ALLIANCE
for ACADEMIC INTERNAL MEDICINE

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Even Better Together



September 8, 2022

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

Dear Dr. Kirk:

On behalf of the Alliance for Academic Internal Medicine (AAIM), I write today to express the Alliance's concerns regarding the potential unintended consequences from the recent changes in ACGME's Program Requirements for core faculty support of internal medicine subspecialty fellowship and residency programs.

AAIM represents more than 11,000 educators and administrators from both undergraduate and graduate medical education, typifying the entire continuum of medical education: chairs and professors of medicine, residency and subspecialty program directors, clerkship and subinternship directors, program coordinators, key faculty, and department administrators. The Alliance is dedicated to enhancing health care through professional development, research, and advocacy.

AAIM recognizes that the recent changes to the requirements for core faculty support were intended to achieve our shared goal of providing outstanding training in ACGME-accredited programs. The Alliance commends ACGME's efforts to gather various stakeholder views and perspectives during this process. Further, AAIM deeply appreciates ACGME's commitment to ensure that resources for education are prioritized through core faculty support. However, the Alliance is concerned about the possible unintended consequences that these instituted changes in support of internal medicine subspecialty fellowships and residency programs will have on our community. The Alliance requests that specific actions be undertaken to ameliorate these effects. By bringing together all stakeholders, a balance can be achieved to ensure education will be fully funded in a responsible way.

## Financial Ramifications

Fundamentally, the changes mandate an increased level of support for program directors, core faculty, and program support staff that will substantially increase the direct costs of training programs at a time when many medical schools and teaching hospitals are facing large operating losses in 2022. The new support requirement for core faculty in internal

medicine residency training programs add to recent mandates on program director support, significantly increasing funds that need to be allocated to the residency by institutions.

The largest impact for many departments of internal medicine will come from the future requirement that core faculty in specialty fellowships be supported by 0.10 FTE for each 1.5 fellows. As an example, a cardiology fellowship program with 15 fellows is required to support a 1.0 FTE, which would cost approximately $475,000. This calculation is based on the Association of American Medical Colleges (AAMC) Faculty Salary Survey figure of $395,000 as the median salary for an associate professor with a 20% fringe rate. With some departments including more than 200 ACGME-accredited residency and fellowship positions, the cost to implement these new requirements would be approximately $2 to3 million.

Moreover, the requirements will significantly impact smaller academic programs and community- based programs, many of which rely on volunteer faculty members and may not have sufficient budget or faculty to meet the total FTE requirement. Additionally, these requirements may accentuate structural biases and inequities already seen in US medical educational systems by reinforcing the link between finances and access.

Repercussions to Training, Compensation, and Research

AAIM appreciates that ACGME has delayed enforcement of these requirements until July 2023; however, there are serious concerns regarding the sustainability of this level of time support. Many departments can fund this level of expense only by taking measures such as reducing faculty compensation, eliminating training programs, reducing funding for research, or cutting costs to other programs. These approaches pose a direct threat to the academic mission and an indirect threat to other educational faculty support, such as clerkship directors and undergraduate medical educators who currently lack similar protections for their positions.

Additional Stakeholder Engagement

Department chairs and other leaders have expressed concerns that these adjustments were made without adequate engagement with chairs, designated institutional officials (DIOs), hospital presidents, system chief executive officers, and deans. These stakeholders provide important perspectives due to their distinct understanding of GME operations, which would help ACGME realize the full breadth of the GME educational and financial landscape. AAMC should also be actively engaged in these discussions, as these future amendments will have a significant impact on its members.

Variability in Roles and Responsibilities

The blanket requirement for an average of 0.10 FTE for fellowship core faculty protected time per 1.5 fellows does not align with the broad definition of core faculty and their varying contributions to the program. Core faculty play many roles; some may divide their time between the core program and the subspecialty program. Their teaching and administrative time may be accounted for in numerous and diverse ways, and their roles are likely varied between institutions. Moreover, the FTE-to-fellow ratio for subspecialties is disproportionate to actual time core faculty spend performing their responsibilities. Including language on local flexibility to implement these requirements would allow program directors and department chairs to adjust the FTE for different leadership positions in accordance with actual duties.

Conclusion

The Alliance appreciates ACGME's one-year grace period for implementation of the FTE requirements and the recently announced decision to revisit and potentially revise these requirements. AAIM recognizes its responsibility to actively engage in the planning of such changes and seeks the opportunity to collaborate with ACGME to define these core faculty support expectations and assist in revising the requirements to promote outstanding training and feasibility, without any possible dire downstream counterbalancing effects. If you and other appropriate ACGME leaders are interested, Alliance staff would be pleased to schedule a meeting in September or October to explore the best means to ensure appropriate support for the ideal ACGME-accredited training environment.

Again, thank you for your support of the academic internal medicine community. If you have any questions about this letter or would like to schedule a meeting, please contact AAIM Assistant Director of Education and Research Valerie O at (703) 341-4540 or vo@im.org.

Sincerely,

Polly E. Parsons, MD
AAIM President and CEO