

Updates from the Review Committee for Internal Medicine

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Conflict of Interest 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.

Clarity



The ACGME's Mission

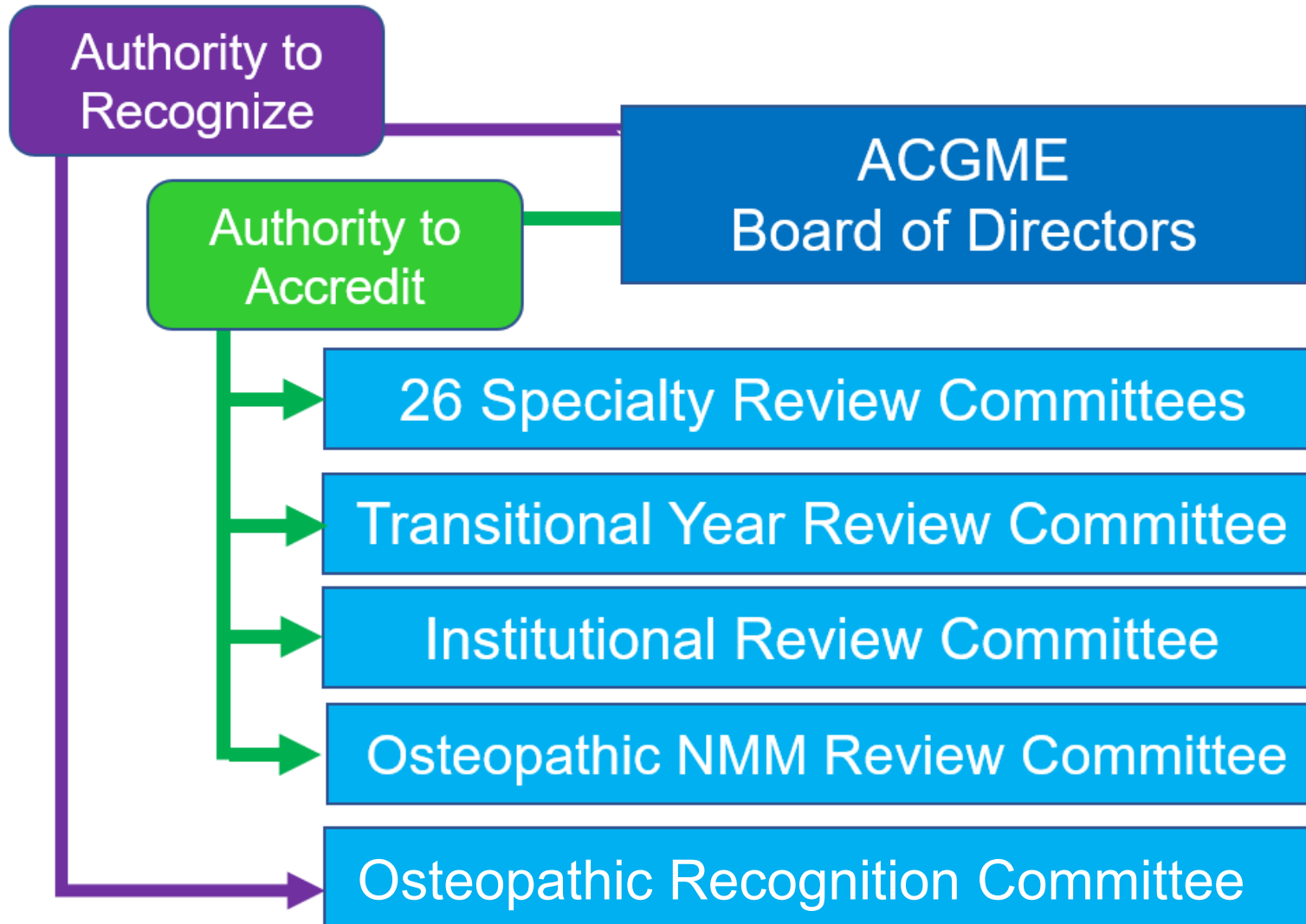
The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

<https://www.acgme.org/about/overview/mission-vision-and-values/>

- **Who is the Review Committee?**
- **What does the Review Committee do?**
- **Overview of Current Accreditation Model**
- **Citations and Areas for Improvement**
- **FAQs**
- **Who can I call if I have a question?**



ACGME + Review Committees



Review Committee for Internal Medicine

- Accredits one quarter of all programs
 - 600+ residency programs
 - 2,500+ subspecialty programs
- 25 Program Requirement documents
 - Internal medicine + 24 subspecialty documents

The screenshot shows the ACGME website header with the logo and navigation menu. The main content area features a large banner for the Internal Medicine Review Committee, including a search bar, navigation tabs, and a description of the committee's resources.

Accreditation Council for Graduate Medical Education

Enter your search

ADS

Programs and Institutions | Specialties | Residents and Fellows | Milestones | Improvement and Initiatives | Education and Resources

Internal Medicine

The Review Committee for Internal Medicine provides these resources to accredited programs and those applying for accreditation.

Specialties

Overview | Program Requirements and FAQs and Applications | Milestones | Documents and Resources | Review Committee Members

Program Requirements, FAQs, and Applications

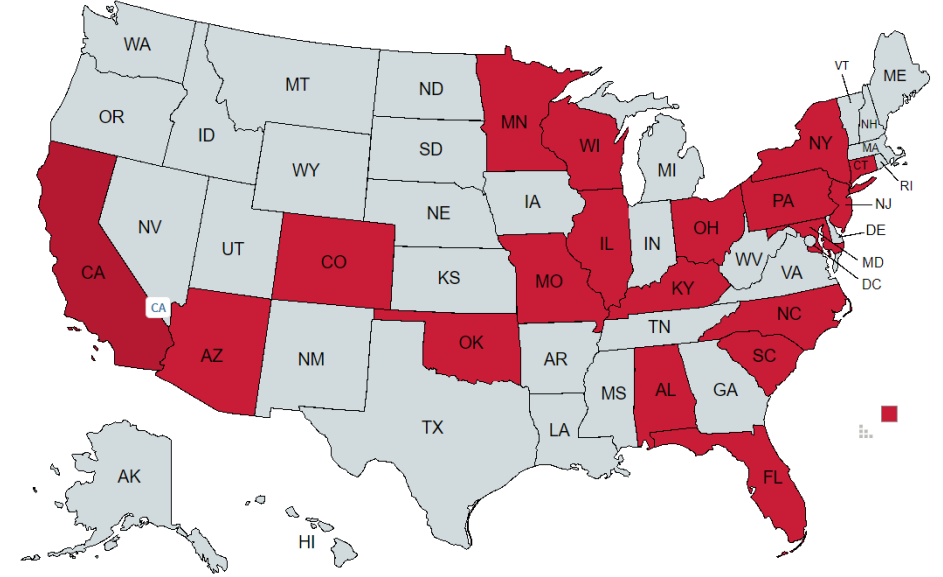
The Program Requirements specify the Core Competencies and other standards of quality and education for each specialty and subspecialty; the FAQs help to clarify the Program Requirements; and the applications correspond to these requirements and are provided for those seeking to apply for a new specialty or subspecialty program.

Share This

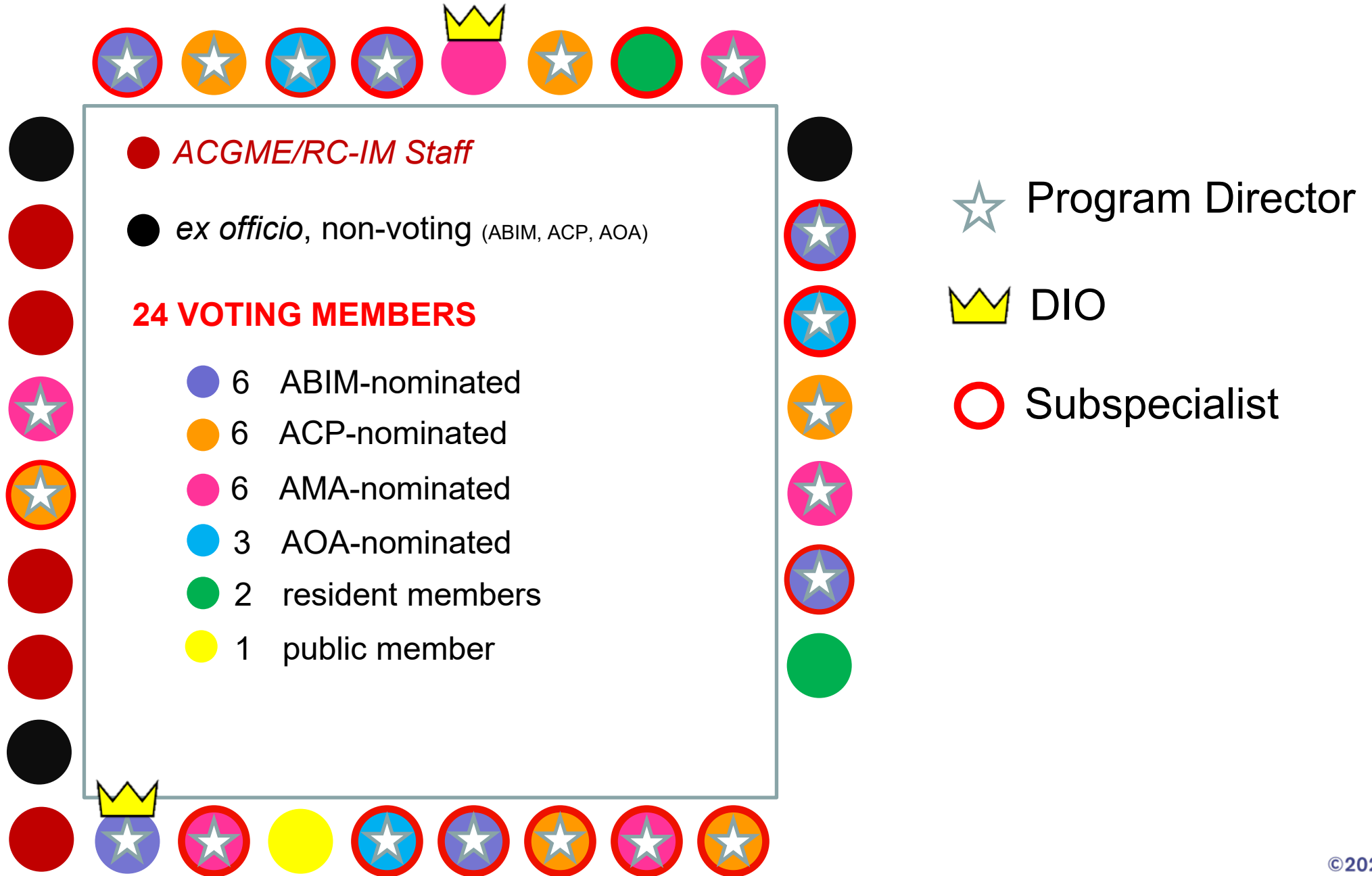


Review Committee for Internal Medicine

- 24 members
- All are volunteers
- 21 physician members are nominated by:
 - American Board of Internal Medicine (ABIM)
 - American College of Physicians (ACP)
 - American Medical Association (AMA)
 - American Osteopathic Association (AOA)
- Two resident physician members
- Non-physician public member with vote
- Each nominating organization appoints an ex-officio member without vote



