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**ACGME Releases Revised Common Program Requirements, Section VI,  
The Learning and Working Environment  
Standards Reinforce Culture of Patient Safety and Physician Well-Being**

CHICAGO—March 10, 2017—The Accreditation Council for Graduate Medical Education (ACGME) today released a final set of revisions to the professional standards all accredited US residency and fellowship programs follow in preparing today’s physicians for a lifetime of practice.

The new requirements, effective July 1, 2017, reinforce a culture of patient safety and physician well-being in residency training programs by strengthening the focus on patient-centered, team-based care

“The American public deserves to know that starting on Day One physicians in practice already have the real-world experience they need to ensure high quality patient care,” stated Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME and vice-chair of the Task Force, in a memo announcing the approved requirements. He added that: “Residents also have the right to develop such experience under appropriate supervision to manage the lifetime of demands and stress that come with the privilege of patient trust.”

The revised requirements return first-year residents to the same schedule as other residents and fellows, re-establishing the commitment to team-based care and seamless continuity of care while also ensuring professionalism, empathy, and the commitment of first-year residents to their patients. The cap for first-year residents will return to 24 hours, a cap that has been in place nationwide for all other residents and fellows, plus up to four hours to manage necessary care transitions.

“The updated requirements place greater emphasis on the elements of training that most directly impact patient care. Bolstering requirements in the areas of supervision, professionalism, and team-based care will allow residents to train in environments that maximize patient safety both now and in the future,” said Anai Kothari, MD, general surgery resident at Loyola University Medical Center and resident member of the Task Force.

The revised standards do not change the total number of hours per week which first-year residents work. “Residents will have flexibility to optimize their clinical educational experience within a simplified framework. The requirements will allow residents to shift their focus away from the clock and instead to the bedside, their personal well-being, and the care of their patients.”

### **Summary of Changes**

The new standards:

- place greater emphasis on patient safety and quality improvement;
- more comprehensively address physician well-being;
- strengthen expectations around team-based care; and,
- create flexibility for programs to schedule clinical and education work hours within the well-established maximums currently utilized in the US.

The total number of clinical and educational hours for residents has not changed. The standards require that programs and residents adhere to the maximum limits averaged over four weeks:

- a maximum of 80 hours per week;
- one day free from clinical experience or education in seven;
- in-house call no more frequent than every third night; and,
- a maximum of 24 continuous work hours for all residents.

Residents provide care under supervision and can always hand off patients to other care providers, if necessary. “Patient safety will improve as a consequence of reduced hand-offs of care and continued care by the physicians who best know the patient’s clinical needs,” said Rowen K. Zetterman, MD, professor at the University of Nebraska Medical Center, ACGME board chair, and co-chair of the Task Force.

Individual specialties have the flexibility to make these requirements more restrictive as appropriate, and residents and programs have greater discretion to structure clinical education to best support professional development across diverse specialties. The new model also directly addresses requests from medical educators and residents.

The new requirements recognize the significant risk of burnout and depression for physicians. For the first time, they make both programs and institutions responsible for prioritizing physician well-being, ensuring protected time with patients, minimizing non-physician obligations, and ensuring that residents have the opportunity to access medical and dental care

“The 2017 revision includes a much-needed new section devoted to making the promotion of resident well-being a responsibility of both residency programs and the institutions that sponsor them,” said Kim Burchiel, MD, professor of neurological surgery at Oregon Health & Science University School of Medicine and co-chair of the Task Force. “In many ways, this puts the ACGME at the forefront of combating physician burnout during residency training and, later, independent practice.”

Requirements around patient safety emphasize that residents, fellows, and faculty members must work with other health care colleagues in well-coordinated teams, using shared methodologies—such as consistent reporting and disclosure of adverse events and unsafe conditions—to achieve institutional patient safety goals.

### **Background**

The Task Force charged with proposing revisions to Section VI includes 21 graduate medical education leaders, residents, and a public member. The Task Force developed the new standards over a nearly 18-month comprehensive review process based on evidence, research, expert opinion from medical educators, specialty organizations, and residents, and public comment.

The revisions are part of the ACGME's periodic review of residency program requirements to ensure that professional preparation of physicians fully and adequately addresses the evolving and growing needs of patients. The ACGME is committed to ongoing review as new evidence becomes available.

For more information and personal perspectives on how the revisions will affect residency training, visit [www.acgmecommon.org](http://www.acgmecommon.org).

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### **About the ACGME**

*The ACGME is a private, non-profit, professional organization responsible for the accreditation of approximately 10,000 residency and fellowship programs and the almost 800 institutions that sponsor these programs in the United States. Residency and fellowship programs educate approximately 125,000 resident and fellow physicians in 130 specialties and subspecialties. The ACGME's mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.*