



## **Clinical and Educational Work Hours Policy**

*GMEC approved October 16, 2025*

### **ACGME Institutional Requirements**

#### **3.2.e. Clinical Experience and Education**

The Sponsoring Institution must oversee resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of noncompliance in a timely manner. (Core)

#### **4.11. Clinical and Educational Work Hours:**

The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)

### **ACGME Common Program Requirements**

#### **6.20. Maximum Hours of Clinical and Educational Work per Week**

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. (Core)

Background and Intent: Programs and residents have a shared responsibility to ensure that the 80-hour maximum weekly limit is not exceeded. While the requirement has been written with the intent of allowing residents to remain beyond their scheduled work periods to care for a patient or participate in an educational activity, these additional hours must be accounted for in the allocated 80 hours when averaged over four weeks.

#### **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 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.



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Residents are to track the time they spend on clinical work from home and to report that time to the program. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual resident. Programs will need to factor in time residents are spending on clinical work at home when schedules are developed to ensure that residents are not working in excess of 80 hours per week, averaged over four weeks. There is no requirement that programs assume responsibility for documenting this time. Rather, the program's responsibility is ensuring that residents report their time from home and that schedules are structured to ensure that residents are not working in excess of 80 hours per week, averaged over four weeks.

### **6.21. Mandatory Time Free of Clinical Work and Education**

Residents should have eight hours off between scheduled clinical work and education periods. (Detail)

Background and Intent: 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 occurs within the context of the 80-hour and the one-day-off-in-seven requirements. While it is expected that resident schedules will be structured to ensure that residents are provided with a minimum of eight hours off between scheduled work periods, it is recognized that residents may choose to remain beyond their scheduled time, or return to the clinical site during this time-off period, to care for a patient. The requirement preserves the flexibility for residents to make those choices. It is also noted that the 80-hour weekly limit (averaged over four weeks) is a deterrent for scheduling fewer than eight hours off between clinical and education work periods, as it would be difficult for a program to design a schedule that provides fewer than eight hours off without violating the 80-hour rule.

#### **6.21.a. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.** (Core)

Background and Intent: Residents have a responsibility to return to work rested, and thus are expected to use this time away from work to get adequate rest. In support of this goal, residents are encouraged to prioritize sleep over other discretionary activities.

#### **6.21.b. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.** (Core)

Background and Intent: The requirement provides flexibility for programs to distribute days off in a manner that meets program and resident needs. It is strongly recommended that residents' preference regarding how their days off are distributed be considered as schedules are developed. It is desirable that days off be distributed throughout the month, but some residents may prefer to group their days off to have a "golden weekend," meaning a consecutive Saturday and Sunday free from work. The requirement for one free day in seven should not be interpreted as precluding a golden weekend. Where feasible, schedules may be designed to provide residents with a weekend, or two consecutive days, free of work. The applicable Review Committee will evaluate the number of consecutive days of work and determine whether they meet educational objectives. Programs are encouraged to distribute days off in a fashion that optimizes resident well-being, and educational and personal goals. It is



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noted that a day off is defined in the ACGME Glossary of Terms as “one (1) continuous 24-hour period free from all administrative, clinical, and educational activities.”

### **6.22. Maximum Clinical Work and Education Period Length**

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. <sup>(Core)</sup>

- 6.22.a.** 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. Additional patient care responsibilities must not be assigned to a resident during this time. <sup>(Core)</sup>

Background and Intent: The additional time referenced in 6.22.a. should not be used for the care of new patients. It is essential that the resident continue to function as a member of the team in an environment where other members of the team can assess resident fatigue, and that supervision for post-call residents is provided. This 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.

### **6.23. Clinical and Educational Work Hour Exceptions**

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient’s family; or to attend unique educational events. <sup>(Detail)</sup>

- 6.23.a.** These additional hours of care or education must be counted toward the 80-hour weekly limit. <sup>(Detail)</sup>

Background and Intent: This requirement is intended to provide residents with some control over their schedules by providing the flexibility to voluntarily remain beyond the scheduled responsibilities under the circumstances described above. It is important to note that a resident may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Residents must not be required to stay. Programs allowing residents to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident and that residents are not coerced. This additional time must be counted toward the 80-hour maximum weekly limit.

### **6.24. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.**

- 6.24.a.** In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. <sup>(Detail)</sup>

Background and Intent: Exceptions may be granted for specific rotations if the program can justify the increase based on criteria specified by the Review Committee. Review Committees may opt not to permit exceptions. The underlying philosophy for this requirement is that while it is expected that all residents should be able to train within an 80-hour work week, it is recognized that some programs



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may include rotations with alternate structures based on the nature of the specialty. DIO/GMEC approval is required before the request will be considered by the Review Committee.

### **Procedures**

#### **Resident Responsibilities:**

- a. Residents must manage their personal and professional lives in a manner that allows for optimal performance at all times of direct patient care.
- b. Residents are required to report their work hours at least weekly through residency training management software (New Innovations) in an accurate, honest, and timely manner.
  1. Non-compliance could result in a letter regarding professionalism in a resident file.
- c. It is essential that residents are aware of work hour requirements for their specialty and notify their supervisor and Program Director (PD) before a violation occurs so it can be avoided.
- d. Residents shall recognize fatigue in themselves and responsibly manage through the use of mitigation processes and/or asking for back-up.
- e. Residents must notify their supervisor and PD if they are unable to perform their patient care responsibilities due to excessive fatigue, illness, or family emergency.
- f. Residents should discuss concerns about fatigue in another Resident with the Resident, supervisor, and/or PD.

#### **Faculty Responsibilities:**

- a. Faculty are expected to maintain a learning environment that supports adherence to all clinical and educational work hours requirements for the program and this policy.
- b. Faculty must fulfill all program requirements for education in fatigue recognition and management.
- c. Faculty must recognize fatigue in themselves and others and responsibly manage through the use of fatigue mitigation processes or back-up systems.

#### **Program Director Responsibilities**

- a. PDs must make education available to faculty and residents on their professional responsibilities to come to work fit for duty, to recognize signs of fatigue, to know strategies for fatigue mitigation, and to know the work hour expectations.
- b. PDs must develop resident schedules to allow residents to follow work hour expectations and be excused from patient care due to fatigue, illness, or family emergency.
- c. If residents need to be excused from scheduled clinical work, the program must have policies that allow residents to be relieved from duty without fear of negative consequences.
- d. PDs must monitor work hours of residents and immediately implement changes that comply with work hour requirements if any issue comes to the PD's attention.
- e. Monitoring of work hours may include review of ACGME annual surveys, reviews of New Innovations work hours entered by Residents, and program internal work hour surveys.



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**GME Council**

- a. GMEC must oversee all aspects of work hours management for all programs including, but not limited to, each program's processes, education, monitoring, and requirement adherence.
- b. GMEC will monitor compliance in a number of ways, including activities such as review of ACGME annual surveys, Annual Program Evaluations, resident work hour reports in residency training management software (New Innovations), and other expressed concerns.
- c. Any program found to have issues with non-compliance of work hours will be closely monitored and required to initiate procedural changes to ensure compliance.

Revision to policy dated: April 18, 2024

References:

[https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements\\_2025\\_reformatted.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf)

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<https://med.umkc.edu/documents/policies/gme/moonlighting-4.11.a.pdf>

Administered By:

A handwritten signature in black ink that reads "Phil Byrne". The signature is written in a cursive, flowing style.

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