

National Institutes of Health Clinical Center
Office of Clinical Research Training and Medical Education
Graduate Medical Education Policy on Resident/Clinical Fellow Duty Hours

Approved by Graduate Medical Education Committee: June 1, 2011

Background: To sustain its mission, which includes training the next generation of physician researchers, it is in the best interest of the intramural program of the National Institutes of Health (NIH) to provide a learning environment that will support the needs of its residents and clinical fellows. NIH sponsors Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs through the NIH Clinical Center. In recognition of the role that NIH plays in biomedical research and in educating academic physicians/clinical researchers for the nation, the leadership of NIH and its member Institutes give a high priority to clinical training. It is the responsibility of the NIH to provide residents and clinical fellows with sound education and training that is responsive to concerns for both patient safety and resident well-being. NIH must ensure that the learning objectives of its graduate medical education programs are not compromised by excessive reliance on clinical fellows to fulfill service obligations; as a result, a policy must be constructed that reflects the collective responsibility of the sponsoring institution and the faculty to provide residents and clinical fellows duty assignments that prioritize the safety and welfare of both patients and trainees at the NIH Clinical Center.

Duty hours will be constructed as follows:

1. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all time spent in external and internal moonlighting activities.
2. Residents and clinical fellows will be provided with one day (defined as a continuous 24-hour period) in seven free from all assigned/scheduled educational, clinical, and administrative responsibilities, averaged over a four-week period, inclusive of call.
3. Continuous on-site duty is not allowed to exceed 16 consecutive hours for trainees at the PGY-1 level and 24 consecutive hours for trainees at the PGY-2 level and above; this includes in-house call, which will occur no more frequently than every third night averaged over a four-week period. For internal medicine subspecialty programs, no averaging is permitted for in-house call assignments. Program Directors and supervising physicians will encourage trainees while on call to use appropriate alertness management strategies in the context of their patient care responsibilities.
4. Subsequent to duty assignments of 24 consecutive hours, PGY-2 level and above trainees, are permitted up to four (4) consecutive additional hours to participate in didactic activities, transfer care of patients, and to maintain continuity of medical and surgical care in order to ensure patient safety. Trainees will not be permitted to accept any new patient assignments after 24 hours of continuous duty and cannot attend outpatient or continuity clinics.

5. Under unusual circumstances, trainees at any PGY level may, on their own initiative, remain on duty beyond an assigned/scheduled duty period to provide continuing care to a single patient. Justifications for such unassigned/unscheduled extensions of duty are limited to the following circumstances: a) continuity for a severely ill or unstable patient; 2) unprecedented /unique educational impact of the events transpiring; or 3) humanistic attention to the needs of a patient or family. Under these circumstances, the trainee will, first, hand over the care of all other patients to the providers responsible for continuing care; then document the reasons for remaining to care for the patient in question, and submit the documentation to the Program Director for subsequent review and concurrence. The Program Director will review each incident of additional unassigned/unscheduled service initiated by the trainee, and track both individual resident/clinical fellow and program-wide episodes of unassigned/unscheduled duty to ensure adherence to this policy.

6. Between all assigned/scheduled duty periods, Programs will provide trainees at each PGY level with a 10-hour duty free period for rest and personal activities. On rare occasions, this duty free period may be shortened to minimum of 8 hours at the discretion of the Program Director. No duty free periods of less than 8 hours duration will be routinely assigned/scheduled. However, for residents and clinical fellows in the final year of education, there may be circumstances 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. These circumstances will be reviewed and monitored systematically by the program director to ensure adherence to this policy and to prevent misuse of this exception.

After a 24 consecutive hour duty assignment, Programs will provide trainees, at a minimum, with a 14 hour period free of any assigned duties. This duty free period will not be discretionary and may not be shortened.

7. The Program Director and the faculty will monitor the demands of at-home call in their Programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Oversight will take place as follows:

1. The Program Director will provide documentation that qualified faculty members supervise all patient care at all clinical sites to which their trainees rotate. Faculty schedules and communication systems will be structured to provide residents and clinical fellows with continuous supervision and consultation.

2. Backup support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

3. Faculty, residents and clinical fellows will be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

4. If there has been a violation by the Program Director of ACGME resident duty hour regulations, the resident or clinical fellow should contact his or her Program Director or the Institute's clinical director immediately. Complaints are expected to be treated with discretion. Complaints that are persistent or unresolved despite these steps will be referred to the Executive Director, Graduate Medical Education in the NIH Clinical Center Office of Clinical Research and Medical Education for investigation and/or resolution.

“Moonlighting” will be handled as follows:

1. Outside activities, including patient care activities not required by the educational program and occurring at healthcare sites external to NIH or its affiliated clinical sites (a.k.a. “moonlighting”), are permitted, except for PGY-1 residents, in accordance with Federal Government and HHS regulations and procedures (form HHS 520 available online at: <http://ethics.od.nih.gov/topics/fellows-520.htm> and form NIH-2657, Part D, Supplemental Information to HHS-520 available online at: <http://ethics.od.nih.gov/topics/fellows-520.htm>) and with prospective approval for the activity from the Clinical Director/Department Chief, and the Deputy Ethics Counselor, in addition to written approval from the Program Director which will be made part of the resident's or fellow's file (available online at: <http://ethics.od.nih.gov/topics/fellows-520.htm>). Program Directors must be aware of a resident's or fellow's outside activities so that they can monitor resident/fellow well-being and performance, accurately account for time devoted to clinical care over a four week period, and to ensure that the outside activities do not interfere with the ability of the resident/fellow either to provide safe and effective clinical care to patients or to achieve the goals and objectives of the educational program. Approval for the activity(ies) may be denied or withdrawn in the event of compromised patient care quality or safety; excessive time (> 80 hours) devoted to clinical care activities when averaged over a four week period; or inability to meet the goals and objectives of the educational program.
2. In accordance with ACGME Common Program Requirements, PGY-1 residents are not permitted to “moonlight”.
3. The Resident Letter of Agreement, signed by each resident and fellow, must reflect the individual training Program's policy for outside activities, which must be in accordance with this official policy on duty hours.
4. All time devoted to outside activities qualifying as “moonlighting” will be counted toward the 80 hour weekly limit on duty hours.
5. Residents or fellows will not be required to participate in optional internal clinical coverage (a.k.a. “internal moonlighting”) at the NIH Clinical Center or any of its clinical affiliates. However, should a resident or fellow elect to participate voluntarily in optional internal clinical coverage, then all time devoted to this activity will be counted toward the 80-hour weekly limit on duty hours.