



2026 ACGME ANNUAL  
EDUCATIONAL CONFERENCE  
*Meaning in Medicine*

FEBRUARY 19-21, 2026  
SAN DIEGO, CALIFORNIA

# SES017: Specialty Update- Neurological Surgery

Richard G. Ellenbogen, MD, Review Committee Chair

**Kristen Ward Hirsch, MBA, ACGME Executive Director  
Neurological Surgery RC**

# Housekeeping

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## Session Etiquette

- Fire Marshal Code: Attendees cannot stand against the walls or block exits
- Please refrain from placing personal items on chairs next to you
- If there is time for questions, please keep questions brief to maximize participation

## Main Locations

- Main Stage and Information Desk: Marriott Marquis
- Exhibit Hall: San Diego Convention Center

## Emergencies

- Marriott Marquis security: Call 911 first, then call 415-531-3845
- San Diego Convention Center security: Call 619-525-5911 or ext. 5911 from wall mount house phones
- In the event of an emergency, listen to intercom instructions
- To report an incident, visit the ACGME Information Desk to fill out an incident report.

# Conflict of Interest Disclosure

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Speaker(s): Richard G. Ellenbogen, MD

## **Disclosure**

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Discussion Topics

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- ❖ Review Committee and Staff Members
- ❖ Annual Review – Data Elements
- ❖ Accreditation and Program Statistics
- ❖ Case Logs and Board Passage Rate
- ❖ Review Committee Update
- ❖ ACGME Updates
- ❖ ACGME Resources

# ACGME Mission

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

*ACGME Mission, Vision, and Values*



**The broad aim of the American Board Of Neurological Surgery (ABNS) is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery and thereby to serve the cause of public health, THROUGH CERTIFICATION AND EDUCATION OF INDIVIDUAL NEUROLOGICAL SURGEONS**

DEB WEINSTEIN, MD CEO

**OUTCOMES OVER  
PROCESS**

**EVIDENCE BASED  
OUTCOMES**

# Review Committee Members and Staff

# Review Committee Members

Richard G. Ellenbogen, MD  
Chair

Douglas Kondziolka, MD,  
Vice-Chair

Lola B. Chambless, MD

Francesco T. Mangano, DO

Daniel Resnick, MD

Shelly D. Timmons, MD

Gregory J. Zipfel, MD

Lauren E. Stone, MD  
Resident Member

Catherine Gilmore-Lawless  
Public Member

# Incoming Member Effective July 1, 2026

- ❖ Alankrita Raghavan (Resident Member)  
Duke University Hospital

# ACGME Review Committee Staff

Kristen Ward Hirsch, MBA  
Executive Director

Jennifer Luna  
Associate Executive Director

Citlali Meza, MPA  
Associate Executive Director

Courtney Maxfield  
Accreditation Data  
System (ADS)

Deanna Eallonardo  
Accreditation Administrator

Stephanie Lose  
Accreditation Administrator

# Where to go for help?

## **Review Committee Staff**

[Kwardhirsch@acgme.org](mailto:Kwardhirsch@acgme.org)

[jluna@acgme.org](mailto:jluna@acgme.org)

[DEallonardo@acgme.org](mailto:DEallonardo@acgme.org)

- Program Requirements
- Letters of Notification
- Complement requests
- Procedural Log content

## **Milestones Staff**

[milestones@acgme.org](mailto:milestones@acgme.org)

- Milestones

## **ADS Staff**

[ADS@acgme.org](mailto:ADS@acgme.org)

- ADS
- Surveys
- Case Log System

## **Field Activities Staff**

[fieldrepresentatives@acgme.org](mailto:fieldrepresentatives@acgme.org)

- Site Visit

# Upcoming Review Committee Meetings

- ❖ April 13, 2026 (Agenda Closing: February 20, 2026)
- ❖ August 2026 TBD

*Applications with completed site visits and non-accreditation status requests accepted at all meetings.*

Future meeting dates will be posted to the [Neurological Surgery](#) webpage.

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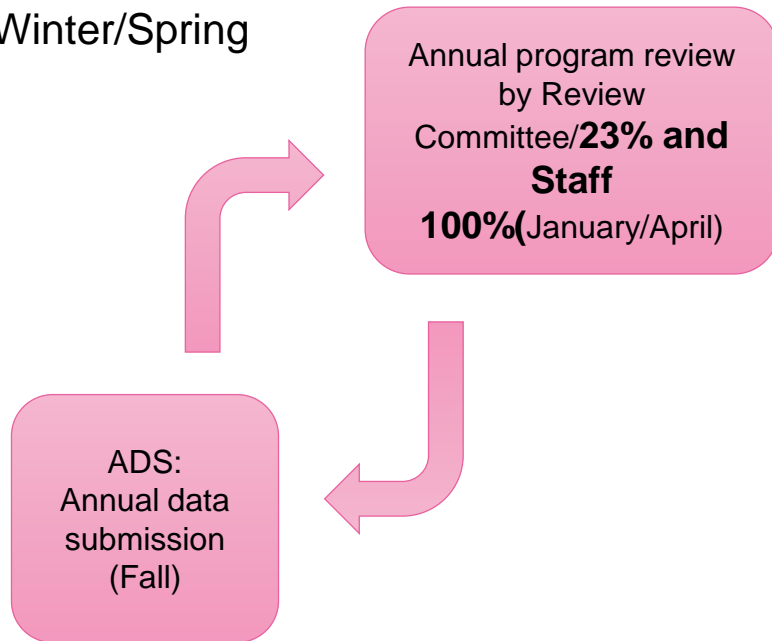


# Annual Program Review

## Overview and Data Elements

# Overview

Annual Reviews  
Winter/Spring



Monthly and  
Fall Review



# Annual Program Review – Data Elements

All data reviewed will be from the most recently completed academic year **except** for major changes and response to citations.

