



August 1, 2003

TO: Residents and Fellows in ACGME-accredited Programs

RE: Implementation of ACGME Common Duty Hour Standards

As you may already know, beginning July 1, 2003, all residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) need to comply with common duty hour standards, including an 80-hour weekly limit on duty hours. The standards were instituted to contribute to safe patient care, and promote resident learning and well-being. The ACGME accredits 7,800 US residency programs that collectively train nearly 100,000 residents (more information can be found in the attached summary). The new duty hour standards apply to all programs in the 119 ACGME-accredited specialties and subspecialties. They include:

- An 80-hour weekly limit, averaged over four weeks.
- An adequate rest period, which should consist of 10 hours of rest between duty periods.
- A 24-hour limit on continuous duty, with up to six added hours for continuity of care and education.
- One day in seven free from patient care and educational obligations, averaged over four weeks.
- In-house call no more than once every three nights, averaged over four weeks.
- Programs can request an increase of up to 8 hours in the weekly hours, if this benefits resident education and is approved by the sponsoring institution and the Residency Review Committee (RRC).
- Some specialties have more restrictive standards, reflecting patient care and educational demands.
- More detailed information about the new duty hour standards is available from the "Resident Duty Hour" page on the ACGME Web site (<http://www.acgme.org>).

The ACGME is working with the directors of residency programs and with the designated institutional official and leadership of the institutions that sponsor them to ensure that resident duty hours comply with the new standards. The ACGME will also monitor that compliance with the new duty hour standards will not result in reduced time for education to meet patient service obligations. The ACGME will monitor compliance through various means, including:

- Interviews with program directors, staff and residents during accreditation site visits.
- Education of residents, program directors and other audiences about resident duty hours.
- Confidential Internet resident surveys for programs with site visits and those with potential violations.
- Receiving complaints from residents and others with knowledge about an alleged violation through the ACGME's complaint management process, detailed on the Web site under "Resident Information."

The ACGME will use an expedited process for follow-up of duty hour violations, including use of progress reports and actions plans from programs that have been cited, demonstrating that they have achieved compliance within four to six months. The RRCs will also shorten the time frame for adverse actions when programs fail to substantially comply with the duty hour standards.

The ACGME recognizes that residents play a vital role in the health care system. At the same time, the primary purpose of residency is educational, and your program and its sponsoring institution need to provide you with an environment conducive to learning. The ACGME will partner with you, programs and teaching institution to ensure consistent application and enforcement of the new duty hour standards.

CC: Program Directors, ACGME-Accredited Programs

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Who is the ACGME?

The accompanying letter states that the Accreditation Council for Graduate Medical Education (ACGME) recently developed duty hour standards, which all ACGME-accredited programs were required to comply with by July 1, 2003. What you may not know is who the ACGME is and what it does. This document provides a brief overview of the ACGME's mission and functions as the accrediting body for graduate medical education.

The Accreditation Council for Graduate Medical Education is a private, non-profit organization that accredits about 7,800 residency programs in 119 specialties and subspecialties. Formed in 1981 through a consensus need in the medical community for an independent accrediting organization for residency programs, the ACGME's mission is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education programs. The ACGME's member organizations – the American Board of Medical Specialties, American Hospital Association, American Medical Association, American Association of Medical Colleges and Council of Medical Specialty Societies – nominate members to the ACGME's Board of Directors, which also includes a federal representative, a resident representative, the chair of the RRC Council and three public members.

Accreditation is voluntary. However, residency programs must be ACGME-accredited to receive Medicare graduate medical education funds, as well as to accept new residents. In addition, residents must complete ACGME-accredited residency programs to be eligible to take board certification exams.

Twenty-seven residency review committees (one for each of the 26 specialties and one for transitional year programs) are responsible for reviewing programs. Each residency committee comprises 6 to 15 volunteer physicians appointed by the ACGME's member organizations and the appropriate medical specialty boards and organizations. The RRCs meet two to three times a year to review programs. They are assisted in their work by 102 ACGME staff members.

Residency programs are visited onsite by an ACGME field staff member, on average, once every two to five years. Before a site visit, the program director fills out a program information form, or PIF, in which the program director provides information and documentation about the program. Residents also complete confidential online surveys a few weeks before the site visit. After the ACGME field representative conducts the one-day site visit, he or she writes a report on the program. The RRC makes its decision on whether to grant accreditation based on its review of the PIF and field staff report. In order to be accredited, programs must substantially comply with the ACGME's common program requirements and the specialty-specific requirements. Programs in good standing receive full accreditation, while those with deficiencies that must be corrected are put on probationary accreditation. New programs receive provisional accreditation for the first few years. If a program fails to correct its deficiencies and accreditation is withdrawn, the program must shut down and the sponsoring institution must reapply for a new program in that specialty.

For more information about the ACGME, please visit our Web site at www.acgme.org.

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