

Common Program Requirements The Learning and Working Environment (Duty Hours)

Organizational Perspectives

Reactions to and endorsements of the 2017 ACGME Common Program Requirements in Section VI from several organizations across the medical community are presented and linked below.



American Association of Colleges of Osteopathic Medicine (AACOM)

AACOM applauds the general direction of the changes which provide overall expectations for the clinical learning and working environment that align GME with ongoing initiatives in health care related to interprofessional team-based care, safety, quality improvement, and addresses health care disparities, and physician and resident well-being.

https://www.aacom.org/news-and-events/press-releases-and-statements/2017/03/17/031717_statement-acgme



American Board of Surgery (ABS)

The American Board of Surgery (ABS) endorses the task force's revisions, which promote improved continuity of care for patients and greater individual responsibility and professionalism for residents, while also incorporating additional safeguards for patient safety and resident well-being.

https://www.aacom.org/news-and-events/press-releases-and-statements/2017/03/17/031717_statement-acgme



AMERICAN COLLEGE OF SURGEONS

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American College of Surgeons (ACS)

Today the American College of Surgeons issued comments on the release of Revised Common Program Requirements, Section VI, the Learning and Working Environment by the Accreditation Council for Graduate Medical Education (ACGME).

We applaud the ACGME for the release of new Common Program Requirements that allow programs flexibility to schedule residents' clinical and education work hours within the well-established maximums currently utilized in the U.S., while preserving the original intent of the 2003 guidelines on residents' working conditions.

These new requirements take into consideration findings from the Flexibility in Duty Hour Requirements for Surgical Trainees (FIRST) Trial. The FIRST Trial is the first-ever national multicenter randomized trial of resident duty hour policies. Findings released in February 2016 showed that flexible hours do not affect patient safety, reduce handoffs, and lead to greater resident satisfaction.

"This is an evidence-based revision that aims to improve both resident education and surgical patient safety," said ACS Executive Director David B. Hoyt, MD, FACS. "When residents work flexible schedules, they're not disrupted by the clock. Patient safety is less likely to be compromised if a resident does not have to leave during the middle of an operation because a shift is ending, or hand off a patient in the middle of active care to another provider."

The Resident and Associate Society of the American College of Surgeons (RAS-ACS) also commends the ACGME for allowing flexibility in duty hours.

"These revisions are in line with scientific evidence that shows flexibility enhances the quality of surgical residents' education without affecting patient safety. We think these program revisions contribute to an optimal training and education environment, which is crucial to our development as fully trained and competent surgeons," said Nicolas Mouawad, MD, MPH, MBA, Chair of the Resident and Associate Society of the American College of Surgeons.



American Medical Association (AMA)

The AMA is supportive of the Accreditation Council on Graduate Medical Education's (ACGME) revised professional standards for accredited U.S. residency and fellowship programs. The new requirements released yesterday are aimed at ensuring both patient safety in residency programs and physician well-being by reinforcing the importance of team-based care and the need for seamless continuity of care. The AMA is committed to supporting physicians through every step of their training and practice—particularly efforts to reduce physician burnout and transform medical education—so they can have meaningful and rewarding professional experiences while providing their patients with the best care possible.



American Osteopathic Association (AOA)

The American Osteopathic Association supports the ACGME's revisions to Section VI of the Common Program Requirements. The new requirements reflect the philosophy that residency education must occur in a learning and working environment that fosters excellence and promotes safe and quality patient care.

<http://thedo.osteopathic.org/2017/03/the-aoa-supports-revised-acgme-common-program-requirements/>



Association for Hospital Medical Education (AHME)

The Association for Hospital Medical Education (AHME) applauds the meticulous approach taken by the Task Force to review the literature, invite input from within and outside the medical profession, and carefully weigh all this information in an effort to ensure the quality and safety of patient care now and in the future, and to do so in an environment that facilitates team-based care and fosters the well-being of caregivers.

<http://www.ahme.org/wp-content/uploads/2014/11/ACGME-CPR-Sec-VI.pdf>



Association of American Medical Colleges (AAMC)

The best way to assure patient safety, quality care, and the well-being of residents is through a comprehensive approach that puts programs into place to support an educational learning environment that manages fatigue, promotes well-being, provides quality supervision for trainees, assesses residents' workloads, and ensures that information is effectively transferred by residents to other members of the patient care team. The newly released changes to the Common Program Requirements offer just such an approach.

https://news.aamc.org/press-releases/article/duty_hours_03102017/



Council of Medical Specialty Societies (CMSS) and Organization of Program Director Associations (OPDA)

The Council of Medical Specialty Societies (CMSS) and the Organization of Program Director Associations (OPDA) applaud the Accreditation Council for Graduate Medical Education (ACGME) on its release of revised Section VI of the Common Program requirements, focusing on the learning and working environment. These revised standards reinforce a culture of patient safety and physician well-being in residency training programs by strengthening the focus on patient-centered, team-based care. The revised requirements return first-year residents to the same schedule as other residents and fellows, without changing the limitation on the total number of hours per week which first-year residents work. The standards require that programs and residents continue to adhere to the maximum limits averaged over four weeks:

- A maximum of 80 hours per week;
- One day free from clinical experience or education in seven;
- In-house call no more frequent than every third night; and
- A maximum of 24 continuous work hours for all residents

CMSS supports the recognition in these revised Common Program requirements that graduate medical education must balance three critical goals:

- Assuring the safety of patients and the quality of patient care delivered during residency training;
- Adequately preparing residents for the highest quality of independent practice in their chosen specialty; and
- Prioritizing physician well-being during residency training, including modeling by faculty

About CMSS

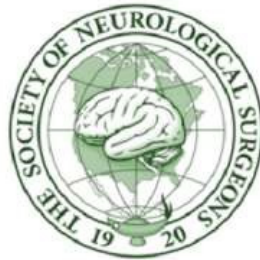
CMSS has 43 member societies, which represent 790,000 U.S. physician members. CMSS focuses on two strategic priorities:

- Facilitation of a culture of performance improvement in medical practice; and
- Modeling professionalism, including Altruism (putting the needs of patients first), Professional self-regulation (the responsibility of all professions), and Transparency (disclosure to peers patients and the public)

CMSS has endorsed the National Quality Strategy, including:

- Enhancing the experience of care for patients;
- Improving outcomes of care for populations; and
- Reducing waste and the overall cost of care in the health system

CMSS convenes the Organization of Program Director Associations (OPDA), with 28 organizations representing the specialties accredited by the Accreditation Council for Graduate Medical Education.



Society of Neurological Surgeons (SNS)

The Society of Neurological Surgeons appreciates the comprehensive analysis performed by the ACGME Task Force leading to the Revised Common Program Requirements for the Working and Learning Environment.

<http://www.societyns.org/pdfs/SNS%20RESPONSE-%20ACGME%20COMMON%20PROGRAM%20REQUIREMENTS.pdf>