



2026 ACGME ANNUAL
EDUCATIONAL CONFERENCE
Meaning in Medicine

FEBRUARY 19-21, 2026
SAN DIEGO, CALIFORNIA

Updates from the Review Committee for Physical Medicine and Rehabilitation

Pamela Hansen, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

Housekeeping

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

Speaker(s): Pamela Hansen, MD; Caroline Fischer, MBA

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.

Review Committee Composition

- Four appointing organizations | American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Board of Physical Medicine and Rehabilitation (ABPMR), American Osteopathic Association (AOA), and the American Medical Association (AMA)
- Nine voting members
- Six-year terms | except resident (two years)
- Generalists, subspecialists, one public member
- One ex-officio (non-voting) attendee each from the AAPM&R, the ABPMR, and the AOA

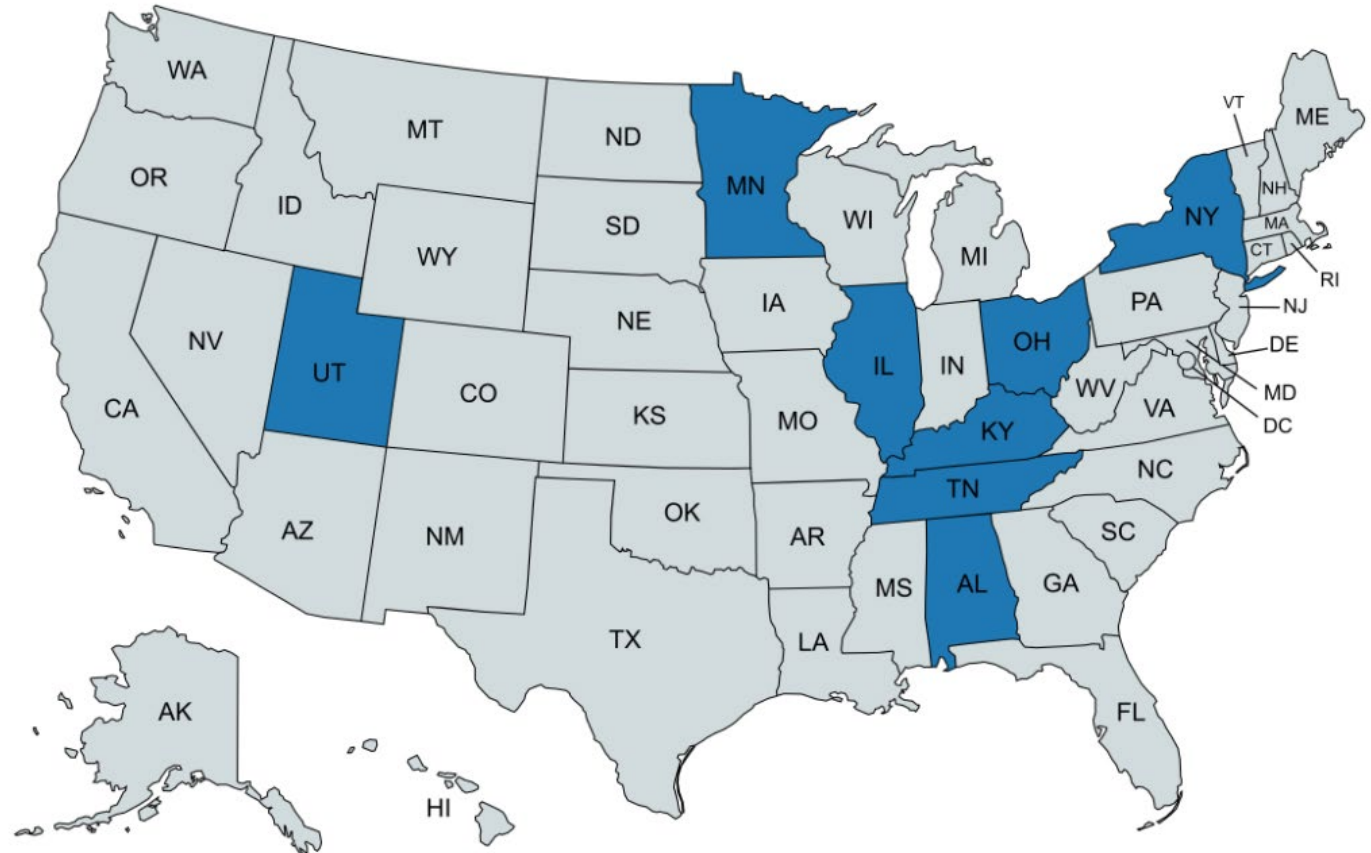
Review Committee Composition

- Pamela Hansen, MD (Chair)
- Alex Moroz, MD, MHPE (Vice Chair)
- Vu Nguyen, MD, MBA, FACP
- Holly Pajor, DO
- Monica Rho, MD
- Kathryn Rugen, PhD, FNP-BC, FAAN, FAANP (Public Member)
- Billie Schultz, MD
- J. Michael Wieting, DO, MEd
- Andrew Woods, DO (Resident)

Geographic Distribution of the Review Committee

Current Members:

AL, IL (2), KY, MN, NY, OH, TN, and UT



Number of Accredited Programs

As of January 2026

