

## NYS – ACGME Post-Graduate Trainee Work-Hour Regulations Comparison Guide



*Note: This document is intended to serve only as a general resource. Users are advised to reference NYSDOH 405 regulations and ACGME Common Program Requirements for more details on specific programs and the full regulations/guidelines.*

Regulation Area	NYS 405 Regulations	ACGME Policy (effective July 01, 2017)	NYS 405 regulations compared to ACGME	What rule needs to be followed to be in compliance with <u>both</u> the NYS 405 regulations & ACGME Policy
<b>Maximum Work Hours per Week</b>	A maximum of 80 hours per week averaged over 4 weeks, inclusive of all in-house activities, clinic assignments, and moonlighting activities.	Limited to no more than 80 hours per week averaged over a 4-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.	Same	<b>A maximum of 80 hours per week averaged over 4 weeks, inclusive of all in-house clinical and educational activities, clinic assignments, clinical work done from home, and all moonlighting activities.</b>
<b>Work Hours-Exception</b>	Surgical Exemption	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, humanistic attention to the needs of a patient or family, or to attend unique educational events.	Distinct	<b>Surgical Exemption- please refer to Specialty Programs exemptions.</b>
<b>Moonlighting</b>	Hospitals shall adopt and enforce specific policies governing dual employment.  All moonlighting hours worked are included in total weekly work hours.	Time spent by residents in internal and external Moonlighting must be counted towards the 80-hour maximum weekly limit. PGY-1 residents are not permitted to moonlight.	Comparable	<b>All moonlighting hours worked are included in the total weekly work hours. PGY-1 residents are not permitted to moonlight.</b>
<b>Mandatory Weekly Time Off</b>	At least one 24-hour period off per week	Residents must be scheduled for a minimum of one day in 7 free of clinical work and required education when averaged over 4 weeks. At-home call cannot be assigned on these free days.	Distinct	<b>24 hours off per week not averaged. At home call cannot be assigned on the 24 hours off.</b>

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<b>Mandatory Rest / Time Off Between Work Periods</b>	Scheduled on-duty assignments separated by not less than 8 non-working hours	Residents should have 8 hours off between scheduled clinical work and educational periods.  Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.	Distinct	<b>All residents must have 8 hours off between scheduled clinical work/educational periods.  Residents must have at least 14 hours free of clinical work and education after 24 hours of in- house call.</b>
<b>Maximum Work Period Length</b>	Postgraduate trainees are not scheduled to work for more than 24 consecutive hours. Residents may remain on duty for up to 3 additional hours of transition time to be used for transfer of patient care, rounds, or grand rounds. No new patient care may be assigned during the 3-hour transition time.	Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 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 during this time.	Distinct	<b>Continuous on-site duty, including in-house call, must not be scheduled for/exceed 24 consecutive hours. Residents may remain on duty for up to 3 additional hours (total of 27 hours) of transition time to be used for transfer of patient care, rounds, or grand rounds. No new patient care may be assigned during the 3-hour transition time.</b>

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<b>Maximum On Call (In-house) Frequency</b>	Programs utilizing Surgical Exemption, call is limited to every 3rd night.	Residents must be scheduled for in-house call no more frequently than every third night, averaged over a four-week period.	Comparable	<b>Every 3rd night averaged over 4 weeks.</b> <b>Every 3rd night if using surgical exemption.</b>
<b>Specialty Program Exemptions</b>	<b>Surgical Exemption:</b> On-call duty in the hospital during the night shift hours by trainees in surgery shall not be included in the 24-hour on-call and 80-hour limits if the hospital can document that during such night shifts, postgraduate trainees: - are generally resting; documented 4-5 hours uninterrupted rest/sleep - on-call no more than every 3rd night - the on-call duty is followed by a non-working period of no less than 16 hours - policies and procedures are in place to immediately relieve a postgraduate trainee due to fatigue.	A Review Committee may grant rotation-specific exceptions for up to 10% or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.	Distinct	<b>If using the surgical exemption: must meet NYS surgical exemption criteria with a maximum of 28 hours from start to end of on-call shift.</b>
<b>Home Call</b>	When called into the hospital from home, the hours the residents spend in-house are counted toward the 80-hour limit. At home call cannot be scheduled on the day that satisfies the day off per week.	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 of one day in 7 free of clinical work and education when averaged over 4 weeks.	Comparable	<b>Time spent on patient care activities when on at home call are counted toward the 80-hour limit. At home call cannot be scheduled on the day that satisfies the day off per week.</b>

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<b>Night Float Maximum Frequency</b>	Night float must occur within the context of the maximum work hours per week, mandatory weekly time off, and mandatory time off between work periods.	Night float must occur within the context of the 80-hour and one day off in 7 requirement. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the Review Committee.	Comparable	<p><b>Night float must occur within the context of the maximum work hours per week, mandatory weekly time off, and mandatory time off between work periods.</b></p> <p><b>The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the Review Committee.</b></p>
<b>Maximum "High Intensity" Shift</b>	No more than 12 consecutive work hours per on-duty assignment in the ER. Residents may remain on duty for up to 3 additional hours of transition time to be used for transfer of patient care, rounds, and educational activities. No new patient care may be assigned during the 3-hour transition time.	While on duty in the emergency department, residents may not work longer than 12 consecutive hours. There must be at least an equal period of continuous time off between scheduled work periods. A resident must not work more than 60 scheduled hours per week seeing patients in the ED and no more than 72 total hours per week.	Distinct	<p><b>Up to 12 consecutive hours on duty assignment in the ER, followed by at least an equal period of continuous time off.</b></p> <p><b>No more than 60 scheduled hours per week seeing patients in the ED and no more than 72 total hours per week.</b></p>

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<b>Resident Supervision</b>	<p>Supervision shall be provided by physicians who are board certified or admissible in those respective specialties or who have completed a minimum of 4 postgraduate years of training in such specialty. There shall be sufficient number of these physicians present in person in the hospital 24 hours/day 7 days/week to supervise the postgraduate trainees in their specific specialties. In hospitals that can document that the patients attending physicians are immediately available by telephone and readily available in person when needed, the onsite supervision of routine hospital care and procedures may be carried out by postgraduate trainees who are in their final year of or who have completed at least 3 years of postgraduate training. Supervision by attending physicians of the care provided to surgery patients by postgraduate trainees must include at a minimum: a) personal supervision of all surgical procedures requiring general anesthesia or an operating room procedure, b) preoperative exam and assessment by the attending physician, and c) postoperative exam and assessment no less frequently than daily by the attending physician.</p>	<p>Although the attending physician is ultimately responsible for the care of the patient, for many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either onsite or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member.</p> <p>The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods as appropriate to the situation.</p> <p>Senior residents or fellows should serve in a supervisory role of junior residents. Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.</p>	Distinct	<b>NYS requires on-site supervision 24/7 by the attending or supervising physician.</b>