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DUTY HOURS POLICY

The NCC is deeply concerned about establishing a safe environment for patients and an appropriate environment for learning. An important part of this effort is protecting the trainee and his or her patients from the negative effects of fatigue and lack of sleep. To this end the NCC has adopted the duty hour standards of the ACGME. These set an 80-hour weekly limit, averaged over 4 weeks; PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods; intermediate level residents (as defined by RRCs) should have 10 hours free of duty and must have 8 hours between scheduled periods of duty and at least 14 hours free of duty after 24 hours of in-house duty; duty periods of PGY-1 residents must not exceed 16 hours in duration; duty periods of PGY-2 and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital with up to 4 additional hours for patient safety, resident education, and effective transition of care; one day in 7 free from patient care and educational obligations when averaged over 4 weeks; and in-house call no more frequently than every 3 nights when averaged over a 4 week period.

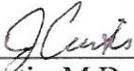
The principles which apply to duty hours of residents include:

1. Each program must have an established policy on work hours which may be more stringent than the ACGME policy but in no case may be less stringent.
2. Program Directors are responsible for making sure that trainees and staff are familiar with the symptoms and signs of fatigue and sleeplessness and for establishing policies for intervention as appropriate.
3. Programs should review their RRC program requirements for any additional clarification on the ACGME Common Program Requirement on Duty Hours.
4. Program Directors should assure that trainees are scheduled in such a manner as to prevent duty hours violations.
5. *Duty Hour Exception Requests:*
 - a. By trainee: In unusual circumstances, trainees, 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.
 - i. Trainees must appropriately hand over the care of all other patients to the team responsible for their continuing care.
 - ii. Trainees must document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.

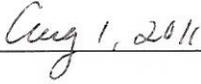
- iii. The NCC expects that each trainee who requests to stay beyond their duty hours be assessed for fatigue prior to receiving program approval.
 - iv. All duty hour violations regardless of whether or not they meet the justifications for extensions of duty must be reported via [www.usuhs.mil/gme\(pending linked activation\)](http://www.usuhs.mil/gme(pending linked activation)) so that the NCC can monitor and trend these.
 - v. Program Directors are expected to present duty hours exception requests that do not meet the justifications for extensions in duty in unusual circumstances as outlined in the Common Program Requirements to the GMEC and to monitor and trend trainee requests. These requests should be infrequent in nature.
 - vi. The NCC has developed an Extension of Duty Hours and Fatigue Assessment Form for trainee and Program Director use which is located on the NCC website at www.usuhs.mil/gme. The form delineates the situations in which duty hour violations must be reported to the DIO. (See [Appendix XIV](#))
 - vii. PGY-1s are never permitted to work beyond a maximum of 16 hours for a duty period length.
- b. By Program: Residency Review Committees have the authority to grant up to a 10% increase of the 80-hour limitation on duty hours, up to 88 hours. Such requests for exception to policy will be reviewed by the RRC only **after** the request from the Program Director has been reviewed and approved by the GMEC. Requests for exceptions should be submitted to the SIR which traditionally meets the week prior to each monthly GMEC meeting. Requests should include:
- i. Program name and location,
 - ii. Program number,
 - iii. Program Director's name,
 - iv. How the program will monitor, evaluate and ensure patient safety,
 - v. Educational justification for the request for an exception,
 - vi. A note for the record that the NCC prohibits moonlighting by trainees,
 - vii. Whether the request applies to all trainees in the program or only those at a specific year level,
 - viii. Whether the request applies to the entire academic calendar or only specific rotations (specific information on call schedules must be provided),
 - ix. Whether the request is for a temporary or permanent exception,
 - x. How compliance with the new limit will be monitored,
 - xi. Evidence of current or planned faculty development activities in recognition of fatigue and sleep deprivation should be appended to the RRC request,
 - xii. Accreditation status of the program.
- c. The requests will be considered by the SIR and GMEC at their next scheduled meetings. The GMEC may approve those requests that:
- i. Have a sound educational rationale,
 - ii. Promote continuity of care without compromising patient safety,
 - iii. Are from programs with plans for faculty involvement in monitoring trainee fatigue to include faculty development activities in recognition of signs of fatigue and for relieving trainees from duty when signs of excessive fatigue are noted.
- d. The Chair of the GMEC will endorse approved requests to the appropriate RRC. Only when the RRC has acted will the exception be considered to be in effect. Current

guidance is that initial exceptions will be effective until the next site survey. Extensions beyond that will require submission to the GMEC and the RRC.

- e. The GMEC will monitor patient safety issues through the internal review process, Organized Medical Staff contact through the Council of Deputies and monthly reports from the Directors of Medical Education of any patient safety issues thought to be related to trainee fatigue or working conditions.
 - f. Compliance with extended work hours will be monitored as with other programs to include internal reviews, annual reports, focused surveys, and reports from trainee organizations.
6. The SIR will closely monitor institution-wide duty hours compliance trends, and will report such trends to the GMEC on a quarterly basis. Programs that demonstrate excessive non-compliance with NCC and ACGME duty hours policies may be required to appear before the SIR and/or undergo a targeted internal review. Individual trainees experiencing excessive duty hour violations may be brought before the Hearing Subcommittee for consideration of adverse actions for deficiencies in the ACGME core competency of professionalism.



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Designated Institutional Official



Date