- ❖ ADS Annual Update (Program Changes, Program Attrition, Scholarly Activity)
- ❖ Procedural Logs  
(Graduate Case Log Data)
- ❖ Board Passage Rate
- ❖ Surveys (Resident and Faculty)
- ❖ Omission of Data

# ADS Annual Update

- Late summer/early fall each year
- **Very** important to provide complete and accurate program information during the Annual Update
- The information entered provides key information to the committee that may be used during the annual program review

# Block Diagrams

**Residency** – Representation of program’s rotation schedule;  
**Not** actual residents’ schedules  
Make sure they are 3-month rotations!

**Fellowships** – representation of individual fellow

Be sure to use RC template and fill out all sections

Instructions are included at the bottom of the template

Neurological Surgery – specific [Block Diagram template](#) on ACGME website

Questions? Contact [Deanna Eallonardo](#)

# ADVICE TO PD'S AND PC'S

## Major Changes and Other Updates

**Communicate to the Review Committee action plan and initial results regarding:**

Low ACGME Survey ratings

Missed Case Log minimums: Make sure they are entered before Graduation

**Program changes: rotations, faculty growth, innovation**

**Program challenges: situation, actions taken, any results**

# Responding to Citations

- Keep in mind the audience: physician GME leader who does not know your program or institution so tell us the details
- Be clear, concise, and frank. We have lived it and heard it before
- Demonstrate that you have gotten to the root of the non-compliant area
- **Outline implemented action plan**
- Describe outcomes (e.g., survey trending up, Case Log minimums met)
- If goals not met, explain why and outline next steps

# Accreditation and Program Statistics

# Program Statistics

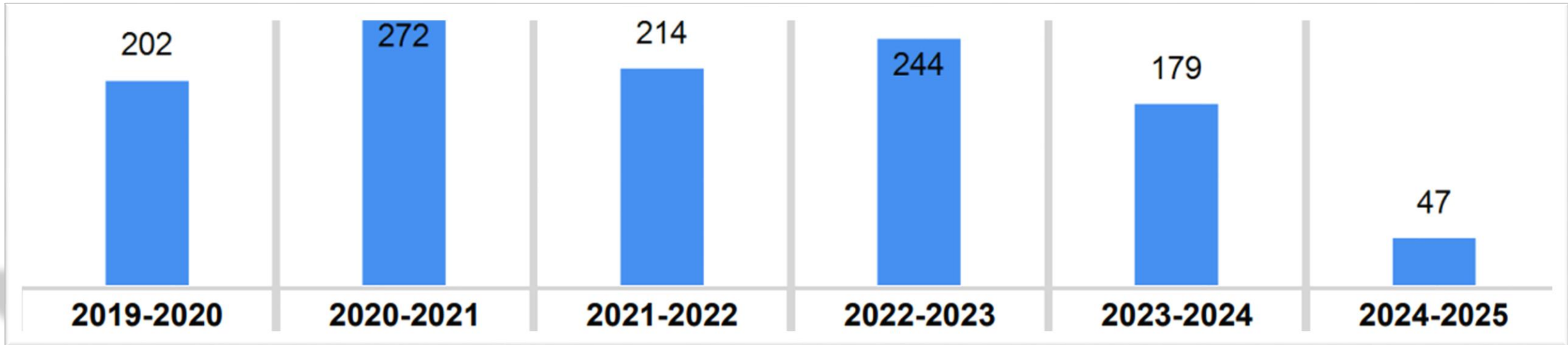
<b>Accreditation Status</b>	<b># Programs</b>
Continued Accreditation	111
Continued w/o Outcomes	5
Continued with Warning	1
Initial Accreditation	6
Probation	0
<b>Total Accredited Programs</b>	<b>123</b>

# Program Statistics

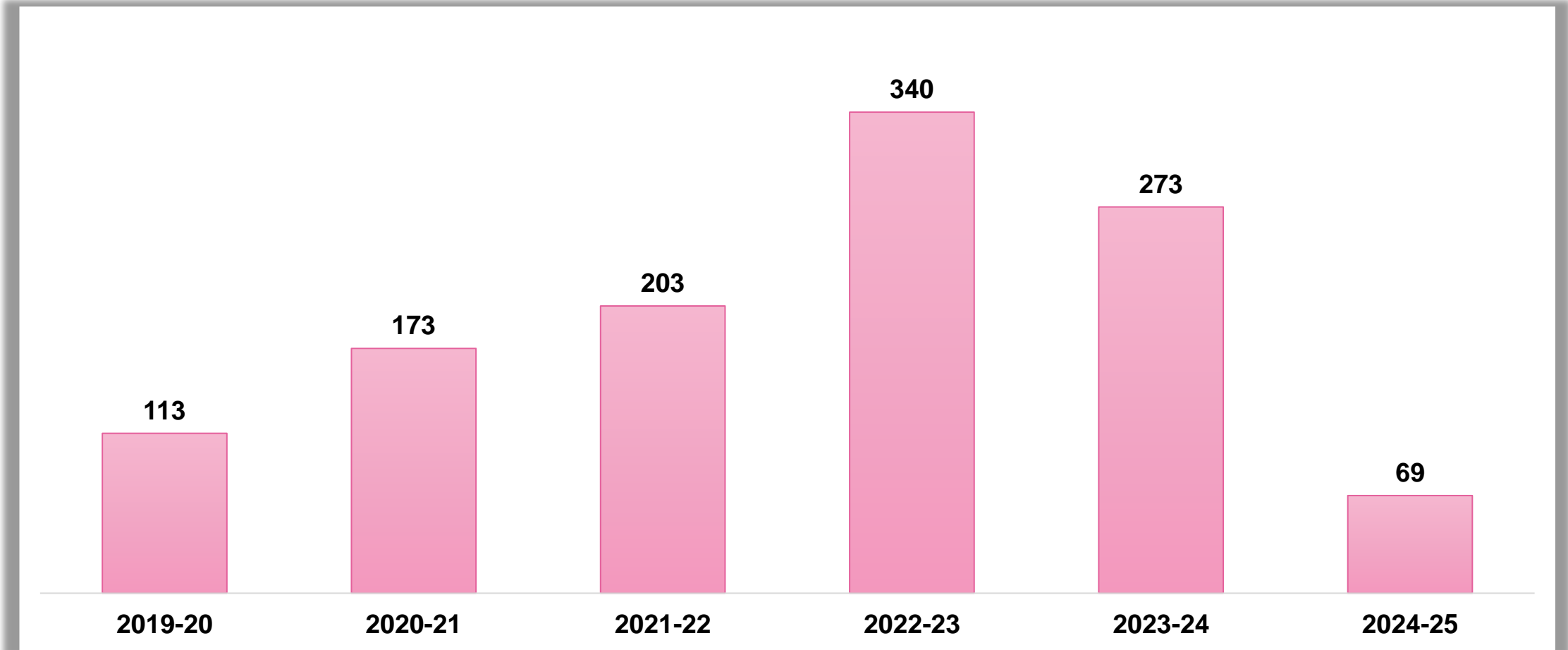
<b>Accreditation Status</b>	<b># Programs</b>
<b>Neuroendovascular Intervention</b>	
Continued Accreditation	3
Initial Accreditation	1
Total Accredited Programs	4

