

June 2, 2020

Sima S. Desai, MD, Chair Jerry Vasilias, PhD, Executive Director ACGME Review Committee for Internal Medicine 401 North Michigan Ave Chicago, IL 60611 <u>ivasilias@acgme.org</u> <u>desais@ohsu.edu</u>

Dear Dr. Desai and Dr. Vasilias:

In the midst of the incredibly difficult and truly unprecedented times that all of us are facing, the Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM) wishes to affirm our long-standing support for our Endocrinology fellows by advocating on their behalf. As program directors, we remained concerned about the current and future prospect of prolonged re-deployment of subspecialty Endocrinology trainees to non-endocrine services (including functioning as general internists/hospitalists or intensivists within their Core specialty of Internal Medicine).

APDEM appreciates the extraordinary need for clinicians to care for patients suffering from COVID-19 during the initial unanticipated surge and is grateful to the ACGME for measures already taken to protect fellows whose institutions have declared Pandemic Emergency Stage 3 status. We are nevertheless concerned about the prospect of our fellows facing prolonged redeployment and how that might adversely impact their subspecialty education. We are concerned that hospitals may not be developing alternative staffing plans (absent trainee redeployment) in the event of a second COVID-19 wave. In addition, we would like to emphasize the crucial role that Endocrinology fellows and faculty play in the glycemic management of patients with COVID-19, and the patient care concerns that will result from their prolonged redeployment to other services.

We request strict enforcement of institutional compliance with the ACGME's ongoing requirements during Pandemic Stage 3. Specifically, we wish to ensure that Sponsoring Institutions will not violate Requirement #4 (Fellows Functioning in Core Specialty) limiting fellows' time spent on their core specialty service to 20% of their annual education time. Furthermore, we request that hospitals be encouraged to develop staffing plans for a potential second COVID-19 wave, which do not include such significant reliance on specialty trainee redeployment.

APDEM also notes that Endocrinology fellowship program directors are best equipped to determine which of their program's fellows should be re-deployed, how many are needed to maintain adequate Endocrinology inpatient and outpatient consult activities, and how their fellows should be re-deployed. To that end, we request that ACGME develop a policy that empowers program directors to have input in the process of their fellows' re-deployment.

Our fellows and program directors recognize the important role that our subspecialty Endocrine fellows must serve in the ongoing work addressing the pandemic, and we appreciate everything that the ACGME has already done to protect our fellows. We ask that you consider the above statements and request, as we continue to advocate for our subspecialty trainees and their education.

Sincerely,

Andrew G. Gianoukakis, MD APDEM President

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