INTERNATIONAL FEDERATION
FOR EMERGENCY MEDICINE

Creating Sustainable Working Conditions for the Emergency Physician

IFEM Position Statement

Sustainable Working Conditions Task Force

INTERNATIONAL FEDERATION FOR EMERGENCY MEDICINE
34 Jeffcott Street
West Melbourne VIC 3003
T +61 3 9320 0444 | F +61 3 9320 0400
E ifem@acem.org.au | www.ifem.cc

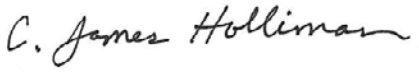
Produced by: International Federation for Emergency Medicine
ISBN: 978-0-9873901-4-1
Further copies of this publication can be obtained from the International Federation for Emergency Medicine website at: http://www.ifem.cc/Resources/PoliciesandGuidelines.aspx

Published: April 2015

Foreword

The leadership of the International Federation for Emergency Medicine is greatly concerned about the sustainability of professional practice for emergency physicians worldwide. The provision of emergency health care is a critical core component of any national health care system.

This consensus document is extremely important in outlining the necessary features and requirements that all countries should follow in providing for the sustainability of their emergency physician workforce, to ensure the continued delivery of high quality emergency health care.



C. James Holliman
President,
International Federation for Emergency Medicine

Contributors:

Tajek B Hassan (*Chair*)	Royal College of Emergency Medicine (RCEM)
Heike Geduld	Emergency Medicine Society of South Africa/African Federation for Emergency Medicine (EMSSA/AFEM)
Colin Graham	Hong Kong College of Emergency Medicine (HKCEM)
Dafydd Hammond-Jones	Trainee, Royal College of Emergency Medicine
Nick Jouriles	American College of Emergency Physicians (ACEP)
Anne-Maree Kelly	Australasian College for Emergency Medicine (ACEM)
Alana Killen	CEO, Australasian College for Emergency Medicine
Sally McCarthy	Australasian College for Emergency Medicine
Jill McEwen	Canadian Association of Emergency Physicians (CAEP)
Edgardo Menendez	Sociedad Argentina de Emergencias (SAE)
Alastair Meyer	Australasian College for Emergency Medicine
Howard Ovens	Canadian Association of Emergency Physicians
Hendry Sawe	Emergency Medicine Association of Tanzania/African Federation for Emergency Medicine (EMA Tanzania/AFEM)
Eillyne Seow	Society for Emergency Medicine in Singapore (SEMS)
Judith Tintinalli	American College of Emergency Physicians

Contents

Context

Modern society requires strong, resilient systems of care delivery for their populations who may need emergency healthcare at any time of day or night. The International Federation for Emergency Medicine (IFEM) has previously described the standards required for such systems. These should be available in order for an Emergency Physician (EP) to be able to practice safely and effectively in caring for the critically ill and injured or those with undifferentiated disease (1). There are however increasing pressures being placed upon developed and developing systems worldwide that compromise the delivery of such care at even a basic level as well as hampering delivery of the most cost effective standards in well-resourced systems. There is also a tremendous need to develop strategies to help guide the many parts of the world where even the most basic emergency healthcare delivery is a daily challenge.

The EP is therefore faced with unique challenges in a specialty which remains amongst the most stimulating, exciting and fulfilling in modern medicine. Increasing evidence shows that not enough attention has been paid to creating working environments that will create sustainability and longevity in a clinical career in Emergency Medicine. This leads to a lack of clinical expertise and increasing fragility for an emergency care system locally or even a country. Equally important are the significant healthcare concerns for the individual EP. In an increasing number of cases this leads to acute and/or chronic illness, 'career burnout', or even early retirement from the specialty. This results in a tremendous waste of valuable expert resource. These stressors are magnified in those countries where the specialty is still evolving and EPs require added support.

