

SES015: Specialty Update: Psychiatry

February 20, 2026

Donna Sudak, MD
Chair, Review Committee for Psychiatry

Conflict of Interest Disclosure

Speaker(s): Donna Sudak, MD

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.

Discussion Topics



Review Committee for Psychiatry Activities



Accreditation Process



Specialty Program Requirements



Competency-Based Medical Education (CBME)

ACGME President and CEO

The ACGME Welcomes Debra F. Weinstein, MD as its New President and Chief Executive Officer

[News](#) | January 2, 2025

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Dr. Debra Weinstein assumed the role of ACGME President and Chief Executive Officer (CEO) on January 1, 2025. The ACGME is excited to begin this new chapter and continue its Mission to improve health care and population health through advancements in accreditation and education.



The ACGME is pleased to announce the appointment of Debra Weinstein, MD as its new President and CEO.

Dr. Weinstein brings a wealth of academic medicine leadership experience to this role, with an impressive history of contributions and impact in graduate medical education (GME). She most

recently served as Executive Vice Dean for Academic Affairs and Professor of Learning Health Sciences and Internal Medicine at the University of Michigan Medical School, and Chief Academic Officer for Michigan Medicine. Prior to that,

Review Committee for Psychiatry Staff

ACGME Leadership

Mary Klingensmith, MD, Chief Accreditation Officer

312.755.7405 – mklingensmith@acgme.org

Nikhil Goyal, MBBS, Senior Vice President, Accreditation

312.755.7505 – ngoyal@acgme.org

Review Committee Staff

Louise Castile, MS, Executive Director

312.755.5498 – lcastile@acgme.org

Pamela R. Beck, MPA, Associate Executive Director

312.755.7471 – pbeck@acgme.org

Celeste Urbina, BA, Accreditation Administrator

312.755.7408 – curbina@acgme.org

ACGME Mission

The Mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME Mission, Vision, and Values

Purpose of ACGME Accreditation

Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a voluntary process of evaluation and review.

Accreditation benefits the public, protects the interests of residents and fellows, and improves the quality of teaching, learning, research, and professional practice.

The accreditation processes are designed to evaluate, improve, and publicly recognize Sponsoring Institutions and graduate medical education (GME) programs that are in substantial compliance with standards of educational quality established by the ACGME.

ACGME Accreditation

The ACGME has a twofold purpose:

1. To establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
2. To promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

It is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.

ACGME Board and Review Committees



Board sets policy and direction

Board delegates authority to accredit programs/Sponsoring Institutions to the Review Committees

Board monitors Review/Recognition Committees

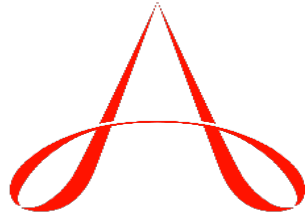
Monitoring Committee

Board approves:

Institutional, Specialty/Subspecialty-Specific, and Recognition Requirements

Common Program Requirements

Differences Between the ACGME and the Certifying Boards




- Accredits **GME programs**
- Develops Program Requirements for GME programs
- Evaluates programs through annual data review and site visits



- Certifies **individual** physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements

Combined Programs



ADS ▾
☰

Combined Programs

ACGME HOME > PROGRAMS AND INSTITUTIONS > PROGRAMS > COMBINED PROGRAMS

Overview


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Effective February 2024, the ACGME Board of Directors approved a plan to initiate accreditation of combined programs, which are GME programs designed to provide residents/fellows with education in two or more specialties/subspecialties. The ACGME Combined Program Requirements are a basic set of standards (requirements) that supplement/complement the existing specialty-/subspecialty-specific Program Requirements for education of resident and fellow physicians in a particular specialty or subspecialty.

Combined Program Requirements Documents

Program applications must be initiated in the Accreditation Data System (ADS). For more information on the process to submit a program application, visit the [Program Application Information](#) web page or review this three-part course [Applying for Program Accreditation](#), available in Learn at ACGME.



