

September 4, 2018

Jerry Vasilias, PhD
Executive Director, RC for Internal Medicine
Accreditation Council for Graduate Medical Education (ACGME)
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Dr. Vasilias,

On behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD); American Association for the Study of Liver Diseases; American College of Cardiology; American College of Rheumatology; American Gastroenterological Association; American Geriatrics Society and Association of Directors of Geriatrics Academic Programs; Association of Program Directors in Endocrinology, Diabetes, and Metabolism; American Society of Hematology; American Society of Nephrology; American Society for Gastrointestinal Endoscopy; and Infectious Diseases Society of America we are writing to request focused revisions to the Program Requirements in Graduate Medical Education for the Internal Medicine Subspecialties as they relate to protected time and salary support for Program Directors and Associate Program Directors.

Collectively, we represent Program Directors in Cardiovascular Disease; Critical Care Medicine; Endocrinology, Diabetes, Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Infectious Disease; Nephrology; Pulmonary Disease; Pulmonary Critical Care; and Transplant Hepatology representing nearly 1500 ACGME Accredited Programs and nearly 10,000 trainees.

The new [ACGME Common Program Requirements \(Fellowship\)](#) make some important positive changes for fellowship programs. We applaud that they address the inclusion of Core Faculty for fellowships (II.B.4.) and now include a requirement for a program coordinator (II.C.1.) with adequate support for administration of the program based upon its size and configuration (II.C.2.). However, we believe that additional timely focused revisions should be made to ensure that all program directors (and associate program directors) are adequately supported to perform the necessary administrative and educational duties for each program.

To gather input from key stakeholders in this area, the APCCMPD invited other Program Director organizations and representative groups within their respective professional societies to comment on proposed focused revisions related to protected time and salary support [*Attachment 1- Initial Letter to IM-Subspecialty Program Director Organizations; pages 4-13*] for Program Directors and Associate Program Directors. While it was not possible to achieve a consensus with such a large group via email, some common themes quickly emerged. We are unified in our needs to have more clearly defined support for Program Directors and in the need to have specific parameters defined for the support for Associate Program Directors.

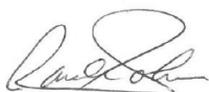
Comments were collected from each of the responding organizations [*Attachment 2- IM-Subspecialty Program Director Organizational Comments to Proposed Revisions; pages 14-18*] to create the **final enclosed recommendations [*Attachment 3- Final Proposed Focused Revisions; pages 19-20*]**. We have included the responses from each organization because we feel as though there are suggestions that did not reach consensus but, have definite merit and warrant consideration for inclusion in any changes.

We thank you for your time and consideration of this request. Together we look forward to working with you and the Internal Medicine Resident Review Committee on this and other related matters.

Sincerely,



Jennifer McCallister, MD
President, Association of Pulmonary and Critical Care Medicine Program Director
Fellowship Program Director, The Ohio State University Pulmonary and Critical Care
Medicine Fellowship



Ronald J. Sokol, MD, FAASLD
President, American Association for the Study of Liver Diseases
Professor of Pediatrics and Vice Chair of Clinical and Translational Research in the
Department of Pediatrics, University of Colorado School of Medicine and Children's
Hospital of Colorado



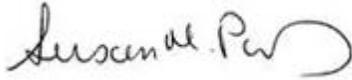
Julie B. Damp, MD, FACC
Chair, American College of Cardiology
Cardiovascular Training Section and Leadership Council
Associate Director, Cardiovascular Fellowship Training Program, Vanderbilt University
School of Medicine



Anne R. Bass, MD
American College of Rheumatology
Committee on Training and Workforce Issues Chair



Xavier Llor, MD, PhD
Chair, AGA Institute Education and Training Committee



Susan Parks, MD, President
American Geriatrics Society and Association of Directors of Geriatrics Academic Programs



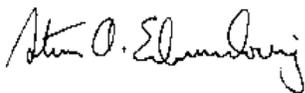
Christopher R. McCartney, MD
President, Association of Program Directors in Endocrinology, Diabetes, and Metabolism
University of Virginia



