

Specialty Update: Urology

Stephanie Kielb, MD, Vice Chair, Review Committee for Urology

Laura Huth, MBA, Executive Director, Review Committee for Urology

*Shellie Bardgett, PhD, Associate Executive Director, Review Committee
for Urology*

Conflict of Interest Disclosure

Speakers:

Stephanie Kielb, MD, Vice Chair

Laura Huth, MBA, Executive Director

Shellie Bardgett, PhD, Associate Executive Director

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.

Talking Points

- Review Committee – Who / What / When
- Programs by the Numbers
- Review Committee News
- Annual Program Review
- Accreditation Data System (ADS)
- ACGME News
- Resources
- Open Dialogue with the Review Committee

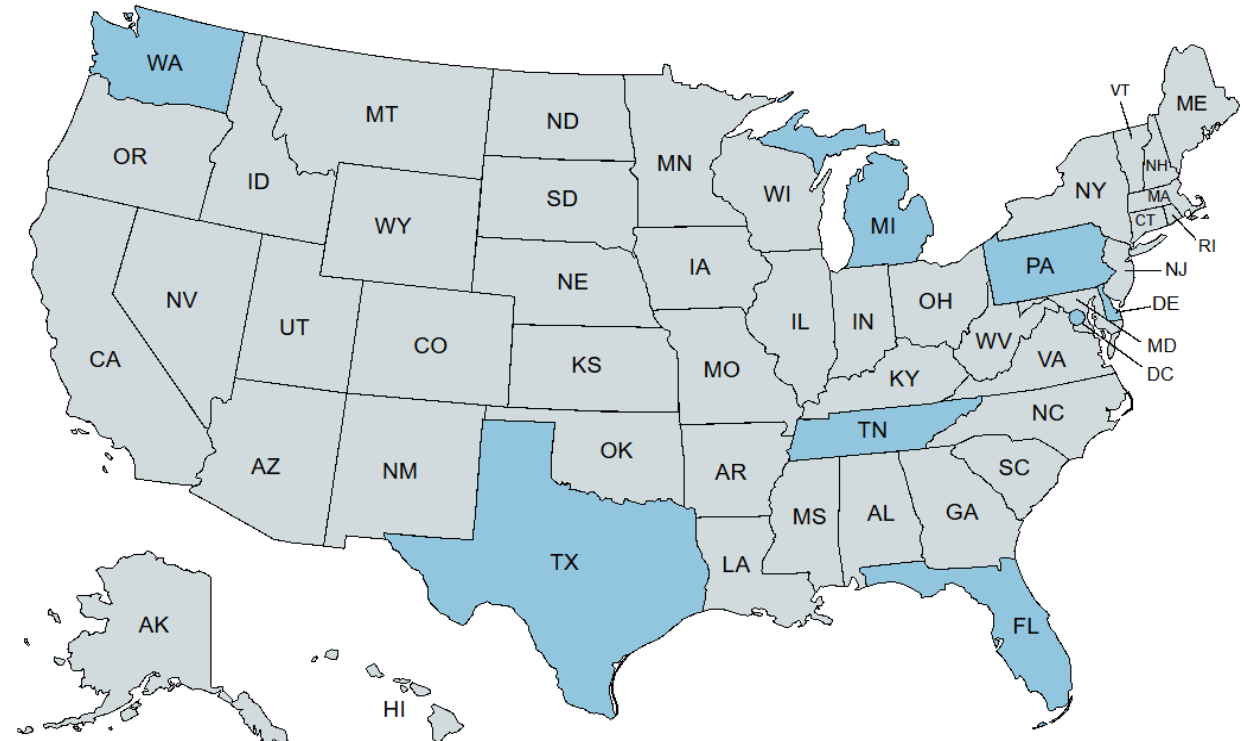
Review Committee (RC) – Who / What / When

Who: RC Membership

- **Four nominating organizations:**
American Board of Urology (ABU),
American College of Surgeons (ACS),
American Medical Association (AMA), and
American Osteopathic Association (AOA)
- **Twelve voting members** (including
resident and public member)
- **Six-year terms** (except for resident
member who serves two years)
- All volunteers

*Program Directors, Chairs, Faculty, DIOs,
Resident and Public Representation*

Current Geographic Distribution



Who: RC Voting Members

Kate Kraft, MD, MHPE, *Chair*
University of Michigan

Stephanie Kielb, MD, *Vice Chair*
University of Michigan

James Ding, MD, *Resident Member*
University of Pennsylvania

Stephanie Meyer, DrPH, *Public Member*
San Antonio Metropolitan Health Department

Tim Brand, MD, MS
Baptist Health Care

Greg Broderick, MD
Mayo Clinic - Jacksonville

Brook Brown, MD, MPH
MedStar Georgetown University

Sam Chang, MD, MBA
Vanderbilt University

Ali Dabaja, MD, *Incoming Chair*
Henry Ford Health System

Jennifer Hagerty, DO, *Incoming Vice Chair*
Nemours/DuPont Children's Hospital

Kathleen Kobashi, MD
Houston Methodist Hospital

Mathew Sorensen, MD, MS
University of Washington School of Medicine

Who: Ex-Officio Attendees

J. Brantley Thrasher, MD, FACS
American Board of Urology



Kyla Terhune, MD, MBA, FACS
American College of Surgeons



Open
American Osteopathic Association



Who: RC Executive Committee

Kate Kraft, MD
Chair

Stephanie Kielb, MD
Vice Chair

Laura Huth, MBA
Executive Director

Shellie Bardgett, PhD
Associate Executive Director

Angel Mathis
Accreditation Administrator

What: Review Committees (RCs)

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

When: Review Committee Meetings

Three meetings per calendar year:
January, April, and August

Upcoming Meetings:

April 16-17, 2026 – agenda closed February 6

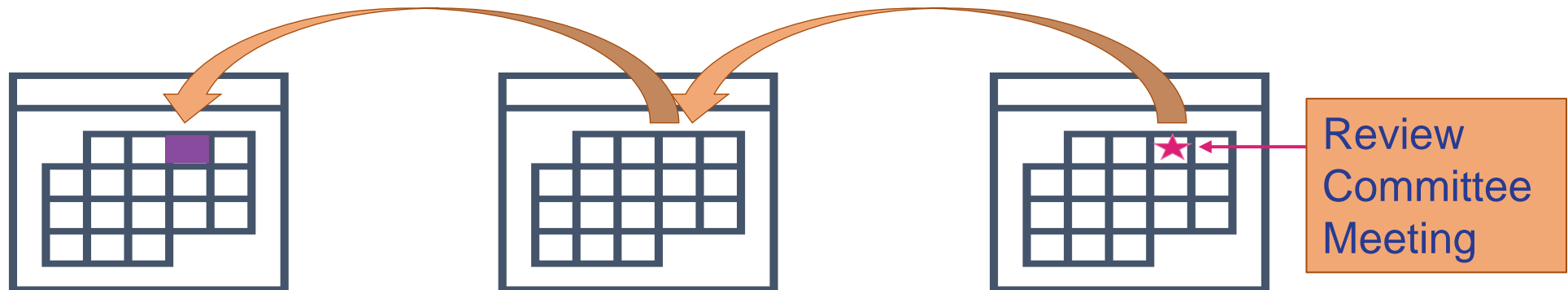
August 21, 2026 – agenda closes June 12*

January 28-29, 2027 – agenda closes November 20*

*Agenda closing date for new applications is earlier due to the need for a site visit

When: Review Committee Meetings

- Meeting agenda **closes about two months** before meeting
 - New program application deadlines are roughly six months before meeting, since a site visit is needed
- Permanent complement increase requests **must be submitted by the designated institutional official (DIO)** by the agenda closing date to make the next meeting

