January 28, 2016

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street
Suite 2000
Chicago, IL 60654

Dear Dr. Nasca,

Please find enclosed comments and the results of the 80/h resident duty poll from the American Academy of Allergy, Asthma & Immunology (AAAAI), including its Program Directors Assembly.

**Background:** The Accreditation Council for Graduate Medical Education (ACGME) has undertaken a complete review of its accreditation requirements for resident duty hours, and key dimensions of the learning and working environment, consistent with the commitment to review standards every five years. In preparation for this review, the ACGME is seeking formal positions from organizations responsible for, or participating in, the education of the next generation of physicians, and organizations representing various aspects of the health care community. This input will inform the ACGME in its deliberations on these important aspects of educational programs.

**Action:** Dr. Mariana Castells, Chair of the AAAAI Program Directors Assembly, sent through a list serve an inquiry about work hours for each of the 77 AAAAI Allergy/Immunology Training Programs to inquire about duty hour violations. She received candid responses regarding the inquiry, with only two programs acknowledging minor violations. Each of the two violations consisted of a fellow coming back to work with less than eight hours of break. From the 77 A/I training programs, a response was received from 50 programs (65%) and the average range of work hours was 50 with the lowest 42 and the highest 65.

**Comments from Program Directors include the following:**

The major flaw in the “universal” duty hour requirement is based on the premise of “in-house” call. This would be the only way to overcome the 80-hour work week. The main focus for this implementation was on interns or first year residents transitioning from medical student to physician and safety concerns associated with fatigue. For those programs that don’t have in-house call and are training residents that have already completed an ACGME accredited training program (Pediatrics or Internal Medicine) the application and monitoring of the duty hours is cumbersome and offers no benefit for the resident or the program. In fact, the time and energy used could be better employed in teaching the trainee the medical knowledge needed...
in his or her specialty. There is no evidence that these specific residents suffer from fatigue and compromise patient safety due to their outpatient training schedule. Looking at a typical outpatient based fellowship the fellow would work 7 am to 5 pm 5 days a week for a total of 50 hours. Making up a worst-case scenario, assuming a fellow works from 8 am to 8 pm (12 hours) for six days of the week, it is still only 72 hours a week and fulfills the current duty hour limits.

The “evidence” that led to the current universal duty hours recommendation was based on in-house resident care in primary care and surgery residencies. The training for these residents is very different from the training for outpatient fellowship. To set “one size fits all” standards of monitoring duty hours and annually educating residents on signs and symptoms of fatigue, takes away time that could be spent educating the residents as well as time that could be freed up for the program coordinator and training program director in performing their other responsibilities.

We are held to having our fellows log in every 24-48 hours to the duty hours “survey” (twice a year) which is actually burdensome for the fellows, especially since they never go over the duty hour restrictions. In addition, if they do not log in every 24-48 hours, we, program directors/program coordinators, receive an email saying we are not compliant, creating undue stress and friction between program directors/attendings and fellows.

**Conclusions:** The AAAAI would propose that any fellowship that does not have in-house call would not be required to monitor duty hours and implement resident fatigue education.

Please contact the AAAAI office at (414) 272-6071 with any additional questions. We thank you for the opportunity to provide input on this important issue.

Sincerely,

Robert F. Lemanske, Jr., MD, FAAAAI
President, AAAAI

Mariana C. Castells, MD, PhD, FAAAAI
Chair, AAAAI Program Directors Assembly