



Graduate Medical Education

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Date: September 13, 2007

To: Dr. Michael Gottesman, DDIR, OIR, OD
and
Dr. John I. Gallin, Director, CC

Through: Sharon Milgram, PhD, Director, OITE
and
Frederick Ognibene, MD, Director, OCRTME, CC

From: Robert Lembo, MD
Executive Director, GME 
MEP, OITE

Re: Revised Policy on Resident Duty Hours

Action: Approval of Attached Policy

Background:

The revised Institutional and Common Program Requirements of the Accreditation Council on Graduate Medical Education (ACGME), effective July 1, 2007, necessitate minor, but important, changes in the wording of the original NIH Policy on Resident Duty Hours approved in September, 2003.

Medical Education Program and Graduate Medical Education Committee Action:

The policy subcommittee of the NIH Graduate Medical Education Committee drafted a revised policy in accordance with the ACGME Institutional and Common Program Requirements. The mark-up of the original policy is attached for reference purposes. The draft revision was reviewed and approved by the subcommittee, including Ms. Pat Kvochak in the NIH Office of General Counsel. The revised policy was presented to the GMEC membership, revised further based on discussion, and subsequently approved by both the subcommittee and the GMEC. The effective date of approval by the GMEC is September 5, 2007.

Recommendation:

The Graduate Medical Education Committee and the Medical Education Program both recommend that the Deputy Director for Intramural Research and the Director of the Clinical Center approve this policy and affix their signatures to the document as evidence of approval on behalf of the sponsoring institution.

**Medical Education Program
Office of Intramural Training and Education
Office of Intramural Research
National Institutes of Health
Policy on Resident Duty Hours**

Approved by:

Graduate Medical Education Committee (GMEC), September 5, 2007

(Supersedes: Policy on Resident Duty Hours, originally approved by GMEC on July 9, 2003)

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 fellows. NIH sponsors 15 ACGME-accredited training programs, through the 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 fellows with a sound academic and clinical education with concerns for patient safety and resident well-being. NIH must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations; as a result, a policy must be constructed that reflects the collective responsibility of the faculty, residents and fellows to provide assignments that prioritize the safety and welfare of patients.

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.
2. Residents and fellows will be provided with one day (a continuous 24-hour period) in seven free from all educational, clinical, and administrative responsibilities, averaged over a four-week period, inclusive of call.
3. Continuous onsite duty is not allowed to exceed 24 consecutive hours; 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. Between all daily duty periods and after in-house call, a 10-hour time period for rest and personal activities will be provided.
4. In addition to the 24 hours, up to six additional hours are allowed for residents and fellows to participate in didactic activities, transfer care of patients, and to attend outpatient clinics and maintain continuity of medical and surgical care. Residents and fellows will not be permitted to accept new in-patients after 24 hours of continuous duty.
5. The program director and faculty will monitor 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:

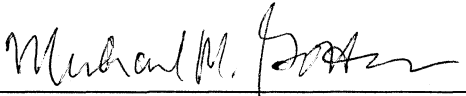
1. The program director will provide documentation that qualified faculty supervises all patient care. Faculty schedules and communication systems will be structured to provide residents with continuous supervision and consultation.
2. Backup support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
3. Faculty, residents and 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 hours regulations, the resident or fellow should contact his or her program director or the Institute's clinical director immediately. Complaints are expected to be treated with discretion.

"Moonlighting" will be handled as follows:

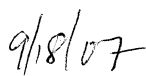
1. Outside activities, including patient care activities not required by the educational program and occurring at healthcare sites external to NIH or its affiliated clinical sites (a.k.a. "moonlighting"), are permitted in accordance with Federal Government and HHS regulations and procedures (form HHS 520 available at <http://ethics.od.nih.gov/forms/HHS-520-1-06.pdf> and form NIH-2657, Part D, Supplemental Information to HHS-520 available at <http://ethics.od.nih.gov/forms/nih-2657.pdf>) 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. 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, and to ensure that the 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, or inability to meet the goals and objectives of the educational program.
2. The Resident Agreement, signed annually by each resident and fellow, must reflect the individual program's policy for outside activities, and be in accordance with this official policy on duty hours.

3. Residents or fellows will not be required to participate in optional internal clinical coverage (a.k.a. "internal moonlighting") at NIH or 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.

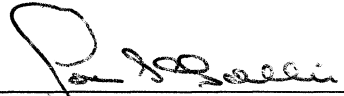
Approved on behalf of Sponsoring Institution:



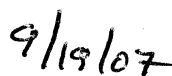
Michael M. Gottesman, M.D.
Deputy Director for Intramural Research
Office of the Director, NIH



Date



John I. Gallin, M.D.
Director, NIH Clinical Center



Date