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ACGME

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Dear Members of the Graduate Medical Education Community,

Few issues in American Medicine can stimulate controversy and heated discussion more than Resident Duty Hours and their regulation. In 2003, under threat of federal legislation and regulation, the ACGME agreed to implement standards that set limits on resident duty hours. The Residency Review Committees and the Institutional Review Committee were charged with the responsibility to effect change in their specialties through the existing accreditation process. After much consternation in many quarters, the educational environment has significantly evolved. This evolution has had both positive, and negative, dimensions.

When duty hour standards were enacted, the ACGME promised the profession that it would review these standards after five years of experience. Coincident with this anniversary, the Institute of Medicine issued a report, making recommendations for changes in our current Resident Duty Hour Standards, and our methods of assessment of compliance with those standards.

Last week, the ACGME Board of Directors endorsed a systematic review of resident duty hours and the learning environment, with a goal of creating more appropriate standards that recognize the challenges presented in the training and education of each specialty. It has also endorsed a modification of compliance monitoring aimed at assurance of institutional commitment to compliance of these standards. The details of these plans can be found in the attached letter.

In the discussions that will take place within the profession over the next 18 months, I ask that each of us keep the following in mind. In my opinion, the reason for the strongly held positions that often appear mutually exclusive in this discussion, most of these positions are, indeed, correct. More rested residents is a good. Safe patient care in teaching hospitals is a good. More resident experience under graded supervision is a good. Patient care continuity is a good. Patient safety in the future (due to better and more in-depth experience as a resident or fellow) is a good. Containment of health care costs is a good.

The challenge for us is not in excluding the "bad"; rather, it is in prioritization of the good.

Let me leave you with two anecdotes. I recently met with the 30 residents who are members of the various Residency Review Committees of the ACGME. These are committed young individuals who bring much to our discussions and deliberations. I asked them a pointed question, whether they "systematically under represent" their hours worked, specifically in relation to the 24/6 standard. To a person, without question, they answered that most residents do systematically under represent the number of times they violate this standard. They give the following three reasons why a resident would misrepresent their actions. First, and foremost, one of their patients needed them. Second, it is the culture of their program that all work be done and not signed out prior to leaving. Third, (and thisoccurs rarely) their program director or faculty compel them to answer in that fashion.

A pediatric resident punctuated the discussion with the following story. She recently cared for a baby who was dying. The child had only a few more hours to live. She had cared for this child and that family for weeks. She was placed in the position of leaving that child and family in the last moments of life, or breaching the duty hour standard.

What would you want your doctor to do? She did what I would want any physician to do. She remained with her patient and comforted that family in the most difficult moments of their lives.

In our well-meaning attempt to limit resident duty hours to improve their education and diminish the effects of acute and chronic sleep deprivation, we have placed many of our residents all too often in this ethical quandary. We force them to choose between caring for their patients the way they know they should, or satisfying a well meaning standard. In other words, we compel them to lie if they do the right thing for their patients. I posit to you that this is unacceptable. We must find a way to both assure proper and timely transitions in care (for both resident and patients' sake), while respecting and nurturing the effacement of self interest that is at the core of the trust between our patients and their physicians. And, in those programs where the culture needs to be changed, or institutions where residents are abused rather than nurtured in the profession, change must, and will, happen.

The ACGME is committed not only to review our current standards, and the IOM recommendations. Rather, we will completely examine resident duty hour standards, with a goal of making them better. Our residents, our patients, and our profession deserve no less than our best effort.

Attached to this document is a letter that provides more specifics on the process of revision of these requirements. Please join with us in this effort.

Sincerely,

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February 16, 2009

Dear ACGME Review Committee Chairs and Members, Designated Institutional Officials, Administrators and Leaders of Sponsoring Institutions, Program Directors, Faculty of ACGME Accredited Programs, Residents and Fellows:

Each of us is committed to excellence, with an ultimate goal of enhancing of the health of the citizens of the United States through excellence in the delivery of care. We believe that the education of motivated, professional, knowledgeable, and humanistic physicians devoted to excellence will aid the medical community in accomplishing this goal.

