

ACGME Proposes Dropping the 16 Hour Resident Shift Limit

The Accreditation Council for Graduate Medical Education (ACGME) is proposing that first-year residents would no longer be limited to 16-hour shifts during the 2017-2018 academic year under a controversial proposal released today (1). Instead, individual residency programs could assign first-year trainees to shifts as long as 28 hours, the current limit for all other residents. The 28-hour maximum includes 4 transitional hours that's designed in part to help residents improve continuity of care. The plan to revise training requirements does not change other rules designed to protect all residents from overwork, including the maximum 80 hours per week.

The ACGME capped the shifts of first-year residents at 16 hours in 2011 as a part of an ongoing effort to make trainee schedules more humane and avoid clinical errors caused by sleep deprivation. ACGME CEO Thomas Nasca, MD, told Medscape Medical News that the problem arises largely from first-year residents not being on the same schedule as supervising residents and others on their "home" educational team (2). On a 16-hour clock, first-year residents can end up working under relative strangers, said Dr Nasca. "The lack of synchronization is very disruptive." The solution, he said, is putting everyone on the same clock.

The ACGME touts a study published in the New England Journal of Medicine in February showing that longer shifts and less rest in between for surgical residents did not affect the rate of serious complications or surgical fatalities (3). A review in 2014 suggested that patient outcomes might be worse with the restrictions (4).

Both the American Medical Student Association, the Committee of Interns and Residents, and Public Citizen oppose the move. The ACGME proposal will go to the group's board of directors for a final decision after a 45-day comment period. More information on the proposal is available for download at <https://www.acgme.org/>. Comments can be submitted to cprrevision@acgme.org.

References

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3. Bilimoria KY, Chung JW, Hedges LV, et al. National cluster-randomized trial of duty-hour flexibility in surgical training. *N Engl J Med*. 2016 Feb 25;374(8):713-27. [\[CrossRef\]](#) [\[PubMed\]](#)
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