Alexis Thompson, MD, MPH
President, American Society of Hematology



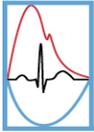
Scott J. Gilbert, MD, FASN
Chair, American Society of Nephrology Workforce and Training Committee



Steven Edmundowicz, MD
President, American Society for Gastrointestinal Endoscopy



Emily Blumberg, MD
IDSA ID Training Program Directors' Committee Chair
Infectious Diseases Society of America



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Dear Dr. [INSERT NAME OF LEADERSHIP],

I am writing on behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) Board of Directors (BOD). As the Program Director Association for Pulmonary, Critical Care Medicine, we would like to invite your Program Directors' group to provide comment on proposed revisions to the Program Requirements in Graduate Medical Education for the Internal Medicine Subspecialties and to join together with other Program Director organizations by signing a letter addressed to the Accreditation Council for Graduate Medical Education (ACGME) Internal Medicine Residency Review Committee (IM-RRC).

As Internal Medicine Subspecialty Program Directors, we represent nearly 500 ACGME Accredited Programs and nearly 27,000 trainees. There are training program related issues, such as the need for Program Director and Associate Program Director protected time and salary support that are relevant to all Internal Medicine subspecialty-training programs. We recognize that regulations get more complex each year. We must assure and document compliance, provide dynamic curricula using the latest teaching methods, ensure opportunities for research, and balance service and education for our fellows while balancing clinical service, research, and administration for ourselves. Working together as a unified voice will allow us to strongly advocate for the resources that we collectively need. With the recent approval of the new Core Program Requirements for Fellowships, the timing is right for us to work together to focus on the most pressing needs.

As you know, the ACGME Board approved a major revision of the [ACGME Common Program Requirements \(Residency\)](#), and approved a [new version of the Common Program Requirements for fellowships](#) on June 10, 2018, both of which are effective July 1, 2019. These include important updates related to Core Faculty and specifications related to Program Coordinators for fellowships, but rely on the individual Review Committees to make additional specifications related to protected time for program directors.

The Review Committee for Internal Medicine will soon start a major revision of the Program Requirements for Graduate Medical Education in Internal Medicine, but there is no immediate plan to do the same for the Program Requirements for each of the Internal Medicine subspecialties. Instead, any proposed changes must be completed via a focused review. We believe that a focused revision in the Program Requirements in Graduate Medical Education that would result in more explicitly defined requirements for protected time and salary

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Attachement 1 - Initial Letter to IM-Subspecialty Program Director Organizations

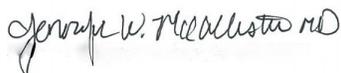
support for Program Directors and that would include the same for Associate Program Directors would be a significant benefit to all sub-specialty programs. These proposed revisions are outlined in detail on page 2 of this letter.

For consideration of focused revisions, the ACGME IM-RRC has requested our letter prior to their September 2018 Committee Meeting. We ask that you provide comment on the enclosed focused revisions by August 10, 2018. On August 17, we will circulate a final letter for your approval by August 27, 2018.

We request that you respond to our Executive Director, Joyce Reitzner (joycereitzner@apccmpd.org) with your comments and interest in signing a letter to the ACGME IM-RRC by August 10, 2018.

Thank you for your interest. We look forward to having your input in this important conversation.

Sincerely,



Jennifer McCallister, MD
President, Association of Pulmonary and Critical Care Medicine Program Director
Fellowship Program Director, The Ohio State University Pulmonary and Critical Care
Medicine Fellowship

Attachement 1 - Initial Letter to IM-Subspecialty Program Director Organizations

Proposal for Revisions

Background

The revised Common Program Requirements (approved June 10, 2018) make some notable changes for fellowship programs, regardless of specialty. We applaud the new requirements that address the **inclusion of Core Faculty for fellowships (II.B.4.) and the requirement for a program coordinator (II.C.1.) with adequate support for administration of the program based upon its size and configuration (II.C.2.)**. We believe that additional important focused revisions will ensure that all program directors (and associate program directors) are adequately supported to perform the necessary administrative and educational duties for each program.

For residency programs, the Common Program Requirements specify a minimum level of salary support (0.20 FTE) that must be provided for the program director to dedicate to the administration of the program, with an opportunity for each Review Committee (RRC) to require additional support (II.A.2.) For fellowships, the Review Committee must specify the minimum support needed.

