Updates from the Review Committee for Internal Medicine (RC-IM)
ACGME Annual Educational Conference – SES010

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Associate Dean, Designated Institutional Official, U of AZ College of Medicine-Phoenix Chair, RC-IM

Jerry Vasiliias, PhD
Executive Director, RC-IM
• We have no conflicts to disclose.

Disclosures

hi
It’s been a while...
• NAS Refresher
• Program Requirement (PRs) revisions
• Highlights from IM PRs that went into effect July 1, 2022
• Dedicated Time PRs
• The RC-IM
• NAS Refresher
• Program Requirement (PRs) revisions
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Since 2013, RC reviews every established program annually. Data elements/indicators to identify outliers. Programs flagged as outliers undergo further review. Considerations…
- Which data element was flagged?
- Was data element flagged for multiple years?
- Are multiple data elements flagged?
- Does program describe improvement plans?
NAS Data Elements

- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data
Warning or Probation?

NO → Citations?

NO → Annual Data Issues?

NO → PASS (Continued Accreditation)

YES → Further Review

This applies to established programs, not new programs at Initial Accreditation.
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]
Communicating noncompliance

**Citations**

- Require response in ADS
- Identify areas of non-compliance linked to specific PRs
- Responses reviewed annually by the RC and citations are extended until resolved

**AFIs**

- Do not require response in ADS
- Can represent trends or “general concerns” (but are usually tied to PRs)
- Responses may or may not be reviewed by the RC and AFIs and are not automatically extended. (There is no formal “resolution.”)
Types of Citations and AFIs

Citations

• Compliance w 80 hours
• Faculty interest teaching/ supervising
• Clinical learning environment issues
• Patient cap violations

AFIs

• Declines on multiple sections of the resident survey
• Compliance w 80 hours
• Faculty interest teaching/ supervising
Pre-NAS vs NAS: Fewer citations in NAS

% of core IM programs with citations

Pre-NAS 79%

NAS 15%
Citations and AFIs for **CORE**
9 years of NAS

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Citations and AFIs for SUBS: 9 years of NAS
Citations and AFIs for CORE + SUBS: 9 years of NAS
• NAS Refresher
• Program Requirement (PRs) revisions
• Highlights from IM PRs that went into effect July 1, 2022
• Dedicated Time PRs
• Accreditation decisions + citations and AFIs
• Other updates
Types of PRs

Common PRs

Specialty PRs

Introduction

Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Internal medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.
Types of Revisions

1. Major Revisions
2. Focused/Interim
3. New
1. Major Revisions

* Nephrology was not part of the “First Wave” because they requested a “pause.” CI (Clinical Informatics) required more work before beginning the revision process. Both are in the “Second Wave.”

NEW! Updated Form
The ACGME announces a new Review and Comment form. Responding to feedback from the community on the prior comment form and submission process, staff developed a new electronic form with hope to alleviate some of the administrative burden. The new form reduces the number of steps and keeps the process entirely online. Moving forward, submission of comments on Program Requirements will only be accepted using the electronic form, which will be available on the Review and Comment page of the ACGME website during the 45-day public review and comment period. Impact Statements and the proposed Program Requirements documents will remain on this page until the Board of Directors has voted on them, at which point they will move to the relevant specialty’s section of the website.

The following Program Requirements and accompanying Impact Statements are posted for review and comment here:

NEW! Comment Deadline: February 26, 2023
Adult Congenital Heart Disease
Advanced Heart Failure and Transplant Cardiology
Cardiovascular Disease
Clinical Cardiac Electrophysiology
Critical Care Medicine
Endocrinology, Diabetes, and Metabolism
Gastroenterology
Hematology
Hematology and Medical Oncology
Infectious Disease
Interventional Cardiology
Medical Oncology
Pulmonary Critical Care
Pulmonary Disease
Rheumatology
Transplant Hepatology
Sleep Medicine

https://www.acgme.org/what-we-do/accreditation/review-and-comment/
Timeline for Major Revision of Sub PRs
(to include proposed changes to core faculty dedicated time PRs)

1. Jan - Feb 2022: RC solicits initial input on revisions
2. Sep 2022: RC finalizes revisions
3. Jan 2023: Proposed revisions posted for 45-day vetting
4. Apr 2023: RC reviews comments and finalizes PRs for ACGME Board review
5. July 2024: New PRs go into effect

