

**ACGME**

**DUTY**

**HOUR**

**RULES**

# Resident Duty Hours

- Duty hours are defined as all clinical and academic activities related to the residency program. This includes clinical care, in-house call, short call, home call, night float and day float, transfer of patient care, scheduled conferences and administrative activities related to patient care.

# Duty Hour Requirements

- Both the Program and its Sponsoring Institution are required to monitor resident duty hours.
- The Sponsoring Institution must have written formal policies and procedures governing resident duty hours.

# Duty Hours – On Call Activities

- On call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period.
- Call may be taken in-house or from home.

# Duty Hours - Maximum

- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- *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 a patient or family.*

# Moonlighting

- Moonlighting must not interfere with the ability of the resident to achieve the goals & objectives of the educational program.
- External and Internal Moonlighting hours **MUST** be counted towards the 80-hour maximum weekly hour limit.
- PGY 1s are not permitted to moonlight.

# Free Time & Time Off Between Duty Periods

- Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call CAN NOT be assigned on these free days.
- Residents SHOULD have 10 hours free of duty between scheduled duty periods, however, they MUST have at least 8 hours free of duty.
- Residents (PGY 2s and above) MUST have at least 14 hours free of duty after 24 hours of in-house call.

# Duty Hours – Maximum

- Duty Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Effective 7/1/11, duty periods of PGY 1 residents must NOT exceed 16 hours in duration.
- Duty periods of PGY 2 residents and above may be scheduled to a maximum of 24 hours of continuous call in the hospital.

# Duty Hours

## - In-House Night Float and Call

- Residents must not have more than 6 consecutive nights of night float.
- 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).

**ACGME  
Duty Hour  
Questions  
with  
Answers**

**“Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.”**

**What is included in the definition of duty hours under the requirement “duty hours must be limited to 80 hours per week”?**

Duty hours are defined as all clinical and academic activities related to the residency program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab tests, and signing verbal orders. For call from home, only the hours spent in the hospital after being called in to provide care count toward the 80-hour weekly limit.

Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in residency programs, such as residents' participation in interviewing residency candidates, must be included in the count of duty hours. It is not acceptable to expect residents to participate in these activities on their own hours; nor should residents be prohibited from taking part in them.

Duty hours do not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.

## How do the ACGME common duty hour requirements apply to research activities?

The ACGME duty hour requirements pertain to all required hours in the residency program (the only exceptions are reading and self-learning, and time on call from home during which the resident is not required to be in the hospital). Research of up to six months scheduled during one or more of the accredited years of the program is required in many specialties and may also contain a clinical element. When research is a formal part of the residency and occurs during the accredited years of the program, research hours or any combination of research and patient care activities must comply with the weekly limit on hours and other pertinent duty hour requirements.

There are only two situations when the ACGME duty hour requirements do not apply to research. One is when programs offer an additional research year that is not part of the accredited years. In this case the ACGME requirements do not apply to that year. The other case is when residents conduct research on their own time, which makes these hours identical to other personal pursuits. The combined hours spent on self-directed research and program-required activities should meet the test for a reasonably rested and alert resident when he or she participates in patient care.

**If a journal club is held in the evening for two hours, outside of the hospital, and is not held during the regularly scheduled duty hours, and attendance is strongly encouraged but not mandatory, would those hours count toward the 80-hour weekly total?**

If attendance is “strongly encouraged,” the hours should be included because duty hours apply to all required hours in the program, and it is difficult to distinguish between “strongly encouraged” and required. Such a journal club, if held weekly, would add two hours to the residents’ weekly time.

**If some of a program’s residents attend a conference that requires travel, how should the hours be counted for duty hour compliance?**

If attendance at the conference is required by the program, or if the resident is a representative for the program (e.g., he/she is presenting a paper or poster), the hours should be recorded just as they would be for an on-site conference hosted by the program or its sponsoring institution. This means that the hours during which the resident is actively attending the conference should be recorded as duty hours. Travel time and non-conference hours while away do not meet the definition of “duty hours” in the ACGME requirements.