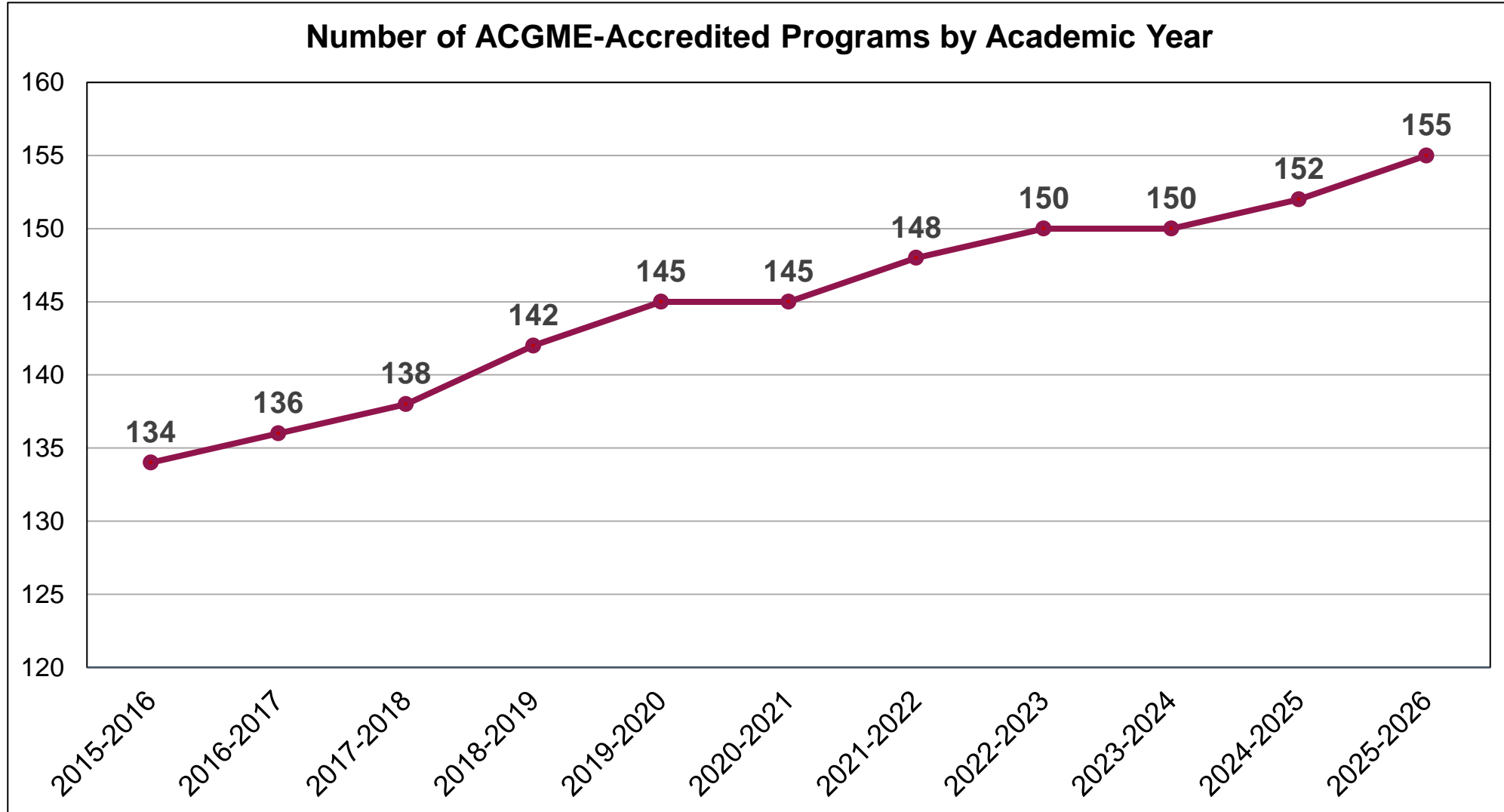


Programs by the Numbers

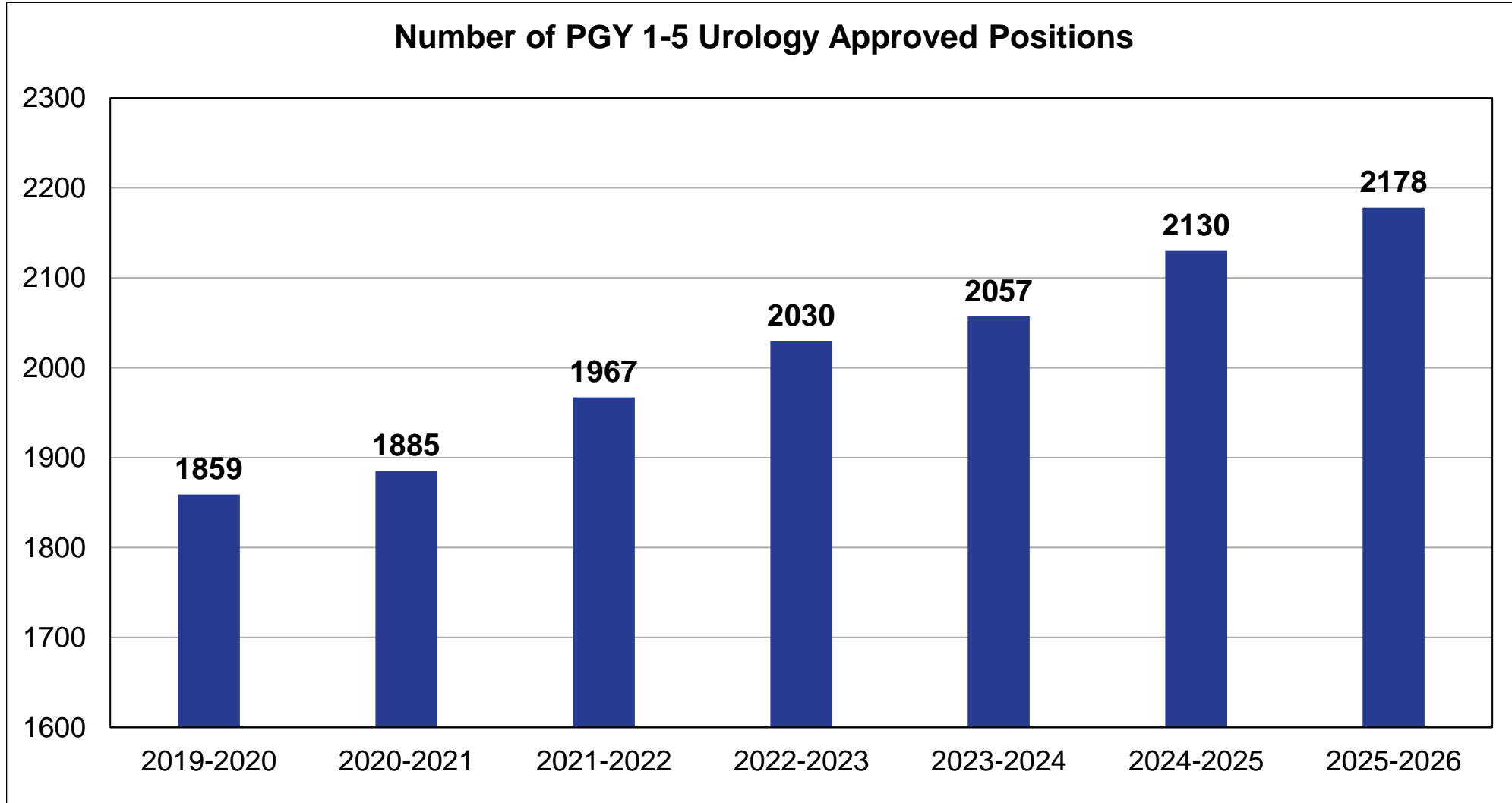
Urology Programs by Status

Program	Initial Accreditation	Continued Accreditation without Outcomes	Continued Accreditation	Continued Accreditation with Warning	Probation	Total
Urology	6	6	136	5	2	155
Pediatric Urology	2	0	26	0	0	28
Urogynecology & Reconstructive Pelvic Surgery (URPS)	0	3	12	0	0	16
TOTAL						198

