

APCCMPD Comments - ACGME GME Subspecialty Program Requirements Focused Revisions Submitted October 17, 2021

Dedicated Time and Support Program Director and Associate Program Director

Pulmonary	CCM	PCCM																																																																																														
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Please provide a rating for the changes to PR II.A.2.a)

I/We support the program requirement as written.	
<p>I/We support the program requirement with suggested change. Please provide comment below.</p>	<p>The APCCMPD applauds the ACGME and the Internal Medicine Review Committee for recognizing the substantial support required to successfully administer a fellowship program; including, protecting the PD effort individually, as well as, the including support for an APD and core clinical faculty leadership.</p> <p>After review of the focused revisions and feedback from PCCM Programs Directors, especially from those with smaller programs, the APCCMPD would like to emphasize that Program Directors have many time consuming administrative responsibilities that they must perform regardless of number of fellows (webADS, CCC, PEC, annual program evaluation, etc.).</p> <p>As such, the APCCMPD recommends raising the base minimum support required for PDs. For example, programs with <7 fellows could start at .25.</p>
I/We do not support this program requirement. Please provide comment below.	

Please provide a rating for the changes to PR II.A.2.b)

I/We support the program requirement as written.	
<p>I/We support the program requirement with</p>	<p>The APCCMPD applauds the ACGME and the Internal Medicine Review Committee for recognizing that successful fellowship education is dependent on dedicated support of</p>

<p>suggested change. Please provide comment below.</p>	<p>a variety fellowship program leadership, who possess diverse expertise, rather than just a single Program Director.</p> <p>After review of the focused revisions and feedback from PCCM Programs Directors the APCCMPD would like to emphasize that importance of multiple leaders supporting the fellowship program rather than a single Program Director.</p> <p>However, we are concerned that the requirement to appoint an APD for smaller programs without support will lead to difficulty/unfunded extra work for the person in that position. Therefore, the APCCMPD recommends that programs with < 7 fellows either have 0.13 FTE for an APD or the PD + APD could have a combination of support at some level (ie. 0.25 + 0.10 =0.35) that could be divided between 2 people accordingly. This would allow a greater flexibility to smaller programs to manage their educational personnel similar to larger programs that divide up their APD time.</p>
<p>I/We do not support this program requirement. Please provide comment below.</p>	

<p>Please provide a rating for the changes to the Specialty Specific Background and Intent language.</p>	
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Dedicated Time and Support Additional Program Leadership Support

Pulmonary	CCM	PCCM
<p>Requirement #: II.B.4.e) Requirement Revision (significant change only):</p> <p>II.B.4.e) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)</p> <p>Specialty-Specific Background and Intent: For instance, a program with an approved complement of 12 fellows is required to have a minimum of eight ABIM- or AOBIM-subspecialty-certified faculty members and an FTE of 10 percent each. Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p> <p>Specialty Background and Intent: The program must have a minimum number of ABIM- or AOBIM-certified pulmonary-disease faculty members who devote significant time to teaching, supervising, and advising residents, and working closely with the program director. One way the pulmonary disease-certified faculty members can demonstrate they are devoting a significant portion of their effort to resident education is by dedicating an average of 10 hours per week to the program.</p>	<p>Requirement #: II.B.4.e) Requirement Revision (significant change only):</p> <p>II.B.4.e) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)</p> <p>Specialty-Specific Background and Intent: For instance, a program with an approved complement of 12 fellows is required to have a minimum of eight ABIM- or AOBIM-subspecialty-certified faculty members and an FTE of 10 percent each. Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p> <p>Specialty Background and Intent: The program must have a minimum number of ABIM- or AOBIM-certified critical care medicine faculty members who devote significant time to teaching, supervising, and advising residents, and working closely with the program director. One way the critical care medicine-certified faculty members can demonstrate they are devoting a significant portion of their effort to resident education is by dedicating an average of 10 hours per week to the program.</p>	<p>Requirement #: II.B.4.e) Requirement Revision (significant change only):</p> <p>II.B.4.e) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)</p> <p>Specialty-Specific Background and Intent: For instance, a program with an approved complement of 12 fellows is required to have a minimum of eight ABIM- or AOBIM-subspecialty-certified faculty members and an FTE of 10 percent each. Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p> <p>Specialty Background and Intent: The program must have a minimum number of ABIM- or AOBIM-certified critical care medicine faculty members who devote significant time to teaching, supervising, and advising residents, and working closely with the program director. One way the critical care medicine-certified faculty members can demonstrate they are devoting a significant portion of their effort to resident education is by dedicating an average of 10 hours per week to the program.</p>

<p>Please provide a rating for the changes to PR II.B.4.e) / PR II.B.4.g)</p>	
<p>I/We support the program requirement as written.</p>	
<p>I/We support the program requirement with suggested change. Please provide comment below.</p>	
<p>I/We do not support this program requirement. Please provide comment below.</p>	

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<p>I/We support the program requirement with suggested change. Please provide comment below.</p>	<p>The APCCMPD applauds the ACGME and the and the Internal Medicine Review Committee for recognizing that successful fellowship education is dependent on dedicated support of a variety fellowship program faculty, who possess diverse expertise, rather than just a single Program Director and their leadership. The support of the core clinical faculty member to perform a host of teaching and administrative duties involved in the myriad of fellowship activities is a major advancement in in the support of fellowship education.</p> <p>Similar to PR II.A.2.b however we suggest that for some programs the ability to disperse that support in a more flexible way rather than a 0.1 per faculty may allow the PD the reward faculty who perform larger roles/activities than others (ie. Run QI curriculum etc). Therefore, the APCCMPD recommends that the total support for core clinical faculty be determined as 0.1 x 1.5 per approved fellow complement and then the PD be allowed to</p>

	distribute that between their faculty according to their contributions (with a minimum of 0.05).
I/We do not support this program requirement. Please provide comment below.	

Dedicated Time and Support Program Coordinator Support

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Please provide a rating for the changes to PR II.C.2.a)	
I/We support the program requirement as written.	
I/We support the program requirement with suggested change. Please provide comment below.	<p>The APCCMPD applauds the ACGME and the Internal Medicine Review Committee for recognizing the support required to administer a fellowship program is dependent on a team of individuals with diverse expertise and skill sets.</p> <p>After review of the focused revisions and feedback from PCCM Programs Directors, especially from those with smaller programs, the APCCMPD would like to emphasize that like Program Directors, Program Coordinators have many time-consuming administrative responsibilities that they must perform regardless of number of fellows.</p> <p>As such, the APCCMPD recommends raising the for the minimum support required for Additional Aggregate FTE Required for Administration of the Program. For example, programs with <6 fellows could start at .2 FTE.</p>
I/We do not support this program requirement. Please provide comment below.	

Please provide a rating for the changes to the Specialty Specific Background and Intent language.	
I/We support the program requirement as written.	
I/We support the program requirement with suggested change. Please provide comment below.	
I/We do not support this program requirement. Please provide comment below.	