



2026 ACGME ANNUAL  
EDUCATIONAL CONFERENCE  
*Meaning in Medicine*

FEBRUARY 19-21, 2026  
SAN DIEGO, CALIFORNIA

# Updates from the Review Committee for Pediatrics

Heather McPhillips, MD, MPH, Review Committee Chair

Caroline Fischer, MBA, Executive Director



#ACGME2026



# Housekeeping

## Session Etiquette

- Fire Marshal Code: Attendees cannot stand against the walls or block exits
- Please refrain from placing personal items on chairs next to you
- If there is time for questions, please keep questions brief to maximize participation

## Main Locations

- Main Stage and Information Desk: Marriott Marquis
- Exhibit Hall: San Diego Convention Center

## Emergencies

- Marriott Marquis security: Call 911 first, then call 415.531.3845
- San Diego Convention Center security: Call 619.525.5911 or ext. 5911 from wall mount house phones
- In the event of an emergency, listen to intercom instructions
- To report an incident, visit the ACGME Information Desk to fill out an incident report

# Conflict of Interest Disclosure

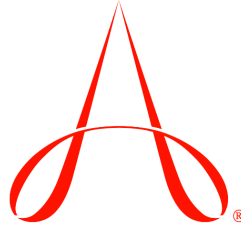
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Speaker(s): Heather McPhillips, MD, MPH; Caroline Fischer, MBA

## **Disclosure**

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# ACGME $\neq$ 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.

# When to Notify the Review Committee of Program Changes

- Participating site changes
- Program director changes
- Voluntary Withdrawals
- Complement changes (temporary and permanent)
  - Submit via Accreditation Data System (ADS)
- Major structural changes (e.g., program mergers, primary site changes)
  - Contact Executive Director
  - A proposal detailing the change may may be required

# When NOT to Notify the Review Committee

- Exceptions for a single individual's training
  - Credit for previous training
  - Leaves of absence
  - Extensions due to remediation
  - Other training not required by the Review Committee

*In these circumstances you should contact the ABP [www.abp.org](http://www.abp.org) or AOBP [www.aoa.org](http://www.aoa.org)*

# Congratulations Award Recipients

**Parker J. Palmer Courage to Teach Award** awarded to program directors

- Megan Aylor, MD; Oregon Health & Science University; Portland, Oregon; Pediatrics
- Julie A. Venci, MD; University of Colorado School of Medicine; Denver, Colorado; Internal Medicine and Pediatrics

**David C. Leach Award** awarded to residents, fellows, or resident/fellow teams who foster innovation or improvement, advanced humanism in medicine, and increased efficiency and emphasis on educational outcomes.

Rachel Moss, MD; Icahn School of Medicine; New York, New York; Pediatrics  
*Team: Lisa Satlin, MD; Jan Fune, MD; Katherine Guttmann, MD*

**Thomas J. Nasca Professionalism Award** awarded to organizations that exemplify ethical practice, integrity, and a commitment to patient-centered care; inaugural year for this award

Baylor College of Medicine Center for Professionalism; Houston, Texas



## 2027 ACGME Award Nominations

The ACGME Awards nomination applications are now online! Learn more by visiting the individual Award pages and submit a nomination by **March 18, 2026, at 5:00 p.m. Central.**

**Access the ACGME Awards Section**

Email questions to **[acgmeawards@acgme.org](mailto:acgmeawards@acgme.org)**.

# John Patrick T. Co, MD, MPH, MBA, FAAP Named as Chief Education and Research Officer



Dr. Co brings more than two decades of leadership experience in medical education, research, and health system operations.

He currently serves as vice president of Education and designated institutional official at Mass General Brigham.

Dr. Co is also an associate professor of pediatrics at Harvard Medical School and a general pediatrician at Massachusetts General Hospital (MGH).

He has held senior leadership roles spanning undergraduate medical education, GME, continuing professional development, and quality and safety.