The new Common Program Requirements (Fellowship) state:

II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. ^(CORE)

[The Review Committee must further specify]

[The Review Committee may further specify regarding support for associate program director(s)].

Discussion

Existing Program Requirements in Graduate Medical Education in the Internal Medicine Subspecialties that are currently approved by the Internal Medicine-RRC will be used to further clarify these requirements and have been summarized in **Table 1**. With few exceptions, the current requirements are “Detail” requirements that suggest a program director should have the “adequate support for the administrative aspects of the fellowship (Detail),” and that “this support should be 25-50% of the program director’s salary or protected time, depending on program size (Detail).” Since these requirements are expressed as “Detail” requirements, the terms “adequate” and “protected time” must be interpreted by institutional administration, potentially creating a situation where program director support is insufficient or not appropriately funded. Based on the *2017 APCCMPD Annual Benchmarking Survey*, over half of Pulmonary, Critical Care, and Pulmonary Critical Care PD’s felt their institutional support and protected time was inadequate.

Recommendation for proposed revision

- 1. We recommend a focused revision in the Program Requirements in Graduate Medical Education for each of the Internal Medicine Subspecialties to change the program requirements that specify the amount of salary support and protected time needed to support the program director from “Detail” to “Core” for all Internal Medicine Subspecialties.*

Discussion

The creation of the Common Program Requirements (Fellowship) was an important step in addressing the unique needs of subspecialty trainees. Further attention will be needed to address the needs of program leadership to ensure that the needs of each individual program can be met while providing important opportunities for mentorship and faculty development for long-term program success. The Pediatric-Review Committee specifies a framework for combined salary support and protected time for the Program Director and Associate Program Director(s) in the Pediatric Subspecialties that provides a model that could be applied to Internal Medicine Subspecialties. It is also important to note that the Program Requirements for Internal Medicine require 50% FTE for the Program Director and require one

Attachement 1 - Initial Letter to IM-Subspecialty Program Director Organizations

Associate Program Director with 20 hours (50%) for 24 residents. While large academic fellowships in some specialties may approach that size, the level of support and protected time to Program leadership is not equivalent. The new CPR (Fellowship) ask the Review committee to consider specific roles of Associate Program Directors in the description of Core Faculty Members. This seems to further highlight the growing importance of these individuals in fellowship programs, and the potential for more administrative and educational responsibilities.

II.B.4. Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to the fellow. ^(CORE)

II.B.4.b) Core faculty members must complete the annual ACGME faculty survey.

[The Review Committee must specify the minimum number of core faculty and/or the core faculty/fellow ratio]

[The Review Committee may specify requirements specific to associate program director(s)].

Recommendation for proposed revision

2. We recommend the inclusion of Associate Program Director(s) in the amount of salary support and protected time needed to support the administrative and educational activities of the program, allowing each program to determine how best to distribute this support to meet the needs of the program and trainees. We propose the following focused revision to the Program Requirements Graduate Medical Education for each of the Internal Medicine Subspecialties:

Program leadership, including the program director and associate program director(s), must be provided with the salary support to devote a minimum combined total of 20-50 percent full time equivalent (FTE) protected time to the administration of the program (not including scholarly activity), depending on the size of the program (Core).

Program Size	Minimum % FTE Required
0-3 fellows	20%
4-6 fellows	25%
7-9 fellows	30%
10-12 fellows	35%
13-15 fellows	40%
16-18 fellows	50%
≥19	Increase by 5% for every 3 fellows

Attachement 1 - Initial Letter to IM-Subspecialty
Program Director Organizations

**Table 1-
Existing Program Requirements in Graduate Medical Education in the Internal Medicine
Subspecialties, Currently Approved by the Internal Medicine-RRC**

