

**ACGME TASK FORCE ON QUALITY CARE AND PROFESSIONALISM:
PROCESS FOR DEVELOPING RECOMMENDATIONS ON NEW SUPERVISION
AND RESIDENT DUTY HOUR STANDARDS**

Executive Summary

As the accrediting body for more than 8,800 medical residency programs, the Accreditation Council for Graduate Medical Education (ACGME) is charged with setting and enforcing duty hour, learning and working environment standards for residents. Accordingly, ACGME reviews and updates these standards every five years based on a comprehensive, multi-year process of reviewing the scientific literature and assessing the formal positions of the leading medical and patient safety organizations.

Because current resident standards were last issued in 2003, ACGME convened a special Task Force on Quality Care and Professionalism in 2009 to draft new standards that will go into effect in July 2011. Representing leading specialists in medical education, patient safety and clinical care, this 16-person task force is composed of 12 clinical educators that collectively have more than 250 years of formal experience in medical education. Of the four remaining members, three began their service on the task force as residents nearing completion of their training and one is a public representative with extensive experience in evaluation of health care related issues.

Before developing its recommendations, the task force agreed on three underlying tenets that have guided its review and deliberations:

- Patient safety and an excellent teaching environment are about much more than resident duty hours. Therefore, the task force recognizes the need to examine and make recommendations about resident supervision, handover processes (transitioning patient care) and professionalism standards.
- While there is limited research on the connection between fatigue and medical errors for the entire resident community (from post-graduate year one residents through all subsequent years of training) there are data that indicate fatigue has an influence on the frequency of errors by first-year residents who are the least experienced and the most vulnerable. Accordingly, the task force sees the need to make changes in the duty hour standards for this subgroup.
- The medical profession has a moral responsibility to deliver excellent education and to prepare residents to practice medicine outside the learning environment where they will be unsupervised. This environment requires that physicians are able to think independently and function effectively when fatigued.

Based on these tenets, the task force has spent more than a year conducting a thorough and deliberate examination of resident training standards, quality patient care and sleep issues. Specifically, the task force received testimony from nearly 100 individuals representing the practice of medicine and medical education in the U.S., the United Kingdom and Canada and reviewed written formal positions from more than 100 medical organizations. They also heard directly from representatives of 72 of the organizations. In addition, the task force received a series of presentations from patient representatives and advocates as well as from sleep experts.

Combined with this fact-finding process, the task force also commissioned three independent reviews of the literature on various dimensions of the issues at hand, received a formal review of the legal dimensions of regulation of duty hours, and a presentation on lessons learned from implementation of the current duty hour standards. Finally, task force members owe a debt of gratitude to members of the Institute of Medicine (IOM) committee that late last year issued a report titled "Resident Duty Hours: Enhancing Sleep, Supervision, and Safety." Four of the IOM committee members met with the task force and three came back for more in-depth discussions of key issues beyond duty hours related to patient safety.

From this extensive review process, the task force took seriously the common sense recommendations from the profession and recognized that a "one size fits all" approach is not applicable to resident duty hour standards that promote high-quality medical education and safe patient care.

Once the task force completed its work, the draft standards were reviewed by the Council of Review Committees and the ACGME Board. The revised standards have been posted on ACGME's Web site for a 45-day public comment period. The task force will then review the feedback and consider final modifications to the draft standards. The final version will be presented to the Committee on Requirements of the ACGME Board of Directors and, if approved, go before the full ACGME Board in September 2010 for its approval. Pending approval, the new standards are slated to go into effect July 2011.

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