



ACGME

Updates from the Review Committee for Internal Medicine

ACGME Annual Educational Conference

SES011 - Friday March 8, 2024, 1:30-2:45 p.m.

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*Associate Dean, Designated Institutional Official, University of Arizona College of Medicine-Phoenix
Chair, Review Committee for Internal Medicine (RC-IM)*

Christine Famera

Associate Executive Director, RC-IM

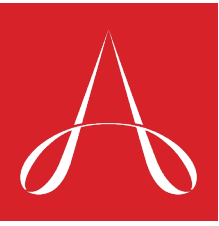


Disclosures



- We have no conflicts to disclose.

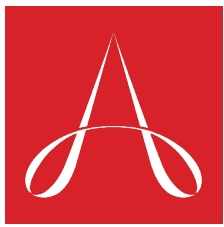




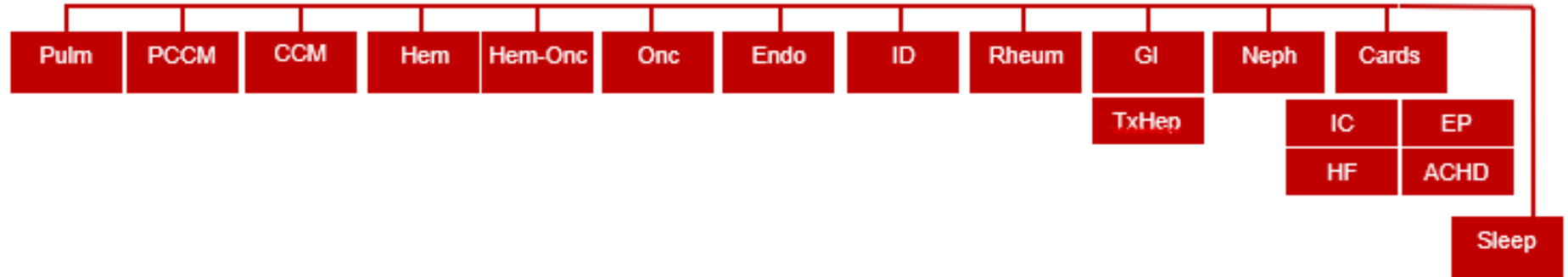
- **Program Requirement Revisions**
- **Next Accreditation System Refresher**
- **Citations + Areas for Improvement/Accreditation Decisions**
- **Updated Site Visit Process**
- **FAQs/Reminders**
- **Innovation and Accreditation**
- **Review Committee for Internal Medicine**



- **Program Requirement (Program Requirements) Revisions**
- Next Accreditation System Refresher
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New Subspecialty Program Requirements...

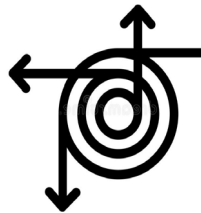
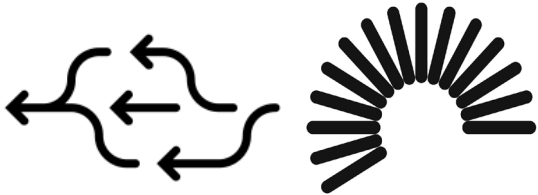


- **Program Requirements for subspecialties were approved at the fall 2023 ACGME Board of Directors meeting**
- **This means there are now *new FTE requirements for core faculty members***
 - *All new subspecialty Program Requirements are effective **July 1, 2024***
 - *New FTE requirements for core faculty members and the associate program director **will not** be citable until **July 1, 2025***
 - *Current FTE requirements for core faculty members and the associate program director **will not** be enforced because they changed*
 - *Current requirements for the program director and coordinator in effect and are citable now, because they did not change.*



Background and Intent with Summary Table of Total Minimum Required FTE for program director, associate program director, and core faculty members

Flexibility!



Subspecialty-Specific Background and Intent: The Review Committee created the table below to summarize the total minimum FTE for program director, APD, and core faculty members needed based on approved complement. The table also clarifies the minimum number of core faculty members necessary based on program size. Two examples are provided.

- A 3-fellow program needs a program director and a minimum of three ABIM- or AOBIM-subspecialty certified core faculty members (at least one being the APD) and a total minimum FTE of 35 percent. The total minimum FTE is a sum of the minimum of 20 percent for the program director and aggregate of 15 percent for the APD and the other core faculty members.
- A 9-fellow program needs a program director and a minimum of four ABIM or AOBIM-subspecialty certified core faculty members (at least one being the APD) and a total minimum FTE of 58 percent. The total minimum FTE is a sum of the minimum of 25 percent/FTE for the program director, an aggregate of 13 percent/FTE for the APD(s), and an aggregate of 20 percent/FTE for the remaining core faculty members.

As long as the program meets the requirements for the minimum FTE for the program director, the minimum number of ABIM- or AOBIM core faculty members, and the aggregate FTE for core faculty and APD(s), how the aggregate FTE for core faculty and APD(s) is distributed is flexible. For instance, in the 3-fellow program example, the program can allocate the aggregate 15 percent/FTE as 10 percent/FTE for the APD/core faculty member and two and a half percent for the remaining two core faculty members, but it can also provide five percent to the APD/core faculty member and five percent to the two core faculty members, or it can distribute it in whatever manner the program and institutional leadership feel works best.

Number of Approved Fellow Positions	Minimum Number of ABIM or AOBIM Subspecialty Certified Core Faculty (one being the APD)	Minimum Support Required (FTE) for Program Director	Minimum Aggregate FTE for APD(s)	Minimum Aggregate FTE for Core Faculty	Total Minimum FTE for PD, APD and Core Faculty
1-3	3	.20	.15		.35
4-6	3	.20	.20		.40
7-9	4	.25	.13	.20	.58
10-12	6	.30	.14	.20	.64
13-15	8	.35	.15	.20	.70
16-18	10	.40	.16	.20	.76
19-21	12	.45	.17	.25	.87
22-24	14	.50	.18	.25	.93
25-27	16	.50	.24	.25	.99
28-30	18	.50	.30	.25	1.05
31-33	20	.50	.36	.25	1.11
34-36	22	.50	.42	.30	1.22
37-39	24	.50	.48	.30	1.28
40-42	26	.50	.54	.30	1.34
43-45	28	.50	.60	.30	1.40
46-48	30	.50	.66	.30	1.46
49-51	32	.50	.72	.30	1.52
52-54	34	.50	.78	.30	1.58



Programs/Sponsoring Institutions are responsible for determining what is “just right”

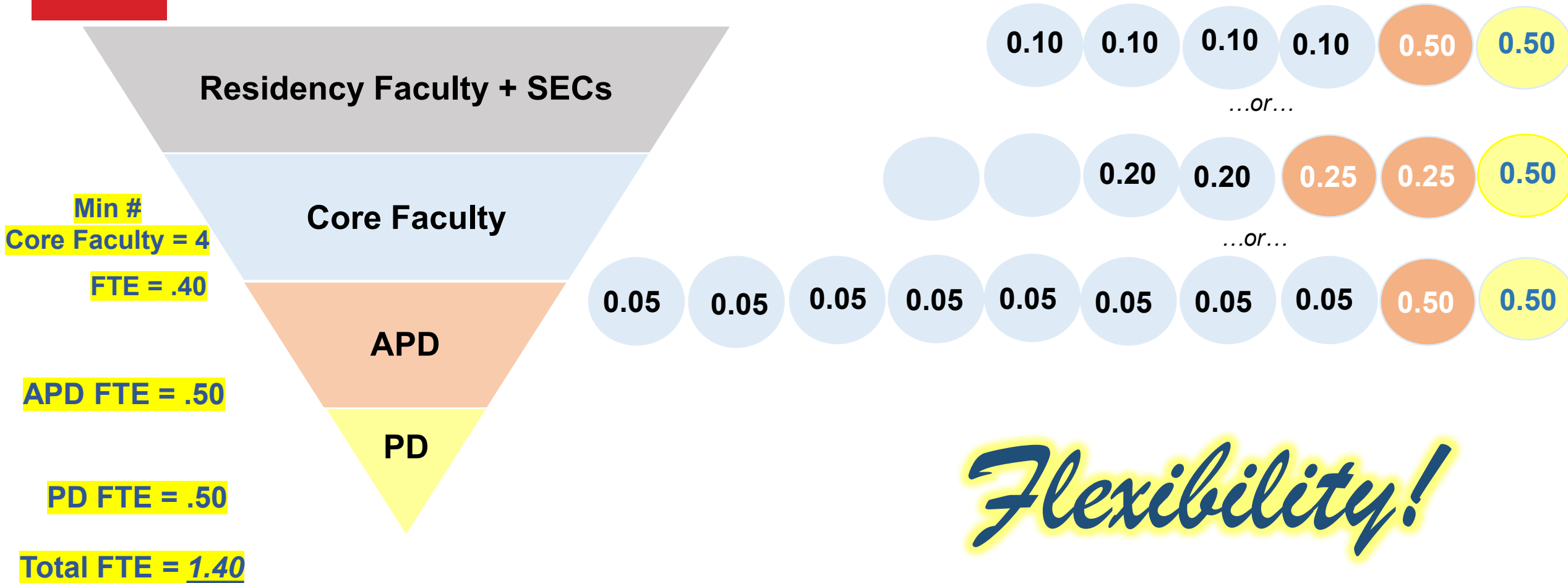
ACGME Minimum

In addition, it is important to remember that the dedicated time and support requirement for ACGME activities is a ***minimum, recognizing that, depending on the unique needs of the program, additional support may be warranted.*** The need to ensure adequate resources, including adequate support and dedicated time for the program director, is also addressed in Institutional Requirement II.B.1. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified in the applicable specialty/subspecialty-specific Program Requirements. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program directors, core faculty members, and program coordinators to fulfill their program responsibilities effectively.