# Citation Statistics by Academic Year (2019 – 2025)

Specialty: Neurological Surgery  
United States



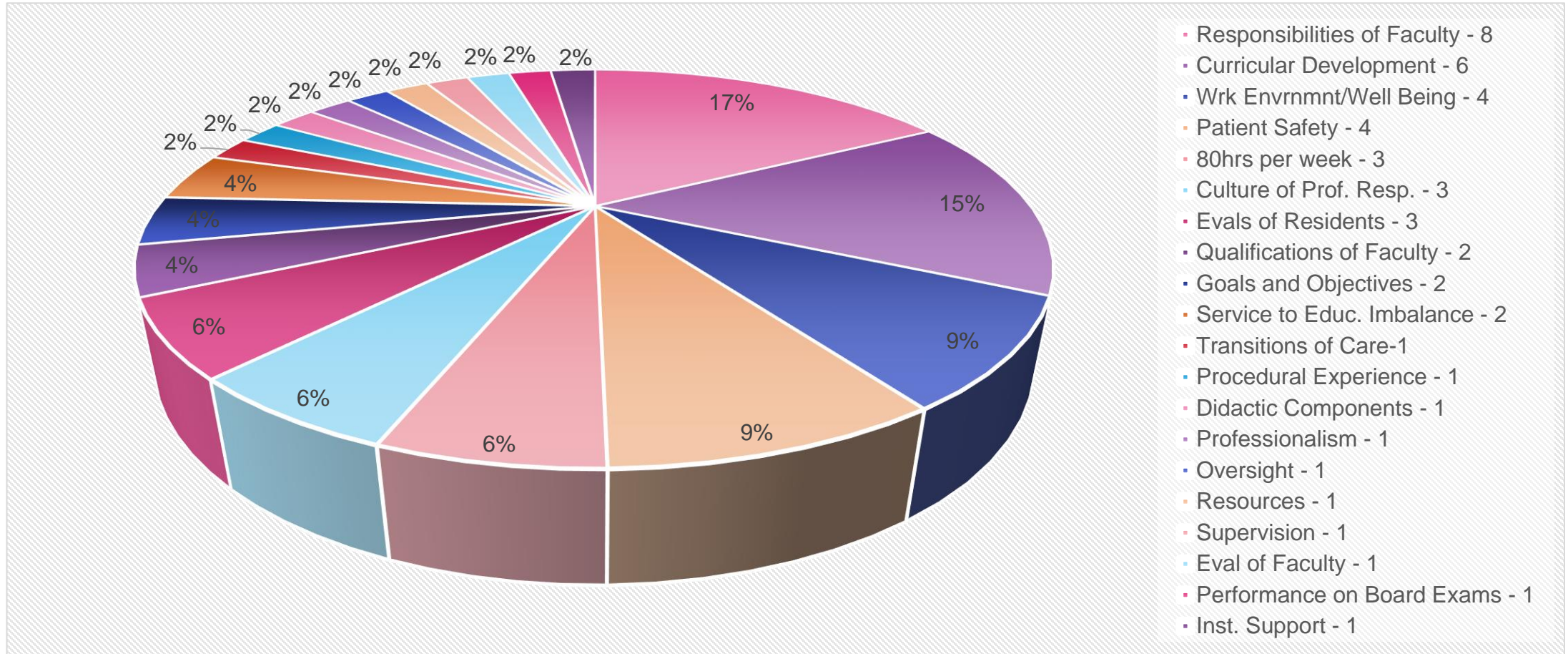
# Area for Improvement Statistics by Academic Year (2019 – 2025)



