

# SES041: Radiology Specialty Update

J. Mark McKinney, MD, FSIR, FACR – Chair  
Felicia Davis, MHA – Executive Director

# Conflict of Interest Disclosure

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Speaker(s):                    *J. Mark McKinney, MD*  
   *Felicia Davis, MHA*

## 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.

# Topics for Today...

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- ✓ Overview of the Review Committee
- ✓ Radiology Stats/Data
- ✓ Common Program Requirements Task Force Update
- ✓ Nutrition Program Requirements
- ✓ American Board of Radiology (ABR) Oral Exam Changes
- ✓ ACGME Updates

# The Review Committee







# Review Committee Function

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The function of the Review Committee is to set accreditation standards (i.e., requirements) and to provide peer evaluation of residency and fellowship programs. The purpose of the evaluation is to assess whether a program is in substantial compliance with the applicable Program Requirements, and to confer an accreditation or recognition status.

# Radiology Review Committee Composition

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- Four nominating organizations – ABR, American College of Radiology (ACR), American Medical Association (AMA), American Osteopathic Association (AOA)
- 12 voting members  
(includes one resident and one public member)
- Six-year terms – except resident (two years)
- Composed of program directors, chairs, faculty members
- Ex-officios from ABR, ACR, AOA (non-voting)

# Radiology Review Committee (2025-2026)

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#ACGME2026

<b>J. Mark McKinney, MD (Chair)</b> Mayo Clinic	<b>Ryan Dinnen, MD, MBA</b> (Resident Member)	<b>Steven Shankman, MD</b> Maimonides Medical Center
<b>Bruno Policeni, MD (Vice Chair)</b> University of Iowa	<b>Lea Gilliland, MD</b> Emory University	<b>David Wymer, MD</b> University of Florida
<b>Kamran Ali, MD</b> University of Kansas Wichita	<b>Toby Gordon, ScD</b> (Public Member) Johns Hopkins	
<b>Ellen Benya, MD</b> Lurie Children's Hospital	<b>Mollie Meek, MD</b> University of Arkansas for Medical Sciences	
<b>Keri Conner, DO</b> University of Oklahoma Center For Health Sciences	<b>Eric Rohren, MD, PhD</b> Baylor College of Medicine	