36 Resident IM Program

Total Minimum Dedicated Time = **140%**

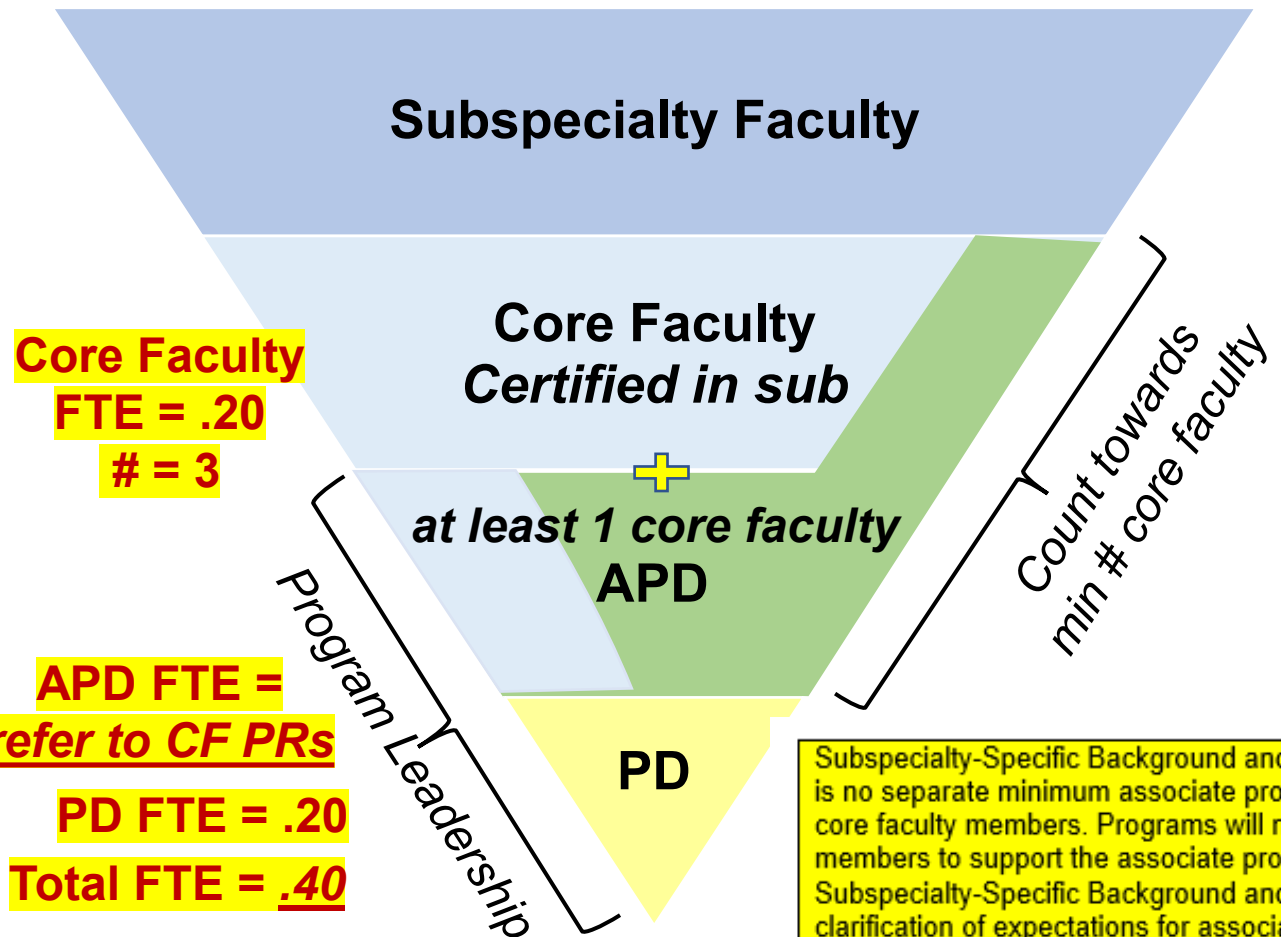


Flexibility!



Six-Fellow Three-Year Subspecialty Program

Total Minimum FTE = 40%



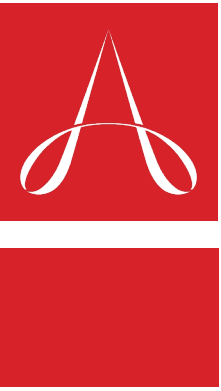
Core Faculty FTE = .20
= 3

APD FTE = refer to CF PRs

PD FTE = .20
Total FTE = .40



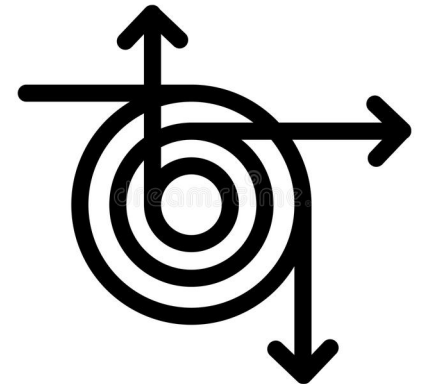
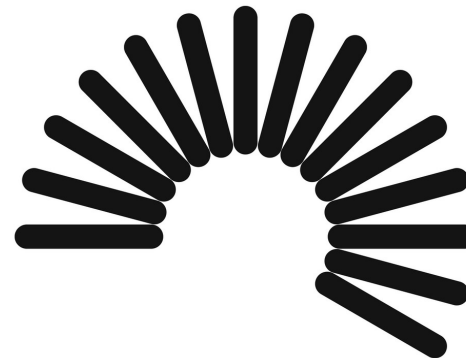
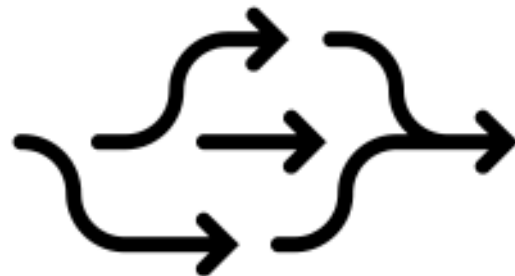
Subspecialty-Specific Background and Intent: For programs with fewer than seven fellows, there is no separate minimum associate program director FTE support beyond what is specified for core faculty members. Programs will need to use the minimum aggregate FTE for core faculty members to support the associate program director, who is also a core faculty member. See the Subspecialty-Specific Background and Intent box in the core faculty section (II.B.4.c) for clarification of expectations for associate program director FTE support for programs with approved complements of fewer than seven fellows.



Internal Medicine Subspecialty Background and Intent Box:

Flexibility in how to operationalize the Program Requirements

Background and Intent Box: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty members and the minimum required aggregate FTE but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their Sponsoring Institution, to allocate the support as they see fit. As long as the requirements for the minimum number of core faculty members and the minimum aggregate FTE are met, how the aggregate FTE is distributed is flexible.

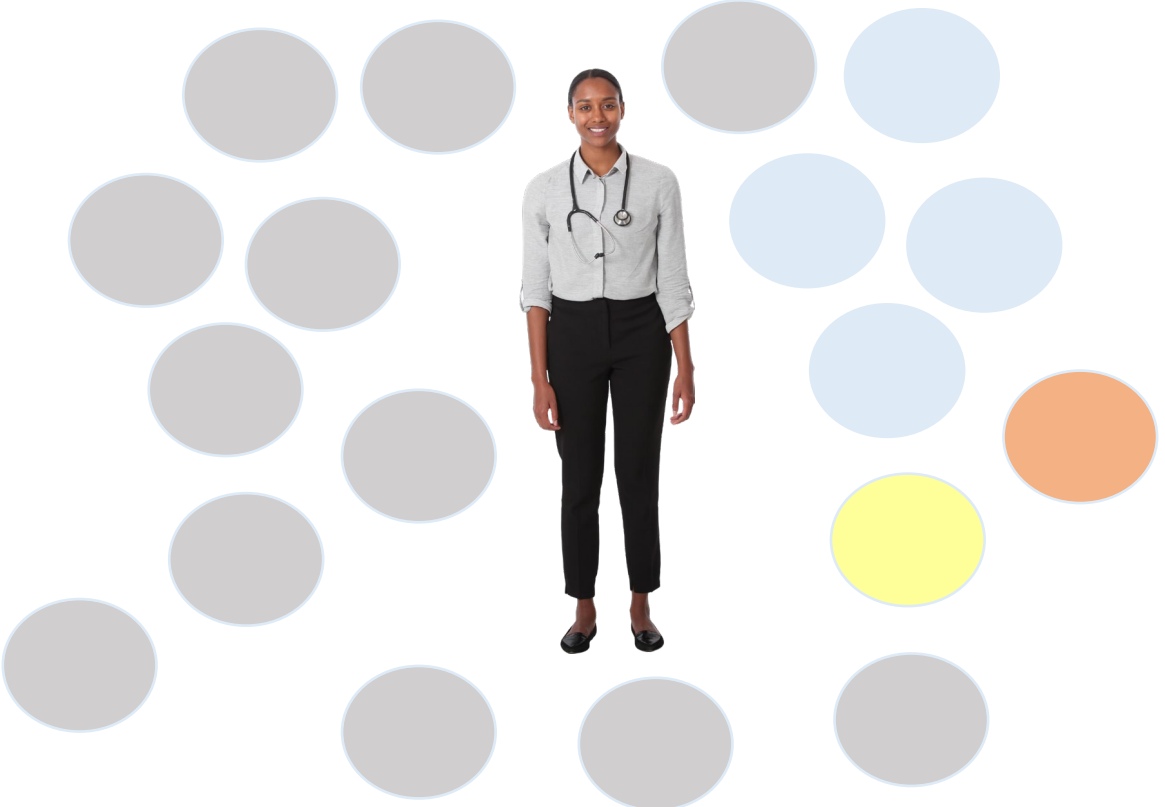




A Few Words about Core Faculty Members

Internal Medicine Residency

Subspecialty Fellowships



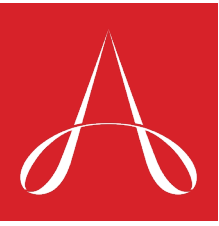


Is There Flexibility across Programs?