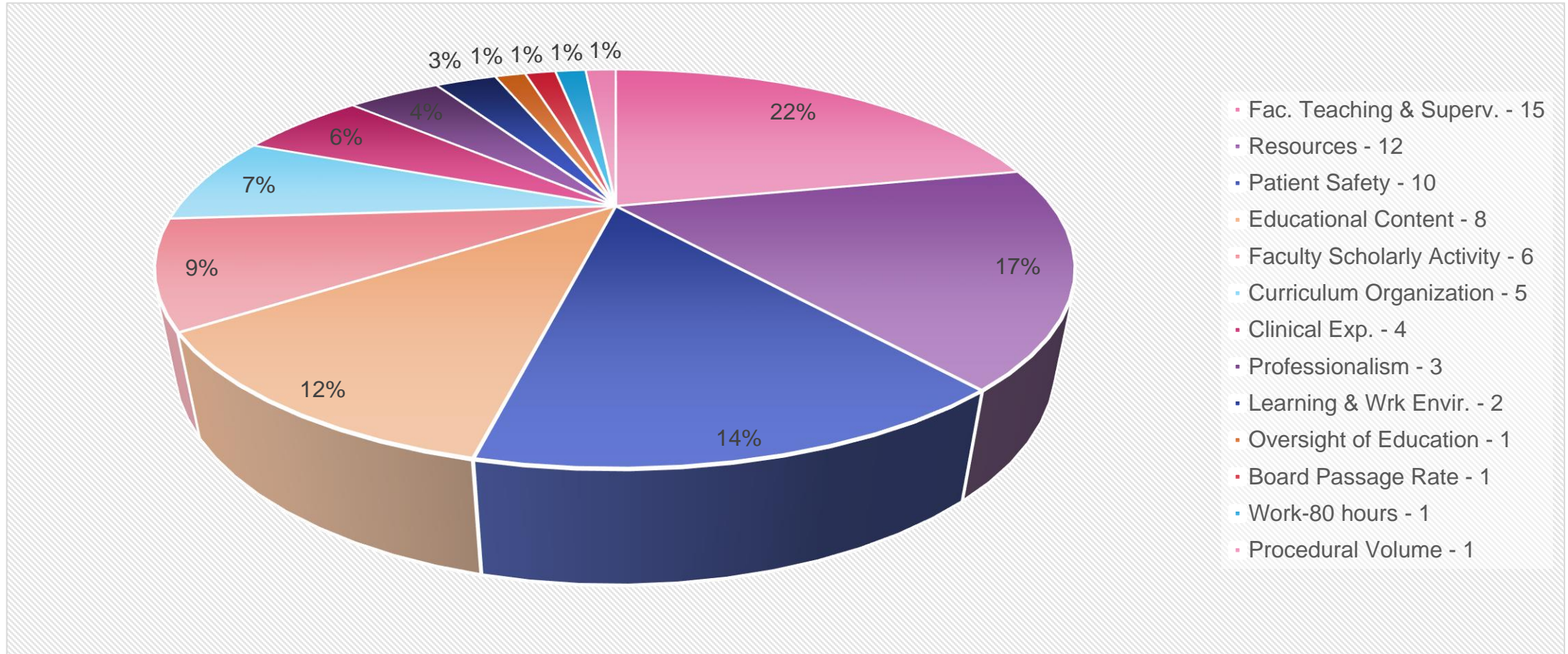
FROM THE CEO AND YOUR RC

***SUBSTANTIAL COMPLIANCE***  
MAKES FOR A KINDER,  
GENTLER, MORE  
EDUCATIONALLY  
PRODUCTIVE AND CREATIVE  
RC/ACGME

# Neurological Surgery Citations AY 24-25



# Neurological Surgery Area for Improvements AY 24-25



# Case Logs and Board Passage Rate

# 2025 Annual Program Review: January/April 2026 RC Meetings

## 2024-2025 Case Log Report

	# Programs	# Min Fail
Core	109	1

# 2025 Annual Program Review

## Board Pass Rate

First-time takers *only* during the most recent *three* years reported by ABNS to ACGME.

- Bottom 5<sup>th</sup> percentile nationally for the specialty *AND*
- Subject to citation if <80% pass rate

**Written fifth percentile:**

**2023-2025 = 82.3%**

**Oral fifth percentile:**

**2023-2025= 50%**

# Review Committee Update

# Other Meeting Decisions

Requests 2025 RC Meetings	
Permanent Increase # Requested / # Approved	7/5
Temporary Increase # Requested / # Approved	5/5
Complement Backfill # Requested / # Approved	6/6
Participating Site/One-time elective # Requested / # Approved	10/10
Program Director Change (# approved)	6

# Changes in Resident Complement

- ❖ Requests must be submitted via ADS with designated institutional official (DIO) approval.
- ❖ Timing:
  - ❖ Permanent complement increase requests are reviewed at scheduled Review Committee meetings only.
  - ❖ Temporary complement increase requests are reviewed with other interim requests monthly.
  - ❖ New form available for programs (DCC form)
  - ❖ See [guidelines](#).

