



American College of  
Preventive Medicine

Timothy J. Key, MD, MPH  
Chair, Preventive Medicine Residency Review Committee  
Accreditation Council for Graduate Medical Education  
Suite 2000  
515 North State Street  
Chicago, IL 60654

March 1, 2010

Dr. Key and members of the Preventive Medicine Residency Review Committee:

The American College of Preventive Medicine (ACPM), through the work of its Graduate Medical Education (GME) Committee, would like to thank you for your excellent work in revising the training requirements for Preventive Medicine. We recognize that change is never easy, but it is required to continue the process of growth and development.

We fully support most of your stated changes. Specifically, we believe the clarifications of the types of training and the education required during the internship year is valuable (lines 561-586). We're also supportive of more clearly defining the direct patient care activities of Preventive Medicine physicians (lines 1222-1233). The goal of weekly didactic teaching is a move in the right direction (line 640 and 652-657). While the requirement of 24 months of Preventive Medicine training (line 57) brings increased structure and rigor to our specialty, it will be a difficult transition for many residencies, especially those that are based in public health schools or departments. While we recognize the challenges, overall we also support this adjustment. We do have four suggestions.

**First**, we support the elimination of the academic year but we strongly believe that the MPH requirement (lines 108-112 as well as lines 527-541) should be maintained. Eliminating an MPH for Preventive Medicine physicians is the equivalent of eliminating suturing skills for a surgery program or well child exams from a pediatrics program. It's really inconceivable. The knowledge and skills developed in the MPH degree are core to being a good Preventive Medicine physician. We recommend the following statement be inserted: "Completion of an MPH is a co-requisite for completion of a Preventive Medicine Residency". The MPH is the central part of structured didactic training throughout the 2 years of the residency program and contributes to the weekly requirement for didactic activities.

**Second**, we recommend that the following line be inserted after line 57. “This is to include 12 months of broad based preventive medicine training followed by 12 months of focused preventive medicine training.”

**Third**, we believe that documenting patient care is important, but recommend that instead of a required log system (lines 1235-1237) we adopt a competency based patient care implementation and assessment methodology. Attachments 1 and 2 provide a foundational framework for how detailed clinical preventive medicine competency based training can be accomplished.

**Fourth**, we recommend that a psychiatry internship be included as an acceptable internship (line 564). We need preventionists with strong behavioral health backgrounds.

Thank you for your consideration of these recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Mark B. Johnson". The signature is written in black ink and is positioned above the typed name.

Mark Johnson, MD, MPH  
President, American College of Preventive Medicine