- Apr – Aug 2022: RC proposes revisions to PRs, including changes to core faculty FTE
- Nov - Dec 2022: ACGME PR Staff review proposed changes/new PRs
- Mar 2023: RC staff summarize comments from vetting for RC review
- Sep 2023: Review of proposed PRs by ACGME Board
Other RCs are doing the major revision of the multidisciplinary subs of addiction med (ADM), geriatric med (Geri) and hospice and palliative medicine (HPM). RC-IM is doing an interim revision to propose changes to the core faculty dedicated time requirements.
At its June 2022 meeting, the ACGME Board of Directors approved a new sub-sub for Pulmonology or PCCM, Interventional Pulmonology. Staff are working with experts in this field to develop new PRs. Since there are no current PRs in this area, once approved they immediately go into effect.
Tentative Timeline for New PRs for Interventional Pulmonology

- **June 2022**: ACGME Board approves IP as sub-sub of P & PCCM
- **Nov - Dec 2022**: RC staff work with IPWG to finalize draft PRs
- **Feb 2023**: ACGME PR Staff review draft PRs
- **Apr 2023**: RC reviews comments from vetting and finalizes PRs for ACGME Board review
- **Sep 2023**: ACGME Board reviews draft PRs
  - If approved, effective immediately

- **Sep 2022**: IP Writing Group (IPWG) identified to assist RC staff in taking existing PRs and develop ACGME PRs
- **Jan 2023**: RC reviews draft PRs
- **Mar 2023**: Draft PRs posted for 45-day vetting
- **Aug 2023**: RC staff develop IP application
- **Jan & Apr 2024**: RC reviews new IP applications w pre-review by IPWG

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• Program Requirement (PRs) revisions
• Highlights from IM PRs that went into effect July 1, 2022
• Dedicated Time PRs
• The RC-IM
• Fewer PRs overall
• Predominantly “Core”
• More **Background and Intent (B&I)** boxes to provide logic for PR.
  – FAQs → B&I
• **Foundational vs Individualized** educational experiences
• Changes min # of core faculty who are ABIM/AOBIM certified
• New FTE PRs for PD, APD, core faculty and coordinators
• Interest in pilot projects to test the feasibility of “double counting”
  – e.g., combining IM w 1-year sub and completing in 3 yrs.

RC was asked by APDIM to clarify 10 months of outpatient experiences

- New PR = 10 months; Old PR = 12 months
- Reminded PDs that intent of PRs was to be more flexible than the old PRs.
  - General advice: Do what you’ve been doing in terms of counting
  - Specific advice: All patient management activities and didactics related to outpatient topics during ambulatory blocks count towards PR
- Clarification was posted on APDIM listserv
Question: What roles can FM physicians have in an IM program?

- Expectation that most teachers in IM educational settings will be internists.
- On inpatient rotations: FM physician with Focused Practice in Hospital Med can teach and supervise IM residents. Most other faculty must be internists.
- On outpatient rotations: FM physician with experience in ambulatory setting can teach/supervise IM residents. Most other faculty must be internists.
What are expectations for subs, particularly HPM and addiction?

- As part of the foundational IM experience, for each sub and for geriatrics, there must be a curriculum (goals and objectives, teaching methods, and assessment tools), an SEC, and sufficient clinical exposure. The RC did not place a minimum on these experiences.
- For HPM and addiction medicine there must be a curriculum and sufficient clinical exposure. The RC did not place a minimum on these experiences.
What are expectations for EM and neurology experiences?

• For emergency medicine and neurology, there must be a curriculum and sufficient clinical exposure. The RC did not place a minimum on these experiences.
Expectations for Individualized Educational Exp (IEEs)

What are expectations for IEEs?

• Will be determined by PD and consider competence in the foundational areas, resources, program aims, and the residents’ future practice plans.
• Although 6 months can be devoted to IEE, some residents may need more time to achieve competence in foundational areas.
• Programs may allocate more than 6 months of IEE for residents who have achieved/on target to achieve competence in foundational.
  – More ambulatory experiences → future ambulist
  – More inpatient experiences → future hospitalist
  – More subspecialty experiences → future subspecialist
• Block diagram will need to reflect at least 6 months of IEEs
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Dedicated Time PRs:

