

ACGME Requirements Review and Comment Form

Title of Requirements	Section VI—Proposed Major Revisions (2016)
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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)	X
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):board of directors of APCCMPD	

Name	Rendell Ashton
Title	President-elect
Organization	Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD)

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	119	VI.A.1.a).(3).(c)	To clarify, does this core requirement that “residents and faculty members are integrated and actively participate in the implementation of interdisciplinary clinical quality improvement ...to address issues identified by investigations” mean that all trainees and all faculty must be involved in the developmental process of quality improvement, or just that they all must be part of

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			the implementation of these initiatives? We are concerned that it will be a hardship for many programs to get all of their key clinical faculty involved in the development of quality improvement initiatives. If that is not necessarily the intent, we suggest clarifying this requirement to say that all faculty will be required to observe the implemented quality initiatives. We read these revisions to mean that all residents will still be required to participate in the development and assessment of quality projects, not just the implementation of them.
2	300	VI.A.2.f)	Faculty supervision in some settings may only be for one day, or even part of a day, such as in a procedural area or outpatient clinic. Perhaps this requirement should state that faculty supervision should be of sufficient duration or frequency to allow the faculty to give meaningful feedback to the resident and to the program director (via the CCC?) so the program director can designate the appropriate level of supervision for the resident. As fellowship program directors, we are wondering how this kind of requirement, as a core measure, will impact our programs, where many learning venues for our more advanced trainees may involve shorter and more frequent contact with faculty, and not always one longer, continuous supervisory experience.
3	381	VI.C.1.a)	This new section on well-being is entirely appropriate, but assessment, documentation, and enforcement of some of the core requirements will mandate new tools and practices, at a minimum some kind of self-reporting. Can the ACGME or perhaps the individual RC's clarify the expectations for monitoring compliance with these requirements, perhaps in the FAQ's? Some of the requirements, such as minimizing non-physician obligations and providing administrative support, are objective enough to be easily documented, but other aspects, such as enhancing the meaning the resident finds in the experience of being a physician, may belong more in the italicized portion or the background and intent portion of the text.
4	520	VI.F.1.	This section addresses the importance of including clinical work from home in the total of reported clinical and educational work hours, with which we completely agree. As directors of

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			training programs for fellows, we would like to see some mention of the application of this to more senior trainees, who may often find that finishing their documentation or other work at home after time with their families allows for important life balance as part of the emphasis on well-being. The point of the comment is that more advanced trainees should be allowed and even encouraged when appropriate to complete their work hours in a flexible manner when it contributes to their well-being.
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General Comments:

As the board of directors for the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) and speaking on behalf of our membership, we thank you for the opportunity to review the proposed revisions to Section VI of the Common Program Requirements. Further, we acknowledge and salute the ACGME for your efforts to provide transparency throughout the process of this revision. We find it extremely helpful to have the philosophical rationale embedded in the text of the requirements, along with the clear statement that the rationale is not part of the program requirements and therefore not citable. We also appreciate the inclusion of background and intent, again embedded and clearly demarcated within the text.

We note that the impact statement includes the acknowledgement that some of these revisions will require increased resources from institutions, and that the ACGME is planning on a phase-in period, during which noncompliance with these new requirements will result in “areas for improvement” and not citations. Will this be a rolling time frame, or specified at the time of the effective date in July 2017?

As a general observation, we wondered why so many requirements in the revision were changed from detail to core status.