**Do tasks that can be completed at home (i.e., completion of medical records and similar tasks; submitting orders and reviewing lab tests; signing verbal orders; and time spent on research) count toward the 80-hour limit?**

Any tasks related to performance of duties, even if performed at home, count toward the 80-hour limit.

**Can duty hours for surgical chief residents be extended to 88 hours per week?**

Programs interested in extending the duty hours for their chief residents can use the “88-hour exception” to request an increase of up to 10% in duty hours on a program-by-program basis, with endorsement of the sponsoring institution’s graduate medical education committee (GMEC) and the approval of the Review Committee. If approved, the maximum duration of the approval may not exceed the length of time until the program’s next site visit and review. A request for an exception must be based on a sound educational justification. Most Review Committees categorically do not permit programs to use the 10% exception. Neurological Surgery and Orthopaedic Surgery are the only Review Committees that allow exceptions.

**In addition to the 80-hour maximum weekly limit, do all other duty hour rules apply to moonlighting (maximum duty period length, minimum time off between shifts, etc.)?**

The hours spent moonlighting are counted towards the total hours worked for the week. No other duty hour requirements apply, however, the following requirements also apply: VI.G.2 “Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program,” and VI.A.5.a)-e) “The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following: assurance of the safety and welfare of patients entrusted to their care; provisions of patient- and family-centered care; assurance of their fitness for duty; management of their time before, during, and after clinical assignments; recognition of impairment, including illness and fatigue, in themselves and in their peers”

**The common duty hour requirements state that residents must be provided with one day in seven free from all responsibilities, with one day defined as one continuous 24-hour period. How should programs interpret this requirement if the “day off” occurs after a resident’s on-call day?**

The common duty hour requirements specify a 24-hour day off. Many Review Committees have recommended that this day off should ideally be a “calendar day,” e.g., the resident wakes up in his or her home and has a whole day available. Review Committees have also noted that it is not permissible to have the day off regularly or frequently scheduled on a resident’s post-call day, but understand that in smaller programs it may occasionally be necessary to have the day off fall on the post-call day.

Note that in this case, a resident would need to leave the hospital post-call early enough to allow for 24 hours off of duty. For example, if the resident is expected to return to the hospital at 7:00 a.m. the following day, he/she would need to leave the hospital at 7:00 a.m. on the on-call session day. Because call from home does not require a rest period, the day after a pager call may be used as a day off.

**If a program only has a few residents and the residents prefer to be on call for two days during one weekend so that they can have another weekend completely free of duties, does this comply with the duty hour requirements?**

In some programs residents take call for an entire weekend (e.g., Friday through Sunday), to allow them to take the entire next weekend off. This practice is acceptable as long as total duty hours, one-day-off-in-seven, and frequency of call are within the limits specified by the relevant requirements. For example, this would not be permissible in internal medicine programs, because the Program Requirements for Internal Medicine do not permit averaging of in-house call assignments.

Note that for in-house call, residents must be provided adequate rest time (usually 10 hours) between the two weekend duty periods. There are no exceptions to this rule. Thus, in-house call on two consecutive nights (e.g., Friday and Saturday) must include adequate rest (usually 10 hours) between the two duty shifts.

## **Does the “one day free of duty every week” mean that I must have one day per week off?**

It is common in the smaller surgical residency programs to have residents on duty one weekend (Friday and Sunday for instance), so they can be off the next weekend. As long as duty hour requirements are met within the specified averages, this type of every other weekend schedule is acceptable.

## **If call from home is not included in duty hours, is it permissible for me to take call from home for extended periods, such as a month?**

No. The requirements for one day free every week would prohibit being assigned home call for an entire month. Assignment of a partial month (more than six days but fewer than 28 days) is possible. However, keep in mind that call from home is appropriate if service intensity and frequency of being called is low. Program directors are expected to monitor the intensity and workload resulting from home call through periodic assessment of workloads and intensity of the in-house activities.