We’ve been talking about this for some time
Dedicated Time PRs: A quick timeline

- **2020**, ACGME BoD appointed Task Force that conducted a comprehensive data review on dedicated time. It also held several congresses with internal/external stakeholders where it heard testimony. Task Force made recommendation to BOD
- **Spring 2021**, Board provided RCs “guidance” with limits on developing such PRs
- **Fall 2021**, RC vetted proposed dedicated time PRs
- **Spring 2022**, ACGME Board approved RC’s PRs. Effective date July 1, 2022, but RC agreed to not enforce until July 1, 2023
- **Late Spring – Fall 2022**, RC received feedback about unintended consequences of new PRs
- **September 2022**, RC discussed concerns and decided to propose changes to the newly approved dedicated time PRs for core faculty in the subs.
- **October 2022**, informed the IM PD and DIO communities that as part of the major revision of the subs it would be proposing changes to core faculty dedicated time PRs
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https://www.acgme.org/what-we-do/accreditation/review-and-comment/
• Taking a closer look at the proposed changes to the dedicated time PR for core faculty in the subs
• Describing how all the dedicated time PRs impact different sized subspecialty programs
Programs/SIs are responsible for determining what is “just right”

ACGME/RC sets minimum

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

ACGME/RC sets minimum

<table>
<thead>
<tr>
<th>Are there circumstances in which a Sponsoring Institution, in partnership with its programs, is required to provide support and dedicated time that exceeds the minimum specified in the requirements?</th>
<th>The dedicated time and support requirements for ACGME activities specified in II.A.2. and II.A.2.a) for program leadership, II.C.2. and II.C.2.a) for program coordinators, and section II.B.4. for those specialties that specify a minimum level of support for core faculty members, are minimum requirements, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program director, is also addressed in Institutional Requirements II.B.-II.B.4. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified in the applicable specialty/subspecialty-specific Program Requirements. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program directors, core faculty members, and program coordinators to fulfill their program responsibilities effectively. If the Institutional Review Committee determines that support and dedicated time for one or more programs within a Sponsoring Institution is inadequate, it may issue a citation even if the minimum specified in the applicable specialty/subspecialty-specific Program Requirements has been met.</th>
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[Common Program Requirements II.A.2. and II.C.2.]
Core IM Residency
Dedicated Time PRs

Pre 2020
- PD dedicated time
- APD dedicated time

Post ACGME Guidelines
- PD dedicated time
- APD dedicated time

July 2022
- PD dedicated time
- APD dedicated time
- Core Faculty dedicated time

>
IM Subs

Dedicated Time PRs

<table>
<thead>
<tr>
<th>Pre 2020</th>
<th>Post ACGME Guidelines</th>
<th>July 2022</th>
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<tbody>
<tr>
<td>PD dedicated time range of 20-50%</td>
<td>PD dedicated time APD dedicated time</td>
<td>PD dedicated time APD dedicated time Core faculty dedicated time</td>
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What do the dedicated time PRs look like?

How will they affect my program?
Example:

**PD + APD Dedicated Time**

II A.2 a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. (Core)

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
<th>Minimum Support Required (FTE)</th>
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II A.2 b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)

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<td>37-39</td>
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Example:

PD + APD Dedicated Time for 6 fellow sub = 20%

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program:

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II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows:

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Proposed language in all IM subs:
Core Faculty PRs: 1. Min Required # + 2. Dedicated Time

1. Minimum Required #

II.B.4.b) In addition to the program director, programs must have a minimum number of core faculty members certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows:

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2. Aggregate Dedicated Time

II.B.4.d) The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. Additional support must be provided based on the program size as follows:

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1. Minimum # of core faculty for a 6-fellow sub = 3
(not including PD)

Example:

In addition to the program director, programs must have a minimum number of core faculty members certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows:

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2. Core faculty dedicated time for 6-fellow sub = \(10\%\)

Example:

Fellowship Faculty

Core Faculty

Certified in sub

at least 1 core faculty

APD

Program Leadership

PD

The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent (FTE) for educational and administrative responsibilities that do not involve direct patient care. Additional support must be provided based on the program size as follows:

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\(\text{FTE} = .10\)
Example for 6-fellow sub:
Min # of core faculty = 3
Total dedicated Time = 30%

- Fellowship Faculty
- Core Faculty Certified in sub
  - at least 1 core faculty
  - Core Faculty FTE = .10
  - APD FTE = .00
  - PD FTE = .20
- Program Leadership
  - Min # of core faculty = 3 (not including PD)

Total FTE = .30
Example for 6-fellow sub:
Min # of core faculty = 3
Total dedicated time = 30%

Core Faculty FTE = .10
APD FTE = .00
PD FTE = .20
PD + APD FTE = .20

Total FTE = .30
Example for 6-fellow sub:
Min # of core faculty = 3
Total dedicated time = 30%

