PURPOSE

The purposes of the Graduate Medical Education Clinical and Educational Work Experience (Duty Hours) Policy are:

1) to ensure that all GME Programs comply fully with the ACGME Common Program Requirements on clinical and educational work hours at all Tufts Medical Center and affiliated training sites, and
2) to establish standards for the reporting, monitoring and oversight of work hours.

ELIGIBILITY

This policy applies to all Tufts Medical Center sponsored residency and fellowship programs and their trainees accredited by the ACGME.

RESPONSIBILITY

The Program Director of ACGME programs, as designated by the responsible Department Chair or Division Chief, ensures that clinical and educational work hours for all trainees comply with the criteria set forth in this policy.

POLICY

A. Requirements:

All GME Programs must comply fully with the ACGME Common Program Requirements on Clinical Experience and Education, as specified in Section VI.F. of the Requirements (see Appendix A).

B. Other Applicable Policies:

Tufts Medical Center GME Moonlighting Policy (GME 104, Moonlighting and Extra Clinical Duties), which relates to Section VI F.5. of the Requirements.

C. Program-Specific Policies:
Each Program shall develop and implement a program-specific clinical and educational work hour policy to supplement, not duplicate, this Tufts Medical Center GME Policy, based on RRC Program-specialty/subspecialty Specific Requirements and on the needs of the Program and its trainees. Program policies may be stricter than this policy, and should, as appropriate, specify standards according to PGY levels or rotations. Program policies must be submitted to the GME Office, which will provide a suggested template for written program policies.

D. New Innovations:

Trainees and Programs, for clinical and educational work hour reporting and monitoring purposes, must use Tufts Medical Center’s residency management software New Innovations. The GME Office shall ensure that all trainees and Program Coordinators are trained in the use of New Innovations and its Mobile App and Mobile Website, and will provide appropriate training and instructions. Trainees and Programs must classify clinical and educational work hours by “work/clinical experience types” as defined in New Innovations.

E. Resident Reporting:

All Tufts Medical Center trainees must maintain accurate records of and report their clinical and educational work hours. Work hours include all clinical and academic activities related to the Program, activities required by accreditation requirements and Specialty Board requirements, accepted practices in the Program, and all moonlighting and extra-clinical duty.

All trainees must log 100% of their work hours using New Innovations for all months during the academic year. The entry of duty hours must be no less frequent than monthly per Program policy.

Permission for moonlighting will be revoked for failure to meet logging requirements.

When research is a formal part of the Program and occurs during the accredited years of the Program, research hours or any combination of research and patient care activities are included.

Work hours do not apply to research activities in the following situations: (1) when programs offer an additional research year that is not part of the accredited years or (2) when trainees conduct research for their personal development or personal scholarly interest. Additionally, hours spent reading, studying, or in the pursuit of other academic and scholarly activities, such as preparing for presentations or journal club, are not considered work hours.
A Trainee’s failure to report clinical and educational work hours accurately and in a timely manner may result in a disciplinary action (see Policy # GME 102, Discipline and Dismissal of House Officers). Misrepresenting hours worked, falsifying signatures or information, or recording time on another employee’s time record will result in disciplinary action, up to and including termination.

- GME will provide each program with a quarterly report of compliance and violations (September, December, March, June), and an institutional report out at that month’s GMEC. The Associate Chief Medical Officer for GME/Designated Institutional Official (DIO) may determine that, for all rotations in a Program or for certain rotations, more frequent monitoring will be required, based on GME Office and GME Committee (GMEC) oversight, as described below.

MONITORING AND OVERSIGHT

A. Program Monitoring:

Programs must closely and consistently monitor trainee clinical and educational work hours, using New Innovations with guidance and support from the GME Office. Monitoring must include: (a) all in-house clinical assignments at any training site; (b) clinical work done from home; (c) internal and external moonlighting activities; and (d) time spent in the hospital during home call assignment. Please note that taking call from home does NOT fulfill the requirement that trainees have one day off in seven (averaged over a month). Programs must ensure that their trainees are logging 100% of their work hours for each and every month of the year. Days logged are considered equivalent to the number of weekdays within the given month, factoring out observed holidays. It is the discretion of the program to withhold trainee requests until they have met their logging requirements, including but not limited to (1) meal tickets, (2) letters of recommendation, (3) reimbursements.

Programs are encouraged to monitor duty hours for compliance frequently, especially during rotations considered at risk for incurring duty hour violations, as specified in their program policies.

B. GME Committee Oversight:

Trainee clinical and educational work hour compliance and any violations as determined by Program monitoring must be reported by each program to the GMEC, through the GME Office, at least quarterly.

In addition to Program reports to the GME Office, the GMEC shall oversee clinical and educational work hour compliance through review of Special Review reports, ACGME Resident Survey Results, and RRC Accreditation Letters.
Based on these oversight methodologies the GMEC may direct certain programs to report more frequently in order to ensure full compliance with the requirements.

**TRAINEE COMPLAINTS**

Trainees shall submit any complaints regarding clinical and educational work hour violations through the GME hierarchy: (1) to the Program Director, (2) to the Department Chair, and (3) to the Associate Chief Medical Officer for Graduate Medical Education.

Trainees may also submit an anonymous complaint through a link on their New Innovations home page called “Trainee Complaints”. A Resident’s complaint regarding work hour violations will be investigated and corrective measures identified. The results of such investigations and the corrective measures implemented will be reported to the GMEC.
Appendix A: Common ACGME Requirements ("Common Requirements")

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

NOTE: The ACGME does not allow compliance with the clinical and educational work hours standard to be based on a rolling average. Averaging must be by rotation, aggregated over a four-week period for rotations of one calendar month or longer, or calculated within the duration of the rotation for rotations of less than four weeks in length. Compliance with all aspects of the work hours standard must be achieved within a given rotation, regardless of duration (i.e., a two-week rotation of heavy duty and a two-week rotation of light duty may not be combined to achieve compliance). Further, vacation or leave days must be taken out of the numerator and the denominator for calculating work hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

Scheduling
While the ACGME acknowledges that, on rare occasions, a resident may work in excess of 80 hours in a given week, all programs and residents utilizing this flexibility will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period. Programs that regularly schedule residents to work 80 hours per week and still permit residents to remain beyond their scheduled work period are likely to exceed the 80-hour maximum, which would not be in substantial compliance with the requirement. These programs should adjust schedules so that residents are scheduled to work fewer than 80 hours per week, which would allow residents to remain beyond their scheduled work period when needed without violating the 80-hour requirement. Programs may wish to consider using night float and/or making adjustments to the frequency of in-house call to ensure compliance with the 80-hour maximum weekly limit.

Oversight
With increased flexibility introduced into the Requirements, programs permitting this flexibility will need to account for the potential for residents to remain beyond their assigned work periods when developing schedules, to avoid exceeding the 80-hour maximum weekly limit, averaged over four weeks. The ACGME Review Committees will strictly monitor and enforce compliance with the 80-hour requirement. Where violations of the 80-hour requirement are identified, programs will be subject to citation and at risk for an adverse accreditation action.
Work from Home
While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that residents are able to complete most work on site during scheduled clinical work hours without requiring them to take work home. The new requirements acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work residents choose to do from home. The requirement provides flexibility for residents to do this while ensuring that the time spent by residents completing clinical work from home is accomplished within the 80-hour weekly maximum. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day’s cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident’s supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

Trainees must be scheduled for a minimum of one day free of clinical and educational work periods every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by a program’s RRC).

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
Time spent in the hospital on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.