

ACGME Graduate Medical Education 2035
Initial Comments to Start the
Program Requirement Revision Process
SPECIALTY: INTERNAL MEDICINE
Comment Deadline: July 1, 2018, 11:59 p.m. Central

Commenter Information

Name	Jennifer W McCallister, MD
Title	President
Organization	Association of Pulmonary & Critical Care Medicine Program Directors

Select [X] only one	
Organization (consensus opinion of membership)*	<input type="checkbox"/>
Organization (compilation of individual comments)*	<input checked="" type="checkbox"/>
ACGME Review Committee or Council	<input type="checkbox"/>
Designated Institutional Official	<input type="checkbox"/>
Program Director in the Specialty	<input type="checkbox"/>
Resident/Fellow	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

*An organization submitting comments should indicate whether the comments represent a consensus opinion of its membership or if 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

Instructions

Use this form to provide the Review Committee for Internal Medicine input on changes it should consider to the Program Requirements for Graduate Medical Education in Internal Medicine. The comments gathered will inform the Committee as it drafts a revised set of requirements.

Note: This *is not* the formal review and comment process that takes place *after* the Review Committee drafts its proposed revision of the Program Requirements.

Special Instructions for Internal Medicine 2035 (IM2035)

The Committee invites the community to review and provide comment on the Executive Summary from the two scenario-planning workshops that took place in 2017 called IM2035. It

also asks for comment on the *current* Program Requirements for Internal Medicine. Please note that the *current* Program Requirements for Internal Medicine have been folded into the *proposed* Common Program Requirements, which have not yet been approved by the ACGME Board and therefore are not yet final. Comment *only* on the specialty-specific requirements and the categorizations associated with these requirements (“core,” “detail,” or “outcome”), not on the proposed Common Program Requirements (indicated in bold text).

Comments on IM2035 Executive Summary	
Topic/Line Number(s)	Comment/Rationale
71-72	While the concept of enhanced collaboration across specialties and among members of interprofessional teams is appealing, it will be important to not de-emphasize the unique contributions that the sub-specialist can make so that the level of care is elevated, not diluted in this evolving model of care
85-86	The system will need to become more nimble to accommodate true competency based education, with attention to collaboration across platforms so that learners can move seamlessly from one level to another.
135-136	In addition to fostering “enhanced general internists” there will be a need to develop deeper pools of “enhanced specialists” so that Master Clinicians in all specialties of medicine can work to provide the best care.
186-187	There will be a need to clarify the future role of the subspecialist and the goals of subspecialty training with the potential to increase the role of the general internist in subspecialty care.

Reference the requirement or line numbers in the “*Executive Summary and Draft Program Requirements – Internal Medicine*” document. Note that numbering may differ from the currently-in-effect version, as this new document puts the requirements in the context of the proposed revision to the CPRs. Comment *only* on the specialty-specific language.

Comments on Requirements	
Requirement or Line Number(s)	Comment/Rationale
Int. C, p. 8 line 304-305	It will be important for the length of residency training to be flexible to accommodate rare innovate exceptions where competency is achieved in less time than 36 months or those situations where training may need to be extended to offer enhanced skills.
II.A.2.a).	We continue to advocate for firm (CORE) requirements for program director support. As institutional and medical center funding models continue to evolve, the importance of this cannot be understated. As funding models and compensation plans continue to evolve at a rapid place, we believe that all requirements must clearly state that the “sponsoring institution and participating sites must provide salary support ” to ensure that the program director will be able to fully dedicate the appropriate amount of professional effort to administrative and educational activities for the program.
II. B. 3. A). (1).	As pathways to board certification in Critical Care Medicine have expanded (Ex: Emergency Medicine/Critical Care Medicine), it will be important to be receptive to the important roles these faculty play in patient care and education in Internal Medicine.

Comments on Requirements	
Requirement or Line Number(s)	Comment/Rationale
II.D.1.e)	We support the requirements for Associate Program Directors (APDs) as essential members of the program leadership who assist in the administrative and educational oversight of the program and agree that each sponsoring institution and participating site must provide APDs with salary support based on program size. To allow more flexibility in meeting the needs of the program and the “enhanced general internist” the program leadership, including the program director and associate program director(s) should be provided with a minimum amount of protected time and salary support for the administration of the program to be divided amongst the program director and associate program directors according to program needs.
IV.C.6.d).	As critical care becomes more multidisciplinary, and residents from other specialties become competent leaders of the healthcare team in preparation for advanced training in critical care medicine (ex: Emergency Medicine residents in the medical intensive care unit), there may be situations where it is very appropriate to have a resident from a different specialty supervise internal medicine residents on internal medicine inpatient rotations.
IV.C.6.d). (7).	It will be important to continue to provide opportunities for residents to demonstrated competence in the performance of those procedures listed as requiring only knowledge and interpretation, especially as the focus shifts toward competency based education and flexibility in training.
V.A.1.h).	A procedure log should not be interpreted as a method of demonstrating competence in performing invasive procedures. Programs should be expected to develop alternate methods that allow trainees to truly demonstrate skills through direct observation, etc.

Final Thoughts

Include additional *general* or *overall* comments in the box below.

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Submission

All comments must be submitted via e-mail to internal_medicine2035@acgme.org by 11:59 p.m. Central on July 1, 2018. Specific comments must reference the requirement(s) by number as described above. All comments must be submitted using this form; comments submitted in any other format will not be considered. For more information, see the [ACGME Review and Comment web page](#).