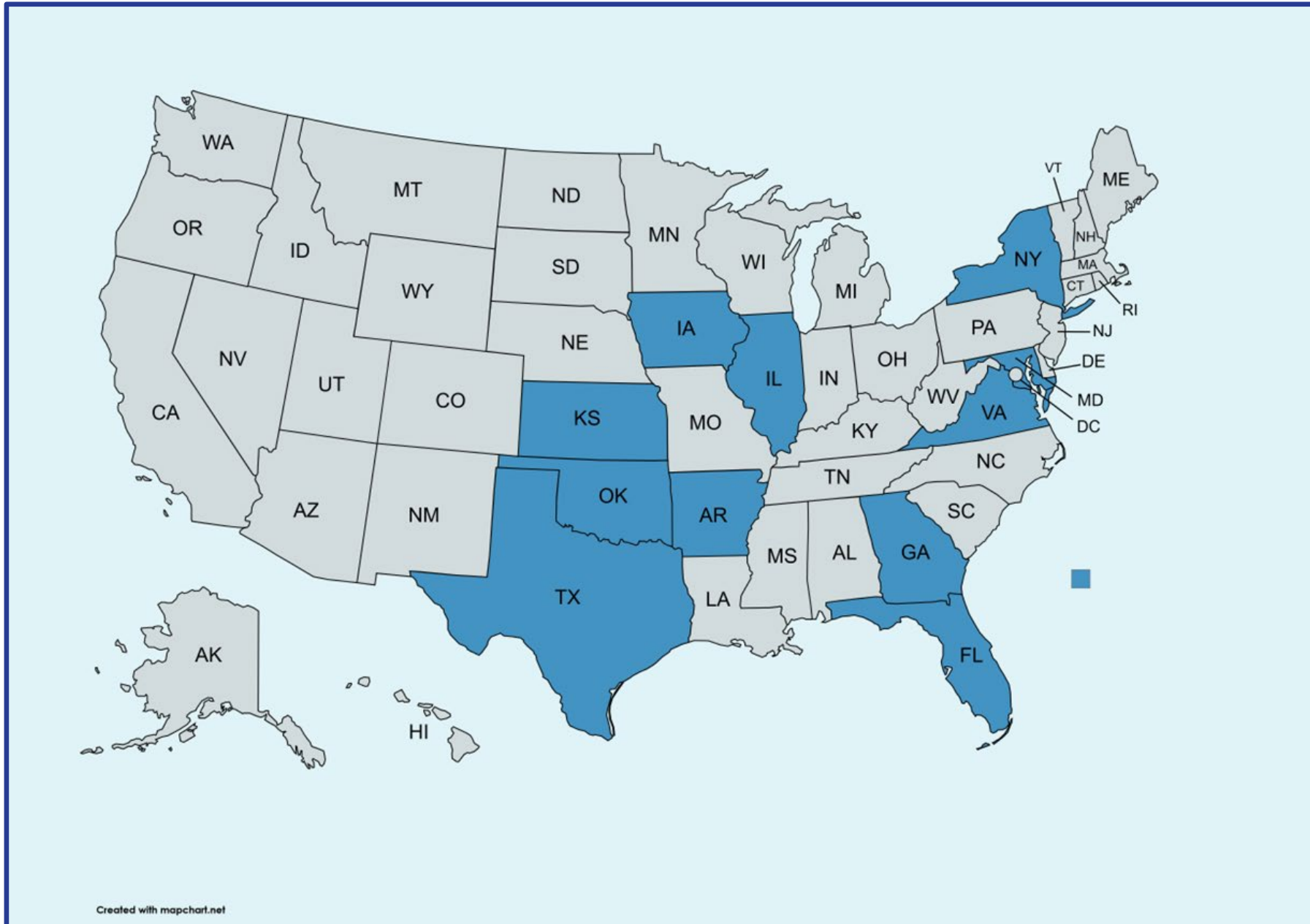
**Eric M. Rohren, MD, PhD, FACR**  
**New Committee Chair**  
**July 1, 2026**



**Kamran Ali, MD, FACR**  
**New Committee Vice Chair**  
**July 1, 2026**

# Geographic Distribution of Members

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# Thank You and Farewell!

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David Wymer

Mark McKinney

Steven Shankman



Effective July 1, 2026

- Dr. Michael Fox (MSK) – Mayo Clinic, Arizona
- Dr. David Mauro (IR) – University of North Carolina
- Dr. Juliana Bueno Elias (Thoracic) – University of Virginia

# Review Committee Staff

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# Radiology Data



# Radiology Accredited Programs 2025-2026

Specialty	Pgms	Approved	Filled
Diagnostic Radiology	201	5,689	4,868
Interventional Radiology - Int	106	1,264	858
Interventional Radiology - Ind	90	233	141
Abdominal Radiology	15	65	58
Musculoskeletal Radiology	24	61	39
Neuroendovascular Intervention	6	11	9
Neuroradiology	94	403	348
Nuclear Radiology	20	41	20
Pediatric Radiology	48	133	62

# Interventional Radiology

IR Integrated	
2024-2025	2025-2026
101 Programs	106 Programs
1,085 Accredited Positions	1,264 Accredited Positions
820 Filled Positions (~136 graduates)	858 Filled Positions (~138 graduates)

IR Independent	
2024-2025	2025-2026
91 Programs	90 Programs
230 Accredited Positions	233 Accredited Positions
167 Filled Positions	141 Filled Positions (~93 filled via NRMP)

- 80 Institutions – Both
- 36 Institutions – Integrated Only
- 19 Institutions – Independent Only

# IR ↔ DR Transfers

	2021- 2022	2022- 2023	2023-2024
Diagnostic → IR Integrated	30	23	8
IR Integrated → Diagnostic	12	19	19
<b>TOTAL</b>	42	42	27
	(+18 IR)	(+4 IR)	(+11 DR)