Combined Program Requirements Effective 7/1/2025



FAQs

CONTACT AND SUPPORT

General questions: accreditation@acgme.org

Specialty-specific questions: contact the relevant Review Committee staff, as noted in the table on this page, or visit the [Specialties](#) listing to select the relevant specialty.

For additional information about combined programs, contact the member boards of the ABMS and/or certifying boards of the AOA offering combined educational experiences.

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Accreditation of Combined Programs

- Existing combined programs listed in Accreditation Data System (ADS) were offered an opt-in
 - 130 of 133 were assigned Initial Accreditation
 - Review Committee review in 2027 (after site visit), for programs to achieve Continued Accreditation
- New program applications are open (two already processed)
- No format-specific program requirements
 - Programs expected to adhere to specialty-specific Program Requirements, with conflicts addressed in (general, not format-specific) Combined Program Requirements
 - Block diagram should communicate adherence to posted certifying board curricula
- Residents in combined programs only in that program's ADS roster
- Feedback on this new process is welcome
- See [combined programs webpage](#) or contact accreditation@acgme.org



When to Notify the Review Committee of Program Changes

Submitted in ACGME Accreditation Data System (ADS)

Participating Site Changes

Program Director Changes

Complement Changes
(temporary and permanent)

Complement requests are reviewed in between scheduled Review Committee meetings

Voluntary Withdrawals

Changes in Sponsoring Institution

When *Not* to Notify the Review Committee

Exceptions for an individual's education and training:

- Leaves of absence
- Extensions due to remediation
- Electives (including international)
- Other training not required by the Review Committee (including pathways)

In these circumstances you should contact the certifying board
American Board of Psychiatry and Neurology (ABPN) – www.abpn.org
American Osteopathic Board of Neurology and Psychiatry (AOBNP) –
<https://certification.osteopathic.org>



Psychiatry FAQs

- Psychiatry - https://www.acgme.org/globalassets/pdfs/faq/400_psychiatry_faqs.pdf
- Addiction Medicine - https://www.acgme.org/globalassets/pdfs/faq/404_addictionmedicine_faqs.pdf
- Addiction Psychiatry - https://www.acgme.org/globalassets/pdfs/faq/401_addictionpsychiatry_faqs.pdf
- Child and Adolescent Psychiatry - https://www.acgme.org/globalassets/pdfs/faq/405_childadolescentpsychiatry_faqs.pdf
- Consultation-Liaison Psychiatry - https://www.acgme.org/globalassets/pdfs/faq/409_consultationliaisonpsychiatry_faqs.pdf
- Forensic Psychiatry - https://www.acgme.org/globalassets/pdfs/faq/406_forensicpsychiatry_faqs.pdf
- Geriatric Psychiatry - https://www.acgme.org/globalassets/pdfs/faq/407_geriatricpsychiatry_faqs.pdf
- Sleep Medicine - https://www.acgme.org/globalassets/pdfs/faq/520_sleepmedicine_faqs.pdf

Review Committees

There are 28 specialty Review Committees, including one for transitional year programs.

The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education programs.

Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each every year.

Review Committee for Psychiatry Members

Donna M. Sudak, MD (*Chair*)
Art Walaszek, MD (*Vice Chair*)
Rashi Aggarwal, MD
Evangelia Assimacopoulos, MD*
(*Resident Member*)
Sandra D. Batsel-Thomas, MD
Sheldon Benjamin, MD
Adam Brenner, MD
Sandra M. DeJong, MD
Daniel Elswick, MD
Carrie Ernst, MD
Richard L. Frierson, MD*
Tracee Hall, MPH (*Public Member*)

Erick Hung, MD*
Furhut Janssen, DO
Maria Lapid, MD*
Judith L. Lewis, MD
Robert McCarron, DO
Ismene L. Petrakis, MD
Randon S. Welton, MD

Tanya Lopez, MS (Ex-Officio – American Medical Association)
Jeffrey M. Lyness, MD (Ex-Officio – ABPN)
Vishal Madaan, MD (Ex-Officio – American Psychological Association)
Jason Ouimette (Ex-Officio – American Osteopathic Association)

