

April 18, 2019

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Serpil Erzurum, MD, *Chair, ABIM Pulmonary Disease Board*
J. Christopher Farmer, MD, *Chair, ABIM Critical Care Medicine Board*
510 Walnut Street, Suite 1700
Philadelphia, PA 19106

Dear Drs. Erzurum and Farmer:

Thank you for the opportunity to comment on the following proposed changes to the policies for dual certification in Pulmonary Disease and Critical Care Medicine:

- Remove the requirement for having Pulmonary Disease certification prior to applying for admission to the Critical Care Medicine Examination.
- Allow trainees to take both the Pulmonary Disease and Critical Care Medicine Certification Examinations after their final year of combined training.

To inform our opinions on this matter, we solicited input directly from our members via two different mechanisms. We had the opportunity to discuss this recently in a town hall format with those in attendance at our annual conference on March 14, 2019. In addition, we sought comments via a member survey administered March 25-April 3, 2019. The survey was sent to 278 Pulmonary & Critical Care Medicine Program Directors and Associate Program Directors, with a response rate of 36% (n = 99).

Those in attendance at our annual conference asked for clarification about the potential of the proposed changes to impact the ability of a fellow in a combined Pulmonary & Critical Care Medicine Fellowship Program to take the Critical Care Medicine certification examination during the final year of training instead of the Pulmonary Disease certification examination. Your response to this clarification was provided to our members after the initial request for input was disseminated, so we have elected to provide the complete survey results and comments for your review as **Attachment 1**.

We offer the following in response to these questions:

1. **Does your organization support the above changes? Please elaborate on why you are responding “yes” or “no”.**

The Association of Pulmonary and Critical Care Medicine Program Directors **supports** the proposed change to the policies for dual certification in Pulmonary Disease and Critical Care Medicine. 72.73% of the members who responded to the survey support the proposed changes. We support a learner-driven approach that will encourage each fellow to collaborate with his/her program director to outline an individual study and examination plan that works best for the individual and the program. Uncoupling the exams will support this approach while allowing the most flexibility and potential for individual career planning or remediation, if needed.

APCCMPD
2506 North Clark Street
Suite 431
Chicago, IL 60614
Phone: (877) 301-6800

Email: joycereitzner@apccmpd.org
www.apccmpd.org
@APCCMPD

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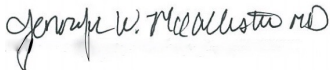
2. What benefits or unintended outcomes would you anticipate should the examination sequence for dual certification in Pulmonary Disease and Critical Care Medicine change?

The proposed changes have the benefit of providing added flexibility to fellows who need to plan around significant life events such as maternity leave, illness, etc., without a resultant delay in certification. There is a potential to consolidate study time for initial and maintenance of certification, if desired, and the ability to align this with an individual's areas of strength when planning for exams. Ultimately, this may result in a financial benefit for the individual who is able to consolidate review efforts or begin work in their specialty sooner.

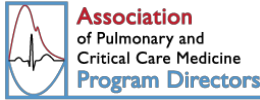
The proposed changes in exam sequence may have the unintended outcome of lower board pass rates if trainees who attempt to take two certification examinations in the same year do not have the knowledge and study skills to do so. There may also be a reduction in the number of diplomats in Pulmonary Medicine if some fellows do not feel the incentive to take both examinations. For those who only require certification in Critical Care Medicine for their practice after fellowship, the added cost and effort to seek the additional certification in Pulmonary Disease may no longer be warranted if not required. Over time, there is potential for this trend to negatively impact board passage rates tracked at the fellowship program level.

Should you have any questions please contact our Executive Director, Joyce Reitzner at joycereitzner@apccmpd.org.

Respectfully submitted,



Jennifer McCallister, MD
President
Association of Pulmonary and Critical Care Medicine Program Directors



Attachment 1

Sequence of ABIM Pulmonary Board Exam and Critical Care Board Exam

Survey Results:

- Administered March 25– April 3, 2019
- Sent to 278 PCCM Program Directors and Associate Program Directors
- 99 responded
- Response rate: 36%

Do you support the above changes?

Answer	%	Count
Yes	72.73%	72
No	27.27%	27

Please elaborate on why you are responding “yes” or “no”.