Review Committee for Internal Medicine



Review Committee for Internal Medicine

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*

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*

Nancy Reau, MD *Transplant Hep*

Rabbi Seymour Rosenbloom **Public Member**

Abby Spencer, MD *GIM*

John Stewart, MD *Med-Peds*

Stephanie Strohbeen, MD **Resident Member**

Sheila Tsai, MD *Sleep Medicine*

Brooks Vaughan, MD *Endocrinology*

Non-Voting (Ex-Officio) Members

Karen Caruth, MBA *AOA*

Davoren Chick, MD *ACP*

Erica Johnson, MD *ABIM*



Review Committee for Internal Medicine



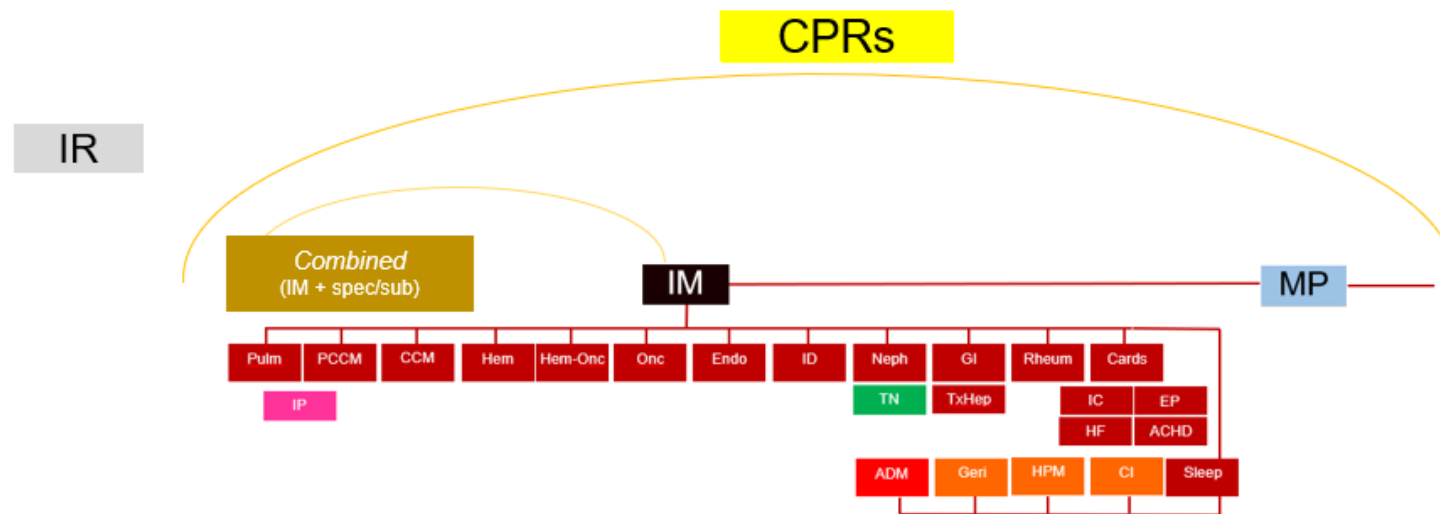
What Does the Review Committee Do?

- Creates and proposes revisions to Program Requirements
- Reviews programs to determine compliance with minimums in Common and specialty-/subspecialty-specific Program Requirements
- Discusses matters of policy, issues relevant to the specialty
- Recommends changes in ACGME Policies and Procedures and Program Requirements to the ACGME Council of Review Committee Chairs

What Does the Review Committee Do?

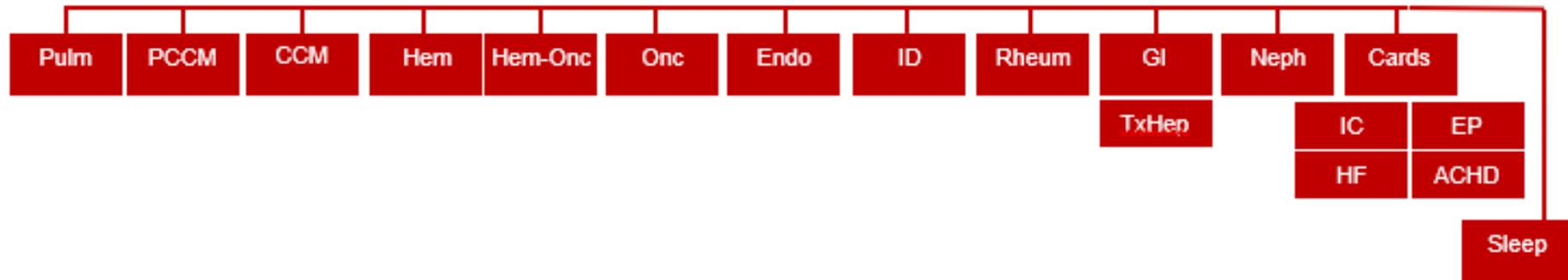
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Program Requirement Revisions! Past, Present, and Future



	Vetted	ACGME Approval	Effective
■ Major Revision IM	Summer 2020	February 2021	July 2022
■ Major Revision of IM Subs and Sleep	Jan 2023	October 2023	July 2024 *
■ New Requirements for Interventional Pulm	Spring 2023	October 2023	October 2023
■ Major Revision for CI, Geri and HPM	Spring 2024	Sept 2024	July 2025
■ Focused Revision for ADM	Spring 2024	Sept 2024	July 2025
■ Combined Programs (IM + another specialty/sub)	Spring 2024	September 2024*	September 2024*
■ Major Revision of Med-Peds Requirements	Summer 2024	June 2025	July 2026
■ New Requirements for Transplant Neph	Spring 2025	September 2025	September 2025
■ Major Revision of Institutional Requirements	Fall 2024	--	--
■ Major Revision of CPRs	--	--	--

Subspecialty Program Requirements Approved in Fall 2023



- **Program Requirements for subspecialties were approved at the fall 2023 ACGME Board of Directors meeting**
 - Effective date of **July 1, 2024**
 - New FTE requirements for core faculty and associate program directors **will not** be citable until **July 1, 2025**
 - Requirements for program director and coordinator are **citable**

Background and Intent with Summary Table of Total Minimum FTE

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.

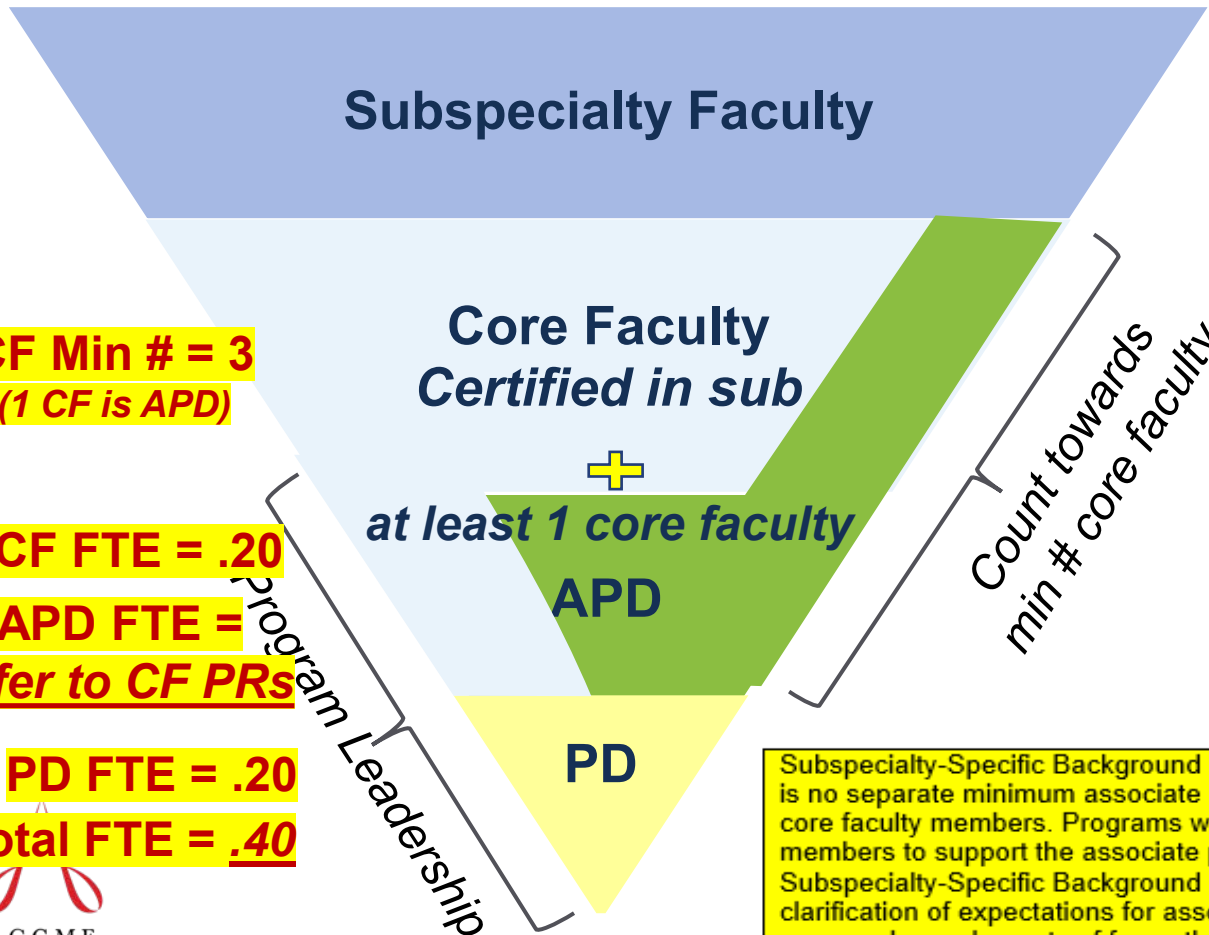
- A 3-fellow program needs a program director and a minimum of three ABIM- or AOBIM-subspecialty certified core faculty members (at least one being the APD) and a total minimum FTE of 35 percent. The total minimum FTE is a sum of the minimum of 20 percent for the program director and aggregate of 15 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

