Institutional Duty Hours Policy

Scope: All UW residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine.

Definitions: Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care (including any medical record charting completed at home), the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours do not include reading, studying, and academic preparation time spent away from the duty site.

In-house call is defined as those duty hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution.

Duty Hours: Consistent with the ACGME duty hours standard outlined in the Common Program Requirements (CPR), graduate medical education programs sponsored by the UW School of Medicine must meet the following requirements:

1. Maximum Hours of Work per Week: 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. (CPR VI.G.1.)

   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. Mandatory Time Free of Duty: Residents 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. (CPR VI.G.3).

3. Maximum Duty Period Length:
   a. Duty periods of PGY-1 residents must not exceed 16 hours in duration. (VI.G.4.a)
   b. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. (VI.G.4.b)
      • Residents/fellows may be allowed to remain on-site in order to accomplish these effective transitions of care; however, this period of time must be no longer than an additional four hours. (VI.G.4.b).(1)
      • Residents/fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (VI.G.4.b).(2)
• Protocol for Episodes When Residents Remain on Duty Beyond Scheduled Hours: In unusual circumstances, PGY-2+ 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. (CPR VI.G.4.b).(3).
  o Under those circumstances, the resident/fellow must appropriately hand over the care of all other patients to the team responsible for their continuing care (VI.G.4.b).(3).(a),(i); and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director (VI.G.4.b).(3).(a).(ii).
  o The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty in MedHub. (VI.G.4.b).(3).(b)

4. Minimum Time Off Between Scheduled Duty Periods and After In-House Call to Ensure Adequate Rest:
   b. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. (CPR VI.G.5.a)
   c. Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. (VI.G.5.b)
   d. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. (CPR VI.G.5.c)
      • This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. (CPR VI.G.5.c).(1)
      o Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director and tracked in MedHub. (CPR VI.G.5.c).(1).(a)

5. Maximum Frequency of In-House Night Float: Residents must not be scheduled for more than six consecutive nights of night float. (CPR VI.G.6.). This may be further specified by the Review Committee.

6. Maximum In-House On-Call Frequency: 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). (CPR VI.G.7.)

   NOTE: Internal Medicine and subspecialty programs may not schedule in-house call more frequently than every third night. Averaging of the interval between in-house call is not permitted.

7. At-Home Call: At-home call (pager call) is defined as call taken from outside the assigned institution. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.
a. 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/fellow. (CPR VI.G.8.a).

b. 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”. (CPR VI.G.8.b)

Fatigue Mitigation: Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. (CPR VI.C.). All UW GME residents and fellows are required to complete an online module on Fatigue and Sleep Deprivation via the UW Medicine LMS, which will fulfill the training requirement for housestaff. Programs may provide additional training to housestaff, and must identify proper training methods for their faculty.

Moonlighting: The UW School of Medicine has established a Request for Approval of Outside Work (“Moonlighting”) Activities protocol to address moonlighting activities. Neither the school nor its training programs encourage moonlighting. Program Directors must ensure that approved moonlighting activities do not interfere with the ability of residents and fellows to achieve the goals and objectives of the educational program. PGY-1 residents are not permitted to moonlight.

All hours spent engaging in moonlighting activities (including both internal and external moonlighting) must be counted towards to 80-hour Maximum Weekly Hour Limit as well as all other aspects of the duty hours standard. Therefore, all moonlighting hours must be reported in addition to regular hours worked. Noncompliance with the duty hours policy may result in revocation of approval to engage in moonlighting activities.

Exceptions: Individual programs in a favorable accreditation status with the ACGME may request exception to the 80-hour limit for up to 10 or eight additional hours per week if permitted by their RRC. Requests for exception must be reviewed and approved by the Graduate Medical Education Committee (GMEC) prior to submission to the program’s Residency Review Committee (RRC). Requests must include:

1. Educational rationale and/or need,
2. Rotations for which exception is being requested,
3. Program moonlighting policy,
4. Explanation of any effects on patient safety,
5. Explanation of any effects on resident or fellow fatigue and/or sleep deprivation,
6. Demonstration that faculty have been trained to recognize the effects of resident or fellow fatigue and/or sleep deprivation, and
7. Duration of the request (which will not exceed the period before the next RRC site visit).