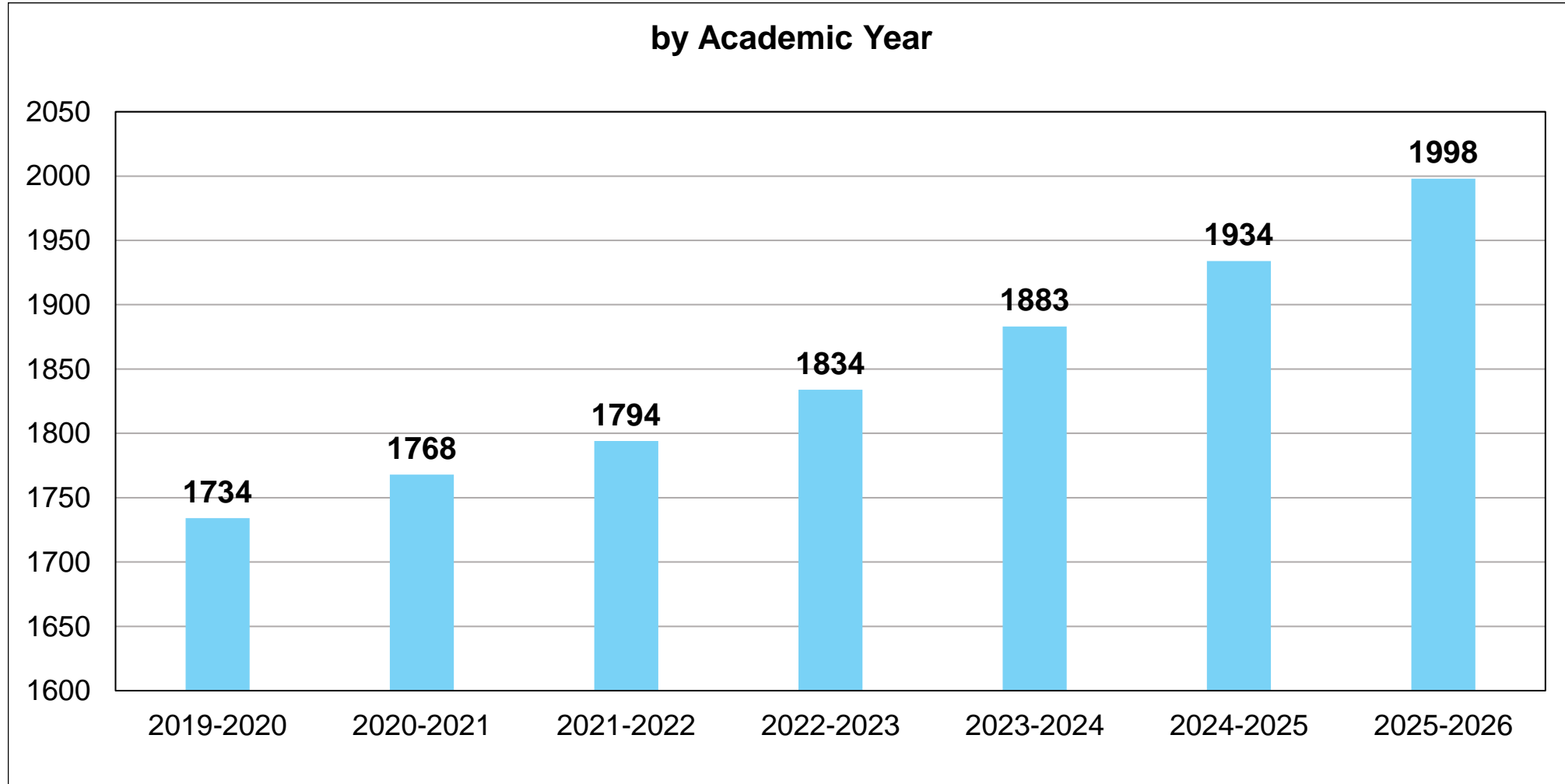
By the Numbers: Urology Residencies



By the Numbers: Urology Positions



Number of Active Urology Residents





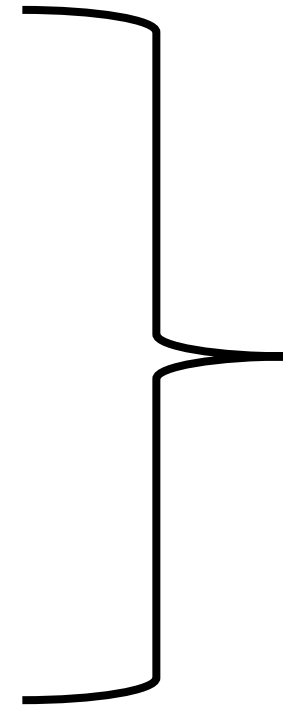
2025: New Residency Positions

New Programs:

- 5 programs approved
- 45 new spots

Permanent Complement Increases:

- 8 programs approved
- 36 new spots



81 new positions



2026, so far: New Residency Positions

Permanent Complement Increases:

- 5 programs approved
- 23 new spots

Review Committee News

Interim Revision of the Program Requirements for Urology

- Updated Program Requirements (2.4.a – 2.4.b) for **dedicated time for administration of the program by program leadership** were approved by the Board of Directors and **will be effective beginning July 1, 2026**.
- **Updated Requirements** posted on ACGME website:
ACGME.org > Specialties > Urology > Program Requirements and FAQs and Applications

Interim Revision: Program Leadership Administrative Time

Old Requirement:

2.4.a.

At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. ^(Core)

New Requirements:

2.4.a.

At a minimum, program leadership must be provided with the dedicated time and support specified below for administration of the program. ^(Core)

Number of Approved Categorical Resident Positions	Minimum Support Required (FTE)
1-6	0.20 (Program Director)
7-10	0.25 (Program Director)
11-20	0.30 (Program Director) + 0.05 (Program Director or Associate Program Director)
21-30	0.30 (Program Director) + 0.10 (Associate Program Director)
>30	0.40 (Program Director) + 0.10 (Associate Program Director)

2.4.b.

Programs with more than 20 residents must have at least one associate (or assistant) program director with an aggregate minimum of 10 percent FTE support. ^(Core)

Proposed Change to Program Requirements...

PGY1 General Surgery Requirements

Current Program Requirement:

- 4.11.a. The program director must be responsible for the design, implementation, and oversight of the Uro-1 year. The Uro-1 year must include: (Core)
 - 4.11.a.1. six months of core surgical education in rotations outside of urology designed to foster competence in basic surgical skills, the peri-operative care of surgical patients, and inter-disciplinary patient care coordination, including: (Core)
 - 4.11.a.1.a. three months of general surgery rotations; and, (Core)
 - 4.11.a.1.b. three months of additional non-urological surgery rotations. (Core)

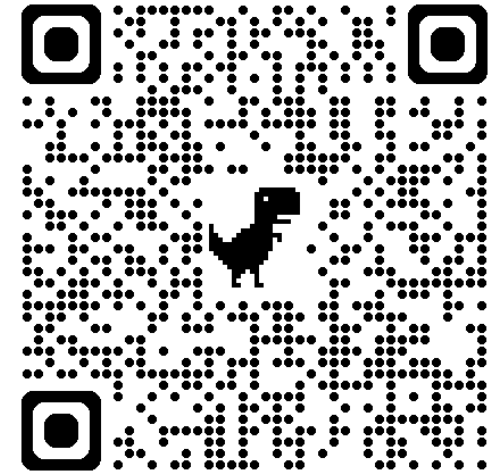
PGY1 General Surgery Requirements

- Currently, all 6 months must occur in the Uro-1 year
- Would programs benefit from flexibility in the timing of the required 6 months of core surgical education outside of urology?
- Should **up to 3 months** of the required 6 months of surgery to be allowed to occur in the Uro-2 year?

PGY1 General Surgery Requirements

- Would you be in support of a program requirement that allows for 3 of the 6 months of core surgical education, outside of Urology, to occur in the Uro-2 year?
- The current requirement dictates that all 6 months occur in the Uro-1 year, the proposed change would allow programs to keep all 6 months in the Uro-1 year or flex up to 3 months into the Uro-2 year.

Provide your input!



Case Logs

- Urology reconstructive surgery category
 - Reconstructive surgery subcategories revised
 - New minimums established—effective with 2024 graduates
 - Pediatric reconstructive surgery cases now give credit to both pediatric and reconstructive surgery minimums
 - Updated information available at [acgme.org](https://www.acgme.org) > Specialties > Urology > Documents and Resources
- Urogynecology and reconstructive pelvic surgery (URPS) minimums:
 - New minimums are in effect and subject to AFI for 2025 grads, will be enforced starting with 2026 graduates

Reminder: Urology-Specific Survey Questions

Compared to other program residents in your training year, how often has your exposure to operative cases and procedures been equitable?

- Never
- Almost never
- Sometimes
- Often
- Always
- N/A (our residency only trains 1 resident per year)

Reminder: Urology-Specific Survey Questions

From your perspective, how important is it that all residents continue to accurately log their cases once minimums have been met?

- Not at all important
- Slightly important
- Moderately important
- Quite important
- Very important

Resident Survey

- Interested in seeing how your program compares to all urology programs on the **urology-specific** items?
- Aggregate Program Data is available on the ADS Survey Reports page: Specialty > Page 6

Resident/Fellow and Faculty Survey Reports

Choose an **Academic Year** and **Program** then click **View Reports**. If available, you will see a **Reports** button for the listed survey type. Report data is aggregated by program, specialty and the nation as a whole. If your program did not participate for the selected academic year, or the report type was not yet being generated, they may be unavailable. Data in downloadable Excel format started to become available in the 2015-2016 academic year.

Note: For the 2024-2025 Surveys and reports, some questions in the Diversity domain were removed and are undergoing review by the ACGME; the removed questions did not provide the type of information required for accreditation decisions.

These reports are confidential and not for external distribution or publication.

