

**Special Message from the Chief Executive Officer
Accreditation Council for Graduate Medical Education
To All Program Directors, Designated Institutional Officials, and Residents**

**Standard Approach to Programs Across All Specialties
with Potential Duty Hour Violations
Identified in the Resident Survey**

September 18, 2008

Executive Summary

At the September 2008 meeting of the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME), the Board adopted a standardized approach across all specialties for programs and institutions where potential deficiencies in duty hour compliance is identified through the Resident Survey. The Board acknowledged the fine work of the many program directors and designated institutional officials (DIOs) across the country in the enhancement of the learning environment for residents and fellows in the United States. The Board wishes for the ACGME to be fair and transparent in its processes, and therefore directed that its standardized approach be made clear to program directors and DIOs across the country. These algorithms, represented in Figures 1 and 2, are based on a series of principles which were agreed upon by the Board, upon recommendation from the Monitoring Committee of the ACGME Board. This approach is intended (1) to remedy deficiencies in Resident Survey completion rates (deficiencies currently manifest in less than 3% of accredited programs), and (2) to standardize the response protocol to potential violations of resident duty hours standards as indicated in results of the Resident Survey.

Principles and Background Underlying the Recommendations

- The Monitoring Committee has accepted the Resident Survey as a reliable, sensitive and reasonably specific tool
- The Monitoring Committee has set reasonable thresholds for categorization of a program as having Potential Duty Hours Violations (PDHV) based on the Resident Survey
- Duty Hour Violations are unacceptable, regardless of specialty or sponsoring institution
 - Potential risk to safety of patients and residents
 - Risk to the accreditation authority of the ACGME
- Peer Review in the accreditation process is the best method for introduction of positive change in medical education
- The validity of the Resident Survey has been demonstrated through significant correlations with site visit findings to warrant added scrutiny for programs meeting the thresholds of potential non-compliance found in the group targeted for follow-up.
- There is a significant correlation between resident reported violations of duty hours with deficiencies in other important areas of the learning environment (*correlation 0.51, p<0.0001*)
- The Review Committees must remain the assessors of compliance with program requirements, including duty hours requirements, for each specialty
- The ACGME **must uniformly approach** the application of accelerated site visits to **assess the learning environment, not just compliance with Duty Hour Requirements**

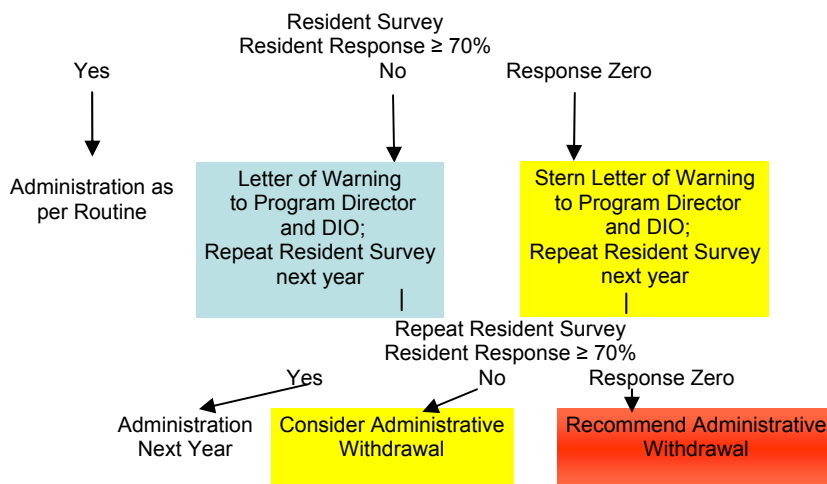
With these principles as a background, the Board has directed the ACGME to approach two potential areas of concern. First, the response rate on the Resident Survey and second, the approach to programs demonstrating potential duty hours standard violation in the response of residents on the Resident Survey.

Resident Survey Response

The Resident Survey instrument is of value to programs and to the ACGME, particularly when greater than 70% of residents in each program complete the survey. Upon achievement of 70% response rate, the program director and DIO gain access to the summary response of their residents (by program). Lower rates of response are analyzed by the ACGME, but results are not shared with the program in order to protect the identity of each individual resident.

