

**Second Report of the Subcommittee on Duty Hours:
Advising ACGME on the Implementation and Monitoring of the Duty Hour Standards**
Final, June 2004

Achievements in the Past 12 Months

In the past 12 months the residency education community and ACGME rose to the challenge of implementing common duty hour standards that included an 80-hour limit on weekly duty hours in more than 7,800 accredited specialty and subspecialty programs. Programs and their sponsoring institutions instituted changes in the clinical training of residents and mechanisms for duty hour monitoring and oversight. ACGME assessed compliance with the duty hour standards through nearly 2,019 accreditation reviews between July 2003, and June 1, 2004, resulting in 99 citations related to non-compliance with the common duty hour standards. The Residency Review Committees (RRCs) approved 75 requests by individual programs to extend the weekly limit to 88 hours, and denied another 17 requests. ACGME also instituted annual data collection related to duty hour compliance, and verification of this information by sponsoring institutions' Designated Institutional Officials (DIOs). In the spring of 2004, more than 98% of programs provided and verified data on compliance with the duty hour standards, in keeping with recommendations in the Subcommittee's first report.

In February 2004, a resident survey that included questions compliance with the duty hour standards, mirroring information collected in ACGME's survey of program directors, was fielded to approximately 29,500 residents, focusing on programs with a site visit scheduled during the remaining months of 2004 and in early 2005, with 25,200 residents responding. Of these, 3.3%, reported that they worked more than 80 hours during their most recent four-week period. Residents who reported working more than 80 weekly hours were distributed over 24.8% of responding programs.

The accreditation review of programs now uses duty hour information from multiple sources, including data from the annual and resident surveys, information collected through interviews with the program director, faculty and residents, and data resulting from the review of rotation and call schedules, to facilitate cross-validation of the information. The Subcommittee envisions that cross-linking of data to enhance monitoring of compliance with the duty hour standards will continue to expand in the coming year.

The RRCs, the Institutional Review Committee (IRC) and the Monitoring Committee instituted systems to track duty hour compliance, including the number/percent of program and sponsoring institutions cited for non-compliance with the duty hour standards, the number of complaints about alleged non-compliance with the duty hour standards and their disposition, and the number

and percent of programs that received approval to extend weekly duty hours to 88 hours. A summary of selected data on duty hour compliance from the first 11 months under the new common standards can be found at *Exhibit 1*.

ACGME also communicated its approach to resident duty hours to the academic community and the general public. It provided information on formulating the duty hour standards and assessing compliance to the public and public media through interviews and information displayed on its Web site. It kept the academic community informed about compliance activities, including “innovative ideas” for meeting the standards through articles in the ACGME Bulletin, a question and answer sections on the ACGME Web site, and through numerous presentations to the academic community. In August 2003, ACGME communicated with the 100,000 residents in accredited programs through the Designated Institutional Officials (DIOs), informing them about new duty hour standards and activities to promote compliance, including their rights to voice complaints and concerns to the program, sponsoring institution and, ultimately, ACGME.

Activities for the Remaining Months of the Duty Hour Subcommittee’s Charter

In February 2004 the ACGME Board of Directors approved reauthorization of the Duty Hour Subcommittee through September of 2004, to allow it to complete projects related to four aspects of ACGME’s approach to duty hours. These areas are the principal focus for work during the Subcommittee’s remaining months of operations and constitute the balance of its second report: (1) exploring how ACGME should decide on future refinements to the standards, based on aggregated comments information on the effect of the standards received from the resident education community; (2) assessing the meaning of “substantial compliance with the duty hour standards” to capture non-compliant programs but avoid expending program and ACGME resources on occasional hours beyond the maximums specified in the standards that may benefit education and patient care; (3) advising ACGME on the content and format of information related to duty hours shared with the residency education community and the public; and (4) transferring the Subcommittee ongoing activities to an ACGME group with more permanent responsibility.

Subcommittee will be actively working on these topics in the coming months, with third and final report scheduled to be released in October of 2004.

Exploring the Need for Future Refinements to the Standards

For most programs, the implementation appears to have gone well, overall, although some aspects of the standards may be difficult to comply with for some programs. Beyond comments it generally receives on changes in its standards, ACGME has been formally soliciting information on aspects of the standards that have proven problematic in the early implementation, and is

seeking to collect information about the effect of the standards on education, patient safety and resident well-being. The RRCs and the program director community received a letter from David Leach, MD, Executive Director, requesting information on their experience with elements of the standards. The goal of this effort is to have actionable information on potential problems in the early implementation period, and to use it in deciding on the need for and anticipated benefits of future refinements to the standards. This process is sensitive to the importance the public places on the duty hour standards and recognizes the need for some period of experience under the new standards, to give programs time to adapt their educational and patient care activities to the new limits, and to allow the collection of data on educational outcomes including, residents' surgical case volume, performance on standardized tests, and other measures of competency.