Academic Year: 2024-2025 Program: 4800111014 - Urology

Report Type - Aggregated by Program

Report Type	Resident/Fellow	Faculty
Resident/Fellow and Faculty Survey	Reports	Reports
Well-being Survey	Reports	Reports

2024-2025 ACGME Resident/Fellow Survey - page 6

480 Urology - Aggregated Program Data

Specialty Specific Questions

Survey taken: February 2025 - April 2025

Programs Surveyed 149
Residents Responded 1902 / 1936
Response Rate 98%

	Never	Almost Never	Sometimes	Often	Always	N/A-one resident per year
Compared to other program residents in your training year, how often has your exposure to operative cases and procedures been equitable?	0.1%	0.5%	3.4%	17.4%	75.8%	2.9%

	Not at all important	Slightly important	Moderately important	Quite important	Very important
From your perspective, how important is it that all residents continue to accurately log their cases once minimums have been met?	1.4%	4.8%	9.6%	23.2%	61.0%

Annual Program Review

Annual Program Review



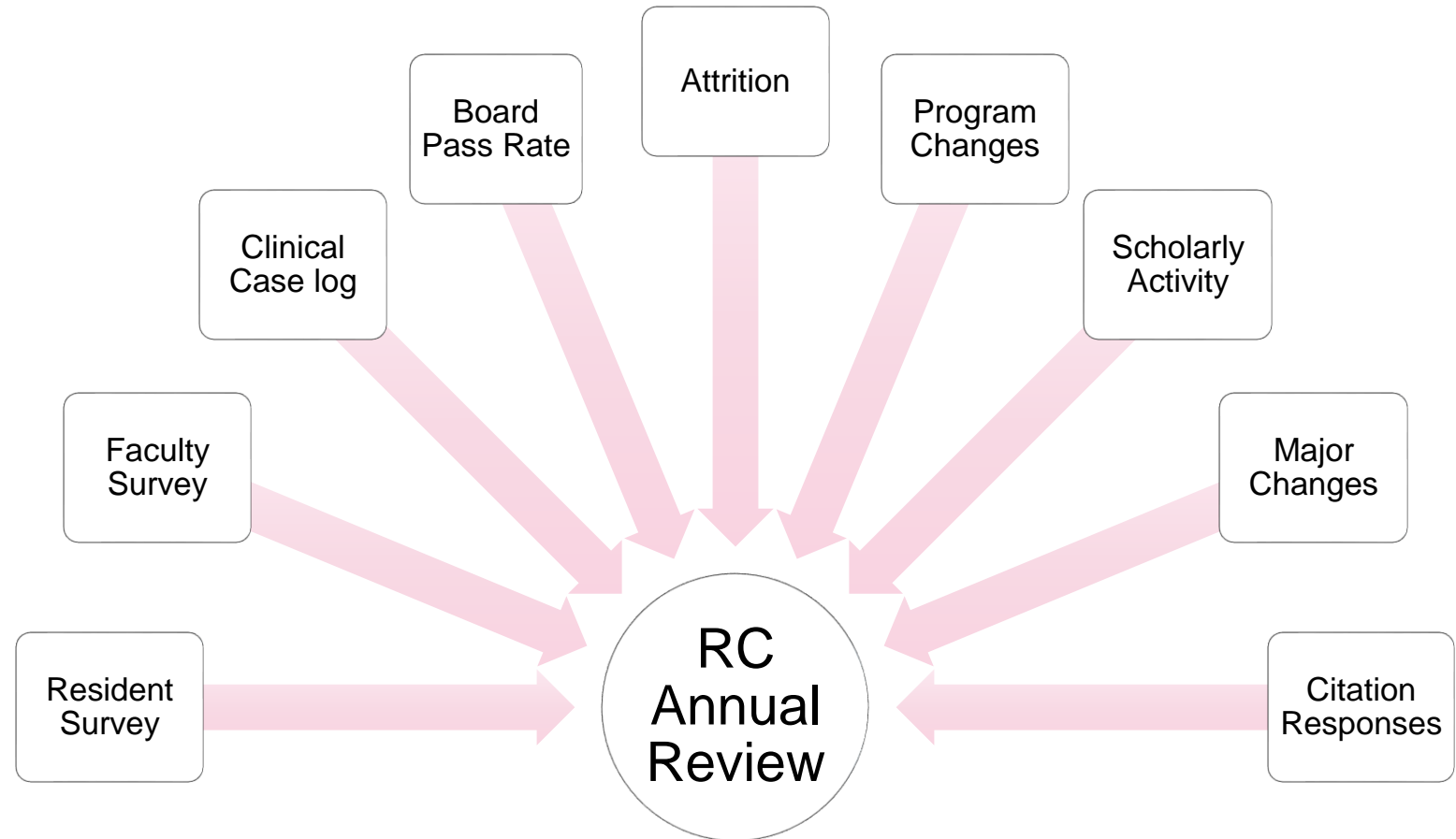


Why Continuous Accreditation?

- Helps to identify programs with potential compliance issues earlier
- Allows us to use screening tools to identify outliers
- Programs that flag as outliers undergo further review
 - *Which data element was flagged?*
 - *Was this data element flagged multiple years?*
 - *Are multiple data elements flagged?*
 - *Does the program describe improvement plans?*

Annual Program Review

January - September:
Program data gathered
and stored in ADS



What is Substantial Compliance?

- Not perfection, not all or nothing
- The RC aims to be consistent, but we believe that human judgment and peer-review are necessary to make this determination.
- The RC gets input from various perspectives.
- We need your help in getting the best information possible.

Citations and AFIs

- **Citation:** Failure to substantially comply with accreditation standard—*always linked to a program requirement*
- **Area for Improvement or AFI:**
 - Area of concern, concerning trend, tip and/or “heads up” about issue that could turn into a citation
 - Not necessarily linked to a requirement

What is a Citation?

- It is a formal documentation that the program has not provided evidence of substantial compliance with the requirements.
- It is not a punishment, a warning, or a probation.
- By issuing a citation, RC is asking for a written response from the program explaining the situation with a plan to improve it.

What are we trying to achieve with a citation?

- A citation points to specific areas that needs to be improved to be in substantial compliance with requirements.
- We hope it gives programs the leverage to get needed resources and make changes that will improve the educational and teaching environment as well as patient care.

If a citation is not an adverse action, what is?

- When a program does not address citations in a good-faith effort to provide quality patient care in a good learning environment, RC can take steps toward withdrawal of accreditation.
- Adverse actions are accreditation withheld, probation, and withdrawal of accreditation
- We are lucky to be working with this urology community where these actions are rarely necessary.

Responding to citations



Audience: physician GME leaders who do not know your program or institution



Be clear, concise, and frank



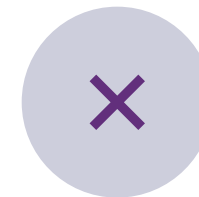
Outline implemented action plans



Demonstrate that you have gotten to the root of the non-compliant area



Describe outcomes (e.g., survey trending up, Case Log minimums met)



If goals not met, explain why and outline next steps

Responding to citations

- Follow this QR code for a course on citation responses from ACGME

[https://dl.acgme.org/courses/
responding-to-citations](https://dl.acgme.org/courses/responding-to-citations)



What is an Area for Improvement (AFI)?

- An AFI points to an area of concern that does not rise to the definition of citation: “not in substantial compliance with requirements”
- We do not require but welcome responses in Major Changes from programs for an AFI.
- We hope that an AFI can also be used as an impetus to improve programs and resources.