While only a small number of programs failed to reach the threshold of 70% completion (81 programs of 2865 surveyed in 2008, or 2.8%), a subset of these programs has failed to reach 70% in the past. Perhaps more alarming is the fact that a very small subset of programs (4 programs of 2835 surveyed) had a response rate of zero. Since ACGME accreditation is a voluntary process, and submission of data, including the Resident Survey, is required¹, failure to submit Resident Survey data is grounds for administrative withdrawal of program participation in the ACGME accreditation process. The algorithm governing ACGME action related to programs failing to achieve 70% compliance with completion of the Resident Survey, or failure to submit any responses to the Resident Survey, is presented in Figure 1.

Figure 1. Resident Survey Response

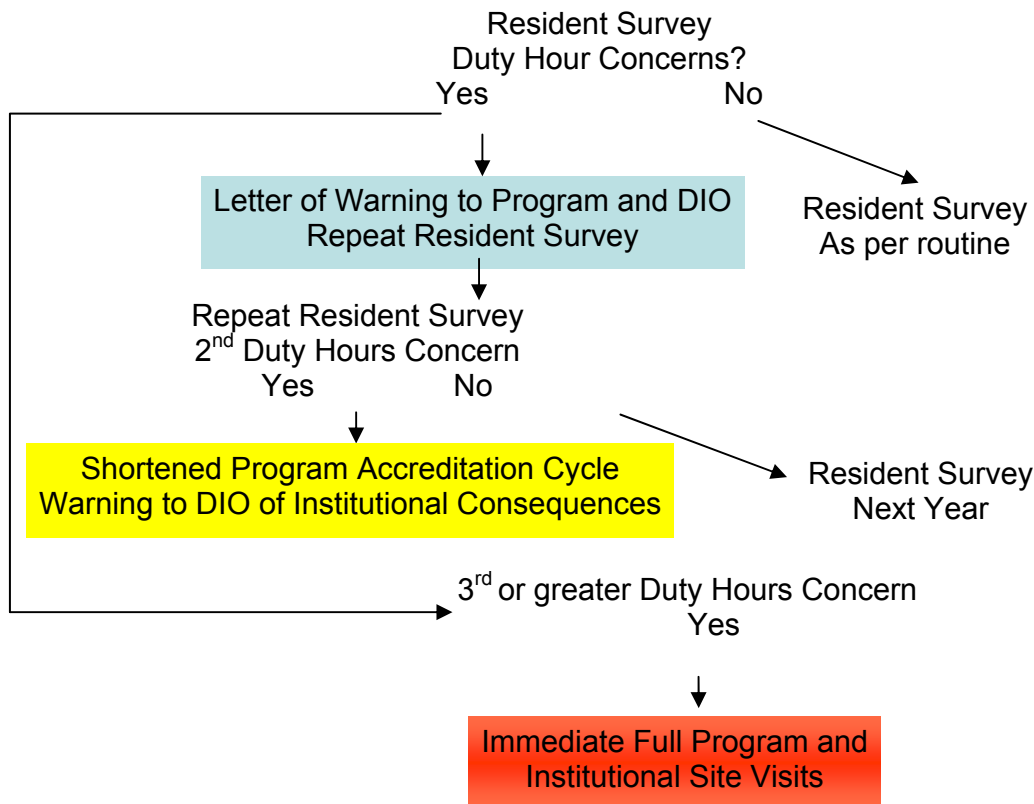


As can be seen in Figure 1, for programs with a first-time failure to meet the 70% completion rate for the Resident Survey, the program director will be sent a warning and the designated institutional official (DIO) will be copied. The survey will be repeated the next year, and if a 70% completion rate is achieved, then the program will merely be resurveyed the next year, and if a 70% completion rate is not achieved on the second administration of the survey, then the Board of Directors will consider Administrative Withdrawal of the program. For programs with a zero completion rate on the Resident Survey in 2008, the program director and the DIO of that institution will receive a letter, warning that failure to achieve 70% completion rate on the next administration of the Resident Survey will result in consideration by the ACGME Board of Directors of Administrative Withdrawal, and that a zero completion rate will assure a recommendation of Administrative Withdrawal to the ACGME Board of Directors.