At ACGME's request, the Chairs of the Surgical RRCs formulated a proposal to extend the weekly duty period to 88 hours for the chief resident year in core surgical core residency programs, with the goal of promoting surgical and leadership skills and professional maturation. ACGME asked the Subcommittee to comment on the proposal. After extensive deliberation, four considerations spoke against an endorsement of the request. First, changes in the standards ideally should be based on data showing a negative effect of the current limits on operative volume or surgical skills or other relevant measures, which do not yet exist. Second, programs should be given more time to adjust their education and patient care activities to the new duty hour limits. Third, the Subcommittee is sensitive to public concerns that relaxation of the standards for any subgroup could be interpreted as a sign that ACGME is not committed to enforcing the common duty hour standards. Fourth, the availability of an existing duty hour exception policy allows programs, with endorsement of their DIO and approval from their RRC, to increase duty hours for chief residents up to the proposed 88-hour weekly limit.

More generally, the Duty Hour Subcommittee recommends that advising the ACGME on future refinements to the common duty hour standards needs to be based on information from the field, including responses to the ACGME's request for information on aspects of the standards that have been challenging for programs, and data on the effect of the standards on education, patient care and resident well-being, collected from the first year under the new standards once this information becomes available.

“Calibrating” the Processes for Duty Hour Surveillance and Monitoring

Because continuity of care and residents' clinical experiences are important considerations, occasional hours beyond the limits may occur for some residents, and may benefit education and patient care. To offer programs some flexibility, while assuring the public of strong standards and rigorous enforcement, requires a uniform, well-thought out “calibration” of the ACGME's

surveillance and monitoring mechanisms to separate program level non-compliance from these occasional instances. The Subcommittee recommends that:

- The ACGME and RRCs deliberate on what frequency and level of violation of the duty hour standards should produce an ACGME response, and how occasional added hours to benefit education and continuity of care could be distinguished from service demands that may result in residents working beyond what is educationally and clinically advisable.

Disseminating Information to the Educational Community and the Public

During the first 11 months under the new duty hour standards, the ACGME communicated with programs, their sponsoring institutions, residents and the general public about the standards, the ACGME's approach to compliance monitoring and on innovative and successful approaches to limit resident hours. Recommendations related to the ACGME's public reporting and information sharing related to duty hours include the following:

- The ACGME should periodically providing summary data on compliance made more meaningful by the existence of uniform standards.
- Compliance data reporting in summary form should include data from the mandatory survey of program directors, and may ultimately also include summary responses to the duty hour questions in from the
- Information on innovative approach to respond to the duty hour standards should be widely publicized including release on the ACGME Website, publication in the *Bulletin* and the new *ACGM E-Bulletin*.
- Each upcoming ACGME workshop and educational seminar should include presentations on innovative approaches to adapt to and comply with the common duty hour standards.
- The ACGME continue to work closely with its member organizations to provide the GME community with information on innovative approaches to the duty hour standards.
- The ACGME take the lead in setting a research agenda for assessing the effect of the new duty hour standards on education and patient care

Transfer of Ongoing Activities to Standing ACGME Committees

The Duty Hour Subcommittee was charged with advising the ACGME Board of Directors on issues related to the duty hour standards during the initial implementation period. After the Subcommittee's "sunset" in September of 2004, the ongoing responsibilities related to the study hour standards, and activities related to surveillance and compliance monitoring should be transferred to three standing ACGME Committees with oversight in these areas. The benefit of this transfer of responsibilities is that it places the duty hour standards and related activities to refine the standards and monitor consistent compliance within the body of standards believed important for high-quality resident education and safe and effective patient care. An undesirable

and unintended consequence of treating duty hours as a stand-alone issue is that it could create a conflict between duty hour compliance and other important standards such as supervision, educational curricula and clinical learning that collectively promote residents' educational and professional development. One area where this may be occurring already is the concern about residents' diminished "professionalism," which may originate in an over-rigid interpretation of the duty hour limits. For this and other reasons, the Subcommittee recommends vesting the ongoing responsibilities related to the duty hour standards in three standing ACGME Committees with purview and expertise in these areas, respectively the Monitoring Committee, the Committee on Program Requirements, and the RRC Council of Chairs.

- The Subcommittee recommends an ongoing role for the Monitoring Committee in gathering and reviewing information on RRCs' follow-up actions in instances of non-compliance, including adverse actions, shortened cycles, progress reports and other mechanisms to monitor compliance. In late 2004 and beyond, this monitoring process should also seek to capture data on what is discovered when the program has second site visit after a program has been cited.
- The responsibility for discussions regarding the review and refinement of the duty hour standards, and the effect of the standards on education and patient care should be vested with both the Committee on Program Requirements, as the group with purview over the review of all ACGME accreditation standards, and the RRC Council of Chairs, and as the group to facilitate cross-disciplinary learning about the how the standards are perceived by the residency education community, to assess the effect of the standards on programs and residents, and to solicit and evaluate innovative approaches to comply with the duty hour limits. The Duty Hour Subcommittee plans to share the results of its review of the comments from the field regarding problematic aspects of the standards, and any information on the effects of the standards it learns over the summer with the Committee on program requirements before the Subcommittee's September 2004 "sunset."
- The Subcommittee recommends that the three standing Committee collaborate closely in their effort to refine the standards and compliance mechanism to maximize organizational learning, and that this effort vis a vis the duty hour standards be considered a prototype or a larger effort to refine the standards and accreditation processes to facilitate "good learning for good healthcare."