Updates from the Review Committee for Internal Medicine

ACGME Annual Educational Conference
SES011 - Friday March 8, 2024, 1:30-2:45 p.m.

Cheryl O’Malley, MD
Associate Dean, Designated Institutional Official, University of Arizona College of Medicine-Phoenix
Chair, Review Committee for Internal Medicine (RC-IM)

Christine Famera
Associate Executive Director, RC-IM
Disclosures

• We have no conflicts to disclose.
• Program Requirement Revisions
• Next Accreditation System Refresher
• Citations + Areas for Improvement/Accreditation Decisions
• Updated Site Visit Process
• FAQs/Reminders
• Innovation and Accreditation
• Review Committee for Internal Medicine
• Program Requirement (Program Requirements) Revisions
• Next Accreditation System Refresher
• Citations + Areas for Improvement/Accreditation Decisions
• Updated Site Visit Process
• FAQs/Reminders
• Innovation and Accreditation
• Review Committee for Internal Medicine
New Subspecialty Program Requirements...

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

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

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 AOABIM-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 AOABIM-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 AOABIM 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.

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
<th>Minimum Number of ABIM or AOABIM Subspecialty Certified Core Faculty (one being the APD)</th>
<th>Minimum Support Required FTE for Program Director</th>
<th>Minimum Aggregate FTE for APD(s)</th>
<th>Minimum Aggregate FTE for Core Faculty</th>
<th>Total Minimum FTE for PD, APD, and Core Faculty</th>
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<tr>
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<td>.78</td>
<td>30</td>
<td>1.58</td>
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</tbody>
</table>

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

ACGME PRs have a minimum requirement.

In addition, it is important to remember that the dedicated time and support requirement for ACGME activities is a minimum, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program director, is also addressed in Institutional Requirement II.B.1. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified in the applicable specialty/subspecialty-specific Program Requirements. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program directors, core faculty members, and program coordinators to fulfill their program responsibilities effectively.
36 Resident IM Program
Total Minimum Dedicated Time = 140%

Residency Faculty + SECS

Core Faculty

APD

PD

Flexibility!

Min # Core Faculty = 4
FTE = .40

APD FTE = .50

PD FTE = .50

Total FTE = 1.40
Subspecialty Faculty

- Core Faculty
  - Certified in sub
  - At least 1 core faculty
    - APD
    - PD

**Core Faculty**
- FTE = .20
- # = 3

**APD FTE**
- Refer to CF PRs

**PD FTE**
- .20

**Total FTE**
- .40

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

Internal Medicine Residency

Subspecialty Fellowships
New Program Requirements for Interventional Pulmonology approved in fall of 2023.

- Sub-subspecialty of pulmonary disease and critical care medicine or pulmonary disease.
- About 20 interventional pulmonology program applications to be reviewed at April Review Committee meeting.
• Revising several multidisciplinary subspecialty Program Requirements
  - Review Committee for Internal Medicine will lead major revision for geriatrics and clinical informatics
  - Review Committee for Internal Medicine will lead focused revision for addiction medicine
  - Review Committee for Family Medicine will lead the major revision for hospice and palliative medicine

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Voted</th>
<th>ACGME Approval</th>
<th>Effective</th>
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<tr>
<td>Major Revision IM</td>
<td>Summer 2020</td>
<td>February 2021</td>
<td>July 2022</td>
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<tr>
<td>Major Revision of IM Subs and Sleep Medicine</td>
<td>Jan 2023</td>
<td>October 2023</td>
<td>July 2024</td>
</tr>
<tr>
<td>New Program Requirements for Interventional Pulmonology</td>
<td>Spring 2023</td>
<td>October 2023</td>
<td>September 2023</td>
</tr>
<tr>
<td>Major Revision for Multidisciplinary Subs of CI, Geri and HPM (RC-FM is lead)</td>
<td>Spring 2024</td>
<td>Sept 2024</td>
<td>July 2025</td>
</tr>
<tr>
<td>Focused Revision for Multidisciplinary Sub of ADM</td>
<td>Spring 2024</td>
<td>Sept 2024</td>
<td>July 2025</td>
</tr>
</tbody>
</table>
Other Non-Internal Medicine Program
Requirement Revisions: Common
Program Requirements Revision

• Last major revision in 2017 (only revised Work Hours) and 2019 (all other parts of Section VI – Patient Safety, Professionalism, and Well-Being)
• Process for revision was discussed the recent ACGME Board of Directors meeting and will soon be communicated broadly
Other Non-Internal Medicine Program Requirement Revisions: Institutional Requirement Revision

- Institutional Review Committee started the revision last fall by looking at the current Institutional Requirements with an eye on reducing and deleting outdated requirements
- Draft revised Institutional Requirements to vet in summer; new Institutional Requirements will be effective 2025
• Program Requirement Revisions
• **Next Accreditation System Refresher**
• Citations + Areas for Improvement/Accreditation Decisions
• Updated Site Visit Process
• FAQs/Reminders
• Innovation and Accreditation
• Review Committee for Internal Medicine
After Achieving Continued Accreditation…

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

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

Warning or Probation? → NO → Citations? → NO → Annual Data issues? → NO → PASS (Continued Accreditation)

YES ↓

Further Review

Remember, this applies to established programs (not those with Initial Accreditation)
• About 1,400 programs had at least one NAS indicator flagged
• Staff members triage flagged programs to determine “signal” or “noise”
• Program Requirement Revisions
• Next Accreditation System Refresher
• **Citations + Areas for Improvement/Accreditation Decisions**
• Updated Site Visit Process
• FAQs/Reminders
• Innovation and Accreditation
• Review Committee for Internal Medicine
“Non-Compliance”

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

Program Requirement N.1.
The program must do this. (Core)

The program is not doing this.

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

Program Requirement N.1.a.
The program should do this. (Detail)

This area could be improved by doing this.
Citations and Areas for Improvement (AFIs)
for CORE 10 (!) Years of NAS

(Does not include programs with Initial Accreditation or new applications)
Citations and AFIs for CORE + SUBS: 10 (!) Years of NAS

(Does not include programs with Initial Accreditation or new applications)
Citations and AFIs at January Meeting for **ESTABLISHED** Programs

- Programs not with Initial Accreditation or new applications

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### Citations for established programs (n=60)

- Educ environment (fear, non-physician work)
- Educ environment (work hours)
- Faculty teaching/ supervision
- Clinical exp (conti, subs, specific content)
- Evaluation (timely, confidential, faculty)
- Patient caps/non-teaching pts
- Missing policy/process (CCC, supervision)
- Faculty scholarly activity
- Board pass rate
- Declines on resident/fellow survey
- Missing personnel (SEC, APD)
- FTE
- Misc

### AFIs for established programs (n=240)

- Declines on resident/fellow survey
- Patient caps/non-teaching pts
- Educ environment (work hours)
- Clinical exp (conti, subs)
- Faculty scholarly activity
- Board pass rate
- Not providing requested info
- Declines on faculty survey
- Misc
### Specialty-Specific Questions on Resident Survey

#### 2021-2023 ACGME Resident/Fellow Survey - page 6

Survey taken: February 2023 - April 2023

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you provide care for patients on the non-teaching service (excluding consults/potential ICU transfers/responses to codes)?</td>
<td>47.8%</td>
<td>24.2%</td>
<td>17.0%</td>
<td>8.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>How often does attending behavior of your team affect the care provided to patients under your care without communicating with you?</td>
<td>44.0%</td>
<td>41.3%</td>
<td>11.6%</td>
<td>2.4%</td>
<td>0.8%</td>
</tr>
<tr>
<td>How often does the number of attending physicians-of-record on inpatient rotations interfere with your educational experience?</td>
<td>51.8%</td>
<td>35.1%</td>
<td>10.0%</td>
<td>2.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>How often do residents from other specialties supervise you while on internal medicine inpatient rotations? (Note: Supervision by IM subspecialty fellows and assistance with specific procedures by non-physicians is permitted as long as ultimate supervisory responsibility rests with the resident’s attending physician.)</td>
<td>65.8%</td>
<td>18.0%</td>
<td>11.1%</td>
<td>3.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>How often do you feel overloaded with clinical responsibilities on the general medicine wards without access to additional support (physicians and advanced practice providers)?</td>
<td>40.8%</td>
<td>35.9%</td>
<td>17.4%</td>
<td>4.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>How often do you feel overloaded with clinical responsibilities on critical care assignments without access to additional support (physicians and advanced practice providers)?</td>
<td>44.4%</td>
<td>34.7%</td>
<td>15.3%</td>
<td>4.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>How often do you feel overloaded with clinical responsibilities on night call without access to additional support (physicians and advanced practice providers)?</td>
<td>40.6%</td>
<td>33.5%</td>
<td>18.5%</td>
<td>5.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>How often are you assigned more than 5 new admissions (plus an additional 2 transfers or night float admissions) per admitting day?</td>
<td>68.7%</td>
<td>20.4%</td>
<td>8.2%</td>
<td>2.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>How often are you assigned more than 8 new patients in a 48-hour period (excluding night float)?</td>
<td>60.9%</td>
<td>24.0%</td>
<td>11.1%</td>
<td>3.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>How often are you responsible for the ongoing care of more than 10 patients (excluding night and other cross-coverage situations)?</td>
<td>69.4%</td>
<td>19.4%</td>
<td>7.8%</td>
<td>2.6%</td>
<td>0.8%</td>
</tr>
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</table>

If you are supervising more than one R1, how often are you responsible for the supervision or admission of more than 10 new patients (plus an additional 4 transfer patients) in 24 hours?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
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<td>67.0%</td>
<td>16.7%</td>
<td>7.4%</td>
<td>3.8%</td>
<td>2.0%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

If you are supervising more than one R1, how often are you responsible for the supervision or admission of more than 16 new patients in 48 hours (excluding night float)?

<table>
<thead>
<tr>
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<td>74.1%</td>
<td>14.6%</td>
<td>4.7%</td>
<td>2.4%</td>
<td>1.0%</td>
<td>3.3%</td>
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If you are supervising more than one R1, how often are you responsible for the ongoing care of more than 20 patients (excluding night and other cross-coverage situations)?

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<td>75.1%</td>
<td>13.5%</td>
<td>5.3%</td>
<td>2.0%</td>
<td>1.0%</td>
<td>3.1%</td>
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If you are supervising one R1, how often are you responsible for the ongoing care of more than 14 patients (excluding night and other cross-coverage situations)?

<table>
<thead>
<tr>
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<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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</thead>
<tbody>
<tr>
<td>56.4%</td>
<td>14.4%</td>
<td>11.6%</td>
<td>9.7%</td>
<td>4.5%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
Citations and AFIs at January Review Committee Meeting
For NEW Programs/Applications

Citations for New Programs/Applications (n=17)

- Missing educ exp (conti, IEE, specific exp)
- Missing personnel (SEC, APD)
- Evaluation (timely, confidential, faculty)
- Inadequate faculty scholarly activity
- FTE
- Educ environment (fear, other learners)
- Inadequate resources (space, call rooms)
- Faculty teaching/supervision
- PD/APD/faculty qualifications
- Misc

AFIs for New Programs/Applications (n=48)

- Missing educ exp (conti, IEE, QI)
- Missing policy/process (CCC, supervision)
- Evaluation (resident, faculty, confidential)
- FTE
- Faculty scholarly activity
- Missing resources (space, call room)
- Missing personnel (SEC, faculty, staff)
- Educ environment (fear, balance)
- Misc

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Accreditation Actions for All Programs on January Agenda

Established Programs (n=2,768)

- CA (n=2,760)
- CA w W (n=7)
- Probation (n=1)

New Programs at IA (n=52)

- CA (n=50)
- IA w W (n=2)

New Applications (n=31)

- IA (n=31)
• Program Requirement Revisions
• Next Accreditation System Refresher
• Citations + Areas for Improvement/Accreditation Decisions
• Updated Site Visit Process
• FAQs/Reminders
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Site Visits for Programs that Have Not Had One for 10+ Years

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

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</tr>
<tr>
<td>ENDO</td>
<td>3</td>
</tr>
<tr>
<td>GI</td>
<td>4</td>
</tr>
<tr>
<td>GM</td>
<td>2</td>
</tr>
<tr>
<td>Hem Onc</td>
<td>2</td>
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<tr>
<td>ID</td>
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<tr>
<td>IC</td>
<td>2</td>
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<td>Neph</td>
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<td>Rheum</td>
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<tr>
<td>Sleep</td>
<td>1</td>
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<tr>
<td>TH</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
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</table>

There were no ACHD, AHFTC, CCEP, CI, CCM Onc, or Pulm programs that had not a site visit in 10+ years. So, no random SV for programs in these areas.
• Program Requirement Revisions
• Next Accreditation System Refresher
• Citations + Areas for Improvement/Accreditation Decisions
• Site Visits
• FAQs/Reminders
• Innovation and Accreditation
• Review Committee for Internal Medicine
Frequently Asked Question #1:
Who should be listed on the Faculty Roster in ADS?

At a minimum, include the following…
- Program director
- Associate program director(s)
- Minimum required # of core faculty members
  - based on complement
- Other faculty members
  - at your discretion!
Frequently Asked Question #2: What role can a family medicine physician have in an internal medicine program?

- Expectation is that most faculty members in internal medicine programs will be internists.

- On inpatient rotations:
  - *It is appropriate for an ABFM- or AOBFP-certified physician with extensive experience in caring for inpatient adults to teach and supervise internal medicine residents, provided they are approved by the site director and the program director. Working as an adult hospitalist for at least three years would be one way to demonstrate such extensive experience.*

- On outpatient rotations:
  - *It is appropriate for a non-internist with documented expertise (e.g., a family medicine physician with extensive outpatient/ambulatory experience or procedural proficiency) to teach and supervise internal medicine residents provided the non-internist is approved by the site director and the program director.*
### Frequently Asked Question #3: How do I document Individualized Educational Experience?

<table>
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<td>1%</td>
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Major Changes and Other Updates

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

[Enter text here]
Frequently Asked Question #5: How are increases in complement handled?

- Submitted in ADS and approved by the DIO
- Requests for temporary increases in complement for less than three months *do not need to be submitted*
- Turnaround to receive a decision is 30 days (sometimes less)
- Update the Faculty Roster in ADS to ensure there are the minimum core faculty members for the *new* complement
Frequently Asked Question #6:
When do I contact the ACGME?
When do I contact the certification boards?

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

Develops and maintains certification standards for individuals and evaluates individuals against those standards.
• Program Requirement Revisions
• Next Accreditation System Refresher
• Citations + Areas for Improvement/Accreditation Decisions
• Site Visits
• FAQs/Reminders

• Innovation and Accreditation
• Review Committee for Internal Medicine
Innovation
Advancing Innovation in Residency Education (AIRE)

- Highlighting several AIRE pilots…
  - Pilot projects providing *integrated* educational experiences
    - Pulmonary disease and critical care medicine + sleep medicine
    - Internal medicine + geriatric medicine
  - Pilot projects providing *combined* educational experiences
    - Cardiovascular disease + clinical cardiac electrophysiology
    - Hematology and medical oncology + hospice and palliative medicine
• Program Requirement Revisions
• Next Accreditation System Refresher
• Citations + Areas for Improvement/Accreditation Decisions
• Site Visits
• FAQs/Reminders
• Innovation and Accreditation

• Review Committee for Internal Medicine
Review Committee for Internal Medicine

Voting Members
Rendell Ashton, MD PCCM
Ruth Campbell, MD Nephrology
Jaclyn Cox, DO GIM
Eunice DeFilippo, MD Resident Member
Helen Fernandez, MD Geriatrics
Nancy Finnigan, DO Nephrology
Christine Gerula, MD CVD
Erica Johnson, MD ID

Russell Kolarik, MD Med-Peds
Sapna Kuehl, MD GIM
Jeannette Lin, MD ACHD
Alice Ma, MD Hematology-Oncology
Bernadette Miller, MD GIM
Cheryl O’Malley, MD Med-Peds Chair
Amy Oxentenko, MD GI Vice Chair
Michael Pillinger, MD Rheumatology
David Pizzimenti, DO GIM
Nancy Reau, MD Transplant Hep
Rabbi Seymour Rosenbloom Public Member
Abby Spencer, MD GIM
Stephanie Strohbeen, MD Resident Member
David Sweet, MD GIM
Sheila Tsai, MD Sleep Medicine
Brooks Vaughan, MD Endocrinology

Non-Voting (“Ex-Officio”) Members
Karen Caruth, MBA AOA
Davoren Chick, MD ACP

Furman McDonald, MD ABIM

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Review Committee for Internal Medicine as of July 1, 2024

Voting Members

Sarkis Arabian, DO GIM
Rendell Ashton, MD PCCM
Stefanie Brown, MD GIM
Ruth Campbell, MD Nephrology
Jaclyn Cox, DO GIM
Helen Fernandez, MD Geriatrics
Ann Finke, MD Resident Member
Nancy Finnigan, DO Nephrology
Christine Gerula, MD CVD
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1 public member

2 resident members

3 AOA-nominated

6 AMA-nominated

6 ACP-nominated

6 ABIM-nominated

ACGME/Review Committee for Internal Medicine Staff

Ex-Officio, non-voting (ABIM, ACP, AOA)

24 VOTING MEMBERS

6 ABIM-nominated

6 ACP-nominated

6 AMA-nominated

3 AOA-nominated

2 resident members

1 public member

Program Director

DIO

Subspecialist
Review Committee for Internal Medicine

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

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