Internal Medicine		provide at least 50% salary support (at least 20 hours per week) for the program director; (Detail)	provide associate program directors (APD) based on program size. At a minimum, APDs are required at resident complements of 24 or greater according to the following parameters: (Core)	provide 20 hours per week salary support for each associate program director required to meet these program requirements; (Detail)	
Addiction Medicine	I.A.2.The Sponsoring Institution must provide the program director with a minimum of 0.2 full-time equivalent (FTE) protected time to carry out the educational, administrative, and leadership responsibilities of the fellowship. (Core)				
Adult Congenital Heart Disease	I.A.2.The sponsoring institution must provide the program director with adequate support (depending on the size of the program, at least 25-50 percent of the program director's salary, or protected time) for the administrative activities of the program. (Core)			II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	

Attachement 1 - Initial Letter to IM-Subspecialty
Program Director Organizations

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Advanced Heart Failure and Transplant Cardiology	1.A.2.The sponsoring institution must provide the program director with adequate support for the administrative activities of the program. (Core)	1.A.2.a)The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	1.A.2.b) It is suggested that this support be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Cardiovascular Disease	1.A.2.The sponsoring institution must: (Core)	1.A.2.b). provide the program director with adequate support for the administrative activities of the fellowship. (Core)	1.A.2.b.) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	1.A.2.b.)(2) This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)
Clinical Cardiac Electrophysiology	I.A.2.The Sponsoring Institution must provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I.A.2.a) The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I.A.2.b) The Sponsoring Institution should provide the program director with adequate support (depending on the size of the program, at least 25-50 percent of the program director's salary, or protected time) for the administrative activities of the program. (Detail)		II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)
Clinical Informatics	There must be an institutional policy governing the educational resources committed to the fellowship that ensures				

Attachement 1 - Initial Letter to IM-Subspecialty
Program Director Organizations

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Existing Program Requirements in Graduate Medical Education in the Internal Medicine
Subspecialties, Currently Approved by the Internal Medicine-RRC**

	collaboration among the multiple disciplines and professions involved in educating fellows. (Core)				
Critical Care Medicine	1.A. 4. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	1.A. 4. b). (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	1.A. 4. b. (2). This support should be 25-50% of the program director's salary, or protected time depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Endocrinology, Diabetes, & Metabolism	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b. (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Gastroenterology	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b. (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Geriatric Medicine	II.A.3.e). dedicate an average of 20 hours per week of his or her professional effort to the fellowship, with sufficient time for administration of the program; (Core)			II.A.3.e) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	

Attachement 1 - Initial Letter to IM-Subspecialty
Program Director Organizations

**Table 1-
Existing Program Requirements in Graduate Medical Education in the Internal Medicine
Subspecialties, Currently Approved by the Internal Medicine-RRC**

Hematology and Medical Oncology	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Hematology and Medical Oncology	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Hospice and Palliative Medicine	II.A.1.b). The program director must have 20-50 percent protected time for the administrative activities of the program. (Core)				
Infectious Disease	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Interventional Cardiology	I.A.2.provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I.A.2.a). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I.A.2.b)It is suggested this support be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail) salary, or protected time, depending on the size of the program. (Detail)	II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	

**Attachement 1 - Initial Letter to IM-Subspecialty
Program Director Organizations**

**Table 1-
Existing Program Requirements in Graduate Medical Education in the Internal Medicine
Subspecialties, Currently Approved by the Internal Medicine-RRC**

Medical Oncology	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Nephrology	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Pulmonary Critical Care	I.A.4.b).provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I.A.4.b).(1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I.A.4.b).(2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Pulmonary Disease	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Rheumatology	I. A. 2. b) provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I. A. 2. b) (1). The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I. A. 2. b). (2). This support should be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	
Sleep Medicine	I.A.3. provide the program director with adequate support for the administrative activities of the	I.A.3. a). The program director must not be required to generate clinical or other income to provide this administrative	I.A.3. b). It is suggested this support be 25-50% of the program director's salary, or protected time, depending on the size of	II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the	

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Program Director Organizations

**Table 1-
Existing Program Requirements in Graduate Medical Education in the Internal Medicine
Subspecialties, Currently Approved by the Internal Medicine-RRC**

	fellowship. (Core)	support. (Core)	the program. (Detail)	program (Detail)	
Transplant Hepatology	I.A.2.provide the program director with adequate support for the administrative activities of the fellowship. (Core)	I.A.2.a) The program director must not be required to generate clinical or other income to provide this administrative support. (Core)	I.A.2. b).It is suggested this support be 25-50% of the program director's salary, or protected time, depending on the size of the program. (Detail)	II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail)	