In 2003, the Accreditation Council for Graduate Medical Education (ACGME) made a determination that it would establish common standards to limit resident duty hours. This decision was a complex one, based on many factors, from the desire to enhance the personal and professional development of each resident, to a desire to deal with the external political pressures directed at the profession related to this issue, and to continue to assure the public of excellent and safe patient care in our teaching hospitals. The choices made in creation of the duty hour standards were professional judgments, and largely based on the experiences with the pre-existing regulations in New York State and on the experience of Internal Medicine and several other specialties that had established limits on weekly hours prior to 2003.

In addition to setting these standards and developing a compliance monitoring process "on the fly," the ACGME committed that it would review the resident duty hour standards after five years of experience. That interval has now passed, and the ACGME has embarked on a process to keep its promise to the profession and the public. In this letter, I will outline the process approved by the ACGME Board of Directors in 2008, and at its recent meeting to keep its promise to the profession, and discuss in general terms how the recent Institute of Medicine (IOM) Report from its Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety interfaces with this process.

In February, 2008 the ACGME Board initiated the review of resident duty hour standards through the approval of the International Symposium on Resident Duty Hours and the Learning Environment. This symposium will be held on March 4-5, 2009. At this symposium, experts from the United States and around the world will discuss these vexing issues, providing a framework for further discussions and informing the ACGME's deliberations. Jordan Cohen, M.D., a member of the IOM Committee, will address the IOM Report at that meeting.

As can be seen in the events listed below, this is only one of the ACGME's activities designed to develop a comprehensive set of information for use in the review and revision of current ACGME standards.

Data Gathering Phase – The ACGME has begun extensive efforts to ascertain the educational community's interpretation of, and degree of agreement with these recommendations, most specifically the recommendations related to Duty Hour Standards. To this end, the ACGME has/will undertake the following steps to involve the educational community in review of current standards, and their impact thus far on patient care, patient safety, resident education and resident well being.

1. **Web Based Survey of DIOs. Program Directors, Faculty, and Residents** Currently underway, this survey is designed to assess the opinions and beliefs of the front line DIO, Program Director, Faculty and Resident regarding the appropriateness, feasibility of implementation, and impact on patient safety and resident education of both the current ACGME standards and the IOM recommendations for changes in these standards.

2. **Request for Organizational Positions** – In February 2009, the ACGME, will formally request position statements from its Member organizations, constituent organizations, and others who have standing in this discussion. We will request formal responses to this request by April 15, 2009, in order to prepare summaries of these recommendations for ACGME Board of Directors and ACGME Council of Review Committee's review prior to potential revision of ACGME standards.

3. **International Symposium** – Scheduled for March 4-5, 2009, this symposium will give the ACGME Board of Directors and the ACGME Council of Review Committees the opportunity to hear from experts from the United States, Canada, and Europe regarding regulation of resident duty hour and the learning environment and the impact on patient care and education. Included in this meeting is a presentation and discussion of the IOM recommendations.

4. **Annual ACGME Educational Meeting** – Scheduled for early March, 2009 following the International Symposium, the broader educational community will be provided an opportunity to discuss the IOM recommendations and their own recommendations for modification of resident Duty Hour Standards.

5. **Formal Review of the Literature** –Much has been learned from our experience with the current duty hour standards. The ACGME senior leadership will review the available literature, and render a complete review of the literature to support the decision making of the ACGME Board of Directors and the ACGME Council of Review Committees regarding modification of resident duty hour standards. This will occur during the Spring, 2009.

6. **Ethical Dimensions of Decisions to be made concerning Resident Duty Hour and the Learning Environment Standards**. The debate concerning resident duty hours and, to a lesser extent, improvement in dimensions of the learning environment, reaches levels of intensity and emotion at least in part due to the fact that aspects of the discussion are "competing goods." We propose that principles for ethical decision making be discussed. We feel that framing and discussing ethically challenging choices around a concept of "competing goods" may assist in reaching consensus and resolving thorny and potentially divisive issues.

7. **National Congress on Duty Hour and the Learning Environment**– The efforts described above will culminate in an invitational Congress on Standards for Resident Duty Hours, Patient Safety, and the Learning Environment Standards, to be held in Chicago in June, 2009. The attendees at this Congress will be by invitation, drawn from key or controversial positions identified through all of the above data gathering efforts. Each presenter will provide formal assessments and recommendations to the ACGME Council of Review Committees and the ACGME Board of Directors regarding resident duty hour standards. The proceedings of this Congress will become a key component of

the database of information on which the ACGME Council of Review Committees and the
ACGME Board of Directors will rely in their review and possible revision of the ACGME duty hour and learning environment standards.

