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2014-2015**

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Dear Dr. Vasilias (and members of the RRC):

The Association of Pulmonary and Critical Care Program Directors (APCCMPD) has been asked to provide an opinion regarding a request to modify one of the program requirements for pulmonary/critical care and critical care fellowships. The requirement currently reads *"Located at the primary clinical site, there should be at least three ACGME-accredited subspecialty programs from the following disciplines: in cardiovascular disease, gastroenterology, infectious diseases, nephrology, or pulmonary disease."* (Only two of that list are needed for PCCM programs, because pulmonary serves as one.) It is our understanding that APDIM has requested that this requirement be deleted. On behalf of our members, we concur, for the following reasons:

1. Because of national workforce needs in critical care, we support the removal of any barriers and bottlenecks to training, as long as the requirements continue to maintain educational rigor. This is one such barrier. No similar requirement exists for other Internal Medicine fellowship fields, and we believe this requirement is not needed for educational rigor and may discourage establishment of new CCM or PCCM programs.
2. Because critical care may be uniquely multidisciplinary, its practice and its training requires local clinical expertise in a wide variety of fields (extending well beyond the listed fellowships). However, we do not believe that clinical expertise necessitates or equates with training programs in those fields.
3. The presence of training programs may well serve as a surrogate marker for an institutional environment and culture of teaching. We believe that the required presence of core internal medicine and surgery residency programs at the site of the critical care or pulmonary and critical care fellowship would suffice to represent the institutional commitment to education, as it does for other IM subspecialty training programs.

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Program requirements for critical care and PCCM already specify the need for qualified faculty in several other disciplines of Internal Medicine and other relevant medical fields, which will assure broad expertise for teaching and clinical care.

4. This particular requirement has been softened over several iterations, from a "must" requirement that the primary site sponsor these additional training programs, to the suggestion that they "should" be located at the primary site. We applaud this evolution. However, the current wording is ambiguous. In other contexts, the ACGME has interpreted "should" to equal "must," and program directors may not grasp the intended distinction between "sponsor" versus "located at." This could be clarified with an FAQ. However, a more straightforward approach would be to simply eliminate the requirement and bring PCCM and CCM in line with the other subspecialties of Internal Medicine.
5. We conducted a quick poll of our membership. Response rates were 20 (48%) from critical care fellowships, and 66 (47%) from PCCM programs. This likely reflects our rapid turn-around request as well as summer schedules. However, 68% of CCM program directors and 58% of PCCM directors were in favor of this requirement being removed. You can see a substantial minority voted not to remove this requirement. As such, the APCCMPD recommends that the ACGME monitor the impact of this change and re-evaluate such positions in the future.

As described in the recent publication in Critical Care Medicine (2014 May;42(5):1272-9), there are several other inconsistencies in the requirements for Critical Care Medicine which we hope the RRC will consider during upcoming program requirement revisions. The APCCMPD would welcome the opportunity to contribute, to assure that training in Pulmonary Medicine, Critical Care Medicine, and combined programs uphold the highest standards of competency-based education, keep pace with evolving medical practice, and avoid unnecessary burdens or hurdles that would inhibit the expansion and maintenance of training opportunities in these fields.

Thank you for your consideration.

Sincerely,



Rolando Berger, MD

President

Association of Pulmonary and Critical Care Medicine Program Directors

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