



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

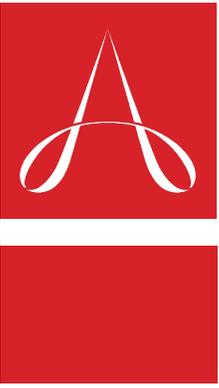
ACGME Annual Educational Conference – SES010

Cheryl O'Malley, MD

*Associate Dean, Designated Institutional Official, U of AZ College of Medicine-Phoenix
Chair, RC-IM*

Jerry Vasilias, PhD

Executive Director, RC-IM

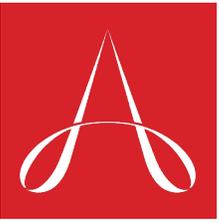


Disclosures

- We have no conflicts to disclose.

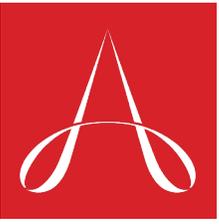
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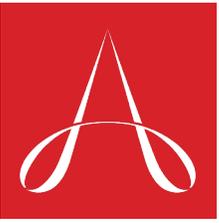


It's been a while...





- **NAS Refresher**
- **Program Requirement (PRs) revisions**
- **Highlights from IM PRs that went into effect July 1, 2022**
- **Dedicated Time PRs**
- **The RC-IM**

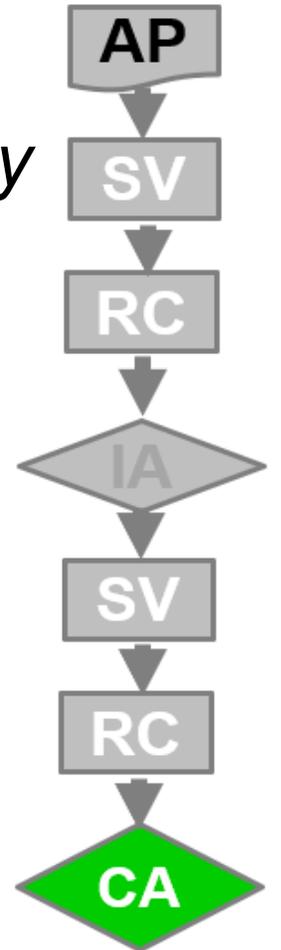


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NAS

- Since 2013, RC reviews every established program *annually*
- Data elements/indicators to identify outliers
 - Programs flagged as outliers undergo further review
 - Considerations...
 - Which data element was flagged?
 - Was data element flagged for multiple years?
 - Are multiple data elements flagged?
 - Does program describe improvement plans?

