

ACGME-Approved Specialty Specific Duty Hour Language

SPECIALTY	Common Requirements Section VI.E.2: (six hour post call period)	Common requirements Section VI.E.3: (Definition of new patient)	Other Changes (Common Program Requirements in Bold)
Allergy & Immunology	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	
Anesthesiology	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p> <p>a) During the six additional hours, residents may not administer anesthesia in the operating room for a new operative case or manage new admissions to the ICU. The resident should not manage non-continuity patients in the six hours post-call.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. Supervision shall not vary substantially with the time of day or day of the week. In the clinical setting, faculty members should not direct anesthesia at more than two anesthetizing locations simultaneously.</p> <p>VI.D.3. 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.</p> <p>a) The Review Committee will not consider requests for a rest period of less than 10 hours.</p> <p>VI.E.5. On-call activities present the resident with the challenges of providing care outside regular duty</p>

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			<p>hours. Therefore, on-call activities, including those that occur throughout the night, are necessary components of the education of all residents.</p> <p>VI.G.4. The RRC for Anesthesiology will not consider requests for an exception to the limit to 80 hours per week, averaged monthly.</p>
Colon & Rectal Surgery	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	
Dermatology	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. Faculty must be on-site and readily available to see patients at all times.</p>
Emergency Medicine	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. All residents assigned to the emergency department must have supervision commensurate to their level of training.</p> <p>VI.E.3.d. While on rotations to other</p>

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			<p>services, the above standards apply. However, when emergency medicine residents are on emergency medicine rotations, the following standards apply:</p> <ol style="list-style-type: none"> (1) As a minimum, residents shall be allowed an average of one full day in seven days away from the institution and free of any clinical or academic responsibilities, including planned educational experiences; (2) While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods; and, (3) A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all clinical duty time and conferences, whether spent within or outside the educational program, including all on-call hours. <p>VI.F.3. Activities that fall outside the educational program may not be mandated, nor may they interfere with the resident's performance in the educational process as defined in the</p>

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			<p>agreement between the institution and the resident.</p> <p>VI.G.3. The Review Committee will not grant an exception to the applicable duty limits described above.</p>
<p>Family Medicine</p>	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p> <p>a) For family medicine programs, the only out-patient activity allowed is the scheduled continuity office hours in the FMC, and/or self-directed activities. No other clinical duties are permitted. FM residents may not have continuity office hours in the afternoon or evening following an overnight call responsibility. Directors are responsible for anticipatory scheduling to avoid having to cancel patient appointments for afternoon FMC continuity sessions following overnight call.</p> <p>b) For programs using a night block rotation, residents may have their continuity office hours in the FMC either before or after the night block hours, as long as there are 10 hours of rest between assigned</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) Patients seen past call during a morning continuity session in the FMC are not considered new patients.</p>	<p>VI.D.3. 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.</p> <p>a) The Review Committee will not consider requests for a rest period of less than 10 hours.</p> <p>VI.G.2.a. The Review Committee for Family Medicine will not consider requests for an exception to the limit to 80 hours per week, averaged monthly.</p>

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	<p>duties and all other duty hour rules are addressed.</p> <p>c) Residents should also be available for critical events in the lives of their continuity patients such obstetrical delivery throughout their three years of training, but with the understanding that their subsequent schedules should be adjusted, as necessary, to comply with the duty hours restrictions.</p>		
Internal Medicine	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	<p>VI.E.1.a) In-house call must occur no more frequently than every third night, averaged over a four-week period.</p> <p>a) Internal medicine residency programs are not allowed to average in-house call over a four-week period.</p> <p>VI.G.3.a. The Review Committee for Internal Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.</p>
Medical Genetics	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	
Neurological Surgery	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p>	

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	remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	a) A new patient is defined as any patient for whom the resident has not previously provided care.	
Neurology	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities. 1. There must be explicit and current written supervisory lines of supervision circulated to all members of the program staff. VI.E.1. In-house call must occur no more frequently than every third night, averaged over a four-week period. a) Residents must provide on-call duty in the hospital. b) In-house call is required to provide the experience of primary coverage for already-hospitalized inpatients and initial evaluation and treatment of urgent admissions to neurology or consultation patients. In most instances, practicality and optimal quality of care will necessitate that residents sleep in the hospital when providing such care. Under some conditions, it may be permissible for this call to be taken from home. If at-home call causes frequent interruption or significant deprivation

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			<p>of sleep, it should be considered equivalent to in-house call with respect to duty hours; that is, the entire night must be included in the calculation of total on-duty hours per week, and the 10 hour rest period and the 24+6 rule must be triggered. It will be the program director's responsibility in consultation with residents and other faculty to establish rules to assure that the spirit of the duty hours is respected, regardless of the nature of call.</p> <p>VI.G.3. The Review Committee for Neurology will not consider requests for exceptions to the limit to 80 hours per week, averaged over a four week period.</p>
Nuclear Medicine	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	
Obstetrics/Gynecology	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics.	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. The program director must provide for the supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of</p>

