

MARCH 18, 2020

Dear Members of the Graduate Medical Education Community,

I and the ACGME recognize and thank the entire GME community for taking a critical role in the nation's response to the COVID-19 pandemic. By engaging the GME programs in your health system's planning and execution of this response, you have demonstrated the value of GME in fulfilling your organization's mission. By having faculty members, residents, and fellows engage in the care of COVID-19 patients, the GME community serves as an example of professionalism at the highest level, and one that will serve as a model to be emulated by future faculty members, residents, and fellows.

The ACGME is fully aware of the tremendous burden of work each GME program faces as you prepare for this national emergency and care for these patients. During this challenging time, we want to remove as many external burdens to your programs that we can. Accordingly, we will suspend some of our activities to allow you to focus on patient care and institutional issues.

The ACGME Has Suspended Accreditation-Related Activities

The following ACGME activities are suspended until future notice to allow the GME community to prioritize patient care duties in line with COVID-19 responsibilities:

1. Self-Study activities, including the submission of Self-Study Summaries
2. All accreditation site visits
3. All Clinical Learning Environment Review (CLER) Program site visits
4. Resident/Fellow and Faculty Surveys

Given your attention and commitment to patients and residents/fellows, we are suspending these routine operations to allow you to focus entirely on the needs of patients and the careful and appropriate integration of residents and fellows into that process.

The ACGME Accelerates Implementation of Telemedicine Requirements

Many institutions are deploying telemedicine to continue to care for patients but avoid having them leave home and be at risk for infection. The ACGME has accelerated the use of the Common Program Requirements for supervision of telemedicine visits carried out by residents and fellows, originally scheduled go into effect July 1, 2020. Instead, effective immediately, the ACGME will permit residents/fellows to participate in the use of telemedicine to care for patients affected by the pandemic.

The definition of Direct Supervision as part of these new telemedicine requirements includes the following classification: “the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.”

Ultimately each specialty Review Committee will choose whether to continue to allow for this type of direct supervision with telemedicine in other situations. **In no situation will a program be penalized retroactively for appropriate engagement of residents and fellows with appropriate supervision in the use of telemedicine during this crisis.**

Impact on Clinical Volume

The ACGME recognizes that institutions have reduced the volume of their elective visits and procedures and have redeployed residents to support the critical services of the hospital as a result of the COVID-19 pandemic. Residents/fellows may not be able to achieve the minimum number of visits/cases as specified in the specialty-specific Requirements. It is important to remember that the ACGME visit/case minima were established for program accreditation. They are used by the Review Committees to determine whether a given program provides the volume and variety of visits/cases sufficient for education of the complement of residents/fellows for which the program is accredited. The ACGME visit/case minima were not designed to be a surrogate for the competence of an individual program graduate, and are not utilized in that manner by the Review Committees. **It is up to the program director, with consideration of the recommendations of the program’s Clinical Competence Committee, to assess the competence of an individual**

resident/fellow as one part of the determination of whether that individual is prepared to enter the unsupervised practice of medicine.

The visits/Case Logs of a program's graduates who were on duty during this pandemic (particularly those in their ultimate or penultimate years) will be judiciously evaluated in light of the impact of the pandemic on that program. The program can delineate for the Review Committee how it was affected by the pandemic in the Major Changes and Other Updates section of the Annual Update.

Ongoing Priorities

Institutions and programs remain responsible for upholding ACGME requirements to ensure patient safety and resident/fellow safety and well-being. Areas of particular importance given the current situation include:

1. Work Hour Requirements

The ACGME Common Program Requirements Section VI Work Hour Requirements remain unchanged. Safety of patients and residents/fellows is the ACGME's highest priority, and it is vital 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.

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 in patients presenting with signs and symptoms associated with COVID-19.

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.

Professionalism is one of the six Core Competencies that must be manifested by all physicians. This includes arriving fit for duty, practicing at the appropriate level of competence with appropriate supervision, and training physicians to care for patients and the public without causing harm to themselves and those they care for. Because of this, the ACGME will still expect Sponsoring Institutions and programs to maintain strict compliance to the work hour, supervision, and education/training requirements. We will be working to determine appropriate mechanisms to monitor adherence in these important areas.

This crisis provides each of us with the opportunity to both enhance our profession's commitment to serve the public in a time of greatest need, and to teach each other how to manifest the altruism, integrity, and commitment to excellence that is the core of our social contract with the public. It provides us with the chance to demonstrate what teamwork, leadership, and followership means when we work together with our nursing, pharmacy, physician assistant, respiratory care, laboratory, and other colleagues for the betterment of our patients. It gives us the opportunity to recognize and thank the many people who keep our facilities clean and safe. And it demonstrates to all how we work every single day to meet the health care needs of each individual patient, even as we serve the collective health needs of the American Public.

On behalf of the ACGME Board of Directors, and the administration and staff of the ACGME, I would like to thank you all for your efforts to care for patients and the health of the public in this exceptionally challenging circumstance. We commend your professionalism to prioritize patient care while managing and minimizing the risks to the residents and fellows, your colleagues, other health care providers, and yourself. We will continue to work to find ways to support you in these life-saving efforts!

Please be safe!

Most sincerely,

Tom

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ACGME