Potential Duty Hours Standards Violations

In 2008, 2865 programs, representing 50,952 residents, participated in the web-based Resident Survey. This year 44,835 (88.0%) residents completed the survey, with a mean time of completion of 6.1 minutes. In order to address in a standard fashion potential non-compliance with duty hours and other aspects of the learning environment in these programs, the following algorithm has been adopted (see Figure 2).

Figure 2. Potential Duty Hour Violations on Resident Survey



As can be seen in Figure 2, programs first identified (or with more than one non-consecutive response in 2008 indicating potential duty hours violations) on the Resident Survey will receive a warning to both the program director and the DIO indicating that the Resident Survey will be repeated next year, and that failure to correct potential violations will be met with a Shortened Accreditation Cycle (program site visit within 9 months) and potential Institutional Review Committee actions. For programs with a second consecutive response on the Resident Survey indicating potential duty hours violations, a program site visit will be scheduled within the next 9 months, and an expeditious Review Committee decision will be made based on that review. Additionally, the Institutional Review Committee will be notified of these potential deficiencies and the results of the subsequent program site visit, and further action will be taken at the institutional level based on those findings.

For the programs where repetitive attempts to motivate improvement in apparent compliance with duty hour standards have not resulted in improvement in resident response to the Resident Survey, the following actions will be taken immediately. First, any such programs will be scheduled for an immediate full site visit, to be accomplished and adjudicated by the related Review Committee within

six months, with results reported to the Monitoring Committee. Second, a simultaneous (if possible) Institutional Review focusing on institutional oversight of resident duty hours will be scheduled to examine the institutional response to the repetitive negative response of residents on the Resident Survey to duty hour items. Similarly, the Institutional Review Committee will adjudicate the results of this site visit and render an institutional decision within six months, and report that decision to the Monitoring Committee.

Finally, in all its reviews and actions, through the Resident Survey, site visit interviews with residents, the formal resident complaint process, and a soon to be announced simplified resident complaint system, the ACGME and its Review Committees will scrupulously look for evidence of resident harassment, resident intimidation, or resident retaliation related to duty hours disclosure, or any aspect of the learning environment. The goal of ACGME accreditation of resident educational programs is the improvement of health care for the public through excellence in medical education. Harassment and intimidation does not produce humanistic physicians. Retaliation and threats of personal harm or punishment is the antithesis of professional behavior, honesty and integrity, as well as unacceptable negative role model behavior. Residents must never be told to disclose anything but the truth. The public demands no less, nor should we as professionals.

It is my hope that this clarifies the actions of the Board of Directors of the ACGME at its September 2008 meeting, and underscores the seriousness with which the ACGME has approached, and will continue to approach, violations of resident duty hour standards. Through greater transparency of our processes, we hope to assure programs and institutions that fairness permeates our accreditation approach, that peer review remains the standard of evaluation, and that our patients and residents receive the benefit of our collective wisdom on these difficult issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca", enclosed in a large, stylized, handwritten flourish that resembles a large, open parenthesis or a similar decorative shape.

Thomas J. Nasca, M.D., MACP
Chief Executive Officer

ⁱ ACGME Policies and Procedures, II.C.8.b.(2.c.)

II.C.8.b. Administrative Withdrawal

(1) A program or sponsoring institution that is delinquent in payment of fees, according to ACGME policies and procedures, is not eligible for review, and shall be notified by Federal Express, signature required, of the effective date of administrative withdrawal of accreditation. On that date, the program or sponsoring institution shall be removed from the ACGME list of accredited programs or sponsoring institutions.

(2) A program or sponsoring institution may be deemed to have withdrawn from the voluntary process of accreditation, and a Review Committee may take action to administratively withdraw accreditation, if the program or the sponsoring institution does not comply with the following actions and procedures:

- (a) undergo a site visit and program/sponsoring institution review;
- (b) follow directives associated with an accreditation action;
- (c) supply a Review Committee with requested information (e.g., Progress Report, operative data, Resident Survey); and,
- (d) maintain current data through ADS.