

**GRADUATE MEDICAL EDUCATION CONSORTIUM OPERATING PRINCIPLES  
DOCUMENT FOR  
WUSM/BJH/SLCH GME CONSORTIUM**

***Section XXIII. Policy on Duty Hours, Work Environment and Moonlighting***

**XXIII. Policy on Duty Hours, Work Environment (III.A) and Moonlighting (IV.K.1-IV.K.1.d))**

The guidelines for monitoring and reporting duty hours can be found in the “Consortium Policy for Monitoring and Reporting Duty Hour Compliance”, which is attached to this document as Appendix F. Each program will develop written program-specific policies on duty hours, work environment and moonlighting.

Graduate Medical Education, sponsored by the GME Consortium, is a full time experience. Patients have the right to expect their care delivered by alert, healthy, responsible and responsive physicians. Additional working time may result in excessive fatigue and must be carefully monitored by Program Directors. If such authorization is granted, the House Officer must obtain permanent licensure, a personal DEA number, and a personal BNDD number. A description of internal or outside employment (moonlighting), including written authorization from the training Program Director must be included as part of the resident’s or fellow’s file. All duty hours, including time spent moonlighting must be reported to the training Program Director as outlined in the program specific requirements. The Program Director reserves the right to rescind moonlighting options if “fit-for-duty” issues, fatigue, poor academic performance or other issues arise. Moonlighting is defined as the practice of medicine for financial remuneration that is not recognized as part of the training program by the Program Director. Any House Officer who violates this prohibition will be subject to Disciplinary Action, including possible termination from his/her respective training program.

**GME Consortium**  
**Policy on Monitoring and Reporting Duty Hours**  
**Effective July 1, 2020**  
**(Appendix F)**

It is the policy of the Graduate Medical Education Committee (GMEC) to follow guidelines established by the ACGME regarding Clinical Experience and Education (formerly Duty Hour Requirements) for residents and clinical fellows in accredited training programs. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, scheduled activities such as conferences, time spent in-house during call activities and patient care work completed from home. Duty hours do not include reading and preparation time spent away from the duty site. Accredited Programs may utilize New Innovations or another tracking mechanism to collect raw work hour data, however all sponsored programs must quarterly report compliance for review by the Educational Monitoring Subcommittee (EMS) of the GMEC.

The following requirements apply to all accredited residency and fellowship training programs sponsored by the Gme Consortium. General Guidelines include:

1. Residents are responsible for accurately reporting their duty hours, including all time spent in Internal and External Moonlighting, per program requirements.
2. Program Directors are responsible for monitoring and enforcing compliance with duty hour guidelines.
3. If specialty/subspecialty-specific program duty hour requirements as defined by an individual RRC for that specialty/subspecialty are more restrictive than the above requirements, then the duty hour requirements of that RRC will and will supersede the institutional requirements.
4. Concerns regarding duty hours may be reported to the Designated Institutional Official (DIO) or through the following options:
  - Contacting the House Staff representatives on the Graduate Medical Education Committee (GMEC). Current House Staff GMEC Representatives can be found on the GME website at the following link <https://gme.wustl.edu/house-staff/gmec-house-staff-representatives/>
  - Complaints can be submitted to the Designated Institutional Official at 314-747-4479, or by email at [gme@wustl.edu](mailto:gme@wustl.edu). Concerns may be reported anonymously via the Institutional Anonymous Resident Survey conducted by the Office of the Associate Dean for GME annually.

**Maximum Hours of Work per Week (CPR)**

5. Duty hours must be limited to 80 hours, averaged over a four-week period per rotation or a four week period within a rotation, excluding vacation or approved leave. Any requests for exceptions to the maximum weekly limit on duty hours must be presented by the Program Director to the GMEC for review and approval annually.

6. Time spent in Internal and External Moonlighting, as well as patient care work from home and time spent moonlighting must be counted toward the eighty-hour maximum weekly hour limit on duty hours as outlined in #5 above.
7. On rare occasions, it is expected that residents/clinical fellows may work in excess of 80 hours in a given week, however all sponsored programs are required to implement and ensure enough flexibility in schedules to ensure residents and clinical fellows can routinely comply with the 80 hour limit averaged over four weeks. The Educational Monitoring Subcommittee will closely monitor program compliance via program Quarterly Duty Hour violation logs, Institutional and ACGME surveys and other data as it becomes available

#### **Mandatory Time Free of Clinical and Education Work**

8. Residents must be scheduled for a minimum of one day free out of seven days every week (when averaged over four weeks). "Duty" includes all clinical and academic activities related to the program as described above. At-home call cannot be assigned on these free days.
9. Program must ensure, and document that residents and clinical fellows have eight hours off between scheduled work and educational periods. It is understandable that patient care circumstances may warrant residents and fellows to stay beyond this limit, however the program must ensure that their trainees routinely stay within 80 hour limit.

