REQUIREMENTS CONCERNING
ACGME Clinical and Educational Work Hours
(updated July 23, 2026)

The parties shall adhere to the clinical and educational work hours policy as specified in the ACGME Common Program Requirements, as it is updated from time to time. To the extent the ACGME Common Program Requirements conflict with the requirements in this document, the ACGME Common Program Requirements will control.

Clinical and Educational Work Hours are defined as: All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.

- Clinical and Educational Work Hours must be limited to no more than 80 hours per week, averaged over a four-week period, including all in-house clinical and educational activities, clinical work done from home, and all moonlighting
- Residents should have 8 hours off between scheduled clinical work and education periods.
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents must be scheduled for a minimum of 1 day in 7 free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days.
- Clinical and Educational Work Hour periods for residents 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.
- 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.
    - These additional hours of care or education must be counted toward the 80-hour weekly limit.
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety
- Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- 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.

Policies developed by INSTITUTION regarding prevention and counteracting effects of fatigue must be provided to FACILITY. To that effect, the parties continue to endorse the establishing of the following guidelines concerning the working conditions of resident physicians:

- Sleep and rest, eating, bathroom and shower facilities that provide privacy, security, sound-proofing and quiet, good ventilation, and convenient telephones; and
- Ancillary support services that provide, in as far as possible, 24-hour phlebotomy and IV services; 24-hour access to medical records, and access to radiology, laboratory, and other diagnostic services; transport and escort services; and ward secretarial services.