# New Programs 2025-2026

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IR-Int	LA County Harbor UCLA <i>Bhavraj Khalsa, MD</i>	California
IR-Int	Loyola University <i>Marc Borge, MD</i>	Illinois
IR-Int	University of Illinois at Peoria <i>John Irish, MD</i>	Illinois
IR-Int	Mass General Brigham <i>Regina Koch, MD</i>	Massachusetts
IR-Ind	Mass General Brigham <i>Sara Zhao, MD</i>	Massachusetts
IR-Int	Cooper Medical School of Rowan <i>Sabina Amin, MD</i>	New Jersey

# New Programs 2025-2026

DR	Mass General Brigham <i>Sara Durfee, MD</i>	Massachusetts
DR	University Medical Center of Southern Nevada <i>Albert Cook, MD</i>	Nevada
DR	Hackensack Meridian <i>Vadim Spektor, MD, BS</i>	New Jersey
Abdominal	University of Louisville <i>Fahimul Huda, MBBS, MD</i>	Kentucky
Abdominal	West Virginia University <i>Melinda Smith, MD</i>	West Virginia

# New Programs 2025-2026

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MSK	University of Cincinnati <i>Timothy Klostermeier, MD</i>	Ohio
NEI	St Luke's Anderson <i>Martin Oselkin, MD</i>	Pennsylvania
Neuro	Baylor University <i>Benjamin White, MD</i>	Texas
Nuclear	Indiana University <i>Cindy Yuan, MD</i>	Indiana
Peds	Nemours/Mayo Clinic Jacksonville <i>Chetan Shah, MBBS, MBA</i>	Florida

# Top Five Citations for 2024-2025

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## Diagnostic

1. Learning environment/raising concerns from Resident Survey
2. Inadequate # of faculty, core faculty time, faculty development
3. Facilities and equipment
4. Supervision guidelines/policy
5. Multisource eval, resident portfolio, end-of-rotation evals

## Interventional - Integrated

1. Inaccurate data
2. Clinical experience/Case Logs
3. Supervision guidelines/policy
4. Faculty teaching/supervision
5. Evaluations

# Radiology

Specialties

The Review Committee for Radiology provides these resources to accredited programs and those applying for accreditation.

Overview


Program Requirements and FAQs and Applications

Milestones

Documents and Resources

Review Committee Members

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 Clinical Year-Approved Programs

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 Guidelines for Program Mergers

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 Radiology Eligibility Considerations


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 Supervision Definitions Applied


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 Guidelines for One on One Remote Supervision

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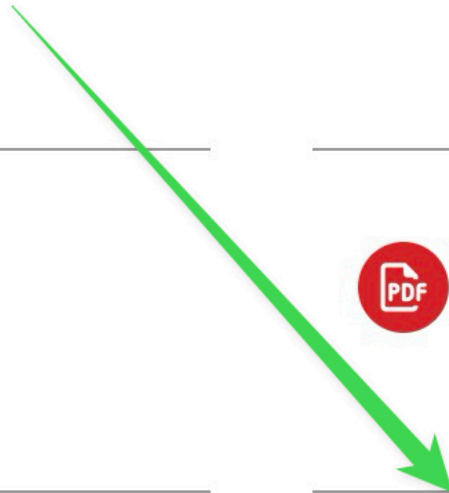
 Process for Submission of Program Director Changes

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 Request for Changes in Resident Complement

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 Supervision Policy Guidance





# Evaluation – Program Requirements

- 5.1.f.1. This should include a review of the resident procedural experiences to ensure complete and accurate tracking in the ACGME **Case Log** System throughout the duration of residency education. (Core)
- 5.2.c. **The final evaluation must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.** (Core)

# Review Committee Discussions



# Common Program Requirements Task Force Update

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1. Work Hours
2. Scholarly Activity
3. Dedicated Program Director and Program Coordinator Time
4. Faculty Qualifications

# 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

# Current DR and IR Faculty Qualification Requirements

## 2.10. Physician Faculty Members

**Physician faculty members must have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)**

2.10.a. Other faculty qualifications acceptable to the Review Committee include certification by other American Board of Medical Specialties (ABMS) member boards, or other American Osteopathic Association (AOA) certifying boards. (Core)