Six-fellow cardiovascular disease medicine program

Total minimum FTE = **40%**



CF Min # = 3
(1 CF is APD)

CF FTE = .20

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.

Other Requirement Revisions

Common Program Requirements

- Major revision starts this year
- Last major revisions in 2017 (revised work hours) and 2019 (all other parts of section VI – patient safety, professionalism, and well-being)
- Proposed three-year process – staggered and overlapping efforts
 - Literature reviews and commissioned papers
 - Broad input from GME community
 - Call for position statements
 - Congresses to present position papers
 - Consensus, drafting proposed language and vetting it

Other Requirement Revisions

Common Program Requirements Task Force

- Common Program Requirements Task Force: 25 members
- Comprised of members of Board (9), Council of Review Committee Chairs [CRCC] (9), Council of Review Committee Residents [CRCR] (4), Council of Public Members (1)
- Co-chaired by chair of Review Committee for **Obstetrics and Gynecology** and Board of Directors member (**family medicine**)
- Specialties represented...
 - Board of Directors (n=9)
 - *Internal medicine (2), pediatrics, anesthesiology (2), emergency medicine, **surgery (2), vascular surgery***
 - CRCC (n=9)
 - *Internal medicine, family medicine, pediatrics, anesthesiology, preventive medicine, radiology, **colon and rectal surgery, neurological surgery**, Institutional Review Committee*
 - CRCR (n=4)
 - *Internal medicine, **obstetrics and gynecology, orthopaedic surgery, surgery***

Other Requirement Revisions

Institutional Requirements

- Started in 2023
- Proposed changes vetted in July 2024
- Received much feedback from designated institutional officials (DIOs)
- Special communications
 - *Timeline for revisions extended to align with the Common Program Requirement revision process*



Accreditation Council for
Graduate Medical Education

OCTOBER 30, 2024

Dear Members of the Graduate Medical Education Community,

In August, the ACGME's Institutional Review Committee (IRC) introduced a proposed major revision to the Institutional Requirements for review and comment. This step is part of the ACGME's ongoing commitment to align the Requirements with the evolving roles of Sponsoring Institutions, their programs, and their relationship to clinical learning environments. We are grateful for the thoughtful response from the graduate medical education (GME) community and appreciate your engagement.

Based on the robust response and to synchronize this effort with the upcoming revision of the Common Program Requirements, the ACGME and the IRC have decided to extend the original timeline for approval and implementation of the revisions to the Institutional Requirements. The IRC continues to review the comments it received and will use this feedback to make changes to the proposed Requirements. The committee will also collaborate with the Common Program Requirements Task Force that will convene in January 2025. In this way, each group can inform the other as it undertakes its major revision effort. Once revisions are made, there will be a second review and comment period, as promised, to allow time for the community to provide feedback.

We recognize the impact of the Institutional Requirements not only on the institutions themselves, but on all GME programs, and believe that harmonizing the review of the Institutional Requirements with the scheduled review of the Common Program Requirements will better support improvements in accreditation and the needs of the GME community.



ACGME

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What Does the Review Committee Do?

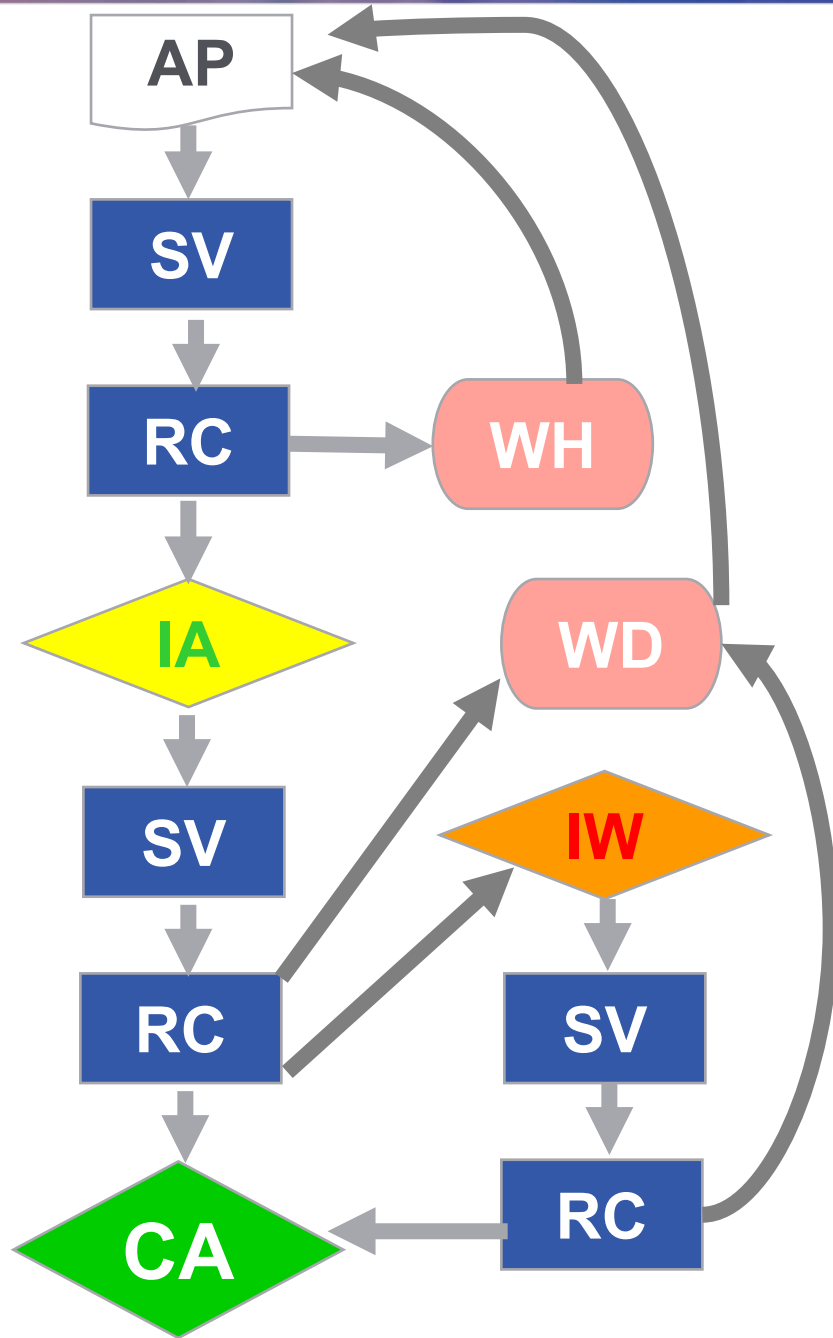
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Different Types of Reviews

- Review of applications/new programs
- Review of established programs

Applying for a *New* Internal Medicine Residency Program

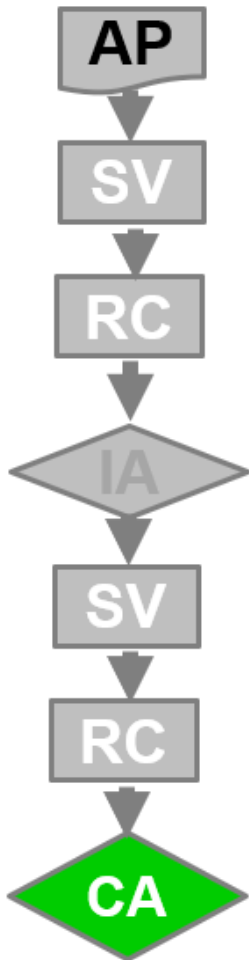
- AP** = Application
- SV** = Site Visit
- RC** = Review Committee
- IA** = Initial Accreditation
- IW** = Initial Accreditation w Warning
- CA** = Continued Accreditation
- WH** = Withhold
- WD** = Withdrawal of Accreditation



Continuous Accreditation = NAS

After Achieving Continued Accreditation

- **Continuous accreditation = NAS**
- Since 2013, continuous accreditation has been the process that the Review Committee uses to review every established program *annually*
- Identify programs with potential compliance issues earlier
- Use screening tools to identify outliers
 - Programs flagged as outliers undergo further review
 - Considerations...
 - Which data element was flagged?
 - Was data element flagged multiple years?
 - Are multiple data elements flagged?
 - Does program describe improvement plans?



