

**UPDATE**



# neurosurgery

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**Neurosurgeons Raise Concerns about Institute of Medicine Resident Work Hour Report  
*Further Restrictions in Work Hours Will Jeopardize Quality Resident  
Training and Patient Safety***

**WASHINGTON, DC** – The American Association of Neurological Surgeons (AANS), American Board of Neurological Surgery (ABNS), Congress of Neurological Surgeons (CNS) and Society of Neurological Surgeons (Senior Society), registered serious concerns about the Institute of Medicine’s (IOM’s) recommendations to further restrict resident work hours and urged the Accreditation Council for Graduate Medical Education (ACGME) to conduct additional research on the current work hour rules before making any changes to the existing policy.

Neurosurgeons, worried about resident fatigue, embraced the current ACGME rules that were implemented in 2003, and have substantially modified the way residents are trained. However, organized neurosurgery is nevertheless concerned that further restrictions in duty hours have the potential to significantly harm patients and increase healthcare costs.

“The IOM committee, in making these recommendations, has failed to adequately consider the key patient safety issues – the considerable risks associated with too many patient handoffs and lack of continuity of care in complex neurosurgical disease or injury cases,” remarked AANS President James R. Bean, MD.

H. Hunt Batjer, MD, Marchese Professor and Chair, Department of Neurological Surgery, Northwestern University Feinberg School of Medicine and immediate past chairman of the ABNS, echoed these sentiments by noting that risky patient handoffs have proven to cause medical errors. “Furthermore, patients expect *their* surgeons to take care of them and additional restrictions in duty hours, such as limiting each shift to 16 hours, will erode this fundamental tenet of the doctor-patient relationship.” Dr. Batjer went on to warn that, “Patients should be troubled by the prospects of the handoff revolving door.”

Additional restrictions in resident work hours will also create a new generation of surgeons with reduced surgical experience and expertise due to less exposure to complex surgical cases and direct patient care. “Unless the residency training period is extended considerably, residents in neurosurgery will receive 25 to 50 percent less training than residents received prior to 2003,” stated M. Sean Grady, MD, Charles Harrison Frazier Professor and Chairman, Department of Neurosurgery, University of Pennsylvania and current ABNS chairman. “One could reasonably ask whether any patient would choose to be treated by a neurosurgeon who receives half the training of today’s practitioners.”

Neurosurgical training is among the lengthiest, requiring a minimum of six years after medical school, and requires residents to master the most complex system in the human body. Neurosurgical residents must acquire extensive knowledge and experience in treating patients with neurosurgical disorders and must develop the judgment and ability to accumulate significant technical experience to perform many demanding operative procedures. Neurosurgical practice is unlike virtually any other physician specialty as neurosurgical procedures are long,

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typically lasting between 4 and 18 hours, and neurosurgeons treat critically ill patients, who often come to the hospital on an urgent or emergency basis.

The IOM committee charged with conducting this study appears to have largely disregarded the recommendations of leaders in medical education, including the ABNS, Senior Society, ACGME, American Board of Medical Specialties (ABMS) and the Association of American Medical Colleges (AAMC). These groups uniformly recommended that the evidence does not support any further restrictions in work hours until additional research is conducted. These organizations also stressed that a single set of work hour rules may not be appropriate given the differences among specialties (medical vs. surgical) and the year of training (first year vs. chief resident).

“Given that the IOM Committee did not include a single practicing representative from a surgical discipline, we are not entirely surprised by the recommendations in this report,” noted Robert E. Harbaugh, MD, FACS, FAHA, University Distinguished Professor and Chair, Department of Neurosurgery, Penn State University, M.S. Hershey Medical Center. “It is shockingly simplistic to apply a one-size-fits-all approach to residency training, and the IOM Report appears to gloss over the significant differences among the various specialties which make certain per shift and other duty hour restrictions feasible in some training programs but not others.”

As noted in the report, the IOM’s recommendations, if implemented, will significantly increase graduate medical education and healthcare delivery costs as hospitals will need to increase the numbers of faculty and mid-level practitioners and lengthen residency training so that residents gain the requisite experience to practice safely. Dr. Batjer predicted that the financial impact would be significant, and for many facilities untenable in this age of declining reimbursement and budget constraints. He went on to note, “We may also need to lengthen residency training, which will significantly delay neurosurgical residents’ entry into the workforce. There are only approximately 3,300 actively practicing neurosurgeons serving over 5,000 hospitals in the United States and any further restrictions on neurosurgical workforce will certainly reduce patient access to neurosurgical care.”

*The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent approximately 7,400 neurosurgeons worldwide. The Society of Neurological Surgeons (the “Senior Society”) is the American society of leaders in neurosurgical residency education, and is the oldest neurosurgical society in the world. Academic department chairman, residency program directors, and other key individuals comprise the active membership of the Society. The American Board of Neurological Surgery (ABNS) is the nationally recognized certifying agency for the specialty of neurosurgery and one of the 24 member boards of the American Board of Medical Specialties. The ABNS is responsible for establishing training standards that must be met and for conducting written and oral examinations that must be passed in order to become board certified neurosurgeons. As such it is active in the training and certification of young neurosurgeons, as well as the maintenance of certification.*

*Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves.*

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