# Review Committee Composition

- Aisha Barber, MD, MEd
- Maria Conduus, PhD (Public Member)
- Angela Czaja, MD, MSc, PhD
- Beatrice Goilav, MD
- Michael Harding, MD (Resident Member)
- Jason Homme, MD\*
- Deborah Hsu, MD
- Joanna Lewis, MD, FAAP (Vice Chair)
- Su-Ting Li, MD, MPH\*
- Heather A. McPhillips, MD, MPH (Chair)
- Jennifer K. O'Toole, MD, MEd
- Margarita Vasquez, MD
- Patricia Vuguin, MD
- Tyree M.S. Winters, DO

## ***Members with Future Effective Dates***

- Jill Fussell, MD, July 2026
- Kirsten Hawkins, MD, July 2026
- Sylvia Yeh, MD, July 2026

\* Term ends June 30, 2026

# Geographic Distribution of the Review Committee

## Current Members

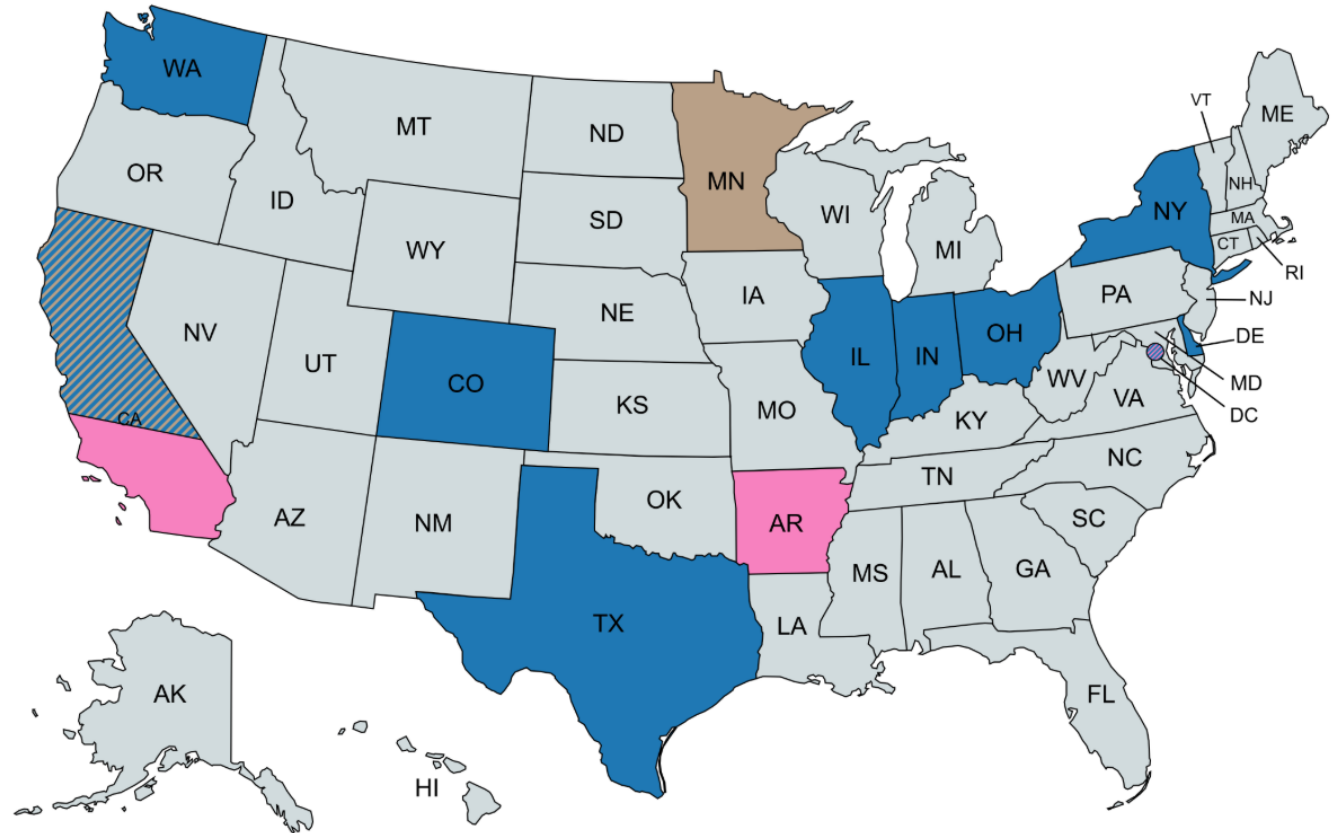
Members: Northern CA, CO, DC, DE, IL (2), IN, NY (2), OH, TX, and WA