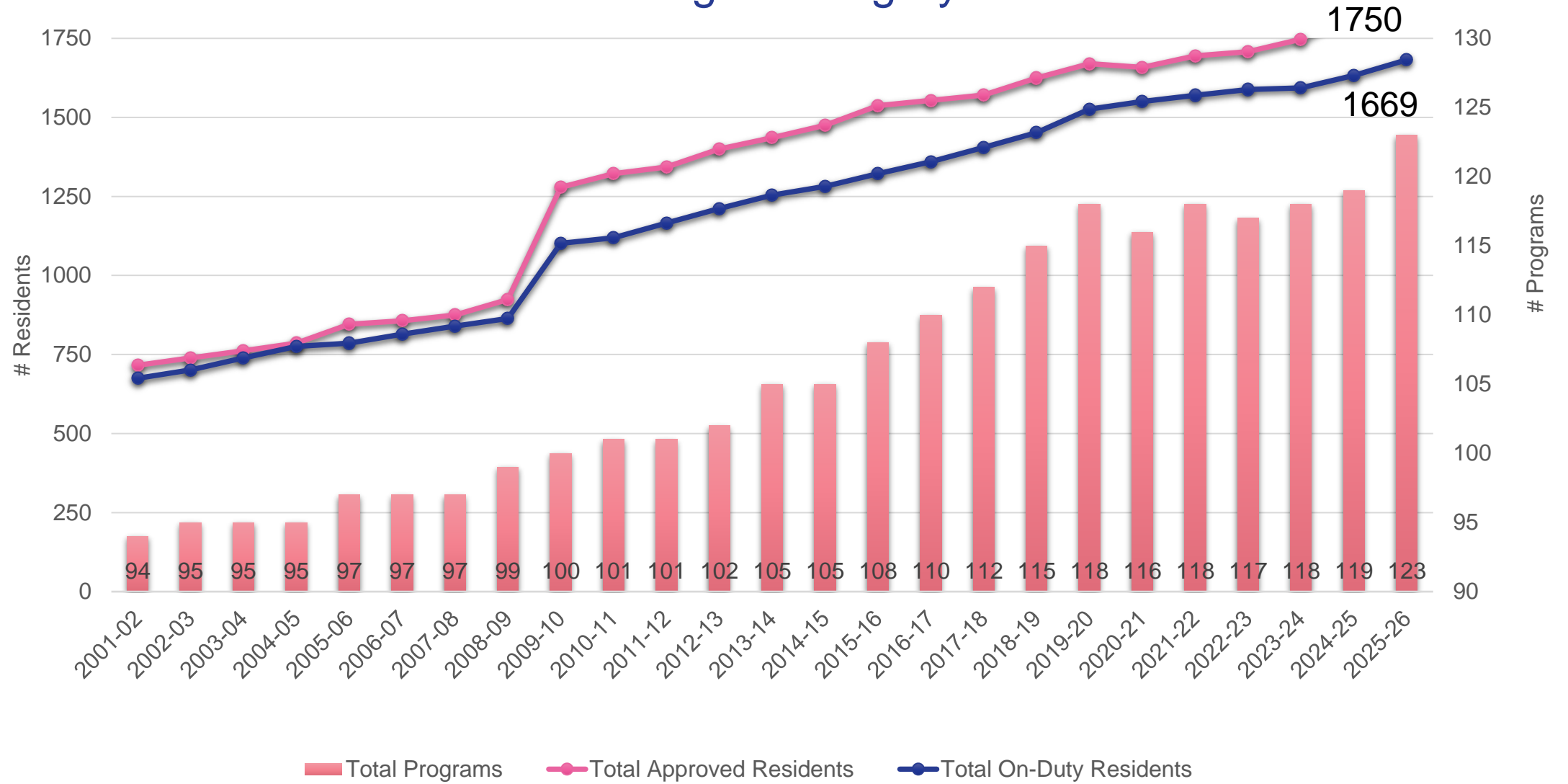
# COMPLEMENT INCREASE

- 1) EDUCATIONAL RATIONALE: EDUCATION OVER SERVICE
- 2) NEW BLOCK DIAGRAM: WHAT ARE YOU ADDING: RESEARCH, ELECTIVE, NEW ROTATION
- 3) CASE LOG ANALYSIS
- 4) ADS AND PROGRAM STATUS