Core Faculty FTE = .10
APD FTE = .00
PD FTE = .20
PD + APD FTE = .20

Total FTE = .30

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

**II.A.2.a)** At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program.

<table>
<thead>
<tr>
<th>Number of Approved Follow Positions</th>
<th>Minimum Support Required (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;7</td>
<td>2</td>
</tr>
<tr>
<td>7-9</td>
<td>25</td>
</tr>
<tr>
<td>10-12</td>
<td>3</td>
</tr>
<tr>
<td>13-15</td>
<td>35</td>
</tr>
<tr>
<td>16-18</td>
<td>4</td>
</tr>
<tr>
<td>19-21</td>
<td>.45</td>
</tr>
<tr>
<td>&gt;21</td>
<td>.5</td>
</tr>
</tbody>
</table>

Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows:

<table>
<thead>
<tr>
<th>Number of Approved Follow Positions</th>
<th>Minimum Support Required (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;7</td>
<td>0</td>
</tr>
<tr>
<td>7-9</td>
<td>.13</td>
</tr>
<tr>
<td>10-12</td>
<td>.14</td>
</tr>
<tr>
<td>13-15</td>
<td>.15</td>
</tr>
<tr>
<td>16-18</td>
<td>.16</td>
</tr>
<tr>
<td>19-21</td>
<td>.17</td>
</tr>
<tr>
<td>22-24</td>
<td>.18</td>
</tr>
<tr>
<td>25-27</td>
<td>.24</td>
</tr>
<tr>
<td>28-30</td>
<td>.30</td>
</tr>
<tr>
<td>31-33</td>
<td>.36</td>
</tr>
<tr>
<td>34-36</td>
<td>.42</td>
</tr>
<tr>
<td>37-39</td>
<td>.48</td>
</tr>
</tbody>
</table>
IM Sub Example:

**PD + APD Dedicated Time for 12 fellow sub = 44%**

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Cont)

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
<th>Minimum Support Required (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;7</td>
<td>.2</td>
</tr>
<tr>
<td>7-9</td>
<td>.25</td>
</tr>
<tr>
<td><strong>10-12</strong></td>
<td><strong>.3</strong></td>
</tr>
<tr>
<td>13-15</td>
<td>.35</td>
</tr>
<tr>
<td>16-18</td>
<td>.4</td>
</tr>
<tr>
<td>19-21</td>
<td>.45</td>
</tr>
<tr>
<td>&gt;21</td>
<td>.5</td>
</tr>
</tbody>
</table>

APD FTE = .14

PD FTE = .30

= .44

II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Cont)

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
<th>Minimum Support Required (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;7</td>
<td>0</td>
</tr>
<tr>
<td>7-9</td>
<td>13</td>
</tr>
<tr>
<td><strong>10-12</strong></td>
<td><strong>.14</strong></td>
</tr>
<tr>
<td>13-15</td>
<td>.15</td>
</tr>
<tr>
<td>16-18</td>
<td>.16</td>
</tr>
<tr>
<td>19-21</td>
<td>.17</td>
</tr>
<tr>
<td>22-24</td>
<td>.18</td>
</tr>
<tr>
<td>25-27</td>
<td>.24</td>
</tr>
<tr>
<td>28-30</td>
<td>.30</td>
</tr>
<tr>
<td>31-33</td>
<td>.36</td>
</tr>
<tr>
<td>34-36</td>
<td>.42</td>
</tr>
<tr>
<td>37-39</td>
<td>.48</td>
</tr>
</tbody>
</table>

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**IM Sub Example:**

1. Minimum # of core faculty for a 12-fellow sub = 6

(not including PD)

In addition to the program director, programs must have a minimum number of core faculty members certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows:

<table>
<thead>
<tr>
<th>Number of Approved Positions</th>
<th>Minimum Number of ABIM or AOBIM certified core faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 7</td>
<td>3</td>
</tr>
<tr>
<td>7-9</td>
<td>4</td>
</tr>
<tr>
<td>10-12</td>
<td>6</td>
</tr>
<tr>
<td>13-15</td>
<td>8</td>
</tr>
<tr>
<td>16-18</td>
<td>10</td>
</tr>
<tr>
<td>19-21</td>
<td>12</td>
</tr>
<tr>
<td>22-24</td>
<td>14</td>
</tr>
<tr>
<td>25-27</td>
<td>16</td>
</tr>
<tr>
<td>28-30</td>
<td>18</td>
</tr>
<tr>
<td>31-33</td>
<td>20</td>
</tr>
<tr>
<td>34-36</td>
<td>22</td>
</tr>
<tr>
<td>37-39</td>
<td>24</td>
</tr>
<tr>
<td>40-42</td>
<td>26</td>
</tr>
<tr>
<td>43-45</td>
<td>28</td>
</tr>
<tr>
<td>46-48</td>
<td>30</td>
</tr>
</tbody>
</table>

