



<b>Tufts Medical Center -(GME)</b>	<b>Subject:</b> <b>Resident Duty Hours</b>	<b>File Under:</b> Policy # GME 110
<b>Issuing Department:</b> Graduate Medical Education		<b>Latest Revision Date</b> December 5, 2011
<b>Original Procedure Date:</b> May 7, 2001	<b>Page 1 of 6</b>	<b>Approved By:</b> Chief Medical Officer Associate CMO for GME Director, Physician Services

**PURPOSE**

The purposes of the Graduate Medical Education Duty Hours Policy are:

- 1) to ensure that all GME Programs comply fully with the ACGME Common Program Requirements on duty hours at all Tufts Medical Center and affiliated training sites, and
- 2) to establish standards for the reporting, monitoring and oversight of duty hours.

**ELIGIBILITY**

This policy applies to all Tufts Medical Center sponsored residency and fellowship programs accredited by the ACGME.

**RESPONSIBILITY**

The Program Director of ACGME programs, as designated by the responsible Department Chair or Division Chief, ensures that duty hours for all trainees comply with the criteria set forth in this policy.

## **POLICY**

### **A. Requirements:**

All GME Programs must comply fully with the ACGME Common Program Requirements on Resident Duty Hours, as specified in Section VI. G. of the Requirements (**see Appendix A**).

### **B. Other Applicable Policies:**

Tufts Medical Center GME Moonlighting Policy (GME 2011-E), which relates to Section VI G. 2. of the Requirements.

### **C. Program-Specific Policies:**

Each Program shall develop and implement a program-specific duty hour policy to supplement, not duplicate, this Tufts Medical Center GME Policy, based on RRC Program-specialty/subspecialty Specific Requirements and on the needs of the Program and the Residents. Program policies may be stricter than this policy, and should, as appropriate, specify standards according to PGY levels or rotations. Program policies must be submitted to the GME Office, which will provide a suggested template for written program policies.

### **D. New Innovations:**

Residents and Programs, for duty hour reporting and monitoring purposes, must use Tufts Medical Center's residency management software New Innovations. The GME Office shall ensure that all Residents and Program Coordinators are trained in the use of New Innovations, and will provide appropriate training and instructions. Residents and Programs must classify duty hours by "duty types" as defined in New Innovations.

### **E. Resident Reporting:**

All Tufts Medical Center Residents must maintain accurate records of and report their duty hours. Duty hours include all clinical and academic activities related to the Program, activities required by accreditation requirements and Specialty Board requirements, accepted practices in the Program, and moonlighting, whether internal or external.

When research is a formal part of the Program and occurs during the accredited years of the Program, research hours or any combination of research and patient care activities are included. Duty hours do not apply to research activities in the following situations: (1) when programs offer an additional research year that is not part of the accredited years or (2) when residents conduct research for their personal development or personal scholarly interest. Additionally, hours spent reading, studying, or in the pursuit of other academic and scholarly activities, such as preparing for presentations or journal club, are not considered duty hours.

A Resident's failure to report duty hours accurately and in a timely manner may result in a disciplinary action (see Policy # GME 01-C). Misrepresenting hours worked, falsifying signatures or information, or recording time on another employee's time record will result in disciplinary action, up to and including termination.

*At a minimum*, Residents must log their duty hours using New Innovations at least quarterly for one full month during the months of August, November, February and May. The entry of duty hours may be daily, weekly, or at the end of the month, per the Program policy. Programs may require more frequent reporting, especially during rotations considered at risk for incurring duty hour violations, as specified in their program policies.

The Associate Chief Medical Officer for GME/Designated Institutional Official (DIO) may determine that, for all rotations in a Program or for certain rotations, more frequent reporting by Residents will be required, based on GME Office and GME Committee (GMEC) oversight, as described below.

## **MONITORING AND OVERSIGHT**

### **A. Program Monitoring:**

Programs must closely and consistently monitor Resident duty hours, using New Innovations with guidance and support from the GME Office. Monitoring must include: (a) all in-house clinical assignments at any training site; (b) internal and external moonlighting activities; and (c) time spent in the hospital during home call assignment. Please note that taking call from home does NOT fulfill the requirement that trainees have one day off in seven (averaged over a month).

**B. GME Committee Oversight:**

Resident duty hour compliance and any violations as determined by Program monitoring must be reported by each program to the GMEC, through the GME Office, at least quarterly, in October, January, April and July.

In addition to Program reports to the GME Office, the GMEC shall oversee duty hour compliance through review of internal review reports, ACGME Resident Survey Results, and RRC Accreditation Letters.

Based on these oversight methodologies the GMEC may direct certain programs to report more frequently in order to ensure full compliance with the requirements.

**RESIDENT COMPLAINTS**

Residents shall submit any complaints regarding duty hour violations through the GME hierarchy: (1) to the Program Director, (2) to the Department Chair, and (3) to the Associate Chief Medical Officer for Graduate Medical Education.

Residents may also submit an anonymous complaint through a link on their New Innovations home page called "Trainee Complaints". A Resident's complaint regarding duty hour violations will be investigated and corrective measures identified. The results of such investigations and the corrective measures implemented will be reported to the GMEC.

**RESPONSIBILITY OF:**

Graduate Medical Education

**Approved by:**

Graduate Medical Education Committee  
Director, Physician Services  
Associate CMO for GME  
Medical Board

**Date:**

December 5, 2011  
December 5, 2011  
December 5, 2011  
January 12, 2012

## Appendix A: Common ACGME Requirements (“Common Requirements”)

1. The scheduled work week shall not exceed 80 hours per week, averaged over a four-week period, inclusive of in-house call activities and all moonlighting, whether internal or external.

*NOTE: The ACGME does not allow compliance with the duty hours standard to be based on a rolling average. Averaging must be by rotation, aggregated over a four-week period for rotations of one calendar month or longer, or calculated within the duration of the rotation for rotations of less than four weeks in length. Compliance with all aspects of the duty hours standard must be achieved within a given rotation, regardless of duration (i.e., a two-week rotation of heavy duty and a two-week rotation of light duty may not be combined to achieve compliance). Further, vacation or leave days must be taken out of the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).*

2. Trainees must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
3.
  - a) Duty periods of PGY-1 trainees must not exceed 16 hours in duration.
  - b) Duty periods of PGY-2 trainees and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Trainees may be allowed to remain on-site no longer than four additional hours to ensure effective transitions in care. In unusual circumstances, residents on their own initiative may remain beyond their scheduled period of duty 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 the patient or family. A Program’s RRC may choose to supplement ACGME’s definition of “unusual circumstances”. Trainees must document the reasons for remaining and submit that information to their Program Director. Program Directors must review each submission and track both individually and program-wide episodes of additional duty.
4. Adequate time for rest and personal activities must be provided.
  - a) PGY-1 trainees should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.

- b) Intermediate-level trainees (as defined by their RRC) should have 10 hours free of duty, and must have 8 hours free between duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
  - c) Trainees in the final years of education (as defined by their RRC) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. While it is desirable for them to have 8 hours free of duty between scheduled duty periods, there may be circumstances (as defined by their RRC) when these trainees must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by trainees in their final years of education must be monitored by the program director.
5. Trainees must not be scheduled for more than six consecutive nights of night float. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by a program's RRC).
6. a) PGY-1 residents cannot take in-house call.
- b) PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
7. Time spent in the hospital on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum, will not initiate a new "off-duty period".