## **Are first-year residents allowed to remain on-site for an additional four hours after their sixteen-hour shifts for didactics, patient follow-up, and care transition?**

PGY-1 residents must not remain on-site after their 16-hour shifts. Periods of duty for first-year residents must not exceed 16 hours in duration.

## **How is the 24-hour limit on in-house call duty applied?**

The activity that drives the 24-hour limit is “continuous duty.” If a resident spends 12 hours in the hospital caring for patients, performing surgery, or attending conferences, followed by 12 hours on-call, he/she has had 24 hours of “continuous duty” time, and is limited to up to four additional hours during which his/her activities are limited to participation in didactic activities, transfer of patient care, and maintaining continuity of medical and surgical care.

## What activities are permitted during the four hours allowed for transitions?

Residents who have completed a 24-hour duty period may spend up to an additional four hours to ensure an appropriate, effective, and safe transition of care and maintaining continuity of medical and surgical care. During this four-hour period, residents must not be permitted to participate in the care of new patients in any patient care setting; must not be assigned to outpatient clinics, including continuity clinics; and must not be assigned to participate in a new procedure, such as an elective scheduled surgery, during this four-hour period. Residents who have satisfactorily completed the transition of care may, at their discretion, attend an educational conference that occurs during the four-hour period.

## Can a resident attend continuity clinic during the four hours after a 24-hour period of continuous duty?

Residents must not be assigned any additional clinical responsibilities after a 24-hour period of continuous in-house duty; this includes attending continuity clinic. The additional four-hour period following a 24-hour shift is to ensure that effective transitions in care occur.

## What is meant by “should be 10 hours, must be eight hours”?

“Should” is used when a requirement is so important that an appropriate educational justification must be offered for its absence. It is important to remember that when an abbreviated rest period is offered under special circumstances, the program director and faculty must monitor residents for signs of sleep deprivation.

A typical resident work schedule specifies the number and length of nights on call, but does not always outline the length of each work day. Scheduled or expected duty periods should be separated by 10 hours.

There are however, inevitable and unpredictable circumstances in which resident duty periods may become prolonged. In these instances, residents must still have a minimum of eight hours free of duty before the next scheduled duty period begins. This requirement applies to PGY-1 and intermediate-level residents (as defined by the individual Review Committees). Review Committees do not expect the call period to be scheduled to the maximum allowable daily duty period (e.g., 16 hours) when it is expected that residents must have eight hours off between duty periods. Review Committees have outlined acceptable circumstances. See specialty-specific requirements and/or specialty-specific FAQs for additional details.

## **How many times in a row can a resident take call every other night?**

The objectives for allowing the averaging of in-house call (in all specialties except internal medicine) is to offer flexibility in scheduling, not to permit call every other night for any extended length of time, even if done in the interest of creating longer periods of free time on weekends or later in the month. For example, it is not permissible for a resident to be on call every other night for two weeks straight and then be off for two weeks.

Residents can be assigned to a maximum of four call nights in any seven-day period. This can only be done one week per month. Residents must not take night call for two consecutive nights.

## **Can PGY-1 residents take at-home call, and if so what are the work-hour restrictions for this?**

PGY-1 residents are limited to a 16-hour duty period and are not allowed to take at-home call. PGY-1 residents are not allowed to take at-home call because appropriate supervision (either direct supervision or indirect supervision with direct supervision immediately available) is not possible when a resident is on at-home call. Program directors should review the specialty specific FAQ related to this requirement for further clarification. VI.G.

## Does the minimum of eight hours between shifts apply to at-home call?

Although it must count toward the 80-hour weekly maximum, when residents assigned to at-home call return to the hospital to care for patients a new off-duty period is not initiated, and therefore the requirement of eight hours between shifts does not apply. However, the frequency and duration of time returning to the hospital must not preclude rest or reasonable personal time for residents.

## Which requirements apply to time in the hospital after being called in from home call?

For call taken from home (home or pager call), the time the resident spends in the hospital after being called in counts toward the weekly duty hour limit. The only other numeric duty hour requirement that applies is the one day free of duty every week that must be free of all patient care responsibilities, which includes at-home call. Program directors must monitor the intensity and workload resulting from at-home call, through periodic assessment of the frequency of being called into the hospital, and the length and intensity of the in-house activities.