*Term ends June 30, 2026

Review Committee members are not allowed to discuss committee activities and accreditation decisions

Incoming Review Committee for Psychiatry Members

Chinmoy Gulrajani,
MD

- University of Minnesota Twin Cities –
Minneapolis, Minnesota

Kavina Jani, MD
(Resident Member)

- University of Alabama in Birmingham –
Fultondale, Alabama

Tanya Keeble, MD

- Sacred Heart Medical Center –
Spokane, Washington

Terms begin: July 1,
2026



Psychiatry Program Accreditation: Academic Year 2025- 2026


Psychiatry	343
Addiction Medicine	32
Addiction Psychiatry	54
Child and Adolescent Psychiatry	156
Consultation-Liaison Psychiatry	68
Forensic Psychiatry	57
Geriatric Psychiatry	60
Sleep Medicine	3

Recent and Upcoming Review Committee Meeting Dates


Meeting Dates:	Agenda Closing Date:
February 12-13, 2026	November 14, 2025
April 24, 2026	January 23, 2026

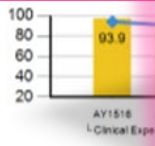
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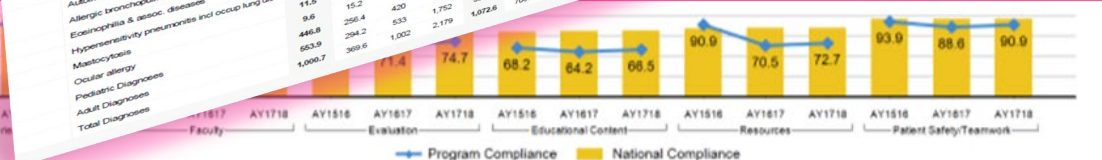





RRC Area	RRC Type	Principal					Total	Half Res. MED	Half Res. MAX				
		Nat'l Res. AVE	Nat'l Res. STD	Nat'l Res. MED	Nat'l Res. MAX	Nat'l Res. AVE							
Diagnoses	Anaphylaxis	22.4	19.3	17	159	37.8	82.0	18	660	68.2	3.7	41	1,014
	Asthma	196.6	119.0	100	506	161.2	102.3	63	449	368.8	175.4	326	489
	Atopic dermatitis	47.1	40.0	33	296	99.9	77.2	11	159	147.0	86.3	29	186
	Contact dermatitis	26.2	15.9	15	89	17.5	20.5	47	339	126.6	28.2	106	714
	Drug allergy	63.0	46.9	49	281	63.6	71.7	99	264	226.6	105.5	213	785
	Food allergy	113.2	65.9	101	719	113.4	38.8	24	1,005	196.9	159.0	458	1,214
	Immunodeficiency (prim, sec and HIV)	169.5	135.3	155	507	300.8	188.4	40	496	89.1	69.5	134	438
	Ironitis inc otitis & nasal polyps	172.3	26.6	20	70	44.1	39.0	36	204	62.1	71.1	4	211
	Skinulitis	27.7	10.4	8	325	24.0	10.6	1	152	37.8	31.8	32	102
	Sixulitis	16.1	43.6	95	339	3.4	22.8	10	102	4.8	16.2	14	401
	Venem hypersensitivity	93.4	55.4	10	91	16.1	9.3	3	587	90.2	496.4	636	3,523
	Urticaria and angioedema	28.1	4.3	2	77	2.6	7.5	31	1,781	932.8	652.7	1,876	6,500
	Autoimmune disorders and vasculitis	3.2	17.7	1	77	5.8	119.0	413	239.5	1,448.8	879.3	1,876	6,500
	Allergic bronchopulmonary aspergillosis	21.7	3.9	8	135	46.7	486.2	961	4,227	2,873.3	879.3	1,876	6,500
	Eosinophilia & assoc. diseases	11.5	12.0	6	1,896	686.9	706.0	961	4,227	2,873.3	879.3	1,876	6,500
	Hypersensitivity pneumonitis and occup lung dis	46.8	254.2	533	1,752	1,072.8	706.0	961	4,227	2,873.3	879.3	1,876	6,500
	Mastocytosis	563.9	369.6	1,002	2,179	1,072.8	706.0	961	4,227	2,873.3	879.3	1,876	6,500







