flexi Hours for House Officers

Introduction

The Director General Special Meeting 2-2011 had decided to implement a pilot project for House Officers (HO) to do shift duty. This suggestion was brought about with the increment in HO numbers which has affected the quality of training given especially hands-on supervision and others.

Issues and Challenges

1. Increase in the number of House Officers in Training

In 2008, there were about 2,319 HO in training compared to 3,252 in 2010 but as at February 2011, there are about 6,762 in training.

2. Complaints about Long Working Hours

The 24-hour on-call followed by 8 hours the next day has a lot of negative effects on the doctors and has contributed to medical errors which otherwise could have been avoided. It also was identified as the main cause of stress among HO during a study done by the Institute of Health Management (IHM) in 2008.

3. Flexi Work Hours Requirement

We have to prepare a structured flexi hour on-call duty roster which will fulfil all the guidelines set by the JPA and within the terms set out under the General Orders.

This duty roster is supposed to optimise the exposure of HO to a wide spectrum of clinical cases and sharpen their clinical skills when performing procedures, but not overcrowding the ward with too many HO. It is hoped that the implementation of flexi hours will not jeopardise the standard of HO training but will improve the standard of patient care.

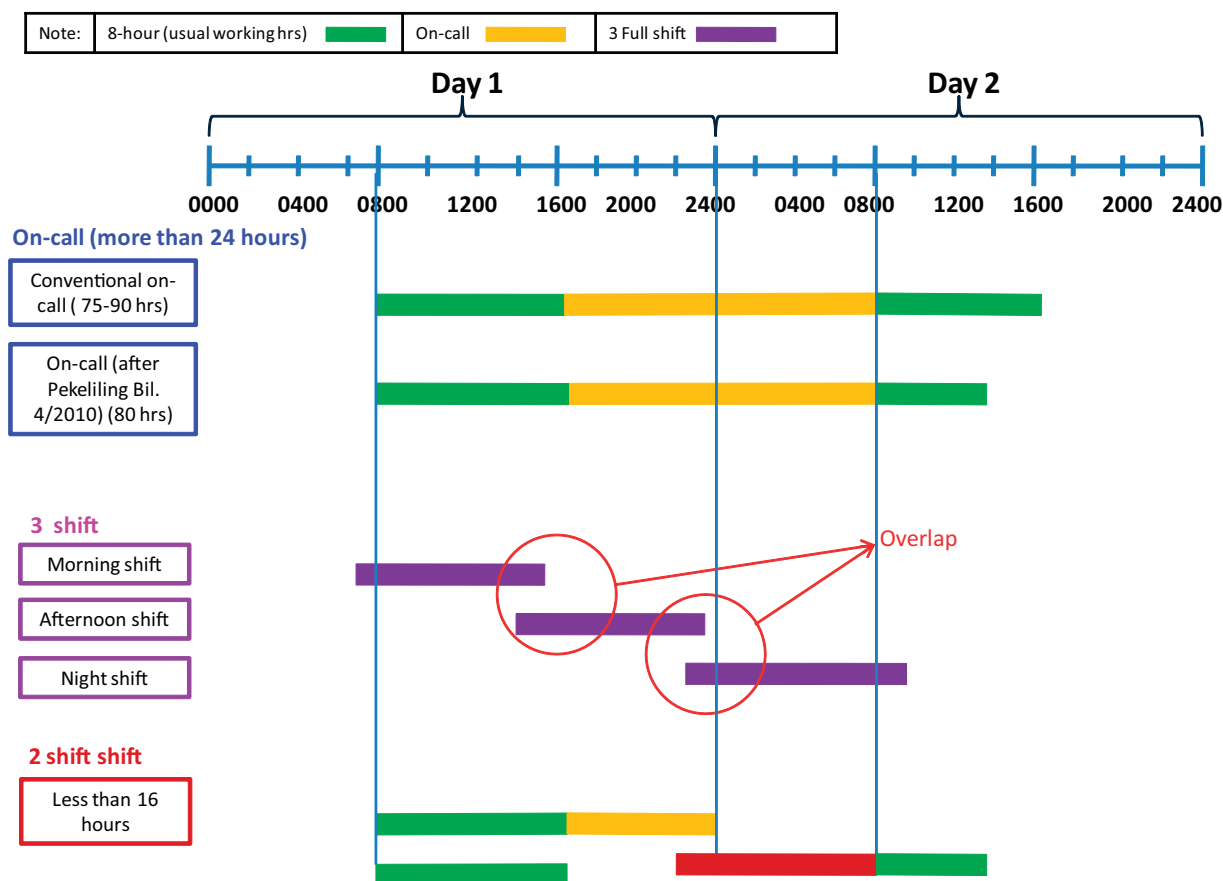
Objectives of Flexi Hours

The main objective is to maximise the exposure of these groups of HO to clinical cases and to accumulate enough clinical skills for the purpose of training (Log Book) and also to ensure that these groups of HO are competent and safe to practice. The specific objective is to ensure that the flexi hour duties comply with the General Orders, recognise aspects of supervision and assessment and maintain opportunities for teaching sessions, skills and hands-on training.