## If “At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident,” what are the ACGME’s expectations regarding compliance?

The Review Committees recognize that at-home call may, on occasion, be demanding. This may include frequent phone consultations or a return to the hospital to provide emergency care or consultation. However, if at-home call predictably prevents a resident from obtaining adequate rest, or if it is associated with extensive returns to provide hospital service, the Review Committee may cite the program for non-compliance with this program requirement.

## How is “on-call duty” defined?

On-call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period. Call may be taken in-house or from home, but home call is appropriate only if the service intensity and frequency of being called is low. Scheduled duty shifts (generally eight, 10, or 12 hours in length), such as those worked in the intensive care unit (ICU), on emergency medicine rotations, or on “night float”, are exempt from the requirement that call be scheduled no more frequently than every third night.

## How should naps for residents be scheduled? What if a resident chooses not to nap?

Strategic napping is strongly suggested in the program requirements, especially between the hours of 10:00 p.m. and 8:00 a.m. Naps should not be scheduled, but rather should occur based upon patient needs and resident fatigue.

## What determines the duty hour limits for residents who rotate in another accredited program?

The duty hour limits of the program in which the resident rotates apply to all residents, both those in the programs and rotators from another specialty. Common examples include family medicine, transitional year and orthopaedic surgery residents in an emergency department rotation must comply with EM hours, but that EM residents who rotate in Otolaryngology or another specialty are held to those specialties' longer hours. This also applies when a program has an exception, but it helps to remember that the standard defines the maximum allowable hours, not required hours or hours for all residents, suggesting it is always possible to work fewer hours than the limit.

## **If the results of a program's completed ACGME Resident Survey show that a number of residents exceeded several of the duty hour limits, what will the Review Committee do?**

The Resident/Fellow Survey has several objectives, but its most important function is to serve as a focusing tool for the ACGME site visit. If such a program is scheduled for a site visit soon, the site visitor will ask detailed questions about duty hour compliance to verify and clarify the information from the Resident Survey through on-site interviews and review of documents such as rotation and on-call schedules. This may reveal that residents misunderstood the question, or it may reveal problems with duty hour compliance. If such a program is not scheduled for a site visit in the near future, Resident Survey results that suggest non-compliance with the duty hours may result in the Review Committee's following up to request data on duty hours and, if indicated, a corrective action plan. The Review Committees recognize that in many programs a few residents occasionally work beyond the limits, and limit follow-up to programs where the data suggest a potential program-level compliance problem. In some cases of egregious non-compliance, particularly over multiple years and warnings to improve, programs' review cycles may be shortened and site visits scheduled.

## How should the averaging of the duty hour requirements (e.g., 80-hour weekly limit, one day free of duty every week, and call every third night) be handled? For example, what should be done if a resident takes a vacation week?

Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments. This avoids heavy and light assignments being combined to achieve compliance.

If a resident takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from 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). The requirements do not permit a “rolling” average, because this may mask compliance problems by averaging across high and low duty hour rotations. The rotation with the greatest hours and frequency of call must comply with the common duty hour requirements.

Program directors should check with the specific Review Committee to determine if further guidelines or requirements apply to this regulation. For example, the Program Requirements for Internal Medicine do not permit averaging of the interval between in-house call.

**Can the duty hour requirements be relaxed over holidays and during other times when a hospital is short-staffed, during periods when some residents are ill or on leave, or when there is an unusually large patient census or demand for care?**

The ACGME expects that duty hours in any given four-week period comply with all applicable requirements. This includes months with holidays, during which institutions may have fewer staff members on duty. During the holiday period, residents not on vacation may be scheduled more frequently, but the scheduling for the rotation (generally four weeks of a month) must comply with the common and Review Committee-specific duty hour requirements. Further, the schedule during the holidays themselves may not violate common duty hour requirements (such as the requirement for adequate rest between duty periods), or specialty-specific requirements.