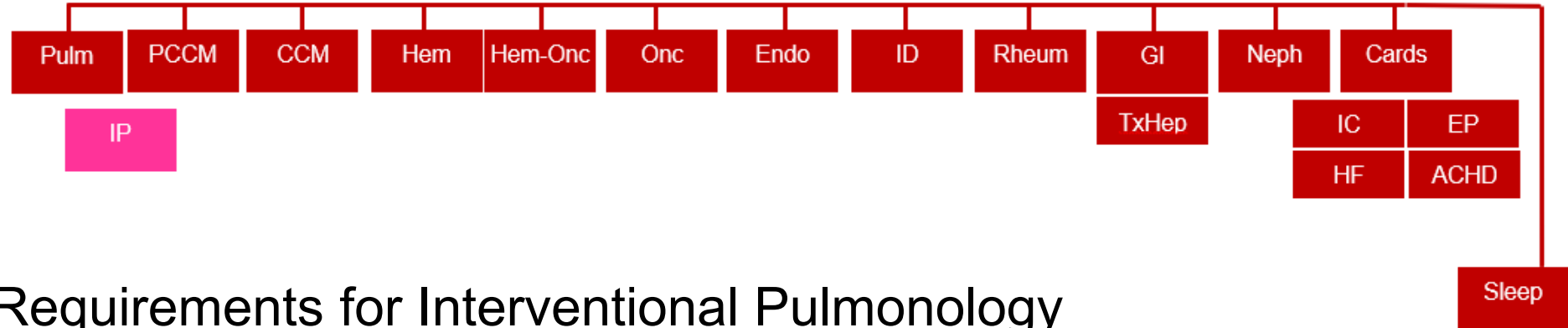
Internal Medicine Residency

Subspecialty Fellowships

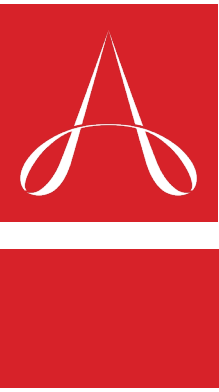




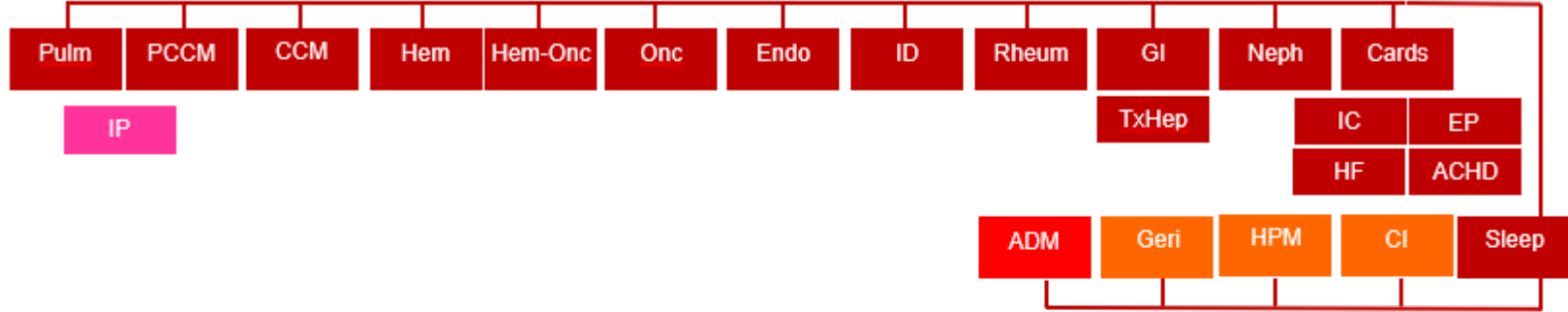
New Program Requirements in Interventional Pulmonology and Accrediting New Programs



- New Program Requirements for Interventional Pulmonology approved in fall of 2023.
- Sub-subspecialty of pulmonary disease and critical care medicine or pulmonary disease.
- About 20 interventional pulmonology program applications to be reviewed at April Review Committee meeting.



Other Program Requirement Revisions the Review Committee Will Pursue



- **Revising several multidisciplinary subspecialty Program Requirements**
 - *Review Committee for Internal Medicine will lead major revision for geriatrics and clinical informatics*
 - *Review Committee for Internal Medicine will lead focused revision for addiction medicine*
 - *Review Committee for **Family Medicine** will lead the major revision for hospice and palliative medicine*

		Vetted	ACGME Approval	Effective
■	Major Revision IM	Summer 2020	February 2021	July 2022
■	Major Revision of IM Subs and Sleep Medicine	Jan 2023	October 2023	July 2024 *
■	New Program Requirements for Interventional Pulmonology	Spring 2023	October 2023	September 2023
■	Major Revision for Multidisciplinary Subs of CI, Geri and HPM (RC-FM is lead)	Spring 2024	Sept 2024	July 2025
■	Focused Revision for Multidisciplinary Sub of ADM	Spring 2024	Sept 2024	July 2025





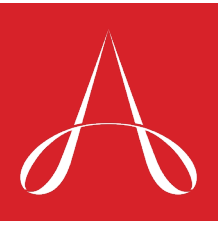
Other Non-Internal Medicine Program Requirement Revisions: Common Program Requirements Revision

- Last major revision in 2017 (only revised Work Hours) and 2019 (all other parts of Section VI – Patient Safety, Professionalism, and Well-Being)
- Process for revision was discussed the recent ACGME Board of Directors meeting and will soon be communicated broadly

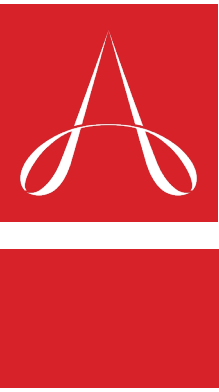


Other Non-Internal Medicine Program Requirement Revisions: Institutional Requirement Revision

- Institutional Review Committee started the revision last fall by looking at the current Institutional Requirements with an eye on reducing and deleting outdated requirements
- Draft revised Institutional Requirements to vet in summer; new Institutional Requirements will be effective 2025

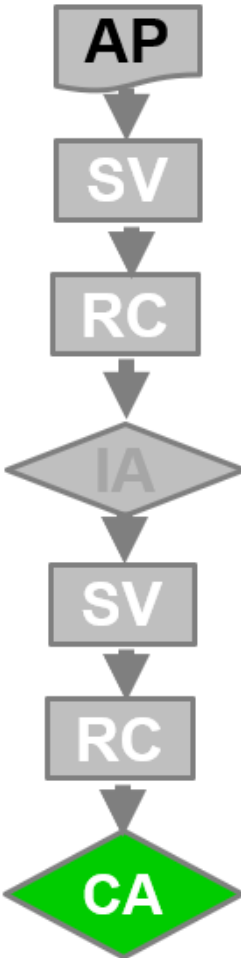


- Program Requirement Revisions
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After Achieving Continued Accreditation...

- Programs move into the ACGME's current accreditation model (the Next Accreditation System, or **NAS**)
- Since 2013, this has been the model Review Committees use to review every established program *annually*
- Data elements/indicators assist the Review Committees to identify outliers
 - Programs flagged as outliers undergo further review
 - Considerations...
 - Which data element was flagged?
 - Was data element flagged for multiple years?
 - Are multiple data elements flagged?
 - Does program describe improvement plans?





NAS Data Elements



Last	First	Degrees	Title
Cook	Smol	MD	Professor and Chairman of Medicine
Hunsley	Terry	MD	Associate Program Director
Schultz	John	MD	Associate Program Director & Attending
Avian	Charm	MD	Assistant Professor
Broughton	William	MD	Attending
Bass	John	MD	Professor
Surocher	Bartek	MD	Attending
Suler	Thomas	MD	Attending
Cameron	Edward	MD	Assistant Professor
Cohen	Nicholas	MD	Co-Chief of Cardiology
Cripe	Roy	MD	Attending & Chief of Hepatology
O'Hara	Jack	MD	Attending & Chief of Gastroenterology
Fagan	Karen	MD	Chf., Pulmonary/Critical Care
Fouty	Brian	MD	Attending
Green	William	MD	Associate Professor
Hynes	Johnson	MD	Attending & Director of Comprehensive Stroke C...
Hynes	Jorge	MD	Attending
Hunsley	Christie	MD	Assistant Professor

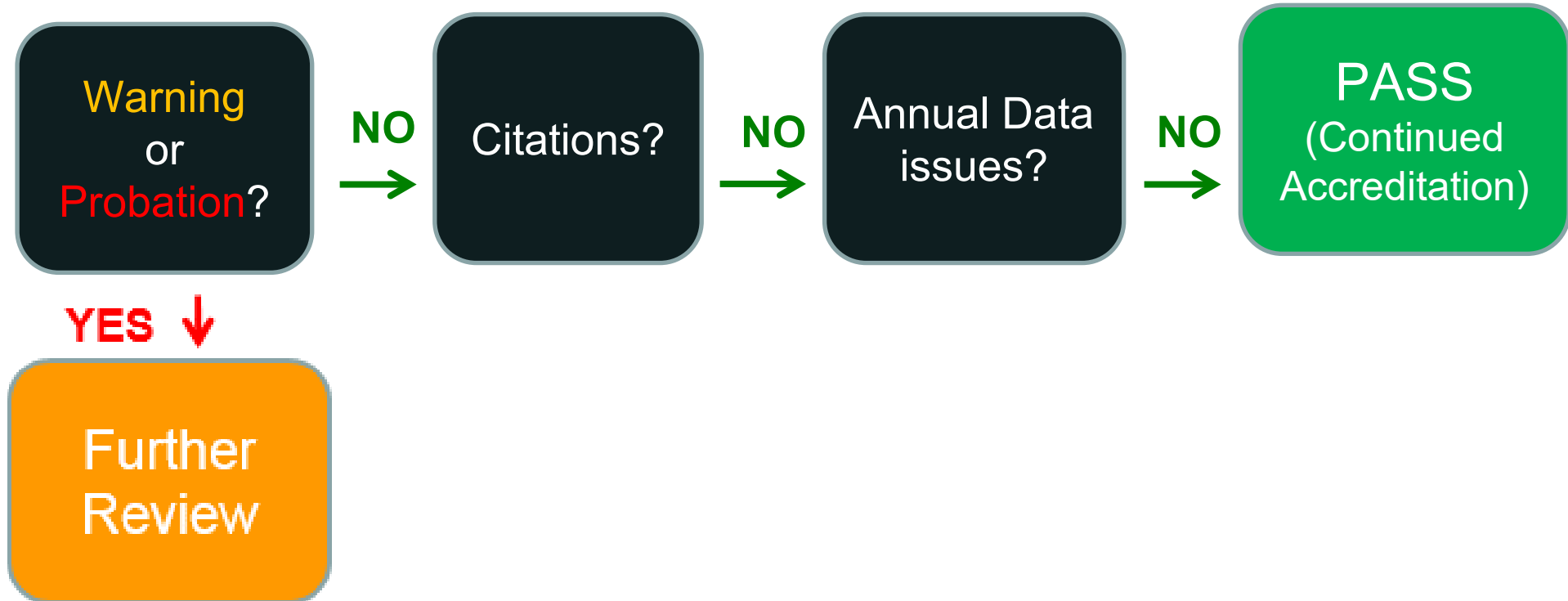
- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Omission of Data



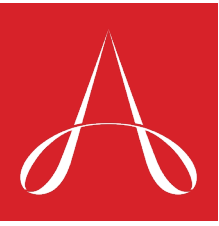


NAS

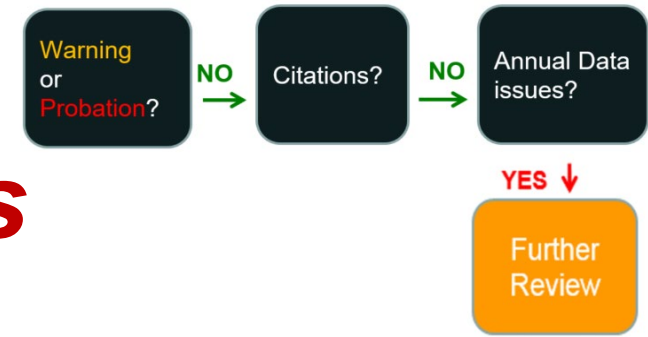
Big Picture...