Those who responded, “Yes”

- I am in support of the proposal provided that the option of taking the Pulmonary boards during 3rd year continues. This change will allow fellows who may not be able/ready to take boards during 3rd year the opportunity to take both board exams in the first year after training. However with the financial and study burden, fellows may often prefer to take them in a staggered fashion so I support the ongoing opportunity to take the Pulmonary board exam during 3rd year.
- Frankly, I never understood the requirement for the sequence as presented. Due to the heavy inpatient nature of combined PCCM training at least early in the program, it is my sense that fellows are prepared for critical care certification prior to pulmonary certification in many instances as pulmonary education takes place over a longer trajectory in the outpatient environment.
- PUD and CCM are separate and independent boards and as such board-eligible candidates should be able to decide which exam they would like to take first. There are two questions here and only one possible answer for both so my answer is yes to the first. I am not so sure if the answer is yes to the second question. I believe the decision to take both boards in the same year after completion is a shared decision between the PD and the candidate as the results have important ramifications for the candidate and the program. If the in-service scores indicate that the candidate is not likely to pass one or the other, the PD should be able to recommend whether the candidate should sit for both in the same year or not.
- If fellows have completed ALL of their training, it is irrelevant which board they take first as competency in one is not dependent on competency in the other.
- The option should be left to the trainee

- The order that a fellow takes these exams after graduating from fellowship should not be an issue. Many trainees would like to get both out of the way or take CCM prior to Pulm if that is their clinical and/or research focus.
- Agree with this proposal as there is a critical shortage of critical care certified physicians and fellows are trained in both during their combined fellowship. thank you
- Given the context, I think it makes sense. My only concern is that raised at the meeting; that a fellow once certified in cc during their fellowship may choose not to finish, but I think it is unlikely. They don't get their results until midway through their third year.
- After training for 36 months in a combined PCCM program, I believe that the candidate should be able to take either the pulmonary or critical care examination first without the previous requirement of having pulmonary certification initially. I worry that if we take a stand on taking the CCM exam first we may lose the continued ability to take the pulmonary exam beginning at year 3. Overall, the question becomes since it is a combined program, candidates should not be eligible to sit for either until completion of the WHOLE program.
- While the current system works for most fellows in combined pulmonary/critical care training programs, improving flexibility would benefit trainees for whom the sequential exam requirement is a barrier to obtaining dual board certification in the most timely fashion. For example, fellows who take parental leave during the time period of the pulmonary exam are now forced to delay both board certifications by a full year.
- Seems logical to have them complete all their training prior to taking either exam.
- I think fellows and graduates should have the flexibility to take the exams in any order. I also think they should be able to take them in the same year without having to wait to find out whether they passed the pulmonary exam first
- They should be able to sit for board certification in ccm. It is a different specialty and there is no reason they can't get boarded in that without being boarded in pulmonary.
- If trainees do not pass their Pulmonary initial certification, they are "delayed" in being able to sit for board exams which has an impact in terms of their schedules (many prefer to get all exams out of way before starting a job) and possibly job competitiveness.
- I think completion of the fellowship is warranted prior to taking Critical Care examination. However, I do not think it is necessary to pass Pulmonary prior to taking the Critical Care exam
- In general, flexibility is probably good. I am concerned about potential issues with the timing of certs and how program completion requirements might be affected.
- It will allow individuals to complete all testing before joining a practice. During practice it may be hard to get dedicated time to study for exam. Also some individuals may want to concentrate on critical care and would want to complete that exam first.
- We should treat all medicine subspecialty fellows the same. If other fellows can choose the sequence.,, so should PCCM. Also, this will let fellows tailor their careers. I also feel that fellows master critical care earlier in their fellowships. Many would feel more comfortable taking CC first. I don't know if in-service exams confirm this, but I feel our program's scores reflect this

