

ACGME Requirements Review and Comment Form

Title of Requirements	ACGME Program Requirements for Graduate Medical Education in Critical Care Medicine (Subspecialty of Internal Medicine)
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Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Select [X] only one	
Organization (consensus opinion of membership)	
Organization (compilation of individual comments)	XX
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	

Name	Peter Lenz, MD, MEd
Title	President
Organization	Association of Pulmonary Critical Care Medicine Program Directors

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent to the publication of any comments, please indicate such below.

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The ACGME welcomes comments, including support, concerns, or other feedback, regarding the proposed requirements. For focused revisions, only submit comments on those requirements being revised. Comments must be submitted electronically and must reference the requirement(s) by both line number and requirement number. Add rows as necessary.

	Line Number(s)	Requirement Number	Comment(s)/Rationale
1	Lines 131-134	I.C.	We recognize and support the importance of a diverse and inclusive workforce and workplace for trainees and members of the academic and healthcare community. We agree that recruitment of a diverse group of fellows should be a priority for the program as should efforts to create a culture of inclusiveness within the fellowship-training program. We support creating a systematic process to recruit a diverse group of fellows and to address inequities

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			<p>within the fellowship training program.</p> <p>We believe the recruitment of diverse residents, faculty members, administrative staff members and other relevant members of the academic community is essential; however, it is not within a fellowship program director's authority.</p> <p>Similarly, retention of a diverse workforce is valued but is beyond the scope of the training program. Instead, we believe it is a shared responsibility with the Sponsoring Institution, administration, the medical school, and members of the academic community.</p> <p>As a "Core" requirement, the emphasis on this aspect of this metric has the potential to hold programs accountable for metrics over which they may have little individual control.</p> <p><i>Recommended revision:</i> Consider if these broader reaching goals are better suited for evaluation in the Clinical Learning Environment Review.</p>
2	Lines 307-310	II.A.2.b.	<p>We applaud the Review Committee's decision to change the requirement for program director support from a "detail" to "core" requirement. This is an important step in establishing the necessary support for fellowship program directors. However, we worry that without clear guidance about how much support should be provided for each program, this may have the unintended consequence of reducing support for some programs where a higher level of support is not only appropriate but needed.</p> <p>In those institutions where support was already being provided in accordance with the prior detail requirement, the reduction in the minimum required amount from 25% to 20% without clear guidance about which program directors still require 25% (or more) protected time has the potential to arbitrarily reduce the amount of support being provided. The absence of clearly specified guidelines to determine the appropriate amount of protected time to allocate to each Program Director may allow the institution to undervalue the time it takes to adequately support each 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 revision:</i> Specify the amount of salary support and protected time needed for the Program Director (Full Time Equivalent [FTE]) to meet the program requirements based on specific parameters such as program size,</p>

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			complexity, and specialty specific curricular needs (Core).
3	Lines 307-310	II.A.2.b.	<p>Current Program Requirements for Internal Medicine require 50% FTE for the program director and require one associate program director with 20 hours (50% protected time) for 24 residents or more. 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.</p> <p>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 takes to adequately support the program.</p> <p>Recommended revision:</p> <ol style="list-style-type: none"> 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). 3. 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).
4	Lines 316-319	II.A.3.a).(1)	The APCCMPD appreciates and applauds the changes to change the prior administrative experience from 5 years to 3 years.

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5	Lines 500-502	II.C.2.	<p>We commend the Review Committee for including the recommendation for support for a program coordinator based on program size and configuration, but would advocate for a strengthening of the language to include clear expectations for the minimum amount of salary support and protected time that each program coordinator should receive to ensure that the necessary time and attention can be dedicated to program administration as well as professional development. Without clearly stated expectations for support, this position remains at risk for being diluted by administrative tasks not related to the support of the training program. In addition, individuals in these roles may not be provided the necessary opportunities for professional development and advancement of the skills needed to grow in this position in the long run.</p> <p><i>Recommended revision:</i> Specify the amount of salary support and protected time needed for the program coordinator to meet the program requirements based on program size, complexity, and specialty specific curricular needs (Core).</p>
6	819-826	IV.B.1.b).(2).(b).(iv) and IV.B.1.b).(2).(b).(iv).(a)	<p>To our knowledge, there is no data to support a numerical requirement of 50 for bronchoscopy, and opportunities to perform bronchoscopy can be highly variable for programs including smaller programs or one-year only programs. Thus, a minimum of 50 can be a barrier for some programs. Attaching a number requirement to bronchoscopy, but not for central lines, arterial lines, intubations, or chest tubes also seems inconsistent.</p> <p><i>Recommended revision:</i> We would recommend removing the number requirement altogether as there is no data to support such number for competency. The current accreditation system places a premium on the Clinical Competency Committee (CCC) to determine competency for milestones and we feel this should be the case for bronchoscopy as well. We recommend removing the numerical bronchoscopy requirement and allow the CCC and their processes to determine bronchoscopic competency.</p>
7	Lines 837-839	IV.B.1.b).(2).(b).(vii)	<p>The insertion of pulmonary artery balloon flotation catheters has become increasingly less common in the routine care of critically medically ill patients, with the use of these catheters limited to select patient populations and specific intensive care units.</p> <p><i>Recommended revision:</i> Maintain the designation of "Outcome" for the insertion of pulmonary artery balloon flotation catheters rather than "Core" as proposed.</p>

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8	Line 1339 - 1340	V.C.1.c)	<p>Recruitment and retention of a diverse group of fellows should be a priority for the program as should efforts to create a culture of inclusiveness within the program. Retention of a similar workforce is valued but may be beyond the scope of the training program and difficult to influence at the program level in the Annual Program Evaluation.</p> <p>Recommended revision: Consider if these broader reaching goals are better suited for evaluation in the Clinical Learning Environment Review.</p>
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General Comments:

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