# DR and IR Faculty Qualification

## Revision July 1, 2026

#ACGME2026

~~2.10.a. Other faculty qualifications acceptable to the Review Committee include certification by other American Board of Medical Specialties (ABMS) member boards, or other American Osteopathic Association (AOA) certifying boards. (Core)~~

**2.10.a Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)**

# DR Resident Transfer Current Requirements

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## 3.5. Resident Transfers

**The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)**

3.5.a. The program director must conduct a Milestones assessment of a resident's clinical competence within the first 12 months of transferring into the program. (Core)

3.5.b. Resident transfers into integrated interventional radiology programs into diagnostic radiology programs must be limited to transfers within the same Sponsoring Institution. Residents transferring into integrated interventional radiology programs must meet the following qualifications for transfer: (Core)

3.5.b.1. Transfers into PGY-5 level integrated interventional radiology programs must be from the equivalent level in the integrated interventional radiology program. (Core)

3.5.b.2. Residents transferring into the PGY-5 level must have taken or be eligible to take the ABR Core Examination or the AOBR Combined Physics and Diagnostic Imaging Examination. (Core)

## 3.5. Resident Transfers

**The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)**

### Integrated Programs

The program director must obtain a Milestones assessment of a resident's clinical competence in both interventional and diagnostic radiology with a minimum of 12 months of transfer into the program. (Core)

3.5.b. Resident transfers from diagnostic radiology programs into integrated interventional radiology programs and transfers from within the same Sponsoring Institution and must meet the following requirements for transfer: (Core)

3.5.b.1. Transfers into the PGY-5 must be at the equivalent level in the diagnostic radiology program. (Core)

3.5.b.2. Residents transferring into the PGY-5 must have taken or be eligible to take the ABR Core Examination or the AOBR Diagnostic Radiology Combined Physics and Diagnostic Imaging Written Exam, and must have successfully completed at least three rotations in interventional radiology. (Core)

# DR and IR-Int Resident Transfer Requirements July 1, 2026

#ACGME2026

## **3.5. Resident Transfers**

**The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)**

**3.6. Prior to accepting a transfer resident, the program must obtain from the resident, and retain written confirmation that the resident understands the impact of the transfer on their eligibility for their intended specialty board's initial certification. (Core)**

# ABR DR Exam Changes: Timing Impacts for DR and IR/DR Residents

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## IR/DR Exam Timing

Exam timing is also changing for IR/DR residents starting in 2028. In a steady state, IR/DR residents will have their first opportunity to take the Qualifying (Core) Exam in the fall of their PGY-5/R4 year and their first opportunity to take the DR Oral Certifying Exam in June of their PGY-5/R4 year.

Details about the transition plan for IR/DR residents graduating in 2028-2030:

Graduation Year	DR & IR/DR Qualifying (Core) Exam	DR Oral Certifying Exam
2028	June 2026 (PGY-4/R3)	N/A
2029	June 2027 (PGY-4/R3)	June 2028 (PGY-5/R4)
2030 (steady state)	Fall 2028 (PGY-5/R4)	June 2029 (PGY-5/R4)

# Association of University Radiologists Meeting Update

#ACGME2026

## ESIR IR Rotations in PGY2-4

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- ESIR curriculum variation with regard to the number of IR rotations assigned in the PGY2-4 (R1 - R3)
- ESIR should follow same guidelines as IR integrated
- This ensures a balanced experience with adequate exposure to all domains of radiology in preparation for the Core Exam
- The Review Committee will allow up to 6 IR rotations PGY2-4 **without AFI or citation**

# 2026 IR Program Requirements

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4.11.l. Curriculum By the completion of the program, residents must have completed at least **23** interventional radiology or interventional radiology-related rotations. (Core)

4.11.l.1. Of these, at least **18 rotations** must be core interventional radiology rotations in the interventional radiology division under the supervision of an interventional radiologist. (Core)

4.11.m. Residents must complete one rotation in critical care medicine. (Core)

**4.11.m.1. For integrated programs, the critical care experience should occur during the PGY-5 or PGY-6. (Detail)**

4.11.m.2. The critical care experience must be completed on a continuous full-time basis in a critical care setting under the supervision of a critical care specialist. (Core)