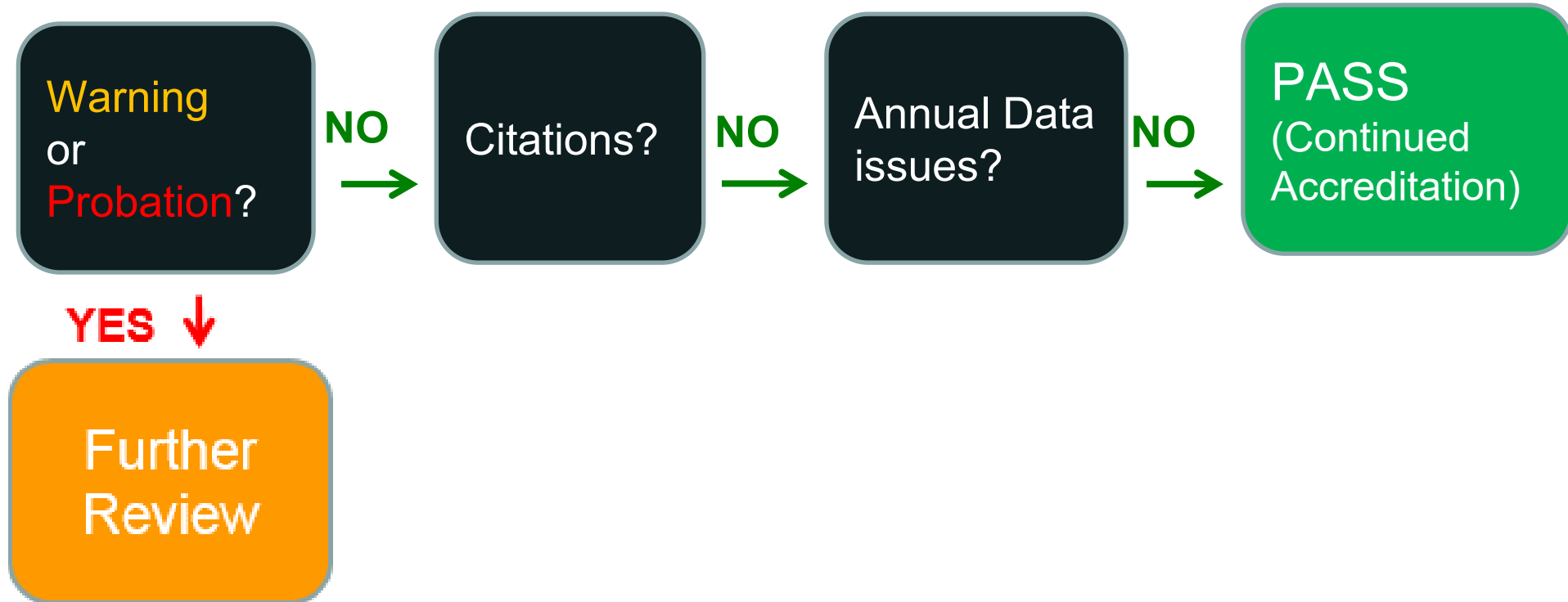
Data Elements/Indicators

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

The image displays a collage of overlapping screenshots from the ACGME accreditation system. The screenshots show various data dashboards and forms. A red box highlights a 'Resident/Fellow Survey' bar chart. Another red box highlights a 'Faculty Survey' form. A third red box highlights a 'Faculty Roster' table. The screenshots also show various charts and tables related to program metrics and faculty information.



Annual Review: Big picture...



- Who is the Review Committee?
- What does the Review Committee do?
- Overview of Current Accreditation Model
- **Citations and Areas for Improvement**
- **FAQs**
- Who can I call when I have a question?

hi



“Noncompliance” with Requirements

Review Committee is looking for *substantial*, not *absolute* compliance with requirements

Citations

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

Program Requirement N.1.

The program must do this. (Core)

The program is not doing this.

Areas for Improvement (AFIs)

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

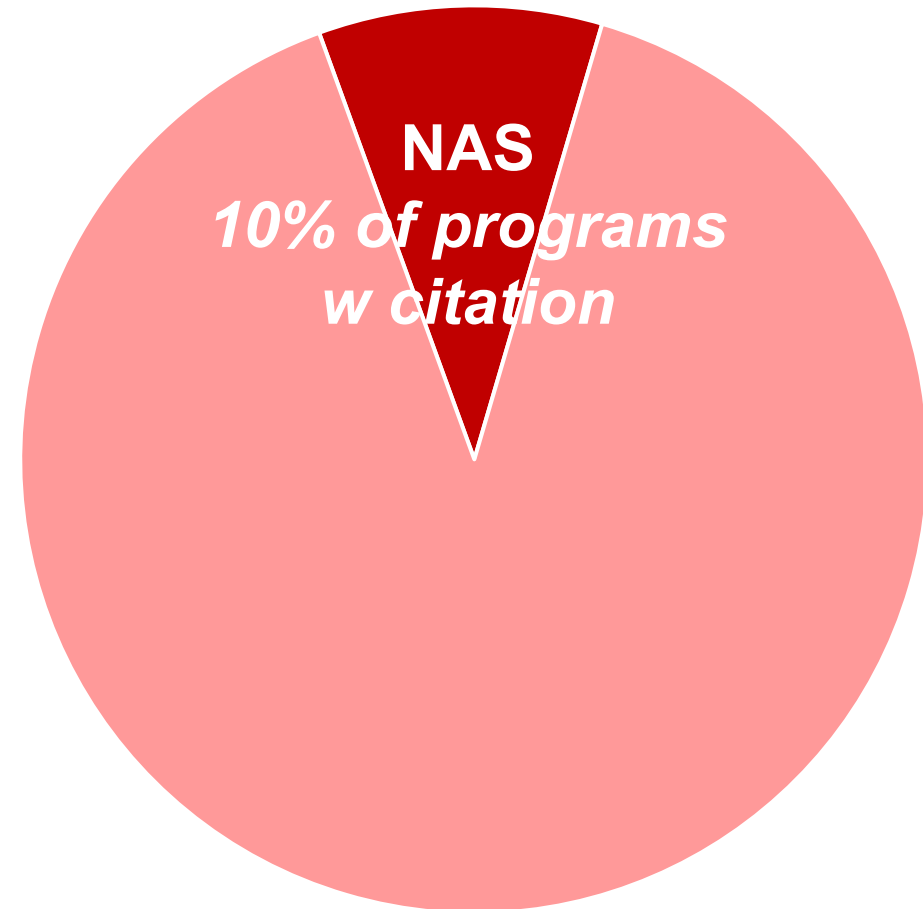
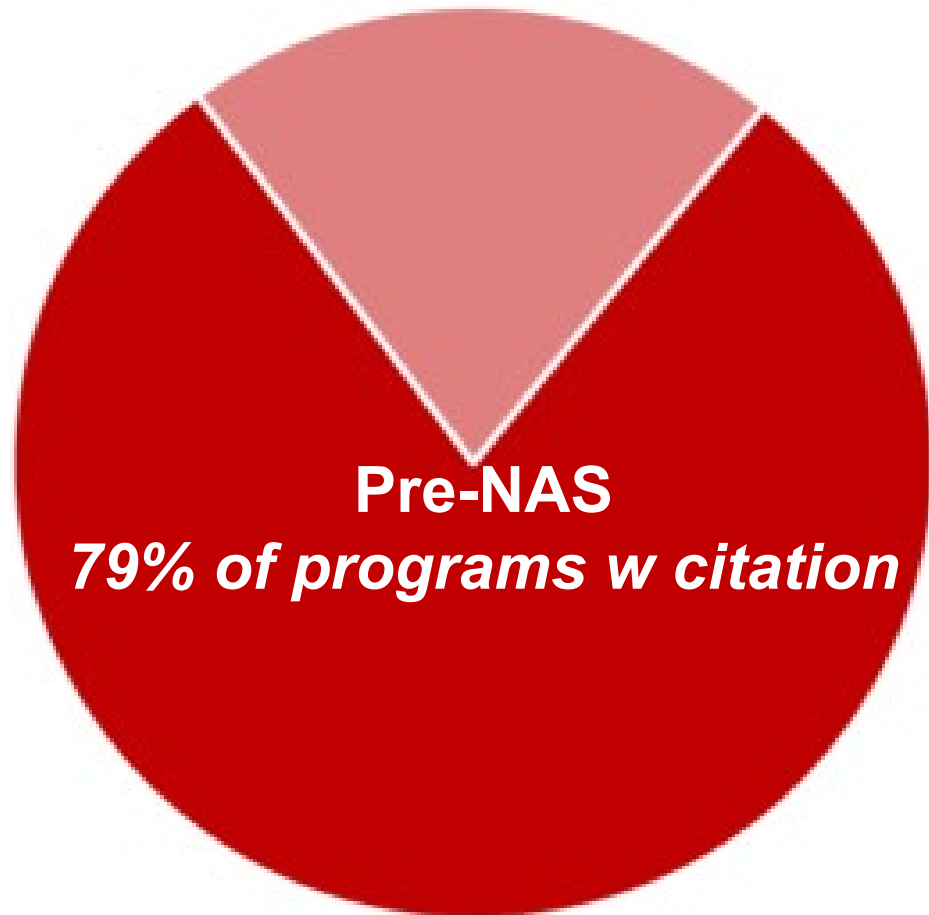
Program Requirement N.1.a.

The program should do this. (Detail)

This area could be improved by doing this.