- Resident/Fellow Survey
- Clinical Experience
- ABPN/AOBNP Pass Rate
- Faculty Survey
- ABPN/AOBNP Faculty Certification
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data

2024-2025 Frequent Citations and AFIs

Psychiatry/Psychiatry Subspecialties

Citations	Areas for Improvement (AFIs)
Evaluation of Residents/Fellows (41; 14.3%)	Specific Domains in the Resident/Fellow Survey
Responsibilities of Program Director (31; 10.8%)	Performance on Board Exam
Supervision (26; 9.1%)	Failure to Provide Accurate Information
Curricular Development (24; 8.4%)	Scholarly Activity

Frequent Psychiatry Citations – 2024-2025

Psychiatry Citations

2024-2025 – Total 286 Citations

Evaluation of Residents/Fellows (41 citations/14.3%)

Responsibilities of Program Director (31 citations/10.8%)

Supervision (26 citations/9.1%)

Curricular Development (24 citations/8.4%)

Child and Adolescent Psychiatry Citations

2024-2025 – Total 45 Citations

Evaluation of Residents/Fellows (12 citations/26.7%)

Supervision (5 citations/11.1%)

Responsibilities of Faculty (4 citations/8.9%)

Resources (5 citations/8.9%)

Citation - Program Director Responsibility

Program Director Responsibilities

Program Requirement: 2.6.g.

The program director must provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the Program Requirement. At the time of the site visit, the residents reported that they were not provided a learning and working environment in which they were able to raise concerns. The residents described the learning and working environment as being “psychologically unsafe” among fellow residents. In addition, the residents reported they are not willing to discuss anything with anyone (directly or on evaluation forms) for fear of being placed on remediation or potentially having their actions result in compromising letters of recommendations for future fellowships or practice opportunities. The results from the ACGME 2024-2025 Resident Survey provide further evidence to support the issue of noncompliance indicating that residents are not able to raise concerns without fear of intimidation or retaliation. (Site Visit Report, pages 6-8, 16-17, and 2024-2025 ACGME Resident Survey)

Citation - Resources

Curriculum Structure

Program Requirement: 4.10.

The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)

The information provided did not demonstrate compliance with the Program Requirement. Based on a review of the 2024-2025 ACGME Resident Survey, the program has compliance issues with items in the Resources section of the survey, particularly with regards to the items related to whether there is an appropriate balance between education and patient care.

Citation - Supervision

Levels of Supervision

Program Requirements: 6.7, 6.7.a., 6.7.b., 6.7.b.1., 6.7.b.2., 6.7.b.3. and 6.7.b.4.

Direct Supervision: The supervising physician is physically present with the resident during the key portions of the patient interaction. The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core) PGY-1 residents must initially be supervised directly only as described in the above definition. (Core) PGY-1 residents should progress to being supervised indirectly with direct supervision available only after demonstrating competence in: (1) the ability and willingness to ask for help when indicated; (Detail) (2) gathering an appropriate history; (Detail); (3) the ability to perform an emergent psychiatric assessment; and, presenting patient findings and data accurately to a supervisor who has not seen the patient. (Detail)

The information provided to the Review Committee did not demonstrate substantial compliance with the Program Requirements. The Supervision Policy did not reflect the progression of a PGY-1 resident's progression from direct to indirect supervision by demonstrating competence delineated in the Program Requirements. In addition, the Supervision Policy did not address supervision of a resident requiring direct supervision who provides remote care. (Site Visit Report, pages 36-37)

Citation - Evaluation

Evaluation

Program Requirement: 5.1.

Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)

The information provided to the Review Committee did not demonstrate compliance with the Program Requirement. Based on a review of the 2024-2025 ACGME Resident Survey, the program has compliance issues with items in the Evaluation section of the survey, particularly with regards to the items related to whether residents are satisfied with faculty members' feedback.

