AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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American Board of Internal Medicine Council
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

Dear ABIM Council,

The American Geriatrics Society (AGS) and the Association of Directors of Geriatric Academic Programs (ADGAP) are pleased to respond to the American Board of Internal Medicine's (ABIM) RFI on a new pilot program that would create a pathway to certification for physicians who have completed internal medicine residency training internationally and who have completed Accreditation Council for Graduate Medical Education (ACGME) accredited subspecialty fellowship as an ACGME defined 'exceptionally-qualified candidate' (ACGME Common Program Requirements III.A.1.c).

Founded in 1942, the American Geriatrics Society (AGS) is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. Founded in 1990, ADGAP, an affinity group within AGS, provides a vibrant and robust forum for Program Directors and leaders in academic geriatrics to collaborate on building the healthcare workforce we all will need as we age. ADGAP members represent approximately 100 geriatrics academic and fellowship programs from across the United States and abroad. The ADGAP Fellowship Directors Group provides a learning collaborative for geriatrics fellowship directors and has worked to develop training and assessment tools to support geriatrics fellowship programs. AGS/ADGAP believe in a just society, one where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers.

AGS/ADGAP are supportive of the ABIM's proposal to pilot a pathway to certification for those who complete ACGME accredited fellowship in the U.S. after having completed residency internationally. In addition to potentially increasing the supply of geriatricians in the United States, we believe that this pathway will also potentially address shortages of fellowship trained physicians in other specialties. We also see this pilot as potentially increasing diversity in the physician workforce which is important to our collective efforts to address healthcare disparities in the United States. Finally, the proposed pilot has potential to alleviate the burden on international physicians with children who, because of their family responsibilities, may have difficulty with the current requirement that they complete two residencies.

We agree that piloting a pathway to certification for physicians who meet ACGME criteria for ACGME-defined 'exceptionally-qualified candidate' (ACGME Common Program Requirements III.A.1.c), including ECFMG-certification will help us to better track this workforce. AGS is particularly interested in

understanding whether physicians who complete geriatrics fellowship go on to board-certify in geriatrics and if they maintain that certification through participation in maintenance of certification.

We encourage the ABIM to consider the following before finalizing this pilot:

1. Engaging other certification boards in the pilot given shortages that exist across surgical and medical specialties. For geriatric medicine, it would be particularly important that the American Board of Family Medicine (ABFM) undertake a similar pilot program.
2. Engaging the Federation of State Medical Boards (FSMB) early in the pilot with the goal of insuring that FSMB considers corresponding changes to state licensure requirements that would allow physicians trained through this pathway. Efforts should be made to align states as to their requirements for licensing and to educate them on the differing lengths of fellowship training.
3. Discussing with ACGME a review and update of the criteria for defining an exceptionally qualified candidate. We would encourage engaging the specialty societies and AAIM in this review so that the criteria reflect a diversity of perspectives. Several specialties have greater experience with these candidates (geriatrics, infectious diseases, hospice and palliative medicine, and nephrology) and it would be of particular importance to include those specialties in these conversations. As an example, our members who recruit into this pathway have found that candidates who have been I practice following residency in their home country are often better prepared to undertake specialty fellowship training.
4. Ensuring that ACGME Residency Review Committees (RRCs) are fully informed about the pilot program and its goals. Of particular concern would be that fellowship programs offering this pathway are not penalized if fellows certify in internal medicine but elect not to pursue specialty certification.
5. Creating and publicizing a reporting plan that details how the ABIM will track physicians in this pathway and provides a reporting timeline for sharing data with stakeholders and the public. The plan should include an estimated date by which ABIM would have garnered sufficient data to move forward with an official certification pathway.
6. Facilitating discussions at ABMS of how the Boards and ACGME-training programs can support U.S. citizens who have completed medical school abroad and are having difficulty securing a residency slot because the number of medical school graduates exceeds the available slots.

AGS/ADGAP very much appreciate the ABIM's proposal to formalize an innovative pilot program that has promise to meet the needs of physicians-in-training, address physician shortages in the United States, and improve access to care for all of us as we age.

If you have questions or would like to discuss our comments, please contact Marianna Drootin at mdrootin@americangeriatrics.org or by phone at 212-822-3561.

Sincerely,

Donna Fick

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