



Michael D. Maves, MD, MBA, Executive Vice President, CEO

September 16, 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 American Medical Association (AMA), which represents practicing physicians as well as 75,000 resident/fellow physicians and medical students, I would like to provide our perspective on a September 2, 2010, letter to your agency requesting federal regulation and enforcement of resident/fellow physician duty hours. This petition filed by Public Citizen and others requests that the Occupational Safety and Health Administration (OSHA) regulate the work hours of resident physicians for physician well-being and patient safety reasons.

Oversight and enforcement of resident/fellow physician duty hours is already being accomplished by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME is striving to balance resident well-being with adequate training and medical education to ensure that future physicians and surgeons have both a safe and optimum residency training experience as well as gain the ability to practice outside a supervised environment. The AMA strongly believes that the ACGME is the appropriate body to regulate and monitor resident duty hours. Through its development of duty hour standards in 2003, its continuous enforcement and education efforts in this regard, and its evidence-based approach in responding to multiple constituencies, including the 2008 Institute of Medicine (IOM) recommendations, the ACGME has worked to strike a balance among the many competing ethical considerations and differing opinions on resident/fellow duty hours. The ACGME has also focused on patient safety and resident well-being relating to operating motor vehicles. The new ACGME recommendations mandate that training programs educate all faculty and residents to recognize the signs of fatigue and sleep deprivation and adopt fatigue mitigation processes to safeguard patients and residents. Moreover, sponsoring institutions would be required to provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home. The ACGME's efforts and expertise ensure that graduate medical education (GME) not only effectively trains resident physicians for medical practice, but also strives to improve patient safety as well as physician well-being.

As one of five member organizations of the ACGME, the AMA plays a major role in physician training. We believe that the ACGME has taken a reasoned, scientific, data-driven approach to this issue while remaining transparent and open to multiple viewpoints via a wide range of venues. For example, in February 2009, the ACGME solicited feedback from a multitude of medical organizations on the IOM's recommendations as well as the ACGME's current duty hours standards. In March 2009, the ACGME held a symposium that focused on a five-year review of its 2003 duty hour standards. In June of that year, the ACGME invited medical associations and organizations to attend a duty hours' congress to provide formal feedback on the ACGME standards and the IOM recommendations. Testimony was heard from 44 professional associations, program director organizations, and other groups that submitted formal position papers to the ACGME on this topic—including representatives of the organizations that are currently petitioning your agency. In addition, the ACGME conducted three comprehensive reviews of the literature on duty hours and related topics and consulted with leading ethicists on the issues of professionalism surrounding duty hours. Finally, since the release of its proposed 2011 duty hour standards this June, the ACGME has garnered significant feedback from the medical community and the public, all of which will inform its final standards.

The AMA is committed to the highest standards for the education and professionalism of our future physician workforce as well as the continued safety of patients and physicians alike. The AMA strongly believes that the ACGME is optimally suited to monitor and regulate resident/fellow physician duty hours on behalf of both the profession and the public. The ACGME has considerable experience in patient health, physician health, and medical education and training and how to address these complex, interrelated issues. In addition, it is only through physician leadership and experience on this issue that we can ensure appropriate flexibility and balance for different disciplines and different training levels within the duty hour standards. An OSHA approach that does not consider the many issues and nuances around physician training is likely to inhibit educational opportunities during training as well as lead to critical deficits in skills and competencies during professional practice. In turn, this could lead to decreased patient safety and quality of care.

Quality physician education and training leads to quality patient care. Duty hours is but one factor affecting such quality. Requiring shorter shifts means more handoffs and transfers of care, which in some circumstances could potentially increase adverse events and lapses in patient safety. In addition, this could contribute to a "shift-work" mentality that would undermine the development of professionalism and an attitude of patient-centered service. Inappropriate regulatory restrictions on physician education could have significant negative short- and long-term ramifications for patient safety and quality patient care. For example, efforts by governments in other countries to restrict resident and practicing physician duty hours have led to significant concerns about physician preparedness for independent practice as well as the availability and continuity of physician care.

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September 16, 2010

Page 3

We thank you for the opportunity to provide our feedback on the ACGME's critical, effective role in overseeing and enforcing resident/fellow physician duty hours. Should you have any questions about our comments please direct them to Sharon McIlrath, Assistant Director, Division of Federal Affairs, at sharon.mcilrath@ama-assn.org or 202-789-7417.

Sincerely,

Michael D. Maves, MD, MBA