



Accreditation Council for  
Graduate Medical Education

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March 13, 2019

Christopher McCartney, MD  
Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM)

Dear Dr. McCartney,

Thank you for your letter dated January 31, 2019 related to the program requirement that addresses salary support for subspecialty program directors. The letter was in follow-up to a letter received in the fall of 2018 from the Association of the Pulmonary and Critical Care Medicine Program Directors (APCCMPD), co-signed by nine other subspecialty program directors societies, including APDEM, with recommendations for changes to the salary support requirement. APDEM's follow-up letter provided the Review Committee for Internal Medicine (RC-IM) additional information on the issue resulting from a survey it administered. The RC-IM appreciates the thoughtful dialogue around this important issue from all involved.

The RC-IM reviewed the recommendations at its fall 2018 meeting. In short, the recommendations were to: (1) re-categorize the current program requirement for percent of salary support and protected time from a "detail" to "core," and (2) incorporate new program requirement language that provides for graduated salary support increases for the program director and associate program director (in terms of full-time equivalent) based on program size. Specifically, the request was to edit the requirement in the following manner:

- II.A.2.c) *This support should be at least 25 to 50 percent of the program director's salary, or protected time, depending on the size of the program. (~~Detail~~ Core)*
- II.A.2.d) *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 APD)
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+ fellows	Increase by 5% for every 3 fellows

With regard to the first recommendation (denoted as requirement II.A.2.c above), the RC-IM decided that it would re-categorize the requirement as a "core" requirement. Additionally, although not asked, the RC-IM upgraded it from a "should" to a "must" requirement. According to the ACGME glossary, "must" is "a term used to identify a requirement which is mandatory or done without fail..." and is more substantial and consequential than a "should" requirement. As such, the RC-IM revised the requirement in the following manner: *This support must ~~should be~~ at least 20 25 to 50 percent of the program director's salary, or protected time, depending on the size of the program. (~~Detail~~ Core)* The RC lowered the range to 20 percent so there is parity with the residency common program requirement (CPR) related to this issue. The requirement appears in this manner in the focused revisions of the subspecialty requirements currently underway.

With regard to the second recommendation (denoted as potential requirement II.A.2.d above), the RC-IM decided that it would not incorporate new language for salary support as part of the focused revisions. It felt

that introducing new language like this is beyond the scope and purpose of the focused revision process. The primary “focus” of the focused revisions underway is to harmonize the specialty/subspecialty requirements with the CPRs that go into effect July 1<sup>st</sup>. Specifically, the RC is (1) reorganizing the current specialty/subspecialty requirements to fit within the new CPR format; (2) deleting specialty/subspecialty requirements that are either (a) redundant or (b) precluded as a result of any newly restrictive requirement sections, and (3) making minor edits and clarifications when necessary and allowed. The focused revisions to the internal medicine residency requirements and several subspecialty requirements (including the pulmonary and critical care requirements) are located on the ACGME’s website in the Review and Comment section, <https://www.acgme.org/What-We-Do/Accreditation/Review-and-Comment>. Due to the number of requirements across specialties undergoing focused revisions, only a few of the internal medicine subspecialty requirements could be accommodated. The remaining focused revisions will be posted very soon and will follow the same overall format and flow as those currently being vetted.

Furthermore, developing and incorporating new language related to salary support is complicated and thorny because it will likely have significant financial implications for sponsoring institutions and programs alike. As such, it deserves further and broader discussion with stakeholders and will be considered as part of the *major* revision of the subspecialty requirements. In terms of timing, the major revision of the subspecialty requirements will begin after the major revision of the residency requirements finishes. For more information on the major revision of the internal medicine requirements and the new process the RC is piloting and using for it, proceed to the following link, <https://www.acgme.org/Portals/0/PFAssets/ProgramResources/IM2035ExSummary.pdf?ver=2018-08-16-133452-567>.

The RC-IM appreciates the dialogue and looks forward to continued collaborative and meaningful discussions on this and other issues. The RC-IM strongly supports all program directors for their efforts and contributions to educating the next generation of physicians. The decision to edit the current requirement in the manner noted above is proof of the RC-IM’s commitment to supporting subspecialty program directors. The decision to not introduce the new language does not diminish or downplay this commitment or the concerns raised in either the fall 2018 or winter 2019 letters. It simply means that additional conversations around salary support are necessary. Know that the RC-IM will consider all facets of this very important issue during the major revision of the subspecialty requirements.

APDEM’s letter and reference material, along with this response will be shared with the RC-IM. Please also share this response with all the program director societies who co-signed the letter sent in the fall of 2018.

Sincerely,



Christian Cable, MD  
Chair, RC-IM



Jerry Vasilias, PhD  
Executive Director, RC-IM

cc: Alan Dalkin, MD, RC-IM member  
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