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## **POLICY AND PROCEDURE**

### **UNIVERSITY OF NORTH CAROLINA HOSPITALS GRADUATE MEDICAL EDUCATION POLICY ON DUTY HOURS FOR All ACGME SPECIALTY & SUBSPECIALTY TRAINING PROGRAMS**

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#### **A) Background**

UNC Hospitals Policy on Duty Hours must be consistent with the ACGME specialty and subspecialty resident duty hour requirements. Although the responsibilities for patient care are not necessarily over a specific time, duty hours must be regulated in order to promote excellent patient care and safety, resident education and physician well being. The following Institutional Policy on Duty Hours should be used as a guideline for each residency program as they draft their own specific program requirements for duty hours. Each Program **must** conform to relevant program requirements related to Resident Duty Hours and the working environment. The Program's Duty Hour Policy must be in compliance with the relevant Program requirements and UNC Hospitals Policy on Duty Hours.

#### **B) Duty Hours**

1. UNC Hospitals Policy on Duty Hours and the ACGME requirements take precedence over all other policy statements and **apply to all Institutions in which the residents rotate.**
2. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and internal moonlighting. 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 related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours **DO NOT** include reading and preparation time spent away from the duty site.
3. Residents must be provided with 1 day in 7 free from all in-hospital educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative duties.
4. An adequate time for rest and personal activities must be provided. This should consist of a 10-hour period provided between all daily duty periods and after in-house call.

#### **C) On-call activities**

In-house call must occur no more frequently than one night in three, averaged over a 4-week period. The objective of an on-call activity is to provide residents with continuity of patient care experience throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned Institution.

1. 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, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics (unless further limited by the relevant program requirements).
2. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care (unless otherwise defined in the relevant program requirements).
3. At-home call (pager call) is defined as call taken from outside the assigned Institution. It is to be noted:

- a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c. The Program Director and 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.

#### **D) Supervision of residents**

1. Qualified faculty must supervise all patient care. The Program Director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid and reliable systems for communicating with supervisors and faculty.
2. Faculty schedules must demonstrate that residents have continuous supervision and consultation.

#### **E) Oversight**

1. 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 residents and faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
2. 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.
  - a. Each program must assign a duty hour taskforce within the education committee to regularly review the duty hours within their program and at all Institutions at which the residents rotate. The GMEC Subcommittee on Duty Hours must receive a report of the activities of this duty hour taskforce semiannually. The duty hour taskforce within each education committee must have an educational program to recognize the signs of fatigue for the residents and faculty.
  - b. The program must adopt and apply policies to prevent and counteract the potential negative effects of fatigue and sleep deprivation.
  - c. Residents must be provided with all on-call rooms that permit rest and privacy when on duty in the hospital.
3. All duty hour concerns by residents must be directed to the Program Director. Alternately, the resident may go directly to the Office of Graduate Medical Education to request investigation.

#### **F) Reporting and Compliance requirements**

1. All residents and subspecialty residents appointed through the Office of Graduate Medical Education are required to record all duty hours in E\*Value in a timely manner.
2. Residents will receive reminders from E\*Value to record their hours every seven (7) days.
3. Residents who have not recorded their hours for a period of fourteen (14) days will be contacted by their Program Director.
4. Residents who have not recorded their hours for a period of twenty-one (21) days will be removed from clinical duties and will forfeit their pro rata stipend payments until they record their hours. In addition, noncompliance with the institutional duty hour policy shall be included in the resident's evaluation under the ACGME core competencies of Professionalism and Systems-Based Practice.

#### **G) Moonlighting**

1. Education of a resident is a full-time academic pursuit. Patient care activities external to the education program (moonlighting) is to be discouraged. However, the time spent in patient care activities

- external to the educational program (internal moonlighting) in the primary program, Sponsoring Institution, or any Institution at which the resident rotates must count toward the weekly 80-hour duty limit, averaged over a 4-week period.
2. 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.
  3. The Program Director and resident must comply with UNC Hospitals Graduate Medical Education Policy on Housestaff (Resident) Professional Activities In Addition To, Or Outside Of, The Requirements Of Their Residency Program (Moonlighting).

## **H) Duty Hour Exception**

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. The GMEC must approve the proposal prior to the program requesting an exception on the RRC level.

The program must follow the attached procedure for requesting a 10% exception for the 80-hour limit.

Reviewed and Approved by GMEC: December 17, 2003

Reviewed and Approved by GMEC: September 21, 2005

Reviewed and Approved by GMEC: October 18, 2006

Revised and Approved by GMEC: December 17, 2008

Approved by MSEC: January 12, 2009

Revised and Approved by GMEC: September 16, 2009

Approved by MSEC: October 12, 2009

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## PROCEDURE

### UNIVERSITY OF NORTH CAROLINA HOSPITALS GRADUATE MEDICAL EDUCATION REQUEST FOR 80-HOUR DUTY LIMIT EXCEPTION

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1. An ACGME-accredited training program may request an exception for up to 10% of the 80-hour duty limit averaged over a four-week period.
2. The request must be submitted to the GMEC Chair of the Subcommittee on Duty Hours. The GMEC Subcommittee on Duty Hours will make a recommendation to the GMEC.
3. In requesting an exception to the 80-hour duty limit, the Education Committee of the program must include the following:
  - a. The program's ACGME accreditation status.
  - b. The educational rationale for the exception as it applies to a particular assignment, rotation(s), and level(s) of training; a blanket exception for the entire educational program should rarely be requested.
  - c. Resident rotation(s) changes and call schedules must be provided.
  - d. There must be attestation of continuous faculty supervision during the extended hours.
  - e. Effect of extended hours on rotations outside of UNC Hospitals.
  - f. Plans for monitoring the duty hours in total and in particular the hours above 80 hours.
  - g. The program's moonlighting policy must be noted for the period in question.
4. Upon approval by the GMEC, the Program Director may send the request to the respective RRC. The DIO of UNC Hospitals must sign this letter. If the 10% increase is granted to the program, all residents must be notified in writing that the GMEC and ACGME have approved the increase in duty hours. The duration of the exception will be limited to no more than the date of the next program review.
5. The Education Committee of the program must assess and document semiannually the impact of the increase on the physical well being of the residents and whether the program's educational goals have been enhanced by the increase in duty hours and that patient safety has not been compromised.
6. The program's Education Committee's semiannual reports must be sent to the GMEC Chair of the Subcommittee on Duty Hours. These reports will be presented to the GMEC.