Attachment 2- IM-Subspecialty Program Director Organizational Comments to Proposed Revisions

Comments on Proposed Revisions	
Organization	Comment/Rationale
American Academy of Sleep Medicine	Due to vacations we did not have a July conference call but we did have an email meeting of PD members and we agree with the proposed salary support for PD, APD, and admin staff. We plan to discuss more formally at our meeting in August (which I understand is past the deadline) and would certainly consider signing the proposal. I hope this helps
American Association for the Study of Liver Diseases	<p>II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (CORE)</p> <p><u>AASLD Response:</u> With input from our transplant hepatology programs directors and Training and Workforce Committee, the AASLD is in agreement /in support of APCCMPD’s proposed revision a focused revision in the Program Requirements in Graduate Medical Education for each of the Internal Medicine Subspecialties to change the program requirements that specify the amount of salary support and protected time needed to support the program director from “Detail” to “Core” for all Internal Medicine Subspecialties. All program directors, no matter how many fellows-in-training are under their supervision, have the same basic requirements so all deserve protected time to support the program. However, the amount should depend on the number of fellows – those with more should indeed have more administrative staff time dedicated to the program.</p> <p>II.B.4.Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to the fellow. (CORE)</p> <p><u>AASLD Response:</u> AASLD is in agreement /in support of APCCMPD’s proposed recommendation that the inclusion of Associate Program Director(s) in the amount of salary support and protected time needed to support the administrative and educational activities of the program, allowing each program to determine how best to distribute this support to meet the needs of the program and trainees. We agree with the following proposed focused revision to the Program Requirements Graduate Medical Education for each of the Internal Medicine Subspecialties with an adjustment in scale by 5 percent (see below in red font): Program leadership, including the program director and associate program director(s), must be provided with the salary support to devote a minimum combined total of 20 25-50 percent full time equivalent (FTE) protected time to the administration of the program (not including scholarly activity), depending on the size of the program (Core). AASLD specifically agrees that the minimum should be 25% even for smaller programs due to the administrative burden associated with the position. The current amount of time given to these activities in most programs does not adequately account for the administrative, regulatory, and baseline paperwork burden, also including feedback sessions, CCC meetings, milestone entry, and curriculum development. These activities have grown over the past few years and outstripped the time/salary support. AASLD also agrees that programs with more fellows should receive more time but also that fellows at multiple sites, although accounting for that may be difficult.</p> <p>II.A.3.f (4th column of Table for Transplant Hepatology) AASLD would also like to see an elimination of: II.A.3.f) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program (Detail) (which is the 4th column on the Table for Transplant Hepatology), as 20 hours (50% effort) is not representative of most TH programs effort. We would like to encourage ACGME to remove this.</p> <p>AASLD’s governing board, Training and Workforce Committee and surveyed transplant hepatology program directors completely support the premise. We anticipate signing onto the final letter but will await review of the revised combined letter the week of August 17. Thanks for requesting our feedback and participation in this important project.</p>

Attachment 2- IM-Subspecialty Program Director Organizational Comments to Proposed Revisions