Communicating Results Back to the Program(s)

Within five business days following the Review Committee meeting:

- Email notifications are sent to the program director, designated institutional official (DIO), and program coordinator containing accreditation status decisions

Up to 60 days following the Review Committee meeting:

- Letters of Notification (LONs) are posted to ADS
- Program director, DIO, and program coordinator are notified via email that LON is available

Discussion Topic

Psychiatry Program Requirements

Requirements

- Programs are accountable to both Common Program Requirements and the applicable specialty-specific Program Requirements.
- The Common Program Requirements are a basic set of standards (requirements) for education, training, and preparation of physicians applicable to all programs regardless of specialty or subspecialty.
- The Program Requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients.
- The Program Requirements facilitate an environment in which residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.

Psychiatry “Shaping GME”

- Requirements must be reviewed for a **major revision every 10 years**.
 - **Shaping GME** (scenario-based strategic planning): The Review Committee and the relevant specialty communities will think rigorously and creatively about what the specialty will look like in the future, well beyond 10-year increments, recognizing that the future is marked with significant uncertainty
 - **Psychiatry has begun this process**
- **Interim revisions** may be considered at scheduled intervals between major requirement revisions, which will **typically be every three years**
- On rare occasions, with approval of the ACGME Board, revisions may be considered between these scheduled intervals

Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



Burden Reduction

- In service to ongoing burden reduction, the Common Program Requirements Task Force identified 10 requirements that are slated for deletion when the full set of new CPRs is posted for public comment in late 2026
- Given the time frame until the new CPRs are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)

10 suspended requirements

- CPR 1.2 “The Review Committee may specify which other programs must be present at the primary clinical site”
- CPR 1.3.a. “The PLA must be renewed at least every 10 years”
- CPR 2.2.a. “Final approval of the program director resides with the Review Committee”

10 suspended requirements

- CPR 2.8.c “Faculty members must administer and maintain an educational environment conducive to educating residents”
- CPR 4.2.a “[The curriculum must contain the following educational components:] a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members”

10 suspended requirements

- CPR 4.2.e. “[The curriculum must contain the following educational components:] formal educational activities that promote patient safety-related goals, tools, and techniques”
- CPR 5.5.f. “The Program Evaluation Committee must evaluate the program’s mission and aims, strengths, areas for improvement, and threats”
- CPR 5.5.h. “The program must complete a Self-Study and submit it to the DIO. ”

10 suspended requirements

- CPR 6.24 “A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. ”
- CPR 6.24.a. “In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures”

Recent Requirement Revisions

Focused Revision to Common Program Requirements

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

Coming in July 2026!

Frequently Asked Questions (FAQs) integration into Requirements documents

- As part of the ACGME's Digital Transformation and following the reformatting of all Requirements documents, FAQs will be integrated into the Requirements documents.
- All Common FAQs and specialty/subspecialty-specific FAQs will be available linked directly to specific requirements, where applicable.
- Except for FAQs already undergoing revision, **the content of the FAQs is not changing**, just their integration into requirements documents for ease of access.
- Revisions were also made to Resident/Fellow Transfers and Faculty Certification in many Program Requirements, effective July 1, 2026.

Frequently Asked Questions (FAQs) integration into Requirements documents



ACGME Program Requirements for
Graduate Medical Education in
Anesthesiology with FAQs

Revision Information

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

ACGME-approved interim revision September 29, 2025; effective July 1, 2026

Definitions

For more information, see the [ACGME Glossary of Terms](#).

Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).

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Anesthesiology with FAQs
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Frequently Asked Questions (FAQs) integration into Requirements documents

1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

1.2.a. The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs

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7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

Section 1: Oversight

Questions concerning *"The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)"* (1.2.a)

Q: How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?

A: If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties.

Questions concerning *"Residents should not be required to rotate among multiple participating sites. (Detail)"* (1.6.a.1.a)

Q: Why should residents not be required to rotate among multiple participating sites?

A: The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations.

