AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 13
(I-25)

Introduced by: Dayna Isaacs, MD, MPH, Elana Sitnik, MD, Katerina Kearns, MD

Subject: Support for Intern, Resident, and Fellow Jeopardy Pay

Referred to: Reference Committee

Whereas, interns, residents, and fellows serve in frontline roles that are critical to patient care, including last-minute coverage of inpatient services, consults, rounding, clinics, overnight call, home call, and operating room time when colleagues are unavailable due to unexpected leave, illness, or emergencies; and

Whereas, this coverage system, often referred to as "jeopardy," typically relies on interns, residents, and fellows from elective rotations to absorb colleagues' clinical responsibilities, thereby adding significant unplanned workload and stress; and

Whereas, surgical trainees, in particular, may bear a disproportionate jeopardy burden compared to non-surgical trainees due to limited backup and operative coverage, often having to manage additional patients on service while simultaneously covering operative responsibilities, amplifying risk to both trainees and patients; and

Whereas, jeopardy coverage among interns, residents, and fellows may also be utilized to accommodate increased patient volume; and

Whereas, an analysis of 31 institutions found that hospital medicine jeopardy systems contribute to physician dissatisfaction due to their unpredictability, highlighting the potential of equitable compensation models as a solution;[1] and

Whereas, Certain residency and fellowship programs require shift "payback" for jeopardy coverage (such as using days off and/or vacation to compensate for sick leave), a practice that exacerbates burnout by discouraging appropriate use of sick time, incentivizing physicians to work while ill, and risking violations of duty hour regulations, thereby undermining physician well-being and patient safety in direct conflict with Accreditation Council for Graduate Medical Education (ACGME) policy 6.14.b.;[2] and

Whereas, jeopardy assignments impose additional burdens on interns, residents, and fellows, disrupting essential rest and recovery, limiting time for family and personal health needs, and undermining overall well-being and work-life integration due to unpredictability of call-ins; and

Whereas, there is precedent for jeopardy pay, such as at the University of California, San Francisco Department of Surgery, where jeopardized residents are compensated at the standard moonlighting rate, and at the Stanford Department of Medicine, where internal

medicine residents receive $2,500 for a day shift and $3,000 for a night shift related to patient-volume jeopardy;[3] and

Whereas, The ACGME has increasingly emphasized physician well-being, yet current compensation structures fail to recognize the additional professional, personal, and familial strain associated with jeopardy assignments;[2,4] and

Whereas, ACGME policy 6.14.a. states, "the program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care," but does not require equitable compensation; and

Whereas, a fair and equitable system would provide monetary compensation to interns, residents, and fellows for being "jeopardized" to cover essential shifts, recognizing that the costs of burnout, fatigue, and potential patient safety risks far outweigh the financial impact of jeopardy pay; therefore be it

RESOLVED, that our American Medical Association (AMA) supports standardized compensation ("jeopardy pay"), provided in addition to base salary and benefits, for interns, residents, and fellows who are required to cover unscheduled ("jeopardy") shifts, and encourages programs to adopt transparent and equitable compensation structures that account for specialty-specific burdens.

Fiscal Note: Minimal

REFERENCES

1. Kangelaris KN, Keniston A, Auerbach AD, et al. A multi-institutional multi-methods analysis of jeopardy systems in academic hospital medicine. *J Hosp Med*. 2025;20(9):953-962. doi:10.1002/jhm.70045
2. Accreditation Council for Graduate Medical Education. Common Program Requirements (Residency). Published September 3, 2025. Accessed September 8, 2025. https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf
3. UCSF Department of Surgery Resident Portal. https://surgeryresidentportal.ucsf.edu/resident-jeopardy-policy-guidelines
4. Accreditation Council for Graduate Medical Education. ACGME Answers: ACGME's Commitment to the Health and Well-Being of Health Care Professionals. ACGME. Published February 15, 2023. Accessed September 8, 2025. https://www.acgme.org/newsroom/blog/2023/acgme-answers-acgmes-commitment-to-the-health-and-well-being-of-health-care-professionals/

RELEVANT AMA POLICY

Residents and Fellows' Bill of Rights H-310.912
Our American Medical Association continues to advocate for improvements in the ACGME Institutional and Common Program Requirements that support AMA policies as follows: Adequate financial support for and guaranteed leave to attend professional meetings. Submission of training verification information to requesting agencies within 30 days of the request. Adequate compensation with consideration to local cost-of-living factors and years of training, and to include the orientation period. Health insurance benefits to include dental and vision services. Paid leave for all purposes (family, educational, vacation, sick) to be no less than six weeks per year. Stronger due process guidelines. [CME Rep. 8, A-11; Appended: Res. 303, A-14; Reaffirmed: Res. 915, I-15; Appended: CME Rep. 04, A-16; Modified: CME Rep. 06, I-18; Appended: Res. 324, A-19; Modified: Res. 304, A-21; Modified: Res. 305, A-21; Modified: BOT Rep. 18, I-21; Reaffirmation: A-22; Reaffirmed in lieu of: Res. 307, I-22; Modified: CME Rep. 05, I-23; Reaffirmed: CME Rep. 02, A-24; Modified: Res. 304, I-24]

Principles for Graduate Medical Education H-310.929
COMPENSATION OF RESIDENT PHYSICIANS. All residents should be compensated. Residents should receive fringe benefits, including, but not limited to, health, disability, and professional liability insurance and parental leave and should have access to other benefits offered by the institution. Residents must be informed of employment policies and fringe benefits, and their access to them. Restrictive covenants must not be required of residents or applicants for residency education.
[CME Rep. 9, A-99; Reaffirmed: CME Rep. 2, A-09; Reaffirmed: CME Rep. 14, A-09; Modified: CME Rep. 06, I-18; Reaffirmed: CME Rep. 01, I-22]

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Factors Causing Burnout H-405.948
Our American Medical Association recognizes that medical students, resident physicians, and fellows face unique challenges that contribute to burnout during medical school and residency training, such as debt burden, inequitable compensation, discrimination, limited organizational or institutional support, stress, depression, suicide, childcare needs, mistreatment, long work and study hours, among others, and that such factors be included as metrics when measuring physician well-being, particularly for this population of physicians. [Res. 208, I-22]

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