Common Citations and Areas for Improvement (AFIs)

- Graduate achievement of the minimum procedural requirements
- Board exam performance
- Block diagram
- Program director responsibilities
- Faculty responsibilities
- Faculty professionalism
- Service to education imbalance
- Feedback/evaluations

Major Changes and Other Updates

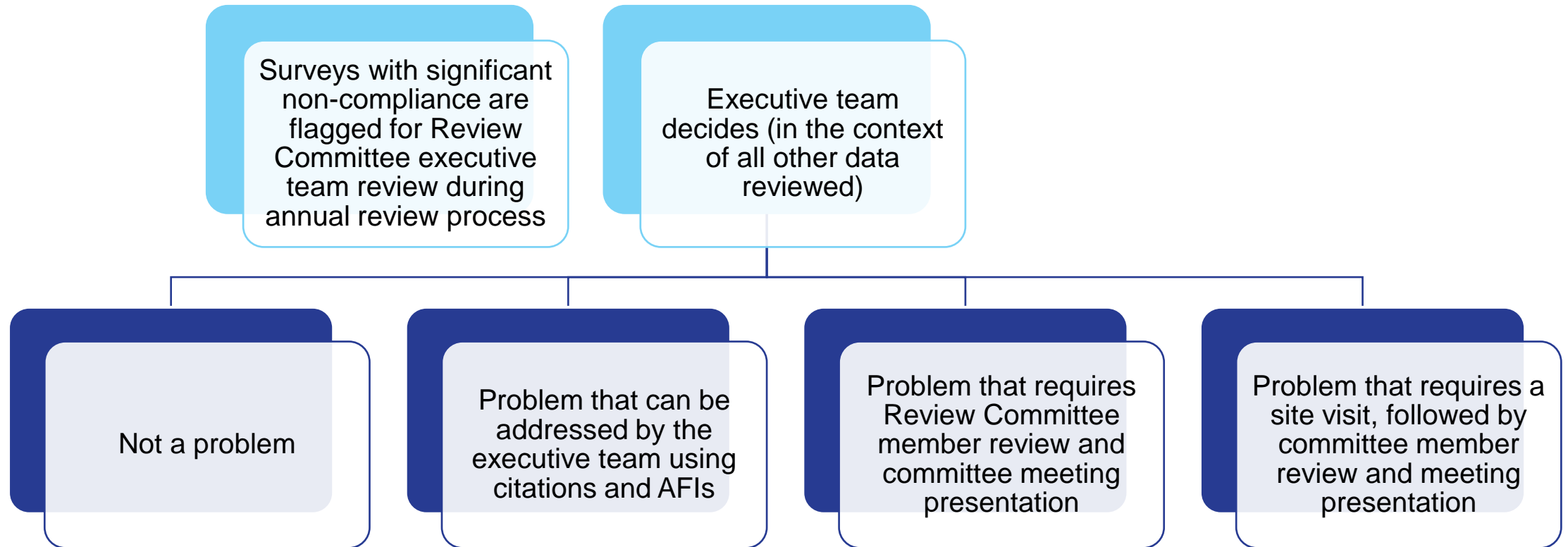
Communicate with the Review Committee about:

- Low ACGME Resident/Fellow and/or Faculty Survey ratings
- How the program has addressed any Areas for Improvement (AFIs)
- Issues with clinical volume and how the program is addressing
- Program changes (e.g., rotations, faculty)
- Program innovations
- Impact of federal rulings/state laws

ACGME Surveys

- Resident/Fellow and Faculty Surveys open **until April 10, 2026**
- No changes to the survey process—program leadership will notify residents/fellows and faculty members about the survey via ADS
- Results available in May
- Small programs receive a multi-year report a few weeks later
 - Reminder for small programs, if the survey response is small ($n < 4$) the Committee looks at Multi-Year Survey results
- **Reminder:** 70% response rate required

What does the Review Committee do with your surveys?



How can programs utilize the survey?

- Waiting for the results may be too late
- Use the survey crosswalk to help residents understand what the survey is asking
- Encourage open and honest communication to get to the root of resident concerns that may or may not be identified via the survey

ACGME Survey Crosswalk



[Submit a request](#)

[Help Center](#) > [Resident/Fellow Survey](#) > [Resident/Fellow Survey Questions, Content Areas and Common Program Requirements Crosswalk](#)

Articles in this section

Sample of Resident/Fellow Survey Questions

Resident/Fellow Survey/Common Program Requirements Crosswalk

Resident/Fellow Survey/Common Program Requirements Crosswalk

1 day ago · Updated

[Print This Article](#)

Refer to the following document for a crosswalk of how the Resident/Fellow Survey is related to the Common Program Requirements.

[Resident Survey/Common Program Requirements Crosswalk](#)

 [Resident Survey Common Program Requirements Crosswalk.pdf](#)

100 KB · [Download](#)

ACGME Survey Crosswalk

Resident Survey/Common Program Requirements Crosswalk Last updated September 5, 2025

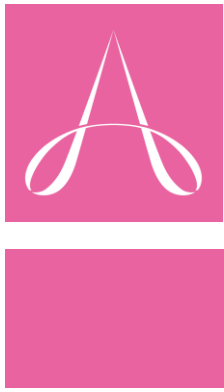
SURVEY REPORT DESCRIPTION	COMMON PROGRAM REQUIREMENT(S)
Resources	
Education compromised by non-physician obligations	6.12.a. The learning objectives of the program must be accomplished without excessive reliance on residents to fulfill non-physician obligations. <small>(Core)</small>
Impact of other learners	1.10. Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. <small>(Core)</small>
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	4.10. Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. <small>(Core)</small>
Faculty members discuss cost awareness in patient care decisions	4.9.e. Residents must demonstrate competence in incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate. <small>(Core)</small>
Time to interact with patients	4.10. Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. <small>(Core)</small>
Protected time to participate in structured learning activities	4.11. Didactic and Clinical Experiences Residents must be provided with protected time to participate in core didactic activities. <small>(Core)</small>
Able to access confidential mental health counseling or treatment	6.13.c.1. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. <small>(Core)</small> 6.13.e. [The responsibility of the program, in partnership with the Sponsoring Institution, must include:] providing access to confidential, affordable mental

How can programs utilize the survey results?

- Review results with Program Evaluation Committee (PEC)
- Program should still do “internal” survey
- Review areas of concern with residents
 - Try to identify source of problem
- Solicit specific improvement suggestions
- Use the “Major Changes” section to proactively communicate how you are addressing poor survey results
- Poor Resident/Fellow Survey results alone will not cause the Review Committee to withdraw accreditation

Accreditation Data System (ADS)

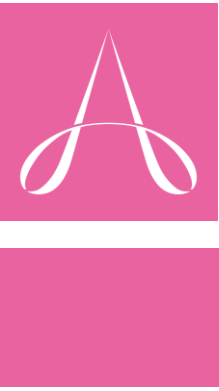
Why is the information entered
in ADS so important?



ADS informs the RC about whether a program...

#ACGME2026

- has qualified faculty members
- has sites that provide appropriate learning opportunities
- meets educational experience requirements
- has residents/fellows who meet eligibility requirements
- is making changes to improve the program
- provides opportunities for scholarly activity
- complies with work hour requirements
- has the approved number of residents/fellows
- and so on...



ADS allows for communication with the RC through...

#ACGME2026



- information about the program (e.g., faculty, sites)
- resident/fellow information
- responses to citations
- resident/fellow procedural experience (Case Logs)
- changes (e.g., complement, program director)

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
- The ACGME continues efforts to make the update easier to complete

Annual Update FAQ:

Should programs provide information about *last year* or *this year*?

Previous Academic Year

Faculty Scholarly Activity
Resident Scholarly Activity

Current Academic Year

Faculty Information
Resident/Fellow information
Sites/Block Diagram
Program resources/curriculum and
evaluation methods questions

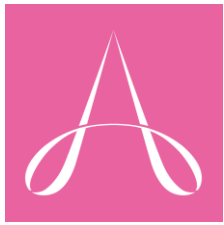
Major Changes and Other Updates
Citations Responses

Scholarly Activity

- Goal: An environment of inquiry that advances a scholarly approach to patient care
- **Faculty** as a group must demonstrate scholarly activity
 - Variety of activities meet this requirement
 - Examples: grand rounds presentation, grant leadership, non-peer-reviewed resource, publication, book chapter, webinar, service on professional committee, journal reviewer
- **Residents** must participate in scholarly activities

Faculty Scholarly Activity Update

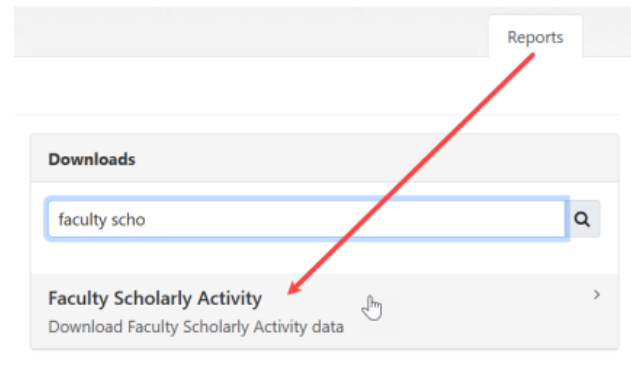
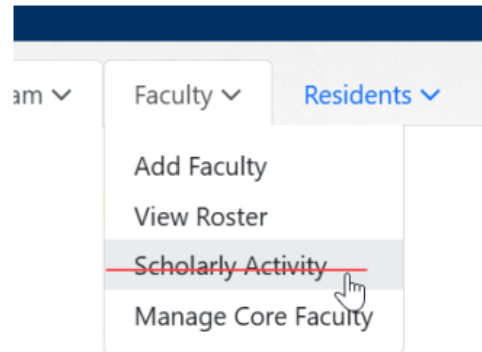
- Faculty Scholarly Activity information will now be collected via two program level questions.
- No more PMID input on ADS.
- Consistent with an expansive view of what scholarly activity means (not just PMIDs).
- New applications will still be required to enter all faculty scholarly activity



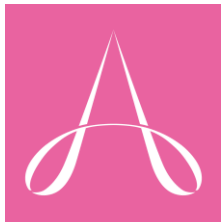
Faculty Scholarly Activity Update (ADS)

Faculty Scholarly Activity ***REMOVED SECTION***

This section of the Annual Update has been removed for all accredited programs. Instead, there are two new questions related to programs' overall faculty scholarly activity. These questions are enumerated later in this document in green. New program applications are still required to complete faculty scholarly activity data entry but are not required to respond to the new questions.



