ACGME Requirements
Review and Comment Form

Title of Requirements	Sections I-V of the Common Program Requirements (Residency) and Common Program Requirements (Fellowship)

Commenter Information

Name	D. Craig Brater, MD
Title	President and CEO
Organization	Alliance for Academic Internal Medicine

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

*An organization submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Consent

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 do not consent to the publication of any comments, please indicate such by checking the box below.

I do not give the ACGME consent to publish my comments ☐

Comments

The ACGME welcomes all comments, including support, concerns, or other feedback, regarding the proposed requirements.

Specific Comments
Comments related to (a) particular requirement(s) must be referenced by requirement number; any specific comments without an appropriate reference will not be considered. Add rows to the comment table as necessary.

Special Instructions for Common Program Requirements: The ACGME invites the community to comment on both the Residency and Fellowship versions of the Common Program Requirements. You may choose to comment on just one version, or to give feedback on both; *please use only one form*. Note that in some areas, the exact language may not be the same between the two versions, and some requirements appear in only one version.

Please use the checkboxes in the table below to indicate for each comment whether your feedback is related to the Residency version, the Fellowship version, or both versions. (For example, you should check both boxes if you wish to comment on a difference between the two versions.) This will ensure that your feedback is attributed to the correct version.

If all of your comments relate to only one version, you may indicate here which version you have used in your review rather than checking the boxes separately in each row:

Residency version only ☐
Fellowship version only ☐

Note that Section VI of the Common Program Requirements is not open for comment. Only comments on Sections I-V will be reviewed.

Comments on Requirements		
Requirement Number(s)	**Version(s)**	**Comment/Rationale**
I.B.2	Residency ☒ Fellowship ☒	Comment: Clarify whether the responsibility for developing the PLA lies with the Program Director (PD) or the Designated Institutional Official (DIO).
I.C.	Residency ☒ Fellowship ☒	**Delete requirement.** Rationale: This issue is more appropriate for inclusion in the ACGME Clinical Learning Environment Review (CLER) program.
I.D.2.	Residency ☒ Fellowship ☒	**Proposed language revision:** Modify the phrase: "The program, in partnership with the Sponsoring Institution" to "The Sponsoring Institution, in partnership with the program." Comment: This responsibility is outside of the control of the PD, but the PD can advocate and partner with the institution, so the proposed above wording is more appropriate. Further, this requirement may be more appropriate for institutional requirements.
II.A.1.a)	Residency ☒ Fellowship ☐	Comment: Additional guidance (perhaps in the form of an FAQ) is needed to assist with determining the suggested "length of time adequate to maintain continuity of leadership and program stability."
II.A.2	Residency ☒ Fellowship ☒	**Proposed language revision:** At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours) per week of non-clinical time to the administration of the program, <u>and should be increased further,</u> <u>based upon its size and configuration</u>.

Comments on Requirements		
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		Comment: Adding this phrase will highlight that larger programs may require more FTE. The fellowship PD language should be the same as the residency PDs regarding non-clinical time for administrative responsibilities.
II.A.4.a) (2)	Residency ☒ Fellowship ☒	**Delete requirement.** Rationale: Incorporate into a philosophy statement starting on line 279. The concept and philosophy is important; yet, it is unclear who will measure the needs of the community, or from where this data will come. This should not be the responsibility of the PD, should remain as is in curricular design (IV.A.1.a), and should be removed from the PD responsibilities.
II.A.4.a) (4)	Residency ☒ Fellowship ☒	**Proposed language revision:** develop and oversee a process to evaluate candidates prior to appointment as <u>core</u> program faculty members and at least annually thereafter, as outlined in V.B. Comment: For large programs, the process to evaluate all faculty candidates would be quite laborious and time intensive.
II.A.4.a) (9)	Residency ☒ Fellowship ☒	**Proposed language revision:** provide applicants with information related to eligibility for the applicable subspecialty Board examination(s); <u>information available online is acceptable.</u> Comment: Information is available online.
II.C.2	Residency ☒ Fellowship ☐	**Proposed language revision:** At a minimum, the program coordinator must be supported at 50% FTE (at least 20 hours per week) for administrative time, <u>and should be increased further, based upon size and configuration</u>. Comment: Adding this phrase will highlight that larger programs may require more FTE. Note that there have been discussions within AAIM about the expanding role of Program Coordinators. There are efforts in the community to change the title to Medical Education Manager.
II.C. 3	Residency ☒ Fellowship ☒	**Proposed language revision:** Add a new requirement that the Program Coordinator must be provided with professional development opportunities.
IV.A.1.b)	Residency ☒ Fellowship ☒	**Proposed language revision:** A program with additional ACGME <u>osteopathic</u> recognition status must demonstrate how requirements associated with such recognition are integrated into the curriculum. Comment: A description of the intended recognition status is needed.
IV.A.4.a)	Residency ☒ Fellowship ☐	**Proposed language revision:** Residents must be provided with <u>scheduled</u> time to participate in core didactic activities.

