

## **Department of Pediatrics Graduate Education Programs**

Subject: Duty Hours Limitations Policy  
Date: May 15, 2006  
Approved: Stephen Wadowski, MD (Pediatric Program Director)

### **Duty Hours Limitations**

The following describes the New York State and ACGME duty hours limitations followed by the Department of Pediatrics at SUNY Health Science Center at Brooklyn Downstate Medical Center. Where regulations are not concordant, the Department complies with the more restrictive of the limitations (i.e. minimum number of duty-free hours between shifts is 10 hours instead of 8 hours; transition time is 3 hours instead of 8 hours).

- 1) Section 405 Duty Hours Limitations (10NYCRR, Section 405.4(b)(6) & (f)(3)) follows:
  - a) limit of 80 hours for the scheduled work week of residents averaged over a four week period.
  - b) Assigned direct patient care work periods should not exceed 24 consecutive hours. A 3 hour transition period for the exchange of information is permitted (including rounds, conference, notes, etc.) with no direct patient care responsibility after 24 consecutive hours on duty.
  - c) For hospital emergency departments with more than 15,000 unscheduled visits per year, the on-duty assignments of residents should not exceed 12 consecutive hours.
  - d) Dual employment or "moonlighting" by residents (which is prohibited) must be monitored by hospitals and any such hours worked must be considered as part of the working hour limitations.
  - e) Non-working periods of at least 8 hours (10 hours by ACGME regulations) following scheduled on-duty or on-call periods, and one 24 hour period of scheduled non-working time per week must be provided.
  - f) Scheduled off-duty one 24 hour period per week
  - g) Onsite, 24 hours per day seven days per week, supervision of residents by physicians in their respective specialties is required. If the attending is readily available by phone and available if needed in person within 20-30 minutes, direct supervision may be provided by someone who has completed 3 years of training (PGY 4) or is in their final year of training (PL-3) in the respective specialty.
- 2) ACGME Duty Hours Limitations
  - a) Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
  - b) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
  - c) Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
  - d) Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
  - e) On-call Activities: The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period.
    1. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

- i) In-house call must occur no more frequently than every third night, averaged over a 4-week period.
  - ii) Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. [as further specified by the RRC]
  - iii) No new patients may be accepted after 24 hours of continuous duty. [as further specified by the RRC]
2. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.
- i) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident.
  - ii) Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  - iii) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
  - iv) The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- f) **Moonlighting**
- i) Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements. In this regard, moonlighting is specifically prohibited without the written authorization of either the Chair or Vice Chair for Education of the Department of Pediatrics.
  - ii) Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.
- g) **Oversight**
- i) Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
  - ii) Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- h) **Duty Hours Exceptions**
- An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.