



Alliance for Academic Internal Medicine

330 John Carlyle Street, Suite 610
Alexandria, VA 22314
Telephone: (703) 341-4540
Fax: (703) 519-1893
Email: AAIM@im.org
Website: www.im.org

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December 19, 2016

Thomas J. Nasca, MD
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street
Suite 2000
Chicago, IL 60654

Dear Dr. Nasca:

On behalf of the Alliance for Academic Internal Medicine (AAIM), thank you for the opportunity to comment on the proposed revisions to the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements Section VI.

AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions at medical schools and teaching hospitals in the United States and Canada.

As you requested in your November 8 letter, AAIM is pleased to provide feedback to ACGME about the proposed revisions and rationale. Overall, the Alliance applauds the proposed changes and finds that they align with the AAIM recommendations provided in February 2016 as part of the phase I review; however, members are concerned about the substantially increased expectations for faculty, who are already under considerable risk of burnout and may not be in the program director's scope of authority to ensure compliance. These additional responsibilities to program directors, staff, and faculty—without clear cut requirements for institutions to support these mandates—will potentially accelerate burnout of all parties without putting the supports in place to help programs succeed in these important quality and wellness endeavors.

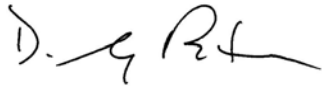
After careful review, AAIM recommends that ACGME also consider:

- Modifying VI.C.1.b) to state "attention to scheduling work intensity, and work compression that impacts resident and faculty well-being."
- Adding an additional statement after VI.C.1.b) "assessment of how local and institutional factors contribute to resident and faculty work compression and burn-out" to emphasize addressing institutional/local/programmatic factors that promote unsustainable work environments.
- Modifying VI.A.2.f) to include language to highlight that faculty need adequate time to supervise and assess residents.

- Making the language about relationships between the program and institution transparent and bounded to be useful for program directors and designated institutional officials alike. For example, in VI.A.2. “The program director must design and maintain a program that has a structure that promotes interprofessional team-based care and a culture that provides safe patient care in a supportive educational environment.” This statement implies but does not overtly acknowledge the importance of other authority figures or partners in this work, over whom the program director has little or no direct authority or, in some cases, influence.
- Providing additional guidance and clarification about the intricacies and challenges of implementing the inclusion of work from home in ways that are transparent and palatable to residents, faculty, and institutions and avoid residents misrepresenting their time.
- Clarifying language about including voluntary participation in the 80 hours to avoid risk for violations or having to release people unexpectedly from clinical duty at the end of the week to balance out the time.
- Providing guidance or expectations about the requirement for 24-hour access to mental and behavioral health services for residents, particularly at smaller institutions or remote locations.

Again, thank you for providing AAIM the opportunity to provide feedback about the proposed language for the resident duty hour requirements. If you have any questions or need additional information, please contact me at (703) 341-4540 or AAIM@im.org at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Craig Brater". The signature is fluid and cursive, with the first name "D." and last name "Brater" clearly distinguishable.

D. Craig Brater, MD
President