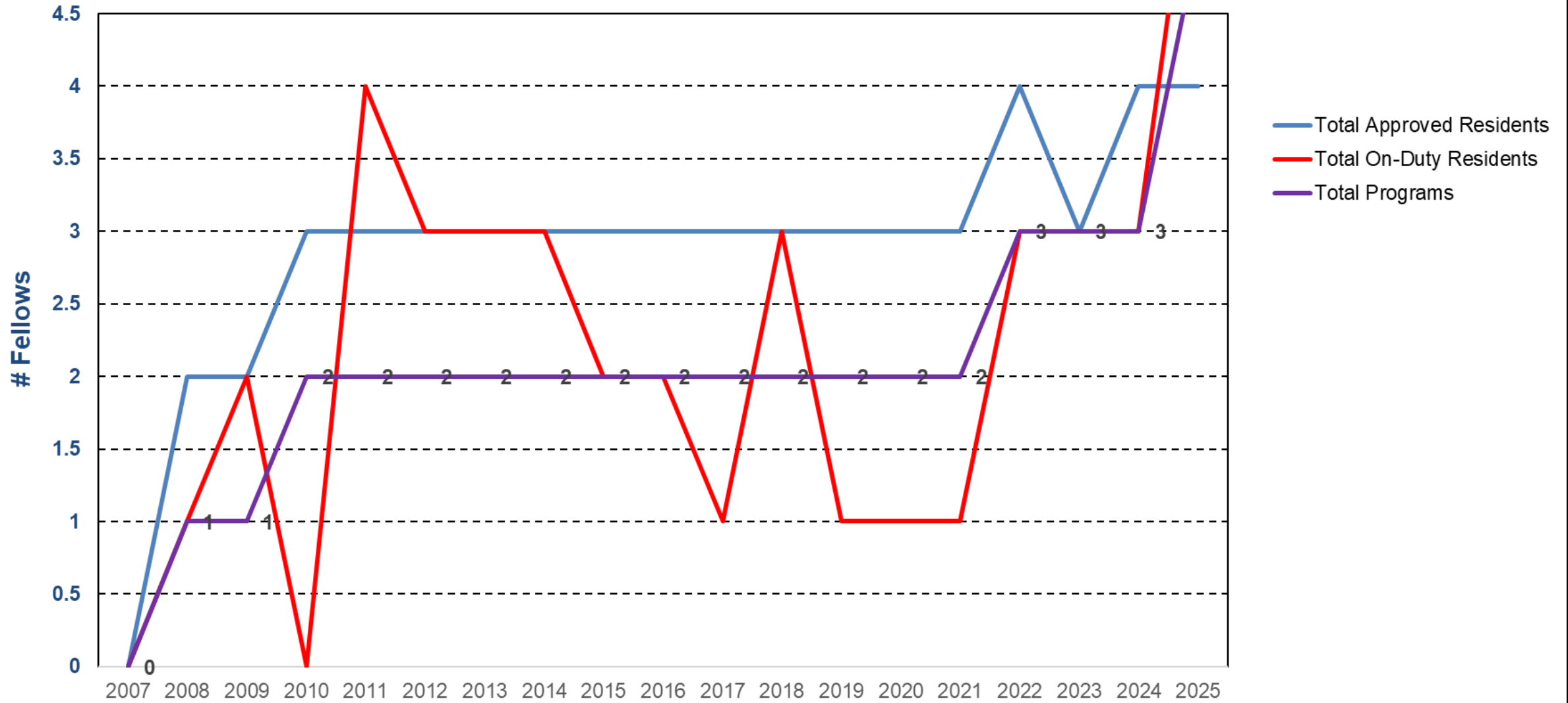
# CASE CATEGORIES

Program #160 Perm Increase 0 to 0[0-0-0-0-0-0] 0 grads in 24-25 AY		Average number of graduates requested						# DC Cases All Grads	Average number of graduates requested						Reported Institutional Cases All Sites
	Min	1.5	2	2.5	3	3.5	4		1.5	2	2.5	3	3.5	4	
DCC	Min	Min # DC cases for requested ave # grads						Expected Number of Institutional Cases (factor = 1.25)							
Cranial: Tumor General	60	90	120	150	180	210	240	113	150	188	225	263	300		
Cranial: Tumor Sellar/Parasellar	20	30	40	50	60	70	80	38	50	63	75	88	100		
Cranial: Trauma/Other	60	90	120	150	180	210	240	113	150	188	225	263	300		
Cranial: Vascular Open	10	15	20	25	30	35	40	19	25	31	38	44	50		
Cranial: Vascular Endovascular	10	15	20	25	30	35	40	19	25	31	38	44	50		
<b>Total Cranial: Vascular</b>	<b>60</b>	<b>90</b>	<b>120</b>	<b>150</b>	<b>180</b>	<b>210</b>	<b>240</b>	<b>113</b>	<b>150</b>	<b>188</b>	<b>225</b>	<b>263</b>	<b>300</b>		
Cranial: CSF Diversion/ETV/Other	20	30	40	50	60	70	80	38	50	63	75	88	100		
Cranial/Extracranial: Pain	10	15	20	25	30	35	40	19	25	31	38	44	50		
Cranial/Extracranial: Functional Disorder	10	15	20	25	30	35	40	19	25	31	38	44	50		
Cranial/Extracranial: Epilepsy	10	15	20	25	30	35	40	19	25	31	38	44	50		
<b>Total Cranial</b>	<b>300</b>	<b>450</b>	<b>600</b>	<b>750</b>	<b>900</b>	<b>1050</b>	<b>1200</b>	<b>563</b>	<b>750</b>	<b>938</b>	<b>1125</b>	<b>1313</b>	<b>1500</b>		
Spinal: Anterior Cervical	30	45	60	75	90	105	120	56	75	94	113	131	150		
Spinal: Posterior Cervical	30	45	60	75	90	105	120	56	75	94	113	131	150		
Spinal: Thoracic/Lumbar/Sacral/Instrumentation/Fusion	30	45	60	75	90	105	120	56	75	94	113	131	150		
Spinal: Lumbar Laminectomy/Laminotomy	30	45	60	75	90	105	120	56	75	94	113	131	150		
Spinal: Stimulation/Lesion/Pump/Other	10	15	20	25	30	35	40	19	25	31	38	44	50		
<b>Total Spinal</b>	<b>300</b>	<b>450</b>	<b>600</b>	<b>750</b>	<b>900</b>	<b>1050</b>	<b>1200</b>	<b>563</b>	<b>750</b>	<b>938</b>	<b>1125</b>	<b>1313</b>	<b>1500</b>		
<b>Peripheral Nerve</b>	10	15	20	25	30	35	40	19	25	31	38	44	50		
<b>Radiosurgery</b>	10	15	20	25	30	35	40	19	25	31	38	44	50		
<b>Peripheral Device Management</b>	20	30	40	50	60	70	80	38	50	63	75	88	100		
Airway Management	10	15	20	25	30	35	40	19	25	31	38	44	50		
Angiography	20	30	40	50	60	70	80	38	50	63	75	88	100		
Arterial Line Placement	10	15	20	25	30	35	40	19	25	31	38	44	50		
CVP Line Placement	10	15	20	25	30	35	40	19	25	31	38	44	50		
EVD/Transdural Monitor Placement	30	45	60	75	90	105	120	56	75	94	113	131	150		
Lumbar/Other Puncture/Drain Placement	10	15	20	25	30	35	40	19	25	31	38	44	50		
Percutaneous Tap of CSF Reservoir	10	15	20	25	30	35	40	19	25	31	38	44	50		
<b>Total Critical Care</b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>250</b>	<b>300</b>	<b>350</b>	<b>400</b>	<b>188</b>	<b>250</b>	<b>313</b>	<b>375</b>	<b>438</b>	<b>500</b>		
Pediatric: Cranial Tumor	5	8	10	13	15	18	20	9	13	16	19	22	25		
Pediatric: Cranial Trauma/Other	10	15	20	25	30	35	40	19	25	31	38	44	50		
Pediatric: CSF Diversion/ETV/Other	10	15	20	25	30	35	40	19	25	31	38	44	50		
Pediatric: Spinal	5	8	10	13	15	18	20	9	13	16	19	22	25		
<b>Total Pediatric</b>	<b>40</b>	<b>60</b>	<b>80</b>	<b>100</b>	<b>120</b>	<b>140</b>	<b>160</b>	<b>75</b>	<b>100</b>	<b>125</b>	<b>150</b>	<b>175</b>	<b>200</b>		
<b>OVERALL TOTAL</b>	<b>800</b>	<b>1200</b>	<b>1600</b>	<b>2000</b>	<b>2400</b>	<b>2800</b>	<b>3200</b>	<b>1500</b>	<b>2000</b>	<b>2500</b>	<b>3000</b>	<b>3500</b>	<b>4000</b>		
<b>CRITERIA FOR REVIEW OF DC MINIMUMS</b>							<b>CRITERIA FOR REVIEW OF INSTITUTIONAL CASE DATA</b>								
For each DCC, the total number of cases reported by all grads must exceed the minimum number of cases for the requested average # of graduates. For example, if the program is requesting an increase to 2 per PG year, then the reported cases for the current graduates for DC1 must be at least 120.							The number of institutional cases must exceed the number of reported cases needed for the requested average # of graduates by a factor of 1.25. For example, for a request of 2 per PG year, the number of institutional DC1 cases must be at least 150 (120 X 1.25).								