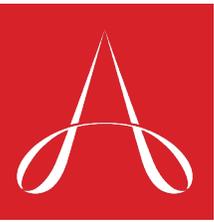




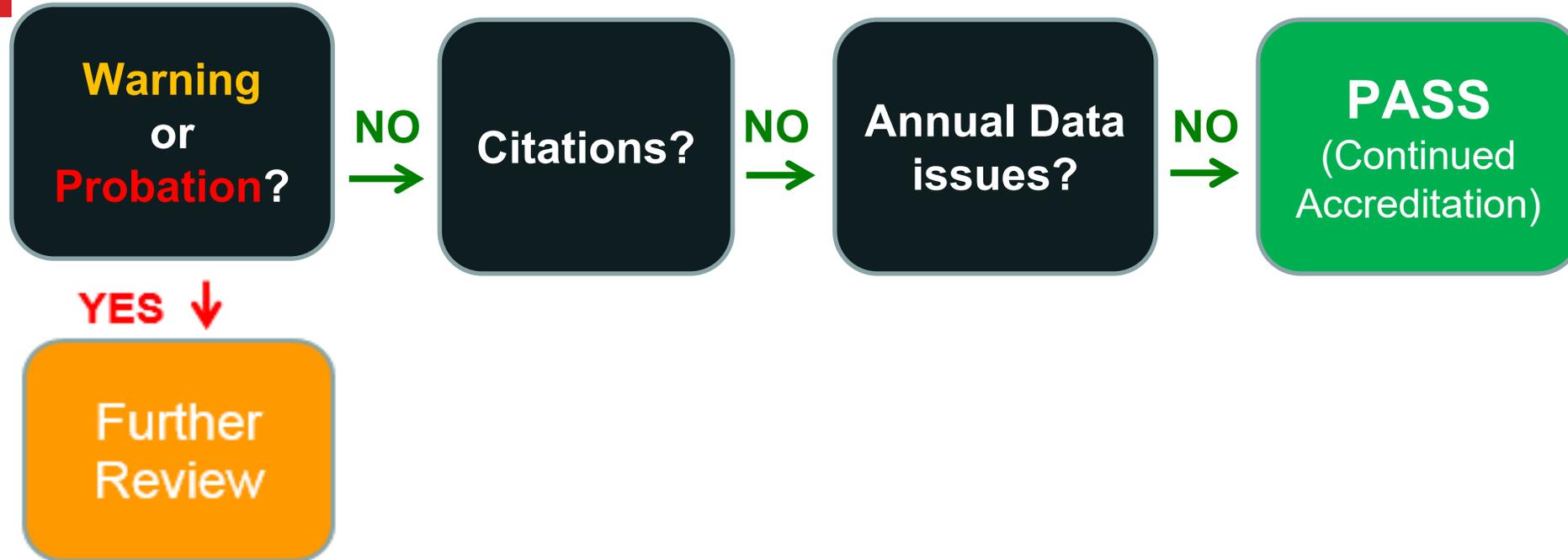
NAS Data Elements

- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data

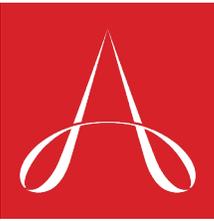




NAS Annual Program Review



This applies to established programs, not new programs at Initial Accreditation.



Overview

Program ▾

Faculty ▾

Residents ▾

Sites

Surveys

Milestones

Case Logs ▾

Summary

Reports

Overall Evaluation Methods

Common Program Requirement Questions

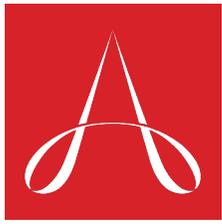
Citations

Major Changes

Major Changes and Other Updates

Provide a brief update explaining any major changes and any other updates to the educational program in the last year, e.g., changes in program leadership and faculty, rotational changes, curricular challenges, efforts to address issues identified in the annual ACGME surveys, and the impact of the COVID-19 pandemic on your resident/fellow education.

[Enter text here]



Communicating noncompliance

Citations

- Require response in ADS
- Identify areas of non-compliance linked to specific PRs
- Responses reviewed annually by the RC and citations are extended until resolved

AFIs

- Do not **require** response in ADS
- Can represent trends or “general concerns” (but are usually tied to PRs)
- Responses may or may not be reviewed by the RC and AFIs and are not automatically extended. (There is no formal “resolution.”)



