January 28, 2016

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

Re: CoPS ‘Formal Position Paper’ in response to the ACGME request for positions on specific topics relating to ‘resident duty hours’

Dear Dr. Nasca,

Thank you for the opportunity to respond to the ACGME request of December 21, 2015 reviewing accreditation requirements for “resident duty hours” and key dimensions of the learning and work environment.

As you know the Council of Pediatric Subspecialties (CoPS) represents the voice of 19 different pediatric subspecialties and includes representation from the American Academy of Pediatrics (AAP), American Association of Pediatric Program Directors (APPD), American Board of Pediatrics (ABP), Association of Medical School Pediatric Department Chairs (AMSPDC), American Pediatric Association (APA), American Pediatric Society (APS), and the AAP Section of Medical Students, Residents and Fellow Trainees (SOMSRFT). The attached response is based on review and discussion by the CoPS Executive Committee. Our representatives will reflect the sentiments of the entire CoPS membership at the proposed Resident Duty Hours in the Learning and Working Environment Congress in Chicago, IL, in March, 2016.

As stated in an April 27, 2009, letter from CoPS to ACGME regarding duty hours, we support the IOM principles of patient safety, resident supervision, resident safety, and effective “handoffs”. We also wish to remind the ACGME that, specifically pertaining to pediatric fellows, duty hours restrictions should be flexible to account for important differences such as size of program, year of training, type of subspecialty, and amount of time needed to focus on advanced cognitive and/or technical knowledge and skills. Fellows pursuing research activities and those in advanced years of their training should not be held to the same standards as senior pediatric resident physicians.
Following is a summary of our position in response to the issues raised in your letter:

1. **Formal position on the current ACGME resident duty requirements, including analysis on costs and impact of implementation**

   CoPS views duty hour limitations as a humane and sensible approach to assuring improved patient safety and resident well-being. However, without performing a systematic review of the literature, data in support of the premise that patient outcomes have improved are still questionable (Osborne and Parshuram 2014, Schumacher, Frintner et al. 2015). Patient safety has not significantly improved in the past few years (Ahmed, Devitt et al. 2014), and issues surrounding resident supervision, resident handoffs, and leadership disappointment with duty hours in pediatrics as well as in family medicine and surgery persist (Drolet et al. 2013; Drolet et al. 2014; Garg et al. 2014). Additionally, recent studies do not find significant benefit to resident welfare (Bolster and Rourke 2015).

   Less is known regarding the impact of duty hour limitations on fellows and the patients for whom they provide care. The pool of fellows is smaller, the number of fellows per program is smaller, and fellows are spread among a myriad of programs. Furthermore, each fellowship program is vastly different in terms of clinical training responsibilities and research commitments. Even among and within fellowship programs, “one size cannot fit all.”

   The direct financial costs of implementing duty hour limitations have been investigated (Nuckols and Escarce 2012, Navathe, Silber et al. 2013), but there are clear opportunities for further examination. Freed et al. describe the impact on increasing numbers of advanced practice providers (Freed, Dunham et al. 2012). The CoPS Executive Committee is acutely aware of the concern of multiple specialties that this growth results in unintended consequences to the availability of positions for graduating fellows. Specifically, the American Society of Pediatric Hematology Oncology (ASPHO) has data demonstrating that as much as 40% of their clinical workforce is now represented by advanced practice providers, with concerns that consequently fewer positions are now available for physicians. The Federation of Pediatric Organizations (FOPO) itself reported on multiple aspects of the changing workforce (Sectish, Hay et al. 2015) reflecting the need for further cooperative action.

   Additionally, with the small size of many pediatric fellowship programs, restriction of duty hours for fellows will likely have significant financial implications. For programs with significant clinical responsibilities, there is the need for significant coverage by other providers. We are not aware of any data on this topic.

   **CoPS’ formal position is that duty hours limitations have likely had unintended consequences that are at best poorly understood and likely still incompletely identified.**
2. **Formal recommendations regarding dimension of resident duty hour requirements, including evidence for these recommendations**

The Executive Committee of CoPS assumes that dimensions reflect the effects on resident welfare, patient outcomes, costs (financial and otherwise), and unintended consequences, some of which have been addressed above in item #1.

In 2009, it was noted that resident duty hours had little impact on patient safety, possibly due to an inadequate duration of the study. Current studies continue to support this observation, suggesting no significant improvement in patient safety concurrent with the implementation of the duty work hour requirements. Recent reports also document that duty hour reform has not resulted in improved patient-related experiences. (Rajaram, Saadat et al. 2015, Scally, Ryan et al. 2015),

Available data suggest there has been no improvement in resident welfare. A neurosurgery survey (Jagannathan, Vates et al. 2009) suggests that the 80-hour duty limitations results in declining test scores and compromises resident training. Ahmed, et al. (Ahmed, Devitt et al. 2014) conducted a systematic review of publications relating to resident duty hours and found inconsistent associated outcomes of improvements in resident well-being, but also found negative impacts on performance on certification examinations and on patient outcomes. Parshuram, et al. described no differences in resident-related sleepiness, patient outcomes (mortality or adverse events), or resident burnout comparing overnight schedules of 24, 16 or 12 hours (Parshuram, Amaral et al. 2015).