# Program/Complement History: Neurological Surgery



# Program/Complement History Neuroendovascular Intervention



# Neurological Surgery Program Requirement Revisions

**The Neurosurgery RC together with key stakeholders from different domains conducted a full review of Neurosurgery program requirements and delivered a revision for ACGME review.**

**The RC worked on the following goals: improving program and resident flexibility, reducing "pain points", modernizing case log requirements to reflect current practice, all while maintaining the highest standards for training. Doug Kondziolka, MD Vice Chair RC**

# ACGME Updates

# Implementation of Nutritional Requirements

- ❖ The ACGME has been requested to include nutrition requirements into specialty requirements
- ❖ Our approach to this request is teaching physicians how to impact patients' behaviors toward healthy outcomes
- ❖ Nutrition Requirements will go out for public comment in the spring
- ❖ Nutrition Requirements will be effective in July 2026

# Common Program Requirement Revisions

## ACGME Process for Revisions



**ACGME has a 3-year timeline**



**Board appointed the Task Force in the Fall**



**Task Force meets early 2025 with new CEO**



**Article defining goals, process, timeline in JGME**



**Commissioned papers\* received – goal is to publish in 2025**

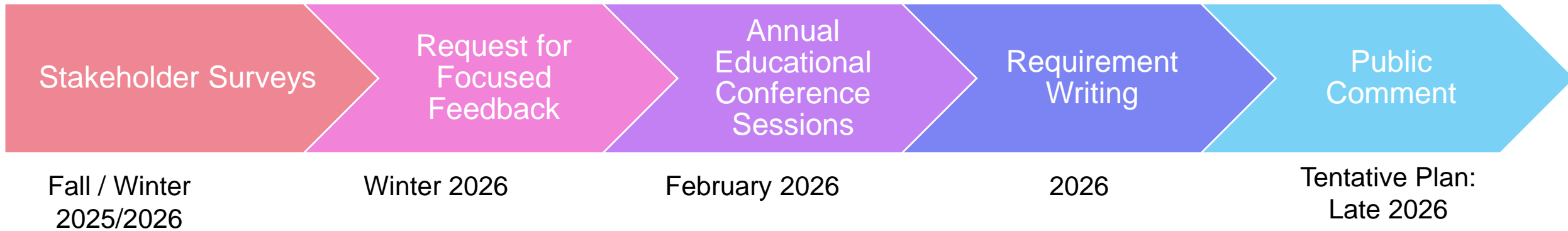


**AEC Session 2025**

### **\*Commissioned papers:**

- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**

# Update: Projected Common Program Requirement Major Revision Timeline



# Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



# Burden Reduction

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

# 10 suspended requirements

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

# 10 suspended requirements

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

# 10 suspended requirements

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

# 10 suspended requirements

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

# *Recent Requirement Revisions*

## *Focused Revision to Common Program Requirements*

### *Faculty qualifications*

- Removes specialty-specific language that does not allow for alternate qualifications

### *Resident transfers*


- Removes restrictions from specialty requirements that do not allow transfers

# Coming in July 2026!

## Frequently Asked Questions (FAQs) integration into Requirements documents

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

# Frequently Asked Questions (FAQs) integration into Requirements documents



ACGME Program Requirements for  
Graduate Medical Education in  
Anesthesiology with FAQs

**Revision Information**

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

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

**Definitions**

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

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

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

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

**Osteopathic Recognition**

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

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

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

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

[See FAQ in Appendix]

Anesthesiology with FAQs

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## 7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

### Section 1: Oversight

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

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

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

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

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

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

Anesthesiology with FAQs

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# Programs on Continued Accreditation (CA) random sampling site visits

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

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

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



# Accreditation of Combined Programs

- Existing combined programs listed in ADS were offered an opt-in
  - 130 of 133 were assigned Initial Accreditation
  - RC review in 2027 (after site visit), for programs to achieve Continued Accreditation
- New program applications are open (2 already processed)
- No format-specific program requirements
  - Programs expected to adhere to specialty-specific requirements, w/ conflicts addressed in (general, not format-specific) combined program requirements
  - Block diagram should communicate adherence to posted certifying board curricula
- Residents in combined programs only in that program's ADS roster
- Feedback on this new process is welcome
- See [combined programs webpage](#) or contact [accreditation@acgme.org](mailto:accreditation@acgme.org)



 Listening  Information  News  Collaboration

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

Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>



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





*Reducing Burden | Reimagining GME*

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***ACGME to Launch Next Phase of ACGME Cloud with New Features in April including a Unified User Experience and ACGME Cloud | Analytics Additions and Enhancements!***

Learn More and connect with the ACGME team at the conference:

- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall
- Attend two key sessions on Friday, February 20
  - Featured Plenary SES003, Harnessing AI Agents in the GME Office: Innovations and Future Directions
  - SES022, ACGME Cloud: Progress, Next Steps, and Ways to Stay Engaged

Contact [Cloud@acgme.org](mailto:Cloud@acgme.org) with questions.