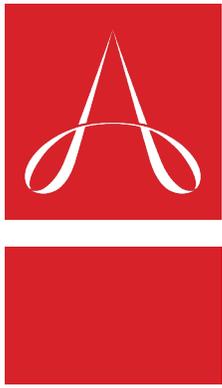
Types of Citations and AFIs

Citations

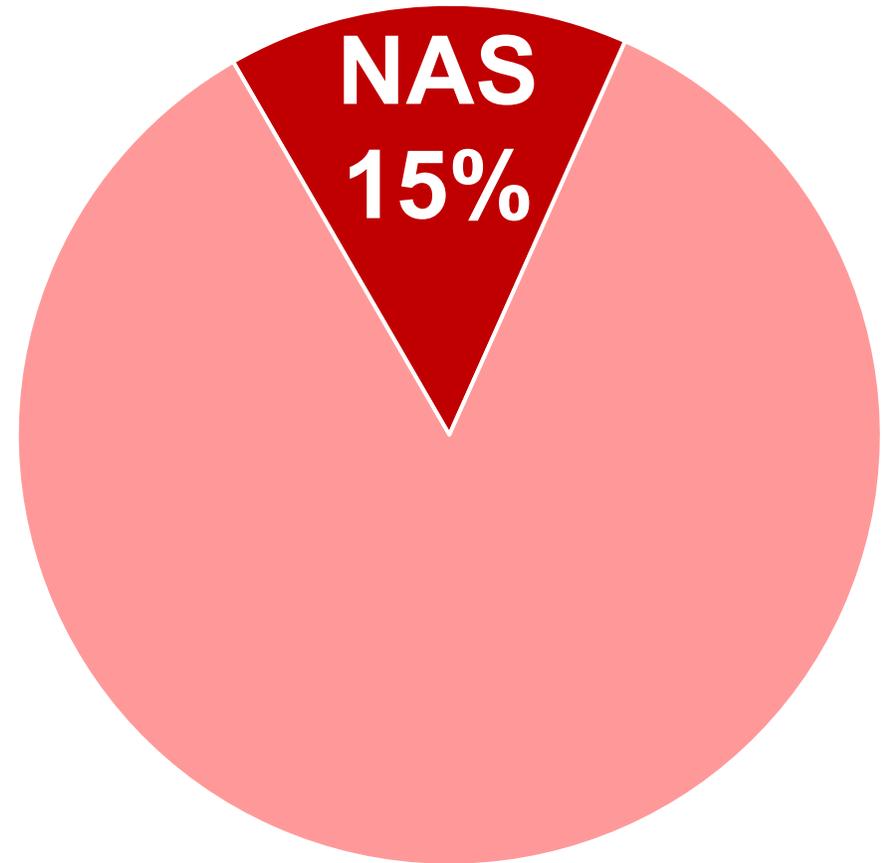
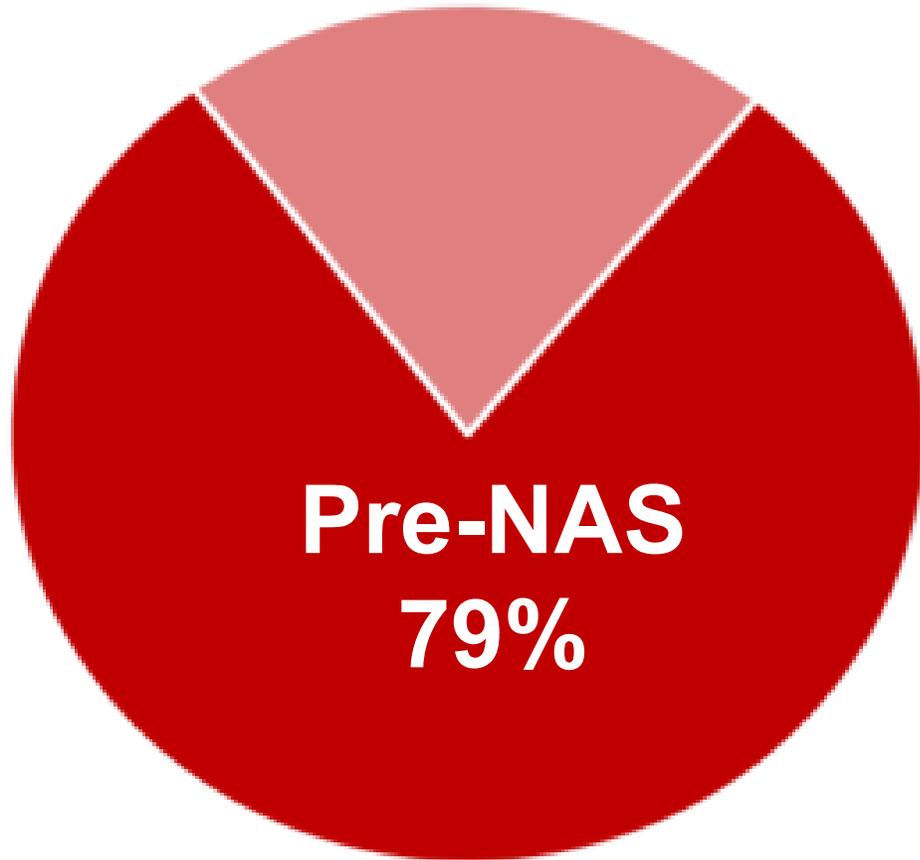
- Compliance w 80 hours
- Faculty interest teaching/ supervising
- Clinical learning environment issues
- Patient cap violations