115 Physical Medicine and Rehabilitation Residency Programs

4 Pediatrics/Physical Medicine and Rehabilitation Combined Programs

117 Fellowship Programs

- 26 Spinal Cord Injury Medicine
- 24 Pediatric Rehabilitation Medicine
- 28 Brain Injury Medicine
- 14 Pain Medicine
- 25 Sports Medicine

Program Director Changes

Physical Medicine and Rehabilitation | AY 2024-2025

Number of Programs with New Program Directors and Number of Distinct Program Director Changes during the Academic Year by Specialty and Subspecialty

Specialty	Total Programs	Programs with New PDs		Number of Distinct PD Changes
		#	%	
OVERALL	13,762	1,779	12.9%	1,875
TOTAL PIPELINE	5,622	809	14.4%	859
Physical medicine and rehabilitation	112	11	9.8%	12
- Brain injury medicine	29	2	6.9%	2
- Neuromuscular medicine	1	0	0.0%	0
- Spinal cord injury medicine	26	1	3.8%	1
- Pediatric rehabilitation medicine	24	3	12.5%	3
- Sports medicine	24	4	16.7%	4

2024-2025 Status Decisions

Status	Core	Subs
Initial Accreditation	3	3
Initial Accreditation w/Warning	0	0
Continued Accreditation	98	112
Continued Accreditation w/Warning	2	0
Probation	1	0
Accreditation Withheld	0	0
Withdrawal of Accreditation	0	0

January 2026 Status Decisions

Status	Core	Subs
Initial Accreditation	0	0
Initial Accreditation w/Warning	0	0
Continued Accreditation	104	111
Continued Accreditation w/Warning	0	0
Probation	1	0
Accreditation Withheld	0	0
Withdrawal of Accreditation	0	0