## Departing Members:

Northern CA, MN

## Incoming Members:

AR, Southern CA, DC



# 2024-2025 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	1	24	0
Initial Accreditation w/Warning	0	0	0
Continued Accreditation	210	956	39
Continued Accreditation w/Warning	0	4	0
Probation	2	0	0
Accreditation Withheld	1	0	0
Withdrawal of Accreditation	0	0	0

# Status Decisions September 2025 – January 2026

Status	Core	Subs	Internal Medicine- Pediatrics (Med- Peds)
Initial Accreditation	2	11	0
Initial Accreditation w/Warning	0	0	0
Continued Accreditation	211	949	37
Continued Accreditation w/Warning	0	1	0
Probation	0	0	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0

# Citations vs. Areas for Improvements

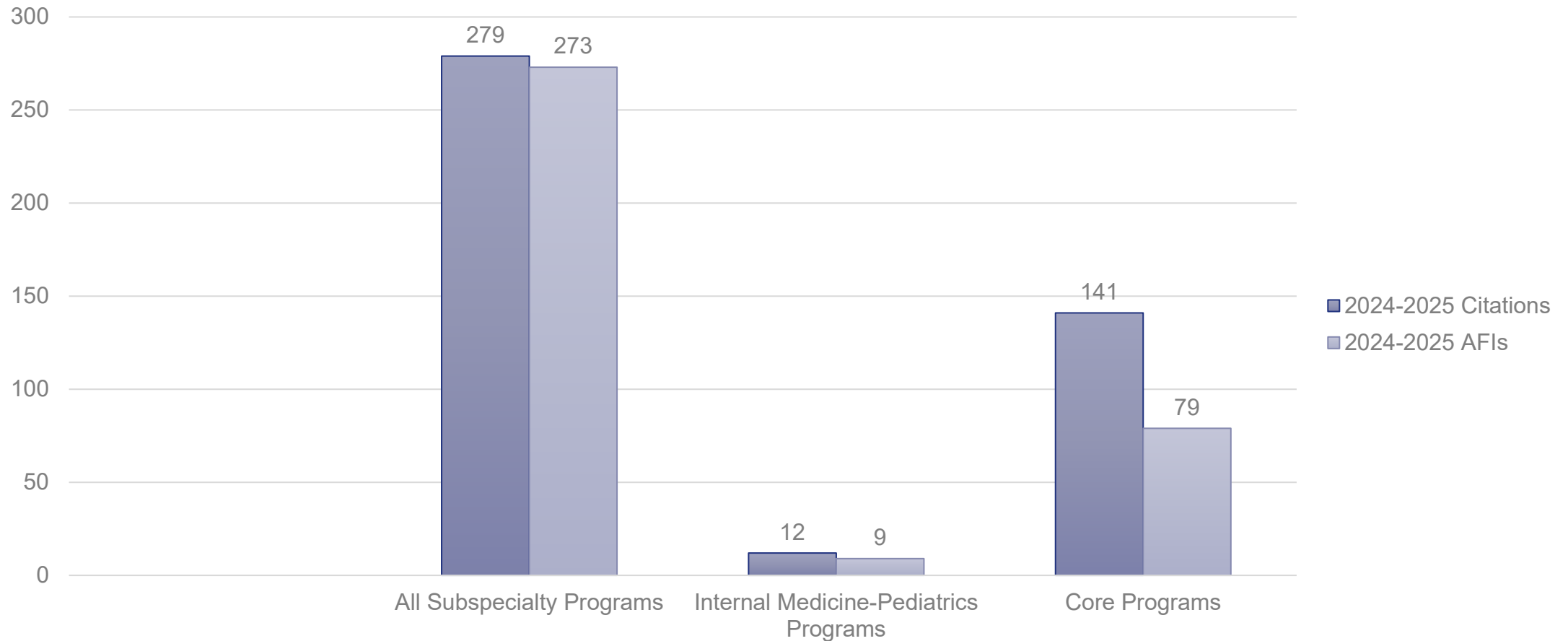
## Citations

- Specific to a requirement or set of related requirements
- The program has not provided evidence of compliance with the requirements
- Verifiable data (program reported data, verified by site visitor)
- Trends

## Areas for Improvement (AFIs)

- Do not need to be tied directly to a program requirement
- May be multiple issues in a general topic area
- Resident/Fellow and Faculty Survey
- Incomplete/inaccurate data
- May include areas of concern by the Committee
- May rise to the level of a citation if issues are unaddressed/downward trajectories persist

# 2024-2025 Citations and Areas for Improvement (AFIs)



# 2024-2025 Frequent Citations

## *Pediatrics Programs*

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- Culture of Professional Responsibilities
  - Non-physician service obligations
- Faculty Qualifications
  - Lack of subspecialty faculty (e.g., adolescent medicine, developmental-behavioral pediatrics)
- Service to Education Imbalance
  - Appropriate patient load
- Responsibilities of the Faculty
  - Interest in resident education
  - Maintain an educational environment

# 2024-2025 Frequent AFIs

## *Pediatrics Programs*

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### **Resources**

- Appropriate balance between education and patient care
- Protected time to participate in structured learning activities
- Education compromised by non-physician obligations
- Time to interact with patients
- Satisfaction with safety and health conditions

### **Patient Safety**

- Interprofessional teamwork skills modeled/taught