AFIs

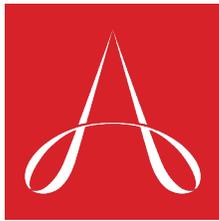
- Declines on multiple sections of the resident survey
- Compliance w 80 hours
- Faculty interest teaching/ supervising



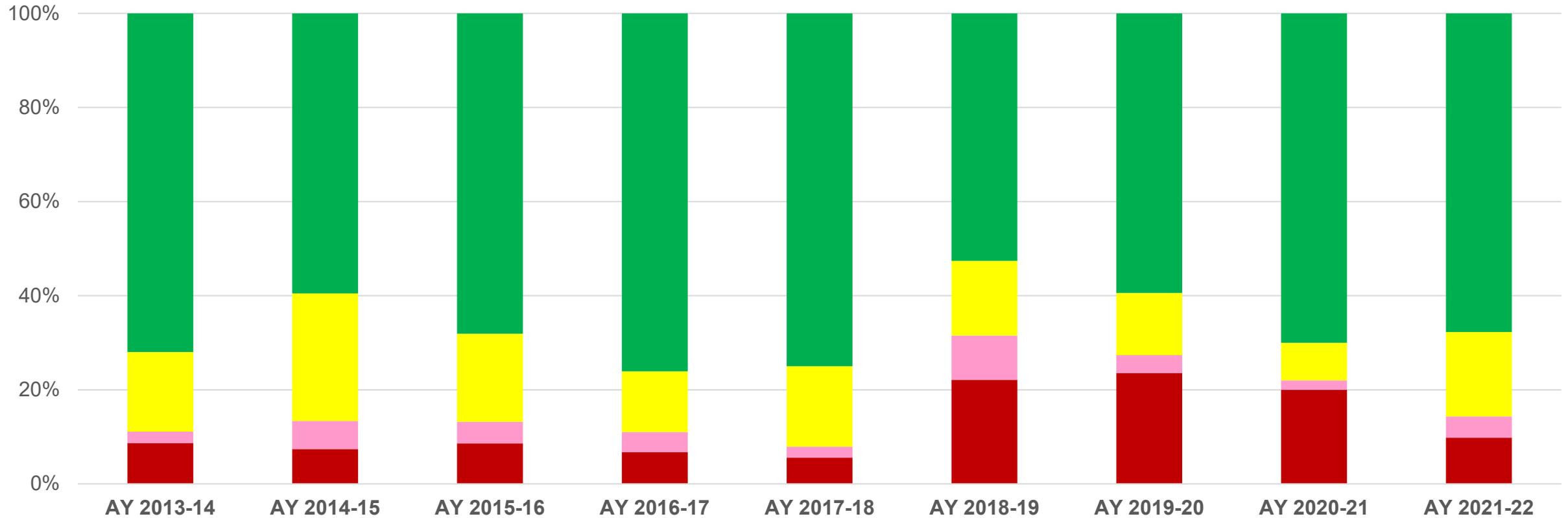
Pre-NAS vs NAS: Fewer citations in NAS

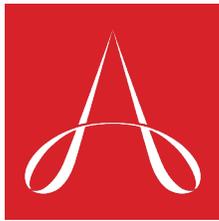


% of core IM programs with citations

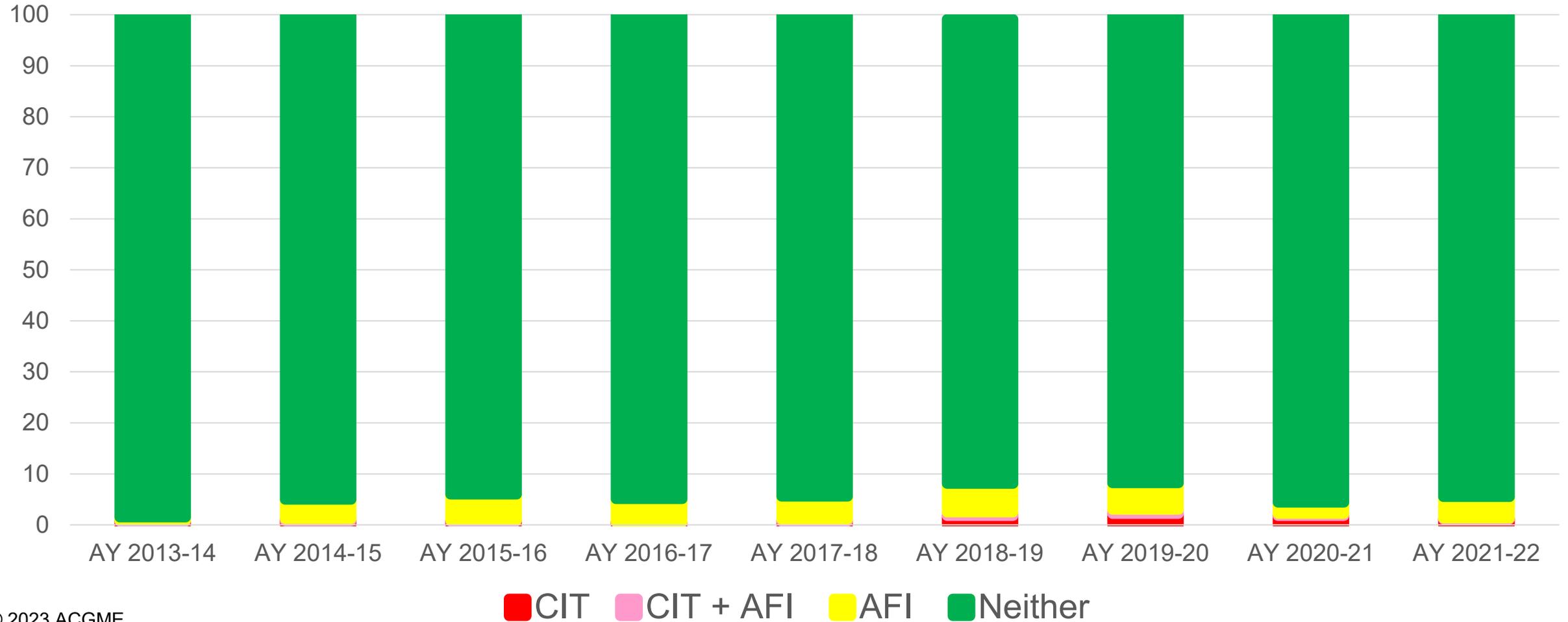


Citations and AFIs for CORE 9 years of NAS



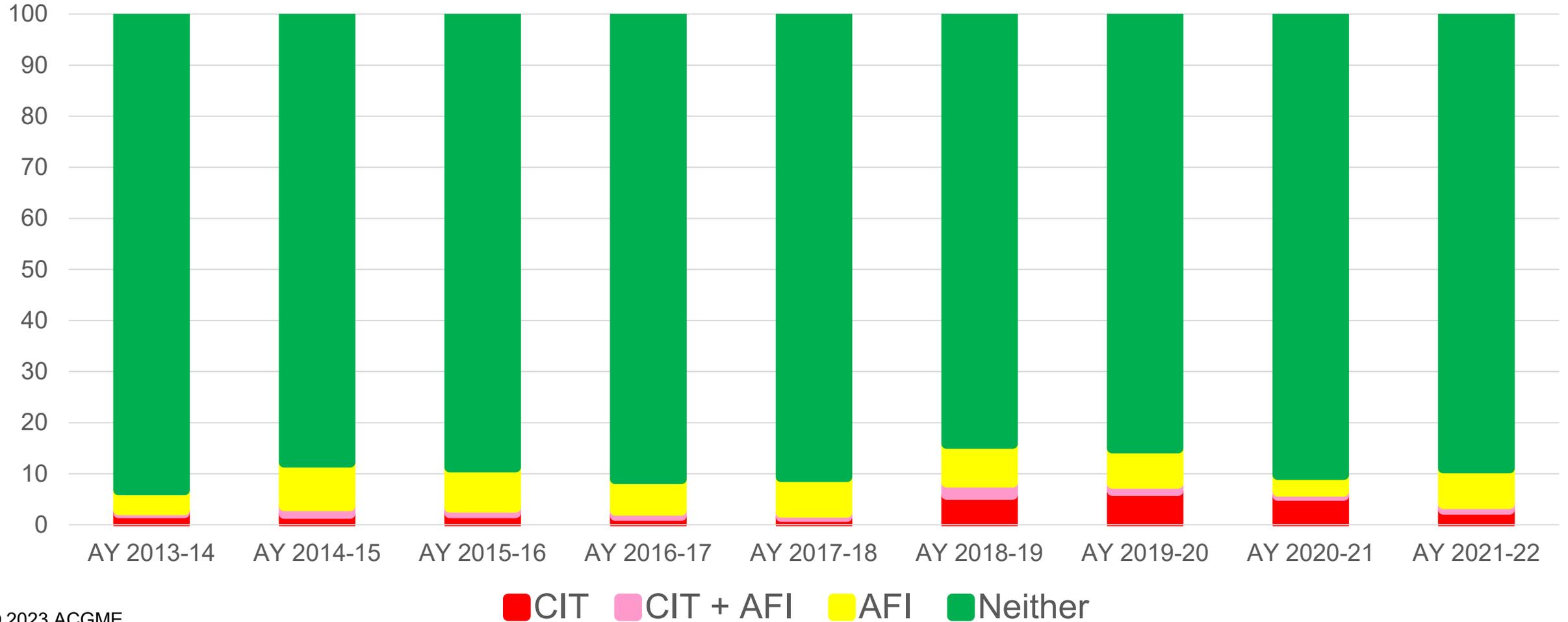


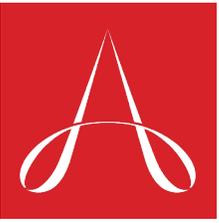
Citations and AFIs for SUBS: 9 years of NAS



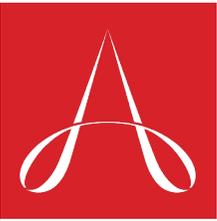


Citations and AFIs for CORE + SUBS: 9 years of NAS





- NAS Refresher
- **Program Requirement (PRs) revisions**