New Programs Accredited

April 2025

Physical Medicine and Rehabilitation

- University of Central Florida/HCA Florida Healthcare

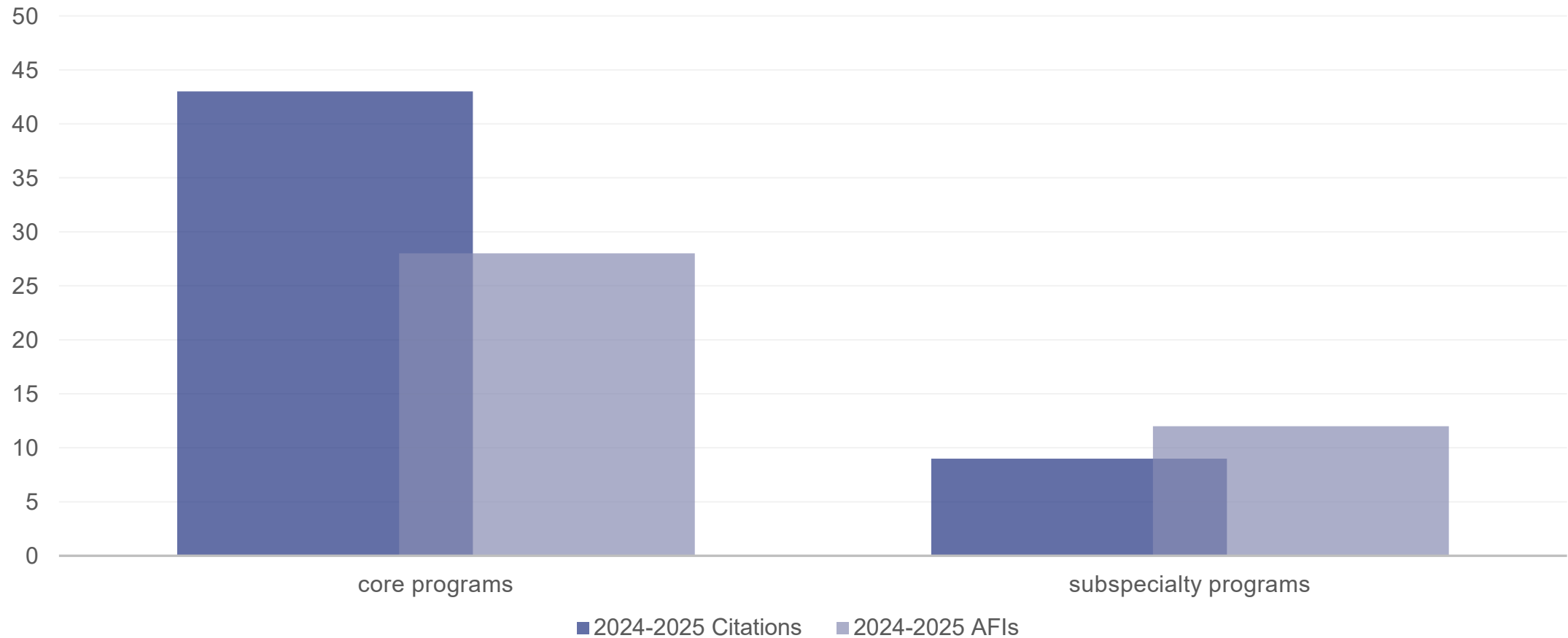
Spinal Cord Injury

- University of Alabama Medical Center

Sports Medicine

- Rutgers Health/New Jersey Medical School

Citations vs. Areas for Improvement (AFIs)



2024-2025 Citations Core Programs

- Evaluation
 - Infrequent verbal feedback; little substantive written feedback
 - Lacking verification of the resident's ability to enter autonomous practice
 - Lacking assessment of the resident's readiness to progress to the next training level
- Board Pass Rate
 - Parts 1 and 2

2024-2025 AFIs Core Programs

- Faculty Supervision and Teaching
 - Issues with supervision and teaching quality
- Professionalism
 - Discomfort in raising concerns, lack of confidential reporting mechanisms, and dissatisfaction with how problems are resolved
 - Intimidation and unprofessional conduct
- Patient Safety
 - Participation in adverse event analysis is sometimes lacking
 - Loss of information during shift changes or patient transfers is a recurring issue
 - Need to strengthen the culture of patient safety and interprofessional teamwork

2024-2025 Citations and AFIs Subspecialty Programs

Too few citations and AFIs to identify frequent occurrences

Incomplete/Inaccurate Data

- Faculty Roster | Current Certification Information
 - Review American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) data
 - Programs may add updated information
- Block Diagram | Key for abbreviations, non-standard format, no individual schedules, consistent with list of sites, refer to instructions
- CVs | Current licensure, scholarly activities from last five years

Block Diagram Instructions

In constructing the block diagram, include the **participating site** at which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. **The following abbreviations should be used when completing the block diagram:**

BI	Brain Injury	OBGYN*	Obstetrics and Gynecology
CON**	Consults	PAIN	Pain Medicine
EMG	Electromyography	PEDS*	Pediatrics
ELEC	Electives (experiences chosen by the residents over and above their required experiences)	PDR	Pediatric Rehabilitation
EM*	Emergency Medicine	RSCH	Research
FM*	Family Medicine	SCI	Spinal Cord Injury
GR	General Rehabilitation	SM	Sports Medicine
GER	Geriatric Rehabilitation	SURG*	Surgery
IM*	Internal Medicine	VAC	Vacation
MSK	Musculoskeletal		

*For programs offering four years of education and training.

