



Liberty Place, Suite 700
325 Seventh Street, NW
Washington, DC 20004-2802
(202) 638-1100 Phone
www.aha.org

November 16, 2010

Honorable David Michaels, Ph.D., MPH
Assistant Secretary for Occupational Safety and Health
U.S. Department of Labor
Occupational Safety and Health Administration
200 Constitution Avenue, N.W.
Washington, DC 20210

Re: Petition for OSHA to Provide Oversight of Resident Duty Hours

Dear Dr. Michaels:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our nearly 40,000 individual members, the American Hospital Association (AHA) is writing to urge the Occupational Safety and Health Administration (OSHA) to deny the September 2 petition from Public Citizen, the Committee of Interns and Residents/SEIU Healthcare, the American Medical Student Association and other individuals asking that OSHA establish and enforce resident physician duty hours. Currently, the Accreditation Council for Graduate Medical Education (ACGME) oversees resident physician duty hours as part of a comprehensive and integrated program for accrediting medical residency programs, and we strongly believe that ACGME remains the best-positioned entity to perform this critical function.

ACGME has the expertise to develop, revise and enforce graduate medical education standards. It has extensive experience in medical education, resident training and patient care. The organization is overseen by five member organizations – the American Board of Medical Specialties, the American Medical Association, the Association of American Medical Colleges, the AHA and the Council of Medical Specialty Societies – and accredits approximately 8,800 graduate medical education residency programs covering more than 106,000 residents and fellows at more than 680 different institutions in the United States.

ACGME also understands how best to address the complexity of issues raised by graduate medical education. The issues raised by duty hours extend well beyond job safety. Critical considerations also involve how best to ensure that interns and residents are prepared to become full-fledged competent medical professionals. The amount of time associated with a resident's



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training directly impacts the quality and success of his or her overall educational and professional training experience. Simultaneously, it has direct implications for patient care and patient safety. Importantly, duty hours cannot be considered in isolation from ACGME's other standards and oversight of graduate medical education. ACGME recently revised its duty hour standards to address the complexity of concerns related to training effectiveness, resident safety and patient care quality after an extensive, transparent process with significant public input.

Finally, ACGME has the ability to enforce the standards it develops. It conducts regular reviews, including site visits, to ensure that residency programs remain in compliance with its accreditation standards. Moreover, it has announced that it will perform unannounced site visits specifically to ensure proper compliance with the new duty hour standards once the standards take effect in July 2011. Additionally, ACGME has the ability to revoke a residency program's accreditation for noncompliance with these standards.

America's hospitals are committed to providing safe, high-quality care, and we believe that ACGME's new limits on resident duty hours offer the best approach to ensuring that resident education and training remain safe and effective for both participating residents and all patients receiving care. If you have any questions about these comments, please feel free to contact me, Lawrence Hughes, AHA assistant general counsel for advocacy and public policy, at (202) 626-2346 or lhughes@aha.org, or Ashley Thompson, AHA director of policy, at (202) 266-2688 or athompson@aha.org.

Sincerely,

Rick Pollack
Executive Vice President