- Loss of information during shift changes or patient transfers
- Participation in adverse event analysis
- Process to transition when fatigued
- Culture that emphasizes patient safety

# 2024-2025 Frequent AFIs

## *Pediatrics Programs*

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- Faculty Supervision and Teaching
- Professionalism
  - Satisfaction with the process for dealing with problems and concerns
  - Residents' ability to raise concerns without fear or intimidation

# 2024-2025 Frequent Citations

## *Pediatric Subspecialty Programs*

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- Evaluations
  - Required language (readiness to progress to the next year; attestation that the fellow demonstrates the knowledge, skills, and behaviors necessary to enter autonomous practice)
  - Longitudinal experiences evaluated every three months
- Board Pass Rate
- Faculty Responsibilities
  - Role models of professionalism
  - Interest in fellow education
  - Participation in didactics

# 2024-2025 Frequent Citations

## *Pediatric Subspecialty Programs*

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- Scholarly Activities
  - Minimum required time (12 months, 32 weeks for pediatric hospital medicine)
  - Peer-reviewed publications by faculty
- Culture of Professional Responsibilities
  - Non-physician service obligations
  - Appropriate blend of education and patient care activities
  - Manageable patient care responsibilities
  - Process regarding unprofessional behavior

# 2024-2025 Frequent AFIs

## *Pediatric Subspecialty Programs*

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- Faculty Supervision and Teaching
- Professionalism
  - Ability to raise concerns without fear
  - Experienced or witnessed abuse
  - Process in place for confidential reporting of unprofessional behavior
  - Process to deal with problems and concerns
- Patient Safety
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
  - Loss of information during shift changes or patient transfers
  - Culture that emphasizes patient safety

# 2024-2025 Frequent AFIs

## *Pediatric Subspecialty Programs*

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- Resources
  - Satisfaction with safety and health conditions
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
- Failure to Provide Accurate/Required Information