In 2013, the IFEM Executive recommended that a Taskforce be developed to review the best working practices of EPs worldwide and agree on a set of core principles that would provide guidance and support a sustainable, fulfilling career in Emergency Medicine. This position statement provides guidance in this key area and aims to be the foundation of a set of materials that can be used by EPs to help provide better structure to their clinical careers. Much more importantly, Governments, commissioners of healthcare and employers need to understand the importance of caring for their EPs and others within the broader emergency healthcare workforce. The central aim should be to create resilience and sustainability of care delivery that aspires to excellent practice. Governments should recognize that their medical staff are their most valuable and expensive resource, and the premature loss of an EP through inadequate career support leaves further pressures on those that remain and leads to the risk of systems becoming unsustainable and collapsing which magnifies the inability to deliver safer care.

Objectives

- To define a set of core principles and practices that should form the standard working conditions for all Emergency Physicians in developed healthcare systems and what developing systems should aspire to over time.

- To develop basic frameworks for models of practice applying these principles in developed and developing systems using best practices from national organizations.

- To share good practices and make a set of recommendations that can be used by Governments and national bodies to create greater EP workforce resilience and sustainability.

Principles and practices

1. **Safety and equality** – The EP should work in an environment that facilitates the development of a safe, appropriately and adequately resourced system to meet the needs of the population. It should also be inclusive and care for all patients and fellow healthcare workers equally.

2. **Training** – The EP must have received training that is of an appropriate standard to perform his or her duties as described by their relevant specialist organization or credentialing body.

3. **Professional development** – The EP must have access to regular specific/allocated time and funding for ongoing professional development to maintain their skills and remain up to date.

4. **Job planning** – Clinical duties for all EPs must be structured and balanced to be able to deliver consistent high quality care and minimize the likelihood of ongoing fatigue. A formal job plan should be agreed on and regularly reviewed by all ED specialists. Fatigue is a major stressor in Emergency Medicine and must be minimized by careful balancing of clinical (in normal and unsociable working hours) and non-clinical work.

5. **Shift patterns** – Shift patterns for EPs must be well structured and must include formal time periods for safe patient handover. Poorly planned shift patterns pose a direct risk to the health of EPs with poor consequences for their patients and staff. Careful shift length sequencing should be employed and especially where night shift burdens apply, shift patterns must be carefully considered.

6. **Unsociable hours** – The EP will, by the nature of his or her specialty, more often work outside the normal 9am-5pm Monday to Friday standard working week. In addition, clinical care is invariably practised in an environment of high decision density per hour. This exposes the patient (and the staff in the Emergency Department (ED)) to greater risk. Well-designed shift patterns must appropriately recognize this vital aspect of emergency care delivery outside normal hours in order to be able to recuperate and recover adequately. It will often be appropriate to remunerate EPs at enhanced rates to encourage recruitment and retention of adequate staff to facilitate sustainable models of emergency care for unsociable hours. Good practice dictates that systems should create schedules that limit the working week to 40 clinical hours per week. Included within that envelope should be adequate time for managerial activity, teaching, clinical governance and research activities as appropriate. Exceeding these good practice guidelines are not sustainable in the long term.

7. **Support in fragile systems** – Fragile emergency care systems may be compromised by resources at the local and / or governmental level. These systems will, due to location or other circumstance, require enhanced recruitment and retention strategies due to their fragility and dependency needs. A clear focus on development of a core service, creation of a networked solution to a larger more stable system and enhancements are some of the ways to finding ways to return a failing system to stability. EPs working in systems such as these or those less familiar to them will add risk to themselves and their patients if they are not well prepared. Recruitment and retention strategies must create balance for and mitigate these risks.

8. **Appraisal & career planning** – The EP must ensure that there is a system for annual appraisal of performance to support personal development and build a clinical career pathway. The EP should aim to develop career plans in 3-5 year intervals that will allow a steady building of a 'decades of clinical life' approach from the EP's 30s ideally through to their early 60s.

9. **Mentorship & support** – The recently qualified specialist EP should seek a mentor whom they can trust to help support their development needs for the short and medium term. This will enhance job planning and career development plans.

10. **Portfolio and flexible careers** – Emergency Medicine provides an ideal platform for a range of opportunities that can be built up within an EP's career portfolio. This portfolio can be linked to flexible careers (due to family needs, disability or episodic illness) or to support varied interests.

