



# Association of Pathology Chairs

## Promoting Excellence In Academic Pathology

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September 9, 2020

Lynne M. Kirk, MD, MACP

Chief Accreditation Officer

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Dear Dr. Kirk:

On behalf of the Association of Pathology Chairs, We thank you for the opportunity to provide our organizational response to the ACGME regarding the Common and specialty-specific Program Requirements relating to duties, function, dedicated time, and full-time equivalent (FTE) support for program directors (PDs), assistant/associate program directors (APDs), program coordinators, and core faculty members.

1. What is the minimum amount of non-clinical, dedicated time required to meet the administrative responsibilities of the position, regardless of specialty?
  - A. Program Director: We feel that for programs across pathology and other specialties, program directors should be provided with the salary support required to devote at least 0.5 FTE of non-clinical time to the administration of a program with up to 15 trainees. This should increase based on the overall number of residents in a program, as administrative activities and obligations increase. The Pathology RC recently revised the time and salary support for program directors in pathology and we feel the RC delineated an appropriate expectation for protected time.
  - B. Associate Program Director: We feel that associate program directors should have at least 0.1 FTE of salary support. It is acknowledged that each program is unique and some associate program directors take on a great role in the administration of the program. A healthy and successful residency program has the program director and associate program director working as a team, sharing responsibility and administrative tasks. Allowing PDs and APDs share the protected time in a way that is most beneficial for program administration and clinical work is important to maximize the effectiveness of the team.
  - C. Program Administrators/Coordinators: Again, the Pathology RC recognizes the importance of protected time for the program administrator and recently added a sliding scale for program administrators to the pathology program requirements that requires 0.8 FTE for programs with up to 16 trainees. This increases with more trainees in the program, with the expectation of 2.0 FTE for programs with 40 or more trainees. We feel these requirements are an appropriate expectation of protected time and very likely apply to specialties across graduate medical education.

- D. Core Faculty Members: Unfortunately, the role of a Core Faculty Member is not well defined and there is significant variability among pathology (and likely other specialties) in what a core faculty member does and what time they need to adequately support a program and trainee education. The APC asks the ACGME and this task force to consider the role of the core faculty member and how to better define what a core faculty member does. We feel it is difficult to recommend protected time for these faculty members given the marked variability in administrative duties currently reported by pathology residency programs. However, we agree with the importance of advocating for Core Faculty time and supporting it more formally through a recommendation by the ACGME.
2. Regarding ideas on how administrative processes required for graduate medical education may be done more efficiently and effectively, the APC queried its program director members:
    - A. A top concern raised by program directors surveyed by the APC was the amount of time and effort it takes to enter data into WebADS. Suggestions for improvement include:
      - i. Develop a site map or search function on WebAds to ease navigation.
      - ii. Allow data to be imported from resident management systems (i.e. New Innovations, MedHub).
      - iii. Alternatively, have programs complete an internal annual report with appropriate documentation of educational activities, etc. Similarly, cross-communication of resident information between the ACGME and ABMS systems would decrease data entry time, and coordination among organizations to decrease repetitive yearly reporting (i.e., WebADS, ABPath, AAMC resident survey) would increase efficiency.
      - iv. Also, providing GME Offices with WebADS raw data (not in PDF format) would speed entry of redundant program data.
    - B. Another major concern is the timing of the release of ACGME's survey results, which this year was simultaneous with entering data into WebADS. Suggestions for improvement include:
      - i. ACGME accelerating their assessment of resident and faculty surveys, so that the program reviews are not lagging relative to survey data.
    - C. Changing the timing of some ACGME requirements to place them during "slow" parts of the academic year (not during interview season or onboarding of new residents).
    - D. Resources and information about the ACGME survey should be more prevalent and the ACGME should do a better job educating residents regarding layout and formatting of the survey, ultimately resulting in more accurate survey results.
    - E. The frequency of new program requirements has been excessive in recent years, which means PDs and Coordinators spend significant time ensuring compliance with the new requirements, leaving less time for other program activities. PDs would prefer to spend time enacting meaningful improvements to their programs and participating in the educational activities, which also lessens PD burnout. In general, it would be preferable if the requirements were less specific whenever possible, allowing for flexibility in meeting them, with specialty-specific examples provided by the RC. Less-than-urgent changes should not be made more frequently than every two years.
    - F. A number of suggestions were made recommending the ACGME provide standardized program forms, such as the individual learning plan worksheets and evaluation sheets to accompany the milestones (where required).
    - G. Additional suggestions for ways that would help to improve efficiency and effectiveness were:
      - i. Providing free online training for new PDs, APDs, and Coordinators.
      - ii. Sending specialty-specific newsletters, not pan-specialty newsletters, every week.
      - iii. Creating communication opportunities with RRCs to address survey questions or to interpret program requirements, and/or having a hotline to address questions.
      - iv. Shifting the burden of establishing programs for faculty development, wellness, diversity, etc, from programs to institutions.
      - v. Developing a survey for faculty and residents on scholarly activity that would feed directly into the WebADS annual update.
      - vi. Requiring GME offices to verify past residents instead of PDs and Coordinators.
      - vii. Standardizing CCC procedures and protocols nationally.

3. Additional information the task force should consider:
  - A. Many PDs have cross-cutting administrative duties on institutional GME committees or the CCC. These activities should be considered when addressing administrative duties.
  - B. PDs need support and infrastructure to develop assistive teaching and educational materials, such as virtual study sets, for programs (especially small ones, without much impact outside of their subspecialty).
  - C. A special concern for small fellowship programs: they receive little, delayed, or no feedback on resident surveys because of confidentiality concerns. If the data are not being seen by programs, why should the fellows be required to participate, and who is using the data and for what purpose?
  - D. Most importantly, ACGME should support programs and departments by holding institutions more accountable for following ACGME guidelines.

Thank you again for the opportunity to provide this response on behalf of Pathology. Our organization is very interested in participating in ACGME's November 2020 Congress to further discuss these important issues. To coordinate participation by an appropriate representative, please contact Priscilla Markwood at [pmarkwood@apcprods.org](mailto:pmarkwood@apcprods.org).

Sincerely,



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