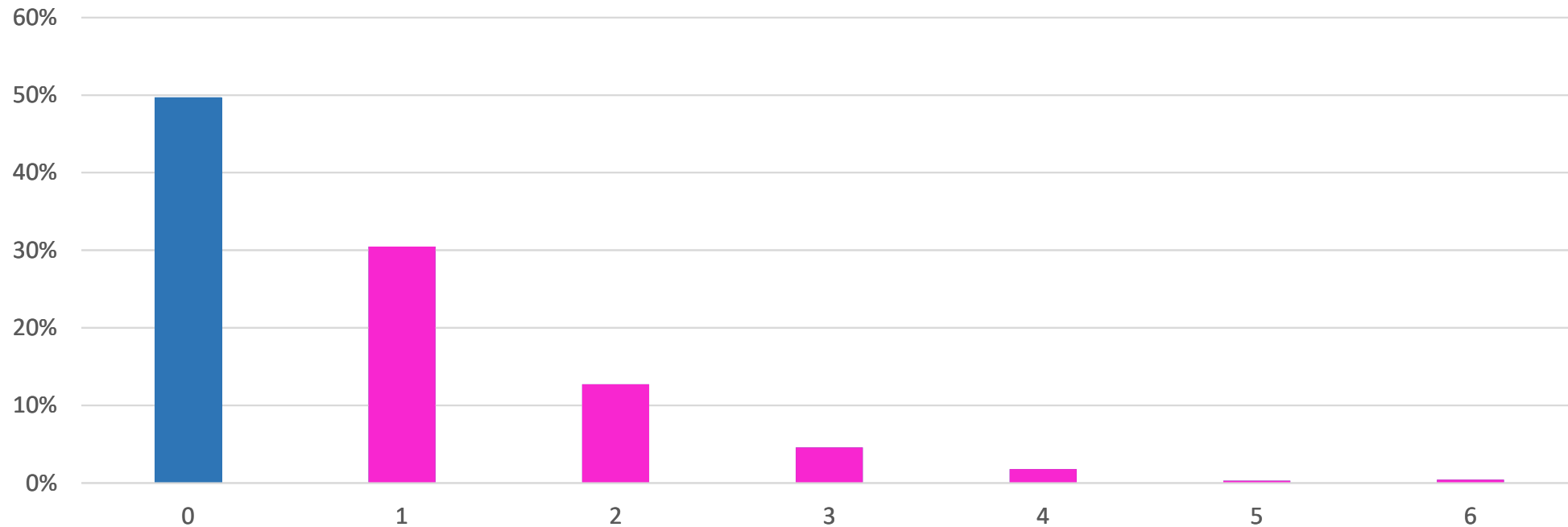
Remember, this applies to established programs (not those with Initial Accreditation)

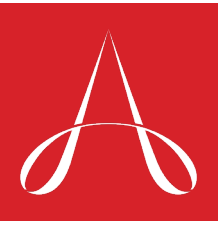


Programs Identified as Outliers

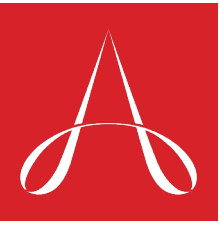


- About 1,400 programs had at least one NAS indicator flagged
- Staff members triage flagged programs to determine “signal” or “noise”





- Program Requirement Revisions
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“Non-Compliance”

Citations

- Require response in ADS
- Identify areas of non-compliance linked to specific requirements

Program Requirement N.1.

The program must do this. (Core)

The program is not doing this.

Areas for Improvement

- Can represent “general concerns” (but are usually tied to requirements)
- Do not require response in ADS

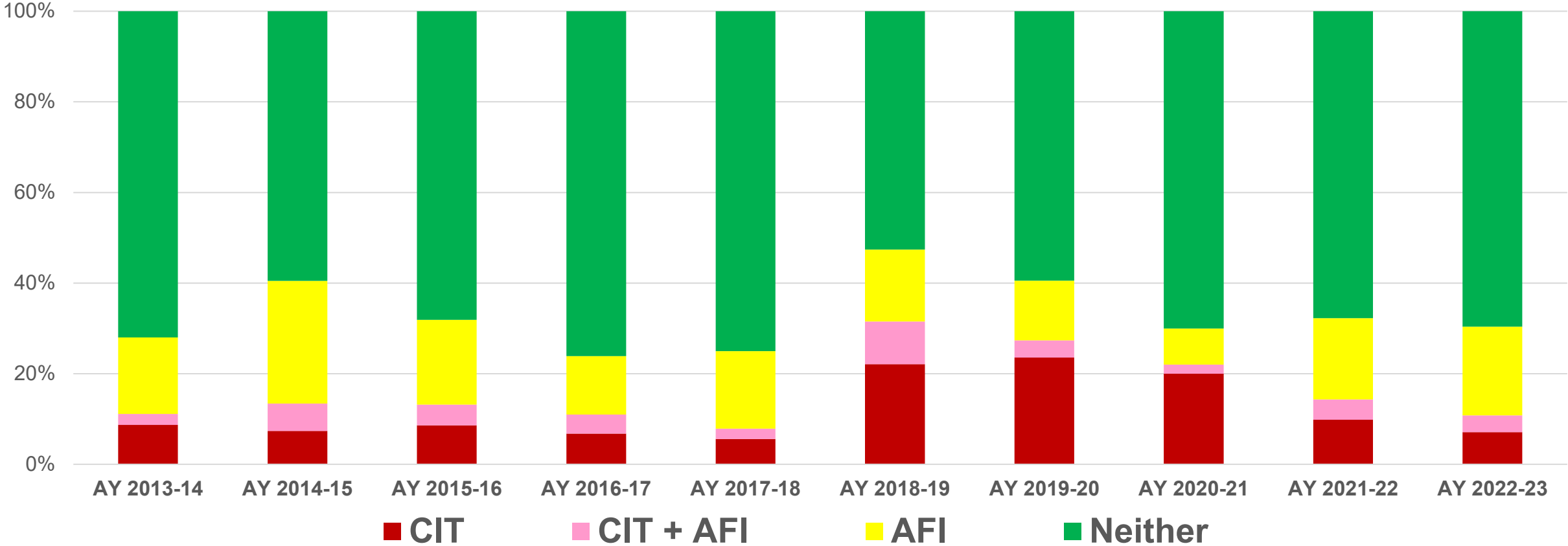
Program Requirement N.1.a.

The program should do this. (Detail)

This area could be improved by doing this.



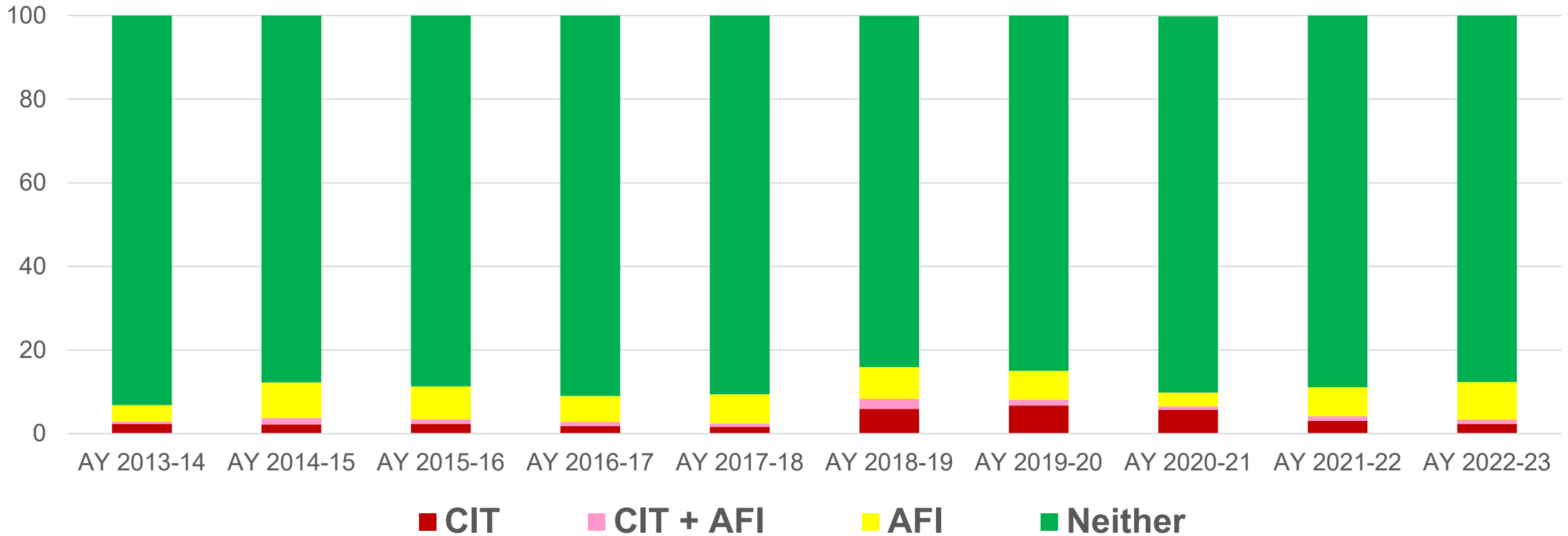
Citations and Areas for Improvement (AFIs) for CORE 10 (!) Years of NAS



(Does not include programs with Initial Accreditation or new applications)



