Accreditation Council for Graduate Medical Education

ACGME

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The Honorable Norman Yee President San Francisco Board of Supervisors 1 Dr. Carlton B. Goodlett Place City Hall, Room 244 San Francisco, California 94102-4689

Dear President Yee:

Thank you for your letter dated June 2, 2020. I have been asked by Dr. Nasca to provide the Accreditation Council for Graduate Medical Education (ACGME)'s response.

Since the start of the COVID-19 pandemic, the ACGME has been focused on the safety and well-being of residents, fellows, and patients. The ACGME has developed guidance to advise the graduate medical education (GME) community on how to cope with the pressures of the pandemic while also protecting residents and fellows as they are called to care for patients. While we cannot comment on how hospital leadership has addressed these ethical implications, we are confident that the guidance and information we have shared from an accreditation perspective have helped the community address these issues.

As an accreditor, the ACGME sets requirements to provide an appropriate clinical learning environment for residents and fellows to safely care for patients while delivering high quality care under graded supervision until they can practice independently. We do this work with approximately 500 volunteer physicians and representatives of the public who, in specialty Review Committees, create and evaluate the evidenced-based requirements informed by the current state of practice of a given specialty or subspecialty. We do not partner with outside organizations, especially those that may represent a particular interest, in developing these initial requirements. All requirements undergo a public review and comment period, during which any organization or individual can provide suggestions on how to improve or change the requirements; all comments are then considered by the appropriate Review Committee before

the final recommendations are submitted to the Board of Directors for approval.

Central tenets of the ACGME guidance, particularly during the COVID-19 pandemic, are that Sponsoring Institutions and programs must maintain strict compliance in upholding ACGME requirements to ensure resident/fellow safety and well-being and patient safety. Areas of particular importance include:

1. Work Hour Requirements

The ACGME Common Program Requirements in Section VI.F. regarding work hours remain unchanged. Safety of patients and residents/fellows is the ACGME's highest priority, and it is vital that all residents and fellows receive adequate rest between clinical duties. Violations of the work hour limitations have been associated with an increase in medical errors, needle sticks, and other adverse events that might lead to lapses in infection control. Slips in this area could increase risks for both patients and residents/fellows. Additional information on this guidance can be found <a href="https://example.com/here-exa

2. Adequate Resources and Training

Any resident, fellow, and faculty member providing care to patients potentially infected with COVID-19 must be fully trained in treatment and infection control protocols and procedures adopted by their local health care setting (e.g., personal protective equipment [PPE]). Clinical learning environments must provide adequate resources, facilities, and training to properly recognize and care for these patients, including the need to take a complete travel and exposure history with patients presenting with signs and symptoms associated with COVID-19. More information on the ACGME's position on resident/fellow protection can be found here.

3. Adequate Supervision

Any resident or fellow who provides care to patients will do so under the appropriate supervision for the clinical circumstance and the level of education of the resident/fellow. Faculty members are expected to have been trained in the treatment and infection control protocols and procedures adopted by their local health care settings. Sponsoring Institutions and programs should continue to monitor the CDC website.

4. Physician Well-Being

The ACGME has assembled a <u>COVID-19 Well-Being Task</u> <u>Force</u> to create targeted communications and resources for programs at all stages of addressing COVID-19 pandemic.

This group is coordinating with the Sponsoring Institutions that oversee ACGME-accredited programs.

General ACGME physician well-being resources can be found here. Additional COVID-19 related well-being resources are available in the ACGME's online learning platform, Learn at ACGME.

The ACGME has been co-sponsoring, and Dr. Nasca has been cochairing, the National Academy of Medicine (NAM)'s Action Collaborative on Clinician Well-Being and Resilience. The Collaborative has compiled a list of strategies and resources to support the health and wellbeing of clinicians providing health care during the COVID-19 pandemic, and a recent article co-authored by the NAM co-chairs in the New England Journal of Medicine highlights ways to protect clinician well-being during and after the pandemic.

5. Guidance in Response to Questions relating to Resident/Fellow Reassignment and Graduation, and Specialty-Specific Guidance

If the number of patients who require care due to this crisis necessitates residents/fellows to work in different ways, the ACGME has issued guidance to provide for that flexibility. Details related to those items can be found here. Details related to specialty-specific considerations are available here.

6. Resident Protections

If residents or fellows have concerns or wish to report training- or program-related issues or allegations of noncompliance with ACGME requirements, they can contact the ACGME Office of the Ombudsperson or the Office of Complaints. The Office of the Ombudsperson provides an opportunity to anonymously report training- or program-related issues without affecting accreditation or recognition status. The Office of Complaints allows for a confidential reporting mechanism and information may impact accreditation or recognition status.

Learn more about the details and criteria for each here.

With the safety and well-being of the GME community and the patients it serves top of mind, the ACGME also recently updated its <u>Procedures for Alleged Egregious Events</u> to address how the organization will rapidly respond to alleged non-compliance with the <u>four prevailing COVID-19 priority requirements</u>. The new section outlines the process for invoking the policy and subsequent investigation of alleged egregious events related to COVID-19 and includes an added means of identifying institutions or programs by way

of a public sanction. Institutions and programs that receive a public sanction will be required to notify current residents and fellows, as well as new applicants, including the reason for the sanction.

In addition to guidance provided, the ACGME's comprehensive COVID-19 website section includes statements from and in conjunction with other organizations addressing issues from board certification to joint principles around training and education during the pandemic. Links to these resources are here.

Through this guidance and these processes, and in accordance with the limitations of the ACGME's role as the accreditor of Sponsoring Institutions and programs providing GME, the ACGME is comprehensively addressing the safety and well-being of residents, fellows, and patients.

Thank you again for your outreach. We share your dedication to the well-being of residents and fellows and the safety and care of patients. We appreciate your commitment to residents, fellows, and patients during these challenging times.

Sincerely,

Kristin Schleiter, JD, LLM Vice President, Policy and External Relations

CC: Thomas J. Nasca, MD, MACP John C. Combes, MD Susan White