



policy points

Limiting Residents' Hours The ACGME and lawmakers both are seeking to limit residents' duty time to 80 hours per week. They differ in whether to permit extensions of those limits for certain situations.

BY JEFF ATKINSON



Under federal laws and regulations, airline pilots can work a maximum of

16 hours in one day and 100 hours per month, and they must have eight hours of uninterrupted rest before returning to flight duty. Truckers cannot drive more than 10 consecutive hours nor more than 16 hours in one day.

There are no federal laws on the numbers of hours resident physicians can work. Many residents work in excess of 80 or 100 hours per week, and that has given rise to con-

cerns about patient safety as well as the health of residents. A federal law has been proposed to deal with the issue, and the [Accreditation Council for Graduate Medical Education \(ACGME\)](#), which oversees 7,800 graduate medical education programs in 118 specialties and subspecialties, has established proposed minimum requirements for resident working hours and supervision.

The Accreditation

Council's requirements will take effect July 1, 2003. Prior to that time the Council will have what it calls a period of "initial response" during which the Council's [Residency Review Committees \(RRCs\)](#) "will provide constructive feedback on duty hours, but will not take adverse accreditation action." After the requirements are in effect, training programs that do not comply with the requirements risk being placed

on probation or losing accreditation. (For a list of the number of residents in different training programs, see "[Residency Programs Nationwide](#)," at the end of the document.

Key requirements

The key requirements of the new regulations include:

- **80-hour weekly limit averaged.** Residents must not be scheduled to work more than 80 hours per week, averaged over a four-week period. Individual programs may apply to their sponsoring institution's Graduate Medical Education Committee and the Residency Review Committee for up to a 10 percent increase in

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hours if the program has a sound educational reason for doing so.

- **24 + 6 hours of continuous duty.**

Continuous duty or call is limited to 24 hours, with additional time of up to 6 hours for continuity of care, transfer of care, educational debriefing, and formal didactic activities. Residents, however, may not assume responsibility for new patients after 24 hours. Revisions to the requirements made in September will allow residents to work in "continuity clinics" in which for example, a resident in family practice can see a patient the resident has seen before, even though the resident had not seen the patient during the immediately preceding 24 hours.

- **Rest periods.** Residents should have a rest period of at least 10 hours between duty periods.

- **Moonlighting.** Residents must obtain permission for patient-care activities outside the program (moonlighting), and the effect of outside work on the resident's performance must be monitored.

- **Institutional responsibility.** Institutions are responsible for promoting patient safety and education through duty-hour assignments and availability of faculty.

Several of the Accreditation Council's existing requirements are still in effect, including rules that residents should not be assigned in-house call more often than every third night, averaged over four weeks, and residents should have at least 24 hours free of patient-care duty out of every seven days, also averaged over four weeks. The old and new requirements is available on line at www.acgme.org/new/dutyHoursLanguage.pdf

Added costs and resident well-being. The Accreditation Council recognizes that its new requirements will require changes in programs and add to costs. "The costs are real, but they are justified by the enhanced promotion of safe patient care, resident well-being, and educational goals" the Council's report said.

Marvin Dunn, MD, the director of residency review activities at ACGME in Chicago, said that larger training programs will have an easier time adapting to the new requirements compared to smaller programs. "Larger programs can schedule call schedules so that they fit and work fairly well," he said. Smaller programs may need to make more use of advanced nurse practitioners and physician assistants to make up for the reduced hours of residents.

Advocates for reducing residents' working hours, including the [American Medical Student Association](#) (AMSA) and [Public Citizen](#), a consumer advocate organization, cite studies regarding the adverse impact of long working hours on residents. One study said that emergency medicine residents are nearly seven times more likely to have a motor vehicle accident due to falling asleep at the wheel during their residency than before their residency. Most accidents occur after the resident works a night shift.

In addition, nearly 30 percent of first-year residents suffer from depression, and 60 percent of ob/gyn residents reported that they feared that the hours they worked compromised the quality of care provided. Another study reported that being awake for 24 hours diminished cognitive function including hand-eye coordination to a level similar to having a blood-alcohol level of 0.1 percent. A more thorough

nationwide study of the effect of long working hours on residents' health and patient safety is being undertaken by physicians at [Brigham and Women's Hospital](#) in Boston.

The [American Association of Medical Colleges](#) (AAMC) has noted the complexities of balancing competing interests. In policy guidelines issued in October 2001, AAMC said, "A tired resident who is intimately familiar with a sick patient is often better able to provide quality care than is a fully rested resident who is unfamiliar with the details of the case. But by the same token, invoking continuity of care as a rationale for routinely requiring residents to provide patient care services while fatigued invites substandard care and risks patient safety."

Legislative efforts

Although the standards issued by the Accreditation Council probably will have the most effect, other methods of regulating residents' working hours also are being tried. Representative John Conyer (D. Mich.) introduced a bill, the "[Patient and Physician Safety and Protection Act](#)" (HR 3236). There is a parallel bill in the Senate ([S 2614](#)) introduced by Jon Corzine (D. NJ).

This act would limit residents' working hours to 80 hours per week and 24 hours per shift with no averaging or extensions of time, as there is under the ACGME requirements. Several medical groups oppose the bill, including a coalition of trauma specialists and surgeons. They describe the bill as "arbitrary" and likely to "compromise... the available teaching time for the increasingly scarce trauma faculty who will have to fill in to ensure no loss of continuity of care." The medical groups prefer that regulations come from the

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ACGME rather than Congress. The Patient and Physician Safety and Protection Act is unlikely to pass Congress this session, but it may be reintroduced when the 108th Congress convenes.

Also on the federal level, a petition has been made to the [Occupational Health and Safety Administration](#) (OSHA) to regulate residents' working hours. ACGME responded: "The issue of residency duty hours is complex and cannot be separated from the goal of advancing educational and patient-care quality, together with patient and resident safety in residency programs. The ACGME's ongoing efforts to address this matter are much broader in scope than those proposed in the petition to OSHA."

New York enacted a statute which, like the ACGME requirements, limits residents' working hours to 80 per week, averaged over a four-week period. In the last two years, New York's Department of Public Health has fined

more than 50 teaching hospitals for recurring residency work-hours violations. Fines can be as large as \$6,000 for a first offense and \$50,000 for a third offense.

The ACGME will finalize its requirements in February 2003. In the months preceding July 1, when the new requirements take effect, department chairs and teaching hospitals will be working to reconfigure duty hours, call schedules, and clinic hours. Those hospitals are likely to incur additional costs and need to hire more staff. Even with the new requirements, residents will work longer hours than airline pilots and truck drivers, but hopefully residents will be better rested and patients will receive higher quality care. ■

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Residency Positions Nationwide

The following is a list of the number of positions filled in accredited residency programs nationwide for the academic year ending June 30, 2003. Sub-specialities are included under the general listing. In addition to the 98,213 positions in accredited programs, there also are 1,866 positions in unaccredited programs in the United States.

Internal Medicine	30,087
Family Practice	10,300
Pediatrics	9,792
Surgery-General	7,543
Psychiatry	5,470
Anesthesiology	5,010
Ob/Gyn	4,626
Radiology	4,293
Emergency Medicine	3,836
Orthopaedic Surgery	3,282
Pathology	2,435
Neurology	1,678
Ophthalmology	1,334
Physical Med. & Rehab	1,154
Otolaryngology	1,071
Urology	994
Dermatology	973
Other	4,335
Total	98,213

Source: Accreditation Council for Graduate Medical Education (ACGME)