<p>American College of Cardiology</p>	<p>We agree that the program requirement specifying amount of support for program directors' should be a core requirement.</p> <p>Our group fully supports specifically defining adequate support for program directors, and that what defines adequate varies on program size. There was some variance in opinion on a few issues listed below:</p> <ul style="list-style-type: none"> - The details of the best prescription or formula for specific amount of support - Concern that the degree of granularity outlined in the recommendation may be too much and discourage buy-in from the RRC or adherence - Concern about whether the combination of PD and APD support would create unnecessary tension within individual program leadership and discourage the development of APDs <p>Despite some variation in opinions on the details of the recommendation, there was overwhelming support for the underlying concept. Members of our group understand that complete agreement on each specific detail is unlikely, and we support moving forwards with the recommendation as written.</p> <p>The language in these recommendations acknowledges the increasingly complex nature of program directorship. It highlights the importance of associate program directors and of adequate support for both PDs and APDs. We fully support the initiative to advocate for these resources being clearly specified in the core requirements.</p>
<p>American College of Rheumatology</p>	<ul style="list-style-type: none"> • Agree this should be a core requirement. • Although one committee member thought amount allocated to PD vs APD be specified, more flexibility in core requirements is usually a good thing and I favor allowing the program to determine how to allocate salary between the PD and APD. • The amounts of salary in the table do seem rather arbitrary as do the minor size distinctions. The implication is that if the fellowship has 30 fellows, then both PD and APD are paid 50% salary (or one is paid 100%)? • Is "0" fellows meant for a program that is newly created and hasn't brought on a fellow yet? <p>Consider providing specifics as to the amount of time and support a program coordinator gives to a program. Many PD are left without any administrative support or the coordinator is split between programs and small programs suffer.</p>
<p>American Gastroenterological Association (AGA)</p>	<p>It is agreed that we should sign on to the letter. The concepts and concerns are pretty universal, and GI PDs do not need to re-invent the wheel.</p>
<p>American Geriatrics Society and Association of Directors of Geriatrics Academic Programs</p>	<p>II.A.2. We support this revision, but request that any changes made to the Internal Medicine program requirements are also made for the Family Medicine program requirements, as Geriatrics, spans both disciplines.</p> <p>II.B.4. & II.B.4.b. It is unclear from the draft revision if there is a requirement for an Associate Program Director (APD). Having FTE requirements for APDs, if there is no requirement for an APD, should not be considered as it creates a system where an institution either supports no APD FTE or anything higher than 20%, but nothing in-between.</p> <p>We request that any changes made to the Internal Medicine program requirements are also made for the Family Medicine program requirements, as Geriatrics, spans both disciplines.</p>
<p>Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM)</p>	<p>We in the Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM) appreciate being invited to participate in this important initiative. Because we were not aware of this initiative until August, we have not had time to fully consider its potential implications, and we have not had time to solicit APDEM member feedback. However, we in APDEM Council have reviewed the document entitled "Final Proposed Focused Revisions," and we endorse the spirit of the proposal. In particular, our general sense is that many institutions do not provide endocrinology Program Directors (PDs) with the kind of support that would be required to maximize program excellence. Accordingly, we suspect that increased clarity regarding required support for endocrinology PDs would be helpful to most endocrinology fellowship programs. Similarly, we believe that most APDEM members would welcome increased specificity with regard to the need for (and support for) Associate PDs. Importantly, while we endorse the petition as written, we would strongly advocate for additional APDEM input into any specific proposed revisions to the ACGME Program Requirements for GME in Endocrinology, Diabetes, and Metabolism (Internal Medicine).</p>

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Association of
Pulmonary and
Critical Care
Medicine Program
Directors

Internal Medicine Subspecialty program director support requirements are expressed as “Detail” requirements, which may translate in practice to a situation where program director support is insufficient or not appropriately funded. In fact, 54% of Pulmonary, Critical Care, and Pulmonary Critical Care Program Directors felt that their institutional support and protected time was inadequate (*2017 Association of Pulmonary Critical Care Medicine Program Directors [APCCMPD] Annual Benchmarking Survey*). As such, the APCCMPD Board of Directors recommends the following focused revisions:

1. We recommend a change of the program requirements that specify the amount of salary support and protected time needed to support the program director from “Detail” to “Core” for all Internal Medicine Subspecialties.
2. We recommend the inclusion of Associate Program Director(s) (APD) in the amount of salary support and protected time needed to support the administrative and educational activities of the program, based upon the size, configuration and complexity of the program. While the size of a program may influence the need of an Associate Program Director in some cases, there may be unique curricular needs that are not directly linked to program size that should also be considered.
3. We propose the following focused revisions to the Program Requirements Graduate Medical Education for each of the Internal Medicine Subspecialties:
 - a. Program leadership, including both the program director and associate program director(s), must be provided with the salary support to devote a minimum combined amount of full time equivalent (FTE) protected time to the administration of the program (not including scholarly activity), depending on the size of the program (Core).