Previous year Faculty Scholarly Activity reports have been moved to the "Faculty Scholarly Activity" download option on the "Reports" tab.



Faculty Scholarly Activity Update (ADS)



Faculty Development ***NEW SECTION***

Question	Response Option(s)	Response Type	Audience
Check all domains in which your faculty members demonstrated accomplishments in scholarly activity in the past academic year:	<ul style="list-style-type: none">○ Research in basic science, education, translational science, patient care, or population health○ Peer-reviewed grants○ Quality Improvement and/or patient safety initiatives○ Systematic reviews, meta-analysis, review articles, chapters in medical textbooks, or case reports○ Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials○ Contribution to professional committees, educational organizations, or editorial boards○ Innovations in education○ Other: Describe	Multi-select w/ one write-in option	Accredited Programs
Check all methods used to disseminate faculty scholarly activity within and external to the program in the past academic year:	<ul style="list-style-type: none">○ Peer-reviewed publications○ Grand rounds○ Posters○ Workshops○ Quality improvement presentations○ Podium presentations○ Grant leadership○ Non-peer-reviewed print/electronic resources, articles, or publications○ Book chapters○ Textbooks○ Webinars○ Service on professional committees○ Serving as a journal reviewer, journal editorial board member, or editor○ Other: Describe	Multi-select w/ one write-in option	Accredited Programs

Additional Annual Update Changes

Faculty Hours ***REMOVED HOURS***

Individual hours are no longer being collected for faculty members in any program. This includes both those collected by individual activities and in total.

Faculty Hours

Number of hours per week faculty member devotes to this program's activities in the following:

Clinical supervision of residents ⓘ	Administration of the program ⓘ
<input type="text" value="28"/>	<input type="text" value="8"/>
Research/scholarly activity with residents ⓘ	Didactics/teaching with residents ⓘ
<input type="text" value="2"/>	<input type="text" value="2"/>

Total hours devoted to this program:

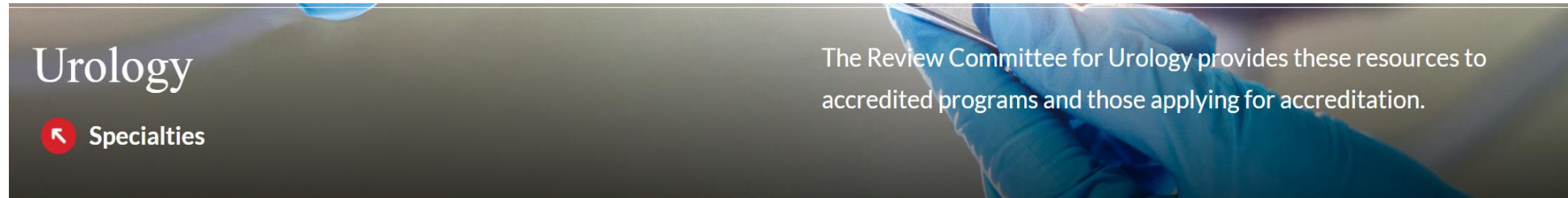
Faculty Hours

Average Hours Per Week Devoted To Educational Program:

REMOVED

Block Diagrams - Required

Remember to use the required fillable template available on the ACGME website for both residencies and fellowships.



Urology



Specialties

The Review Committee for Urology 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

Documents

Share This    

 Block Diagram: Fillable Block Diagram for Urology Fellowship Programs - REQUIRED	 Block Diagram: Fillable Block Diagram for Urology Residency Programs - REQUIRED
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Block Diagrams - Reminders

When creating a block diagram, keep in mind:

- The block diagram shows the rotations a resident/fellow would have in a given year of the program; it does not represent the order in which they occur.
- There should be only one block diagram for each year of education.
- The block diagram should not include resident/fellow names. The block diagram is not the resident/fellow schedule.
- Someone from outside of the institution should be able to look at a program's block diagrams and understand the educational experience of the residents/fellows.

Block Diagrams - Reminders

- Rotation names in the block diagram must clearly identify the educational experience (e.g., pediatric urology, oncology, general urology, research). Avoid non-specific terms, such as “urology.”
- **For urology residency programs, precisely label the PGY-1 six months of core surgical rotations (e.g., general surgery, trauma surgery, pediatric surgery).**
- Residency programs should identify the chief resident months. For example, add “(Chief)” after the rotation name.
- Reminder: Dedicated research time is not permitted in PGY-1 or PGY-5 (per program requirement 4.11.c.1)).

Other Annual Updates in ADS

- Beginning of Academic Year:
 - Ensure graduate Case Logs are complete before the archive date
 - Update for new academic year
- November-December:
 - Milestones evaluations of residents/fellows
- February-April:
 - Monitor completion of Resident/Fellow and Faculty Surveys
 - Results usually posted in May
- End of Academic Year:
 - Milestones evaluations of residents/fellows
 - “rollover”— prepared for next academic year

ADS – not just for the Annual Update(s)

Program Changes

- The following changes are submitted in ADS:
 - Complement
 - Program director
 - Participating site
 - Sites must be added if at least one month and a required experience for all residents/fellows
 - However, *can* add other sites and it helps the committee understand resident/fellow experience

Complement Increase Requests

- Residency programs over the approved **total** complement and ***within a year*** (e.g., PGY-3) must request Review Committee approval for a **temporary** complement increase
- Programs must demonstrate a sound **educational** rationale and necessary resources (e.g., faculty, procedures)
- If a **proposed** block diagram is requested in the online form, include one for **each year** of the increase
- Complement increase instructions (and tips!) available at [acgme.org](https://www.acgme.org) > Specialties > Urology > **Documents and Resources**