Process for Revision of ACGME Duty Hour and Learning Environment Standards (DHLES).

The ACGME will systematically evaluate the information derived from the efforts described above, and review/revise DHLES. Creation of a Task Force comprised mainly of those responsible for creating standards will occur in the spring of 2009. This will facilitate a deliberative and scholarly process, promote significant internal discussion, and permit the ACGME Board of Directors and the ACGME Council of Review Committees to gain internal agreement. Furthermore, the process will be compliant with ACGME policy and procedures for program requirements development, which include the opportunity for public comment. Finally, in keeping with ACGME policy, a reasonable period for program adjustment to these requirements is incorporated into the plan.

During the accumulation of the above information, the ACGME Council of Review Committees, the Committee of Review Committee Residents, and the ACGME Board of Directors will appoint an **ACGME Joint Task Force**. The ACGME Joint Task Force will deliver periodic reports to the ACGME Board of Directors and the ACGME Council of Review Committees, and receive opinions and recommendations of those bodies regarding broad policy issues related to DHLES. The Task Force will meet with sufficient regularity to achieve an initial draft of proposed DHLES to be presented to the ACGME Council of Review Committees and the ACGME Board of Directors at their February, 2010 meetings. Revised ACGME DHLES will be agreed upon by the ACGME Council of Review Committees and presented to the ACGME Committee on Requirements for their review and approval, and upon recommendation of the Committee on Requirements, ultimate approval by the ACGME Board of Directors.

Under authorship of the ACGME Joint Task Force and ACGME Administration, the ACGME will publish and disseminate a document which incorporates the information gathered, its interpretation, and the justification/rationale for the approved standards. This report will be a scholarly effort and serve the dual purpose of emphasizing the basis for developing these standards, and informing the public of both the effectiveness of the ACGME, as well as the opinions of the educators and residents affected by these requirements.

Enforcement of ACGME Standards

A significant dimension of the IOM report calls into question the ability or commitment of the ACGME to enforce resident duty hour standards. Much of this question centers around the difference between an educational program accreditation decision, which is made on the basis of “substantial compliance” based on the entire portfolio of accreditation standards, versus a regulatory approach to enforcement of individual resident compliance with duty hour standards on a daily basis. Equal to this dimension of the discussion, as promulgated in the IOM report, has been the mounting concern of the educational community over the appropriateness of certain of our standards and their impact on educational outcomes, patient care, and the nurturing of professionalism and effacement of self interest in favor of the needs of patients.

Perhaps of even more concern is the call of the IOM for oversight of the educational environment by a payer of medical services – an entity outside the profession. The implications of such oversight go far beyond that of the enforcement of resident duty hour standards, and must be understood by the profession.

In response to the above, the Board of Directors of the ACGME has approved a tiered approach to the assessment of compliance with resident duty hours and common learning environment standards. This approach will encompass certain of the IOM recommendations regarding enforcement in an annual assessment of compliance at the institutional level, while continuing the current processes of programmatic assessment by the individual specialty review committees.

This dual level of accountability will permit the assessment of:

1. the adequacy of institutional resources required to create an appropriate learning environment,
2. the effectiveness of supervision of all residents, as assured by institutional leadership,
3. the effectiveness of systems involving both faculty and residents for monitoring and minimizing risk to patients in the clinical environment,
4. the degree to which institutional leadership is committed to the appropriate balance of resident involvement in service and education,
5. the effectiveness of systems to monitor resident fatigue and compliance with ACGME duty hour standards.

With this approach of scholarly review and revision of resident duty hour and learning environment standards, coupled with introduction of evaluation of institutional effectiveness in assurance of patient safety and monitoring of compliance with ACGME standards, the ACGME will meet both the responsibility of the profession to educate and train the next generation of physicians, and to assure the safety of patients and residents involved in the educational process. It is our hope that, through this process of revision of these standards, the profession will come together to affirm the values we wish to instill in the next generation of physicians, nurture excellence in their clinical competency, and assure the safety of our patients, both now and in the future.

We invite you to actively participate in this process.

Sincerely,

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