4.11.w. The final 24 months of the program should be focused primarily on interventional radiology training and education. (Core)

4.11.w.1. Diagnostic radiology educational content during the final 24 months should be limited to a maximum of **four** rotations. (Core)

# 2026 IR Program Requirements

4.11.y. Each resident must complete a minimum of 700 hours of training and work experience under the supervision of an Authorized User (AU) in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies (10 CFR 35.290) and oral administration of sodium iodide I-131 for procedures requiring a written directive (10 CFR 35.392, 10 CFR 35.394). (Core)

Four nuclear rotations required to approach 700 hours

4.11.z. Each resident must complete a minimum of 12 weeks of clinical rotations in **breast** imaging. (Core)

Specialty-Specific Background and Intent: According to Nuclear Regulatory Commission (NRC) guidelines § 35.290 Training for imaging and localization studies, the NRC requires “700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training.” Thus, there is the option to count the 80 hours of classroom and laboratory training toward the 700-hour total. In any case, the 80-hour requirement (IV.C.3.i).(2).(e)) must be met, either in addition to the 700 hours (more than 700 hours total) or as part of the 700 hours.

# Case Logs

# General Radiology Essential Procedural Skills

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- Communication from APDR/APDIR [Association of Program Directors in Radiology/Association of Program Directors in Interventional Radiology] Task Force
- Concern about the basic skills of future radiologists
- The Review Committee supports the Task Force recommendation for procedural competencies
- 10 procedural skills identified as the competency areas residents should be able to perform independently after graduation
- These 10 procedures will be tracked in the revised Case Log System for all radiology residents

# General Radiology Essential Procedural Skills

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10 Essential procedural skills for a general radiologist:

- Paracentesis
- Thoracentesis
- Thyroid FNA
- Breast biopsies
- Image-guided core biopsy
- Image-guided abscess drainage
- Catheter exchange, over-wire
- US guided venous access
- Arthrograms/joint aspirations/injections
- Lumbar puncture

# Case Log Report

#ACGME2026



## Procedures Expected of a General Radiologist

All Residents  
As of 2/16/2026

Category	Assisting	Primary	Secondary	Total
Paracentesis	0	88	1	89
Thoracentesis	0	81	1	82
Thyroid FNA	0	274	1	275
Breast Bx	0	128	11	139
Lumbar Puncture (e.g. CSF drainage, myelography)	1	199	1	201
Arthrogram/Joint Aspiration/Injection	0	432	1	433
Image-guided core biopsies	4	2408	22	2434
Exchange catheter over a wire	0	212	7	219
US-guided venous access	0	1140	32	1172
Image guided abscess drainage	1	127	9	137



# Case Logs

- Review Committee will evaluate DR Early Specialization in Interventional Radiology (ESIR) and IR Independent graduate Case Logs to reflect at least *500 procedures per graduate*
- Review Committee will evaluate IR integrated graduate Case Logs to reflect at least *1,000 procedures per graduate*



# Diagnostic Radiology

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Diagnostic Radiology - Application Guidelines for Early Specialization in Interventional Radiology



Diagnostic Radiology - Case Log Categories and Required Minimum Numbers



Guidelines for International Rotations in Diagnostic Radiology or Interventional Radiology



Diagnostic Radiology - Block Diagram Guidelines



Early Specialization in Interventional Radiology (ESIR)- Approved Programs

# Interventional Radiology



Interventional Radiology (Independent) - Case Log Categories and Required Minimum Number



Interventional Radiology (Integrated) - Case Log Categories and Required Minimum Number



Interventional Radiology - Application Guidelines for Interventional Radiology



Interventional Radiology - Guidelines for Acceptable IR-Related Rotations

## Interventional Radiology – Independent Case Log Categories and Required Minimum Numbers Review Committee for Radiology

Case Log Categories	Required Minimum Number
Aortic Stent Grafting	TBD
Arterial PTA or Stent	TBD
Dialysis Access Intervention	TBD
Embolization	TBD
New Outpatient Clinic Evaluation	TBD
Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy)	TBD
Primary Nephrostomy	TBD
Thrombolysis or Thrombectomy (Arterial or Venous)	TBD
TIPS or TIPS Revision	TBD
Tumor Ablation	TBD
Venous Port	TBD
Venous Intervention (Stent, PTA, or filter)	TBD