# Incomplete/Inaccurate Data

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- Faculty Roster | Current Certification Information
  - Review American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) data
  - Programs may add updated information
- CVs | Current Licensure, Scholarly Activities from the Last Five Years
- Block Diagram | Instructions Updated in June 2025
  - Provide a key for abbreviations
  - Do not include individual schedules
  - Clearly document time spent on experiences
  - Document vacation time separate from other experiences

# Accreditation Data System (ADS) Annual Update

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- All programs are required to respond during the Annual Update window, but programs can continue to update ADS throughout the academic year
- Some information should be reported in real time (e.g., program director, faculty, and resident/fellow changes, responses to citations, major changes)
- Milestones and scholarly activity for the previous academic year cannot be updated after the year-end rollover

# Major Changes and Other Updates

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- Describe major program changes since the last academic year – include leadership and rotation changes.
- Describe how your program engages in educational quality improvements and/or innovations implemented to address potential issues identified during the annual program review (e.g., survey results, board pass rate)
- Describe outcomes being tracked to ensure interventions are working

# Pediatrics-Specific ADS Changes

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- Updated – Application form (January 2025)
- Updated – Block Diagram instructions (June 2025)
- Updated – Faculty Roster instructions (August 2025)
- **Coming in 2026** – Updates to specialty-specific Resident Survey questions

# Specialty-Specific Block Diagram Instructions

## Pediatrics Residency Programs

Overview	Program ▾	Faculty ▾	Residents ▾	Sites	Surveys	Milestones	Case Logs ▾	Summary	Reports
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### Guide for Construction of a Block Diagram for Pediatrics Residency Programs Review Committee for Pediatrics

A block diagram represents the rotations for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have each year; *it does not need to represent the order in which they occur*. There should be only one block diagram for each year of education in the program. The block diagram must not include resident names.

- Create and upload a PDF of the program's block diagram using the information below as a guide.
- In constructing the block diagram, include the **participating site** at which a rotation takes place and the **name of the rotation**. If the name of the rotation does not describe the nature of the rotation, then clarification should be provided. **Refer to the abbreviations on the sample block diagram.**
- **Group the rotations by site.** List the rotations in Site 1 first, followed by Site 2, etc. When creating the block diagram, the site numbers should correlate with site numbering in the Accreditation Data System.
- For each rotation, note the percentage of time a resident spends in outpatient activities.
- Use the "Notes" section at the end of the block diagram to provide clarification.
- Regardless of the model used, there must be a formal allocation for vacation time. In the diagram, indicate when residents take vacation time in the "Notes" section.

Sample Block Diagram by Weeks																	
Weeks	1-4	5-6	7-10	11-12	13-16	17-18	19-22	23-24	25-28	29-30	31-34	35-36	37-40	41-42	43-46	47-48	49-52
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	Site 3	Site 4	Site 4	Site 4	
Rotation Name	Inpt GP	MH	RS Outpt	PEM	Amb GP	DBP	NICU	IC Sub	PICU	IC Sub	Amb GP*	Adol	Inpt GP	Adol	NN	AI	VAC
% Outpatient	0	90	100	100	100	100	0	variable	0	variable	100	80	0	80	90	100	N/A
% Inpatient	100	10	0	0	0	0	100	variable	100	variable	0	20	100	20	10	0	N/A
# Half-day sessions in longitudinal outpatient clinic	0	6	4	0	4	6	0	6	0	6	4	4	0	4	0	0	N/A