- I don't see any issue with fellows taking both boards if they feel ready
- Seems to add more flexibility without downside
- Flexibility Markedly free up fellowship time for research, clinical immersion, independent study
- I am agnostic to which Board the fellows sit for first because we only take combined PCCM fellows into our program and there is no 'short track' for anyone
- As long as fellows are allowed to take the pulmonary exam during their third year of training (if all requirements are met to sit for the exam), then I think they should have the option to take both exams at the same time upon completion of the fellowship. Uncoupling the two will also help shorten time between exams in the case of a fellow failing the pulmonary exam.
- It does not seem to me that it matters which test is taken first. I am more interested in how programs count training requirements to allow their fellows to take the pulmonary boards in the 3rd year of fellowship.
- Our fellowship program is Critical care "heavy" in the first 2 years and so taking the critical care exam before pulmonary makes it easier for the fellows
- Depending on the majority of rotations in the first 2 years of training, some programs may have the fellows better prepared for CC boards before they get to do most of the pulmonary electives that they need to sit for the pulm boards.
- There is no obvious rational basis (at least not any longer) for forcing a particular order to the examinations- either the trainee has met the requirements to sit for the exam, or they have not. The educational structure of different training programs may be weighted differently (potentially such that the trainee would be better served taking CCM first), or trainees (as we experienced) may transition from a straight CCM program to a combined program.
- There is significant overlap in content even though the focus is different. I personally take both recertification exams on consecutive days and encourage others to do the same. This is a more efficient and less distracting way to maintain certification. This should be an option for first time taker. However the PULM exam should be taken early in third year unless extenuating circumstances.
- It makes sense to be able to take the critical care certification independently from the pulmonary certification.
- An unintended outcome is that fellows may opt to wait until they are done with the fellowship to take either or both board exams. This indeed may delay these certifications and potentially may affect programs board-passing rates.
- After completion of fellowship, fellows may decide to work exclusively in critical care.
- If the training is covering both there should be no barrier to sitting for either or both tests.
- Provides increased flexibility to fellows without any obvious adverse consequences.
- I support the above change because I do feel it is the trainees' should have the autonomy to decide which tests they wish to take and when despite the fact that I personally believe they should sit for both and do them in separate years for both ample time to prepare and to spread out costs.

- The fellow should be able to take either examination as it is a combined 3 year program.
- The changes are less restrictive and allow for more options for fellows. I agree that the process / options should be similar to that of other fellowship specialties.
- It's learner focused. Let them decide in what order they wish to take the 2 exams.
-
- This would be synchronous with other fellowship training programs.
- I think it is fine to let them choose the order of the exams they want to take. if it is OK for Heme/Onc then it should be OK for Pulm/CCM.
- I voted YES because I believe increased flexibility for trainees is valuable, and this change would help align our specialty with others that have dual certification exams (i.e. Hematology and Oncology training). HOWEVER, will this change prevent fellows from taking an exam during fellowship? I would vote NO if this change removes the option for a fellow to take the exam prior to fellowship graduation. Currently, many fellows who have completed rotation requirements for the pulmonary certification exam will sit for the exam in the fall of their final fellowship year. After this change, fellows should be able to sit for either exam (pulmonary disease or critical care medicine) once they have completed the necessary rotation requirements outlined by ABIM. If this potential change indicates a desire by ABIM to restrict the exam eligibility to only fellows who have completed all fellowship training, there should be a more in-depth discussion between representatives of the APCCMPD and ABIM.
- After completion of all three years of fellowship I don't see a reason why a fellow should be forced to take pulmonary first. This would only be a concern if they could take it before the end of fellowship and thus leave the program early. I think that having the option to take either one first or both of them in the same year provides increased flexibility for the fellows.
- We are encouraging the fellows to be board certified in Pulmonary at the end of 2nd year and we are giving the Opportunity to do required number of pulmonary rotations to be eligible to sit for board examination.
- Sequence should not matter if the training requirements are met which would otherwise permit qualifying for either exam. e.g. Critical Care board eligibility should not be dependent upon Pulmonary board certification (or vice versa) since trainees in independent Pulm only or CCM only programs do not have this requirement.
- It never made sense to require either one before the other.
- There is no reason why a PCCM fellow should have to pass pulmonary before CCM. You can go directly from IM to CCM. It is an unreasonable restriction.
- I agree that any sequence of exam should be allowed. One exam result does not inform the other.
- I do feel its difficult for them to take the next exam if they fail the first and also taking the pulm within training does put some strain on the fellows to find funds for board review and the exam on a fellows salary, some strain on program to provide coverage for CHEST board review (during same time the incoming fellows are taking their IM boards) and then schedule lighter rotations around time of boards to allow study. Would be easier if they took both after completion.
- Consistent with other specialties.

