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| Title:<br><b>GME Work Hours &amp; Moonlighting</b>           | *Applicable to:<br><b>Beaumont Health</b> | Effective Date:<br><b>03/27/2018</b>                            |
| Policy Owner:<br><b>Graduate Medical Education Committee</b> | Document Type:<br><b>Policy</b>           | Last Periodic Review Date:<br><b>03/27/2018</b>                 |
|  |   | Functional Area:<br><b>GME Learning and Working Environment</b> |

**\*For This Document, Beaumont Health Includes:**

Beaumont Corporate Shared Services  
 Beaumont Hospital, Dearborn  
 Beaumont Hospital, Farmington Hills  
 Beaumont Hospital, Grosse Pointe  
 Beaumont Hospital, Royal Oak  
 Beaumont Hospital, Taylor  
 Beaumont Hospital, Trenton  
 Beaumont Hospital, Troy  
 Beaumont Hospital, Wayne  
 Beaumont Medical Group

**I. PURPOSE**

The purpose of this policy is to define work hour and moonlighting requirements for residents and fellows.

**II. POLICY**

- A. Programs must design an effective program structure that is configured to provide residents/fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
  
- B. The terms “clinical experience and education,” “clinical and educational work,” and “clinical and educational work hours” replace the terms “duty hours,” “duty periods,” and “duty.” (Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements, V.I.F Background and Intent)
  
- C. Individual Program Requirements may be more restrictive and supersede this policy.

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**III. 80-Hour Work Week**

- A. 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. Programs and residents/fellows have a **shared responsibility** to ensure that the 80-hour maximum weekly limit is not exceeded. While the requirement allows residents/fellows 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. Programs must adjust schedules so that residents/fellows are scheduled to work fewer than 80 hours per week, which would allow residents/fellows to remain beyond their scheduled work period when needed without violating the 80-hour requirement.
  
- B. **Work from Home.** Clinical work done from home must be counted toward the 80-hour maximum weekly limit. Scheduling must be structured so that residents/fellows are able to complete most work on-site during scheduled clinical work hours without requiring them to take work home. The new requirements acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work residents/fellows choose to do from home. The requirement provides flexibility for residents/fellows to do this while ensuring that the time spent by residents/fellows 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 must be made in consultation with the resident/fellow’s supervisor. In such circumstances, residents/fellows should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

**IV. Mandatory Time Free of Clinical Work and Education**

- A. Programs must design an effective program structure that is configured to provide residents/fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
  - 1. **8 Hours Off.** 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.

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2. **14 Hours Off After 24 Hours In-House Call.** Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
3. **1 Day Off in 7.** 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). At-home call cannot be assigned on these free days.
4. **Maximum 24 + 4 Hours.** Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments. 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. The additional four hours shall not be used for the care of new patients. These 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.

**V. Clinical and Educational Work Hour Exceptions**

- A. 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:
  1. to continue to provide care to a single severely ill or unstable patient;
  2. humanistic attention to the needs of a patient or family; or,
  3. to attend unique educational events.
- B. These additional hours of care or education **must be counted** toward the 80-hour weekly limit.

**VI. Moonlighting**

- A. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program, and must not interfere with the resident/fellow's fitness for work nor compromise patient safety. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.  
ACGME Glossary of Terms:
  1. **External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident/fellow is in training or at any of its related participating sites.
  2. **Internal Moonlighting:** Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident/fellow is in training or at any of its related participating sites.

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B. Beaumont does not provide professional liability coverage for duties assumed outside of Beaumont. Residents/fellows intending to Moonlight **must provide** to their Program Director written verification of professional liability coverage and limits carried by the host institution or employer

**C. Approval to Moonlight**

1. Moonlighting must be specifically approved in advance for a specific resident/fellow by the Program Director. Such approval must be in writing, and be included in the resident/fellow’s file. If External Moonlighting is approved, a document indicating verification of professional liability coverage and limits carried by the host institution or employer must be provided and placed in the resident/fellow’s file.
2. Residents/fellows are **not required** to engage in moonlighting.
3. Post Graduate Year (PGY)-1 residents are not permitted to moonlight.
4. Individual Review Committees have the right to prohibit moonlighting for residents/fellows. Even if permitted by the specialty’s Review Committee, a Program Director may prohibit or restrict moonlighting. A program-specific moonlighting policy shall be established.
5. Post-moonlighting fatigue at the time of return to duty should trigger a temporary or permanent restriction, reduction, or elimination of moonlighting, as determined by the Program Director.
6. The Program Director may decline to approve moonlighting if he/she believes that the resident/fellow’s performance is likely to be negatively impacted by moonlighting. The Program Director may also withdraw or limit hours of approval if moonlighting activities are associated with a decline in the resident/fellow’s performance, even if fatigue is not otherwise apparent.

**VII. REFERENCES**

Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Section III.B.5 and Common Program Requirements VI.F

Approved by the Beaumont Health Graduate Medical Education Committee (GMEC),  
June 20, 2017

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**CORPORATE AUTHORITY:**

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.