

February 1, 2016

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

Dear Dr. Nasca,

The American Medical Association (AMA) appreciates your request to provide information regarding our policies related to the Accreditation Council for Graduate Medical Education's (ACGME) accreditation requirements for resident duty hours and key dimensions of the learning and working environment. Since its founding more than 150 years ago, the AMA has been intimately involved in the education of the next generation of physicians, including its role in nominating members to the ACGME Board of Directors. The AMA represents among its membership individuals at every stage of the medical education continuum, including medical students, residents, fellows, and practicing physicians. We are pleased that our respective organizations share many of the same important educational goals, and are grateful for the opportunity to provide input to inform the ACGME in its important deliberations.

Three policies largely govern the AMA with respect to resident duty hours and key dimensions of the learning and working environment. These are:

1. Policy H-310.907, AMA Duty Hours Policy;
2. Policy H-310.979, Resident Physician Working Hours and Supervision; and
3. Policy H-310.912, Residents' and Fellows' Bill of Rights.

[Policy H-310.907: AMA Duty Hours Policy](#)

The AMA Duty Hours Policy encourages the ACGME to decrease the barriers to reporting of both duty hour violations and resident intimidation; to ensure that readily accessible, timely, and accurate information about duty hours is not constrained by the cycle of ACGME survey visits; to use, where possible, recommendations from respective specialty societies and evidence-based approaches to any future revision or introduction of resident duty hour rules; and to broadly disseminate aggregate data from the annual ACGME survey on the educational environment of resident physicians, encompassing all aspects of duty hours.

The AMA recognizes the ACGME for its work in ensuring an appropriate balance between resident education and patient safety, and supports the ACGME in its efforts to offer incentives to programs and institutions to ensure compliance with duty hour standards; to ensure that site visits include meetings with peer-selected or randomly selected residents and that residents who are not interviewed during site visits have the opportunity to provide information directly to the site visitor; to collect data on at-home call from both program directors and resident/fellow physicians, release these aggregate data annually, and develop standards to ensure that appropriate education and supervision are maintained, whether the setting is in-house or at-home; and to ensure that resident/fellow physicians receive education on sleep deprivation and fatigue.

Policy 310.979: Resident Physician Working Hours and Supervision

The AMA believes that exemplary patient care is a vital component for any program of graduate medical education (GME). GME should always enhance the quality of patient care in the institution sponsoring an accredited residency program, and must never compromise the quality of patient care or the attainment of the program's educational objectives for the residents. The program director, in cooperation with the institution, is responsible for maintaining work schedules for each resident based on the intensity and variability of assignments in compliance with the ACGME duty hour standards. Furthermore, as stated in the ACGME Institutional Requirements (II.F.2.a-c), "The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives."

This policy stresses that resident physician total duty hours must not exceed 80 hours per week, averaged over a four-week period; that scheduled on-call assignments should not exceed 24 hours (although residents may remain on-duty for an additional 4 hours to complete the transfer of care, patient follow-up, and education); that time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit, and on-call frequency must not exceed every third night averaged over four weeks; that at-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident; and that residents are permitted to return to the hospital while on at-home call to care for new or established patients. Furthermore, given the different education and patient care needs of the various specialties and changes in resident responsibility as training progresses, duty hour requirements should allow for flexibility for different disciplines and different training levels to ensure appropriate resident education and patient safety; for example, allowing exceptions for certain disciplines, as appropriate, to the 16-hour shift limit for first-year residents, or allowing a limited increase to the total number of duty hours when need is demonstrated. To this end, the AMA endorses the study of innovative models of duty hour requirements and, pending the outcomes of ongoing and future research, should consider the evolution of specialty- and rotation-specific duty hours requirements that are evidence-based and will optimize patient safety and competency-based learning opportunities.

Finally, this policy emphasizes that duty hour limits must not adversely impact resident physician participation in organized educational activities; that scheduled time providing patient care services of limited or no educational value should be minimized; that the accurate, honest, and complete reporting of resident duty hours is an essential element of medical professionalism and ethics; that increased financial assistance for residents/fellows, such as subsidized child care, loan deferment, debt forgiveness, and tax credits, may help mitigate the need for moonlighting; that the costs of duty hour limits should be borne by all health care payers; that the general public should be made aware of the many contributions of resident/fellow physicians to high-quality patient care and the importance of trainees' realizing their limits (under proper supervision) so that they will be able to competently and independently practice under real-world medical situations; and that the medical profession maintains the right and responsibility for self-regulation through the ACGME and its purview over GME.

Policy 310.912: Residents' and Fellows' Bill of Rights

The AMA understands that the working and training environment, of which duty hours is a part, can impact individual health and well-being. Therefore, we believe our Residents' and Fellows' Bill of Rights also has bearing on your request for input.

This Bill of Rights supports duty hour requirements that protect patient safety and facilitate resident well-being and education. Residents and fellows should experience a reasonable work schedule that is in compliance with duty-hour requirements set forth by the ACGME or other relevant accrediting body; and at-home call that is not so frequent or demanding such that rest periods are significantly diminished or

that duty-hour requirements are effectively circumvented. The Bill of Rights also supports access to and protection by institutional and accreditation authorities when reporting violations. With regard to reporting violations to the ACGME, residents and fellows should be informed by their program at the beginning of their training and again at each semi-annual review of the resources and processes available within the residency program for addressing resident concerns or complaints, including the program director, Residency Training Committee, and the designated institutional official; be able to file a formal complaint with the ACGME to address program violations of residency training requirements without fear of recrimination and with the guarantee of due process; and have the opportunity to address their concerns about the training program through confidential channels, including the ACGME concern process and/or the annual ACGME Resident Survey.

The AMA supports the provision of programs related to physician health and wellness, including those offered in conjunction with the Federation of State Physician Health Programs, and considers the concept of physician wellness as an element of the AMA Strategic Plan ([Policy D-405.992: Physician Health and Wellness](#)). To advance the discussion of physician health and wellness, the AMA Council on Medical Education will be presenting a report to the House of Delegates at the 2016 Interim Meeting regarding access to timely and confidential health care for all trainees and practicing physicians.

In summary, the Council on Medical Education salutes the ACGME for its continued emphasis on the importance of duty hours, and is eager to understand how the results of the ongoing duty hours trials may further inform this discussion. The Council would be pleased to participate in the ACGME's Resident Duty Hours in the Learning and Working Environment Congress, to be held in March 2016.

Again, thank you for this opportunity to provide input regarding this critical effort.

Sincerely,

A handwritten signature in blue ink that reads "Darlyne Menscer, MD". The signature is written in a cursive style and is contained within a thin black rectangular border.

Darlyne Menscer, MD
Chair, AMA Council on Medical Education

cc: Susan E. Skochelak, MD, MPH
Richard E. Hawkins, MD