Implementation of Flexi Hour Duties

Scheduling rotation or duty rostering should look into training, supervision and should follow all the regulations. The JPA has stipulated the following regulation which should be followed:

- a) Total working hours should at least be 46-48 hours a week including one hour rest every eight hours of work or 41 hours per week without rest.
- b) Total working hours per week should not exceed 72 hours.
- c) Daily working hours should not exceed 12 hours per day.
- d) After night calls, HO should be given day-off.
- e) HO still eligible for 25 days of leave a year.
- f) Training aspect should be prioritised to the morning sessions (60%) when the HO are needed the most for clinics, OT and teaching sessions compared to evening 30% and 10-20% to night. (Pyramid Concept)



g) HO should be given Protected OT time, CME time, grand rounds, clinical teaching and others.

Flexi Hours Three Suggested Options

1st Option flexi hour shift is divided into three sessions i.e. morning, evening and night sessions. The working time is as follows:

- Morning session: 7.00am - 4.00pm (9 hours - 1 hour rest)
- Evening session: 3.00pm - 12.00am (9 hours - 1 hour rest)
- Night session: 11.00pm - 9.00am (10 hours - 1 hour rest)
- Time for 'passing over' — there is an overlap of one hour during each passing over so as to give time for proper handing over of cases.
- Day-off after night call — every HO who does night call will be entitled to get the next day off to recuperate from the call and have enough rest to be active and alert when they come back to work.

Minimum numbers of HO required in a Ward with 28 beds for each session is 10 officers. The breakdown is as follows:

- Morning session: 2 HO
- Evening session: 2 HO
- Night session: 2 HO
- Nights off: 2 HO
- Runner/On Leave: 2 HO

Note: This is taking into account the number of HO on-call on each shift will depend on the workload in the department with the ratio of one HO:14 patients. If there are more than 28 beds, then there should be more than two HO on duty.

2nd Option flexi hour shift — two sessions. It is like the partial call system.

- The normal working hours will be maintained whereby most of the HO (60-70%) will be working from 7.30 till 4.30 in the evening.
- There would also be a number of HO who will be continuing their duty for the evening shift (4.30pm till 12.00am). These groups of HO will be given the day-off the following day.
- There would also be a group of HO who will be going back home to rest from 4.30pm till 11.00pm and then will be reporting back to

duty for the night shift (11.00pm till 2.00pm the following day). These groups of HO will be given the day-off from 2.00pm onwards and the following day as well. It is a must whereby the HO has to do a morning shift before going for the night shift.

IV. The total estimated overlapping time for the evening and night shift is one hour.

3rd Option flexi hours — similar to the present call system

- I. 1st morning session (7.00am till 5.00pm) 10 hours including 1 hour of rest (70% of HO will be in this group).
- II. 2nd session — on-call session (4.00pm till 8.00am) 16 hours call. This shift gets post-call day-off (30% of HO will be in this group)
- III. The HO on-call on the night shift will get the next day off.

Note: This group of HO would do two calls a week, two calls morning session and two days off. They work 52 hours a week

Tagging Session

The tagging session for each HO who is new to the department remains as it is now. The duration of tagging will be maintained for two weeks and the working hours are from 7.30 till 10.00pm.

Annual Leave

Every HO is entitled to 25 days of leave and is also entitled to leaves such as emergency leave, maternity leaves, etc.

The rule, whereby any HO who takes more than 10 days leave in any department will need to replace the amount of holidays taken before leaving the department is still maintained.

Protected Time for CME and CPD

The hospital will need to ensure time is given to the HO to attend activities such as CME and CPD, which will be conducted either by the hospital or the department. During the CME and CPD, the medical officers will be covering the ward for the duration of the course.

Location and Duration of Pilot Project

Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang (6/06/2011)

Hospital Sultan Ismail, Johor Bahru, Johor (1/07/2011)

Hospital Sultan Abdul Halim, Sungai Petani, Kedah (1/07/2011)

Evaluation of the project

The evaluation of this project will be done with the cooperation from the Institute of the Health Management (IHM). To ensure the efficiency of this project, the evaluation should be done before and after the project has been implemented and a measurement indicator should be set prior to the start of the project.

Implications:

I. Quality improvement for training purpose for HO

- by working shift hours, this will optimise the HO's training time.

II. Quality improvement of healthcare

- HO will obtain enough training. They will also not be pressurised with the workload and will be able to concentrate more on their duty. Presumably this will decrease the amount of medical errors and fatalities by the HO, so it will increase the quality of the healthcare.

III. To optimise long working hours

- This shift system will abide by the laws set by the ministry (JPA)

IV. Adjustment in the work system

- The specialist and medical officers will still be following the current on-call system but the HO will be following the new system. Therefore, the MO and specialists should make some adjustments by doing teaching while on-call. This will ensure that the HO is given sufficient training during their night duties.

V. Conclusion

This shift system is expected to increase the quality of training for the HO by giving them time to relax their mind and body so that they can have full concentration during their training. This will eventually lead to an increase in the quality of the healthcare system.

By optimising the working hours, this contributes to the decrease in occurrence of depressive symptoms amongst HO.

This will ensure that HO will be able to complete their training with the necessary skills and experience within the duration that has been given (two years). We would like to get the opinions of doctors (all levels) on the pro's and con's of this system implemented in each hospital so as to give feedback and suggestions to the Ministry of Health. We have suggested to the Director General of Health to implement the system gradually so as to iron out the teething problems encountered. **M**