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Dear Members of the Graduate Medical Education Community,

I trust that this letter finds you well and looking forward to another year of opportunity to serve, and to prepare the next generation of physicians to serve the American Public. At the ACGME, we are continuing the process of remolding the accreditation of graduate medical education sponsors and programs into one of continuous improvement and aspiration to excellence. When we began this journey, we were faced with many challenges, and while the nature of those challenges may have changed, challenges continue to present opportunities to improve and evolve.

The next step in this evolution is for us to review the framework of the ACGME's requirements. In this regard, a major effort will commence this month. The ACGME will embark on a full review of its Common Program Requirements in two phases over the next 18 months. The ACGME Board of Directors has commissioned a Common Program Requirements Phase 1 Task Force to concentrate on collecting information and producing recommended updates to Section VI, Resident Duty Hours in the Learning and Working Environment, to fulfill our commitment to review these requirements every five years. This section of the Common Program Requirements includes expectations for faculty members and residents in: Professionalism, Personal Responsibility, and Patient Safety; Transitions of Care, Alertness Management/Fatigue Mitigation; Supervision of Residents; and Clinical Responsibilities in areas of Teamwork and Resident Duty Hours.

At the completion of Phase 1, a second Task Force (Phase 2) will be convened to assess and propose revisions to ACGME Common Program Requirements Sections I-V. This includes expectations for: Sponsoring Institutions and Participating Sites; Program Personnel and Resources; Resident Appointments and Eligibility; dimensions of the Educational Program; and Evaluation of Residents, Faculty, and the Educational Program.

Process for Revision of ACGME Common Program Requirements, Section VI (Phase 1)

The review of the Common Program Requirements will use a deliberative and scholarly process to assess if the current requirements are achieving their intended goals to foster a humanistic learning environment that serves the best interests of patients, residents, and fellows (both today as well as in the future practice of our graduates). The Phase 1 Task Force will develop recommendations to be considered and approved by the ACGME Board of Directors, and will be comprised of members of the ACGME Council of Review Committee Chairs, the ACGME Council of Review Committee Residents, and representatives of the ACGME Board of Directors. The process will be compliant with ACGME policies and procedures for Program Requirement development, including provision of the opportunity for public comment.

During Phase 1, the Task Force and ACGME administration will publish and disseminate an impact statement that incorporates the information gathered, and the justification/rationale for the proposed updates to the requirements in Section VI. This report will be a scholarly effort and serve the dual purpose of emphasizing the basis for developing these updated requirements and informing the public of their effectiveness, as well as the opinions of the educators and residents/fellows affected by them.

The ACGME Board of Directors approved the formation of the Phase 1 Task Force at its September 2015 meeting. The Task Force will deliver a report to the ACGME Board of Directors at its June 2016 meeting, including any recommended Section VI revisions to be implemented during the 2016-2017 academic year. The Task Force will provide any additional recommended Section VI revisions, to be implemented for the 2017-2018 academic year, for evaluation and approval at the September 2016 ACGME Board of Directors meeting.

Formal Review of the Literature and Data Gathering Phase

Much has been learned since the adoption of Section VI of the Common Program Requirements in 2011. The senior leadership of the ACGME will render a complete historical review of the literature to support the work of the Task Force and the decision made by the ACGME Board of Directors.

The ACGME has begun extensive efforts to ascertain the educational community's interpretation of, and degree of agreement with, Section VI of the Common Program Requirements. To this end, the ACGME has taken/will take the following steps to involve the educational community in a review of the current requirements and their impact thus far on patient care, patient safety, resident/fellow education, and resident/fellow well-being.

Request for Organizational Positions

At the end of December 2015, the ACGME formally requested position statements from its member organizations, constituent organizations, and others who have standing in this discussion. Formal responses were requested by February 1, 2016 on current ACGME resident duty hour requirements and standards governing key aspects of the learning and working environment, including impact analyses, recommendations, and supporting evidence.

Ethical Dimensions of Decisions to be made concerning Resident Duty Hour and the Learning Environment Standards

The debate concerning resident duty hours, and to a lesser extent improvement in dimensions of the learning environment, reaches levels of intensity and emotion at least in part due to the fact that aspects of the discussion are "competing goods." To assist in reaching consensus and resolving complex and potentially divisive issues, discussions will be framed using the concept of "competing goods" during the development of recommendations by the Task Force.

National Congress on Resident Duty Hours in the Learning and Working Environment

The efforts described above will culminate in a National Congress on Resident

Duty Hours in the Learning and Working Environment, to be held in Chicago in March 2016. Attendees at this Congress will be invited, drawn from key or controversial positions identified through all of the above data-gathering efforts. Each presenter will provide formal assessments and recommendations to the Task Force regarding Section VI of the Common Program Requirements. The proceedings of the Congress will become a key component of the database of information on which the Task Force and the ACGME Board of Directors will rely in the review and assessment of proposed revisions to Section VI of the Common Program Requirements.

Draft Requirements posted for Review and Comment (April 2016 – 45-day public comment period)

The ACGME will provide a 45-day public comment period, as part of the standard process used to create and/or modify all Program Requirements.

Recommendations proposed by the Task Force will be posted for public comment during April 2016. Comments received will be categorized and provided by the Task Force as part of the recommendations made to the ACGME Board of Directors.

By conducting this review of the Common Program Requirements in conjunction with the graduate medical education community and other key stakeholders, the ACGME intends to meet both the responsibility of the profession to educate and train the next generation of physicians, and to ensure the safety of patients and residents/fellows involved in the educational process.

It is our hope that, through this requirement revision process, the profession will come together to affirm the values we wish to instill in the next generation of physicians, to nurture excellence in clinical competency, and to ensure the safety of patients, both now and in the future.

We invite you to actively participate in this process. Whether through contributions to position papers of professional societies or providing personal or professional opinions regarding draft standards during the public review process, we encourage your participation in this revision of the Common Program Requirements. Only through complete review of the evidence published, as well as understanding of the complex and often contradictory opinions of members of the profession and public, will the Task Force be able to produce a set of standards that are both evidence driven, and which produce the desired impact within the clinical care and educational environment. Please contact Kathy Malloy, kmalloy@acgme.org, with any questions.

Thank you, in advance, for your assistance and support.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca".

Thomas J. Nasca, MD, MACP
Chief Executive Officer