** Consults should not count as inpatient or outpatient time.

- For each rotation, the percentage of time a resident devotes to inpatient and outpatient activities should be noted.
- Electromyography (EMGs) should be noted separately and should not be counted in inpatient or outpatient time.
- Note the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such and should not be associated with a participating site.
- Additional information to aid in understanding the program's block diagram may be entered in a "Notes" section at the end of the block diagram.
- In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.

Block Diagram Template

Sample 1	<i>This is a commonly used example in which the year's rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.</i>											
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/ EMG	MSK Clinic/ EMG	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	
% EMG										25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	

Sample 2	<i>In this common example, the year's rotations are divided into 13 equal (presumably four-week) rotations. Rotations may include structured outpatient or research time, and electives.</i>												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/ EMG	MSK Clinic/ EMG	PAIN	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	0	
% EMG										25	25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	0	

Major Changes and Other Updates

- Programs may describe improvements or innovations implemented to address AFIs in the “Major Changes and Other Updates” section of the Accreditation Data System (ADS)
 - Written responses to AFIs are not required, but are encouraged

National Case Log Data 2024-2025

[PART 1] Programs in the Nation: 98 Residents in the Nation: 502					
	Natl Res AVE	Natl Prog AVE	RRC Minimum	Natl Res Below Min	Natl Prog Below Min
Defined Category					
EMG/NCS (Total)	240.4	241.7	200	3	3
EMG/NCS (Performed)	206.6	208.3	150	2	2
Axial epidural injection (Total)	33.2	38.4	5	1	1
Axial: facet, SI joint, nerve block (Total)	45.2	51.1	5	3	3
Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)	80.9	84.6	20	3	3
Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)	69.8	73.5	15	1	1
Botulinum toxin injection (Total)	64.2	67.1	20	1	1
Botulinum toxin injection (Performed)	56.8	59.5	15	1	1
Ultrasound (Total)	66.5	66.3	10	2	2

Physical Medicine and Rehabilitation Program Requirements Major Changes

- July 2025 – Posted for public review and comment
- February 2026 – Approval by the ACGME Board
- July 1, 2026 – Effective date

Physical Medicine and Rehabilitation Program Requirements Major Changes

Clinical Skills Training Year

- 12 months in a transitional year, internal medicine, pediatrics, or surgery residency program
- Primary responsibility in inpatient care
- Exposure to ~~the ICU~~ critically ill patients
- No more than ~~3 months~~ four weeks of physical medicine and rehabilitation
- No more than eight weeks in non-direct patient care

Physical Medicine and Rehabilitation Program Requirements Major Changes

Procedures

- Residents must demonstrate competence in appropriate performance of core physiatric procedures/techniques
 - Core physiatric procedures/techniques include chemodenervation procedures for spasticity (i.e., botulinum toxin, phenol); electrodiagnosis (EMG/NCS); and intra-articular/bursal injections. Core electrodiagnostic procedures would include the assessment of peripheral nerve injuries, neuropathies, and radiculopathies.
- Each graduating resident must perform the minimum number of cases established by the Committee
- Performance of the minimum number of cases by a graduating resident must not be interpreted as equivalent to the achievement of competence

Physical Medicine and Rehabilitation Program Requirements Major Changes

Procedure:	<u>Total</u>	<u>Minimum Performed</u>	<u>Simulated/Observed</u>
Chemodenervation procedures for spasticity (i.e., botulinum toxin, phenol) (per limb)	50	40	Up to 10 may be simulated
EMG/NCS (per limb patient encounter)	150	125	Up to 25 may be simulated or observed
Intra-articular/bursa injections (per structure)	50	40	Up to 10 may be simulated
Axial facet-based and sacroiliac joint procedures	5	0	All may be observed or simulated
Diagnostic musculoskeletal ultrasound	10	0	All may be simulated
Epidural injections	5	0	All may be observed or simulated
Intrathecal pump programming/refills	5	0	All may be simulated
Periarticular injections (e.g., tendon sheath, deep gluteal, peripheral nerve)	10	0	All may be observed or simulated
Ultrasound guidance for procedures	40	10	Up to 30 may be simulated

