

January 6, 2016

Dear Members of the Graduate Medical Education (GME) Community,

The iCOMPARE trial is a rigorous cluster-randomized crossover trial to evaluate patient and trainee outcomes under two different resident duty-hour schedules. Our organizations firmly believe this trial offers an opportunity to provide evidence to inform national policy that directly affects our learners, patients, and residency and fellowship program leadership. Our organizations not only support but have encouraged the iCOMPARE trial since its inception.

We believe the specific aims of iCOMPARE address yet unmet needs in GME policy and are of great national importance. As we shape the future physician workforce, an examination of alternative strategies of fatigue management will provide compelling information on both patient and trainee outcomes to inform policy of GME nationally. The results of the iCOMPARE trial will have immediate policy relevance and will become a pivotal piece of empirical scholarship in GME.

Our organizations fully support the Accreditation Council for Graduate Medical Education (ACGME) decision to waive some of the specific duty hour requirements for iCOMPARE trial participants. This decision is supported by the Institute of Medicine (IOM) call for further studies regarding the effect duty hours have on patient care and resident physician education. The 2009 IOM report noted that “Prospective studies that have attempted to evaluate the effects of duty hours on patient safety generally have had sample sizes that lacked sufficient power to determine whether significant changes in errors (especially preventable adverse events), mortality, or other measures of patient harm occurred.” In addition, the report outlined the ongoing need for additional prospective studies so that the “consideration of any future adjustments to duty hours would then have a more comprehensive database as a foundation for recommendations.” We view the iCOMPARE trial with its larger sample size and strong study design as a powerful source of further investigation on this issue. The provision of seed funding by ACGME and general funding by the National Institutes of Health were both appropriate and necessary.

We trust in ACGME’s continued commitment to the highest quality of patient care and resident/fellow learning. We concur with ACGME’s decision to continue supporting and facilitating well designed, institutional review board-evaluated, multicenter educational trials that aim to scientifically test elements of the educational process that have the potential to enhance the quality and effectiveness of GME programs as well as the safety and quality of care rendered to patients now and in the future.

Sincerely,



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