ACGME Requirements
Review and Comment Form

Title of Requirements	Section VI The Learning and Working Environment

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Select [X] only one	
Organization (consensus opinion of membership)	
Organization (compilation of individual comments)	
Review Committee	x
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	

Name	Patrick Alguire
Title	Senior Vice President Medical Education
Organization	American College of Physicians

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent to the publication of any comments, please indicate such below.

The ACGME welcomes comments, including support, concerns, or other feedback, regarding the proposed requirements. For focused revisions, only submit comments on those requirements being revised. Comments must be submitted electronically and must reference the requirement(s) by both line number and requirement number. Add rows as necessary.

	Line Number(s)	**Requirement Number**	**Comment(s)/Rationale**
1	294	VI.A	The Writing Group disagrees with the suggested change in VI.A.2.e (1) (a) line 294. The ACGME standard states: "Each Review Committee **may** describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct

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			supervision available." ACP recommends that "may" be reverted to "will" as in the original standard.
2	367-428	VI.C	ACP approves and commends ACGME for explicitly addressing well-being in the Common Program Requirements and for its commitment to identifying and providing relevant resources to Program Directors and Sponsoring Institutions. ACP supports the tracking and reporting of resident well-being and its incorporation into the Common requirements. Resources analogous to those provided to Program Directors and Sponsoring Institutions for sections VI.C should be made available in sections VI.B and VI.E. For example, Canadian trainees have access to online modules on patient safety and risks inherent in Transitions of Care that are produced by the Canadian Patient Safety Institute and the Canadian Medical Protective Association, respectively. ACGME should provide similar resources for these sections VI.B and VI.E.
3	35-36	VI (commentary)	The ACGME states: "The requirements are intended to support the development of a sense of professionalism by encouraging residents to make decisions based on patient needs and their own well-being, without fear of jeopardizing their program's accreditation status." ACP approves this in principle but the principle should not

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			supersede work-hour limitations that impact patient safety and/or resident well-being.
4	522-523	VI.F (commentary)	The ACGME states: "Types of work from home that must be counted include using an electronic health record and taking calls." ACP agrees in principle that such work must be included in the weekly 80-hour work limit. The standard implies a requirement to track and account for resident work hours at home and there is uncertainty how compliance will be ascertained**.** ACP recommends that ACGME work with the educational community to develop methods of tracking and, if necessary, reporting that reduce as much as possible residents and institutional burden.
5	562-564	VI.F.3.b.	The ACGME made the following change to the standard relating to duty-free days: "Residents must be scheduled for a minimum of one day in seven free of duty, clinical work, and education ~~every week~~ (when averaged over four weeks)." By striking "every week" from the standard, ACP is concerned that residents could be scheduled to work 24 consecutive days. In the accompanying explanatory text, ACGME states: "Programs are strongly discouraged from scheduling residents for 24 straight days of work followed by four days off, as this is likely to result in resident fatigue and may have a negative impact on resident well-being." ACP strongly recommends that the

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			standard must stipulate two days off in any 14-dayperiod**.** This would prevent resident abuse.
6	603-614	VI.F.4.c.	The ACGME made the following change to the standard relating to continuous hours of duty: "In unusual circumstances, after handing off all patients to the team responsible for their continuing care, residents, on their own initiative, may remain beyond their scheduled 24+ up to four-hour period of duty responsibilities to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Another justification is to attend educational events on the resident's own initiative. These additional hours of care or education will be counted toward the 80-hour weekly limit." ACP strongly opposes this change to include an additional 4 hours in addition to the already generous 4-hour extension ('24 +'). ACP believes that the 24 + rule adequately addresses all clinical and educational needs. The new standard places residents at risk for 28 consecutive hours of duty. ACP brings to the attention of ACGME results of surgical FIRST trial on resident-reported satisfaction and perceptions of well-being, education, and patient safety. Residents in the

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			Flexible Policy Group (extended work hours) reported a significant reduction in time with family and friends, time for extracurricular activities, less time for rest, and a greater negative impact on health. ACP is also concerned about the impact of a 24+4+4 schedule on call schedules and in the dyssynchrony of resident teams. In this regard, ACP opposes the 24+4+x standard for the same reason ACGME has eliminated the 16-hour limitation for PGY-1 residents.
7	641-645	VI.F.5.b	The ACGME has proposed a revision to the standard on duty-free time following 24-hours of in-house duty call: "Residents must have at least 14 hours free of duty, clinical work, and education after 24 hours of in-house duty call." ACP supports this revision as a means of protecting resident quality of life and patient safety.
8	688-690	VI.F.8.a	The ACGME states: "Time spent in the hospital or at home performing clinical responsibilities by residents on at-home call must count toward the 80-hour maximum weekly hour limit." The explanatory text clarifies: "At-home call activities that must be counted include responding to phone calls and other forms of communication, as well as documentation, such as entering notes in an electronic health record." ACP has addressed this previously (comment 4)

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9	570-571	VI.F.4.a.	The ACGME has removed the standard limiting duty hours for PGY-1 residents to no more than 16-hours. ACP approves of this change. ACP previously advised the ACGME that these requirements were applied uniformly to all inpatient settings without consideration for complexity, intensity, and acuity. As a whole, these requirements have resulted in considerable unintended consequences without commensurate improvement in patient safety or educational outcomes.
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General Comments:

The revision more fully integrates all of the components of the Clinical Learning Environment Review (CLER) into the formal accreditation requirements. This makes the entire CLER program, which was previously not viewed as an accreditation visit, much more akin to an accreditation exercise, even if not explicitly labeled as such. This implies that the CLER components incorporated into Section VI will be reviewed by ACGME every 2 years during the CLER visit. In this regard, ACGME went far beyond the feedback that organizations like ACP were requested to provide.

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