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RE: RC-IM's Response to Request to Remove CCM and PCCM Requirement

Jerry Vasilias <jvasilias@acgme.org> Fri, Jul 24, 2015 at 10:44 AM

Dear All:

The Review Committee for Internal Medicine (RC-IM) is grateful for the continued dialogue with the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD), and the Critical Care Societies Collaborative (CCSC) Task Force related to the program requirement in critical care medicine (CCM) and pulmonary disease and critical care medicine (PCCM) that stipulates that a number of other internal medicine subspecialties should be located at the primary clinical site. At its May 2015 meeting, the RC-IM reviewed the alternative language the stakeholders submitted to achieve the desired outcome or "intent" of the current requirement: to ensure that PCCM and CCM fellows are educated and train in a multidisciplinary clinical environment where they have the opportunity to interact with and learn from other subspecialty faculty and fellows. The following language was submitted for consideration: ***The primary clinical site of a PCCM or CCM fellowship must have or participate in ACGME-accredited residency training programs in Internal Medicine and General Surgery.***

Although the RC appreciated the stakeholders' recommendation, it found the new language problematic. Specifically, the "or participate in" clause conflicts and dilutes the existing requirement which mandates that the PCCM or CCM program "*must* function as an integral part of an ACGME residency program in IM" (PR I.A.1), and the requirement that the sponsoring institution "should sponsor" a general surgery program (PR I.A.3).

Additionally, the RC noted that not all PCCM and CCM program directors are in support of removing the requirement. In fact, a second polling of the program directors in the winter of 2014 revealed a similar pattern of results to the first survey the APCCMPD administered in the summer of 2014: a significant percentage of PCCM and CCM program directors are ***not in favor*** of removing the requirement. See the table below summarizing the surveys.

	# of programs **PCCM = 146 CCM = 32**	**Response Rate**	**% in favor of removing PR**	**% not in favor of removing PR**	**"I don't know"**	**Not in favor + "I don't know"**
APCCMPD Survey 1*	PCCM	47%	58%	**42%**		
	CCM	48%	68%	**28%**		
APCCMPD Survey 2**	PCCM	65%	57%	**35%**	9%	**44%**
	CCM	70%	61%	**22%**	17%	**39%**

* administered in summer of 2014

* administered in winter of 2014

Lastly, the RC was not clear how the proposed language would meet the intended outcome of the current requirement. The stakeholders' letter did not make this point explicitly clear. It implied that having or "participating in" an internal medicine and general surgery residency, and, requiring internal medicine subspecialty faculty and faculty in other non-internal medicine disciplines to "participate in" or be "available to participate in" the PCCM/CCM program would achieve the intent of the requirement, but it did not address this issue directly.

For these reasons, being especially mindful of the data from the recent survey of the program directors by APCCMPD, the RC decided to keep the requirement as is, but make explicit the "intent" of the requirement. The following FAQ was developed:

> ***Question: What is the intent of requiring that there be three additional accredited internal medicine (IM) subspecialty programs located at the primary clinical site?***
>
> ***Program Requirement: Located at the primary clinical site, there should be at least three ACGME-accredited subspecialty programs from the following disciplines: cardiovascular disease, gastroenterology, infectious diseases, nephrology, or pulmonary disease (PR I.A.2)?***
>
> Answer: The intent of this program requirement is to ensure that pulmonary disease and critical care medicine (PCCM) and critical care medicine (CCM) fellows are educated in a multidisciplinary clinical environment where they have the opportunity to interact with and learn from other subspecialty fellows and faculty members who are committed to graduate medical education and providing care to critically ill patients. While this intention is best realized when there are other IM subspecialty programs at the primary clinical site, the program can also meet this end by ensuring that there are meaningful, substantive and collaborative interactions between the PCCM/CCM fellows and other IM subspecialists. Although PCCM and CCM programs must have ABIM certified clinical faculty in nephrology, gastroenterology, cardiology, infectious disease, hematology and oncology who participate in the program (PR II.B.8.a.), their presence in and of itself will not ensure compliance with the intent of this requirement. An example that would meet the intent (if three internal medicine subspecialties from the list above are not located at the primary clinical site), would be if an infectious disease faculty member regularly participated and interacted with the PCCM/CCM fellows in ICU multidisciplinary rounds; similar meaningful participation by other subspecialists would also be expected. Participation of other subspecialists at formal teaching conferences as the sole or major interaction with PCCM/CCM fellows would not necessarily fulfill the intent of this requirement. At the time of application, new programs without three other subspecialty programs at the primary clinical site will need to describe how the intent of the requirement will be fulfilled.

The following question will be added to the PCCM application:

> *If at the primary clinical site there are fewer than **two** ACGME-accredited programs in the noted internal medicine subspecialties (cardiovascular disease, gastroenterology, infectious diseases, nephrology), then describe how this program will ensure that its fellows are educated in a multidisciplinary clinical environment with the opportunity to interact with and learn from other subspecialty fellows and faculty members as they provide care to critically ill patients.*

A similar question will appear in the CCM application, but the question will read "*if at the primary clinical site there are fewer than **three** ACGME-accredited programs…*"

One key point from the earlier note worth reiterating: noncompliance with only this particular requirement ***has not*** led to an adverse action in the past. In fact, the RC has accredited four CCM programs that did not meet the aforementioned requirement. The RC gave these programs a citation because the requirement had not been met, and, because an acceptable alternative to the requirement (which is allowable with a "should" requirement such as this one) had not been provided or demonstrated). In the future, citations in this area may not be necessary if applicants review the new FAQ and provide a response that ensures compliance to the intent of the requirement.

Thank you again for bringing this issue to light, for providing input on how to clarify the RC's expectations, and for continuing to foster and enhance open lines of communication between the PCCM/CCM stakeholder groups and the RC. The FAQ will be posted to the PCCM and CCM FAQ documents on the RC's webpage and, as was noted above, the applications will be revised. The RC asks the APCCMPD and the CCSC Task Force for assistance in more broadly communicating the FAQ, including making this correspondence available to the program directors.

If you have any questions with any of the content in this note, or wish to discuss anything further, please do not hesitate to contact me.

Sincerely,

Jerry

Jerry Vasilias, PhD | Executive Director

Residency Review Committee for Internal Medicine

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