11. **Wellness & wellbeing** – A healthy EP will be best placed to achieve career longevity. Physical or mental illnesses may impose restrictions. Working in a poorly supported, stressful environment that creates ongoing fatigue will likely lead to career burnout unless robust measures are in place to prevent this. Creating tailored strategies to maintain wellness or wellbeing and embedding them into daily practice are critical to career sustainability.

12. **Training the next generation** – Vital to any system is the ability of an EP's job plan to have time and resources set aside for training the next generation. In many ways this can act as a powerful lever to enhance and stimulate career satisfaction for trainers and trainees. Dedicated time should be allocated for those EPs with specific education roles within their system to facilitate this. Valuing trainees / residents both with well-designed formal teaching programmes as well as maximising the 'teachable moments' in the clinical environment are essential ingredients. The added benefits of blending free online and subscription web based EM training materials with formal teaching are essential.

13. **Leadership** - Developing and honing leadership skills are vital at every stage of a career in Emergency Medicine from the junior trainee through to those working at a national level in the specialty. The EP should actively pursue leadership roles and learn from his or her experiences but must also be actively resourced to optimize their skills and improve their local systems.

14. **Team building** - Excellence in team working is at the very heart of a high performing ED. Good teamwork is central to deliver efficient, effective and compassionate care. System commissioners and Heads of Departments must invest well in team building and function in order to be progressive and forward thinking. A great team also inspires passion and drives the engine that creates job satisfaction and fulfilment for all the staff in the team.

15. **Building career resilience** – Each of the factors described above are crucial to helping develop and enhance the concept of career resilience - a complex mixture of psychological and physical wellbeing linked to the satisfaction of a progressive and fulfilling clinical career. These will of course also be influenced substantially by the individual's personal circumstances and their ambitions in life.

Models of practice

The models and systems of practice of Emergency Medicine globally at the present time are a complex mixture of specialty development/maturation, available resources, governmental / state stability, availability of skilled EP providers and geographical constraints amongst many others. Working conditions for the EP will vary considerably depending upon the type of system. For the purposes of classification, three broad categories are described. Each category requires the principles described above to be applied in different ways for the practising EP to work sustainably.

a) Developed EM systems - A small number of countries have developed EM systems that have matured over a period of the past 30-40 years and continue to evolve to meet societal needs. Working conditions for EPs in these systems continue to be challenging due to the unique stressors of where they work. The bibliography describes examples of how individual national Colleges and academic bodies in these systems have created guidance to support EPs within their own systems.

b) Evolving EM systems – A larger group of IFEM countries have EM systems that are at an evolutionary stage (both high and middle income countries as defined by the World Bank). The EPs in these countries are working hard to both establish their specialty as well as deliver clinical care in difficult environments. The principles set out above provide guidance for embedding good practices in their basic structures as they evolve and the resourcing required.

c) Fragile healthcare systems – An increasing number of EPs provide a range of expertise and services to countries with fragile healthcare systems sometimes at great risk to themselves and their families. In such circumstances development of training and education to local healthcare providers is the main role of the trained EP who will usually be part of a networked and developed academic institution elsewhere. It is particularly important for EPs in these settings to have access to mentorship and support, which can sometimes be provided in a virtual setting during the initial stages of EM development in a particular country or region.

We hope that in time we can gather examples of how EPs in each of these three broad categories apply the principles set out above to help support each other as well as inspiring others wishing to practice Emergency Medicine.

Recommendations

We recommend:

1. National organisations should review their position in this area, share international best practice and we hope link to the principles as set out in this position statement. For those countries where sustainable working practices for the emergency physician remain a significant challenge, national bodies should create a 5 year 'roadmap' of what they wish to achieve.

2. Governments, healthcare commissioners and employers should review the principles set out above and work closely with national Colleges, societies and other academic bodies representing Emergency Medicine. They should aim to provide the infrastructure and resources to help create resilience and sustainable working practices for the EP workforce in their country using these guidelines.

3. The individual EP must ensure that he or she has a well-structured job plan that has been agreed with their leader. In addition, Heads of Department should review the international and national literature with colleagues in the ED (depending upon the model or type of system that they work in) and ensure that exemplar working practices are described, developed and delivered.