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IM Sub Example:

2. Core faculty dedicated time for 12-fellow sub = 15%

The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. Additional support must be provided based on the program size as follows:

<table>
<thead>
<tr>
<th>Number of Approved Positions</th>
<th>Minimum aggregate support required (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;7</td>
<td>.10</td>
</tr>
<tr>
<td>7-9</td>
<td>.15</td>
</tr>
<tr>
<td><strong>10-12</strong></td>
<td><strong>.15</strong></td>
</tr>
<tr>
<td>13-15</td>
<td>.20</td>
</tr>
<tr>
<td>16-18</td>
<td>.20</td>
</tr>
<tr>
<td>19-21</td>
<td>.25</td>
</tr>
<tr>
<td>22-24</td>
<td>.25</td>
</tr>
<tr>
<td>25+</td>
<td>.30</td>
</tr>
</tbody>
</table>

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**IM sub example for 12-fellow sub:**

- **Min # of core faculty = 6**
- **Total dedicated Time = 59%**

**Core Faculty Certified in sub**

- APD FTE = 0.14
- PD FTE = 0.30
- PD + APD FTE = 0.44

**Core Faculty FTE = 0.15**

**Total FTE = 0.59**

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IM sub example for 12-fellow sub:
Min # of core faculty = 6
Total dedicated time = 59%

Core Faculty FTE = .15
APD FTE = .14
PD + APD FTE = .44
PD FTE = .30

Count towards min # core faculty

Total FTE = .59

Fellowship Faculty

Core Faculty
Certified in sub

at least 1 core faculty

APD

PD

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IM sub example for 12-fellow sub:
Min # of core faculty = 6
Total dedicated time = 59%

Fellowship Faculty

Core Faculty Certified in sub

at least 1 core faculty

APD

PD

Core Faculty
FTE = .15

APD FTE = .14

PD FTE = .30

Total FTE = .59

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Flexibility!
IM sub example for 12-fellow sub:
Min # of core faculty = 6
Total dedicated time = 59%

Fellowship Faculty

Core Faculty certified in sub
at least 1 core faculty

APD

FTE = .15

PD

FTE = .30

Total FTE = .59

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Timeline for Major Revision of Sub PRs
(to include proposed changes to core faculty dedicated time PRs)

- **Jan - Feb 2022**: RC solicits initial input on revisions
- **Sep 2022**: RC finalizes revisions
- **Jan 2023**: Proposed revisions posted for 45-day vetting
- **Apr 2023**: RC reviews comments and finalizes PRs for ACGME Board review
- **July 2024**: New PRs go into effect

- **Apr – Aug 2022**: RC proposes revisions to PRs, including changes to core faculty FTE
- **Nov - Dec 2022**: ACGME PR Staff review proposed changes/new PRs
- **Mar 2023**: RC staff summarize comments from vetting for RC review
- **Sep 2023**: Review of proposed PRs by ACGME Board
Thank you for all that you are doing!
• NAS Refresher
• Program Requirement (PRs) revisions
• Highlights from IM PRs that went into effect July 1, 2022
• Dedicated Time PRs
• The RC-IM
24 VOTING MEMBERS

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

Program Director
DIO
Subspecialist

ACGME/RC-IM Staff

ex officio, non-voting (ABIM, ACP, AOA)
Voting Members

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PCCM

Ruth Campbell, MD  
Nephrology

Jaclyn Cox, DO  
GIM

Eunice DeFilippo, MD  
Resident Member

Helen Fernandez, MD  
Geriatrics

Gerald Fletcher, MD  
Resident Member

Nancy Finnigan, DO  
Nephrology

Erica Johnson, MD  
ID

Russell Kolarik, MD  
Med-Peds

Sapna Kuehl, MD  
GIM

Alice Ma, MD  
Hematology-Oncology

Bernadette Miller, MD  
GIM

Cheryl O’Malley, MD  
Med-Peds  Chair

Amy Oxentenko, MD  
GI  Vice Chair

Kristen Patton, MD  
CCEP

Michael Pillinger, MD  
Rheumatology

David Pizzimenti, DO  
GIM

Nancy Reau, MD  
Transplant Hep

Rabbi Seymour Rosenbloom  
Public Member

Abby Spencer, MD  
GIM

David Sweet, MD  
GIM

Sheila Tsai, MD  
Sleep Medicine

Brooks Vaughan, MD  
Endocrinology

Non-Voting (“ex officio”) Members

Karen Caruth, MBA  
AOA

Davoren Chick, MD  
ACP

Furman McDonald, MD  
ABIM

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