Physical Medicine and Rehabilitation Program Requirements Major Changes

12 Months Inpatient Rehabilitation Care

- At least 10 months should be in an appropriately licensed comprehensive inpatient rehabilitation facility.
 - Programs may use up to two months of the 12 months for rotations in other levels of inpatient care, such as skilled nursing facilities or long-term care facilities.
- PGY-4 should include at least one month of inpatient experience.
- Residents should cover an average minimum daily census of six inpatients. Residents should oversee the primary management of no more than 14 inpatients per day, except during call coverage, weekends, and holidays.
 - Daily rounds with faculty should occur a minimum of five times per week, with at least four of these days being bedside rounding.
- For skilled nursing facilities or long-term acute care facilities, the patient care average daily census should not exceed 20 ~~patients~~ encounters.
 - Daily rounds in skilled nursing facilities or long-term acute care facilities must occur a minimum of five times per week with at least four of these days being bedside rounding and be in the presence of a supervising attending physician.

Physical Medicine and Rehabilitation Program Requirements Major Changes

12 Months Outpatient Experience

- Longitudinal care of patients with chronic pain or disability
 - May include experiences such as a continuity care clinic or a specialty-specific care clinic such as spinal cord injury care.
 - Providing longitudinal care of patients with chronic pain or disability would include a panel of patients followed longitudinally; however, following different patients with the same condition longitudinally also meets the goal of learning different stages of care.
- Acute and chronic musculoskeletal care
- Limb loss care, prosthetics, and orthotics
- Neurorehabilitation sequelae management, including spasticity
- The PGY-2 should include at least one month of outpatient experience

Physical Medicine and Rehabilitation Program Requirements Major Changes

Three to Six Months of Individualized Educational Experiences

- Programs must ensure residents have educational experiences that take into account their future plans and the different paces and trajectories at and on which residents will learn and demonstrate competence in the foundational areas
- Determined by the program director and take into account demonstrated competence in the foundational areas noted above, resources, program aims, and the residents' future practice plans
- Although a maximum of six months can be devoted to individualized experiences, some residents may require more time to achieve competence in the foundational educational areas, which may result in less time for individualized educational experiences
- Programs may have the flexibility to individualize educational opportunities for residents who have achieved or are on target to achieve competence in the foundational areas

Other Major Revisions Underway

- Common Program Requirements
- Institutional Requirements
- Transitional Year Requirements

Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



Nutrition Requirements

- Due to national interest in nutrition
- The ACGME hosted a Nutrition Symposium in 2023
 - Recommendation to develop Common Program Requirement(s) on nutrition education
- Specialty-specific requirements
- Post for review and comment in spring
- July 1, 2027 – Tentative effective date

Common Program Requirements

Focused Revision Effective July 1, 2026

#ACGME2026

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

Accreditation of Combined Programs

- 2024 – Option for existing combined programs in ADS to opt in
 - Combined residency and combined residency and fellowship
 - 130 of 133 programs assigned Initial Accreditation
 - Review Committee review in 2027 (after site visit), to achieve Continued Accreditation
- New program applications are open for currently accredited formats
- Curricula requirements
 - Block diagram should adhere to posted certifying board curricula
- The following curricula have been posted:
 - Pediatrics/Physical Medicine and Rehabilitation

See [combined programs webpage](#) or contact accreditation@acgme.org

Continued Accreditation Site Visits

- The ACGME conducts site visits for programs with a Continued Accreditation status through a random sampling process.
- Current academic year – 250 site visits will be scheduled between April and October 2026.
 - Two physical medicine and rehabilitation programs; two sports medicine programs.

Academic Year	<u>Selected</u>	Completed	<u>Post Visit/RC Review Accreditation Decisions</u>
2023-2024	150	148*	140 Continued Accreditation 7 Continued Accreditation with Warning 1 Probationary Accreditation
2024-2025	200	198*	<i>In progress</i>
2025-2026	250	<i>In progress</i>	<i>In progress</i>

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

Accreditation Optimization

- Discontinuation of the Clinical Learning Environment Review (CLER) Program
- Simplified faculty scholarly activity reporting
- Reporting eliminated:
 - faculty members' hours
 - listing Program Evaluation Committee and Clinical Competency Committee members

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 effective July 1, 2026.
- Common FAQs and specialty/subspecialty-specific FAQs will be 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 requirement documents for ease of access.