## Integrated-Interventional Radiology Minimum

Resident: [REDACTED]  
As of 2/5/2026

Examinations	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Minimum
Chest x-ray	708	1070	129	17	0	1924	1900
CTA/MRA	44	671	337	92	0	1144	100
Mammography	0	61	28	207	0	296	300
CT abd/pel	113	448	1005	224	0	1790	600
US abd/pel	163	125	293	160	0	741	350
Image guided bx/drainage	14	36	80	51	50	231	25
MRI lower extremity joints	4	27	35	9	0	75	20
MRI brain	123	215	54	135	0	527	110
PET	0	39	1	90	0	130	30
MRI body	0	2	171	4	0	177	20
MRI spine	50	160	70	111	0	391	60
Aortic Stent Grafting	0	0	0	13	0	13	0
Arterial PTA or Stent	1	0	0	49	0	50	0
Arterial vascular repair/closure	0	0	0	3	24	27	0
Arteriogram	0	2	0	156	139	297	0
Arthrogram/Joint Aspiration/Injection	0	0	0	0	3	3	0
Aspiration	1	1	4	6	1	13	0
Biopsy	8	13	66	13	44	144	0
Breast biopsy	0	0	0	12	0	12	0
Breast localization	0	0	0	3	0	3	0
Catheter exchange over wire	7	11	3	55	50	126	0
Dialysis Access Intervention	7	14	0	51	36	108	0
Drain Placement	4	9	7	27	23	70	0
Embolization	3	23	1	43	52	122	0
GI/biliary Intervention	0	2	0	5	20	27	0
GU Intervention	0	0	0	4	1	5	0
Lymphatic Intervention	2	0	0	0	0	2	0

## Interventional Radiology – Independent Case Log Categories and Required Minimum Numbers Review Committee for Radiology

Case Log Categories	Required Minimum Number
Aortic Stent Grafting	TBD
Arterial PTA or Stent	TBD
Dialysis Access Intervention	TBD
Embolization	TBD
New Outpatient Clinic Evaluation	TBD
Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy)	TBD
Primary Nephrostomy	TBD
Thrombolysis or Thrombectomy (Arterial or Venous)	TBD
TIPS or TIPS Revision	TBD
Tumor Ablation	TBD
Venous Port	TBD
Venous Intervention (Stent, PTA, or filter)	TBD

Nerve blockade/ablation	0	0	0	9	15	24	0
New Outpatient Clinic Evaluation	0	0	0	0	0	0	0
Neuro diagnosis/intervention	0	0	0	138	36	174	0
Paracentesis	3	5	4	0	16	28	0
Peritoneal Dialysis Access Intervention	0	0	0	10	0	10	0
Radiotherapy	0	0	0	0	0	0	0
Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy)	5	17	0	23	22	67	0
Radiotracer Injection	0	0	0	0	0	0	0
Removal	8	1	0	23	20	52	0
Spinal puncture	1	0	3	20	27	51	0
Thoracentesis	2	2	4	1	4	13	0
Primary Nephrostomy	2	1	1	11	16	31	0
Thrombolysis or Thrombectomy (Arterial or Venous)	2	1	0	8	1	12	0
Thyroid FNA/biopsy	0	1	2	0	0	3	0
TIPS or TIPS Revision	0	0	0	8	2	10	0
Tumor Ablation	0	2	0	7	24	33	0
US guided venous access	13	26	5	65	42	151	0
US Hands On Scans	0	0	0	10	1	11	0
Venogram	2	1	0	66	84	153	0
Venous Port	8	4	0	29	53	94	0
Venous Intervention (Stent, PTA, or Filter)	2	7	2	38	23	72	0
Vertebral Augmentation	0	0	0	4	2	6	0
Other	2	6	0	35	65	108	0
<b>Total Examinations</b>	1302	3003	2305	2045	896	9551	



# Update: Projected Common Program Requirement Major Revision Timeline



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



# Burden Reduction – Common Program Requirements Task Force

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- 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 requirements is posted for public comment in late 2026
- Until the new Common Program Requirements are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)
- Of the 10 deletions, please note the following...