Program Size	Minimum % FTE Required [to be split between PD and APDs]
0-3 fellows	25%
4-6 fellows	30%
7-9 fellows	35%
10-12 fellows	40%
13-15 fellows	45%
16-18 fellows	50%
≥19	Increase by 5% for every 3 fellows

This inclusion of APD requirements as a CORE requirement for fellowship training programs is not new to the ACGME. The Pediatric-Review Committee specifies a framework for combined salary support and protected time for the Program Director and Associate Program Director(s) in the Pediatric Subspecialties that provides a model that could be applied to Internal Medicine Subspecialties.

It is also important to note that the Program Requirements for Internal Medicine require 50% FTE for the Program Director and require one Associate Program Director with 20 hours (50%) for 24 residents and require support for four Core faculty for programs with up to 60 residents. While large fellowships in some specialties may approach this size, the level of support and protected time to Program leadership is not equivalent. The new CPR (Fellowship) ask the Review committee to consider specific roles of Associate Program Directors in the description of Core Faculty Members. This further highlights the growing importance of these individuals in fellowship programs in addition to the need to provide the necessary support for them to fully contribute to the administrative and educational needs of the programs.

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<p>American Society of Hematology</p>	<p>We did review the request and shared it with our Committee on Training, but it is a busy time for program directors as you probably know and the committee was wondering if there was more time to discuss before committing one way or another. We shared it with hematologists who wear a range of hats at a number of different institutions, some big, some huge and some smaller. As with many of these GME issues and the ACGME, there were concerns of “unfunded mandate” and “unintended consequences”.</p> <p>We have a committee meeting in October and could discuss in-depth then, perhaps reviewing any materials you’ve prepared? It is not that we are not interested in this issue, just that over the time allotted this summer we have not had a chance to properly weigh all the implications of this request.</p> <p>Please keep in touch and share any updates.</p>
<p>American Society of Nephrology</p>	<p>Thank you for contacting the American Society of Nephrology (ASN) about defining protected time and support for subspecialty training program directors. The ASN Workforce and Training Committee reviewed and discussed the ACGME requirements and your proposal on our July Committee call. The committee agrees with your approach, with a few small changes. The committee suggests the prescribed effort be for the TPD, and not shared effort with APDs. APD support should be above and beyond the stipulated, TPD support, and indicated as such.</p> <p>The committee is supportive of the letter and willing to serve as co-signers. However, we wonder whether this initiative may be appropriate for the Association of Specialty Professors (ASP), which is a group within AAIM that represents specialty internal medicine divisions at academic medical centers and community teaching hospitals in the United States and Canada. ASP may be able to provided support and coordination among internal medicine subspecialties to promote such an effort.</p> <p>Again, thank you for including ASN in this effort. Please let me know if you have any questions.</p>
<p>American Society for Gastrointestinal Endoscopy</p>	<ol style="list-style-type: none"> 1. We recommend a focused revision in the Program Requirements <ol style="list-style-type: none"> a. There is a need to clearly specify the amount of salary support for both the program leadership (program director and associate director(s)) to make sure this is a fair salary support based on the size of the program. b. The program director should receive 25% protected time to effectively perform the job. c. % FTE by fellows table seems appropriate. d. Seems like the associate PD should have protected time that's 50% of PD protected time. e. The proposed structure of increasing protected time and financial support based on the size of the program is practical and appropriate. A prescriptive approach to this process though may be difficult to enforce given the variability of training settings across the country. 2. We recommend the inclusion of Associate Program Director(s) in the amount. <ol style="list-style-type: none"> a. This is a reasonable and welcome revision because it highlights that the associate program director can play a key role in program leadership, and still provides the flexibility to adjust the amount of salary support for the program director based on the overall involvement and effort. As mentioned above it is important to provide clear recommendations for salary support, and the listed table (Program Size Minimum % FTE Required) is a reasonable guide to salary support based on the size of the fellowship program.

