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April 25, 2026

Elisa Crouse, MD  
Senior Vice President, Institutional and Program Accreditation  
Institutional Review Committee  
Accreditation Council for Graduate Medical Education (ACGME)  
401 North Michigan Avenue, Suite 2000  
Chicago, IL 60611

**RE: Public Comment on Proposed Major Revisions to the ACGME  
Program Requirements for Graduate Medical Education in Institutional  
Requirements**

Dear Members of the Institutional Review Committee,

The Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) is pleased to submit the following comments in response to the ACGME's call for public comment on the proposed major requirement revisions to the ACGME Program Requirements for Graduate Medical Education in Institutional Requirements. APCCMPD represents 98% of all ACGME-accredited Pulmonary, Pulmonary and Critical Care Medicine (PCCM), and Critical Care Medicine (CCM) fellowship programs in the United States, making us one of the largest stakeholder organizations in subspecialty graduate medical education.

As an organization whose members are directly responsible for the day-to-day administration and educational quality of fellowship training programs, we have a strong interest in ensuring that institutional requirements are clear, achievable, and appropriately supportive of subspecialty GME. The proposed revisions have direct implications for the Sponsoring Institutions that house our programs, and therefore for the quality of training our fellows receive. We appreciate the ACGME's efforts to reduce administrative burden while maintaining rigorous standards.

**Methodology**

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To inform this response, APCCMPD conducted a member survey distributed to 308 Pulmonary, PCCM, and CCM fellowship program directors. The survey was open March 27- April 13, 2026, and received 20 completed responses (6.5% response rate). The survey focused on the proposed requirement revisions most relevant to subspecialty fellowship training environments, asking respondents to indicate agreement or disagreement with specific proposed revisions and to provide optional written comments.

It is important to note that APCCMPD did not submit feedback through the ACGME's online public comment portal. Because that platform does not permit organizations to limit responses to selected requirements, nor does it provide a mechanism to clearly identify the source of comments as representing APCCMPD as an organization, we chose to submit this letter directly to ensure our feedback is attributed to our membership and focused on requirements most pertinent to our programs.

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## Survey Results and Member Feedback

### 2.1 Institutional Administration

Our members expressed strong support for the proposed revisions to Section 2.1, with agreement rates ranging from 95% to 100% across all sub-requirements.

Requirement	Agree	Disagree	Responses
2.1	19/20 (95.0%)	1/20 (5.0%)	20
2.1.a.	20/20 (100.0%)	0/20 (0.0%)	20
2.1.b.	19/20 (95.0%)	1/20 (5.0%)	20
2.1.c.	19/20 (95.0%)	1/20 (5.0%)	20
2.1.d.	20/20 (100.0%)	0/20 (0.0%)	20
2.1.e.	19/20 (95.0%)	1/20 (5.0%)	20
2.1.f.	19/20 (95.0%)	1/20 (5.0%)	20

APCCMPD supports the emphasis on ensuring that Sponsoring Institutions provide adequate personnel and salary support to sustain GME operations. For fellowship programs, which often operate with limited institutional visibility relative to larger residency programs, clear requirements around DIO authority and GME administrative staffing are particularly meaningful. We endorse the flexibility afforded to DIOs to structure their GME offices in ways that reflect the size and complexity of their institutions.

Members who provided written comments raised three substantive points that we ask the IRC to consider:

- Physician qualification for the DIO role. One respondent suggested that the requirements should explicitly state that the DIO must be a physician. APCCMPD believes this merits consideration, particularly in the context of fellowship programs where clinical credibility and direct understanding of training demands are important to effective institutional oversight of GME.
- Risk of reduced institutional GME investment without a clear mandate. A member expressed concern that, without sufficiently explicit ACGME requirements, some Sponsoring Institutions may reduce GME administrative and financial support. The comment noted that the threat of ACGME action is, in practice, a primary driver of institutional investment in GME infrastructure. APCCMPD shares this concern and encourages the IRC to ensure that the language of 2.1 retains meaningful accountability, rather than providing institutions with broad discretion that could be used to justify budget reductions.
- Lack of specificity around support levels. A respondent noted that the current proposed language is vague regarding the amount of support required, and suggested that the ACGME consider developing a table — analogous to existing program director FTE guidance — that delineates expected levels of administrative support based on institutional program size and complexity. APCCMPD supports this recommendation and encourages the IRC to explore whether more concrete benchmarks or illustrative guidance could accompany this requirement to assist institutions in operationalizing it.

