Duty Hours, Like Milestones, Were Not Studied Before Implementation

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To the Editor:

The commentary by Dewan et al. in the April 2015 issue, “The New Milestones: Do We Need to Take a Step Back to Go a Mile Forward?” [1], is a thoughtful and much-needed critique of the most recent major change in graduate medical education requirements. The authors document that the Milestones, like a succession of requirements going back before the establishment of the Accreditation Council for Graduate Medical Education (ACGME), had not been proven to be effective before their implementation. The authors note, as many have before, the considerable cost in time and effort of these unproven requirements.

The authors could have included the 2003 and 2011 duty hour and supervision requirements on the list of ACGME requirements that have dramatically altered residency education at considerable cost with no proven benefit. The goals of these requirements were praiseworthy—improving resident

well-being and education and reducing medical error. Unfortunately, there is no clear evidence that these goals have been met. Rosenbaum and Lamas note in their special report in the *New England Journal of Medicine* [2] that they “were struck by the disconnect between the duty-hour limits and the evidence base to support them.”

The authors correctly conclude that no significant changes in ACGME requirements should be made before evidence-based support of their utility.

References

1. Dewan M, Manring J, Satish U. The new milestones: do we need to take a step back to go a mile forward? *Acad Psychiatry*. 2015;39: 147–50.
2. Rosenbaum L, Lamas D. Residents’ duty hours—toward an empirical narrative. *N Engl J Med*. 2012;367:2044–9.

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