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<p>Infectious Diseases Society of America</p>	<p>We appreciate that APCCMPD has reached out to IDSA and have included our feedback in the attached form. IDSA is also willing to sign the letter to ACGME. If you would, please provide a copy of the final letter that is sent to ACGME.</p> <p>Line 1395 appears to remove the requirement for the sponsoring institution and participating sites to provide the resources to ensure the implementation of appropriate staffing support. If the requirement for support is removed, this will be a major issue for most/all programs at all levels. We support the development of the algorithm for program and associate program director support that was proposed by the Association of Pulmonary and Critical Care Medicine. This proposal considers the size of the program but mandates that at least 20% of an FTE be allocated as protected time for the program director/associate program director for all fellowship programs with incremental increases in support based on increasing fellowship size. This support is essential to maintain and regularly update educational programs in diverse areas as well as to attend to increasing administrative burdens, especially given the changing ACGME requirements, including the now annual reports. We are concerned that the absence of specified support and protected time will enable hospital/medical school administration to undervalue the time it takes to maintain academic and administrative excellence, thus adversely impacting the fellowship due to inadequate staffing.</p>
<p>American Academy of Sleep Medicine</p>	<p>Due to vacations we did not have a July conference call but we did have an email meeting of PD members and we agree with the proposed salary support for PD, APD, and admin staff. We plan to discuss more formally at our meeting in August (which I understand is past the deadline) and would certainly consider signing the proposal. I hope this helps</p>

Attachment 3- Final Proposed Focused Revisions

Final Proposed Focused Revisions	
Program Requirement	Comment/Rationale
<p>II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (CORE)</p> <p>[The Review Committee must further specify] [The Review Committee may further specify regarding support for associate program director(s)].</p>	<p>With few exceptions, the existing Program Requirements in Graduate Medical Education in the Internal Medicine Subspecialties suggest that a program director should have the “adequate support for the administrative aspects of the fellowship (Detail),” and that “this support should be 25-50% of the program director’s salary or protected time, depending on program size (Detail).” Since these requirements are expressed as “Detail” requirements, the terms “adequate” and “protected time” must be interpreted by institutional administration, potentially creating a situation where program director support is insufficient or not appropriately funded.</p> <p>The absence of clearly specified support and protected time for the Program Director may allow the institution to undervalue the time it takes to adequately support the program. While the size of a program may influence this, there may be unique curricular needs that are not directly linked to program size that should also be considered.</p>
<p><i>Recommended Revisions:</i></p> <ol style="list-style-type: none"> 1. <i>Change the program requirements that specify the amount of salary support and protected time needed to support the program director from “Detail” to “Core.”</i> 2. <i>Specify the amount of salary support and protected time needed for the Program Director to (Full Time Equivalent [FTE]) meet the program requirements.</i> 	
<p>II.B.4. Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to the fellow. (CORE)</p> <p>II.B.4.b) Core faculty members must complete the annual ACGME faculty survey. [The Review Committee must specify the minimum number of core faculty and/or the core faculty/fellow ratio] [The Review Committee may specify requirements specific to associate program director(s)].</p>	<p>Current Program Requirements for Internal Medicine require 50% FTE for the Program Director and require one Associate Program Director with 20 hours (50%) for 24 residents. Large fellowships in some specialties may approach this size, but the level of support and protected time to Program leadership is not equivalent. Resources to support competency based assessment and program evaluation are universal, but as these activities have grown with new requirements, they have outpaced the amount of support provided. The expertise to develop research programs and other specialty specific initiatives often requires a larger team of educators whose contributions must also be considered.</p> <p>There is a need to provide support for fellowship programs with an educational team including Associate Program Directors and Core faculty to meet these needs. The criteria for when an Associate Program Director is required should be defined, and the amount of salary support and protected time needed for the position should be clearly specified. While the size of a program is one reasonable parameter for helping to define these criteria, it does not adequately represent the nuances of each program and the unique educational gaps that could be filled with this position. Other factors such as program complexity and specialty specific skills curricular needs should also be considered.</p> <p>The absence of specified support and protected time for the Associate Program Director(s) may allow the institution to undervalue the time it</p>

Attachment 3- Final Proposed Focused Revisions

takes to adequately support the program.

Recommended Revision:

1. Add a requirement that the sponsoring institution must provide an associate program director (APD) based on specific parameters such as program size, complexity, and specialty specific curricular needs (Core).
2. Specify the amount of salary support and protected time needed for the Associate Program Director to meet the program requirements (Core).

Recommended Revision:

1. Add a requirement that the sponsoring institution must provide adequate salary support and protected time for **both** the Program Director and Associate Program Director (when applicable).