Key of Abbreviations			
ADOL	Adolescent Medicine (4 weeks)	NICU	Neonatal Intensive Care Unit (4-8 weeks)
AI	Acute Illness (0-4 weeks)	NN	Newborn Nursery (4 weeks)
DBP	Developmental-Behavioral Pediatrics (4 weeks)	PEM	Pediatric Emergency Medicine (ED) (8-12 weeks)
IC Elec	Electives (clinical, scholarly and/or other experiences chosen by the residents over and above their required experiences) (20 weeks)	PICU	Pediatric Intensive Care Unit (4-8 weeks)
Amb GP	General Ambulatory Pediatrics Clinic (8 weeks)	RS Inpt	Required Inpatient Subspecialty Experience (if part of 24 weeks of inpatient medicine) (0-8 weeks)
IC Sub	Individualized Curriculum/Subspecialty Experience (20 weeks)	RS Outpt	Required Subspecialty Outpatient Experience (4 weeks)
Inpt GP/PHM	Inpatient General Pediatrics/Pediatric Hospital Medicine Service (16-24 weeks)	VAC	Vacation
MH	Mental Health (4 weeks)		

Indicate with an asterisk (\*) which rotations incorporate elements of community pediatrics and child advocacy.

Notes:

# Clarifications | Pediatrics Residency Requirements

## Required Pediatric Subspecialty Rotations

- Must be pediatric subspecialties under pediatrics:  
*child abuse pediatrics, pediatric cardiology, pediatric endocrinology, pediatric gastroenterology, pediatric hematology-oncology, pediatric hospital medicine, pediatric infectious diseases, pediatric nephrology, pediatric pulmonology, pediatric rheumatology*
- No double counting – the same rotation cannot be used to fulfill two separate requirements
- There may be more than one rotation in a subspecialty if there are a minimum of five distinct pediatric subspecialty rotations
- At least five pediatric subspecialists from the above list must be included on the faculty roster

# Faculty Roster Instructions

Faculty Roster Key Terms

Faculty Instructions

At a minimum, the program must list the following core faculty members: program director, associate/assistant program director(s) (if applicable), and the minimum number of core physician faculty members to demonstrate that there is at least one core faculty member, who satisfies Common Program Requirement 2.10, for every five approved resident positions.

For each subspecialty area below, there should be one core physician faculty member who satisfies Common Program Requirement 2.10\* in the subspecialty:

- Adolescent medicine
- Developmental-behavioral pediatrics
- Neonatal-perinatal medicine
- Pediatric critical care medicine
- Pediatric emergency medicine
- Each subspecialty area available to fulfill the required subspecialty experiences

Additional core or non-core faculty members (e.g., research mentors) may be added at the discretion of the program director. Individuals who serve solely as research mentors should be identified as such. The role of faculty members in other specialties should be clearly identified. All faculty members designated as core should satisfy Common Program Requirement 2.10.

Only core faculty members will complete the Faculty Survey.

No more than 50 faculty members should be listed.

\*Common Program Requirement 2.10: Physician faculty members must have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

# Clarifications | Pediatrics Residency Requirements

## **Adolescent Medicine and Developmental-Behavioral Pediatrics Faculty**

- The faculty roster must include at least one member who is board-certified or holds acceptable alternate qualifications in these specialties.
- These faculty members are required to participate in clinical teaching and supervision.
- Faculty members who solely deliver didactic sessions are not considered acceptable.

# Clarifications | Pediatric Hospital Medicine Requirements

## Community Site

- A minimum of four weeks of experiences at a community site that has elements of pediatric care, **without consistent on-site access to the full complement of pediatric subspecialty care** of a tertiary care center. (Core)
  - Community sites should have limited or virtual access to pediatric subspecialty care.
- These experiences **must include general pediatrics admissions** and may include newborn care and/or emergency room evaluations. (Core)
  - A four-week period consisting solely of newborn care and/or emergency department time is not acceptable.
  - Fellows need experience with managing a broad range of pediatric diagnoses and illnesses, not just the limited experience or variety of patients seen in the newborn nursery or emergency department

# Internal Medicine-Pediatrics Program Requirements

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- June 2025 – Approved by the ACGME Board of Directors
- July 1, 2026 – Effective date
- Prior to July 2026 – Internal medicine-pediatrics documents and instructions to be reviewed and updated

# Other Major Revisions Underway

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- Common Program Requirements
- Institutional Requirements

