

December 7, 2010

The Honorable David Michaels, PhD, MPH
Assistant Secretary for Occupational Safety and Health
U.S. Department of Labor
Occupational Safety and Health Administration
200 Constitution Avenue, NW
Washington, DC 20210

Dear Dr. Michaels:

On behalf of the more than 250,000 surgeons and anesthesiologists we represent and the millions of surgical patients we treat each year, the undersigned surgery and anesthesiology organizations write this letter to share our significant concern about the petition filed by Public Citizen and other parties to the Occupational Safety and Health Administration (OSHA) addressing regulation of resident duty hours. We believe that the federal government should not regulate medical resident and fellow training education, including duty hours, outside of the currently existing Accreditation Council for Graduate Medical Education structure. **For the reasons we outline below, we therefore adamantly oppose any additional regulatory intervention from OSHA, or any other entity, which would jeopardize the integrity of physician education.**

The issue of resident duty hours is critically important to the surgical community because it impacts the delivery of high quality, safe patient care, the education and training of residents in the future, and the well-being and safety of surgery and anesthesiology residents and fellows. Resident hours are one of many factors that impact quality and safety of patient care and the well-being of residents. Severe restrictions on resident duty hours without supporting evidence of corresponding benefits will result in a host of unintended negative consequences.

For example, limits on resident duty hours result in increased patient hand-offs and frequent transitions in care from one resident or team to another. This increased number of transitions may negatively impact the continuity of patient care and patient safety. Also, the practice of surgery and anesthesiology requires acquisition of both knowledge and procedural skills through sufficient experiences in clinical settings. Without such experiences, the workforce of the future will be inadequately trained to appropriately evaluate a patient preoperatively, handle surgical conditions and provide optimal medical oversight in the postoperative period. Mastery of the knowledge and skills required to expertly manage and treat the extensive and wide-ranging list of medical and surgical disorders clearly requires several years of continuous commitment and intensive experience. Finally, current duty hour limits are leading to the development of a “shift mentality” and a loss of professional responsibility to the patient. Therefore, if resident duty hours are further restricted, the quality and safety of patient care may be severely compromised.

A recent survey of residents, published in the *New England Journal of Medicine* this week and appended to this letter, bears out our concerns about patient safety, quality of care and medical education. According to the survey, current medical residents are concerned about the impact of

the new duty hour restrictions, finding that only a third of respondents believe that the regulations will have a positive effect on patient safety and only one quarter of respondents believe the changes will have a positive effect on medical education.

The Accreditation Council for Graduate Medical Education (ACGME) has a long history of ensuring the quality of graduate medical education and patient safety. One of the primary purposes of the ACGME is the ongoing evaluation, accreditation and enforcement of our nation's medical and surgical residency programs. In specifically addressing resident duty work hour standards, an ACGME Task Force was appointed and conducted an 18-month evaluation of this topic. This comprehensive analysis addressed the full spectrum of issues by (1) a thorough review of the current scientific literature; (2) testimonies from key representatives from medical and surgical specialties, residents, medical students, and the public; and (3) expert opinion from leading authorities on sleep research, physiology and fatigue management. After thoughtful deliberations and a careful and methodical iterative process, the proposed recommendations were developed and posted for public comment. Input from a variety of constituencies was considered, and the final recommendations were developed and approved by the ACGME Board of Directors and issued on September 28, 2010. The surgical community applauds the ACGME for the thorough and inclusive process utilized to address this complex issue.

The new duty hour requirements include increased safeguards to address the well-being and safety of residents. Over the past years, the ACGME has continued to rigorously monitor resident duty hours through the respective residency review committees that include individuals with the requisite expertise from the various specialties. Punitive actions have been taken against institutions that were found to be consistently out of compliance and the ACGME continues to strengthen and enhance its enforcement procedures.

The safety and well-being of residents need to be addressed within the broad framework of patient care, resident education, and training because of the multifaceted and interdependent nature of these processes. Thus, the ACGME must remain the oversight body for enforcement of resident duty hour regulations. The ACGME has demonstrated its unwavering commitment to improving the educational training needs of residents, delivery of excellent and unassailable care to patients, and resident well-being and safety through its recent comprehensive review of the resident duty hours' initiative. Thus, relegation of these responsibilities to a body less familiar with the intricacies of medical education and health care would result in unsatisfactory and unsafe delivery of medical and surgical care to patients.

We would like to thank you for the opportunity to share our feedback in regard to resident duty hours and express our support for the role of the ACGME as the appropriate body to provide oversight and enforcement of the duty hours. We would also like to let you know that leaders of the surgical community would be pleased to meet with you to further amplify our views on this important issue.

Sincerely,

American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American Board of Neurological Surgery
American College of Obstetricians and Gynecologists
American College of Surgeons
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society for Metabolic & Bariatric Surgery
American Society of Plastic Surgeons
American Urological Association
Congress of Neurological Surgeons
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncologists
Society of Neurological Surgeons
The Society of Thoracic Surgeons