#### **Maximum Duty Period Length**

10. Clinical and educational work periods for residents and clinical fellows must not exceed a maximum of 24 hours of continuous scheduled duties. Residents and clinical fellows may be allowed to remain on site for an additional 4 hours to participate in conferences and/or ensure effective transitions in care; however, they may not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
11. In unusual circumstances and on their own initiative, residents and clinical fellows may remain beyond their scheduled period of duty to continue to provide care to a single patient. Under such circumstances - which only include:
  - a. continuity of care for a severely ill or unstable patient,
  - b. a transpiring event of unusual academic importance, or
  - c. humanistic attention to the needs of a patient or family member.

In these instances, the resident must appropriately hand over the care of all other patients responsible for their continuing care and document the reasons for remaining to care for the patient in question. Such documentation must be submitted to the Program Director in every circumstance. The Program Director is responsible for tracking both individual resident and program-wide episodes of additional duty and this information must be included in the programs quarterly duty hour violation logs. The Educational Monitoring Subcommittee will review these reports as part of the programs Annual Program Review (APR).

#### **In-House Night Float**

12. Programs utilizing night float systems must ensure that time spent on night-floats remain within the 8-hour limit and one day in seven requirements. Programs must collect appropriate documentation of compliance and report any violation via the quarterly violation log submitted on behalf of the training program.

#### **Maximum In-House On-Call Frequency**

13. In-house call will occur no more frequently than every third night, averaged over a four-week period. The programs raw duty hour data must reflect compliance of its residents and clinical fellows.

#### **At-Home Call**

14. At-home call, or “pager call,” is defined as call taken from outside the assigned training site.
15. When residents are called into the hospital from home, they may care for new or established patients and the hours spent in-house, exclusive of travel time, are counted toward the eighty-hour limit. Such episodes will not initiate a new “off-duty period.”
16. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
17. At-home call may not be scheduled on the resident’s one free day per seven days (averaged over four weeks).
18. All programs must have policies for duty hours that at a minimum, meet the ACGME’s institutional and program requirements. Programs must monitor in-house and at-home duty hours with enough frequency to assure compliance with the Common and Specialty-specific requirements. The Educational Monitoring Subcommittee of the GMEC will monitor the programs compliance in the following ways:
  - Review responses in the ACGME’s Annual Update related to work hours for an individual program.
  - Annually monitor all sponsored programs compliance with work hours via the Institutional Anonymous Resident Survey. Programs reporting significant noncompliance will submit time studies and an executive summary to the Educational Monitoring Subcommittee documenting compliance or a plan to correct noncompliance. Additional monitoring by the Subcommittee (EMS) may be warranted to assure future compliance.
  - The results of the ACGME Anonymous Resident Survey will be compared to the Institutional Anonymous Survey to determine trends of noncompliance. Follow up on identified issues will be conducted through the annual program reviews (APRs) or special reviews (SRs) as deemed necessary by the EMS.
  - Programs will quarterly report violations of the work hours via Qualtrix throughout the academic year. This information may be reviewed by the Educational Monitoring Subcommittee of the GMEC for further follow up.
  - Raw data may be reviewed during monitoring or special reviews and schedule RC site visits

#### **GMEC Requests for Increases beyond the 80-Hour Limit:**

Programs may request approval from the full GMEC for a 10% increase in the 80-hour limit if they believe this increase is necessary to fulfill their educational requirements. This would be on a rotation basis rather than a general increase in duty hours. Program directors with rotations needing a 10% increase will present the educational rationale to the full GMEC for institutional approval. Requests must be in writing and available for distribution to the GMEC voting members at least two weeks (14 days) prior to the next regularly scheduled GMEC meeting. All requests must include the educational rationale, most recent RRC Letter of Report, a current schedule of house staff work hours for affected rotations, and the results of the anonymous institutional survey of house staff.

Directors requesting the increase will be provided time during the next GMEC meeting to present their information to the members present. During that GMEC meeting, the director of the program under review, will excuse him/herself and their designee from the voting process. The members present will have an opportunity to discuss the information and vote to approve or disapprove the request based on the educational needs of the program. Service requirements will not be sufficient to justify the increase. All other duty hour limitations will still apply and are not subject to requests for modifications. If the GMEC approves the request, the outline reviewed by the GMEC members, and a letter of support from the Chair of the GMEC will be submitted for review to the respective RRC for final approval. The full GMEC will be advised of all final decisions by the RRC once a decision is known. If the GMEC disapproves the request, the members present must outline the reason(s) for rejecting the request. If the program is currently out of compliance with the duty hour requirements, suggestions from the members to assist the director in bringing the rotation into compliance with the standards are highly encouraged. The director will be required to return to the GMEC in 90 days to update the GMEC members of its progress in meeting the standards. If the program remains out of compliance, the GMEC members may request follow up action at this time.

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