# Update: Projected Common Program Requirement Major Revision Timeline



# Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



# Nutrition Requirements

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- Due to national interest in nutrition
- The ACGME hosted a Nutrition Symposium in 2023
  - Recommendation to develop Common Program Requirement(s) on nutrition education
- Specialty-specific requirements
- Post for review and comment in spring
- July 1, 2027 – Tentative effective date

# Common Program Requirements

## *Focused Revision Effective July 1, 2026*

#ACGME2026

### *Faculty qualifications*

- Removes specialty-specific language that does not allow for alternate qualifications

### *Resident transfers*

- Removes restrictions from specialty requirements that do not allow transfers

# Accreditation of Combined Programs

- 2024 – Option for existing combined programs in ADS to opt in
  - Combined residency and combined residency and fellowship
  - 130 of 133 programs assigned Initial Accreditation
  - Review Committee review in 2027 (after site visit), to achieve Continued Accreditation
- New program applications are open for currently accredited formats
- Curricula requirements
  - Block diagram should adhere to posted certifying board curricula
- The following curricula have been posted:
  - Anesthesiology/Pediatrics
  - Medical Genetics and Genomics/Pediatrics (Updated)
  - Pediatrics/Physical Medicine and Rehabilitation
  - Pediatrics/Psychiatry/Child Psychiatry

See [combined programs webpage](#) or contact [accreditation@acgme.org](mailto:accreditation@acgme.org)

# Continued Accreditation Site Visits

- The ACGME conducts site visits for programs with a Continued Accreditation status through a random sampling process.
- Current academic year – 250 site visits will be scheduled between April and October 2026.
  - Three pediatrics; two internal medicine-pediatrics; 21 pediatric subspecialty programs

Academic Year	<u>Selected</u>	Completed	<u>Post Visit/RC Review Accreditation Decisions</u>
2023-2024	150	148*	140 Continued Accreditation 7 Continued Accreditation with Warning 1 Probationary Accreditation
2024-2025	200	198*	In progress
2025-2026	250	In progress	In progress

*\*Several programs voluntarily withdrew their accreditation after selection or were pulled for other types of site visits.*

# Accreditation Optimization

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- Discontinuation of the Clinical Learning Environment Review (CLER) Program
- Simplified faculty scholarly activity reporting
- Reporting eliminated:
  - faculty members' hours
  - listing Program Evaluation Committee and Clinical Competency Committee members

# Frequently Asked Questions (FAQs) Integration into Requirements Documents

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- As part of the ACGME's Digital Transformation and following the reformatting of all requirements documents, FAQs will be integrated into the requirements documents effective July 1, 2026.
- Common FAQs and specialty/subspecialty-specific FAQs will be linked directly to requirements.
- Except for FAQs already under revision, **FAQ content is not changing**, just their integration into requirement documents for ease of access.

# Temporary Complement Increase Requests

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- All Review Committees will allow extensions  $\leq 90$  days without requiring submission of a temporary complement increase request.
  - Programs are responsible for reporting accurate resident/fellow start/end dates in ADS.
- Applies to all but one-year specialty/subspecialty programs
- Requests for temporary changes in complement  $> 90$  days must be submitted in ADS. Requests are routed to the designated institutional official (DIO) for approval before being submitted to the Review Committee for consideration.

# Resident/Fellow and Faculty Surveys

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Annual survey reporting window: **February 9 through April 10**

## **New This Year**

- Residents/fellows who started in the program this year and currently hold a status of “Started program off-cycle” WILL be scheduled to participate in the survey as long as they have been in the program for at least 60 days.