# Burden Reduction – Common Program Requirements Task Force

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## PROGRAM LETTER OF AGREEMENT (Early suspension of 1.3.a.)

**1.3. There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)**

~~**1.3.a. The PLA must be renewed at least every 10 years. (Core)**~~

**1.3.b. The PLA must be approved by the designated institutional official (DIO). (Core)**

# Burden Reduction – Common Program Requirements Task Force

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## PROGRAM DIRECTOR APPROVAL (Early suspension of 2.2.a.)

### 2.1. Program Director

There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)

2.2. The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)

~~2.2.a. Final approval of the program director resides with the Review Committee. (Core)~~

# 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.

# Frequently Asked Questions (FAQs) integration into Requirements documents

<b>Section 6: The Learning and Working Environment</b> .....	42
Culture of Safety .....	42
Quality Metrics .....	43
Supervision and Accountability .....	43
Professionalism .....	45
Well-Being .....	47
Fatigue Mitigation .....	50
Clinical Responsibilities .....	50
Teamwork .....	51
Transitions of Care .....	51
Clinical Experience and Education .....	51
<b>Frequently Asked Questions: Anesthesiology</b> .....	56

Anesthesiology with FAQs

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Frequently Asked Questions: Anesthesiology ..... 56

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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# Accreditation of Combined Programs

- Existing combined programs listed in the Accreditation Data System (ADS) were offered an opt-in
  - 130 of 133 were assigned Initial Accreditation, effective July 1, 2025
  - Review Committee review in 2027 (after site visit), for programs to achieve Continued Accreditation
- New program applications are open
- 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 should only be listed 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)

# Programs on Continued Accreditation 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	Post Site Visit Accreditation Decisions
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.

# ACGME Cloud

*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.

# ACGME Cloud

*Reducing Burden | Reimagining GME*

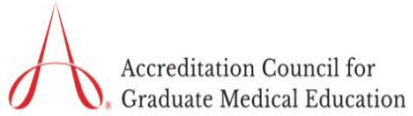
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## **New ACGME Cloud features launching in April will offer:**

- 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.



Q Enter your search



Programs and Institutions ▾

Specialties ▾

Residents and Fellows ▾

Milestones ▾

Improvement and Initiatives ▾

Education and Training ▾

Accreditation Data System (ADS)

ACGME Cloud

ACGME Surveys

Case Log System

Institution and Program Finder

ADS Help Center

# 2026 ACGME ANNUAL EDUCATIONAL CONFERENCE *Meaning in Medicine*

FEBRUARY 19-21, 2026  
SAN DIEGO, CALIFORNIA



## In-Person Registration Available

Learn more!

Attend #ACGME2026, the ACGME's signature learning event, and be part of the largest graduate medical education (GME) gathering in the world! The conference will be held February 19-21, 2026 in San Diego, California.

# Example Analytic Resident Survey Results in ACGME Cloud

#ACGME2026

## Survey Reports

Program

Survey Category and Content Area

Survey Type



Compare To



By Year



By Trends



% Compliance Trends by Survey Category and Content Area

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
<b>Resources</b>	72.6%	97.8%	96.1%	97.4%	91.8%
Able to access confidential mental health counseling or treatment	73.3%	100.0%	100.0%	100.0%	94.7%
Able to attend personal appointments	80.0%	100.0%	100.0%	100.0%	94.7%
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	40.0%	100.0%	88.2%	88.2%	78.9%
Education compromised by non-physician obligations	100.0%	100.0%	100.0%	100.0%	100.0%
Faculty members discuss cost awareness in patient care decisions	73.3%	93.3%	94.1%	100.0%	89.5%
Impact of other learners on education	80.0%	93.3%	100.0%	100.0%	89.5%
Protected time to participate in structured learning activities	46.7%	100.0%	100.0%	100.0%	100.0%
Satisfied with safety and health conditions	66.7%	100.0%	88.2%	88.2%	84.2%
Time to interact with patients	93.3%	93.3%	94.1%	100.0%	94.7%



 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/>



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# QUESTIONS



Thank you!