- I don't believe Pulmonary Board Certification should be a prerequisite to sit for critical care boards, especially since none PCCM tracks allow the candidate to take critical care boards without another sub specialty certification. So, I support part one. I still think taking one of the exams before graduations is a good idea and should be encouraged since the fellows are engaged in active learning (not starting a new job) at that time which helps them have time to study and pass the boards. Not sure of the second statement.
- Allow the fellow to complete boards prior to going out to a busy practice.
- I do think that fellows should be able to take pulmonary and critical care board simultaneously and see how this could benefit people who prolong training due to leave or other circumstances
- It doesn't really make sense to oblige fellows to take pulm boards before crit care boards.

Those who responded, "No"

- I believe that three years of training is needed prior to critical care boards
- I believe the current approach allows for better structure for trainees and is likely to result in better success rates. In general, I don't feel strongly about this recommendation and don't believe it will affect my fellows either way.
- The heme/onc situation is conflating two unrelated issues. Right now, critical care certification is contingent upon certification by another board, unless training is extended. Unless that rule is changed (which is a separate conversation), taking CCM boards without the other board already completed should not be permitted.
- The fellows may not have completed the rotations or achieved the milestones for critical care by the time they register for the exam
- The current policy that allows pulmonary/critical fellows to take the pulmonary boards during the 3rd year of training saves a year to trainees and gives the opportunity to prepare for the boards during a more "relaxed" time on the last year of training as oppose to a more challenging time during the first year of the "first job"
- Many of our fellows go on to take additional board exams after completing Pulmonary and Critical care training. This would potentially delay boards in sleep, critical care echo and interventional pulmonology.
- Fellows should be boarded in their subspecialty prior to being boarded in a "sub-specialty of their primary specialty." Passing a board exam does not mean the fellow is ready to practice the profession.
- I can't say yes at this time because I am not aware if the ABIM will allow fellows to take the crit care boards first at the beginning of the 3rd year of PCCM fellowship. Whereas I understand I may be in the minority I simply can't endorse this without knowing the complete intentions and future of planning. It does not seem to me that this is just a matter of the order for taking boards. I like the current sequencing so perhaps I am just old fashioned but it does not seem the granular rules are being laid out by the ABIM particularly so.....even though I could see myself saying "yes" to this in the future, I can't endorse currently at this time.
- I think doing 2 exams in 1 year is not a good idea ie not devoting enough study time to either subject

- It is unclear how this would impact the ACGME tracking of ABMS board certification rates for our training programs. Which board exam(s) will be tracked for aggregate 3 year pass rate vs 7 year board certification rate of graduates? Pulmonary for 3 year rate and both for 7 year rate? Critical Care for 3 year rate? What happens if PCCM trainees decide not to take the pulmonary exam in 3rd year and instead wait until after completion of training? Then would the program end up just tracking a graduate pass rate?
- If a fellow does not pass pulmonary, they are unlikely to pass pulm and CC if taken simultaneously. I worry that this change would encourage fellows to put off their exams instead of taking them when they are best prepared. I have found that fellows who take and pass pulmonary in their 3rd year become more confident and serve as 'junior' faculty for the rest of the year. This is helpful for their own experience as a leader, mentor and teacher and to the rest of the program.
- I think the fellows should be board certified in their primary fellowship prior to taking a "sub-specialty of that specialty" exam - even if they can pass the exam. Passing an exam does not establish competency in practicing the profession.
- Fellows may just CCM. Boards and start working and never take Pulm boards It is hard to take 2 boards in a year
- I think both exams require similar things to study, yet from different perspectives. Having recently taken my exams, I think I would have had a hard time studying for both, especially if it was outside of the fellowship in a job. This would require too much studying time outside of actual work and I do not think most jobs would have time allotted for this. It could become too much pressure and jobs may require passing the boards immediately. Especially with pulmonary, I do not think fellows understand that out in the real jobs, you don't necessarily see everything that is covered and studying for the exam in a training setting will be more helpful to you.
- stand alone CC programs and other pathways can take CC boards. combined program should not limit or mandate and order of either exam. the onus should be on ABIM to justify why there should be and "order" or timing to take the exams other than during or after completion of training program.
- It would delay the ability to take Pulm and CC both for another year affecting our pass rate reporting.
- Fellow should have enough time to prepare for each board separately.
- Will detrimental for the pulmonary part of the training, and I am worry that some fellows will choose to leave programs before is completed. I will only agree if they take both boards during their third year of fellowship
- After originally thinking that we should allow member to be able to take both exams the same year if they have completed their training, I am now considering how challenging that would be. If the argument is that if they failed pulmonary, then they can't take CC the following year until they pass pulmonary. My argument would be that if they failed, they are already demonstrating a higher risk with standardized tests, so trying to study for two board exams simultaneously likely would not be beneficial, and often trainees are not aware of their own limitations in this matter.

