



Accreditation Council for  
Graduate Medical Education

515 North State Street  
Suite 2000  
Chicago, Illinois 60654

Phone 312.755.5000  
Fax 312.755.7498  
www.acgme.org

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**Dear Program Directors, Members of the Faculty, Designated Institutional Officials,  
Residents and Fellows of the United States,**

It has been about five months since I last shared an update on the progress of the task force charged with drafting standards relating to professional responsibility, transitions in care, supervision and resident duty hours for the profession. I am pleased to relate that the work of the group is nearly complete, and that their recommendations will soon begin to traverse the path that all program requirement revisions must follow on their way to approval by the ACGME Board of Directors .

**The ACGME Task Force: A Uniquely Qualified Team**

The task force was formed nearly 12 months, with the goal of fulfilling the ACGME's promise to the community to revisit the 2003 Resident Duty Hour Standards after five years. The task force is composed of sixteen members, twelve of whom have vast experience in the breadth of graduate medical education. Six representatives are members of the surgical community, six are from the medical community, and three are from the hospital based specialties community. The group includes three residents nearing completion of their training, and a public representative with extensive experience in evaluation of health care related issues.

Collectively, the 12 members of the task force who are clinician educators have over 250 years of formal experience in the organization and provision of medical education in the context of patient care. Every position in the organization and delivery of education in the medical, surgical, and hospital based specialties has been held by one or more members of the task force, from generalist through subspecialist faculty member, program director, designated institutional official, associate deans for education, research, patient care, dean of the medical school, senior vice president for academic affairs of the university, residency review committee member, chairs of residency review committees, and member and chair of the board of the ACGME.

The members of the task force have been leaders in professional organizations outside the ACGME, including chairs of their respective specialty boards, and officers of their respective specialty societies, colleges, or academies. Collectively, they have authored more than 1,000 peer reviewed articles, books, chapters, and other publications, and

have delivered more than 2,000 national or international presentations. They currently serve in institutions located in all geographic sections of the country, and represent the wide array of academic institutions involved in graduate medical education.

This task force is uniquely qualified, as no other, to address the issues and challenges placed before it.

### **The ACGME Task Force Incorporated An Extensive Fact Gathering and Review Process**

The members of the task force chose to listen to the profession and the public before placing pen to paper.

They received testimony from nearly 100 individuals, representing the breadth of medicine and medical education, including presentations from members of the profession in the United Kingdom and Canada. They received the written formal positions of more than 100 medical organizations, and heard directly from 72 of those organizations during the National Congress on Duty Hours and the Learning Environment held in Chicago in June, 2009.

They read, and then received formal presentations and had extensive discussions with members of the Institute of Medicine (IOM) Committee that drafted the important report entitled, *“Resident Duty Hours: Enhancing Sleep, Supervision, and Safety.”* The task force heard from four members of the IOM Committee, and invited three members back for further in depth discussion. The members of the task force are, and the profession should be indebted to the members of the IOM Committee for their contributions to this national dialogue, and the framing of key issues beyond duty hour standards related to patient safety for the educational community to discuss and debate.

The task force received presentations and had discussions with a number of experts in sleep physiology and sleep medicine with varying perspectives on the issues at hand.

They heard presentations by experts in: fatigue mitigation, patient safety, quality improvement, hand-overs of care, professionalism, the legal dimensions of duty hour standards, the impact of the New York State duty hour standards, the unique challenges and trade-offs faced by America’s Safety Net Hospitals, and the financial impact of the current and the IOM suggested modifications of current ACGME standards. These presentations informed the deliberations in areas beyond resident duty hours.

The task force commissioned three external reviews of the literature on various dimensions of the questions at hand, received a formal review of the legal dimensions of regulation of duty hours, and a presentation on lessons learned from implementation of the current duty hour standards.

The committee took seriously the “common sense” recommendations of the profession, that “one size does not fit all,” when it comes to duty hour standards, and that ethical breaches should not be fostered in order to meet the needs of the individual patient.

**The Task Force Maintained Equal Focus: Providing an Excellent Educational Environment and Quality, Safe Patient Care**

Perhaps the most important series of presentations were those of Patient Representatives to the task force. These conversations, and their powerful messages, focused the vision of the task force clearly on what were to become our overriding principles. These overriding principles are:

- Patients must be safe, and receive excellent care, in the teaching setting today.
- Patients must be safe, and receive excellent care, in the setting of the unsupervised care of patients in the future career of today’s residents. This requires that we must deliver outstanding education today.
- Residents must be educated in a humanistic educational environment that protects their safety, and nurtures professionalism and the effacement of self interest that is the core of the practice of medicine and the profession in the United States.

It should be emphasized that all three of these principles are equal, and must be fulfilled. They are not mutually exclusive goods; they are absolute “goods” and must be achieved. Furthermore, those principles and their articulation in standards go far beyond the issues of resident duty hours. Certain of their dimensions, however, are captured in the output of this task force.

The draft standards written by the task force will address the above principles with expectations regarding: resident supervision, resident and faculty professionalism and fitness for duty, patient safety and quality improvement expectations, handover processes and inter-professional communications, as well as duty hours.

## Next Steps

The work of the task force is nearly complete. Over the next six weeks, standards will be refined and prepared for review by the Council of Review Committees, which consists of the chairs of each of the twenty eight review committees of the ACGME. The responsibility of this Committee is to discuss, and if endorsed, offer the draft for public comment. The standards will then be posted on the ACGME Website for 45 days of public comment. Based on that feedback derived from those comments, the standards may be modified. They will then be presented to the Program Requirements Committee of the Board, and if approved, presented to the Board of Directors of the ACGME for approval.

The revised standards, combined with the dual oversight of the review committees and the ACGME Board approved Annual Sponsor Site Visit Program, will assure the public and the profession of the homogeneous implementation of these commitments. In this fashion we will fulfill ACGME's promise to the community to revisit its standards, and move closer to a time when our three principles are more than aspirational statements in every program.

The task force wishes to publically thank each person and organization that provided input into this extensive review of ACGME standards. The ACGME thanks the members of the task force for the generous gift of time, expertise, and wisdom in their deliberations on behalf of the profession and the public.

The task force and the ACGME invite all to review and comment (both positive and constructive criticism) on the requirements when they are posted in late June.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca". The signature is fluid and cursive, with a large initial "T" and "N".

Thomas J. Nasca, M.D., MACP  
Chief Executive Officer  
Accreditation Council for Graduate Medical Education

An Open Letter to the GME Community from Thomas J. Nasca, MD, MACP (October 28, 2009)

An Open Letter to the GME Community from Thomas J. Nasca, MD, MACP (February 2009)