Pre-NAS vs. NAS – annual continuous accreditation

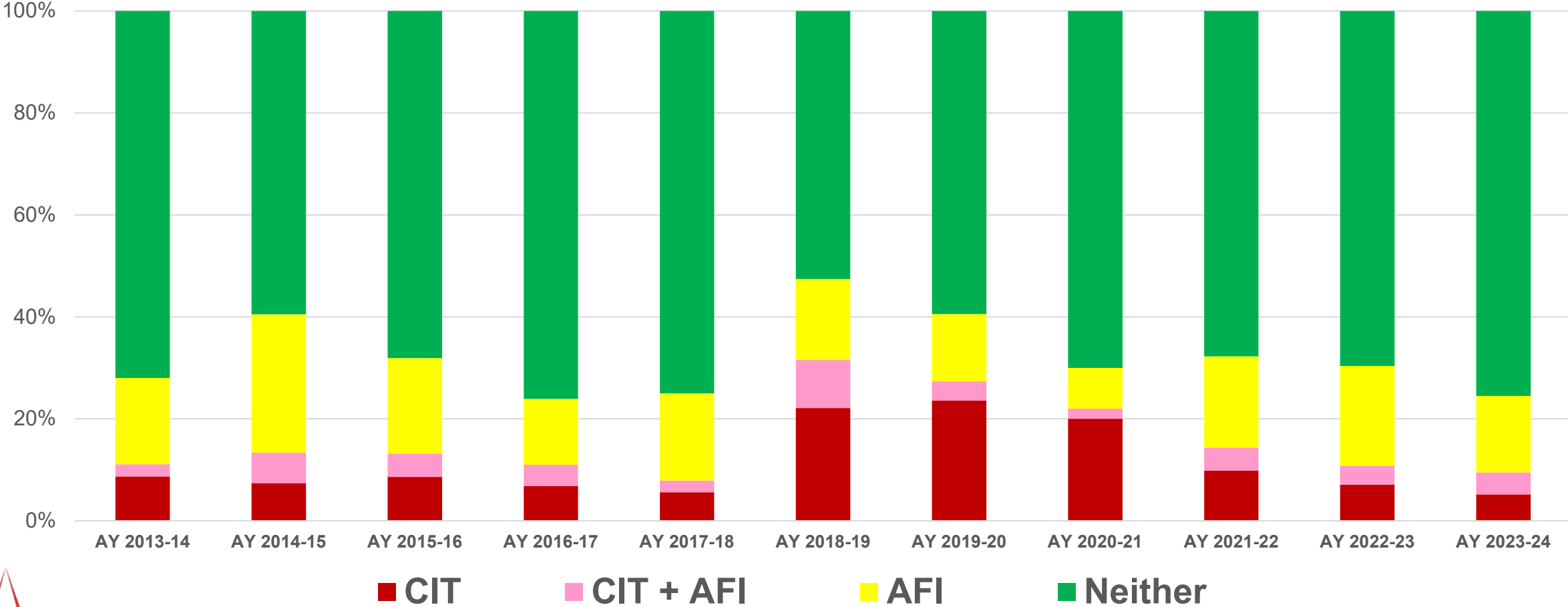
Fewer citations in NAS



% of core internal medicine programs with citations

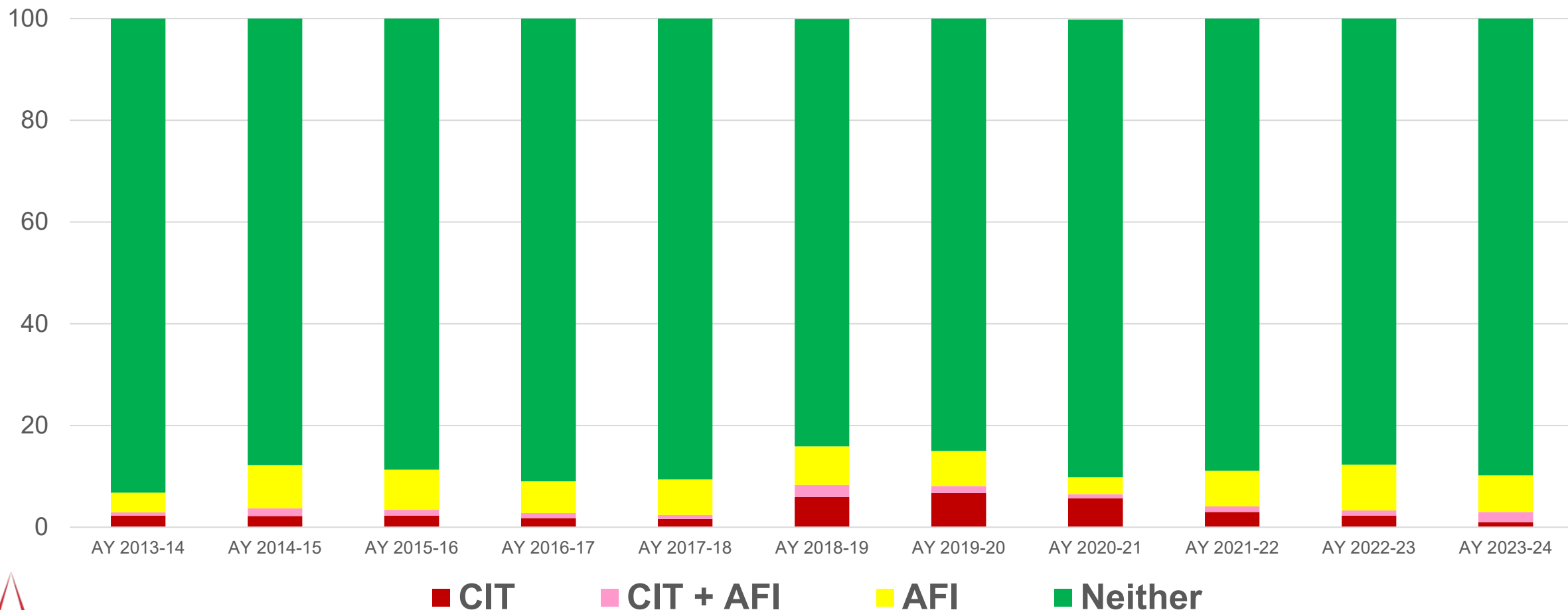
Citations and AFIs for *CORE* programs

11 years of NAS



Does not include programs with Initial Accreditation or new applications

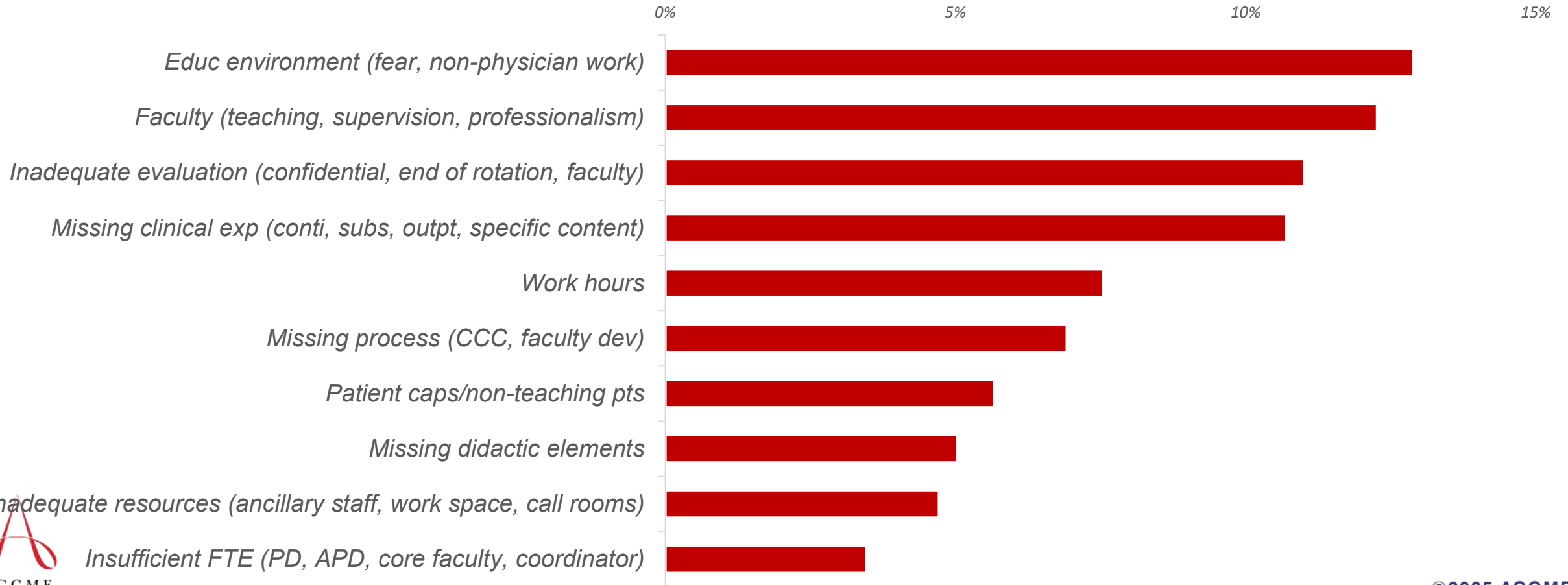
Citations and AFIs for *CORE* + *SUBS* programs 11 years of *NAS*



