



Accreditation Council for  
Graduate Medical Education

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## ACGME Duty Hour Standards Fact Sheet

### What are the duty hour standards?

The Accreditation Council for Graduate Medical Education's common duty hour standards took effect on July 1, 2003. The common minimum standards on resident duty hours apply to ACGME-accredited residency programs in all 130 ACGME-accredited specialties and subspecialties. An ACGME working group developed the standards, which reflect its consensus on the benefit of duty hour limits for resident education and related patient care. Major provisions of the standards include:

- An 80-hour weekly limit, averaged over four weeks. Review Committees for various specialties may set more restrictive standards. Moonlighting done in the sponsoring institution 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.
- Adequate rest between duty periods.
- A 24-hour limit on continuous duty time, with an additional period up to six hours permitted for continuity of care and educational activities.
- One day in seven free from all patient care and educational obligations, averaged over four weeks.
- In-house call no more than once every three nights, averaged over four weeks.

### Why did the ACGME adopt duty hour standards?

The ACGME recognizes that residency programs face increasing challenges in providing quality education in the context of quality patient care and safety. These challenges include shorter hospital stays, new medical technology and advances, and financial pressure on sponsoring institutions that have resulted in staff and services cuts. These changes have put increasing pressure on residents, making the programs more

rigorous than ever. Public consumer advocates and some in the medical profession have expressed concern that excessive duty hours for residents jeopardize quality of care. While residents play a vital role in the health care systems, residents are students and residency programs must provide residents with a working environment that is conducive to learning. The duty hour standards address the changes in the health care environment and promote quality education and patient care.

The ACGME began to develop duty hour standards in some specialties as early as the 1980s, and several specialties - which together account for nearly 40 percent of all residents in ACGME programs - instituted an 80-hour weekly limit more than 10 years ago. The ACGME Board of Directors approved the common duty hour standards for programs in all specialties in February 2003.

The ACGME, an independent, nonprofit organization formed in 1981 through the consensus of the medical community, accredits about 8,700 residency programs in the United States educating approximately 109,000 residents. In October 2002, the federal Occupational Safety and Health Administration recognized the ACGME as well-suited to address duty hour restrictions when it rejected a petition filed by Public Citizen, the American Medical Student Association and the Committee on Interns and Residents for federal regulation of duty hours.

### **How does the ACGME monitor and enforce the duty hour standards?**

The ACGME monitors compliance with the duty hour standards through various means, including:

- Confidential Internet resident surveys.
- Interviews with program directors, staff and residents during accreditation site visits and review of duty hour documentation, such as time sheets and call schedules.
- ACGME Monitoring Committee assessment of the performance of all Review Committees in applying and enforcing the accreditation standards.
- Education of residents, program directors and other audiences about resident duty hours.

Programs that fail to comply with the duty hour standards and other program requirements face adverse accreditation actions, which may include probation and withdrawal of accreditation. Loss of ACGME accreditation has serious consequences: programs that lose ACGME accreditation are not eligible for Medicare GME funding and, in addition, residents must complete ACGME-accredited residency programs in order

to be eligible to take examinations for board certification in their specialties.

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