Citations and AFIs for CORE + SUBS: 10 (!) Years of NAS



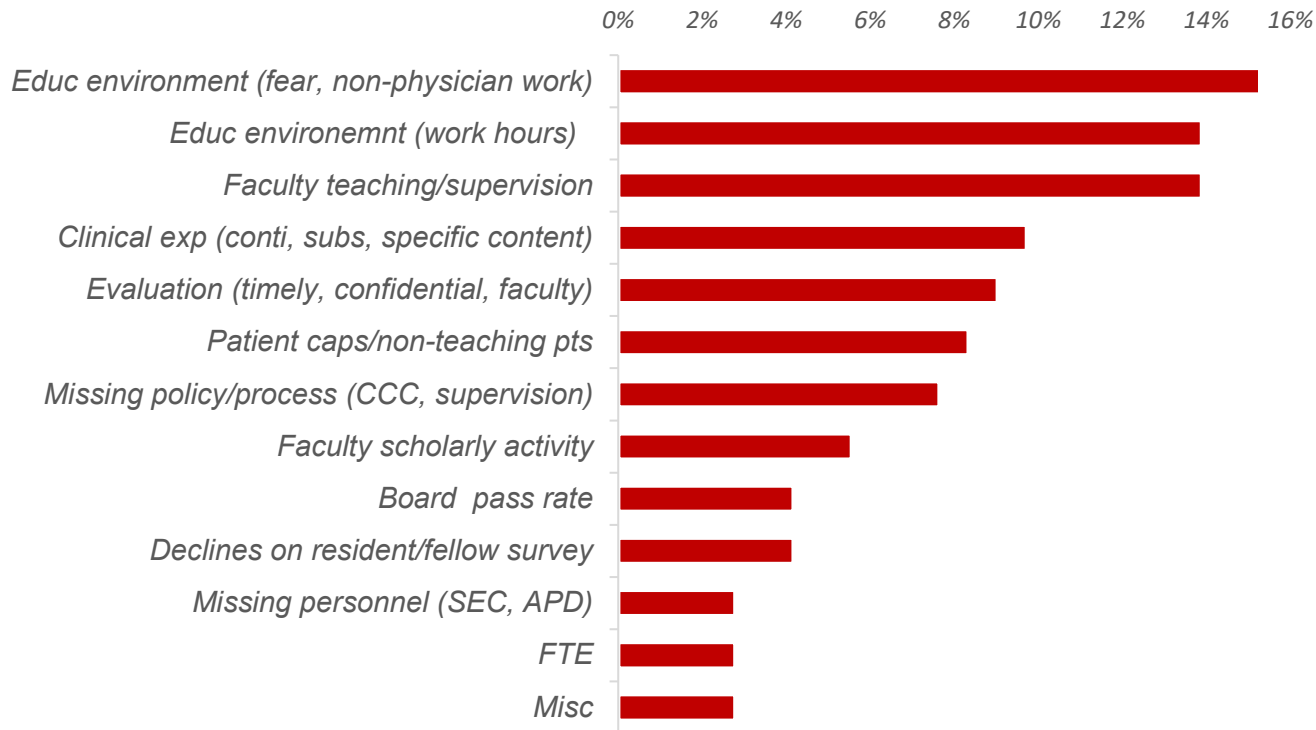
(Does not include programs with Initial Accreditation or new applications)



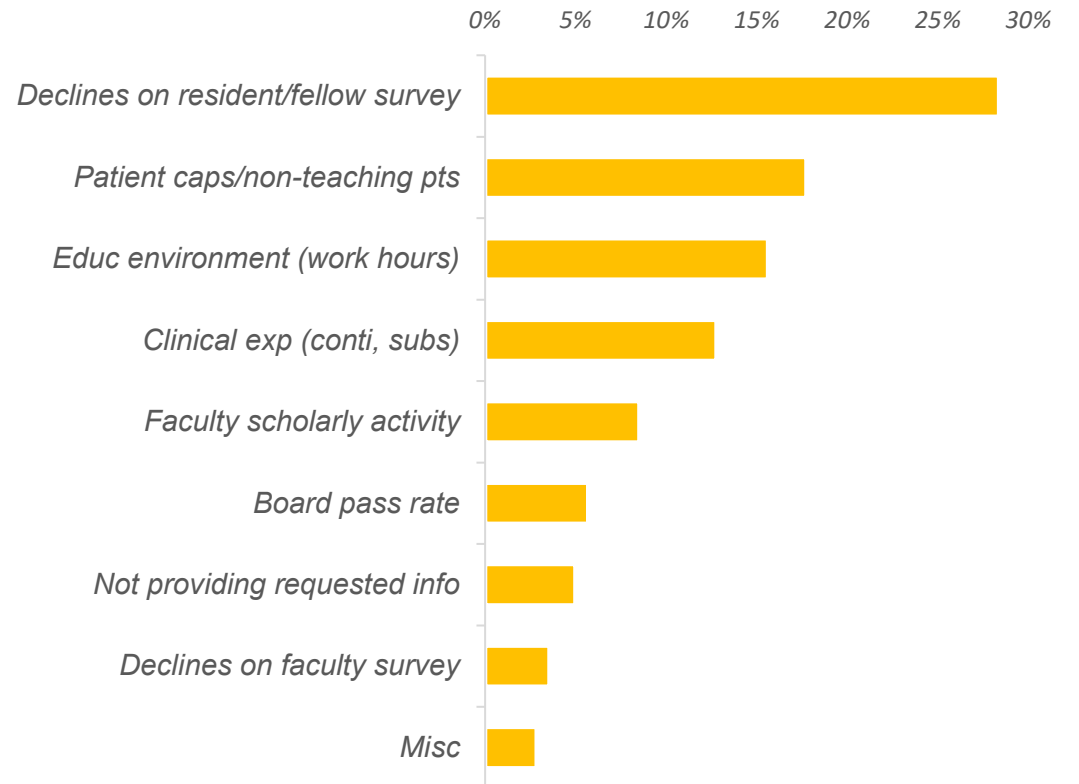
Citations and AFIs at January Meeting for **ESTABLISHED** Programs

- Programs not with Initial Accreditation or new applications

Citations for established programs (n=60)



AFIs for established programs (n=240)





Specialty-Specific Questions on Resident Survey

2022-2023 ACGME Resident/Fellow Survey - page 6

Survey taken: February 2023 - April 2023

Programs Surveyed 589

140 Internal medicine - Aggregated Program Data

Residents Responded 29273 / 31815

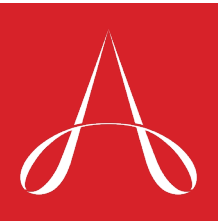
Specialty Specific Questions

Response Rate 92%

	Never	Almost never	Sometimes	Often	Always
How often do you provide care for patients on the non-teaching service (excluding consults/potential ICU transfers/responses to codes)?	47.8%	24.2%	17.0%	8.1%	2.9%
How often does someone outside of your team write significant/important orders for patients under your care without communicating with you?	44.0%	41.3%	11.6%	2.4%	0.8%
How often does the number of attending physicians-of-record on inpatient rotations interfere with your educational experience?	51.8%	35.1%	10.0%	2.1%	0.9%
How often do residents from other specialties supervise you while on internal medicine inpatient rotations? (Note: Supervision by IM subspecialty fellows and assistance with specific procedures by non-physicians is permitted as long as ultimate supervisory responsibility rests with the resident's attending physician.)	65.8%	18.0%	11.1%	3.8%	1.3%

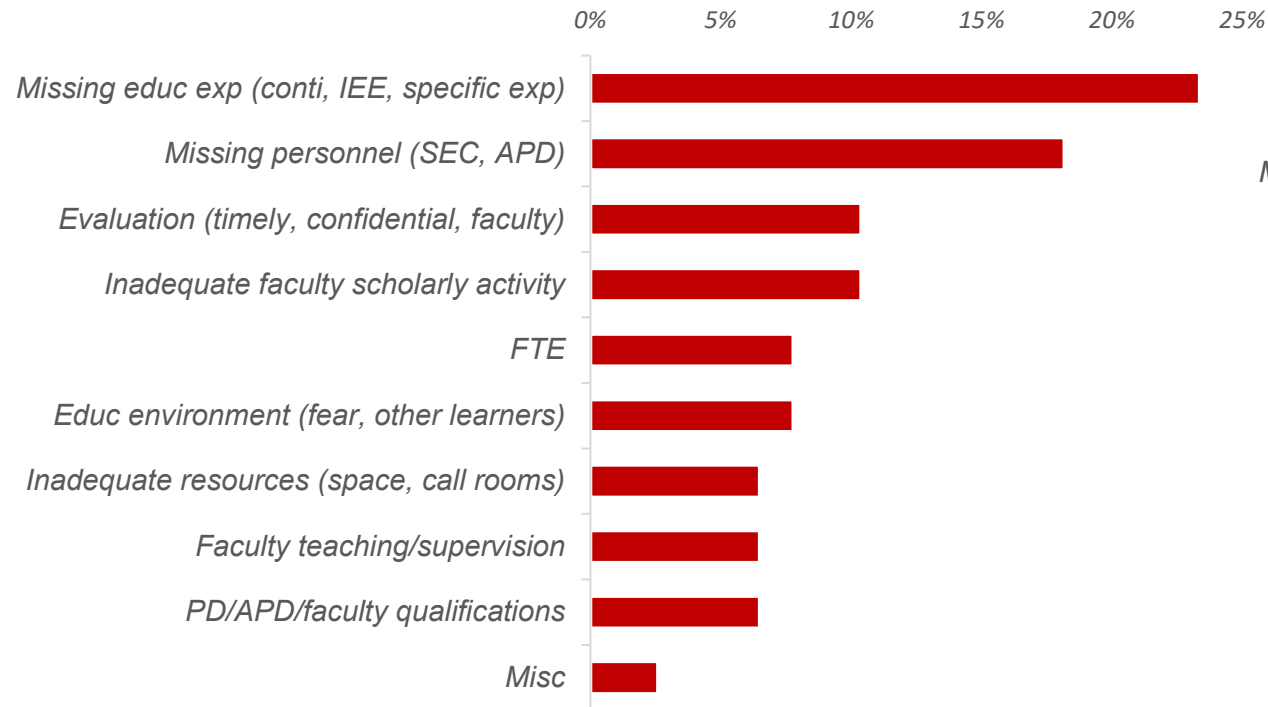
	Never	Almost never	Sometimes	Often	Always
How often do you feel overloaded with clinical responsibilities on the general medicine wards without access to additional support (physicians and advanced practice providers)?	40.8%	35.9%	17.4%	4.5%	1.4%
How often do you feel overloaded with clinical responsibilities on critical care assignments without access to additional support (physicians and advanced practice providers)?	44.4%	34.7%	15.3%	4.0%	1.5%
How often do you feel overloaded with clinical responsibilities on night call without access to additional support (physicians and advanced practice providers)?	40.6%	33.5%	18.5%	5.4%	2.0%

	Never	Almost never	Sometimes	Often	Always	Not applicable
How often are you assigned more than 5 new admissions (plus an additional 2 transfers or night float admissions) per admitting day?	68.7%	20.4%	8.2%	2.2%	0.5%	
How often are you assigned more than 8 new patients in a 48-hour period (excluding night float)?	60.9%	24.0%	11.1%	3.3%	0.6%	
How often are you responsible for the ongoing care of more than 10 patients (excluding night and other cross-coverage situations)?	69.4%	19.4%	7.8%	2.6%	0.8%	
If you are supervising more than one R1, how often are you responsible for the supervision or admission of more than 10 new patients (plus an additional 4 transfer patients) in 24 hours?	67.0%	16.7%	7.4%	3.8%	2.0%	3.1%
If you are supervising more than one R1, how often are you responsible for the supervision or admission of more than 16 new patients in 48 hours (excluding night float)?	74.1%	14.6%	4.7%	2.4%	1.0%	3.3%
If you are supervising more than one R1, how often are you responsible for the ongoing care of more than 20 patients (excluding night and other cross-coverage situations)?	75.1%	13.5%	5.3%	2.0%	1.0%	3.1%
If you are supervising one R1, how often are you responsible for the ongoing care of more than 14 patients (excluding night and other cross-coverage situations)?	56.4%	14.4%	11.6%	9.7%	4.5%	3.5%