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		Comment: "Protected time" is vague and scheduled time is preferred. If left as "protected time," a definition about protected time is needed.
IV.A.4.a)	Residency ☐ Fellowship ☒	**Proposed language revision:** Add a requirement to mirror the residency requirement: Fellows must be provided with <u>scheduled</u> time to participate in educational activities. Comment: Comment: "Protected time" is vague and scheduled time is preferred. If left as "protected time," a definition about protected time is needed. The existing background and intent (line 493) provides an appropriate explanation to support this requirement.
IV.B.1.	Residency ☒ Fellowship ☒	**Proposed language revision:** The program must integrate the following ACGME Competencies, including sub-competencies associated with additional ACGME <u>osteopathic</u> recognition status, into the curriculum: Comment: Specify what is intended by recognition status.
IV.B.1.b).(2)	Residency ☐ Fellowship ☒	**Proposed language revision:** Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice <u>as required (or recommended) by the core specialty.</u>
IV.B.1.e).(1).(d)	Residency ☒ Fellowship ☐	**Proposed language revision:** <u>supporting</u> patients, families, students, residents, and other health professionals; Comment: Supporting is the more appropriate term; educating is not always possible.
IV.D.2.a)	Residency ☒ Fellowship ☒	**Proposed language revision:** Add "services that support population health." Comment: Developing programs or services in the community or at the institution that support population health, but are not "research" should be included in the list.
IV.D.2.b).(1)	Residency ☒ Fellowship ☒	**Proposed language revision:** Add "<u>serving on community or professional committee outside of clinical responsibilities</u>" and "<u>curriculum development.</u>" Comments: These areas are relevant and appropriate for scholarly activity.
IV.E.1	Residency ☐ Fellowship ☒	**Proposed language revision:** Comment 1: Programs now have implemented X+Y for clinic,

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		thus may have limited time to provide evaluations every three months. Comment 2: Clarify whether fellowships that allow fellows to engage in independent practice should count this time toward specialty training.
V.A.1.b).(2)	Residency ☒ Fellowship ☒	**Proposed language revision:** Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every <u>six</u> months and at completion. Comment: Programs now have implemented X+Y for clinic, thus may have limited time to provide evaluations every three months.
V.A.3.b).(3)	Residency ☒ Fellowship ☒	**Delete** the requirement that the CCC must meet **prior to** the resident's semi-annual evaluation. **Proposed language revision:** CCC must <u>meet to review</u> the resident's semi-annual evaluation and advise… **Add:** the resident must receive feedback regarding the resident's progress by the CCC. Comment: Many programs' CCCs meet after the semi-annual review of the resident to discuss each resident and determine milestone progress. Given the complexities and importance of this process, flexibility must be maintained in timing of the meetings to ensure that a trainee is provided with the most effective process for assessment and feedback.
V.B.1. a)	Residency ☒ Fellowship ☒	**Proposed language deletion:** This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to skills as an educator, ~~clinical performance~~ professionalism, and scholarly activities. Comment: This requirement should apply to the **core faculty only**. Institutions with large numbers of general faculty will be overwhelmed monitoring all these areas for all faculty. PDs already enter scholarship for core faculty in ADS and this should be adequate. Participation in faculty development by all faculty could be an overwhelming amount of tracking for programs. The hospital credentialing (Chief of Staff) office is responsible for clinical performance and not residency PD.
V.B.3.	Residency ☒ Fellowship ☒	**Proposed language revision:** Results of the faculty evaluation should be used as a basis for <u>core</u> faculty development plans. Comment: Clarify that this requirement will be for aggregate faculty development plans; it is not realistic to track and ensure at the individual faculty level.
V.C.2.a).(5).(a)	Residency ☒ Fellowship ☒	Comment: Guidance is needed on how PDs will monitor

Comments on Requirements

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		aggregate resident (fellow) and faculty well-being. On a practical basis, doing an annual Maslach survey, for example, would be costly. While a worthy goal, this requirement appears difficult to implement. Perhaps an FAQ outlining steps that could be taken to monitor this would be helpful.
V.C.2.a).(5).(b)	Residency ☒ Fellowship ☒	Comment: It is unclear how PDs should monitor aggregate faculty recruitment and retention. This should be done at the Department or Hospital level.
V.C.2.a).(5).(c)	Residency ☒ Fellowship ☒	Comment: While workforce diversity is important, it is beyond the PD control to hire faculty.
V.C.2.a).(6).(d)	Residency ☒ Fellowship ☒	Comment: Once graduates join independent practice, PDs do not have the authority nor the ability to track them. For those entering fellowship, the ACGME already has competency performance information submitted as milestones.
V.C.4.g)	Residency ☒ Fellowship ☒	**Delete requirement.** Rationale: This information is available by the specialty board and can be obtained directly without additional administrative time by the PD to enter this in ADS.

General Comments

Please include only general or overall comments in this box. Comments about specific requirements must be included in the requirement comment table above and referenced by requirement number in order to be considered by the ACGME.

AAIM appreciates the opportunity to review the proposed requirements and to submit comments.

- ACGME is encouraged to ensure that the requirements are within the control of the PD, if the PD is to be held accountable. Several new requirements are for faculty level issues that are at the authority of the Chair or Hospital Several areas also fall within institutional structure – lactation rooms, interprofessional staff, faculty, and diversity practices.

- The PDs role in hiring and removing clinical-educators vary widely.

AAIM also encourages ACGME to consider some of the tedious tracking to be detail requirements. If a program is in good standing, the PD does not need to spend time tracking faculty scholarly activity, professional development, etc. These requirements are a step backward from the detail/core coding that allows programs to innovate.

Submission

All comments must be submitted via e-mail to cprrevision@acgme.org by 11:59 p.m. Central on March 22, 2018. Specific comments must reference the requirement(s) by number (per the applicable version of the document) as described above. All comments must be submitted using this form; comments submitted in another format will not be considered. For more information, see the ACGME Common Program Requirements In Revision page on the ACGME website.