



AMERICAN SOCIETY OF HEMATOLOGY

2021 L Street, NW, Suite 900, Washington, DC 20036 **ph** 202.776.0544 **fax** 202.776.0545 **e-mail** ASH@hematology.org

2010

President

Hal Broxmeyer, PhD
Walther Oncology Center
Indiana University School of Medicine
950 W. Walnut Street, Room 302
Indianapolis, IN 46202

phone 317-274-7510

fax 317-274-7592

hbroxmey@iupui.edu

President-Elect

J. Evan Sadler, MD, PhD
Washington University Medical School
660 South Euclid Avenue, Box 8125
Saint Louis, MO 63110-1093

phone 314-362-9029

fax 314-454-3012

esadler@wustl.edu

Vice President

Armand Keating, MD
Princess Margaret Hospital
610 University Avenue, Suite 5-303
Toronto, ON M5G 2M9
CANADA

phone 416-946-4595

fax 416-946-4530

armand.keating@uhn.on.ca

Secretary

Charles Abrams, MD
University of Pennsylvania
School of Medicine
421 Currie Boulevard, #912
Philadelphia, PA 19104-6140

phone 215-573-3288

fax 215-573-7400

abrams@mail.med.upenn.edu

Treasurer

Linda Burns, MD
Division of Hematology,
Oncology, and Transplantation
University of Minnesota
420 Delaware Street, SE
Mayo MC 286/Room 14-154A Moos Tower
Minneapolis, MN 55455-0341

phone 612-624-8144

fax 612-625-9988

burns019@umn.edu

Councillors

Kenneth Anderson, MD
Thomas Bensinger, MD
David Bodine, PhD
Stephanie Lee, MD, MPH
Elaine Muchmore, MD
Mohandas Narla, DSc
Marilyn Telen, MD
David Williams, MD

Editors-in-Chief

Cynthia Dunbar, MD, *Blood*
Roy Silverstein, MD, *The Hematologist*

Executive Director

Martha L. Liggett, Esq.
mliggett@hematology.org

August 9, 2010

Thomas J. Nasca, MD
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60654

Dear Dr. Nasca:

The American Society of Hematology (ASH) appreciates this opportunity to provide input regarding the Accreditation Council for Graduate Medical Education's (ACGME) Proposed Standards on Duty Hours, developed by the ACGME Task Force on Quality Care and Professionalism.

ASH represents over 11,000 U.S. clinicians and scientists committed to the study and treatment of blood and blood-related diseases. ASH also has over 1,200 Associate Members, hematologists-in-training, who are directly impacted by the policies of the ACGME. Training program directors for hematology training programs, combined hematology/oncology training programs, and hematology-related training programs (e.g. Pediatric Hematology/Oncology, transfusion medicine, and hematopathology) are represented by ASH's Committee on Training Programs.

ASH endorses the revisions in principle and commends the task force for the efforts put forth to create these new standards. We recognize the importance of trainees being well-rested, well-supervised and well-trained. As ASH's members are subspecialists, our concerns are focused primarily on how the changes will affect fellows and less on the how the PGY 1-3 group may be impacted.

ASH would, first and foremost, recommend that the implementation of any new standards and requirements be effective July 1, 2012 and not 2011 as proposed. We believe that the changes these new standards will engender will need a longer lead time for implementation. It is less than a year until July 1, 2011 and the standards have not yet been approved; we believe expecting this paradigm shift to occur in such a short timeframe is unrealistic. There will most certainly be budget implications and operational issues that will need to be addressed, all of which need a longer time for implementation.

ASH is very concerned about the unintended consequences of these changes. We are particularly worried that the exposure of internal medicine trainees to our specialty of hematology will be diminished as the trainees will be deployed to high-impact areas such as the CCU and MICU; as a result, they will have less opportunity for elective months in which to explore subspecialty medicine and careers. We feel these duty hour proposals will adversely affect all subspecialties other than Cardiology and Critical Care Medicine. In

addition, these changes are likely to severely limit and possibly eliminate the amount of elective time that is available for residents to conduct research. This would have an adverse effect on their subspecialty fellowship application and career development. At a time when we are focusing on sustaining the workforce in hematology (and especially non-malignant hematology), we are concerned that an adverse message will be sent to training programs and trainees.

In a similar vein, ASH is concerned that these changes will have a critical “downstream effect” on fellows as core medicine programs use fellows to make up for a “warm body” deficit at the resident level. The primary focus of fellowship programs is for education, not to provide staffing for a service function. The ACGME complicates matters for fellows by creating the temptation for hospital administration to think that it can utilize fellows to cover employment vacancies.

Research, a crucial part of fellowship training and career development of many residents, is not mentioned, which concerns us on a number of levels. First, with second and third year residents doing all of the overnight call, they may have fewer opportunities for research time during their residency. This will not only decrease the “academic” tone of residency but could also adversely affect the competitiveness of residents for subspecialty fellowship positions, many of which value prior research experience when making their recruitment decisions. Second, fellows on research rotations often spend over 80 hours/week in their laboratory or working on their clinical research projects. There is no specific comment about the duty hour regulations as it relates to fellows’ research activities in the current proposal, even though most fellows have some concurrent clinical responsibilities. We ask for ACGME clarification on compliance with duty hours if a fellow is on a research rotation without patient care responsibilities versus having both research and patient care responsibilities. ASH recommends that fellows on pure research rotations should be excluded from the duty hour requirements.

Finally, ASH is concerned about information that was not included for review in the proposed standards, but which will apparently be disseminated at a later date by the specific review committee(s). For example, while the ACGME did not identify a requirement of annual visits on duty hours in the posting it provided soliciting comments, this appears to be the ACGME’s plan. ASH is very concerned about the costs of such a requirement, especially in the absence of a statement in the proposed standards of how the requirement would benefit the programs. Rather than imposing another requirement on programs, ASH urges that the ACGME articulate the problem that this requirement seeks to address and consider various less costly ways to achieve that goal.

Thank you for the opportunity to comment on the proposed new duty hours requirements. This new iteration has the potential to have significant impact on the face of training. We appreciate both the time the ACGME has spent in drafting this document, your consideration of the feedback that had previously been provided, and your careful consideration of our comments in response to these changes.

Please do not hesitate to contact Scott Gitlin, MD, the Chair of ASH's Committee on Training Programs (sgitlin@umich.edu) or Karen Kayoumi, ASH's Senior Manager for Training and Evaluation (kkayoumi@hematology.org), if you have any questions or concerns, or would like to discuss any of these matters further.

Sincerely,



Hal E. Broxmeyer, PhD
President



J. Evan Sadler, MD, PhD
President-Elect