Does not include programs with Initial Accreditation or new applications

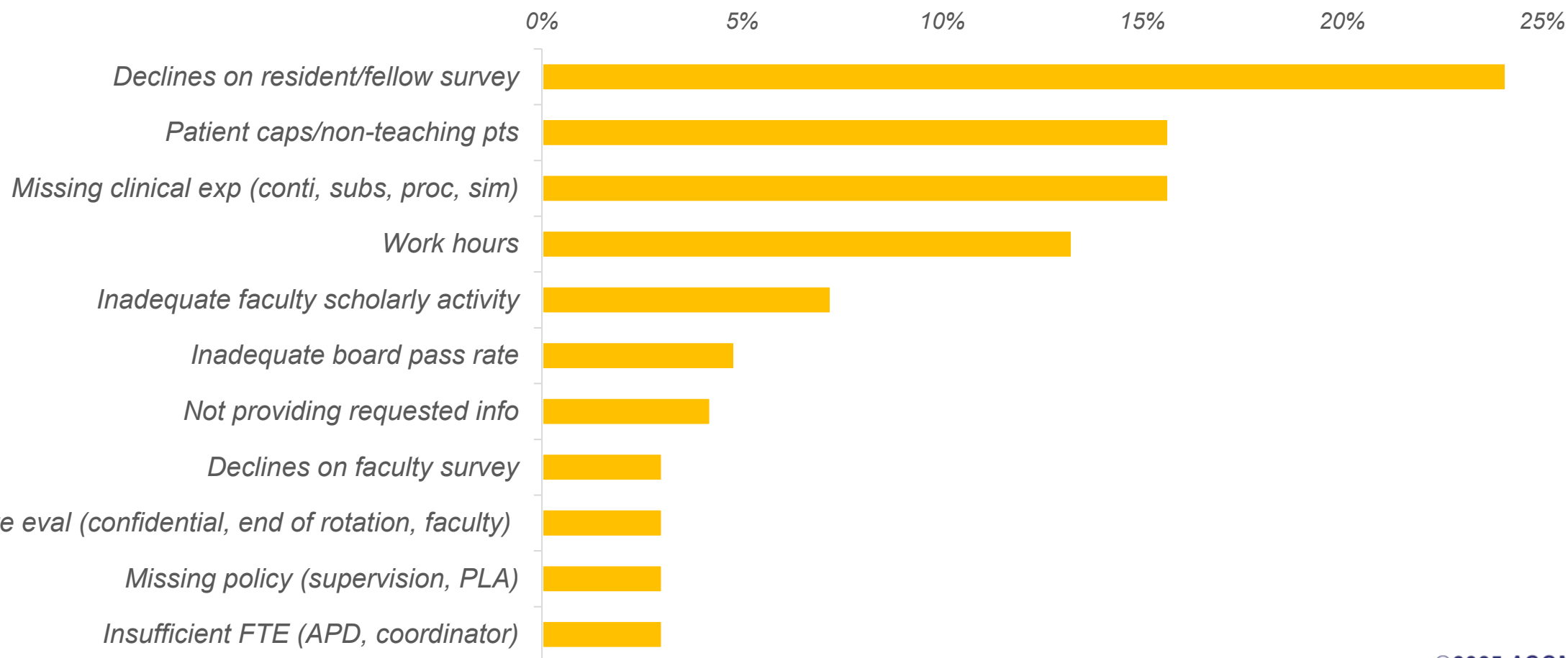
Citations for *ESTABLISHED* programs in NAS AY 2023-24

Total programs receiving citations = 104
Total citations = 342



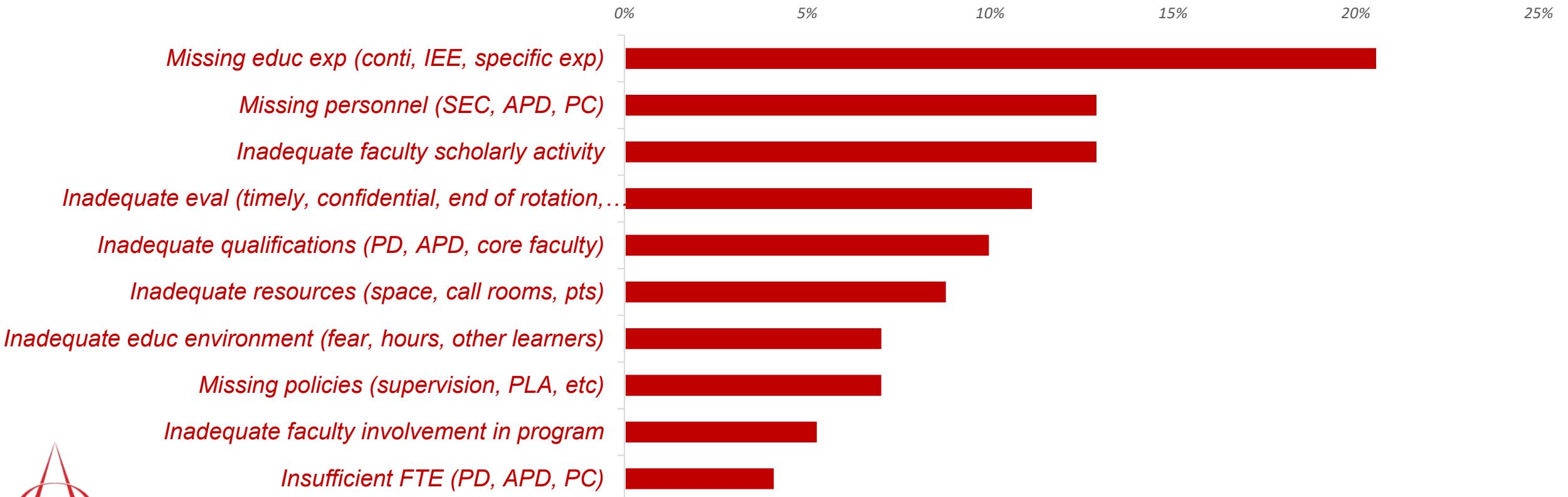
AFIs for *ESTABLISHED* Programs in NAS AY 2023-24

Total programs receiving AFIs = 203
Total AFIs = 291



Citations for *NEW* Programs/Applications AY 2023-24

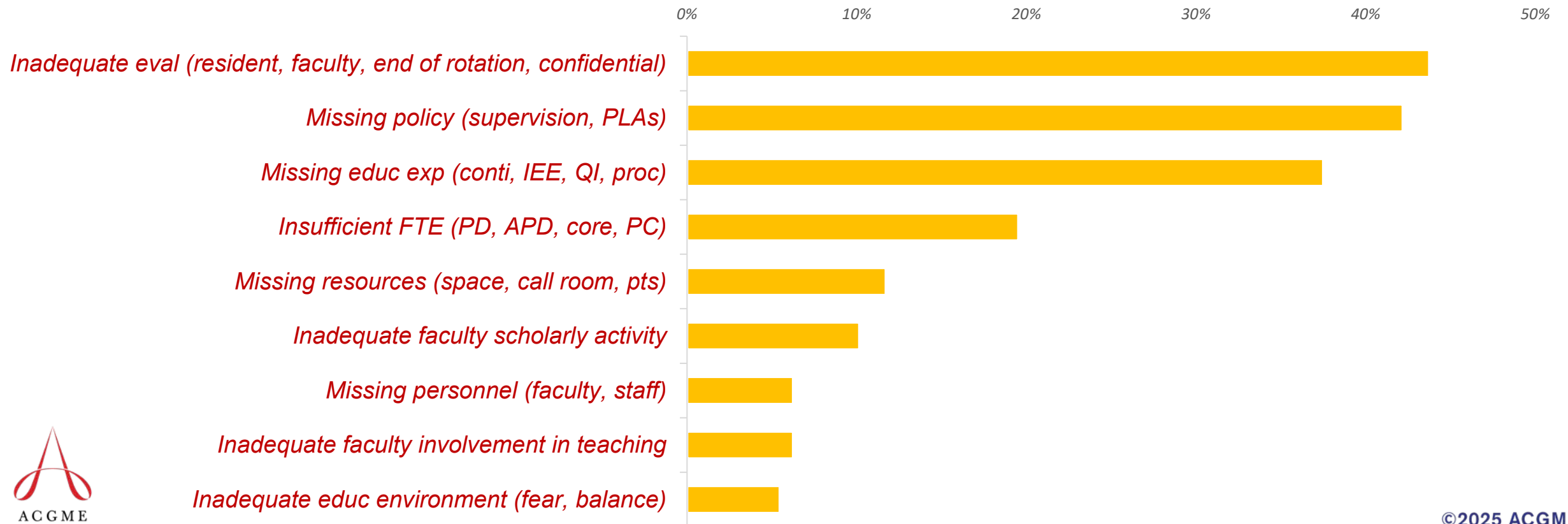
Total new programs/applications reviewed = 222
Total new programs/applications receiving citations = 84
Total citations = 203



AFIs for *NEW* Programs/Applications

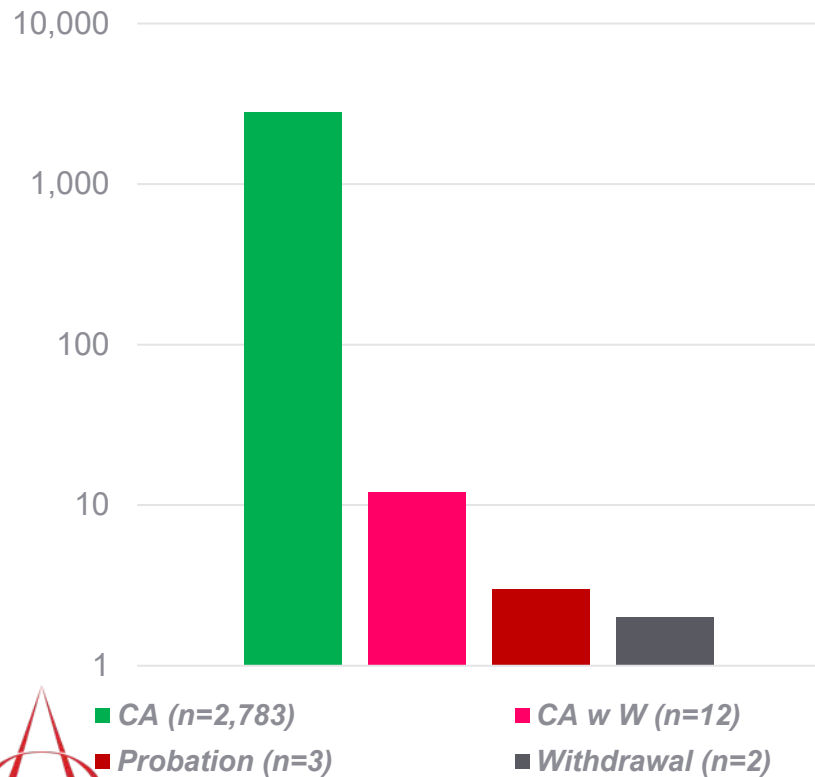
AY 2023-24

Total new programs/applications reviewed = 222
Total new programs/applications receiving AFIs = 123
Total AFIs = 255