*Reducing Burden | Reimagining GME*

**New ACGME Cloud features launching in April will offer:**

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and the Accreditation Data System (ADS), including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.

Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact [Cloud@acgme.org](mailto:Cloud@acgme.org) with questions.



## FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



### OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



### PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



### PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.

### FUNDING OPTIONS

- 1: up to \$10,000
- 2: up to \$5,000



**SCAN QR CODE  
FOR MORE INFO**

**PROPOSALS DUE:  
APRIL 20, 2026**



# ACGME Resources

# Learn at ACGME Resources

FREE Faculty Development!!!

Diversity, Equity, and Inclusion Resources

CME learning path (modules structured for self-paced CME)

Equity Practice Toolkit

ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation

Other tools for workshops

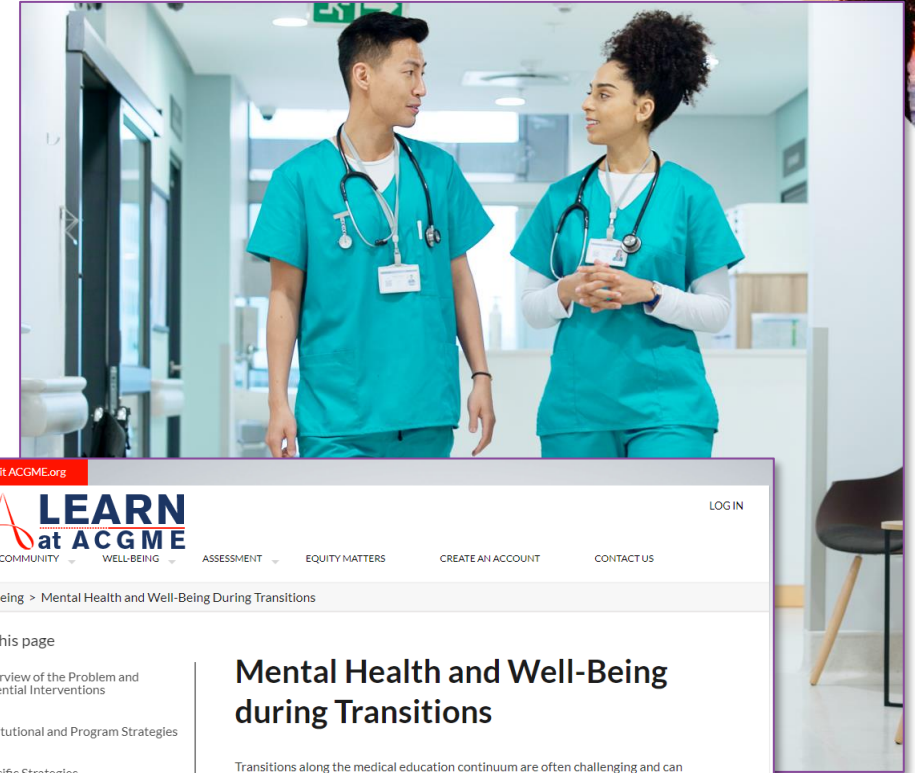


[dl.acgme.org](https://dl.acgme.org)

# Mental Health and Well-Being During Transitions

**Studies indicate that the transition from medical school to residency is particularly difficult**

- This new resource aims to help ease that transition
- Easy-to-implement systems- and individual-oriented strategies
- Designed to help Sponsoring Institutions and programs support first-year residents
- Access the resource from “Well-Being” on the home page of Learn at ACGME



Visit [ACGME.org](https://www.acgme.org)

**LEARN**  
at **ACGME**

GME COMMUNITY | WELL-BEING | ASSESSMENT | EQUITY MATTERS | CREATE AN ACCOUNT | CONTACT US

LOG IN

Well-Being > Mental Health and Well-Being During Transitions

On this page

- Overview of the Problem and Potential Interventions
- Institutional and Program Strategies
- Specific Strategies
- Individually Focused Strategies

## Mental Health and Well-Being during Transitions

Transitions along the medical education continuum are often challenging and can pose threats to the mental health and well-being of those on the path to becoming practicing physicians. Transitions from medical school to residency, between postgraduate years (PGY), and from residency into fellowship or medical practice are characterized by increases in responsibility, and potentially, doubts about one's competency and ability to meet new demands. These transitions may also be accompanied by additional stressors, including a move to a new city or institution and separation from support networks of friends and family.

The Accreditation Council for Graduate Medical Education (ACGME) is

Available Now

# ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout (ACGME e-Communications post)

## Focus

Acting as a **leader** in the coordinator role  
recognizing effective **networking** practices  
overcoming challenges to **professionalism**  
distinguishing between productive and unproductive  
strategies for promoting your **achievements**  
effectively navigating complex **interpersonal situations**



Available Now

# ACGME Program Coordinator Handbook Companion

## Focus

Developing a comprehensive understanding of the coordinator role

expanding knowledge of **accreditation processes** and **requirements to ensure compliance**

improving skills to **support recruitment, orientation, and onboarding**, and other relevant tasks

selecting appropriate **professional development** and **continuous growth** strategies



# Available Now

## ACGME Language Equity in Health Care Toolkit

### Focus

- Defining **language equity** and describing the evidence linking the lack of language-appropriate care to health disparities, cost, and dissatisfaction
- reviewing **legal requirements** for providing language-appropriate health care services
- outlining a step-by-step approach to **collaborating with a qualified medical interpreter** for patient-centered care



# Claim your CME today!

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## 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 sessions in the mobile app.

Deadline – March 13, 2026

Questions? [cme@acgme.org](mailto:cme@acgme.org)



**Questions?**



Thank you!