Revisions to the ACGME Common Program Requirements, Section VI

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Disclosures

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Periodic Review of Requirements

- Testimony
- Public Comment
- RC Review
- Approved by ACGME BOD
INTENT of the CHANGES

• Place greater emphasis on patient safety and QI
• More comprehensively address physician well-being
• Strengthen expectations around team-based care
• Create flexibility for programs to schedule clinical & educational work within the maximums currently utilized in the US
Additional Safeguards

• Counts work at home as part of the 80 hour maximum
• Optimize quality of care transitions & handoffs
• Ensure housestaff can be relieved of responsibilities when needed
• Define the need for direct oversight of PGY-1’s
• Making sure patients & entire healthcare team know who to contact
• Eliminates moonlighting for PGY-1 and ensuring that moonlighting for upper levels will not interfere with their patient care responsibilities
Patient Safety Highlights
Residents, fellows, faculty and other clinical staff members must:

- VI.A.1.a).(3).(a).(ii) know how to report patient safety events, including near misses, at the clinical site; and, (Core)

- VI.A.1.a).(3).(a).(iii) be provided with summary information of their institution’s patient safety reports. (Core)

- VI.A.1.a).(3).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)
QI Highlights

• **VI.A.1.b).(1).(a)** Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)

• **VI.A.1.b).(2).(a)** Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)

• **VI.A.1.b).(3).(a)** Residents must have the opportunity to participate in interprofessional quality improvement activities. (Core)

• **VI.A.1.b).(3).(a).(i)** This should include activities aimed at reducing health care disparities. (Detail)
Professionalism Highlights

• VI.B.1. Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)

• VI.B.4.c).(2)
  • [Residents and faculty members must demonstrate an understanding of their personal role in the:
    • assurance of their fitness for work, including:
    • recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team. (Outcome)
  • VI.B.4.f) reporting of clinical and educational work hours, patient outcomes, and clinical experience data. (Outcome)
VI.B.6. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)

VI.C.1.b) [This responsibility must include:] attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)

VI.C.1.d.(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)
Professionalism Highlights Cont’d

• VI.C.1.e) [This responsibility must include:] attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: (Core)

• VI.C.1.e).1) encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)
Professionalism Highlights Cont’d

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (Core)
Fatigue Mitigation Highlights

• **VI.D.3.** The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)

• **VI.E.2.** Teamwork Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. (Core)
Clinical Experience and Education Highlights

• **VI.F.1.** Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

• **VI.F.2.a)** The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)
Clinical Experience and Education Highlights Cont’d

• **VI.F.4.a).(1)** [In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:]
  
  to continue to provide care to a single severely ill or unstable patient;  
  (Detail)

• **VI.F.4.a).(2)** humanistic attention to the needs of a patient or family; or,  
  (Detail)

• **VI.F.4.a).(3)** to attend unique educational events. (Detail)

• **VI.F.4.b)** These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)