



Accreditation Council for
Graduate Medical Education

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May 17, 2016

Dear Members of the Graduate Medical Education Community,

I would like to provide you with an update on the work of the ACGME to review the Common Program Requirements for residency and fellowship training in the United States.

In the fall of 2015, the ACGME Board of Directors set in motion the review and revision of the Common Program Requirements. The work was divided into two phases, with a Phase 1 Task Force focusing on Section VI, Resident Duty Hours in the Learning and Working Environment. This section addresses: Professionalism, Personal Responsibility, and Patient Safety; Transitions of Care, Alertness Management/Fatigue Mitigation; Supervision of Residents; and Clinical Responsibilities; Teamwork; and Resident Duty Hours.

Based on its work to date, the Task Force has determined that it is premature to issue any proposed modifications to the requirements for the upcoming academic year. Initially, as my January 7, 2016 letter to the GME community noted, a process was laid out to review Section VI in two steps. The Task Force has decided to combine the two steps and wait to publish draft requirements until completing a thorough review of Section VI in its entirety.

The Task Force is considering numerous factors in Section VI, including patient safety, transitions of care, supervision, teamwork, well-being, and clinical experience and education hours, as well as the complex and varied opinions of members of the profession and public. An extensive effort has been undertaken to solicit and analyze findings from the:

- 1) scientific literature on the impact of duty hours on the quality and safety of patient care, resident/fellow well-being, and resident/fellow education, especially new research over the past five years;
- 2) updates on the relevant multicenter research trials underway;
- 3) formal position statements received from 63 member and constituent organizations in February 2016;
- 4) testimony on the impact of the existing requirements from the ACGME Congress held in March 2016; and,
- 5) written comments on the current requirements provided by another 61 public respondents in March 2016.

Once the Phase 1 Task Force has completed its deliberations, it will solicit public comments on the recommended revisions to Section VI, and provide an implementation timeline. In addition, a Phase 2 Task Force will be convened to

assess and propose revisions to ACGME Common Program Requirements Sections I-V.

To ensure high quality data continues to be collected, the American College of Surgeons (ACS), the American Board of Surgery (ABS), and the Flexibility In duty hour Requirements for Surgical Trainees (FIRST) Trial investigator have proposed ongoing collaborative information gathering during the 2016-2017 academic year. The ACGME Board of Directors has issued a multicenter research trial waiver, along with seed funding, to the FIRST Trial for the 2016-2017 academic year, based on the recommendation of the ACGME Review Committee for Surgery. The ability to continue monitoring the programs participating in the initial study, along with adding information gathered from new programs that meet the qualifications to participate, will be of great benefit to the ongoing collection of evidence to support future reviews of these standards.

The ACGME is committed to using evidence in the construct of its requirements wherever possible, and to structure the requirements in a fashion that promotes innovation and striving for excellence. Perhaps nowhere else in medical education is there as challenging a question than in the domain the Phase 1 Task Force is examining. Understanding the competing goods is essential. Balancing the emphasis among these competing goods is a tremendous challenge.

The ACGME appreciates the diligence of the Task Force, and thanks the community for the gift of time, expertise, and wisdom of the many organizations and individuals who have provided input and advice thus far. The resultant requirements will represent the best efforts of the community to balance these competing goods using evidence and professional judgement, and to continue to shape tomorrow's specialists to serve the American Public.

Please contact Kathy Malloy, kmalloy@acgme.org, with any questions.

Sincerely,

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

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
ACGME International