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November 4, 2017

Thomas Nasca, MD, MACP  
Chief Executive Officer  
Accreditation Council for Graduate Medical  
Education 515 N. State St, Suite 2000  
Chicago, IL 60611

Dear Dr. Nasca:

As leadership of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) we appreciate the opportunity to review and provide input on the common program requirements. As program directors and educators, we view our role in the joint process of maintaining the quality of our training programs as that of advocating for the fellows, and we hope that all of our recommendations will clearly relate to the overarching goal of ensuring the highest quality graduate education for them.

In many cases, we realize our membership (primarily program directors and associate program directors) are inadequately supported by their sponsoring institutions and departments. In these instances, programs continue to function due to the dedication of these educators, yet we are detecting an alarming amount of burnout in our ranks related to the lack of protected time for administering the programs. This is particularly true in the environment of NAS, with the requirements of continuous milestone reporting, clinical competency committees, program education committees, annual program reviews, etc. We recognize the value of these activities according to the vision of the ACGME and our governing RC. We mention these activities only to make the point that protected time is an absolute must in this era of increased evaluation, documentation, reporting and innovation. In addition, we are excited by the ACGME's invitation to innovate in education, quality improvement and evaluation, but this also requires additional personnel-hours.

Therefore, our first recommendation is that the ACGME specify the requirement for sponsoring institutions to support the program director's salary and protected time in the common program requirements (*ACGME Common program requirements: Section I.A.*) The APCCMPD recommends that the ACGME require sponsoring institutions to support 25 to 50% of the program director's salary **with** funded protected time equivalent to at least 25% (and up to 50%) of the program director's salary depending on program size and complexity. This should be a core recommendation common to all programs and across all specialties. There are instances of institutions and departments interpreting the guideline as it is currently written, as unfunded time, which is

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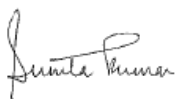
vulnerable to be squeezed out in favor of clinical or other productivity priorities. Making this a core requirement gives a program director the necessary leverage to negotiate sustainable time allocation in his or her role. For all the same reasons program directors need protected time, they also need the support of one or more APDs. Not only does an APD make the many responsibilities of the PD more manageable, this position provides a venue for training future program directors and leaders. Given the complexities of directing a training program according to NAS and other requirements, having some depth of leadership seems essential to prepare for the inevitable career changes which may take a PD from a program on short notice, potentially exposing the trainees in the program to a leadership void for a period of time. New PDs who have served as APDs are generally much better prepared to maintain the quality of the program. We therefore recommend that the ACGME **add** a requirement in the common program requirements for programs to appoint associate program director(s) (APD) to assist the program director in their duties. There should be a requirement that institutions provide some level of financial support for APDs as well and not bundle it with that of the program director. We recommend a range of protected time, such as 10-25%, depending again on the size and complexity of the program, and would urge the ACGME to make this a core requirement along with the protected time requirement for PDs.

We recommend that the ACGME add a truncated list of common program requirements for fellowship programs, which will include the recommendation of support for APDs as noted above. Similar to the language of the internal medicine program requirements (*ACGME Program Requirements for Graduate Medical Education 1 in Internal Medicine 1.A.2.e*), requiring support for APDs based on program size, we suggest the following requirement: "Provide associate program directors (APD) based on program size. At a minimum, the number of APDs required should match the following parameters, according to resident complement: <sup>(Core)</sup>"

Fellows in program	Minimum number of APDs
1-3	0
4-7	1
8-12	2
12+	3

On behalf of the APCCMPD, I would like to thank you again for providing the opportunity to give our input on this important and much needed endeavor to revise the common program requirements. Please feel free to contact me if there are any additional questions.

Sincerely,



Sunita Kumar, MD  
President

Association of Pulmonary and Critical Care Medicine Program Directors