- Highlights from IM PRs that went into effect July 1, 2022
- Dedicated Time PRs
- Accreditation decisions + citations and AFIs
- Other updates



Types of PRs

Introduction

Int.A. Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

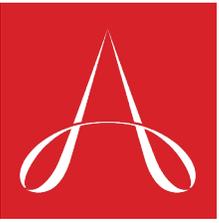
The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education.

Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Int.B. Internal medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

Common PRs

Specialty PRs

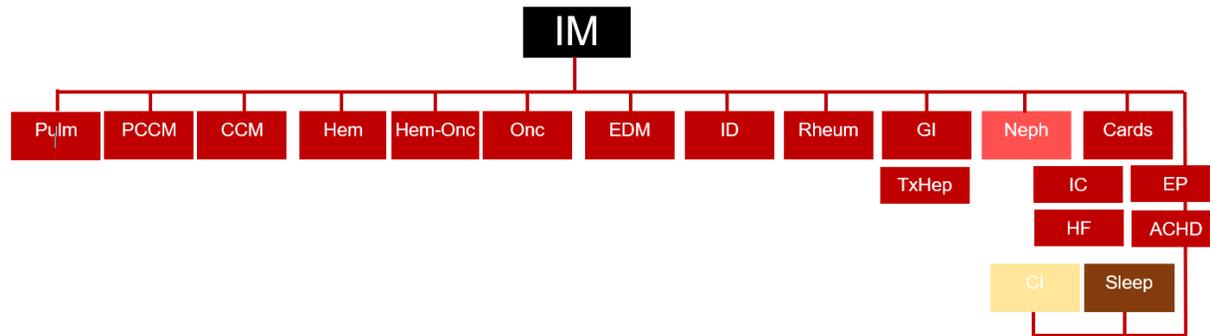


Types of Revisions

- 1. Major Revisions**
- 2. Focused/Interim**
- 3. New**



1. Major Revisions



NEW! Updated Form

The ACGME announces a new Review and Comment form. Responding to feedback from the community on the prior comment form and submission process, staff developed a new electronic form with hope to alleviate some of the administrative burden. The new form reduces the number of steps and keeps the process entirely online. Moving forward, submission of comments on Program Requirements will only be accepted using the electronic form, which will be available on the **Review and Comment** page of the ACGME website during the 45-day public review and comment period. Impact Statements and the proposed Program Requirements documents will remain on this page until the Board of Directors has voted on them, at which point they will move to the relevant specialty's section of the website.