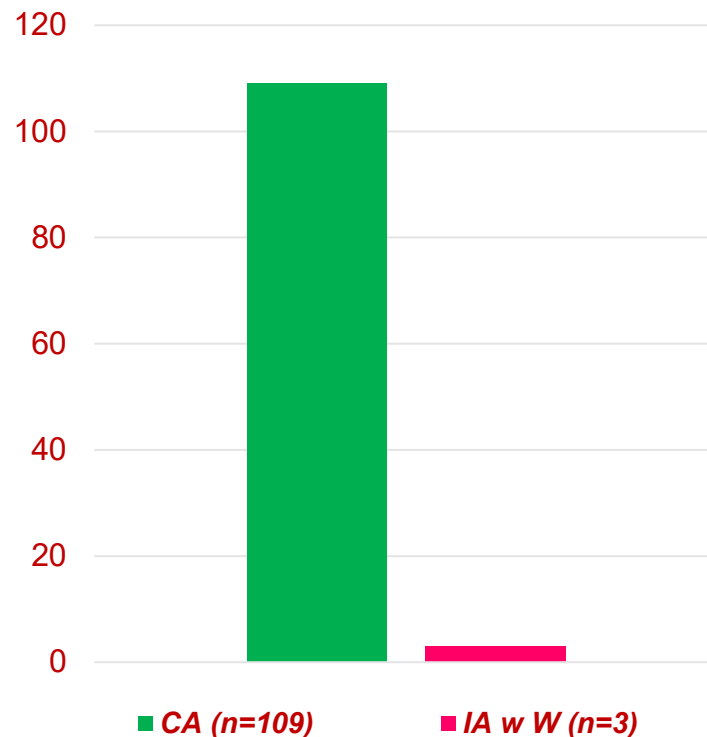


Accreditation Actions for ALL Programs Reviewed in AY 2023-24

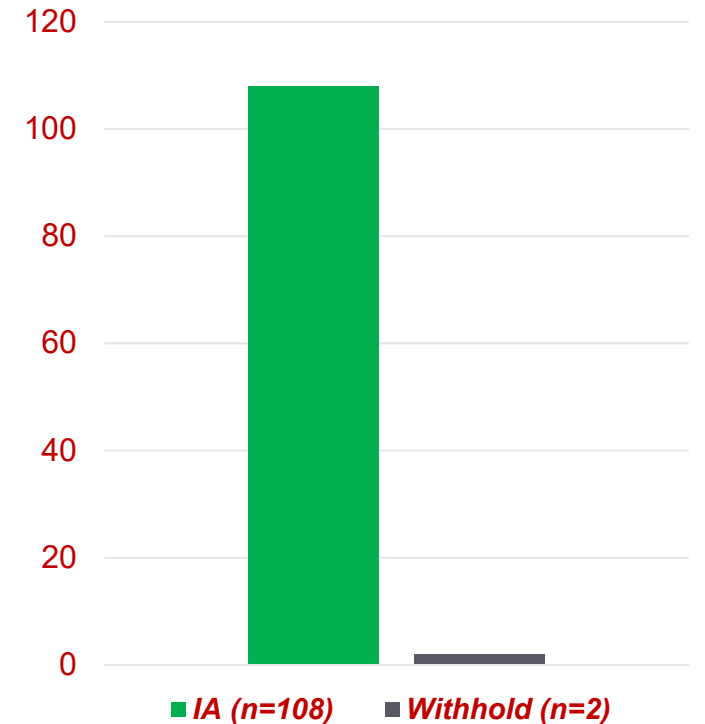
Established Programs (n=2,800)



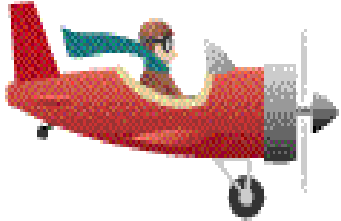
New Programs at IA (n=112)



New Applications (n=110)



Frequently Asked Questions



FAQ #1: Who should be listed on 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!*
- Review roster instructions

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

Expectation is that most faculty members in internal medicine program are internal medicine physicians

On inpatient rotations:

- An ABFM- or AOBFP-certified physician with extensive experience caring for inpatient adults can 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:

- A non-internist with documented expertise (e.g., a family medicine physician with extensive outpatient/ambulatory experience or procedural proficiency) can teach and supervise internal medicine residents provided the non-internist is approved by the site director and the program director.

FAQ #2b: What role can a nurse practitioner/physician assistant have in an internal medicine program?

On inpatient rotations:

- Although important for residents to acquire experience leading/participating in health care teams with non-physicians (e.g., nurse practitioners or PAs), overall supervision of all clinical care by residents is the responsibility of the physician faculty/attending physician of record.
- Non-physicians can not independently supervise residents on inpatient rotations. The attending physician may delegate an appropriately qualified non-physician to assist a resident in performing a procedure.

On outpatient rotations:

- Supervision by non-physicians is allowed in specialized outpatient settings for specific experiences (e.g., GYN clinic, STD clinic, wound care clinic, home visits, nursing homes), where the non-physician has appropriate qualifications to perform and supervise the clinical activity.
- If a non-physician is acting as a supervisor of the care provided, the program must ensure they are authorized to do so by applicable institutional policies and state regulations.
- This exception does not apply to the continuity clinic, other general medicine clinics, or medicine sub clinics (e.g., pulmonary clinic, general infectious disease clinic, hem-onc clinic).



FAQ #3: What are expectations for internal medicine subspecialties and non-internal medicine?

IM Subs + Geriatrics

HPM, Addiction, Neuro, EM

- Curriculum: goals + objectives, teaching methods, and assessment tools
 - *Sufficient* clinical exposure
 - ***No minimum time on these experiences defined***
- ABIM/AOBIM Sub certified SEC
 - SEC must be accountable to the PD for coordination of education in sub area

FAQ #4: 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%	0%	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	Neuro/ GI	IC	IC	IC
Site	1	1	1	1	1	1	1/2	2	2	1/2			
% Outpatient	0%	0%	0%	0%	0%	0%	0%/92%	92%	92%	92%			
% Research	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	H & PC/ Addic	Geri	IC	IC	IC
Site	1	1	1	1	1	1/2	2	2	1/2	2			
% Outpatient	0%	0%	0%	0%	0%	0%/92%	92%	92%	92%	80%			
% Research	8%	8%	8%	8%	8%	8%	8%	8%	8%	10%			

FAQ #5: What are expectations for patient caps on wards?

	new patients	in-house transfers	ongoing care (total includes new patients and in-house transfers)
Intern	5 <i>(max 8 in 48hrs)</i>	2	10
PGY2 or PGY3 supervising 0 interns	<i>Not specified in PRs</i>	<i>Not specified in PRs</i>	<i>Not specified in PRs</i>
PGY2 or PGY3 supervising 1 intern	<i>Not specified in PRs</i>	<i>Not specified in PRs</i>	14
PGY2 or PGY3 supervising >1 intern	10 <i>(total includes interns' new patients; max 16 in 48hrs)</i>	4	20

Specialty-Specific Background and Intent: **The Review Committee cannot prescriptively and explicitly assign patient census limits for every possible educational scenario or circumstance given the variability in these settings and the complexity and acuity of the patients.** Instead, it asks program and institutional leadership teams to proactively and regularly monitor the census, complexity, and acuity of patients assigned to resident-comprised health care teams, and the structure and composition of the team, particularly the knowledge, skills, and abilities of the team members, to determine the appropriate patient team size for the situation. Although the Review Committee limits the number of new patients PGY-2 and PGY3 residents can be assigned per admitting day (Program Requirements IV.C.4. j)-l)), programs can exercise flexibility and deviate from these limits for PGY-3 residents who have significant experience in the inpatient setting and are interested in hospitalist medicine careers in the future....

FAQ #6: What is FTE for one person involved with multiple programs?

- FTE is *cumulative*
 - Example - minimum required FTE for coordinator support...
 - Cardiology (n=6 fellows) and gastroenterology (n=6 fellows) is...
 - *Cardiology FTE (.50) + gastroenterology FTE (.50) = 1.00*
 - Cardiology (n=6 fellows) and gastroenterology (n=6 fellows) and rheumatology (n=4) is ...
 - *Cardiology FTE (.50) + gastroenterology FTE (.50) the rheumatology (.50) = 1.50*

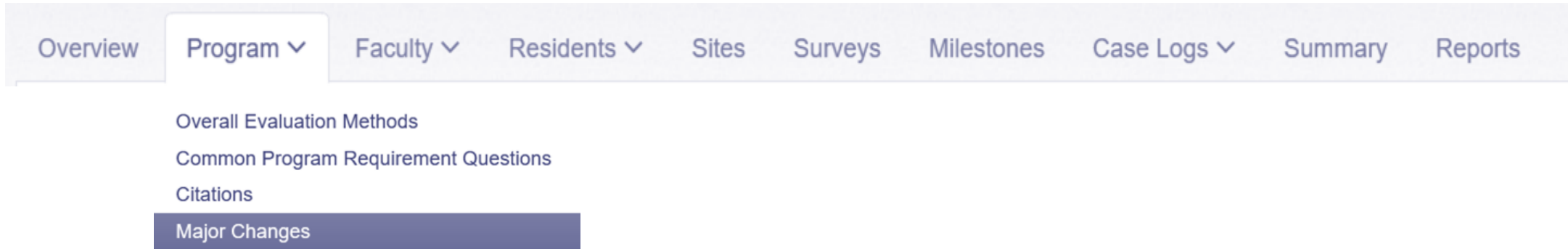
II.C.2.a)

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: ^(Core)

Number of Approved Fellow Positions	Minimum FTE Required for Coordinator Support	Additional Aggregate FTE Required for Administration of the Program
1-3	0.30	0
4-6	0.30	0.20
7-9	0.30	0.38
10-12	0.30	0.44
13-15	0.30	0.50
16-18	0.30	0.56

Subspecialty-Specific Background and Intent: As an example, a program with an approved complement of 12 fellows is required to have at least 74 percent/FTE administrative support: 30 percent/FTE for the program coordinator; and an additional 44 percent/FTE aggregate support. This additional support may be for the program coordinator only or divided among the program coordinator and one or more other administrative personnel. The Review Committee has not specified how the FTE should be distributed to allow programs, in partnership with their Sponsoring Institution, to allocate the FTE as they see fit.

