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August 6, 2010

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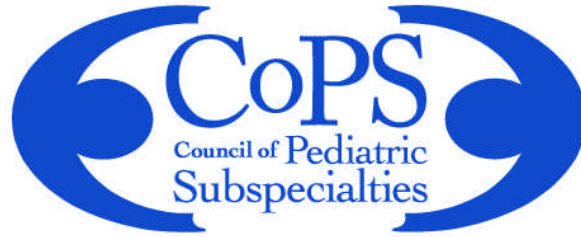
RE: ACGME Proposal regarding Resident Duty Hours and Supervision

Dear Dr. Nasca,

Thank you for the opportunity to provide the Accreditation Council on Graduate Medical Education (ACGME) with a formal response regarding the proposed new standards for resident supervision and duty hours released on June 23, 2010. This letter summarizes the consensus opinion of the Council of Pediatric Subspecialties (CoPS) based on a survey of the 40 members of CoPS who represent the more than 14,000 pediatric subspecialists in the United States, including the Program Directors and Division Directors who supervise the training of fellows in 20 pediatric subspecialties. Liaisons to CoPS also include members of the Association of Medical School Pediatric Department Chairs, Inc., the Association of Pediatric Program Directors, the American Academy of Pediatrics, the American Academy of Pediatrics Section on Medical Students, Residents and Fellowship Trainees, the American Board of Pediatrics, the American Pediatric Society, the Society for Pediatric Research, and the Federation of Pediatric Organizations.

CoPS supports the majority of the ACGME recommendations regarding duty hours and supervision. In particular, we applaud the thoughtful manner by which the Task Force analyzed immense quantities of information to create rules that will improve substantially the supervision of residents, particularly in the early stages of training. 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. However, our members continue to express concerns regarding the potential unknown effects of the recommended changes on preparation of pediatric residents for fellowships, education of fellows, and the pediatric workforce.

The following summarizes the opinions of the CoPS membership regarding the major provisions of the proposed changes in resident supervision and duty hours.



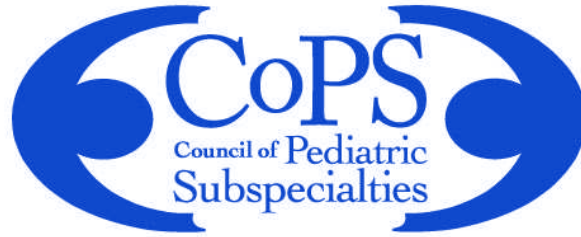
1. *Most members disagreed with limiting the duty hours of PGY-1s to 16 hours.* While this requirement will likely decrease resident fatigue, the members of CoPS remain concerned that limiting duty hours will adversely affect resident knowledge, skills and experiences in preparing them for the clinical and academic rigors of fellowship. Should this provision be adopted, we urge that relevant, objective data regarding resident performance (e.g., in-training and certifying examination scores) and career choices be tracked closely during the next decade. Residency programs should be encouraged to implement educational programs (e.g., simulation, observed structured clinical examinations) that will replace the experiential education in patient care that will be lost because of reduced duty hours.

2. *Most members agreed with limiting the duty hours of PGY-2 and above to 24 hours plus 4 hours for effective transitions of care.* CoPS remains concerned, however, that the revised duty hour and supervision proposal does not sufficiently differentiate between fellows and residents. As proposed, a third year fellow in a pediatric subspecialty must abide by the same regulations as a PGY-2. CoPS and its allied organizations, including the Organization of Neonatology Training Program Directors and Directors of Pediatric Critical Care Training Programs, strongly recommend that fellows be allowed sufficient autonomy and flexibility to obtain knowledge through scholarly and clinical activities that prepare them for successful subspecialty careers.

Fellows should be viewed and treated differently. We recommend that the ACGME consider a companion document "Duty Hours and Supervision for Fellows" that provides regulations that will enable the training of fellows to proceed effectively. Such regulations must acknowledge the unique needs of fellows and the important differences between residency training and the educational activities, including bench or clinical research, that prepare fellows for careers in pediatric subspecialties.

3. *Most members agreed strongly with the flexibility provided to trainees by the provision that residents, on their own initiative, may remain beyond scheduled hours to provide care to a single patient.* This thoughtful provision validates the commitment and responsibility that trainees have for their patients and recognizes the important role that professionalism plays in the education of residents and fellows.

4. *Most members agreed strongly with the recommendation that external and internal moonlighting must count toward the 80 hour weekly duty limitation.* Program directors recognize that external moonlighting, while providing some educational experiences, can distract residents or fellows from their principal educational goals. This provision enables program directors to regulate moonlighting and to ensure that fellows remain focused on the objectives of a high quality post-graduate education.



5. *Most members indicated that the changes proposed by the ACGME will have untoward effects on faculty job satisfaction, faculty work hours and faculty fatigue. It will be extremely difficult for pediatric subspecialists to assume additional clinical duties should fellow and resident duty hours be reduced. Pediatric subspecialists are in short supply and aging, especially in disciplines such as neonatology, nephrology and child neurology. The impact of the new regulations on faculty time and morale must be monitored closely. Moreover, the healthcare and graduate medical education costs, both direct and indirect, must be considered carefully if the new regulations diminish resident and fellow availability.*

6. *We fear that prohibiting the averaging of call will have adverse, unintended consequences on fellow education and morale. If implemented as written, fellows would not be able to adjust schedules to attend scholarly meetings, such as the Pediatric Academic Societies annual meeting, or to arrange coverage to visit families during the holidays. Most fellowship programs have only 1 or 2 fellows per year and thus lack the flexibility of residency programs. We recommend that the ACGME retain "averaging" in the call requirements for PGY-2 and above, as was done with the 80 hour rule.*

Overall, we commend you and the ACGME on the thoughtful preparation of the new duty hours and supervision proposal. We remain concerned, however, that the unique educational needs of pediatric fellows are not adequately addressed. We believe that the proposed regulations constitute an important step in redefining the rules of graduate medical education. Publishing new regulations governing resident training should stimulate the creation of new documents that will define more fully the rules and regulations governing fellow training. As an organization representing pediatric fellowship training programs and program directors, we would be pleased to participate in this process.

Sincerely,

James F. Bale, Jr. MD

The Executive Committee of the Council of Pediatric Subspecialties

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