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March 10, 2017

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, Illinois 60611

Dear Dr. Nasca:

The Society of Neurological Surgeons (SNS) appreciates the comprehensive analysis performed by the ACGME Task Force leading to the Revised Common Program Requirements for the Working and Learning Environment. We support the document in its entirety.

As you know, the SNS, founded in 1920, is the oldest neurosurgical society in the world and is strongly committed to excellence in neurosurgical education. Membership is limited to neurosurgeons who participate in the training of neurosurgeons, including residency program directors and department chairs. We have worked closely with the ACGME in the development of a national curriculum for neurosurgery residents (Matrix Curriculum) as well as in active national training initiatives (PGY-1 Bootcamps, Junior Resident Courses, Transition to Practice Courses).

We feel the document represents an understanding of the importance of developing a balance between the amount of time required for neurosurgeons to acquire the complex skills essential to treat patients with neurological disorders and their need for a well-adjusted life that avoids burnout and other negative aspects of overwork. In addition, the document shows an explicit recognition of team collaboration, communication and accountability as critical to optimal patient safety and physician well-being.

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The document accurately reflects the issues that went into the core elements from the 2003 and 2011 ACGME requirements concerning clinical experience and education (e.g., 80-hour weekly limit averaged over a four week period, 24 hour limit on continuous assigned clinical and educational work, one day in seven free of all duty). The SNS is in favor of allowing as much flexibility as possible in all stages of training, including flexibility for PGY-1 residents. There has been widespread concern from neurosurgeons involved in residency training that the current restrictions on PGY-1 residents have prevented them from fully integrating into their residency programs and slowed their progress in becoming independent practitioners. The revisions approved by the ACGME reflect a recognition that PGY-1 neurosurgery residents are no longer medical students, but rather are junior residents in training.

Further, we believe that these changes will improve patient care by reducing the number of turnovers during the day and will prevent the development of a "shift work" mentality, which is not consistent with the mindset of a physician-professional. We are encouraged by this recognition that physicians in training are professionals and not simply employees.

In summary, the leadership of the Society of Neurological Surgeons fully supports the implementation of the Revised Common Program Requirements developed by the ACGME.

Sincerely,

A handwritten signature in blue ink, appearing to read "Alan R. Cohen", with a long horizontal flourish extending to the right.

Alan R. Cohen MD
President, Society of Neurological Surgeons