What benefits or unintended outcomes would you anticipate should the examination sequence for dual certification in Pulmonary Disease and Critical Care Medicine change?

Those who responded, “Yes”

- By eliminating the pressure to take one board exam in F3 year, this change may encourage more fellows to complete board exams after the 1st year of graduation due to financial considerations. -if Pulmonary boards are not taken in F3, fellows faced with prospect of taking 2 board exams after graduation may opt not to certify in one of them (see hematology/oncology). Given trends in employment this would most likely result in fewer Pulmonary certifications. -If CCM moves to a 2 year knowledge check-in, it may seem burdensome to have to take both updates every 2 years and could encourage people to allow lapses of certification.
- My worry about simultaneous examination is that the burden of material to master is significant and we may see more first time failures if we allow to take both examinations simultaneously
- As noted above there are more ramifications for the program if both boards are taken in the same year. Some fellows are capable, some are not.
- None
- Board pass rate could drop particularly if they did not have enough rotations either in Pulm or CC
- See above.
- None if the critical care exam is still only available after the end of the 36-month fellowship.
- Agree with this proposal as there is a critical shortage of critical care certified physicians and fellows are trained in both during their combined fellowship. thank you
- bringing us in line with other dual fellowship, and allowing fellows to take pulmonary and cc at once, as many of us do in rectifying
- Possible de-emphasis on pulmonary disease as a board certification with having most candidates certified in CCM.
- The only potential unintended outcome would be if some fellows decided not to take both exams. This seems unlikely, however. The other issue to address is the timing of the 2 exams. They are currently both in November. Would the dates be staggered, to improve feasibility of taking both examinations in one year? Or could a second date be added, to improve overall flexibility, for each exam?
- Wonder if pass rates will change since they may be taking 2 exams simultaneously instead of focusing on only one topic at a time. Seems that trainees will no longer have the option to take pulmonary in their 3rd year either.
- If they could take critical care in the third year, there would be a theoretical risk that they might leave without completing their entire 36 months, but I do not think many fellows would do that, if any. If they cannot take the critical care exam until after their fellowship is completed, then even that theoretical risk is gone. I can't think of a downside.

- I think that some people who intend to do exclusively critical care will not retake the pulmonary exam but I guess that some of those same people would not recertify at 10 yrs
- See above.
- There may be too much time focused on test prep and not true learning.
- Fellow's May only want to do Intensivist work instead of Pulmonary work
- There would be small (very small) percentage of physicians who would not take pulmonary.
- Fellows may indefinitely delay boards and negatively impact program metrics
- As long as "board eligibility" requirements don't change the sequence doesn't really matter to us.
- Benefits are shortened times to obtain board certification. Can take crit care exam upon completion of training even if failed pulmonary exam. unintended outcomes would be potential of fellows to fail both exams if taken at the same time due to inability to adequately prepare for both exams.
- Potential for fellows leaving the program after they take the critical care exam in a PCCM fellowship program.
- Some fellows may want to take both boards before they finish training. That would put much stress on their clinical time since preparing for both boards may limit their clinical experience. It's up to each program to let the fellows know what boards they are encouraged to postpone till after training.
- Benefits: allows trainees the latitude to take examinations at the time appropriate to their own individual career development. Unintended outcomes: it may be that fewer trainees ultimately pursue dual certification, depending on their career needs.
- Hopefully this would 1. Reduce unnecessary board exams for those entering critical care who do not intend to focus on pulmonary medicine. 2. Expedite the board certification process and allow for more time to prepare for the pulmonary board exam.
- For individuals practicing only critical care, it seems reasonable to be boarded in your practice area rather than being required to take another board exam For smaller programs, if their graduates do not take the pulmonary board exam this could impact their pass rates.
- I would worry that board pass rates would drop as trying to take two examinations in one fall may not leave ample enough time to prepare. I would worry that we underestimate how many may opt out of an exam, particularly Pulmonary diseases.
- Less stressful for fellows.
- A higher failure rate on one or both exams for some fellows compared with taking a year apart.
- Longer board prep / study time.
- Some trainees may elect not to take the pulmonary disease examination. As a program director, I would discourage this decision for a fellow who has received training in the specialty. Perhaps more trainees would attempt both exams in the same year following