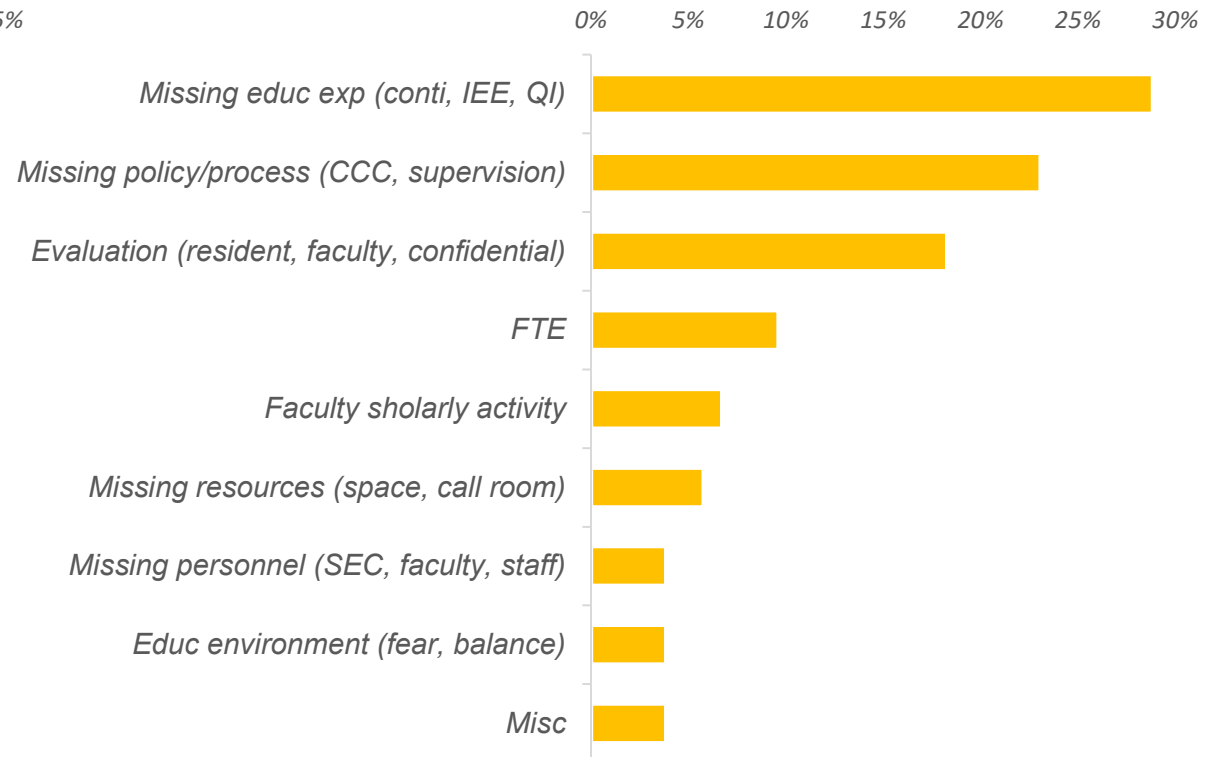


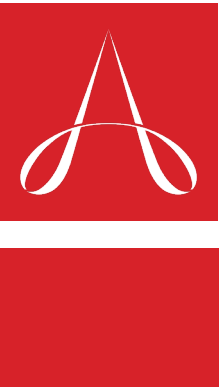
Citations and AFIs at January Review Committee Meeting For **NEW** Programs/Applications

Citations for New Programs/Applications (n=17)



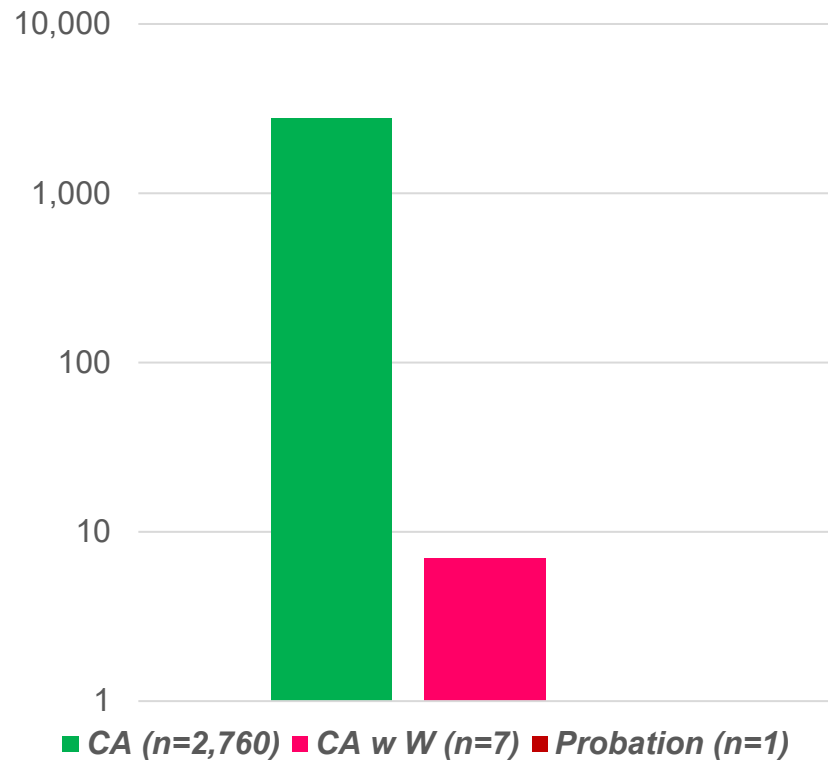
AFIs for New Programs/Applications (n=48)



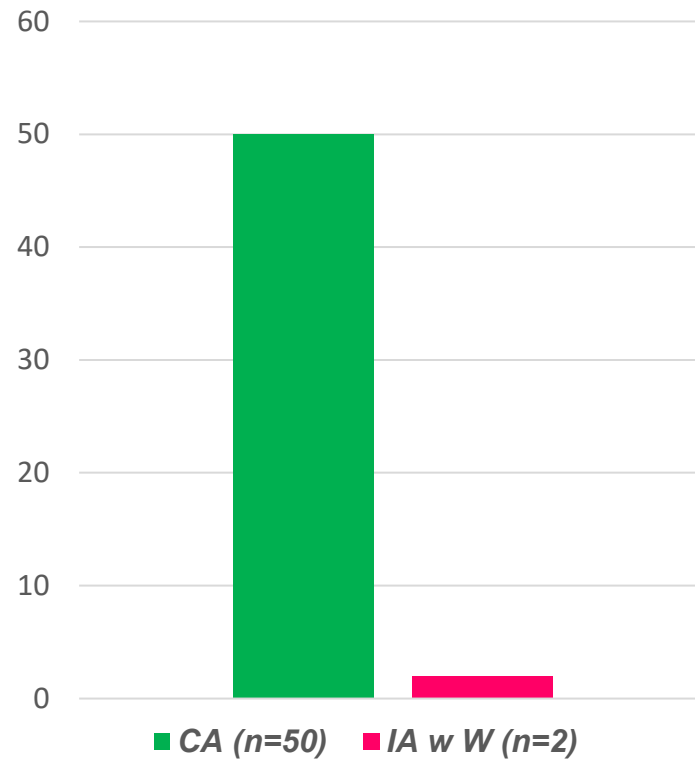


Accreditation Actions for All Programs on January Agenda

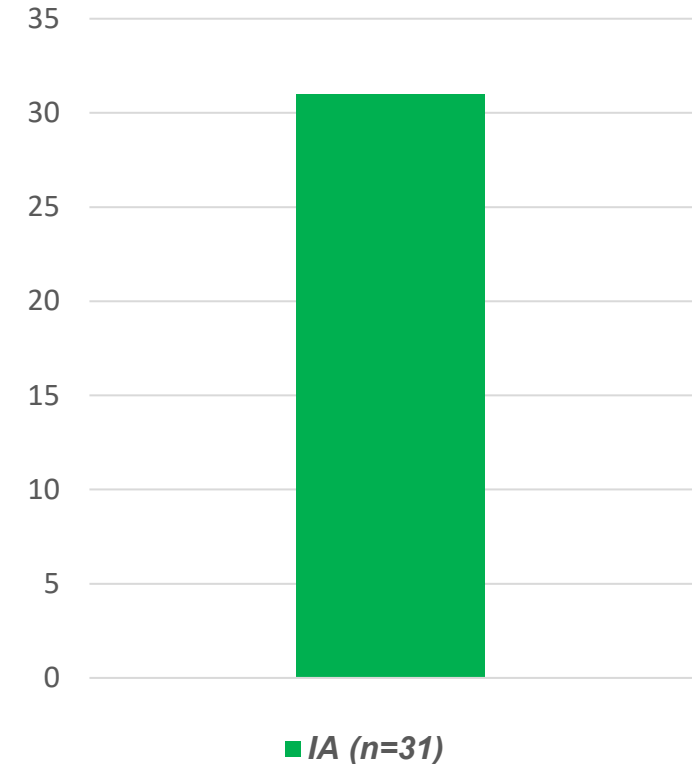
Established Programs (n=2,768)

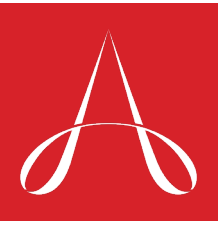


New Programs at IA (n=52)

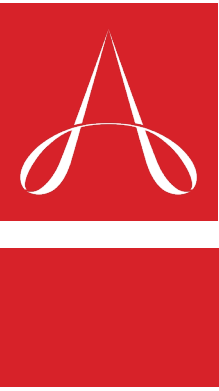


New Applications (n=31)





- Program Requirement Revisions
- Next Accreditation System Refresher
- Citations + Areas for Improvement/Accreditation Decisions
- **Updated Site Visit Process**
- FAQs/Reminders
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Site Visits for Programs that Have Not Had One for 10+ Years

- 10-Year Accreditation Site Visit for programs have been discontinued
- Replaced with random site visit for programs w/o a site visit in 10+ years
 - 2% of programs randomly selected annually
 - Total = 150 programs across all specialties/subs
- 25% of all accredited programs are internal medicine → 25% of site visits will be internal medicine programs
 - Total = 35 programs, 3 = IM, 32 = subs
 - Programs notified in January
 - Given 90-day notice
 - Site visits between May-July
 - Reviews at the September Review Committee meeting

	# of programs
IM	3
CVD	2
ENDO	3
GI	4
GM	2
Hem Onc	2
ID	3
IC	2
Neph	2
PCCM	2
Rheum	5
Sleep	1
TH	1
Total	35

There were no ACHD, AHFTC, CCEP, CI, CCM Onc, or Pulm programs that had not a site visit in 10+ years. So, no random SV for programs in these areas.