FAQ #7: 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]

FAQ #8: *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.



Develop and maintain certification standards for *individuals* and evaluate individuals against those standards.

FAQ #9: How are increases in complement handled?

- Requests for temporary increases in complement for less than three months do not need to be submitted in ADS
- Turnaround to receive a decision is 30 days (often less)

FAQ #10: Where can I get more info?



Resources for coordinators

ACGME Equity Matters®

Remediation Toolkit

Faculty Development

Guide to the Common Program Requirements

LEARN at ACGME Home Browse Content GME Roles Featured Topics Annual Educational Conference Sign In Create an Account

Achieve Excellence

We offer Faculty Development in Assessment, Accreditation, and more. Connect with us by joining a role- or topic-based discussion.

Browse our content

Featured Topics

Accreditation

Self-paced educational experiences designed for individuals that want to move toward meaningful change in addressing issues related to diversity, equity, and inclusion while being cognizant of the impact on the audience.

EQUITY MATTERS

The History of Medicine

From Enlightenment to Flexner

ACGME

If You Build It, They Will Come: Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

LEARN at ACGME

Faculty Development Toolkit

Improving Assessment Using Direct Observation

How faculty members observe and assess their learners matters if residents and fellows are to acquire the skills and knowledge to provide high-quality, safe, effective, patient-centered care and be able to practice unsupervised by the time they graduate from residency.

An Introduction to the ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation

Navigating Faculty Development: Improving Assessment

Accreditation Council for Graduate Medical Education

Guide to the Common Program Requirements

Overview

Share This

The Guide to the Common Program Requirements is a companion resource to assist programs with meeting ACGME accreditation requirements. By providing an easily accessible reference with useful information and various tools, the Guide

Additional Resources for Coordinators

ACGME HOME > ADDITIONAL RESOURCES FOR COORDINATORS

Overview

Share This

The ACGME provides a robust collection of resources to help coordinators do their jobs, and gain context and depth of knowledge about graduate medical education.

Coordinator Advisory Group

The Coordinator Advisory Group serves as a consultative body to the ACGME administration concerning coordinator, graduate medical education, learning environment, and accreditation matters.

- Coordinator Advisory Group web page



FAQ #11: What happened to the 10-year compliance visits?

- 10-year compliance site visits for programs were discontinued in 2023
- Replaced with random site visits for programs without a site visit in 10+ years

In 2024...

- *2% of programs randomly selected annually*
 - *Total = 150 programs across all specialties/subspecialties*
- 25% of all accredited programs are internal medicine → 25% of site visits are internal medicine programs
 - *Total internal medicine = 34, 3 = core, 28 = subspecialties, 3 = internal medicine-pediatrics*

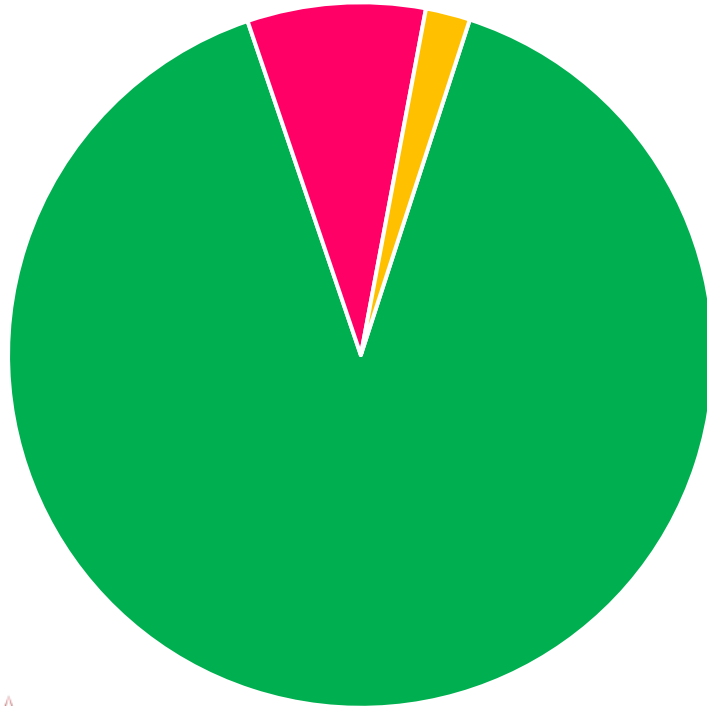
In 2025...

- **More programs to undergo random site visits**
 - ***Total = 200***
 - ***Total internal medicine = 47***

FAQ #10b: What happened to the programs randomly selected to undergo a site visit?

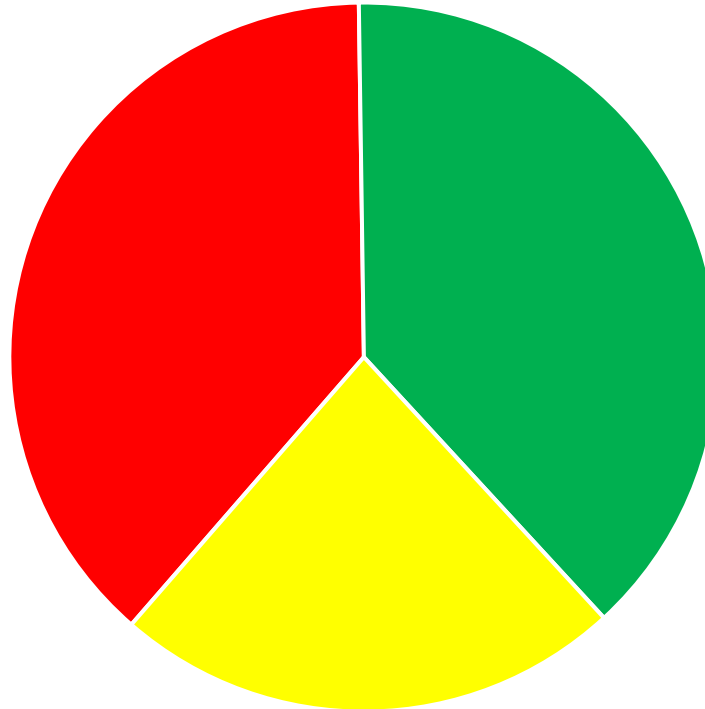


Accreditation Status



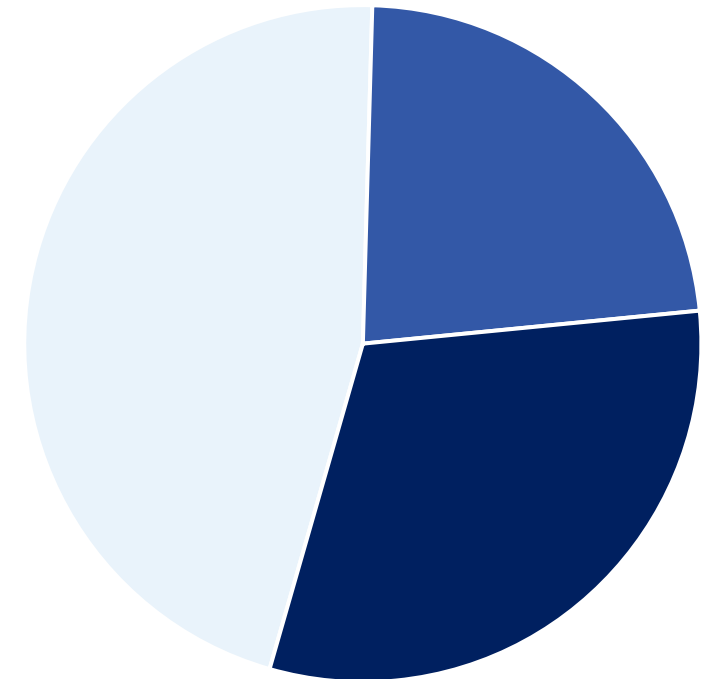
- CA
- CAW
- Probation

of programs w citations (n=13), AFIs (n=13), or nothing (n=8)



- Citation w or w/o AFI
- AFI only
- Nothing

Of programs getting citations (n=13), most are getting a few citations













- A few (1-3)
- Some (4-6)
- A lot (7+)

FAQ #12: Is there an FAQ document on the Review Committee's webpage?

- Most were “baked” into the Program Requirements document as Background and Intent boxes
- However, FAQ document has been re-posted!

Internal Medicine

	<u>Program Requirements Effective 7/1/2023</u>	
	<u>FAQs</u>	
	<u>Reformatted Program Requirements Effective 7/1/2025</u>	
	<u>Current and Reformatted Crosswalk</u>	
	<u>Specialty-Specific Application</u>	

FAQ #13: Is a newly accredited program required to undergo a site visit after receiving Initial Accreditation even if it doesn't have fellows?

- All newly accredited programs are required to undergo a site visit within two years of receiving Initial Accreditation
- If there are no learners in the program, contact Field Activities and request the site visit be delayed by a year

- Who is the Review Committee?
- What does the Review Committee do?
- Overview of Current Accreditation Model
- Citations and Areas for Improvement
- FAQs
- **Who can I call if I have a question?**



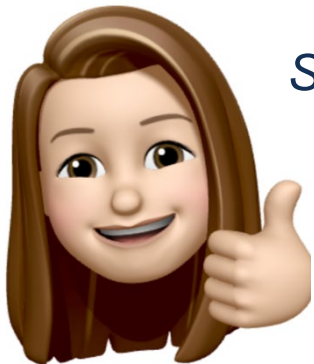
Review Committee for Internal Medicine Staff



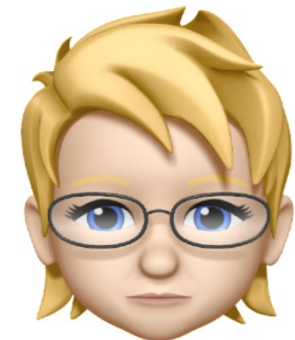
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- Deadline – March 14, 2025
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Thank You!



Questions?