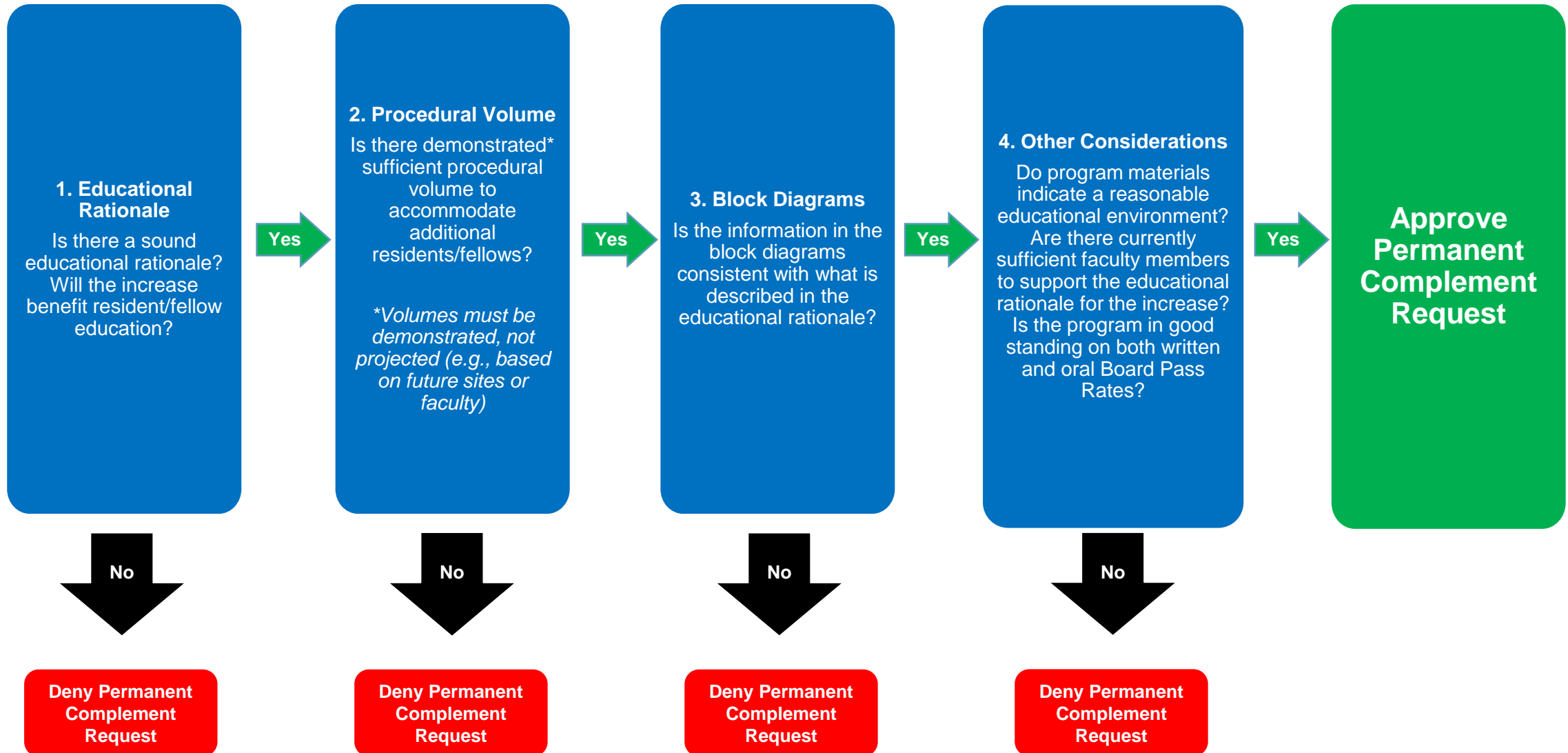
Temporary Complement Increases

- **Up to 90 days:** Do not need to submit request in ADS
- **Over 90 days,** submit if:
 - Residency: over approved total or within a year (e.g., PGY-3)
 - Fellowships: over total complement
- Requests should be time-limited and special circumstances
- Start Date is the date in which you will be over complement
- End Date is the expectation graduation date or end of that individual's training

Permanent Complement Increases

- Block diagrams: The request must include a **proposed block diagram for each academic year**, include all educational years, until the full complement is realized.
 - Use **color** to identify changes in proposed block diagrams
 - Use the RC's **required fillable template**
 - Instructions and templates for block diagrams available at [acgme.org](https://www.acgme.org) > [acgme.org](https://www.acgme.org) > Specialties > Urology > [Documents and Resources](#) > Block Diagram
- Reminder: permanent complement increase requests **must be submitted by the designated institutional official (DIO)** by the agenda closing date to make the next meeting

Permanent Complement Increase Request Flowchart



New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to rollout **year by year** until the full complement is reached
- The committee considers requests for a first- and second-year resident or fellow to start the initial year of approval
- Use the FAQs as a resource
- Questions? Contact Review Committee staff



ACGME News

Recent DEI Changes to ACGME Requirements

- Federal directives prohibit accrediting bodies from requiring or encouraging DEI activities
- ACGME was required to act immediately to ensure compliance, protect federal funding for Sponsoring Institutions, and maintain quality of care

Randomly Selected Site Visits

- The ACGME will continue with randomly selected site visits.
 - Only programs beyond initial accreditation period that have not had a site visit in 9+ years
 - No more than 4 site visits per SI for the larger Sis
 - Chosen programs will receive a Letter of Notification with an approximate date
 - Site visits assess compliance with all program requirements
 - Prior to site visit date, programs will need to update ADS and upload some sample program documents
 - **3 Urology programs selected for 2026**

Types of Site Visits

- Randomly Selected: 2-3 programs a year are randomly selected for a site visit
- Data Driven: The RC may request a site visit when the information provided does not fully make sense or is inadequate to make accreditation decisions.
- Complaint: The RC may request a site visit for more information related to a formal complaint

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 2.2.a. “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).

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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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The logo for ACGME Cloud features a stylized red 'A' icon on the left, followed by the text 'ACGME Cloud' in a bold, red, sans-serif font. A thin horizontal line is positioned below the text.

ACGME Cloud

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 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**

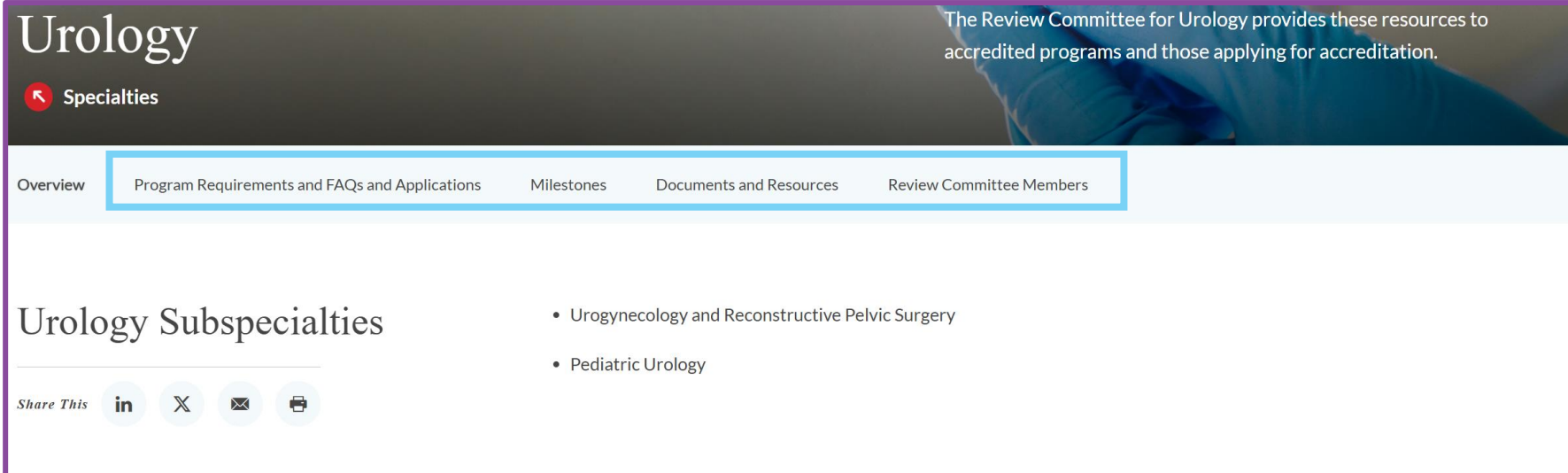
Resources



Read the ACGME's
weekly *e-Communication!*

Subscribe via
acgmecommunications@acgme.org

Review Committee Specific Resources



The screenshot shows the Urology website interface. At the top left is the "Urology" logo. Below it is a "Specialties" link with a red arrow icon. A navigation bar contains five tabs: "Overview", "Program Requirements and FAQs and Applications", "Milestones", "Documents and Resources", and "Review Committee Members". The "Review Committee Members" tab is highlighted with a blue border. Below the navigation bar, the page title is "Urology Subspecialties". To the right of the title is a list of subspecialties: "Urogynecology and Reconstructive Pelvic Surgery" and "Pediatric Urology". At the bottom left of the content area, there is a "Share This" section with icons for LinkedIn, X, Email, and Print.

Urology

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

Specialties

Overview Program Requirements and FAQs and Applications Milestones Documents and Resources Review Committee Members

Urology Subspecialties

- Urogynecology and Reconstructive Pelvic Surgery
- Pediatric Urology

Share This [in](#) [X](#) [✉](#) [🖨](#)

- **FAQs**
- **Block Diagram Instructions**
- **Case Log Instructions**
- **International Rotation Information**
- **And more!**



Site Visit Resources

Available at acgme.org > Programs and Institutions > [Site Visit](#)

Site Visit

Overview

Share This [in](#) [twitter](#) [email](#) [print](#)

Accreditation and recognition site visits are conducted in person or using remote technology. Sponsoring Institutions and programs will be notified of the modality for their site visit.

Department of Accreditation, Recognition, and Field Activities

The accreditation and recognition process for Sponsoring Institutions and programs includes site visits to assess compliance with the applicable Institutional and Program Requirements. All accreditation and recognition site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Below are responses to general questions about the accreditation and recognition site visit process. Specific questions or topics not covered in these FAQs should be addressed to the ACGME Field Activities staff members or the staff of the relevant Review or Recognition Committee.

Refer to the Quick Links on the right-hand side of this page for more information about accreditation and recognition site visits.

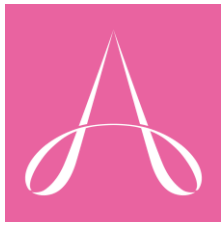
Frequently Asked Questions (FAQs) Related to the Accreditation and Recognition Site Visit

Click on the topics below to view related questions and answers.

