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Please address all communications to

American Board of Thoracic Surgery
633 North St. Clair Street, Suite 2320
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A MEMBER BOARD OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS)

January 27, 2016

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 200
Chicago, Illinois 60654

Dear Dr. Nasca,

This letter is provided by the leadership of the American Board of Thoracic Surgery (ABTS) in response to your recent letter requesting formal position papers on plan for the Accreditation Council for Graduate Medical Education (ACGME) as you perform a complete review of the requirements for resident duty hours. We understand that this is part of an ongoing iterative review process which takes place every 5 years. As part of this process, the ACGME is seeking opinion and data from stakeholders like the American Board of Thoracic Surgery.

The mission of the ABTS is to protect the public by ensuring a high standard in the initial certification of thoracic surgery practitioners and by requiring equally high standards to maintain that certification for decades in practice. The Board does not specifically define resident work hours, or the conditions that exists in residency training programs. That said, the Board does indeed have a strong interest in residency training. The ABTS maintains shared representation with major thoracic surgery societies as well as with important educational institutions such as the Thoracic Surgery Directors Association (TSDA) and the Thoracic Surgery Residency Review Committee (RRC). However, we did not have a “formal position” on the matter prior to this request.

While we have a strong stake in the matter of residency duty hours, we are unable to provide data that would be useful in your discussions on this matter. The Board collects data on test scores and exam pass rates, but we do not think the data would be suitable to inform your work on the standard setting for working hours. There have been many changes in the past 10-15 years in the composition of residents enrolling in thoracic surgery training programs. It is the strong feeling of the Board that any changes in Board scores and Board pass rates over time would be challenging to attribute to any one factor such as work hours. It would be impossible to dissect the impact of work hours as opposed to the impact of academic credentials and training quality prior to enrollment in thoracic surgery training programs. We cannot offer the requested analysis on costs and impact of implementation.

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In our group's deliberations in preparation for this letter, one theme that seemed to be consistently expressed was the fact that thoracic surgery trainees probably require less protection in the area of work hours than younger and more vulnerable trainees. While the typical intern might be 26 years old and experiencing a major shift from medical school to on-the-job training as a member of the house staff, thoracic surgery trainees are often 5-10 years older and have been operating as residents for much of that extra time. Thoracic surgery trainees have very clear goals about specific operative skills they need to acquire, and they place great value on time spent in the operating room dedicated to acquiring those skills. When work hour constraints cause them to miss operations, it is a detriment to the training and a detriment to their future skill-set. As a resident reaches the end of a long stretch of training, the specific skills acquired in that final period of training become increasingly valuable to subsequent practice. We feel there should be some accommodation in the work hour structure to allow more flexibility for very senior residents who are approaching practice.

A common situation that might occur in the current era would look like this: A PGY 7 or PGY 8 cardiothoracic surgery resident is post-call at 7 AM on a weekday. Current regulations would require that resident to go home. At 7:30 AM, an operative case will begin and that resident strongly wants to participate in operation to improve her performance and practice. The resident is 35 years old and is fully capable of making many other important life decisions. She wants to stay to do the case and her faculty mentor wants her to stay as well. However, strict adherence to the current rules would dictate that she goes home and the case be "covered" by a nurse first assistant or physician's assistant operating with the attending surgeon. In this manner, a highly supervised teaching opportunity is lost despite the desire of both a teacher in the student to preserve it.

We are aware of a trial (http://www.thefirsttrial.org/) that has taken place comparing different structures of work hours in residency with the dependent variable being clinical outcomes as measured by the NSQIP outcomes program. We would urge some consideration of the results of that trial as to revise your work hours standards. It is clear from your letter from to the GME community on the website for the FIRST trial that the ACGME is very cognizant of this trial and will place weight upon the outcome. We certainly endorse loosening the rigid requirements if there is no evidence of a clinically meaningful benefit caused by the tight control.

The American Board of Thoracic Surgery remains intently interested in the work hours issue and would be very willing to send representative and participate in a congress organized by the ACGME to study this and developed new policies on this issue. We also urge the ACGME to seek the

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opinion of the leadership of the Thoracic Surgery Residency Review Committee and the Thoracic Surgery Directors Association in order to get a full set of opinions from knowledgeable stakeholders.

We believe that the youngest house staff- i.e. the Junior residents in our integrated six-year programs and the Junior residents in the general surgery programs feeding our thoracic training programs- deserve work hours protection to enhance safety and learning. We also believe that the most senior house staff in our training programs is older and more experienced than many faculty in other disciplines, and that they have the experience to make appropriate decisions about their own time management. We think that the trainees in PGY 6, PGY 7 and PGY 8 deserve some latitude and personal choice not currently afforded to them with the current rules.

We look forward to participating with the ACGME in this process.

Yours sincerely,

Cameron D. Wright, MD
Chair

David A. Fullerton, MD
Executive Director