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ACGME duty hours standards now in effect for all residency programs

Residency programs must comply with new standards or face loss of accreditation

CHICAGO , July 1, 2003 – Starting today, all 7,800 residency programs in the United States must comply with the Accreditation Council for Graduate Medical Education’s duty hours standards, which limit resident duty hours to a maximum of 80 hours a week and set other restrictions on duty hours. The standards, which the ACGME Board of Directors approved in February, are the culmination of two years of work to develop common duty hours standards for residents in all specialties that balance the needs of patient care, resident well-being and academic and clinical education. Programs that fail to comply with the new standards will face adverse accreditation action, including loss of accreditation.

Said David C. Leach, MD, the ACGME’s executive director, “Residents are doing more in less time with less help. These new standards will strengthen both patient care and education. The ACGME is especially grateful for the extensive input we received from the graduate medical education community, and especially from our public members.”

The ACGME began to develop duty hours standards in some specialties as early as the 1980s. Two years ago the ACGME appointed a work group to develop common duty hours standards for all 119 specialties and subspecialties because it recognized that shorter hospital stays, new medical technology and financial cutbacks at sponsoring institutions had resulted in staff and service cuts that were putting increasing pressure on residents. In addition, consumer advocates and some in the medical profession were expressing concern about the impact of excessive duty hours on patient care.

Although it is up to each program to decide how to adjust resident schedules to comply with the duty hours standards, many programs and sponsoring institutions have added physician assistants and nurse practitioners to their

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staffs and created night float schedules to comply. Institutions that sponsor residency programs must also educate faculty and residents about the effects of sleep deprivation and provide residents with adequate back-up support.

“Patient care and resident education are collective responsibilities, requiring close faculty supervision and strong institutional oversight and support,” said Charles L. Rice, MD, chair of the ACGME’s Board of Directors.

The ACGME will monitor compliance with the new standards through multiple methods, including confidential resident surveys, interviews with program directors, staff and residents during accreditation site visits and ACGME Monitoring Committee assessment of the performance of Residency Review Committees for all specialties in applying and enforcing the accreditation standards. In the coming weeks, the ACGME will communicate with all residents in accredited programs, informing them that it takes the new standards seriously and plans on rigorous monitoring and enforcement. RRCs will keep resident complaints about duty hour violations, like all resident complaints, confidential. Programs that violate duty hour standards must correct the problem within eight to 12 weeks, and ACGME field staff will conduct follow-up site visits to some of those programs to ensure compliance.

Residency programs that fail to comply with the duty hour standards and do not correct the deficiency are subject to adverse accreditation actions, including probation or withdrawal of accreditation. Programs that lose accreditation are virtually shut down because programs must be ACGME-accredited in order to receive Medicare GME funding and accept new residents. Residents must complete ACGME-accredited programs in order to be eligible for board certification examinations.

In addition to the weekly duty hour limit, the standards also include provisions for rest periods and days free from resident duties. Duty hours are defined as time spent on educational and clinical activities related to the residency program, including patient care, administrative duties related to patient care and academic activities. Specific provisions include:

- Residents are limited to a maximum of 80 duty hours per week, including in-house call, averaged over four

weeks. In certain cases, starting in July 2004, residency programs will be allowed to increase duty hours by 10 percent if doing so is necessary for optimal resident education and the program receives approval from the appropriate RRC.

- Residents must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks.
- Residents cannot be scheduled for in-house call more than once every three nights, averaged over four weeks.
- Duty periods cannot last for more than 24 hours, although residents may remain on duty for six additional hours to transfer patients, maintain continuity of care or participate in educational activities.
- Residents should be given at least 10 hours for rest and personal activities between daily duty periods and after in-house call.
- In-house moonlight counts toward the weekly limit. In addition, program directors must ensure that external and internal moonlighting does not interfere with the resident's achievement of the program's educational goals and objectives.

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The ACGME, founded in 1981 out of a consensus need in the medical community for an independent accrediting body, is a private, non-profit organization that accredits residency programs in 26 medical specialties involving nearly 100,000 medical residents. Its mission is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education for physicians in training. Members of the ACGME's Board of Directors are appointed by five member organizations – the American Board of Medical Specialties, American Hospital Assn., American Medical Assn., Assn. of American Medical Colleges and Council of Medical Specialty Societies. The Board also includes a federal representative, a resident representative, the chair of the RRC Council and three public members.