

Residents' and Fellows' Bill of Rights

I. Education

With regard to education, residents and fellows have the right to:

A graduate medical education experience that facilitates their professional and ethical development, to include regularly scheduled didactics for which they are released from clinical duties. Service obligations should not interfere with educational opportunities and clinical education should be given priority over service obligations;¹

Expect that faculty devote sufficient time to the educational program to fulfill their teaching and supervisory responsibilities;²

Adequate clerical and clinical support services that minimize the extraneous, time-consuming work that draws attention from patient care issues and offers no educational value;³
24-hour per day access to information resources to educate themselves further about appropriate patient care;⁴

Resources that will allow them to pursue scholarly activities to include financial support and education leave to attend professional meetings.^{5,6}

II. Supervision

With regard to supervision, residents and fellows have the right to:

Supervision by physicians and non-physicians who are adequately qualified, and which allows them to assume progressive responsibility appropriate to their level of education, competence, and experience.⁷

III. Evaluations of Trainees and Assessment of Faculty and Training Program

With regard to evaluation and assessment processes, residents and fellows have the right to.⁸

Timely and substantive evaluations during each rotation in which their competence is objectively assessed by faculty who have directly supervised their work;

¹ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section VI.A.

² Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section II.B.1.

³ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section II.C.

⁴ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section II.E.

⁵ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section IV.B.3

⁶ American Medical Association. Policy Compendium. HOD Policy H-310.999 (II.H)

⁷ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section IV.A.4, V.A.1.b.2, and VI.B.

⁸ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section V.

Evaluate the faculty and the program confidentially and in writing at least once annually, and expect that the training program will address deficiencies revealed by these evaluations in a timely fashion;

Have access to their training file and be made aware of the contents of their file on an annual basis;

Expect their training programs to complete primary verification/credentialing forms and re-credentialing forms, apply all required signatures to the forms, and then have the forms permanently secured in their educational files at the completion of training or a period of training and, when requested by any organization involved in credentialing process, ensure the submission of those documents to the requesting organization within thirty days of the request.^{9,10}

IV. Workplace

With regard to the workplace, residents and fellows have the right to:

A safe workplace that enables them to fulfill their clinical duties and educational obligations;¹¹

Secure, clean, and comfortable on-call rooms and parking facilities which are secure and well-lit;¹²

Opportunities to participate on committees whose actions may affect their education, patient care, work place, or contract.¹³

V. Contracts

With regard to contracts, residents and fellows have the right to:

Receive information about the interviewing residency or fellowship program including a copy of the currently used contract clearly outlining the conditions for (re)appointment, details of remuneration, specific responsibilities including call obligations, and a detailed protocol for handling any grievance;¹⁴

At least four months advance notice of contract non-renewal and the reason for nonrenewal.¹⁵

VI. Compensation

With regard to Compensation, residents and fellows have the right to:

Reimbursement, beginning during orientation, which is commensurate with their level of training and experience, and that reflects cost of living differences based on geographical differences.^{16,17,18,19,20}

⁹ American Medical Association. Policy Compendium. HOD Policy D-310.965

¹⁰ American Medical Association. Policy Compendium. HOD Policy H-310.921

¹¹ Institutional Requirements. Accreditation Council for Graduate Medical Education. Section II.F.3

¹² Institutional Requirements. Accreditation Council for Graduate Medical Education. Section II.F.3.C

¹³ Institutional Requirements. Accreditation Council for Graduate Medical Education. Section II.E.2.A

¹⁴ Institutional Requirements. Accreditation Council for Graduate Medical Education. Section II.D.4

¹⁵ Institutional Requirements. Accreditation Council for Graduate Medical Education. Section II.D.4.d.1

¹⁶ Institutional Requirements. Accreditation Council for Graduate Medical Education. Section II.F.3

¹⁷ American Medical Association. Policy Compendium. HOD Policy H-310.999 (II.E.1-3)

VII. Benefits

With regard to benefits, residents and fellows have the right to:

Quality and affordable comprehensive medical,²¹ mental health, dental, and vision care,^{22,23,24}

Be educated on the signs of excessive fatigue, clinical depression, and substance abuse and dependence;^{25,26,27}

Confidential access to mental health and substance abuse services;²⁸

A guaranteed, predetermined amount of paid vacation leave, sick leave, maternity and paternity leave and educational leave during each year in their training program²⁹ the total amount of which should not be less than six weeks;

Leave in compliance with the Family Medical Leave Act.³⁰

VIII. Duty Hours

With regard to duty hours, residents and fellows have the right to:

A reasonable work schedule that is in compliance with duty-hour requirements set forth by the ACGME or other relevant accrediting body;³¹

At-home call that is not so frequent or demanding such that rest periods are significantly diminished³² or that duty-hour requirements are effectively circumvented.³³

IX: Complaints and Appeals Process

With regard to the complaints and appeals process, residents and fellows have the right to:

The opportunity to defend themselves against any allegations presented against them by a patient, health professional, or training program in accordance with the due process guidelines established by the AMA.³⁴

X: Reporting Violations to ACGME

With regard to reporting violations to the ACGME, residents and fellows have the right to:

¹⁸ American Medical Association. Policy Compendium. HOD Policy H-310.988

¹⁹ American Medical Association. Policy Compendium. HOD Policy H-305.930

²⁰ American Medical Association. Policy Compendium. HOD Policy D-310.967

²¹ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.g

²² American Medical Association. Policy Compendium. HOD Policy H-310.999 (II.I.1-3)

²³ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.k

²⁴ American Medical Association. Policy Compendium. HOD Policy H-295.942

²⁵ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.l

²⁶ Common Program Requirements. Accreditation Council for Graduate Medical Education. Educational Program, Section VI.C

²⁷ American Medical Association. Policy Compendium. HOD Policy H-295.979

²⁸ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.k

²⁹ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.h

³⁰ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.h

³¹ Common Program Requirements, Accreditation Council for Graduate Medical Education, Section VI

³² Common Program Requirements, Accreditation Council for Graduate Medical Education, Section VI.E.4

³³ American Medical Association. Policy Compendium. RFS Policy 310.572R

³⁴ American Medical Association. Policy Compendium. HOD Policy H-265.998

This bill of rights was produced by the AMA Resident and Fellow Section and is not supported or endorsed by the ACGME. Inclusion in this document does not imply that these terms are guaranteed or provided by individual residency and fellowship programs.

Be informed by their program at the beginning of their training and again at each semi-annual review, of the resources and processes available within the residency program for addressing resident concerns or complaints, including the program director, Residency Training Committee, and the designated institutional official;³⁵

File a formal complaint with the ACGME to address program violations of residency training requirements without fear of recrimination and with the guarantee of due process,^{36,37}

Address their concerns about the training program through anonymous channels, including the ACGME concern process and/or the annual ACGME Resident Survey.³⁸

³⁵ Institutional Review Requirements, Accreditation Council for Graduate Medical Education, Section II.D.4.e

³⁶ ACGME Complaint Process, http://www.acgme.org/acWebsite/resInfo/ri_formalcomplaint.asp

³⁷ American Medical Association. Policy Compendium. HOD Policy H-310.999 (II.L. and II.M.)

³⁸ American Medical Association. Policy Compendium. HOD Policy D-310.973