Email questions to [ads@acgme.org](mailto:ads@acgme.org)



## FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



### OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



### PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



### PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.

### FUNDING OPTIONS

- 1: up to \$10,000
- 2: up to \$5,000



**SCAN QR CODE  
FOR MORE INFO**

**PROPOSALS DUE:  
APRIL 20, 2026**

# Program Resource Links ([www.acgme.org](http://www.acgme.org))

- [Accreditation Data System](#) | [ADS Public Site](#)
- [ACGME Policies and Procedures](#)
- [Milestones Guidebook](#) | [Milestones FAQs](#)
- [How to Complete an Application](#)
- [Institutional Requirements](#)
- [Sample Program Letter of Agreement \(PLA\)](#)
- [Resident Survey Crosswalk Document](#)
- [Faculty Survey Crosswalk Document](#)
- [Journal of Graduate Medical Education](#)
- Specialty-specific Resources (Program Requirements, Application Forms, complement increase policy, Guide to Construction of a Block Diagram) | Access via specialty pages
- Common Resources (e.g., [Guide to the Common Program Requirements](#), ACGME Glossary of Terms, Key to Standard letter of notification (LON) | Access via specialty pages
- [Site Visit Information](#) (e.g., FAQ, types of visits, [listing of accreditation field representatives](#))
- *Weekly e-Communication* | Sent via email

# **NEW!** Updated Program Coordinator Handbook Now Available

The Program Coordinator Handbook, developed by the ACGME Coordinator Advisory Group, has been updated and is now available on the **Additional Resources for Coordinators** page of the ACGME website.

Email questions to [coordadvgroup@acgme.org](mailto:coordadvgroup@acgme.org).



### Accreditation

Targeted learning to support your understanding and compliance with all things related to ACGME accreditation.



### Faculty Development

Tailored resources for faculty assessment and development that cultivate expertise in competency-based medical education.



### Well-Being

Essential insights and resources for promoting well-being in graduate medical education.



 Listening  Information  News  Collaboration

Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>

*Register today! After registering you'll receive a confirmation with "Add to Calendar" option*



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)





## **New ACGME Cloud features launching in April will offer:**

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and the Accreditation Data System (ADS), including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.
- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact [cloud@acgme.org](mailto:cloud@acgme.org) with questions.



*Reducing Burden | Reimagining GME*

#ACGME2026

***ACGME to Launch Next Phase of ACGME Cloud with New Features in April including a Unified User Experience and ACGME Cloud | Analytics Additions and Enhancements!***

Learn More and connect with the ACGME team at the conference:

- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall
- Attend two key sessions on Friday, February 20
  - Featured Plenary SES003, Harnessing AI Agents in the GME Office: Innovations and Future Directions
  - SES022, ACGME Cloud: Progress, Next Steps, and Ways to Stay Engaged

Contact [cloud@acgme.org](mailto:cloud@acgme.org) with questions.

# Review Committee Meeting Dates

## Meeting Dates:

April 20-21, 2026

September 14-15, 2026

January 25-27, 2027

April 12-13, 2027

September 21-22, 2027

## Agenda Closes:

February 20, 2026

July 14, 2026

November 25, 2026

February 12, 2027

July 21, 2027



# ACGME Contacts

## ADS Team Technical Support

ADS General  
[ADS@acgme.org](mailto:ADS@acgme.org)

Resident Survey  
[resurvey@acgme.org](mailto:resurvey@acgme.org)

Faculty Survey  
[facsurvey@acgme.org](mailto:facsurvey@acgme.org)

Heidi Sowl  
[hsowl@acgme.org](mailto:hsowl@acgme.org)

## Field Activities Site Visit Questions

General Questions  
[fieldrepresentatives@acgme.org](mailto:fieldrepresentatives@acgme.org)

Linda Andrews, MD  
[landrews@acgme.org](mailto:landrews@acgme.org)

Andrea Chow  
[achow@acgme.org](mailto:achow@acgme.org)

Penny Iverson-Lawrence  
[pil@acgme.org](mailto:pil@acgme.org)

## Accreditation Team Requirements, LON Questions

Accreditation General (non-specialty-specific)

[accreditation@acgme.org](mailto:accreditation@acgme.org)

Caroline Fischer, MBA  
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Thank you!