Anesthesiology with FAQs

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Discussion Topic

ACGME Resident/Fellow and Faculty Surveys

Who completes the Faculty Survey?

ACGME Resident/Fellow and Faculty Surveys

- Program directors are not requested to complete the Faculty Survey
- Core faculty members in specialty programs (physicians and non-physicians) are requested to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be scheduled to participate in the Faculty Survey

ACGME Resident/Fellow and Faculty Surveys

How does the Review Committee use Resident/Fellow and Faculty Surveys in determining accreditation decisions?

- The Committee reviews the program's trend data from the survey results, which includes information for each domain area versus individual questions.
- The Committee issues Areas for Improvement (AFIs) for non-compliance with specific areas from each domain.
- The Committee issues citations for the surveys if the program has received multiple AFIs in a particular domain area.
- The Committee will issue a citation for non-compliance in the domain area of professionalism relative to the questions surrounding the ability to raise concerns without fear of intimidation or retaliation and satisfaction with the process for dealing confidentially with problems and concerns.

Institutional Requirements - Guiding Principles for Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one week of additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents/fellows under leave policies (e.g., call responsibilities, promotion/renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave

Institutional Requirements

- 4.8. Vacation and Leaves of Absence
The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. *(Core)*
- 4.8.a. This policy must provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. *(Core)*
- 4.8.b. This policy must provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. *(Core)*

- 4.8.c. This policy must provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. *(Core)*
- 4.8.d. This policy must ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence. *(Core)*
- 4.8.e. This policy must describe the process for submitting and approving requests for leaves of absence. *(Core)*
- 4.8.f. This policy must be available for review by residents/fellows at all times. *(Core)*
- 4.8.g. This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). *(Core)*

Institutional Requirements - FAQs

https://www.acgme.org/globalassets/pdfs/faq/800_institutional_faqs.pdf

Pages 10-12

Discussion Topic

Competency-Based Medical Education (CBME)

Competency- Based Medical Education (CBME)

The ACGME and American Board of Medical Specialties (ABMS) have been conducting symposia with the goal to accelerate the development of and transition to CBME in GME.

These working conferences are to develop a set of actions by the certification boards and the ACGME Review Committees to support advancing CBME within GME.

Teams consist of Member Board executives, Review Committee chairs, one learner from the specialty, one to two representatives (such as specialty society leaders or others to be selected jointly by the Member Board and Review Committee representatives).

Competency- Based Medical Education (CBME)

Objectives included:

- Recognizing the role and importance of the five essential core components of CBME in GME.
- Identifying the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
- Identifying the policy, financial, and administrative barriers that inhibit the growth of CBME.
- Recommending changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
- Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

Outcomes-Based Education: What Is It?

- Central tenet: *Start with the end in mind*
 - Focus on what type of physician will be produced
 - Structure and process flow from the outcomes
- Educational outcomes should be “*clearly and unambiguously specified.*”
- These educational outcomes determine:
 - Curriculum, assessment processes, and the learning environment



© American Academy of Family Physicians: [Collaboration Improves Patient Outcomes, Lowers Cost \(aafp.org\)](https://www.aafp.org)

Implementing Outcomes-Based Medical Education: Enter CBME

*An approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of **societal and patient needs.***

It de-emphasizes [fixed] time-based training and promises greater accountability, flexibility, and learner-centeredness.

LEARN
at ACGME



Digital Learning



Faculty Development Courses

Foundations of Competency-Based
Medical Education

Managing Your Clinical
Competency Committee

Multi-Source Feedback

Programs on Continued Accreditation (CA) random sampling site visits

- The ACGME conducts site visits annually for programs with a Continued Accreditation status through a random sampling process.
- For the current academic year, 250 site visits were selected and will be scheduled between April and October 2026.

Academic Year	Number of Randomly Selected Site Visits	Number of Completed Site Visits	<u>Post Site Visit Accreditation Decisions</u>
2023-2024	150	148*	<ul style="list-style-type: none"> • 140 Continued Accreditation • 7 Continued Accreditation with Warning • 1 Probationary Accreditation
2024-2025	200	198*	Decisions in progress
2025-2026	250	In progress	Decisions in progress

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

Site Visits

Program Site Visit Update

The ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process. The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the ACGME's Mission.