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Frequently Asked Question #1: Who should be listed on the Faculty Roster in ADS?

At a minimum, include the following...

- Program director
- Associate program director(s)
- Minimum required # of core faculty members
 - based on complement
- Other faculty members
 - *at your discretion!*



Frequently Asked Question #2: What role can a family medicine physician have in an internal medicine program?

- Expectation is that most faculty members in internal medicine programs will be internists
- On inpatient rotations:
 - *It is appropriate for an ABFM- or AOBFP-certified physician with extensive experience in caring for inpatient adults to teach and supervise internal medicine residents, provided they are approved by the site director and the program director. Working as an adult hospitalist for at least three years would be one way to demonstrate such extensive experience.*
- On outpatient rotations:
 - *It is appropriate for a non-internist with documented expertise (e.g., a family medicine physician with extensive outpatient/ambulatory experience or procedural proficiency) to teach and supervise internal medicine residents provided the non-internist is approved by the site director and the program director.*

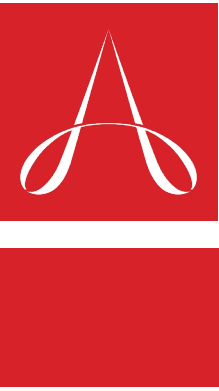


Frequently Asked Question #3: How do I document Individualized Educational Experience?

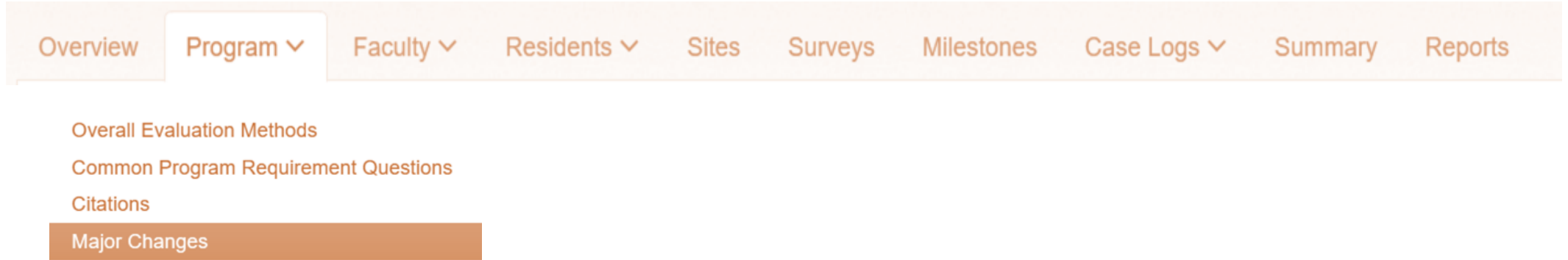
PGY1													
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Rotation Name	Inpatient-D	Inpatient-D	Inpatient-D	Inpatient-D	Inpatient-D	Inpatient-N	ICU-D	Emergency	Cardio	ICU-N/ Clinic	Clinic	Clinic	GI/Pulm
Site	1	1	1	1	1	1	1	1	1	1/2	2	2	3/4
% Outpatient	0%	0%	0%	0%	0%	0%	0%	92%	0%	0%/92%	92%	92%	50%/70%
% Research/Didactics	8%	8%	8%	8%	8%	5%	8%	8%	8%	8%	8%	8%	0.2

PGY2														
Block	1	2	3	4	5	6	7	8	9	10	11	12	13	
Rotation Name	Inpatient-D	Inpatient-D	Inpatient-D	Inpatient-D	Inpatient-N	ICU-D	ICU-N/ Clinic	Clinic	Clinic	Clinic	Neuro/ GI	IC	IC	IC
Site	1	1	1	1	1	1	1/2	2	2	2	1/2			
% Outpatient	0%	0%	0%	0%	0%	0%	0%/92%	92%	92%	92%	92%			
% Research	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%			

PGY3														
Block	1	2	3	4	5	6	7	8	9	10	11	12	13	
Rotation Name	Inpatient-D	Inpatient-D	Inpatient-D	ICU-D	Inpatient Sub-specialty	ICU-N/ Clinic	Clinic	Clinic	Clinic	H & PC/ Addic	Geri	IC	IC	IC
Site	1	1	1	1	1	1/2	2	2	2	1/2	2			
% Outpatient	0%	0%	0%	0%	0%	0%/92%	92%	92%	92%	92%	80%			
% Research	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	10%			



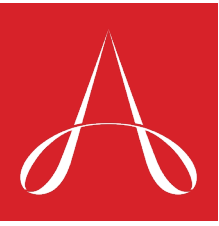
Frequently Asked Question #4: Is “Major Changes and Other Updates” important?



Major Changes and Other Updates

Provide a brief update explaining any major changes and any other updates to the educational program in the last year, e.g., changes in program leadership and faculty, rotational changes, curricular challenges, efforts to address issues identified in the annual ACGME surveys, and the impact of the COVID-19 pandemic on your resident/fellow education.

[Enter text here]



Frequently Asked Question #5: How are increases in complement handled?

- Submitted in ADS and approved by the DIO
- Requests for temporary increases in complement for less than three months *do not need to be submitted*
- Turnaround to receive a decision is 30 days (sometimes less)
- Update the Faculty Roster in ADS to ensure there are the minimum core faculty members for the *new* complement



Frequently Asked Question #6:

When do I contact the ACGME?

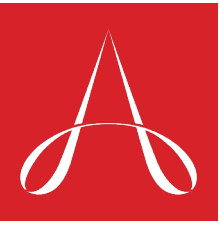
When do I contact the certification boards?



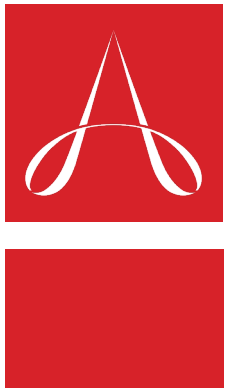
Develops and maintains accreditation standards for programs and evaluates programs against those standards.



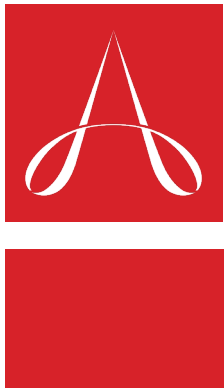
Develops and maintains certification standards for individuals and evaluates individuals against those standards.



- Program Requirement Revisions
- Next Accreditation System Refresher
- Citations + Areas for Improvement/Accreditation Decisions
- Site Visits
- FAQs/Reminders
- **Innovation and Accreditation**
- Review Committee for Internal Medicine

Two spotlights, one in the bottom-left and one in the top-right, are shining yellow beams of light towards the center of the image. The word 'Innovation' is written in a bold, italicized red font, centered within the intersection of the two light beams.

Innovation



Advancing Innovation in Residency Education (AIRE)

- Highlighting several AIRE pilots...
 - Pilot projects providing *integrated* educational experiences
 - *Pulmonary disease and critical care medicine + sleep medicine*
 - *Internal medicine + geriatric medicine*
 - Pilot projects providing *combined* educational experiences
 - *Cardiovascular disease + clinical cardiac electrophysiology*
 - *Hematology and medical oncology + hospice and palliative medicine*





- Program Requirement Revisions
- Next Accreditation System Refresher
- Citations + Areas for Improvement/Accreditation Decisions
- Site Visits
- FAQs/Reminders
- Innovation and Accreditation
- **Review Committee for Internal Medicine**