[About the Accreditation and Recognition Site Visit](#)

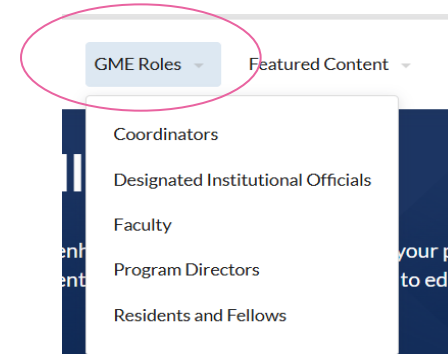
Guide to the Common Program Requirements

The screenshot shows the ACGME website interface. At the top, there is a navigation bar with links: About, News, Blog, e-Communication, Institution and Program Finder, JGME, Learn at ACGME, and ACGME International. Below this is the ACGME logo and a search bar. A navigation menu includes: Programs and Institutions, Specialties, Residents and Fellows, Milestones, Improvement and Initiatives, and Education and Resources (which is circled in pink). The 'Education and Resources' section is expanded, showing a list of links: ACGME LINC, Annual Educational Conference, Guide to the Common Program Requirements (indicated by a pink arrow), Continuing Education, Courses and Workshops, Renewal Retreats, Faculty Development, Journal of Graduate Medical Education, Opioid Use Disorder, and Summit on Medical Education in Nutrition. On the right side, there is a promotional banner for the 2026 ACGME Annual Educational Conference, 'Meaning in Medicine', held from February 19-21, 2026, in San Diego, California. Below the banner is a 'Learn More' button.




ACGME Online Learning

Learn at ACGME houses sections for each GME role, including program directors and coordinators




Featured Content




Learning Path for New Program Directors

This collection of courses focuses on the fundamental aspects of Program Directorship. These resources are curated specifically for new program direct...




Welcome to Program Director University

Onboarding can be daunting for new program directors, because to fulfill the role successfully, it is essential they learn a large amount of new mater...



Introductory Course for New Program Directors: Simulated Program Review

The goal of a program review is to help programs help their residents and fellows become skilled, compassionate physicians who optimally serve their p...




Program Director Well-Being: Finding a Path Forward (On-Demand Webinar)

The focus of this ACGME listening session was to create a space for program directors to hear from peers and share experiences regarding issues of wel...


Program Directors

Featured Content




Program Coordinator Handbook

Developed by the 2019-2023 Coordinator Advisory Group, the Program Coordinator Handbook serves as a guide fo...




Program Coordinator Handbook Companion: Paving Your Path to Success

The Program Coordinator Handbook Companion: Paving Your Path to Success is a collection of self-paced modul...



Coordinator Forum: The Empowered GME Coordinator

This presentation, recorded at the 2024 ACGME Annual Educational Conference Coordinator Forum, aims to...



Coordinator Well-Being: A Time for Action

Coordinators face significant challenges and demands in their jobs that may contribute to personal distress and reduced...

Program Coordinators



 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](#)



Rural Track Program (RTP)

- Building capacity for GME can be challenging in rural communities, many of which are in medically underserved areas. GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.
- A **Rural Track Program (RTP)** is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core-Based Statistical Area (CBSA)).
- The following processes are available to obtain ACGME RTP designation:
 - Expansion of an existing program with a permanent complement increase and identification of new rural site(s)
 - Application for a new program

Rural Track Program Designation

ACGME HOME > IMPROVEMENT AND INITIATIVES > MEDICALLY UNDERSERVED AREAS AND POPULATIONS > RURAL TRACK PROGRAM DESIGNATION

Overview

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ACGME Rural Track Program Designation

Building capacity for GME can be challenging in rural communities, many of which are in medically underserved areas. GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.

In alignment with Section II of the [MUA/P framework](#), the ACGME has developed processes addressing ACGME-accredited programs that seek to create “rural tracks” as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS) in [42 CFR §413.79\(k\)](#). An ACGME Rural Track Program (RTP) is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core-Based Statistical Area (CBSA)).

QUICK LINKS

[Medically Underserved Areas and Populations](#)



RESOURCES

[ACGME RTP Designation Request Instructions](#)

[ACGME RTP Designation Toolkit](#)

[ACGME RTP FAQ Guide](#)

[ACGME RTP Rotation Information Form](#)

[MUA/P Framework and ACGME RTP Designation Summary](#)

[Rural Track Regulation References](#)

[Selected Rural GME Publications and Resources](#)

CONTACT US:

Director, Medically Underserved Areas/Populations and GME

Laney McDougal, MS-HSM

muap@acgme.org

[312.755.7458](tel:312.755.7458)

Complaints and Concerns

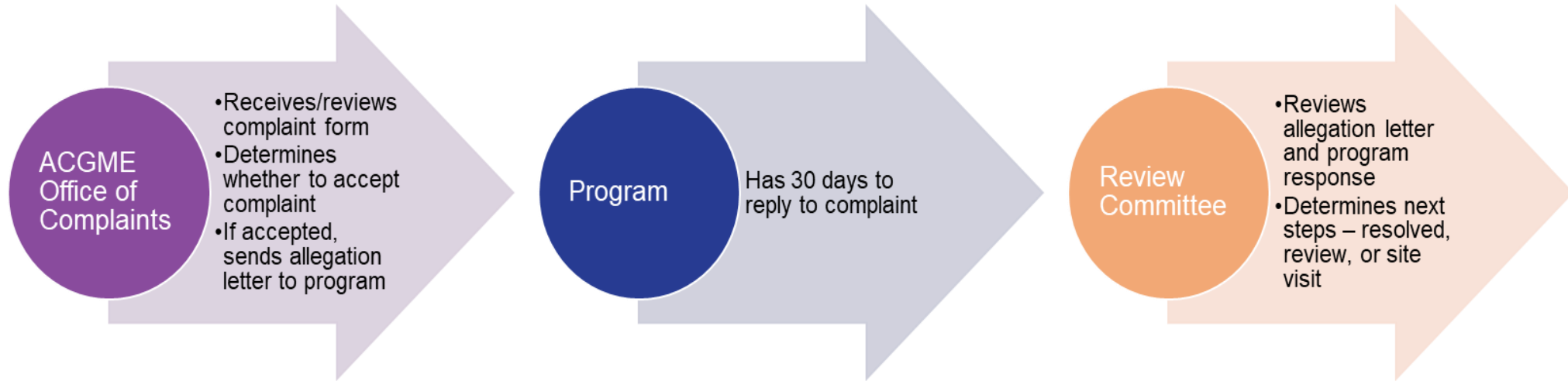
Office of the Ombudsperson

- Problem-solving mechanism
- Opportunity to anonymously report education and training-related issues
- Does not affect accreditation/recognition status
- Allegations/responses do not go to Review Committee
- May prompt internal inquiry/review
- ACGME staff listen and educate about resources available to resolve the concerns

Office of Complaints

- Confidential reporting
- Must allege lack of compliance with requirements
- If accepted as a complaint, will be reviewed by the Review Committee
- May prompt a site visit
- May impact accreditation/recognition status

Complaints Process



Where to go for help?

Review Committee Staff

lhuth@acgme.org

sbardgett@acgme.org

amathis@acgme.org

- Program Requirements
- Letters of Notification
- Complement requests
- Case Log **content**
- Applications

Milestones Staff

milestones@acgme.org

- Milestones

ADS Staff

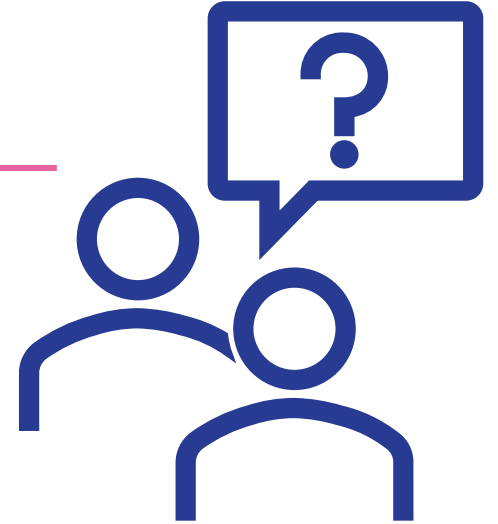
ADS@acgme.org

- ADS
- Surveys
- Case Log **system**

Field Activities Staff

fieldrepresentatives@acgme.org

- Site Visit
- Self-Study



Open Dialogue with the RC

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 sessions in the mobile app.

Deadline – March 13, 2026

Questions? cme@acgme.org



Thank you!