Temporary Complement Increase Requests

- All Review Committees will allow extensions ≤ 90 days without requiring submission of a temporary complement increase request
 - Programs are responsible for reporting accurate resident/fellow start/end dates in ADS
- Applies to all but one-year specialty/subspecialty programs
- Requests for temporary changes in complement > 90 days must be submitted in ADS. Requests are routed to the designated institutional official (DIO) for approval before being submitted to the Review Committee for consideration

Resident/Fellow and Faculty Surveys

Annual survey reporting window: **February 9 through April 10**

New This Year

- Residents/fellows who started in the program this year and currently hold a status of “Started program off-cycle” WILL be scheduled to participate in the survey as long as they have been in the program for at least 60 days.

Email questions to ads@acgme.org

Proposal to Add a PGY-1 to an Existing Three-Year Residency

Instructions and proposal form on the Physical Medicine and Rehabilitation page of the ACGME website:

- Proposal form
- Additional program letters of agreement, if needed
- Goals and objectives for each rotation
- Evaluation forms
- Proposed rotation schedule
- Statement of support from the DIO

The Review Committee will review the proposal at the next eligible meeting. A site visit is not required.



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.

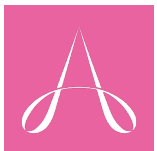
FUNDING OPTIONS

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



**SCAN QR CODE
FOR MORE INFO**

**PROPOSALS DUE:
APRIL 20, 2026**



Congratulations 2025 ACGME Award Recipients

Thomas J. Nasca Professionalism Award is awarded to organizations that exemplify ethical practice, integrity, and a commitment to patient-centered care; inaugural year for this award

Baylor College of Medicine Center for Professionalism; Houston, Texas



2027 ACGME Award Nominations

The ACGME Awards nomination applications are now online! Learn more by visiting the individual Award pages and submit a nomination by **March 18, 2026, at 5:00 p.m. Central.**

Access the ACGME Awards Section

Email questions to acgmeawards@acgme.org.

John Patrick T. Co, MD, MPH, MBA, FAAP Named as Chief Education and Research Officer



Dr. Co brings more than two decades of leadership experience in medical education, research, and health system operations.

He currently serves as vice president of Education and designated institutional official at Mass General Brigham.

Dr. Co is also an associate professor of pediatrics at Harvard Medical School and a general pediatrician at Massachusetts General Hospital (MGH).

He has held senior leadership roles spanning undergraduate medical education, GME, continuing professional development, and quality and safety.

Program Resources

www.acgme.org

- [Accreditation Data System](#) | [ADS Public Site](#)
- [ACGME Policies and Procedures](#)
- [Milestones Guidebook](#) | [Milestones FAQs](#)
- [How to Complete an Application](#)
- [Institutional Requirements](#)
- [Sample Program Letter of Agreement \(PLA\)](#)
- [Resident Survey Crosswalk Document](#)
- [Faculty Survey Crosswalk Document](#)
- [Journal of Graduate Medical Education](#)
- Specialty Specific Resources (Program Requirements, Application Forms, Case Log entry instructions, complement increase policy, Guide to Construction of a Block Diagram) | Access via specialty pages
- Common Resources (e.g., [Guide to the Common Program Requirements](#), ACGME Glossary of Terms, Key to Standard Letter of Notification (LON) | Access via specialty pages
- [Site Visit Information](#) (e.g., FAQ, types of visits, [listing of accreditation field representatives](#))
- *Weekly e-Communication* | Sent via email



Accreditation

Targeted learning to support your understanding and compliance with all things related to ACGME accreditation.



Faculty Development

Tailored resources for faculty assessment and development that cultivate expertise in competency-based medical education.



Well-Being

Essential insights and resources for promoting well-being in graduate medical education.



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- ✓ 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/>

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



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





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 with questions.



Reducing Burden | Reimagining GME

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 with questions.

Review Committee Meeting Dates

Review Committee Meeting Dates:	Agenda Closes:
April 10, 2026	February 10, 2026
September 1, 2026	July 1, 2026
April 9, 2027	February 9, 2027



ACGME Contacts

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Thank you!