Bibliography

Australia

1. **Why is there a workforce shortage in NSW Emergency Depts – Challenges and options for action** (Emergency Care Institute 2014)
   http://www.ecinsw.com.au/sites/default/files/field/file/Emergency%20Department%20Workforce%20Literature%20Review%20Final%20Report%20prepared%20by%20University%20of%20Sydney%20May%202014.pdf

2. **Workplace factors leading to planned reduction of clinical work among emergency physicians**
   Crook HD1, Taylor DM, Pallant JF, Cameron PA.
   Emerg Med Australas. 2004 Feb;16(1):28-34.

3. **Stress: a badge of honour in the emergency department?**
   [*Emerg Med Australas*. 2004]
   PMID: 15239752 [PubMed - indexed for MEDLINE]

4. **Policy on violence in ED; P53 Supervision of Junior Medical Staff in ED; P60 relating to the integrity of data collection within ED; P67 regarding extended role staff in EDs;**
   https://acem.org.au/Standards-Publications/Policies-Guidelines.aspx

5. https://acem.org.au/Standards-Publications/Policies-Guidelines.aspx
   including G19 the role of interns in ED; G23 constructing an EM workforce; G36 clinical handover in ED;

6. Statements https://acem.org.au/Standards-Publications/Policies-Guidelines.aspx: **S17 clinical support time allocation; S18 responsibility for care in EDs; S57 ED overcrowding; S60 time based targets; S 127 and background paper on access block; S347 ambulance ramping**

Canada

1. Emergency department overcrowding and access block
CAEP Position statement (2013)
Andrew Affleck, MD*; Paul Parks, MD3; Alan Drummond, MD4; Brian H. Rowe, MD, MSc1; Howard J. Ovens, MDI

2. Shiftwork and emergency medical practice
Ontario Medical Review (2001)
Jason R. Frank, MD, Howard Ovens, MD, CCFP-EM, OMA Section on Emergency Medicine

3. Practice patterns of graduates of a CCFP (EM) programme
Catherine Varner et al
Can Fam Physician (2012)

Hong Kong

1. Chan et al. Emergency physician job satisfaction in Hong Kong
Hong Kong J. Emerg. MZed. Vol. 21(5);Sep 2014

2. Siu CFY et al Burnout among public doctors in Hong Kong: cross-sectional survey
Hong Kong Med J 2012;18:186-92

United Kingdom

1. **Stretched to the limit. College of Emergency Medicine (2013)**

   http://www.rcem.ac.uk/Shop-Floor/Professional%20Standards/Consultant%20Working%20and%20Job%20Planning/www.rcem.ac.uk/Shop-Floor/Professional%20Standards/Consultant%20Working%20and%20Job%20Planning/Stretched%20to%20the%20limit

2. **10 priorities for resolving the crisis in Emergency Medicine. College of Emergency Medicine (2013)**

   http://www.rcem.ac.uk/Shop-Floor/Policy/10%20priorities%20for%20Emergency%20Medicine

3. **The drive for quality – how to create safe, sustainable care in our Emergency Departments. College of Emergency Medicine (2013)**

   http://www.rcem.ac.uk/Shop-Floor/Service%20Design%20&%20Delivery/Delivering%20Quality%20in%20the%20ED/

4. **Creating successful, satisfying and sustainable careers in Emergency Medicine. Guidance from the College of Emergency Medicine (2014)**

   http://www.rcem.ac.uk/Shop-Floor/Service%20Design%20&%20Delivery/The%20Emergency%20Medicine%20Workforce/Sustainable%20working/

United States

1. **Wellness**

   http://www.acep.org/content.aspx?id=32184

Others

1. **Compassion Fatigue Awareness project**
   www.compassionfatigue.org

2. **Professional Quality of life scale**
   www.progol.org

3. www.resiliency.com

4. **Physician Wellness: A missing quality indicator**
   Wallace J, Lemaire JB, Ghali WA.
   Lancet 2009;374:1714-21

5. **Physician Resilience: What it means, Why it matters and How to promote it**
   Epstein RM, Krasner MS.
   Academic Medicine 2013;88(3):301-303

6. **Building Physician Resilience.**
   Jensen PM, Trollope-Kumar K, Waters, H and Everson J.
   Can Fam Physician 2008;54:722-9