

April 13, 2020

Jerry Vasilias, PhD
Executive Director, Review Committee for Internal Medicine
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, Illinois 60611

Re: Graduating Fellows in Clinical Cardiac Electrophysiology during the COVID-19 Pandemic

Dear Dr. Vasilias:

I hope this letter finds you and your staff well and able to navigate this challenging time without harm.

As you know, the COVID-19 pandemic has significantly impacted medical training across the specialties, with resources (in many cases trainees) being reassigned from their primary appointment to care for patients critically ill from the virus, with many institutions in Stage 2 or even 3: Pandemic Emergency Status. Our graduating Clinical Cardiac Electrophysiology (CCEP) fellows in training are no exception. The result is that in many cases, their last three months (March through June 2020) of CCEP procedural/clinical experience has been sidelined, and elective procedures at many institutions have been postponed for the near future. Additionally, the majority of CCEP procedures are performed electively and the path for resumption of elective procedures in the context of the pandemic is not yet clear.

It is our view that the selfless shift in focus to save lives during this extraordinary public health crisis should not jeopardize our fellows' ability to graduate on time, provided the fellow has achieved competency as assessed by their program director. The program directors in CCEP need help and guidance from the ACGME in this area. We are aware of recent communications from the ACGME to surgical program directors regarding the issue of case logs and case log minima. In those communications, a number of issues are clarified, including that a given individual who has not met all case minima may be deemed by the program director and Clinical Competence Committee to be procedurally competent and be allowed to complete the program, as scheduled. Also addressed are issues pertaining to training extensions, and continued program accreditation with expected changes in procedural volume. We would request similar support and clarification for the program directors and trainees in CCEP as has occurred for the surgical specialties.

We trust our excellent CCEP program directors to make the right determination for each fellow, and we request ACGME to exercise a reasonable amount of flexibility so that when the worst has passed, our fellows are not handicapped for their humanitarian efforts and can graduate in a timely way to join the field of electrophysiology.

Sincerely,

Usha B. Tedrow, MD, MS, FHRS

**CCEP Program Directors Subcommittee Chair** 

**Heart Rhythm Society** 

Jose A. Joglar, MD, FHRS

CCEP Program Directors Subcommittee Vice Chair

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Heart Rhythm Society

cc: Andrea M. Russo, MD, FHRS, HRS President