

<b>Policy Name:</b>	Clinical and Educational Work Hours		
<b>Section #:</b>	3.1	<b>Section Title:</b>	Clinical Learning Environment
<b>Approval Authority:</b>	Graduate Medical Education Committee	<b>GMEC Approved:</b>	05/17/2019
<b>Responsible Executive:</b>	DIO	<b>Revised:</b>	08/20/2021, 08/26/2024, 9/19/2025
<b>Responsible Office:</b>	Office of Clinical and Health Affairs, Rutgers Health	<b>Contact:</b>	Institutional Coordinator

### 1. Reason for Policy

To establish compliance that meets Rutgers, state, federal, and accreditation regulations.

### 2. Applicable ACGME Institutional Requirements

3.2.3 Clinical Experience and Education

### 3. Resources

- i. Accreditation Council for Graduate Medical Education Institutional Requirements
- ii. Accreditation Council for Graduate Medical Education Common Program Requirements
- iii. Rutgers University Policies
- iv. New Jersey Board of Medical Examiners
- v. American Board of Medical Specialties

### 4. Scope

The scope of this policy applies to all residents and fellows in training at Rutgers Health.

### 5. The Policy

- I. The Sponsoring Institution ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.
  - a. Responsibility
    - i. Responsibility for monitoring compliance with these requirements will rest with the individual Program Director and the GMEC Learning and Working Environment Subcommittee under the direction of the DIO. All programs shall implement policies and procedures consistent with ACGME Institutional Requirements and program requirements for resident/fellow clinical experience and education as well as the working environment.
      1. All programs should adopt procedures so that the clinical and educational work obligations are shared by residents/fellows in all PGY levels in order to mitigate the possibility for excessive after-hours work by junior level residents and fellows.
      2. The DIO may periodically assess compliance by review of on-call schedules and by confidential discussions with individual residents/fellows.
      3. The GMEC Learning and Working Environment Subcommittee will meet regularly to address institutional and individual program compliance with clinical and educational work hour requirements set forth by the ACGME.



II. Clinical and Educational Work Hours

a. Maximum Hours of Clinical and Educational Work per Week

- i. 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.

b. Mandatory Time Free of Clinical Work and Education

- i. The program must design an effective program structure that is configured to provide residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- ii. Ideally, residents/fellows should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when residents/fellows 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 must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

- iii. Residents/Fellows must have at least 14 hours free of clinical work and required education after 24 hours of in-house call.
- iv. Residents/Fellows must be scheduled for a minimum of one-day-in-seven free of clinical work and required education (when averaged over four weeks), unless otherwise specified by an individual RRC. At-home call cannot be assigned on these free days.

c. Maximum Clinical Work and Education Period Length

- i. Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.
- ii. 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/fellow education.
  - 1. Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

d. Clinical and Educational Work Hour Exceptions

- i. In rare circumstances, after handing off all other responsibilities, a resident/fellow, 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; humanistic attention to the needs of a patient or family; or, to attend unique educational events.
- ii. These additional hours of care or education must be counted toward the 80-hour weekly limit.
- iii. Requests for any other exceptions to the above must be made in writing from the Program Director to the DIO who will then submit to GMEC for review.

e. In-House Night Float

- i. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

f. Maximum In-House On-Call Frequency

- i. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

g. At-Home Call

- i. Time spent on patient care activities by residents on at-home call must count

toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.