The following Program Requirements and accompanying Impact Statements are posted for review and comment [here](#):

NEW! Comment Deadline: February 26, 2023

- Adult Congenital Heart Disease
- Advanced Heart Failure and Transplant Cardiology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes, and Metabolism
- Gastroenterology
- Hematology
- Hematology and Medical Oncology
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Pulmonary Critical Care
- Pulmonary Disease
- Rheumatology
- Transplant Hepatology
- Sleep Medicine

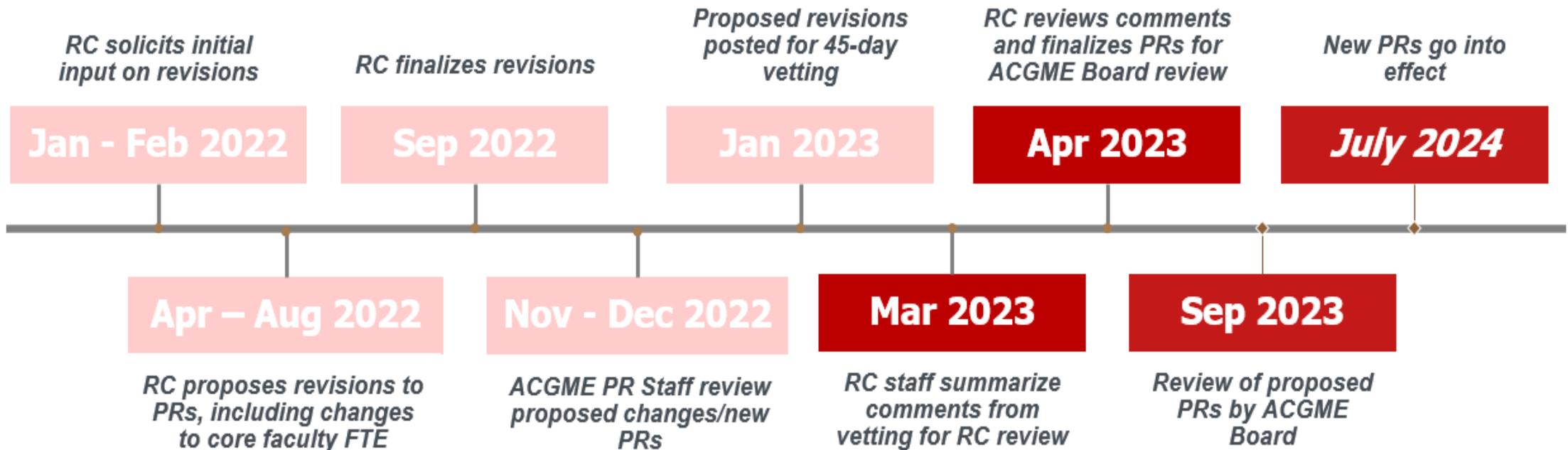
	Expected Vetting	Expected ACGME Approval	Effective Date
<p>Red "First Wave"</p> <p>IM subs - Pulm, PCCM, CCM, Hem, Onc, Hem-Onc, EDM, ID, Rheum, GI (& TxHep) Cards, (& ACHD, IC, EP, HF)</p>	January 2023	September 2023	July 2024
<p>Brown Multi-disc sub - Sleep Medicine</p>			
<p>Red "Second Wave" *</p> <p>IM sub - Neph</p>	Spring 2023	September 2023	July 2024
<p>Yellow Multi-disc sub - CI *</p>			

* Nephrology was not part of the "First Wave" because they requested a "pause." CI (Clinical Informatics) required more work before beginning the revision process. Both are in the "Second Wave."

