

October 27, 2016

Thomas J Nasca, MD, MACP  
Chief Executive Officer  
Accreditation Council for Graduate Medical Education

**Re: Pediatric Subspecialty considerations regarding Common Program Requirements**

Dear Dr. Nasca,

Thank you for including the Council of Pediatric Subspecialties (CoPS) in your request for input regarding the Common Program Requirements. We requested our representatives to provide input on these requirements as pertains to the pediatric subspecialties and provide you with the following collated response for each topic:

1)What areas currently addressed in Sections I-V should be common across all specialties without the option of additional requirements for individual specialties?

For Section I.A.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

**Comments:** It would be helpful if there could be more guidance on what is considered sufficient protected time, particularly for programs with insufficient program coordinator support.

Another comment, stated previously, is that the protected time should be proportional to the size of the program, acknowledging that a basic set of work is required for all fellowships.

Fellowship Coordinator time for an administrator to support the Program Director should also be specified.

The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.

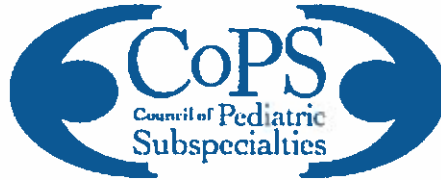
(Detail)

**Comments:** It would be helpful to have more specific guidelines with which to judge the amount of time needed to gain and sustain leadership expertise and program stability.

The faculty must:

II.B.1.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents; and, (Core)

**Comments:** Faculty time should also be recognized and supported appropriately to permit adequate time for supervising and teaching activities.



### Section III.A Resident Appointments

**Comments:** This section heavily relies on the milestones which is an area of assessment that is still in the development stage from our perspective. We are concerned that the use of milestones in predicting competency is not fully understood. Therefore, using these milestones as competency outcomes may be a bit premature.

#### III.A.2.b).(5).(a)

If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training. (Core)

**Comments:** This will have funding/cost implications to support a prolonged training period that fellowship programs may not be able to fully support.

### Part VI.D – Supervision of Residents

**Comments:** Supervision of fellows by faculty members is also time-consuming and should be considered for department time support.

### Part VI.G. – Resident Duty Hours

**Comments:** Duty hours – same message as previously that ‘one size does not fit all’.

2) What issues or topics that are, or should be, common to all specialties are missing from the current Requirements? Please include any specific recommendations you may have regarding how to address these issues/topics in the Requirements.

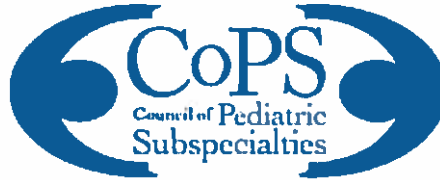
Nothing to add

3) Should the ACGME develop a truncated set of Common Program Requirements that would be applied to all fellowship programs? Please include any specific recommendations you may have regarding how Common Program Requirements for fellowships might differ from the existing Common Program Requirements.

**Comments:** We are unclear what “truncated requirements” entail; we would be delighted to participate in further discussions regarding this question.

### Part V: evaluations

**Comments:** These are sometimes problematic for small fellowship programs since maintaining confidentiality in a program with only 1 or 2 fellows per year can be difficult. Work-arounds such as having outside individuals function as objective evaluators or advisors for the fellows are sometimes applied to resolve such issues.



4) Any other comments or suggestions you have related to Sections I-V of the Common Program Requirements.

No comments

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Overall the subspecialties did not have much to add compared with prior comments (particularly those related to Duty Hours last winter).

We hope these comments/suggestions are helpful and look forward to further discussions on these issues.

Please feel free to contact me if you have any questions or concerns about our responses.

Sincerely,

A handwritten signature in black ink that reads 'Mel Heyman'.

Mel Heyman MD

Chair, Council of Pediatric Subspecialties (CoPS)

Pediatric Gastroenterology and Nutrition Endowed Chair

Professor of Pediatrics

Director, Training Program in Pediatric Gastroenterology Hepatology and Nutrition

Director, Pediatric IBD Program

University of California, San Francisco

Email: [mel.heyman@ucsf.edu](mailto:mel.heyman@ucsf.edu)

Phone: 415.476.0820

Fax: 415.476-5360