### 2.2 Program Administration

Members similarly supported the proposed revisions to Section 2.2, with approximately 94.7% agreement across all sub-requirements (18 of 19 respondents for each item).

Requirement	Agree	Disagree	Responses
2.2	18/19 (94.7%)	1/19 (5.3%)	19
2.2.a.	18/19 (94.7%)	1/19 (5.3%)	19
2.2.b.	18/19 (94.7%)	1/19 (5.3%)	19
2.2.c.	18/19 (94.7%)	1/19 (5.3%)	19
2.2.d.	18/19 (94.7%)	1/19 (5.3%)	19

APCCMPD supports the proposed language in 2.2.a. expanding the term “program director(s)” to “program leadership,” which better reflects the collaborative structure of fellowship programs that often include associate program directors and other educational leaders. We also commend the explicit recognition in 2.2.d. of the diverse titles held by GME administrative professionals across institutions, and the corresponding institutional responsibility to adequately support these individuals. Program coordinators and administrators are integral to the functioning of subspecialty fellowship programs, and formalizing institutional obligations in this regard is a positive step.

Written comments from members raised two concerns worthy of the IRC’s attention:

- Preservation of explicit program director protections. One respondent expressed concern that moving from the specific designation of “program director” to the broader term “program leadership” could inadvertently weaken protections for program directors specifically. The respondent noted that all support provisions should be maintained as Core requirements and cautioned against any interpretation that dilutes the institutional obligation to dedicate resources directly to the program director role. APCCMPD recommends that the IRC clarify that the expansion to “program leadership” is intended to be additive — extending protections to a broader group — and not a replacement of existing program director-specific support requirements.
- Distinction between GME-specific and general academic support. A respondent emphasized that support for core faculty and program leadership should be recognized as distinct from general academic faculty support, given that individuals in these roles carry additional education-focused responsibilities beyond their clinical and research duties. APCCMPD endorses this perspective and encourages the IRC to consider language that explicitly acknowledges the additional obligations associated with ACGME-accredited program roles when describing institutional support expectations.

## 4.2 Special Review

The proposed revisions to Section 4.2 received unanimous support from all respondents.

Requirement	Agree	Disagree	Responses
4.2	20/20 (100.0%)	0/20 (0.0%)	20
4.2.a.	20/20 (100.0%)	0/20 (0.0%)	20
4.2.b.	19/19 (100.0%)	0/19 (0.0%)	19
4.2.c.	19/19 (100.0%)	0/19 (0.0%)	19
4.2.c.1.	18/18 (100.0%)	0/18 (0.0%)	18
4.2.d.	19/19 (100.0%)	0/19 (0.0%)	19

APCCMPD members are particularly supportive of the transition from a Special Review “protocol” to a “policy” framework, as well as the addition of a defined six-month timeline for presenting the Special Review report to the GMEC. Clarity around timelines and expectations for identifying and addressing underperformance is valuable for fellowship program directors, who benefit from transparent and consistent institutional processes.

The single written comment received on this section noted general comfort with the proposed revisions without identifying specific concerns. APCCMPD concurs with this overall assessment and offers no additional recommendations for modification to Section 4.2.

## Conclusion

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APCCMPD commends the ACGME Institutional Review Committee for their thoughtful approach to revising the Institutional Requirements, with meaningful attention to reducing administrative burden while preserving accountability and educational quality. Our members broadly support the proposed revisions in the areas surveyed. At the same time, the written comments submitted by our members highlight areas where additional clarity or specificity would strengthen implementation — particularly regarding the qualifications of the DIO, the concreteness of support expectations for GME infrastructure, and the preservation of explicit protections for program directors.

We are encouraged by the direction of this revision and look forward to continuing to collaborate with the ACGME in support of excellence in subspecialty fellowship training. If you have questions or would like to discuss our feedback further, please do not hesitate to contact us.

Sincerely,



Neal F. Chaisson, MD

President

Association of Pulmonary and Critical Care Medicine Program Directors