Program Policies: The UW School of Medicine requires all ACGME-accredited residency and fellowship training programs to develop and maintain a policy on resident/fellow duty hours. Program duty hour policies must meet the educational objectives and patient care responsibilities of the training program, and must comply with duty hour limits according to specialty-specific Program Requirements, the Common Program Requirements, the
ACGME duty hours standard, and the Institutional Duty Hours Policy. In addition, the policy must also address:

1. How the program monitors duty hours, according to UW institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements.
2. Protocols for adjusting schedules as necessary to mitigate excessive service demands and/or fatigue.
3. How the program monitors the demands of at-home call and protocols for adjusting schedules as necessary to mitigate excessive service demands, if applicable.
4. How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.
5. Whether or not the program allows moonlighting. If moonlighting is allowed, the policy must comply with and reference the UW GME Moonlighting (Outside Professional Activity) Policy.
6. Mechanisms used by the program to ensure residents and fellows report their duty hours (including program assigned duties and moonlighting activities, if applicable) in MedHub.

When residents and fellows are assigned to a rotation outside their program, the specialty-specific Program Requirements regarding duty hours, as well as the receiving program’s duty hours policy, apply.

Records of programs duty hours policies are maintained by the GME Office.

**Compliance:**

The UW School of Medicine monitors compliance with the ACGME duty hours standard through a variety of mechanisms. Follow-up and resolution of identified problems are the responsibility of the Program Director and Department.

1. **MedHub:** All programs are required to track duty hours using MedHub. Residents and fellows are required to report their daily duty hours, and have access to two-week blocks in MedHub for documenting their time for the prior and current weeks. Blocks are available on a one-week rolling cycle (Sunday – Saturday), after which residents will be locked out from reporting duty hours. Duty hour reporting must be completed by the resident/fellow, and not the program. Residents and fellows approved for internal and external moonlighting activities are also required to report all moonlighting hours worked in MedHub.

Duty hours compliance must be monitored by each program, and will be reviewed by GMEC monthly. Programs found to be noncompliant with the duty hours standard (e.g., 15% or more of residents/fellows reporting violations, less than 70% of shifts reviewed) will be required to submit a corrective action plan to GMEC within 30 days of the reported violations. Questions or concerns with the data reported should be brought to the immediate attention of the GME Office to ensure any reporting errors are addressed in a timely manner.

In the event that a resident/fellow remains beyond their scheduled period of duty to continue to provide care to a single patient, the resident/fellow must document the reason for remaining in the hospital as part of their duty hours in MedHub.

2. **Internal Reviews:** At the midpoint between each program’s scheduled site visit, the GMEC is responsible for conducting an internal review of the program. As part of the internal review process, the Internal Review Committee members will review the program’s duty hours policy, documentation of resident/fellow duty hours for the previous six months, and will meet with the trainees and obtain their confidential assessment of program compliance with duty hours.
3. **ACGME Resident/Fellow Survey:** All core specialty programs and subspecialty programs with four or more fellows are surveyed by the ACGME every year between January and May. Aggregated reports are made available to the program and sponsoring institution if the survey had a response rate of 70% or greater. Programs found to be in significant noncompliance with the duty hours standard will be required to submit a corrective action plan to GMEC within 30 days of receipt of the survey. Programs across specialties that are identified as having a series of non-compliant responses (either annually or in consecutive program reviews) may be required to submit a Duty Hour or Progress Report to their Review Committee or undergo an accreditation site visit at an earlier date than stated in the program’s most recent Letter of Notification.

4. **Complaint Hotline/Email:** Residents/fellows are encouraged to contact the GME Office anonymously or confidentially through the Complaint Hotline at (206) 543-2496 or online form at [www.gme.washington.edu](http://www.gme.washington.edu) to report duty hour violations. The program director will be required to submit a corrective action plan to GMEC within 30 days of receipt of the complaint.