The option to remain on duty for extended time through a patient emergency or to see through patient care in an acute episode appears obvious, but data on this issue are unavailable. Further data are needed as well on the patient/family perspectives of these issues. The frequent changing of providers that occurs with duty hour limitations has not been formally studied from the patient/family perspective as far as we are aware.

Home call is a fairly commonplace activity for senior trainees/subspecialty fellows. The impact of home call remains open; yet programs are not required to count time spent on home call as part of the duty hour calculation. Fellows can become, and often are, fatigued when taking call from home. Two recent studies by Drolet, et al. suggest that trainees, considering their quality of life, prefer home calls to in-house time, but the studies do not truly assess the impact of home call on fatigue (Drolet, Whittle et al. 2013; Drolet, Prsic, et al, 2014).

**Due to either neutral or negative results, formal recommendations regarding dimension of resident duty hour requirements including resident welfare, patient outcomes, financial and other unintended consequences are difficult at best and at this time would require liberalizing the current standards. Further data are needed to truly inform us regarding potential gaps in our knowledge of the impact in these dimensions of duty hours and of potential benefits, if any, of the resident (and fellow) duty hours.**
3. **Formal recommendations regarding standards governing key aspects of the learning and working environment with justification with evidence where possible**

Pediatric subspecialty fellows should be given the option to remain on duty for the purpose of enhancing their learning via exposure to critical illness and the progression of disease pathogenesis. Additionally, fellows should not be required to leave the learning institution if they wish to participate in non-patient care post-duty-hour limit learning activities such as conferences, seminars, one-on-one with a supervising physician, non-patient care research.

Pediatric subspecialties and the American Board of Pediatrics espouse the intent to train pediatric subspecialty providers who will pursue life-long learning and advance the care of patients through research. Frequently, fellows engage in research during as much as 24 months of the training period, yet no modifications for duty hours are allowed during this time despite the absence of clinical responsibility. No data support this restriction, and the unintended consequences along with the increasingly competitive funding climate put fellows and fellowship PDs at a disadvantage as the trainees pursue this course of training.

Subspecialty attending physicians are faced with the responsibility of providing complex patient care and teaching trainees, while simultaneously pursuing clinical/basic science research to advance their fields. Not allowing senior pediatric subspecialty fellows graduated responsibility to learn how to navigate this skill frustrates the trainees and compromises their future success.

Institutions and programs should not be penalized if fellows are deciding electively to remain at the facility in excess of duty hour limits.

Moonlighting activity, whether internal or external, must be counted towards duty hour limits. However, it needs to be recognized that fellows can moonlight in general pediatrics but not in their fellowship subspecialty, so moonlighting hours will not count towards the subspecialty training. All moonlighting activity should be approved by the training director, and the hours are documented each month on the duty hours report.

An indirect cost is the decreased educational experience of trainees. It is estimated that residents and fellows have an approximately 20% less exposure to patients due to the duty hour limitations.

*CoPS acknowledges several key aspects of the learning and working environment that are problematic, all relating to the training experiences of the fellows (limits on time for patient care, time to attend teaching and patient-care conferences, and time for training towards academic careers) that negatively impact training experiences, training outcomes, and ultimately career choices. Data are needed to define these issues, but in the meantime liberalization of duty hours restrictions is necessary to help alleviate current pressures on the fellows and the training programs.*
4. Willingness to participate in a Resident Duty Hours in the Learning and Working Environment Congress in Chicago, IL, in March, 2016

CoPS, as the organization that is primarily representing pediatric subspecialties, aims to advance child health through communication and collaboration within its network of pediatric subspecialties and liaison organizations. As such, **CoPS welcomes the opportunity to participate in this Congress. Additionally, we would welcome and encourage involvement of our leadership in helping to plan this and related meetings going forward, to help facilitate pediatric subspecialty input into the review process in ultimately deriving appropriate duty hours guidelines and to help drive subspecialty support for the final ACGME position statement.**

On behalf of the CoPS Executive Committee,

Robert L. Spicer, MD  
Melvin B. Heyman, MD, MPH

Robert L. Spicer, MD  
Melvin B. Heyman, MD, MPH
Chair, CoPS  
Vice Chair, CoPS
Information pertinent to this letter available on the CoPS webpage:

August 2010 collabotative letter to Dr Nasca
Letter 8/18/10

CoPS Letter to Nasca 8-6-10
Letter 8/06/10

Dr. Nasca letter to CoPS
Letter 6/23/10

The Response of the APPD, CoPS and AAP to the Institute of Medicine Report on Resident Duty Hours
Article (March 2010)

Letter from Dr. Thomas Nasca
Letter 10/27/09

CoPS-ACGMEDutyHoursCongress
Presentation (June 2009)

Resident Duty Hour Restrictions: Is Less Really More?
Article (May 2009)

Letters to Dr Nasca, ACGME, About Duty Hours
CoPS Letter 4/29/09
References: