



Updates from the Review Committee for Internal Medicine (RC-IM)

Friday, February 20, 2026, 1:30-2:45 p.m.

Brooks Vaughan, MD, FACP

*Professor, Associate Program Director, Associate DIO,
University of Alabama at Birmingham, Chair RC-IM*

Jerry Vasilias, PhD

Executive Director RC-IM

Conflict of Interest Disclosure

We have no conflicts to disclose.

The ACGME's Mission

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



Overview





Who is the Review Committee?

Review Committee for Internal Medicine

24 members (volunteers)

Each nominating organization appoints an ex-officio member without vote

21 physician members nominated by:

Two resident physician members

Non-physician public member with vote

ACP

ABIM

AMA

AOA

American Board of Internal Medicine (ABIM)

American College of Physicians (ACP)

American Medical Association (AMA)

American Osteopathic Association (AOA)

Review Committee for Internal Medicine

Voting Members

Sarkis Arabian, DO *GIM*

Rendell Ashton, MD *PCCM*

Stefanie Brown, MD *GIM*

Anna Burgner, MD *Nephrology*

Jaclyn Cox, DO *GIM*

Helen Fernandez, MD *Geriatrics*

Ann Finke, MD *Resident Member*

Nancy Finnigan, DO *Nephrology*

Christine Gerula, MD *CVD*

Shreeya Joshee, MD *Resident Member*

Sapna Kuehl, MD *GIM*

Jeannette Lin, MD *ACHD*

Alice Ma, MD *Hematology-Oncology*

Bernadette Miller, MD *GIM*

Michael Pillinger, MD *Rheumatology*

Nancy Reau, MD *Transplant Hep*

Rabbi Seymour Rosenbloom *Public Member*

N. Mariam Salas, MD *Infectious Disease*

Jilian Sansbury, MD *GIM*

Abby Spencer, MD *GIM* **Vice-Chair**

John Stewart, MD *Med-Peds*

Muhammad Ali Syed, MD *Sleep Medicine*

Brooks Vaughan, MD *Endocrinology* **Chair**

Natasha von Roenn, MD *GI*

Ex-Officio Representatives

Karen Caruth, MBA *AOA*

Davoren Chick, MD *ACP*

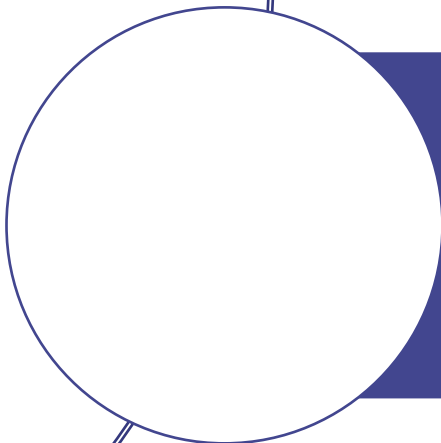
Erica Johnson, MD *ABIM*

Review Committee for Internal Medicine





Who is the Review Committee?



What does the Review Committee do?

Revisions to Program Requirements

```
graph TD; A[Revisions to Program Requirements] --> B[Determines compliance with minimums in Program Requirements]; B --> C[Discusses matters of policy, issues relevant to the specialty]; C --> D[Recommends changes in ACGME Policies and Procedures and Program Requirements];
```

Determines compliance with minimums in Program Requirements

Discusses matters of policy, issues relevant to the specialty

Recommends changes in ACGME Policies and Procedures and Program Requirements

Program Requirement (PR) Revisions

Major Revision of Internal Medicine PRs
Approved in 2021, effective 2022

New PRs for Interventional Pulmonology
Approved in 2023, effective 2023

Major Revision of Subspecialty PRs
Approved in 2023, effective 2024

New PRs for Transplant Nephrology
Approved in 2025, effective 2025

Major Revision of Med-Peds PRs
Approved in 2025, effective 2026

2020

2021

2022

2023

2024

2025

2026

Recent Requirement Revisions

DEI

- Federal directives, including executive orders and a proposed rule from the CMS prohibit accreditors from requiring or encouraging a focus on DEI
- Similar directives for programs and hospitals receiving Medicare payments for GME
- In alignment with these federal directives, ACGME retired DEI requirements, updated its policies and procedures, and closed the Department of DEI
- Communication to the GME community sent in fall of 2025

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

Potential New Requirements

Nutrition

- Due to the national interest in nutrition, each RC has been asked to consider including nutrition requirements
- ACGME is undertaking this work across RCs this spring
- RCs that propose adding nutrition requirements will post them for public comment in April-June, with a future effective date of July 1, 2027

Common Program Requirement (CPR) revisions – residency CPRs...

Major revision started in 2025

Stakeholder Surveys

Sessions at AEC

CPR Writing

Public Comment

- Last major revisions in 2017 (work hours) and 2019 (all other sections)

- Surveys deployed to GME community in October and November 2025
- Targeted surveys sent to the major stakeholders in December

- Sunset session devoted to work hours and...
- General CPR Revision update

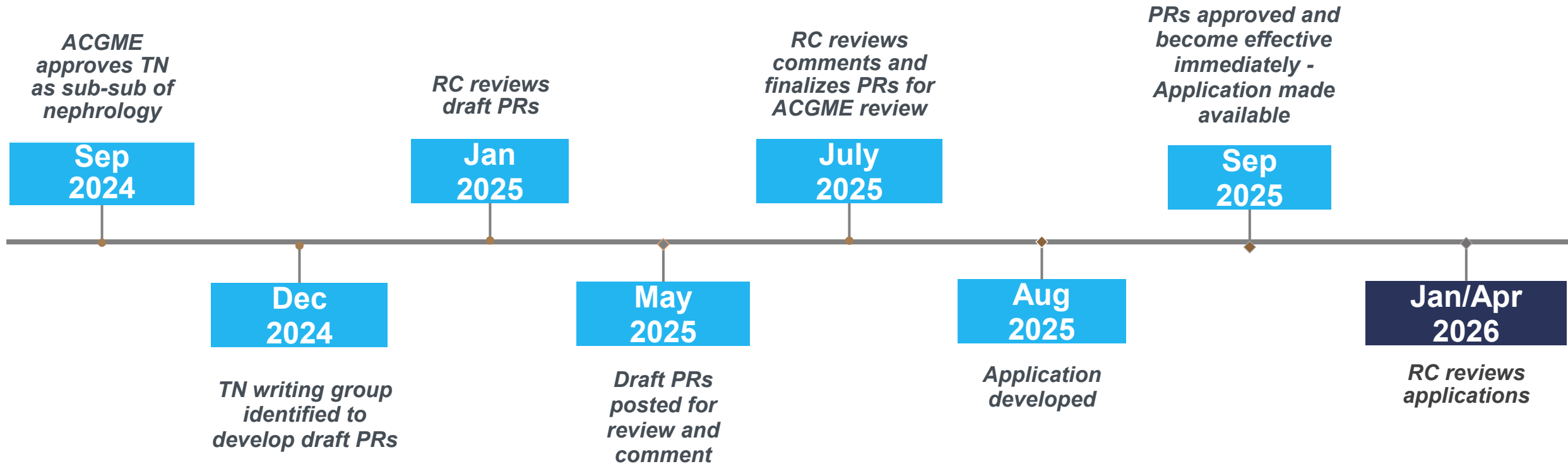
CPR TF will consider input and propose changes to CPRs

- Tentative plan to vet proposed CPR changes late 2026
- Vetted for 45-days

*Common Program Requirement (CPR) revisions – **fellowship** CPRs...*



New Program Requirements (PRs) for Transplant Nephrology (TN)



FAQs embedded into Requirements

- All Common and specialty specific FAQs will be available linked directly to specific requirements, where applicable
- Content of the FAQs is not changing, just their integration into requirements documents for ease of access





Who is the Review Committee?

What does the Review Committee do?

Overview of current Accreditation Model



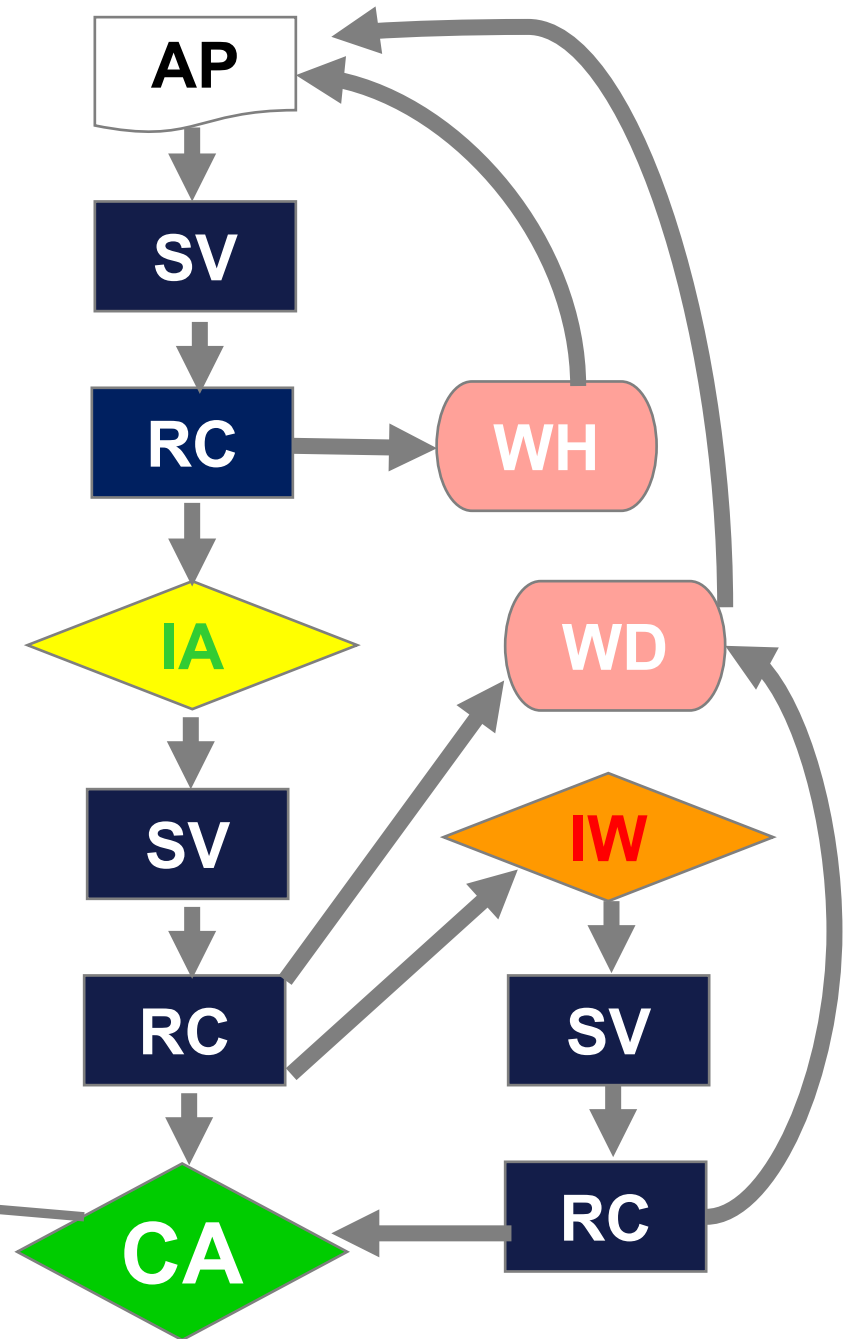
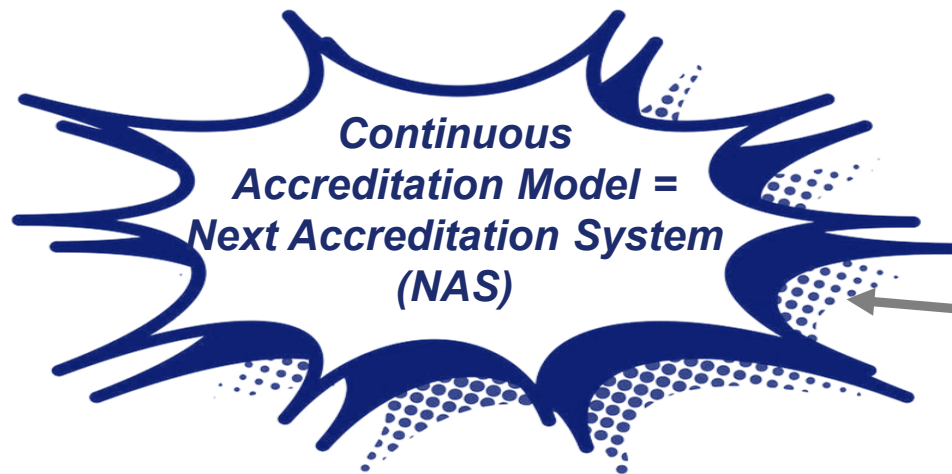
*Reviews
applications/new
programs*



*Reviews
established
programs*

Applying for a new 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

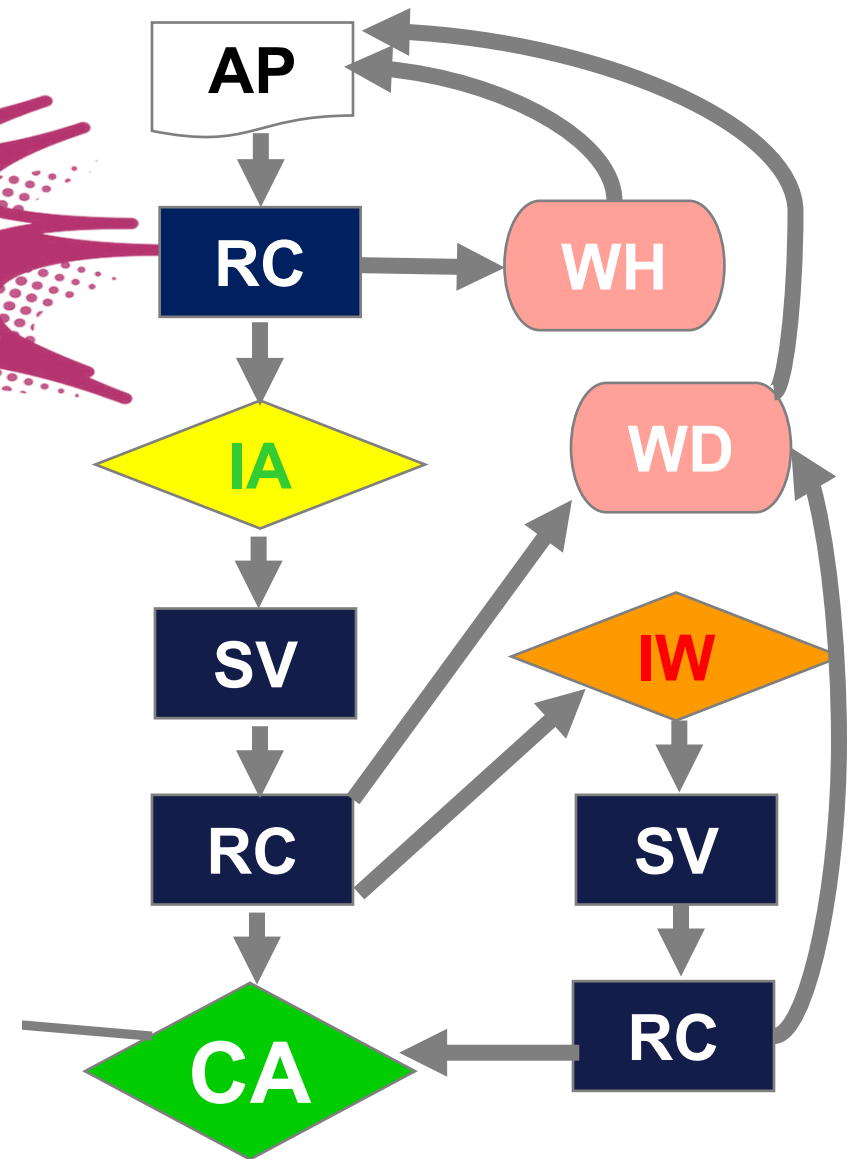


Applying for a new subspecialty program

Sub apps do not require a site visit before review, residency apps do.

- 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

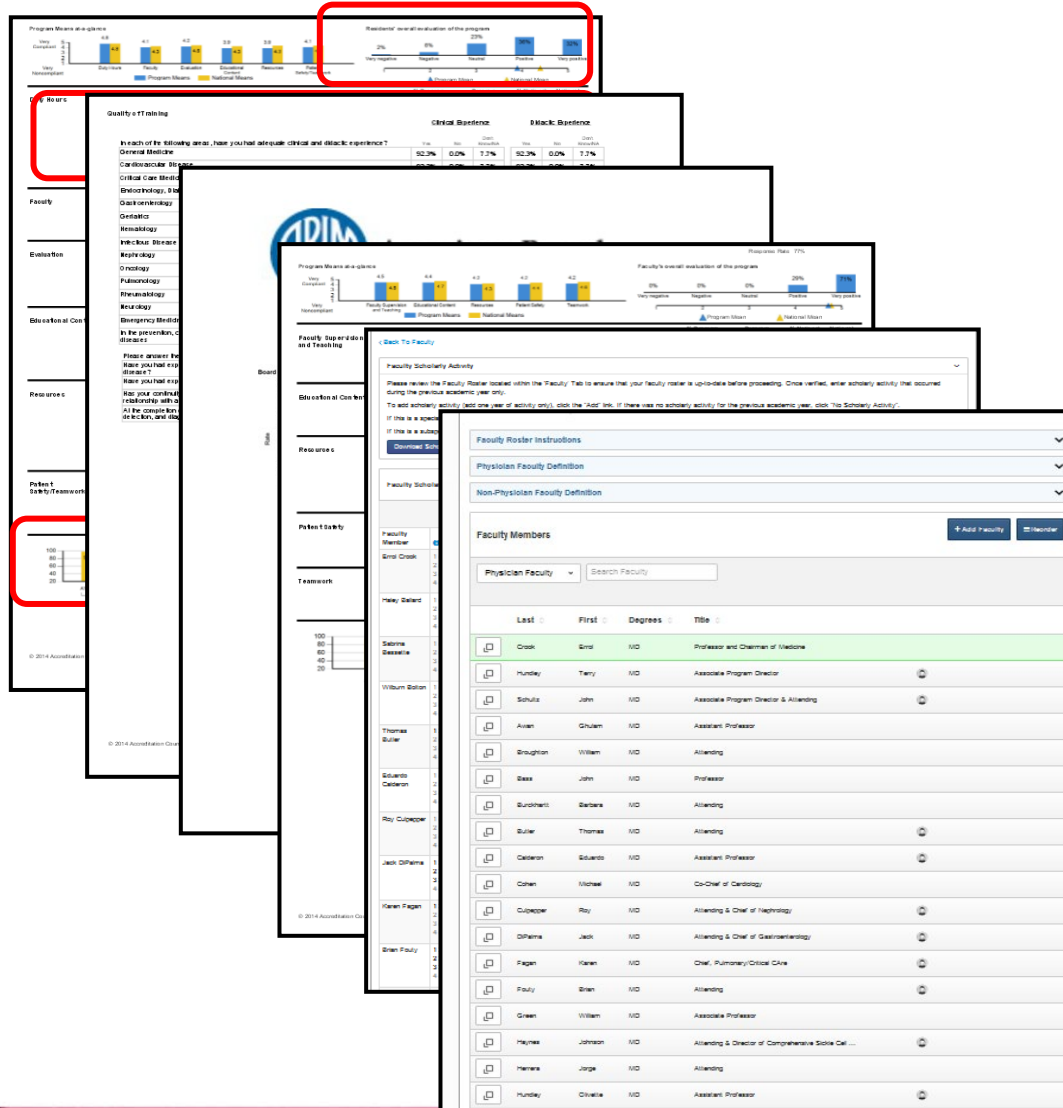
Continuous Accreditation Model = Next Accreditation System (NAS)



After Achieving Continued Accreditation

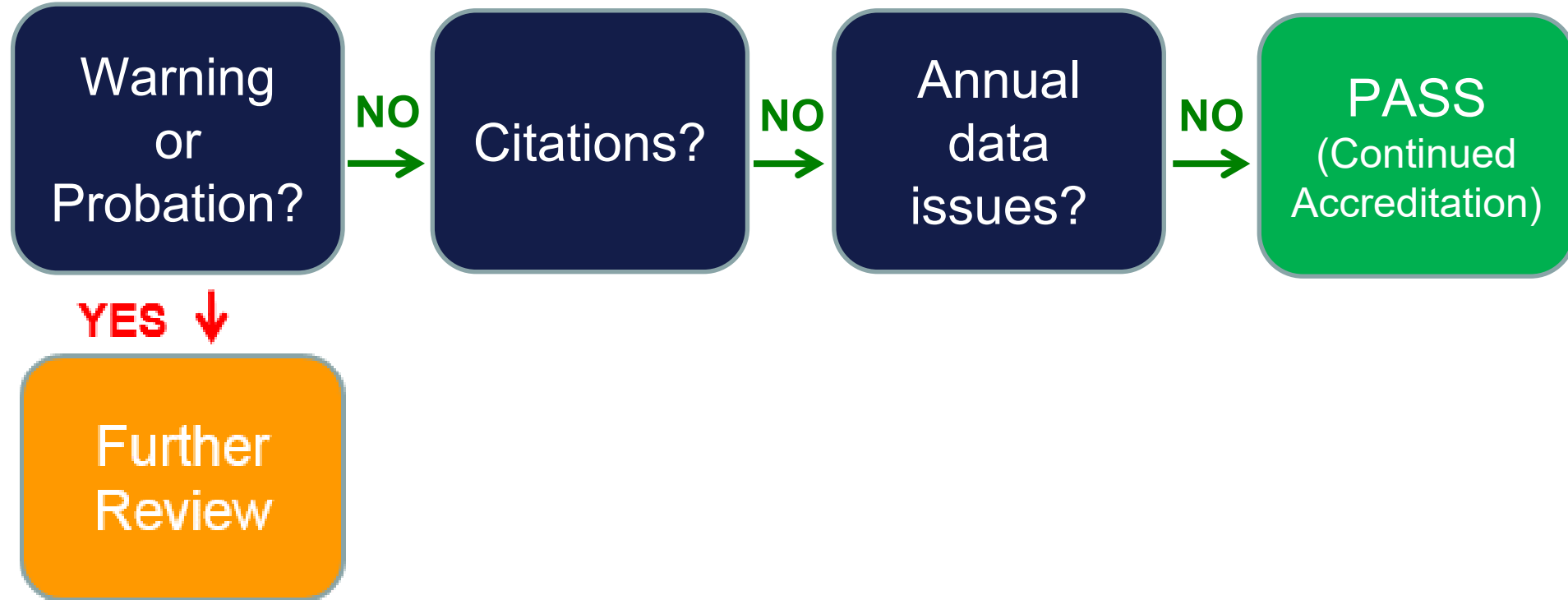
- ***Continuous accreditation*** model referred to as ***Next Accreditation System = NAS***
- Identify programs with potential compliance issues early using screening tools to identify outliers
 - Outliers undergo further review
 - *Which data element was flagged?*
 - *Was data element flagged multiple years?*
 - *Were multiple data elements flagged?*
 - *Does program describe improvement plans?*

Data used in annual review process



- Resident/fellow Survey
- Clinical experience
- ABIM/AOBIM pass rate
- Faculty survey
- Scholarly activity
- Attrition/changes/ratio
- Omission of data

Annual Review: Big picture...



Remember, this applies to established programs; not to programs at Initial Accreditation



Who is the Review Committee?

What does the Review Committee do?

Overview of current Accreditation Model

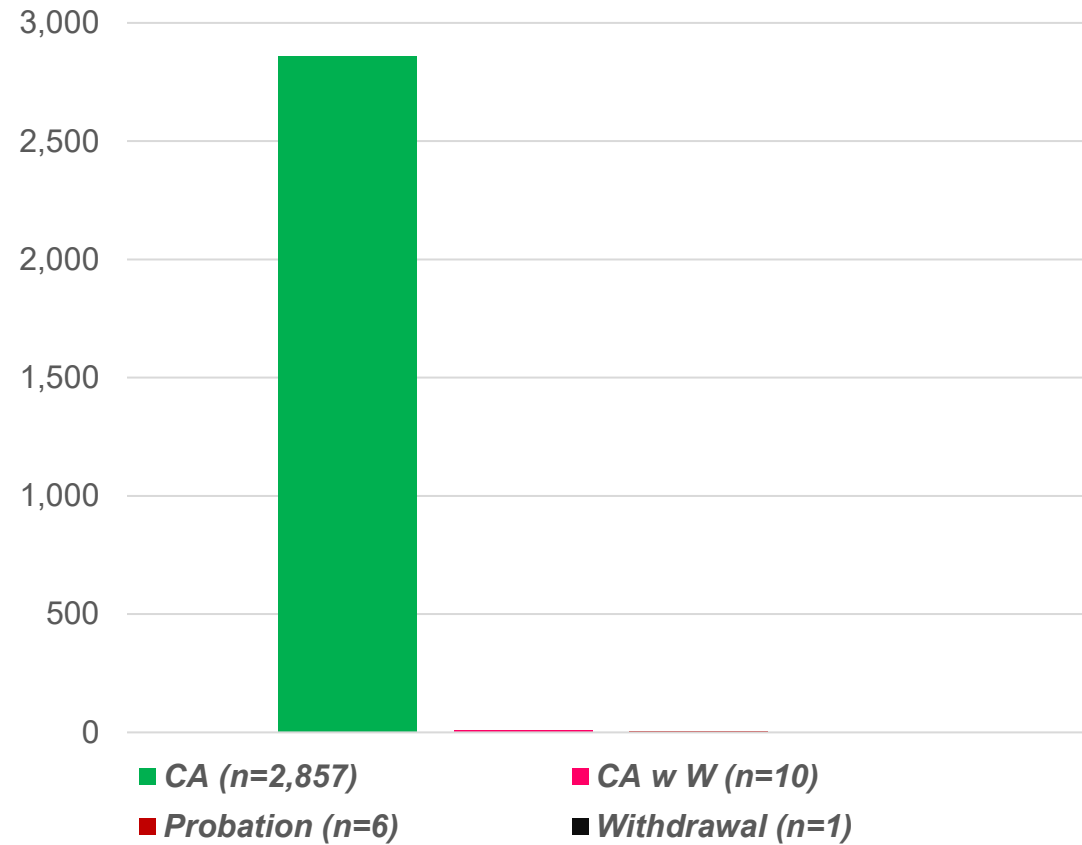
Citations + Areas for Improvement / Accreditation decisions

Outcomes from annual review...

- ***Vast majority of IM programs*** do not receive citations
- ***Vast majority of IM programs*** receive a favorable accreditation action

Vast majority of established IM programs receive a favorable accreditation decision

Established Programs (n=2,874)



Communicating “noncompliance”

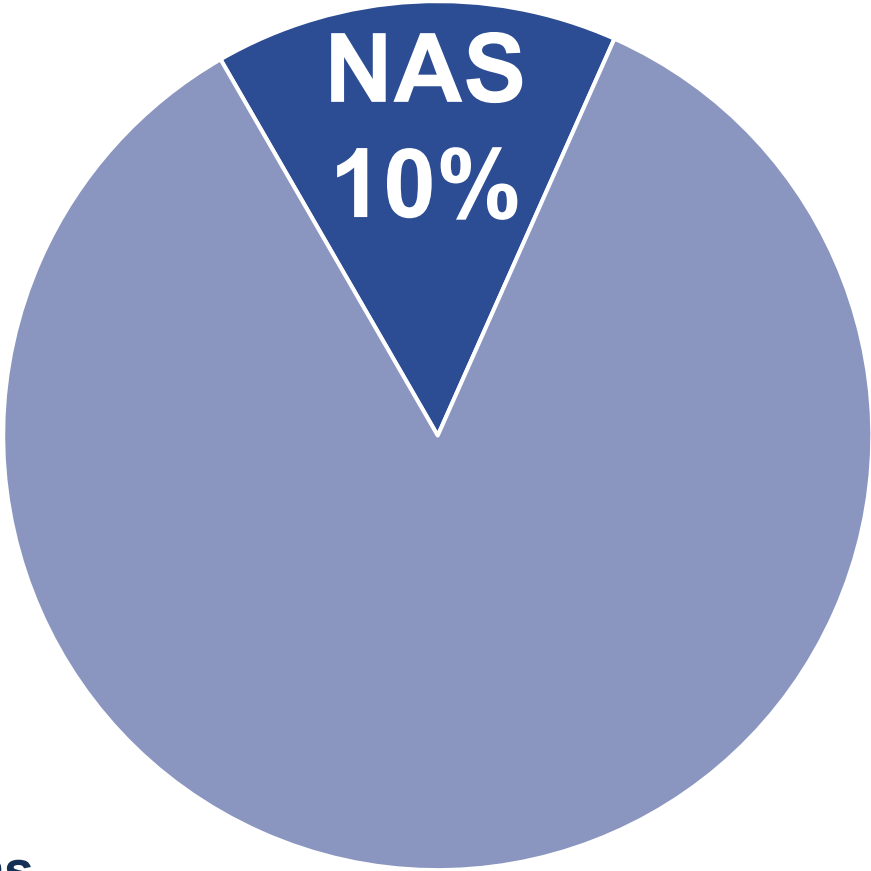
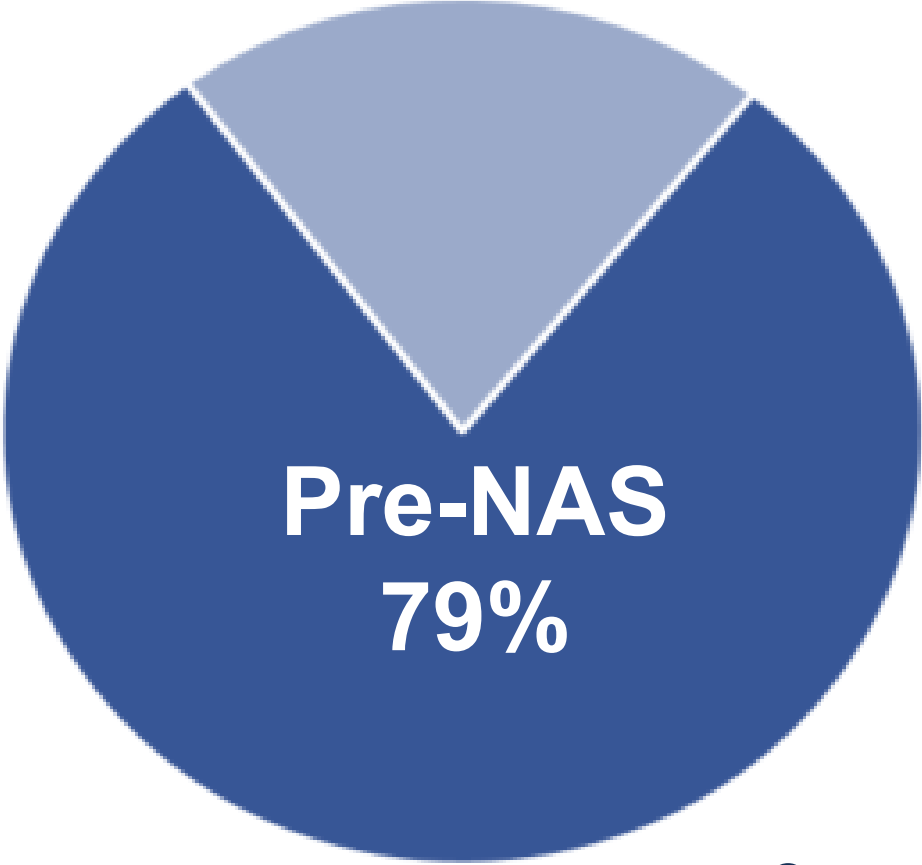
Citations

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

Areas for Improvement

- Do not require response in ADS, but...

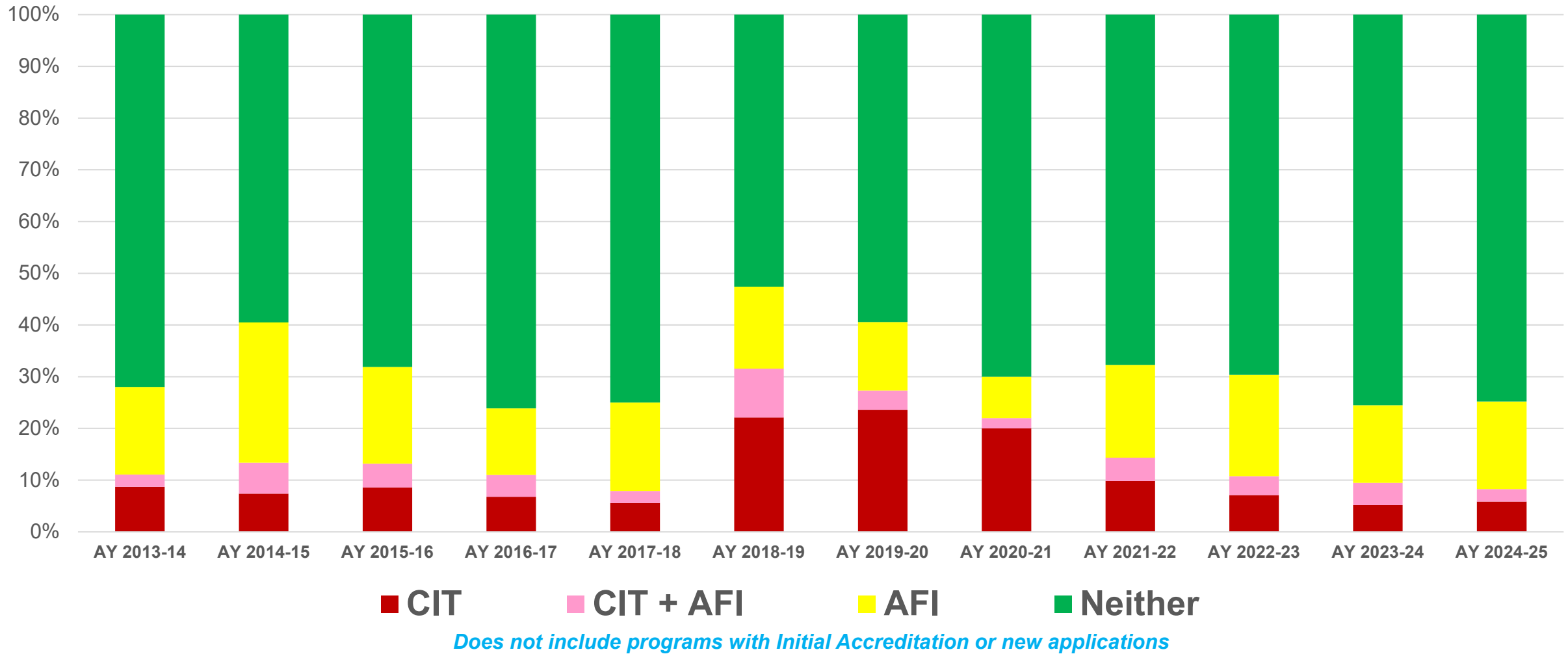
Pre-NAS vs NAS: Fewer citations in NAS



Core programs

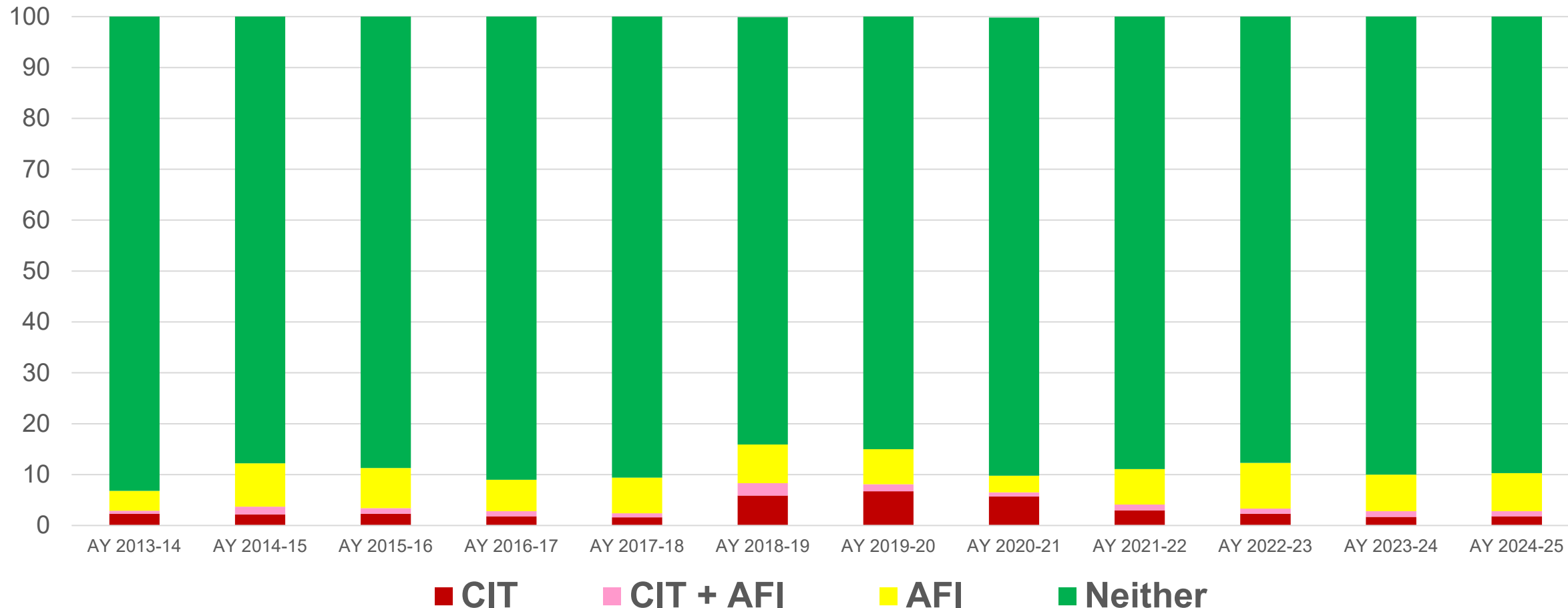
NAS = Fewer Citations

Established CORE programs



NAS = Fewer Citations

Established CORE + SUBS programs

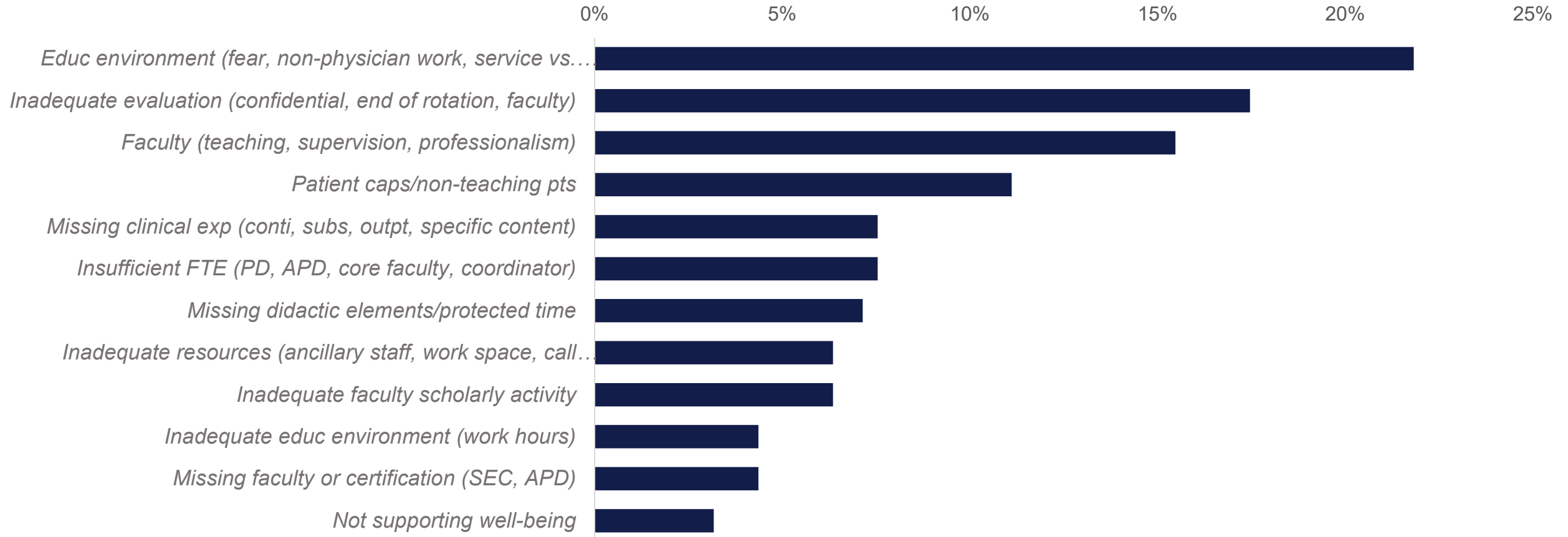


CIT **CIT + AFI** **AFI** **Neither**

Does not include programs with Initial Accreditation or new applications

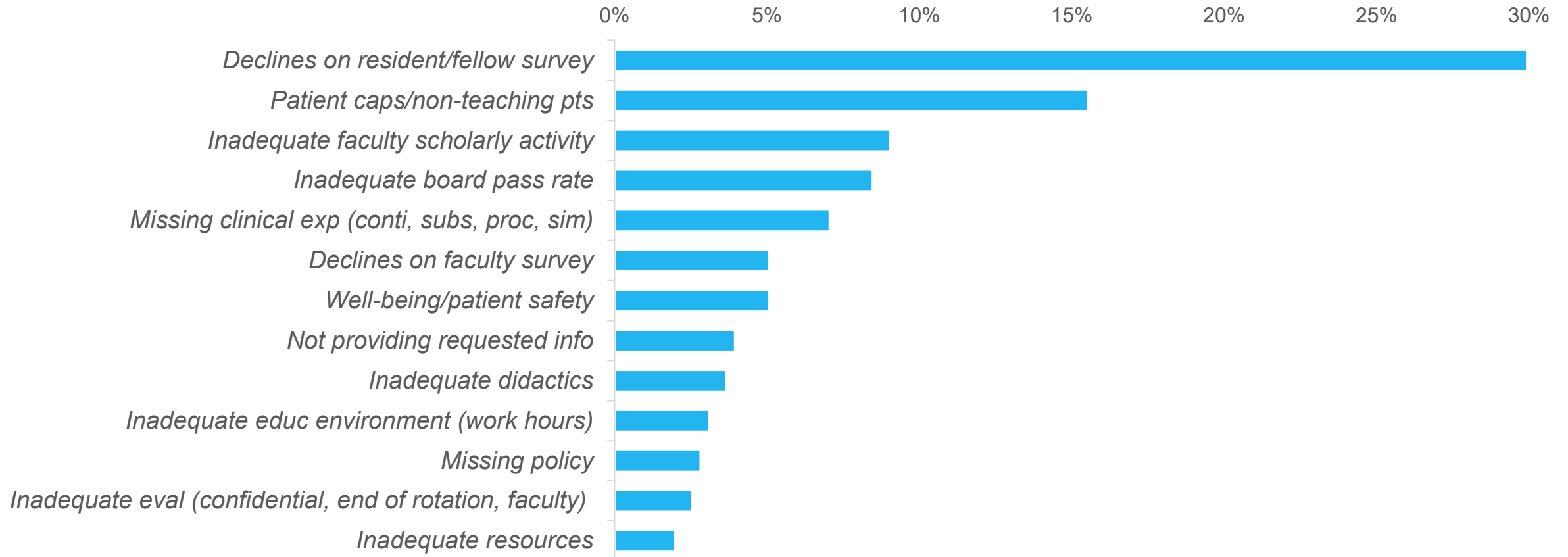
Citations for ESTABLISHED IM programs AY 2024-25

total programs receiving citations = 79
total citations = 339



AFIs for ESTABLISHED IM programs AY 2024-25

total programs receiving AFIs = 247
total AFIs = 354



Summary from annual review...

- **Vast majority of IM programs** do not receive citations
- **Vast majority of IM programs** receive a favorable accreditation action



Random site visits for established programs

10-year compliance site visits discontinued in 2023

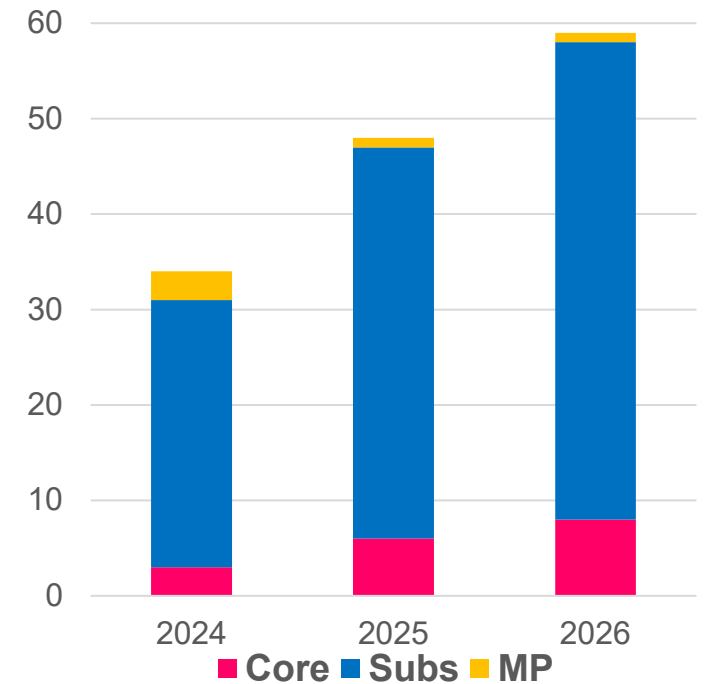
Replaced w random site visits if not site visited in 10 years

In 2024-25: Total programs = 150, 34 were IM

In 2025: Total programs = 200, 47 were IM

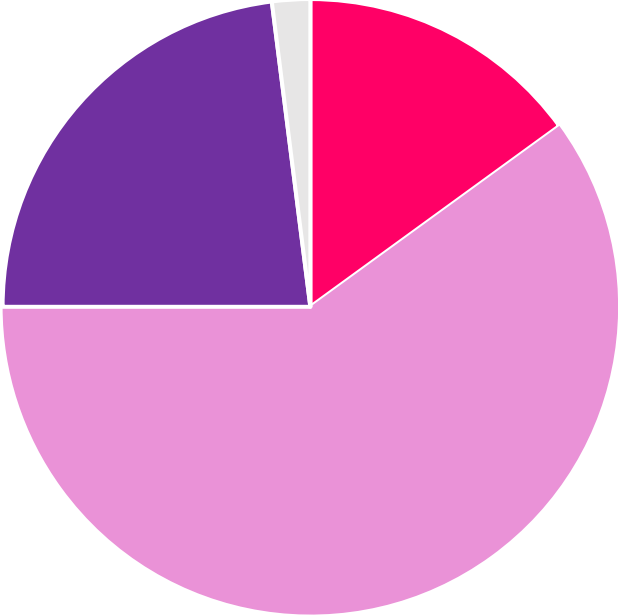
In 2026: Total programs = 250, 59 will be IM

All programs undergoing random site visits have been contacted



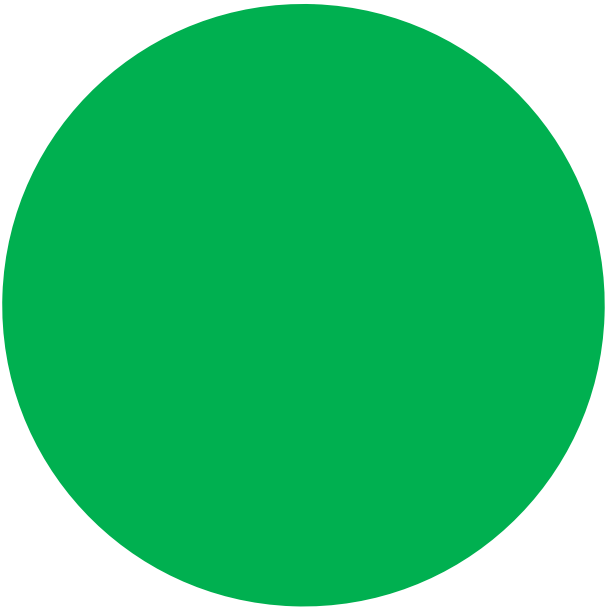
Random site visits in 2025 (total n=47)

Types of programs



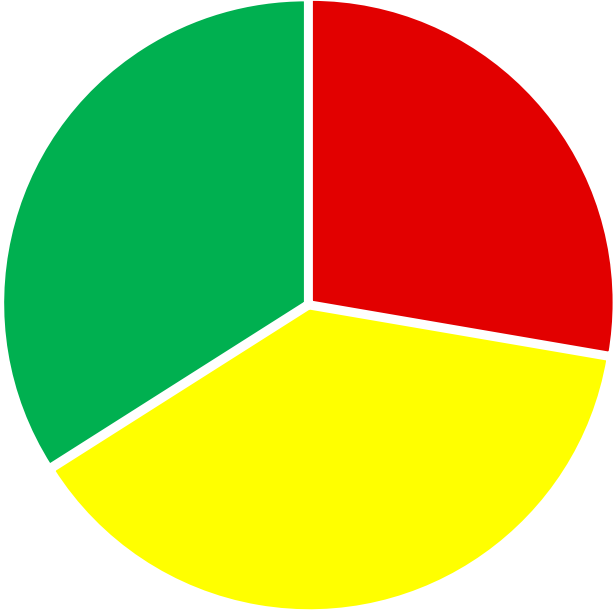
- IM
- Subs
- Sub-subs
- Med-Peds

Accreditation status



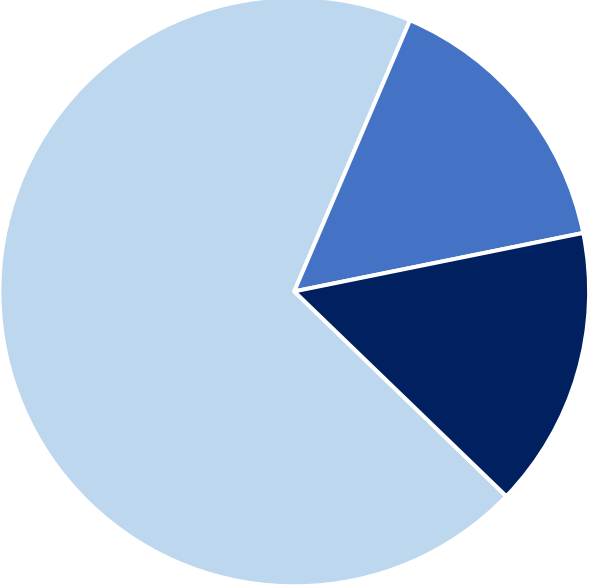
- CA

w citations, AFIs, or nothing



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

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



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

Summary of programs randomly selected to undergo a site visit...

- *Vast majority of IM programs* do not receive citations
- **ALL IM programs** receive a favorable accreditation action





Who is the Review Committee?

What does the Review Committee do?

Overview of current Accreditation Model

Citations + Areas for Improvement /
Accreditation decisions

Reminders and FYIs

Q: What is ACGME doing to strengthen engagement w GME stakeholders

- Monthly LINC (*Listening, Information, News, Collaboration*) sessions
 - *Optimizing the PEC/APE (January 2026)*
 - *Sponsoring institutions: most frequent citations (April 2026)*
 - *What to expect during a site visit (May 2026)*
- Office hours for site visits
- Office hours for NST
- Office hours for rural and underserved GME



Q. How is ACGME reducing burden?

- **Reducing program requirement (PR) burden**
 - *With all revisions, ask: is PR/CPR necessary? Is it burdensome?*
 - *Removed restrictiveness in faculty qualifications and resident transfer*
 - *Self-study PRs no longer monitored/will be deleted*
 - *More coming...*
- **Reducing financial burden**
 - *Not raising accreditation fees in 2026*
- **Reducing administrative burden**
 - *Removed faculty scholarly activity reporting table in ADS*
 - *Eliminated faculty hours reporting in ADS*
 - *Eliminated reporting PEC and CCC members in ADS*
 - *Discontinuing the CLER program*

Q: What role can a family medicine (FM) physician have in internal medicine (IM) program?

Expectation is that most faculty in IM program are IM physicians

- ***On inpatient rotations:***

A certified FM physician with extensive experience caring for inpatient adults can teach and supervise IM residents, provided they are approved by the site director and program director. Working as an adult hospitalist for at least 3-years is one way to demonstrate such extensive experience

- ***On outpatient rotations:***

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

Q: What are expectations for IM subs & non-IM?

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

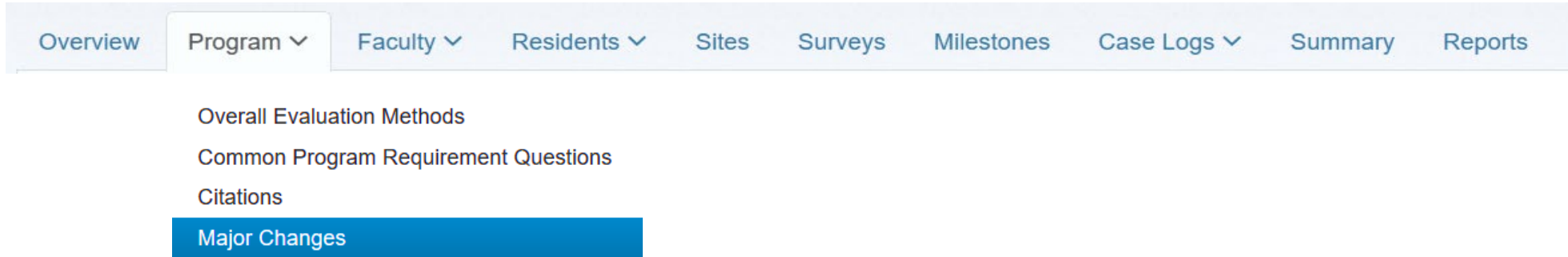
Q: What are expectations for patient caps on wards?

	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....*

Q: Is “Major Changes and Other Updates” important?

A: Yes, it is.



Major Changes and Other Updates

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

[Enter text here]

Q: When do I contact the ACGME/RC? 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.

Q: What is FTE for someone involved in multiple programs?

A: It's cumulative

Example - minimum FTE for coordinator support...

- CVD (6 fellows) + GI (6 fellows) is...

$$CVD\ FTE\ (.50) + GI\ FTE\ (.50) = \mathbf{1.00}$$

- CVD (6 fellows) + GI (6 fellows) + ID (4 fellows) is ...

$$CVD\ FTE\ (.50) + GI\ FTE\ (.50) + ID\ (.50) = \mathbf{1.50}$$

ACGME Cloud Analytics

Survey Data Now Available



Survey Type

Compare To

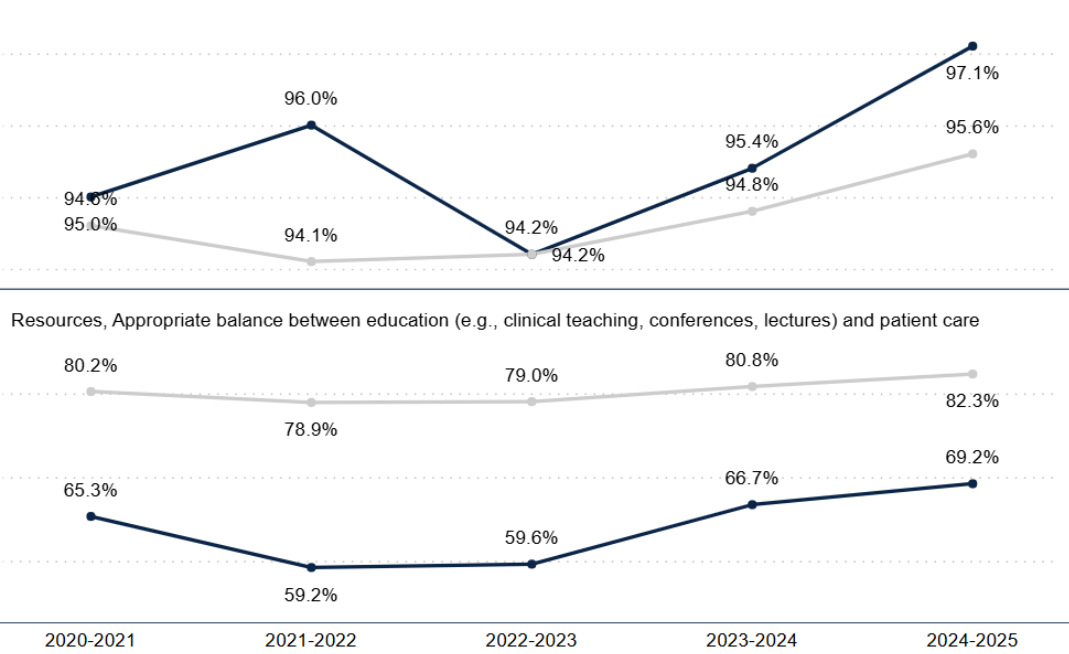
By Year

By Trends

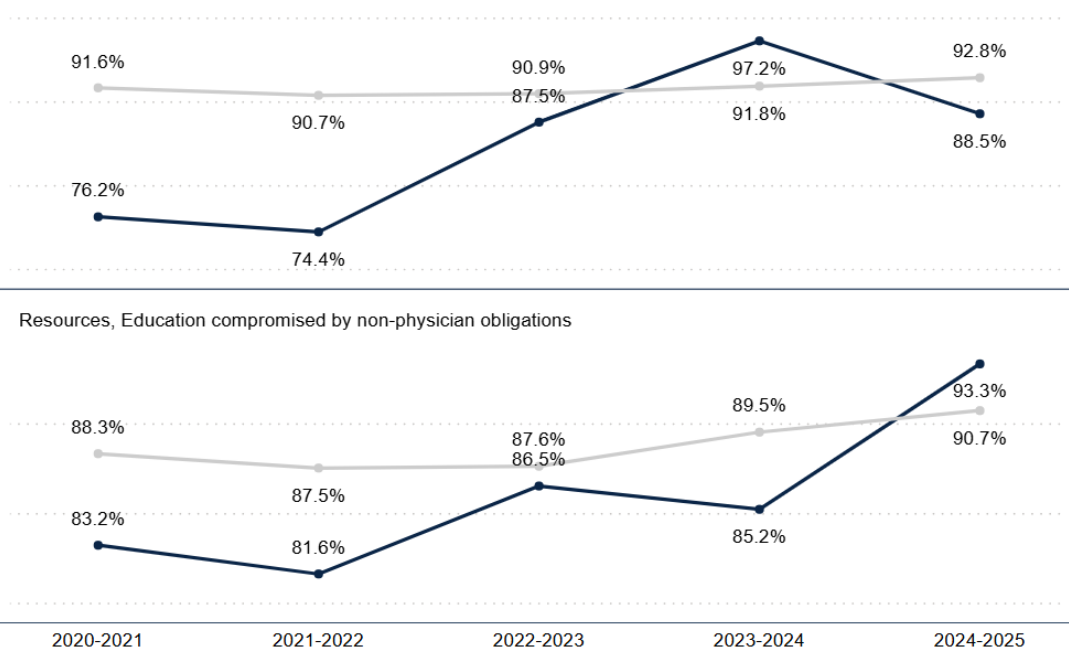
Filter Survey By

● % Program Compliance ● % National or Specialty Compliance

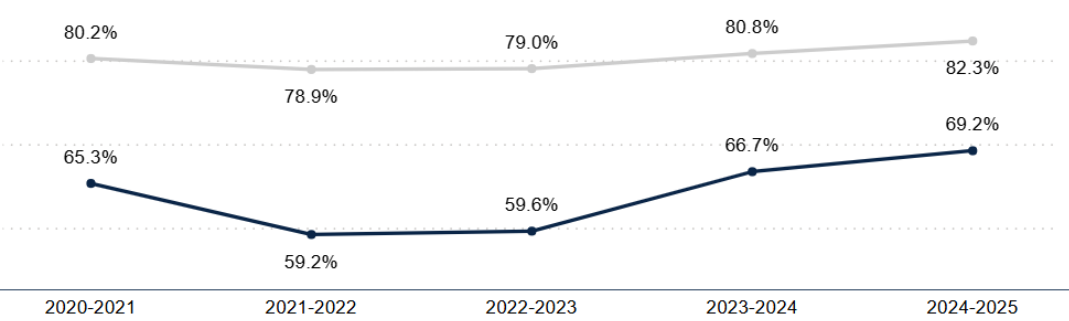
Resources, Able to access confidential mental health counseling or treatment



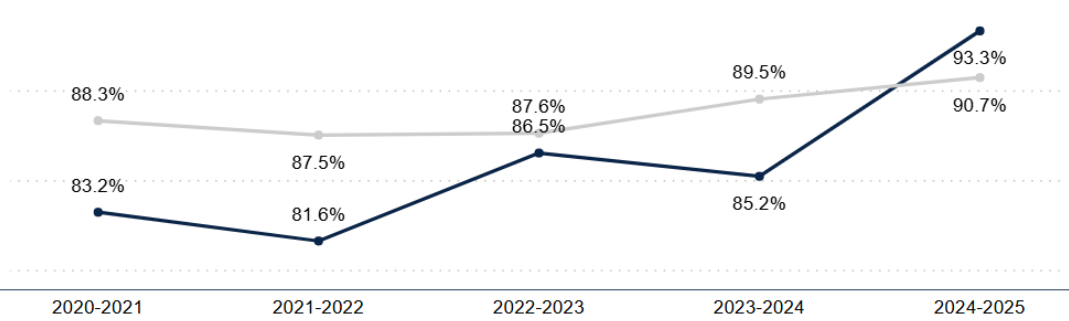
Resources, Able to attend personal appointments



Resources, Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care



Resources, Education compromised by non-physician obligations





Who is the Review Committee?

What does the Review Committee do?

Overview of current Accreditation Model

Citations + AFIs / Accreditation decisions

Reminders and FYIs

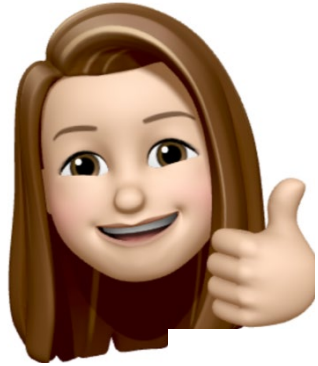
Who can I call if I have a question?

Review Committee for Internal Medicine Staff



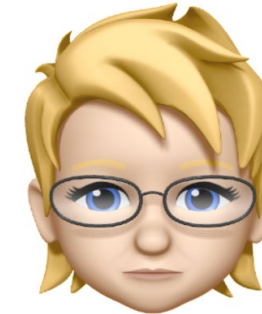
Ana Sainz asainz@acgme.org
Accreditation Administrator 312.755.5053

Allison Barthel abarthel@acgme.org
Senior Accreditation Administrator 312.755.5052



Christine Famera cfamera@acgme.org
Associate Executive Director 312.755.7094

Karen Lambert kll@acgme.org
Associate Executive Director 312.755.5785



Jerry Vasilias, PhD jvasilias@acgme.org
Executive Director 312.755.7477



Claim your CME today!

Complete the Evaluation for CME or Certificate of Completion!

- The evaluation can be found in the Conference Mobile app and a link will be sent post-conference by email to attendees.
- Evaluations are tied to your registered sessions.
- Register/un-register for sessions in the Conference Mobile app
- Deadline – March 13, 2026
- Questions? cme@acgme.org