



**Accreditation Council for
Graduate Medical Education**

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Dear Members of the Graduate Medical Education Community,

I apologize in advance for sending you two letters in temporal proximity, but the actions of the ACGME are resulting in significant opportunities for our residents, programs, sponsoring institutions, and the patients we serve. Your engagement in these projects is essential to their success!

As you are very aware, the question of duty hour standards appropriately provokes great emotion in our community. While the vast majority of educators agree that some rational limits on resident duty hours are appropriate and salutary, we continue to have concerns that the specifics of our standards are not achieving the goals for which they were intended, namely the safety and quality of care of our patients and the effective education and inculcation of professional values and behaviors in our graduates. These questions have been raised by thoughtful individuals from all quarters of the GME community, and I believe them to be valid concerns.

Furthermore, I do not believe that I am alone in the assertion that we need large multicenter trials to address key questions concerning the effects of duty hour standards on patient care and safety, and the development of the physician. The ACGME, who promulgates these regulations, aspire to use evidence to modify these standards. As you are no doubt aware, the literature suffers from the kinds of national multi-institutional trials that would give statistical power to ask and answer fundamental questions related to the impact of duty hour standards on patient safety and resident education in the real world setting of health care delivery, rather than extrapolation from laboratory sleep studies and anecdotal reports from individual institutions.

We are fortunate that members of our educational community leadership have come together to begin to remedy the information gap to which I refer. I am pleased to announce that two groups of investigators have petitioned for a waiver from certain duty hour standards in order to conduct large, multicenter trials to ask and answer some of the questions to which I have alluded.

The ACGME has agreed to waive certain duty hour standards (but not the core standards of 80 hours averaged over 4 weeks, 1 day off in seven averaged over four weeks, and call no more frequently than every third night) for two national, large multicenter trials.

The first trial involves Internal Medicine residency programs, and is called **iCOMPARE**.

The second trial involves General Surgery residency programs, and is called **The FIRST Trial**.

I would like to clarify three points in relation to these trials.

First, the ACGME has not been involved in the design or implementation of these trials, and will not be involved in the interpretation of the results, or their publication. They are investigator initiated multicenter trials, whose leadership have approached the ACGME with two requests: waiver of relevant standards in participating programs in order to conduct the trials, and request for seed funding for the trials. The requests have been reviewed by the Internal Medicine and General Surgery Residency Review Committees, and by the Board of Directors of the ACGME.

Second, the ACGME Board of Directors, based on recommendation of the Internal Medicine and General Surgery Residency Review Committees and their own review of the proposals, has agreed to provide waivers for all participating programs, their residents, and residents who rotate through these participating

programs from other programs (for example, emergency medicine residents rotating to the Internal Medicine service) for the duration of the trials.

Third, the ACGME, although not a funding agency, has agreed to utilize interest from reserves (but no current accreditation fee revenue) to provide seed funding for these two trials. This decision was based on the recommendations of the Institute of Medicine duty hours report of 2009 which called on the ACGME to foster such research, and an assessment by the ACGME of the likelihood that these two studies would produce meaningful information that would inform the next revision of ACGME's Common Program Requirements.

The ACGME looks forward with great anticipation to the results of these important research projects. We encourage Internal Medicine and General Surgery Program Directors and Faculty to consider participation in the trials, and their Sponsoring Institutions to approve their participation. For more information on these trials, please see <http://www.icomparestudy.com/> and <http://www.TheFirstTrial.org/>

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca". The signature is stylized and written in a cursive-like font.

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
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