

I.M. READY | SEPTEMBER 2023

Are you ready to be an FACP?

Becoming a FACP is a rite of passage for many early career ACP members.

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6-min read

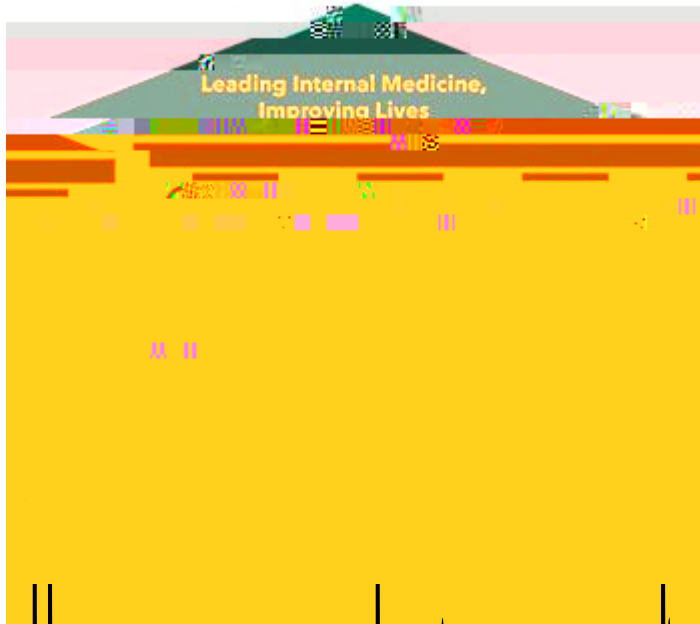
Out of all the decisions Richard M. Wardrop III, MD, PhD, ACP, made in his early career, settling on a path with ACP was one of the best. “ellowship was a big part of it,” he said. “You come for the science and stay for the people.”

Becoming an ACP is a rite of passage for many early career ACP members. The credential is a strong addition to your CV, how professional you are, and can lead to future leadership opportunities at the College and beyond.



New FACPs were celebrated at Internal Medicine Meeting 2023's Convocation in San Diego. Image by Kevin Berne

I have really been impressed with how valuable the ACP mark is as a part of my career,” said Thomas H. Gallagher, MD, MACP. “It’s something that I hope every member of the College (and internal medicine physician who aren’t members) think about and aspire to, because it’s not only an important mark of professional distinction for our colleagues and something that patients really like, but it’s also a commitment to the value of the College.”



The four pillars of ACP Fellowship. Image: American College of Physicians

The pillar replaced the previous activity point-based system, which had required applicant to earn point in at least three of six professional domain (teaching, leadership, community engagement, ACP activities, scholarly activities, and professional development). The new framework underpinned both the Guided Fellowship Program and Advancement to Fellowship.

For the Advancement to Fellowship track, the new framework asked applicant to attempt to participate in three of the

four pillars, rather than list out all their different activities, Dr. Gallagher noted. And while the Guided Fellowship Program previously required participant to accumulate 100 points across 20 different activities, "That's been really simplified, where instead we're asking participant to attempt to participate in one of the three pillars per year and three of the four pillars by the end of the Guided Fellowship Program," he said.

One other change to the Advancement to Fellowship Program that will be meaningful, especially for physician in non-academic and rural settings, is the reduced requirement of one versus two letters of recommendation, said Dr. Gallagher, who is a professor of medicine and bioethics and humanities and a associate chair of the department of medicine at the University of Washington School of Medicine in Seattle.

For physician who practice in an academic environment, letters of recommendation are much more straightforward to come by. "That was a barrier for some folks, and as we thought about the application process, we thought that one robust and meaningful letter of recommendation from an ACP or MACP would really suffice," he said.

This change, as well as adding more examples of qualifying activities for non-academic physician, will remove the academic bias from the application process and help more members achieve fellowship, said Dr. Hansen, who is also

program director for the internal medicine residency

leadership role within the College,” said Dr. Hannah. (Dai Smith, MD, ACP, ACP's
Chief Membership and Engagement Officer, added that ACP is in the process of
creating a more “velvet rope” experience for ACP.)

Growing in that role provides leadership experience at the national level, which
could include becoming a Chapter Governor, sitting on an ACP Committee, or even
becoming a Resident, Dr. Hannah said. I think all that is really important on our CV,

