University of California, School of Medicine

Institutional Policy

DUTY HOURS FOR RESIDENTS

1. Duty Hours
   a. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparatory time spent away from the duty site.
   b. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   c. Residents are provided with one day in seven free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
   d. Adequate time for rest and personal activities is provided. There should be a minimum of an 8-hour, but preferably a 10-hour, time period provided between all daily duty periods and after in-house call.

2. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

   a. In-house call is no more frequent than every third night.
   b. Duty periods of residents in PG1 year must not exceed 16 hours.
   c. Intermediate level and senior residents (postgraduate 2 years and above) may be scheduled for a maximum of 24 hours of continuous duty. Residents may remain on site for up to four additional hours for transfer of care.
   d. In unusual circumstances, residents may remain beyond scheduled hours to continue to provide care for a single patient. Justifications are:
      1) Required continuity of care for a patient who is severely ill or whose condition is unstable.
      2) The patient is of academic importance, and
      3) The patient, or the patient’s family needs humanistic care. The residents cannot be compelled to spend additional hours.
   e. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call are provided with 1
day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, but do not initiate a new off-duty period.

3) The program director and the faculty monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

3. Moonlighting and Extra Duty Hours
   a. Both internal and external moonlighting is included in the 80-hour limit.
   b. Residents in postgraduate Year 1 are not permitted to moonlight.

4. Oversight
   a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours by the UCR SCM program directors is required with frequency sufficient to ensure an appropriate balance between education and service.
   b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

5. Duty Hours Exception
   An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. All such requests must be approved by the Graduate Medical Education Committee and the Designated Institutional Official (DIO).

6. Monitoring of Duty Hours
   a. Each program must monitor its compliance with duty hours and submit its data on duty hours twice a year, in March and October, to the DIO.

*This policy was approved by the Graduate Medical Education Committee on March 16, 2011*

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Designated Institutional Official