Review Committee for Internal Medicine

Voting Members

Rendell Ashton, MD *PCCM*

Ruth Campbell, MD *Nephrology*

Jaclyn Cox, DO *GIM*

Eunice DeFilippo, MD **Resident Member**

Helen Fernandez, MD *Geriatrics*

Nancy Finnigan, DO *Nephrology*

Christine Gerula, MD *CVD*

Erica Johnson, MD *ID*

Russell Kolarik, MD *Med-Peds*

Sapna Kuehl, MD *GIM*

Jeannette Lin, MD *ACHD*

Alice Ma, MD *Hematology-Oncology*

Bernadette Miller, MD *GIM*

Cheryl O'Malley, MD *Med-Peds* **Chair**

Amy Oxentenko, MD *GI* **Vice Chair**

Michael Pillinger, MD *Rheumatology*

David Pizzimenti, DO *GIM*

Nancy Reau, MD *Transplant Hep*

Rabbi Seymour Rosenbloom **Public Member**

Abby Spencer, MD *GIM*

Stephanie Strohbeen, MD **Resident Member**

David Sweet, MD *GIM*

Sheila Tsai, MD *Sleep Medicine*

Brooks Vaughan, MD *Endocrinology*

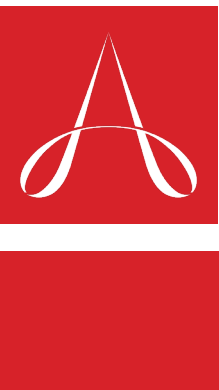
Non-Voting (“Ex-Officio”) Members

Karen Caruth, MBA **AOA**

Davoren Chick, MD **ACP**

Furman McDonald, MD **ABIM**





Review Committee for Internal Medicine as of July 1, 2024

Voting Members

Sarkis Arabian, DO *GIM*

Rendell Ashton, MD *PCCM*

Stefanie Brown, MD *GIM*

Ruth Campbell, MD *Nephrology*

Jaclyn Cox, DO *GIM*

Helen Fernandez, MD *Geriatrics*

Ann Finke, MD **Resident Member**

Nancy Finnigan, DO *Nephrology*

Christine Gerula, MD *CVD*

Erica Johnson, MD *ID*

Sapna Kuehl, MD *GIM*

Jeannette Lin, MD *ACHD*

Alice Ma, MD *Hematology-Oncology*

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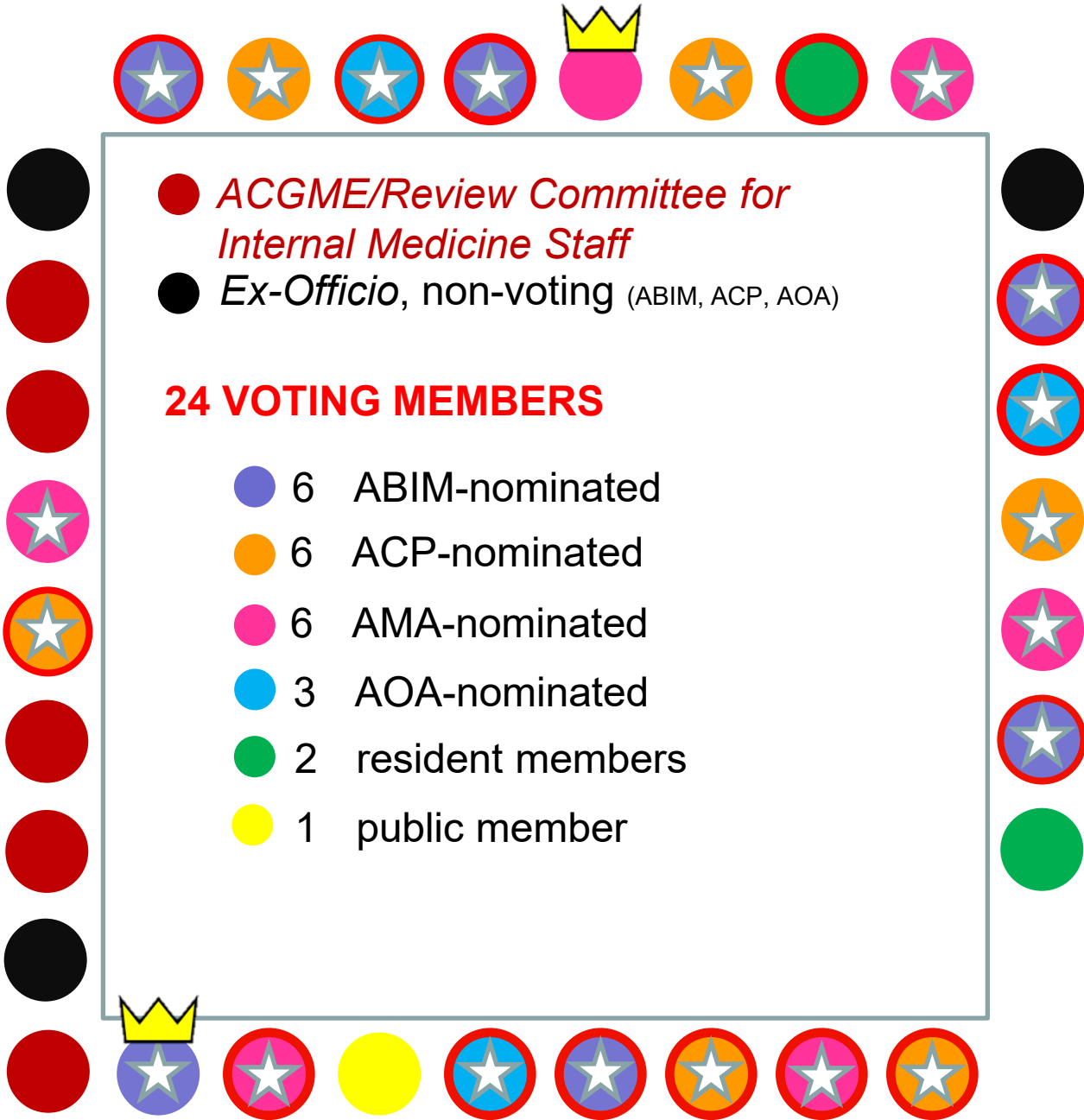
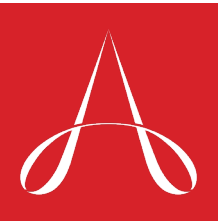
Non-Voting (“Ex-Officio”) Members

Karen Caruth, MBA **AOA**

Davoren Chick, MD **ACP**

Furman McDonald, MD **ABIM**





● *ACGME/Review Committee for Internal Medicine Staff*
● *Ex-Officio, non-voting* (ABIM, ACP, AOA)

24 VOTING MEMBERS

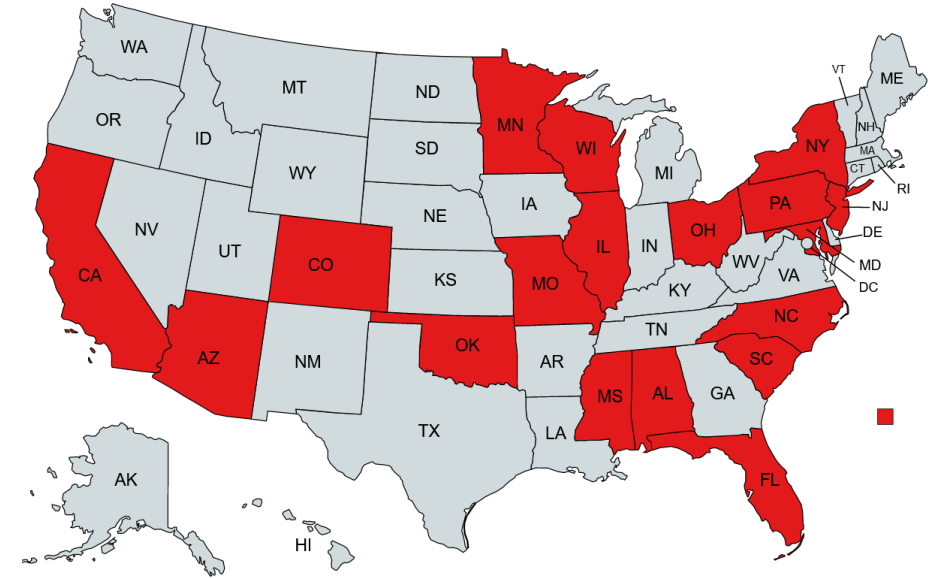
- 6 ABIM-nominated
- 6 ACP-nominated
- 6 AMA-nominated
- 3 AOA-nominated
- 2 resident members
- 1 public member

☆ Program Director
👑 DIO
○ Subspecialist



Review Committee for Internal Medicine

- 24 members
- All are **volunteers**
- 21 physician members are nominated by:
 - AMA
 - ABIM
 - ACP
 - AOA
- Two resident physician members
- Non-physician public member with vote
- Each nominating organization appoints an ex-officio member without vote





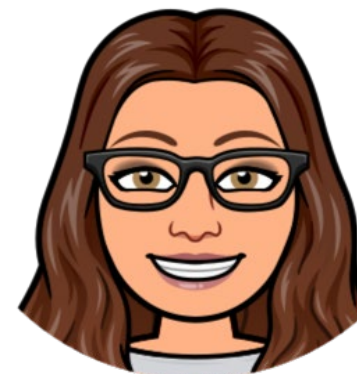
Review Committee Staff

Allison Barthel abarthel@acgme.org

Accreditation Administrator 312.755.5052

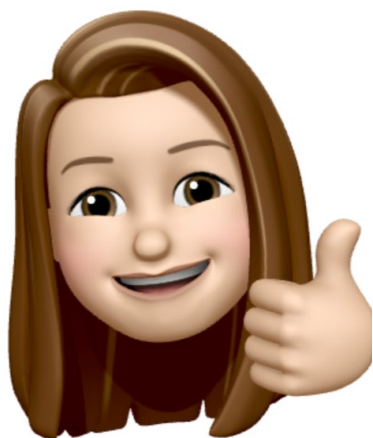
Jules Sosa jsosa@acgme.org

Senior Accreditation Administrator 312.755.5028



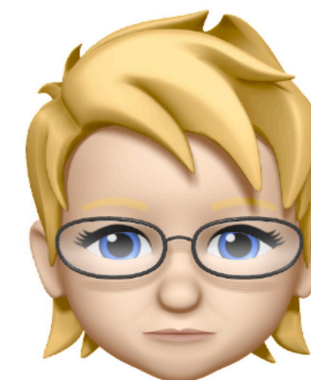
Christine Famera cfamera@acgme.org

Associate Executive Director 312.755.7094



Karen Lambert kll@acgme.org

Associate Executive Director 312.755.5785



Jerry Vasilias, PhD jvasilias@acgme.org

Executive Director 312.755.7477





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ACGMECommunications@acgme.org

Accreditation Council for Graduate Medical Education

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Program Applications

Overview

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An ACGME-accredited Sponsoring Institution interested in seeking AC program must initiate, prepare, and submit a program application. It typically takes 4 to 12 months to gather the necessary information and complete the program submission of the application, it may take four to 12 months for the review and accreditation decision regarding the program's application. For additional information about the application submission and review process, visit our accreditation applications page.

For an Institution to apply for accreditation of a program, it must be accredited as a Sponsoring Institution. Learn more about Sponsoring Institution accreditation.

Accreditation Council for Graduate Medical Education

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Guide to the Common Program Requirements

ACGME HOME > EDUCATION AND RESOURCES > GUIDE TO THE COMMON PROGRAM REQUIREMENTS

Overview

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The Program Directors' Guide to the Common Program Requirements is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME.

Accreditation Council for Graduate Medical Education

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Internal Medicine

Specialties

Overview | Program Requirements and FAQs and Applications

The Faculty and Residents' Guide to the Common Program Requirements is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME. The eBook is available in the ACGME's online learning portal, Learn at ACGME.

Submission of a New Program Application

Click on a step to jump to that section below.

STEP 1 Locate and meet Program Requirements and FAQs

STEP 2 Locate and save Review Committee; contact information

STEP 3 Gather information needed to prepare the application

STEP 4 Submit the application to ADS

To create a FREE account, click the link above and select "Create an Account" then follow instructions above to enjoy access to the Guide and numerous eBooks are also available via these direct links:

Residency: [Download a PDF version here.](#)

Fellowship: [Download a PDF version here.](#)

Program Requirements, FAQs, and Applications

Share This

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Courses and Workshops

ACGME HOME > EDUCATION AND RESOURCES > COURSES AND WORKSHOPS

Overview

The ACGME offers a variety of courses and workshops designed to educate and facilitate networking for individuals in numerous roles in graduate medical education. Programs are offered throughout the year and for all levels of experience. The majority of programs are held at the ACGME offices in Chicago.

Overview

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- Developing Faculty Competencies in Assessment
- Introduction to Sponsoring Institutions and Clinical Learning Environments
- Leadership Skills Training Program for Chief Residents
- National Learning Community of Sponsoring Institutions Meeting

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THE ONLINE LEARNING PORTAL OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

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GME COMMUNITY | WELL-BEING | ASSESSMENT | EQUITY MATTERS

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We offer Faculty Development in Assessment and Evaluation, the Basics of ACGME Accreditation, and more. Visit our library of videos from our Annual Educational Conference, Baldwin Seminar Series, and other events. Connect with others in the graduate medical education community by joining a role- or topic-based discussion forum.

What's New

The Role of the ACGME in The Pathway to Medical Practice

View Details

Faculty Development Toolkit

