



Association of Pathology Chairs

Promoting Excellence In Academic Pathology

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May 12, 2022

Lynne M. Kirk, MD, MACP, Chief Accreditation Officer
Accreditation Council for Graduate Medical Education
FTE Support Task Force

Dear Dr. Kirk,

The Pathology Residency Directors Section (PRODS) of the Association of Pathology Chairs (APC), and the Graduate Medical Education (GME) Committee of the APC wish to express our concerns over the recent decision from the ACGME regarding required time and salary support for Program Coordinators. We understand that the ACGME intends to state that each specialty review committee will choose to mandate a minimum support (base) requirement of between 20% FTE and 50% FTE, with options to allow ways for larger, more complex programs to “scale up” beyond the base of 20% to 50%.

We are concerned that hospitals that host residency and fellowship programs will read this as making the minimum the standard, and thus would support only 20% of an FTE for a Program Coordinator. As Program Directors we know this is grossly inadequate, and that even for smaller programs 50% FTE support is the real minimum necessary to ensure that the Program Coordinator has sufficient time to accomplish the many tasks required to assist Program Directors in keeping programs running smoothly and in compliance with ACGME regulations. Published studies looking at Program Coordinator burn out and turn over support the need for increased required FTE. An article entitled Residency and Fellowship Program Administrator Burnout: *Measuring Its Magnitude (JGME, August 2018)*, found elevated mean burnout scores for Program Coordinators as well as an increase in turnover rate in coordinators working less than 5 years. The ACGME describes the Program Coordinator as “critical to the success of the program.” Burnout and increased turnover in Program Coordinators are likely associated with a discrepancy between ACGME requirements and understanding by institutions and departmental leadership of the numerous coordinator-related managerial tasks, including data management, analysis, and tracking, as well as leadership responsibility and workload increase that occurs as program accreditation standards increase.

It is our hope that by expressing this concern now, before the guidelines are made final and public, we can influence the ACGME to change its language so as to make 50% FTE support standard with a need to justify any lesser degree of support.

Respectfully,

Diane Kowalski, M.D.

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Chair, PRODS Section

Douglas C. Miller

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