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2015-2016**

June 23, 2015

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Dear Dr. Brater

Thank you for joining our June 10th call. I really appreciate you taking time out of your busy schedule to learn more about the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) and explain the history, mission and role of AAIM, ASP and APDIM. It was very helpful and highlighted how much our organizations align.

I would like to follow-up on our conversation regarding a fellow-specific issue related to all subspecialty fellows and the ABIM. I am not certain you are aware of the "fee-credit" component of MOC for fellows-in-training. This is distinct from the current MOC discussions. I did complete the AAIM survey, thank you for pointing out the survey to me!

As you know, ABIM diplomats who received initial board certification in Internal Medicine (IM) in 2013 or later are required to participate in MOC to remain board certified. IM board certified diplomats enrolled in ACGME accredited subspecialty training programs earn 20 MOC points (10 points for medical knowledge and 10 points for practice assessment) during each year of fellowship training. To apply this MOC credit toward maintenance of their IM board certification during subspecialty training they must simply enroll in ABIM MOC.

If fellows entered their fellowship immediately after completing their 3 years of IM residency training, they do not need to pay a MOC fee. However, fellows with a gap between residency and fellowship- due to a Chief Medical Residency Year, Hospitalist Year, non-ACGME fellowship year for research, etc., are required to adhere to the ABIM Fellowship fee credit cycle and make an MOC payment during their first year of fellowship. The fellow will receive a "fee credit" from ABIM at the end of the year when the program director completes the fellow's ABIM FasTrack evaluation. The ABIM allows the fellow to use this credit toward their first ABIM MOC payment at the end of fellowship training, several years later.

If fellows with this gap in training do not pay the MOC fee credit, they are no longer board certified in IM. Of note, fellows do not need to do anything for MOC when they are in fellowship other than enroll which requires a payment, if they have a gap. As I have said, the structure is quite complicated but the attached ABIM slides graphically explain the cycle and may help clarify what I have described above.

This has been discussed with our membership at our annual Spring Meeting and again at our Spring Business Meeting. Our members have asked the APCCMPD to advocate for the removal of the MOC fee for fellows involved in fellowship training. Our members feel it is unfair to collect the MOC fee from fellows while

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they are in training and retain the money for the duration of their subspecialty training. Our members suggested two possible options: 1) allow a two year fee waiver, which will capture most of the fellows with a gap in training, or 2) ask the ABIM to refund the fee once FasTrack is completed.

We are aware that this is a complicated issue and that our opinion represents those of Program Directors for Pulmonary, Pulmonary and Critical Care Medicine, and Critical Care Medicine Fellowship training programs. However, we believe this issue is larger than just Pulmonary and Critical Care Medicine fellowship training and is relevant to all subspecialty fellowship training. As such, we would like to bring this to the attention of the ASP council to address on the level of all subspecialty fellowships. I am happy to discuss further, if you are interested and feel it would be helpful. We are looking forward to future collaborations between our two organizations.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristin M Burkart", with a long horizontal flourish extending to the right.

Kristin M Burkart, MD, MSc
President

Association of Pulmonary and Critical Care Medicine Program Directors