



Council of Emergency Medicine Residency Directors

August 9, 2010

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Thomas J. Nasca, M.D., MACP
President
Accreditation Council for
Graduate Medical Education
515 North State Street, Suite 200
Chicago, Illinois 60654

Dear Dr. Nasca:

The Council of Emergency Medicine Residency Directors (CORD) has participated in a coordinated response to the Accreditation Council for Graduate Medical Education (ACGME) proposed common program requirement revisions. In addition to that response, which CORD supports and will be forwarded separately, we wish to add the following comments.

CORD welcomes the new duty-hour guidelines as another step forward in insuring that residents have adequate supervision and time for rest, study and health maintenance. We are grateful for the opportunity to comment on the proposed new guidelines. The new requirements for duty hours are in line with the long established specific requirements for Emergency Medicine. These new requirements will have little impact on residents in the Emergency Department, but will have a tremendous impact on other specialties and the hospitals.

We appreciate that the ACGME recognizes that there are certain situations where the professional course of action or best educational interests of the resident might be to stay beyond the assigned 24 hour duty period to assist in providing appropriate care for the patient.

We are enormously concerned about the impact of these regulations on the health of our hospital system and the hospitals' ability to fund residents above the CMS cap. Indices clearly indicate that an increase in the number of physicians is needed,^{2,3} and the recent Health Care Reform Act, which will extend medical coverage to millions more is based on an expectation of expanded physician ranks. COGME predicts a 24% increase in the number of physicians necessary between 2000 and 2020, with a growing gap between supply and demand.³ Meanwhile, the number of residency spots funded to train these physicians has not changed appreciably since the Medicare caps were initially put in place.

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The AAMC has called for a 50% increase in allopathic medical school enrollment by 2015,¹ but Medicare has yet to take significant steps to fund these graduates in accredited residency programs. Meanwhile, the ACGME is, for the second time, prepared to restrict work hours for residents. A review of the literature shows several educational advances based on reducing an individual resident's hours⁴⁻⁷, but none of these studies show improved care with a reduction in total number of available physician hours. One supervisory agency mandates reducing hours and limiting schedules, while the other has yet to take the corresponding decrease in available physician time into account. We gratefully acknowledge that both agencies are admirably working towards improved patient care through active legislation. But unfortunately neither acknowledges that this combination of regulations is inevitably squeezing hospitals, residencies and their patients.

The ACGME does not determine Medicare's funding, but does have a unique voice in matters of medical education. Given the AAMC's and CMS's understanding of the need for more physicians, we would ask that the duty hour limitations be rolled out in a cooperative method along with an increase in resident funding by CMS to protect patients from the lack of physician availability that will inevitably result.

1 AAMC Workforce Position Paper. 2006. <http://www.aamc.org/workforce/workforceposition.pdf>

2 JAMA. 2009;302(15):1674-1680.

3 Physician Workforce Policy Guidelines for the United States, 2000-2020; <http://www.cogme.gov/16.pdf>

4 N Engl J Med 2004;351:1829-37.

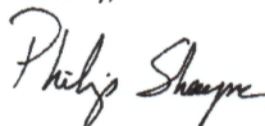
5 N Engl J Med 2004;351:1838-1848

6 N Engl J Med 2010. 362:1304-1311

7 Chest 136: 1389-1396

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Philip Shayne, M.D.
President
Council of Emergency Medicine
Residency Directors

PS:bam