

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

August 18, 2010

RE: ACGME Proposal regarding Resident Duty Hours and Supervision

Dear Dr. Nasca,

As representatives of the pediatric organizations, the American Academy of Pediatrics (AAP) (including the Section on Medical Students, Residents, and Fellowship Trainees-SOMSRFT), the Association of Pediatric Program Directors (APPD), and the Council of Pediatric Subspecialties (CoPS), that testified at the Duty Hours Congress in June 2009, we are writing to emphasize the common themes in our organization's recent responses to the ACGME proposal of June 23, 2010. In this letter, we reiterate our collective positions on the provisions that have greatest relevance to the training of pediatric residents and fellows.

1. *The 16 hour rule for PGY-1s.* As a group, we are concerned that this provision will adversely affect the education of pediatric residents and the preparation of residents for fellowship training in pediatric subspecialties. We believe that such a limitation would have several adverse consequences, including insufficient clinical exposure and experience to prepare residents for greater patient care responsibility, inadequate time for residents to observe the course of disease development, more frequent hand-overs of patient care, and the fostering of a shift mentality among new residents. We are extremely concerned regarding the latter, given that training under these requirements will not prepare residents for the rigors of fellowship and clinical practice. We fear that an eventual outcome of reduced patient contact hours will be the need to extend residency training.

2. *Averaging of call.* We are concerned that prohibiting the averaging of call will have unanticipated effects on resident flexibility and morale, especially in small programs who lack sufficient numbers of residents or in fellowship programs that typically have 1 or 2 trainees per year. Prohibiting call averaging will make it extremely difficult for residents and fellows to have small clusters of days off to maintain work/life balance or to attend scientific or educational meetings that prepare them for their subsequent roles as clinician-educators or physician-scientists.

3. *Differentiation of Residents and Fellows.* We are especially pleased that the ACGME has taken the first steps in writing regulations that acknowledge that duty hours and supervision should change with increasing levels of clinical experience and training. We encourage the ACGME to continue this process by creating regulations that recognize the important differences between residents and fellows. Fellows, more akin to junior faculty

during the later years of training, must be allowed sufficient autonomy and flexibility to establish routines for work/life balance and to obtain knowledge through scholarly and clinical activities that prepare them for successful subspecialty careers. Fellows in subspecialty training must be treated differently than residents.

4. *Timeline for Implementation.* As individuals who participate in programs intimately involved with graduate medical education, we appreciate fully the cost and complexity of implementing new rules. We strongly believe that programs must be provided with sufficient time to implement new duty hour and supervision rules. We believe that it is unrealistic for many programs to implement these changes fully on July 1, 2011. We encourage the ACGME to consider a phased implementation such that all new requirements must be in place by July 1, 2012.

5. *Effect on the Pediatric Workforce.* The proposed changes may have untoward effects on faculty job satisfaction, work hours and fatigue. All organizations involved in graduate medical education must carefully monitor the impact of duty hour changes on the nation's current and future physician workforce.

We appreciate the thoughtful manner in which the ACGME has addressed these very difficult issues and especially thank the Task Force for their diligence. Please contact us should you have additional questions.

Sincerely,

Ann Burke, MD

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President
Association of Pediatric Program Directors

James F. Bale, Jr. MD

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Chair
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