Email questions to accreditation@acgme.org.

For 2026, programs identified in this process include:

- Five psychiatry programs
- One addiction psychiatry program
- Three child and adolescent psychiatry programs
- Two consultation-liaison psychiatry programs
- One forensic psychiatry program
- Three geriatric psychiatry programs

Rural Track Program (RTP)

- Building capacity for GME can be challenging in rural communities, many of which are in medically underserved areas. GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.
- A [Rural Track Program \(RTP\)](#) is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core-Based Statistical Area (CBSA)).
- The following processes are available to obtain ACGME RTP designation:
 - Expansion of an existing program with a permanent complement increase and identification of new rural site(s)
 - Application for a new program

Rural and Underserved GME Interest Group



Connect with the GME community working in rural and underserved areas



Provide an interface with ACGME to build information and knowledge

Registration link provided in ACGME e-Communications.

Rural and Underserved GME Interest Group Topics

- VA GME Funding and the Mission Act
- Resident Recruitment and Retention
- Engaging the C-Suite
- CMS Funding
- State Funding
- Housing for Rural and Underserved GME
- Starting a GME Program in a Rural Area
- Rural GME in Surgery, OBGYN, Psychiatry, Internal Medicine, Pediatrics, & FM
- Teaching Health Center GME
- AHEC Partnerships
- Faculty Development
- Establishing a Consortium

The Rural and Underserved GME Advisory Group is Seeking Members!

The ACGME is currently accepting nominations for residents/fellows and non-physician members of the public with a history of leadership and membership in public organizations.

Email complete nomination materials to underserved@acgme.org by **April 19, 2026**.



Rural and Underserved GME

ACGME HOME > IMPROVEMENT AND INITIATIVES > RURAL AND UNDERSERVED GME

Overview

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Rural and Underserved GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME has developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in rural and underserved areas. Medically underserved areas are places or communities in which groups of people have unmet health or health care needs. According to the Health Resources and Services Administration, more than 70 percent of primary care health professional shortage areas are in rural or partially rural areas.

This framework outlines initial actions addressing GME in rural and underserved areas.

I.

ENHANCING ACGME SUPPORT

- Establish advisory group for rural and underserved GME

II.

ENGAGING WITH ACGME REVIEW PROCESSES

- Collaborate with ACGME committees to implement framework

QUICK LINKS

- Rural and Underserved GME
- Advisory Group
- Rural Track Program Designation
- Data Enhancements
- Resources and Engagement
- Rural and Underserved GME Resource Center (Learn at ACGME)
- ACGME Newsroom and Blog Updates on Rural and Underserved GME
- ACGME Specialties
- ACGME Program Application Information
- ACGME Institutional Application Process



CONTACT US:

Director, Rural and Underserved GME
Laney McDougal, MS-HSM
underserved@acgme.org
[312.755.7458](tel:312.755.7458)

Rural and Underserved GME Resource Center

#ACGME2026

Welcome to the Rural and Underserved GME Resource Center! This center is intended for use by GME community members who are involved in addressing the needs of medically underserved areas (MUAs). MUAs are places or communities in which groups of people have unmet health or health care needs. GME community members are encouraged to use this space to share and solve for common challenges and to share and access helpful knowledge and resources related to MUAs.

Select a Category



Do you have resources to share? Email underserved@acgme.org

Stay Updated

- Email underserved@acgme.org to be added to the Rural and Underserved GME listserv (information specific to rural and underserved GME).
- Email ACGMECommunications@acgme.org to also receive the weekly ACGME *e-Communication* (ADS users should already receive these mailings).



 Listening  Information  News  Collaboration

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

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/>



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



ACGME Cloud

Reducing Burden | Reimagining GME

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 with questions.

ACGME Cloud

Reducing Burden | Reimagining GME

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 with questions.



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**



Thank you!

Questions