fellowship graduation. It is unknown whether this would negatively impact pass rates. Why not combine the certification exams so that dual certification in pulmonary disease and critical care medicine can be accomplished with a single exam and MOC pathway?

- I expect only benefits, because they can focus more easily for CCM certification. Not too much burden of 2 verification exam soon after Fellowship and challenges with role as a sub specialist
- Those choosing a job in CC will likely take CC boards first.
- -The pass rate might drop since it is more difficult to pass 2 boards in 1 year -Improves ease of scheduling boards around life events (i.e. grant submissions, new jobs, pregnancy) - Primarily, there was no logical reason the restriction existed in the first place and we should strive to be logical and consistent.
- I do not foresee any.
- Possible difficulty of taking two exams instead of one exam just as they are entering practice. Agree to allow them to take both after they finish the three-year program to decrease likelihood that some would try and take the exam within training and leave the fellowship before completion. Although if that is what is best suited for them we should be able to support their path.
- No downsides.
- Decreasing pass rate. If fellows decide to take both tests after graduation and while starting a new job or other fellowships, their study time is decreased and pass rates will likely suffer. 2. Decision not to take the Pulmonary Boards at all if they decide to take a mostly critical care job coming right out of fellowship. I think this would be to the detriment of the program but more importantly to the fellow.
- Benefits: - more flexibility for fellows - fellows can take crit care boards in 3rd year and then pulm once graduated.

Those who responded, “No”

- I would guess pass rates may fall modestly. The current structure encourages a specific focus on exams and sequence.
- People could circumvent the current ABIM requirements for certification in CCM.
- Decreased performance at the end of the fellowship, focusing for both board exam
- Although the advantage of this new proposal by removing the current pulmonary certification requirement will allow fellows to in theory take the boards simultaneously even if you fail the pulmonary board, I am not certain that this will provide a major benefit as it is challenging to prepare for 2 board exams simultaneously
- I really do not see any benefit. Potential unintended outcome is that it would delay board certification. I don't think fellows would elect to take two boards in one year.
- Some fellows may not take the Pulmonary boards and not be able to practice Pulmonary later in their career. Many of our new hires are opting out of office Pulmonary and just doing CCM - better hours, less days in the hospital because the reimbursement is higher.

- I could see where some might pass critical care boards and then "be done" and not sit for pulm boards. I do get the sense of having some input for my fellows taking pulmonary boards at the beginning of third year because they are "still my fellows" and I can watch over them more as they prepare.
- I think fellows will put off their exams until they are done with fellowship thinking this gives them more time to study. I am concerned that this would lead to worse scores.
- fellows might not sit for the pulmonary boards at all with the system; very concerning for programs; would not change the current system. its not broken.
- We may see board certification in Pulmonary drop. More money to be made in pure CCM. A lot of our younger attending colleagues are opting
- None
- Fellows not taking pulmonary at least initially. Fellows taking 2 in the same year and not passing one.
- Benefits - ability to study all at once. Unintended outcomes - increase failure rates. Difficulty in finding time to study at a job for two exams and not just one. Fellows deciding to take only one exam instead of two. The material does not completely overlap and a lot of information is needed to be reviewed.
- Decrease time to prepare for each board, potentially Lower board pass rate.
- As above. Focusing on one exam at a time is best. HOWEVER, if the CC exam were to move in the spring, so that one takes pulmonary in the fall and CC in the spring would help both scenarios. They can prepare each individually but moves up the opportunity to take CC sooner.