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2019-2020**

October 18, 2019

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Lynne M. Kirk, MD, MACP  
Chief Accreditation Officer  
Accreditation Council Graduate Medical Education  
401 North Michigan Avenue, Suite 2000  
Chicago, IL 60611

Dear Dr. Kirk,

We thank you for your letter sent on October 11<sup>th</sup> and appreciate the continued dialogue amongst you, the ACGME, and our APCCMPD membership and Board of Directors. Your recognition for our efforts is welcomed. We also appreciate this invitation to continue the discussion regarding changes and updates made to WebADS this year. As such we would like to share some of our suggestions, which we recently shared with Dr. Vasilius, Executive Director for the Internal Medicine Resident Review Committee, in a letter dated October 11, 2019.

**1. We respectfully request the ACGME move the WebADS deadline later in the academic year to better align with the Subspecialty PD academic calendar.** While it was refreshing to learn that programs will have the opportunity to continue to make changes to their WebADS submission through the end of the year, in reality, the deadline the ACGME sets is a hard deadline for many programs due to institutional standards. Moving the WebADS deadline to later in the year could significantly alleviate work compression and ultimately PD burnout. June through September is arguably the busiest time in the pulmonary and critical care medicine (PCCM) PD administrative calendar. While continuing their ongoing clinical duties, PCCM PDs engage in PEC and CCC meetings in late spring and then concentrate on simultaneously graduating senior fellows and onboarding new fellows in June as they prepare to orchestrate boot camps in July. Recruitment season begins shortly thereafter and PDs review applications mid-July and begin the interview season in August and September. Thus, moving the WebADS deadline to a later month could alleviate workload compression and burdens that are generated when all these duties are performed in such close proximity. For PDs like us who interview early in the academic year, moving the deadline to the end of November could be quite meaningful. Work compression like this is believed to be a driver of burnout and it would be a great step for the ACGME to demonstrate their understanding of work compression and demonstrate tangible actions to alleviate burnout in the program director community. Reducing work compression for trainees is a priority for PDs and training programs. Fittingly, aligning the deadline with the PD calendar could go a long way for a governing body such as the ACGME to model effective strategies to offload work compression for PDs.

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- 2. Ask the DIO or CLER/Institutional Committees for answers to institutional-wide questions.** Many questions on WebADS this year may have been most suitable for institutions to answer rather than training programs. Institutional officials and committees create many conferences, training sessions, policies and processes that address these queries. In fact, at several institutions, the DIO drafted common responses that all of their GME programs could use in their WebADS responses. If the DIO and institution as a whole are capable of answering these questions, then we suggest considering asking the questions to the institution and/or DIO. This could be incorporated into CLER visits or an institutional annual update, rather than directing queries to each program separately.
  
- 3. Consider announcing changes early in the WebADS cycle and offer tip sheets for expectations.** Dr. Vasiliadis provided suggestions and information to ease the submission process, which we shared with our membership and the feedback was positive. Many of our members felt these suggestions would have been *even more* useful if provided earlier in the WebADS cycle. Here is an example: Some of our members had difficulty discerning if faculty should be added to the faculty roster and/or be designated as core faculty. Dr. Vasiliadis gave us guidance to minimize the listing of faculty, but this was not an option for all. One of our members reported that entering a faculty member as a site director automatically populated them as faculty. Whereas many PDs would list a site director in their faculty roster, in this case, there were circumstances where the PD did not want site directors from shorter rotation sites listed as faculty. Announcing changes and providing a "tip sheet" early in the cycle could afford programs the opportunity to inquire early about outliers and exceptions for special circumstances like these.

Again, we want to thank you and the ACGME for your responsiveness to our concerns and for the support you provide to trainees, programs, and program directors. We hope our suggestions above can lead to efficient and successful reporting for future WebADS submissions and hope to continue this dialogue with you and the ACGME.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Lenz", with a stylized flourish at the end.

Peter Lenz, MD, MEd  
President  
Association of Pulmonary and Critical Care Medicine Program Directors