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			<p>patients. Such guidelines must be communicated to all members of the program staff.</p> <p>2. Supervision of residents in obstetrics and gynecology is required to ensure proper (1) quality of care, (2) education, (3) patient safety, and (4) fulfillment of responsibility of the attending physicians to their patients. These considerations must be integrated with the goal of independent competence in the full range of obstetrics and gynecology at the completion of residency. This implies a graduated and increasing level of independent resident action. Each program director must balance quality assurance for patient care, resident education, and independent resident action. The level of resident supervision should be commensurate with the amount of independent function that is designated at each resident level. Residents, as well as faculty, may provide supervision.</p>
Ophthalmology	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. There should be direct faculty supervision of each resident in at least 1,000 outpatient visits. Direct faculty supervision occurs when</p>

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			<p>faculty members also examine the patient with the resident and discuss the management of the patient with the resident before the patient leaves the clinic.</p> <p>2. For emergency medicine care, faculty must be readily available to see any patient upon request by the resident.</p>
Orthopaedic Surgery	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the orthopaedic surgery service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.</p>	
Otolaryngology	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p> <p>a) During this six hour time period, residents may assist in surgery.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the otolaryngology service or department has not previously provided care. The resident should evaluate the patient before participating in surgery.</p>	
Pathology	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has</p>	

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	didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	not previously provided care.	
Pediatrics	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p> <p>a) While continuity of care remains a priority, morning and afternoon continuity clinics after residents have had a 24-hour duty period may be cancelled up to a frequency of one time per month (four weeks) per resident. Post-call residents may not attend other clinics, such as subspecialty clinics.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not provided care during the previous 24 hour period, or who is not a part of the resident's continuity panel or the panel of the resident's continuity team, if such exists.</p>	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. There must be a written document disseminated to residents and faculty which outlines the supervisory lines of responsibility.</p> <p>VI.D.3. 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.</p> <p>a) The Review Committee will not consider requests for a rest period of fewer than 10 hours.</p> <p>VI.G.3. The Review Committee for Pediatrics will not consider requests for exceptions to the 80 hour limit to residents' work week.</p>
Physical Medicine & Rehabilitation	<p>Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.</p>	<p>No new patients may be accepted after 24 hours of continuous duty.</p> <p>a) A new patient is defined as any patient for whom the resident has not previously provided care.</p>	

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Plastic Surgery	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	
Preventive Medicine	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	
Psychiatry	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <p>1. Each resident must receive a minimum of two hours of direct supervision per week, at least one of which is individual.</p> <p>VI.E.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.</p> <p>a) On psychiatry rotations, in-house call must occur no more frequently than every fourth night, averaged over a four week period.</p>
Diagnostic	Continuous on-site duty, including	No new patients may be accepted	

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Radiology	in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	<p>VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.</p> <ol style="list-style-type: none"> 1. Faculty supervision must be available at all sites of training, and direct faculty supervision is required for all percutaneous invasive procedures, excluding intravenous injection of contrast. 2. The responsibility or independence given to residents should depend on their knowledge, manual skills, and experience. The resident must have a minimum of 12 months of training in diagnostic radiology prior to independent in-house on-call responsibilities. 3. Residents must always have faculty backup when taking night, weekend, or holiday call. All radiologic images must be reviewed and all reports must be signed by faculty. The reviews must occur within 24 hours. 4. All residents must participate in taking call during the first six months of the final year of diagnostic radiology residency. <p>VI.E.3. The Review Committee for Diagnostic Radiology will not consider requests for duty hour exceptions.</p>
Radiation	Continuous on-site duty, including	No new patients may be accepted	

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Oncology	in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	
Surgery	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the surgery service or department has not previously provided care. The resident should evaluate the patient before surgery.	VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities. 1. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. 2. Although senior residents require less direction than junior residents, even the most senior resident must be supervised. The program should establish a chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established 3. A fellow may not supervise chief residents.
Thoracic Surgery	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the thoracic surgery service or department has	VI.F.1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

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	patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	not previously provided care.	a) Because the program of thoracic surgery education is demanding, moonlighting is strongly discouraged.
Transitional Year	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	VI.B.1. The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities. 1. A supervising member of the faculty or a more senior resident must be available on site whenever a transitional year resident is on call. VI.E.1. In-house call must occur no more frequently than every third night, averaged over a four-week period. a) In-house call is required to provide the experience of primary coverage for already hospitalized inpatients, and for the initial evaluation and treatment of urgent consultations or admissions on the service to which the resident is concurrently assigned. A resident should not be required to take in-house call on another service without a sound educational rationale for this assignment VI.G.3. The Review Committee will not grant exceptions for up to 10% of the 80-hour limit.
Urology	Continuous on-site duty, including in-house call, must not exceed 24	No new patients may be accepted after 24 hours of continuous duty.	

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	consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.	a) A new patient is defined as any patient for whom the resident has not previously provided care.	

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