<https://www.acgme.org/what-we-do/accreditation/review-and-comment/>

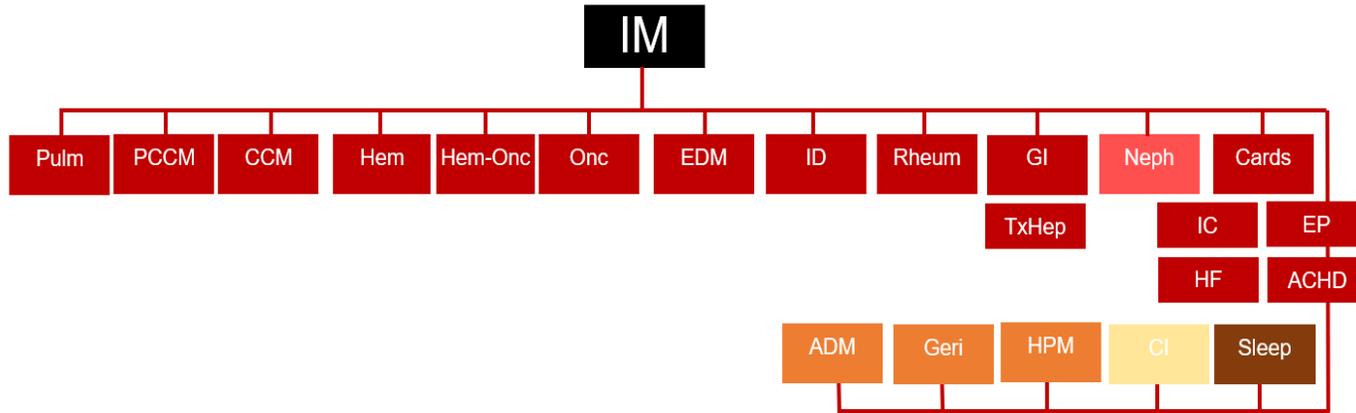


Timeline for Major Revision of Sub PRs ***(to include proposed changes to core faculty dedicated time PRs)***





2. Focused/Interim Revisions for Multidisciplinary Subs

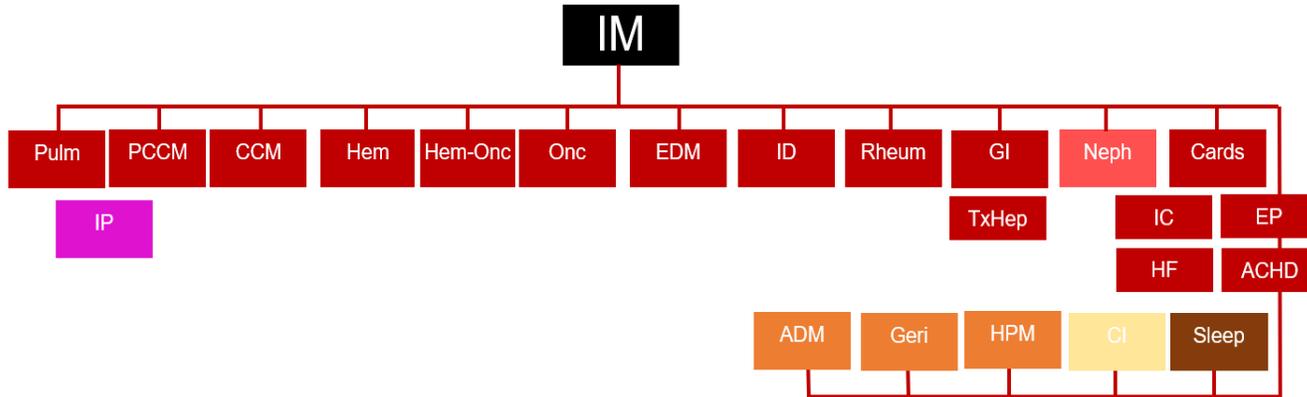


		Expected Vetting	Expected ACGME Approval	Effective Date
■	Multi-disc - ADM, Geri, HPM *	Spring 2023	September 2023	July 2024

Other RCs are doing the major revision of the multidisciplinary subs of addiction med (ADM), geriatric med (Geri) and hospice and palliative medicine (HPM). RC-IM is doing an interim revision to propose changes to the core faculty dedicated time requirements.

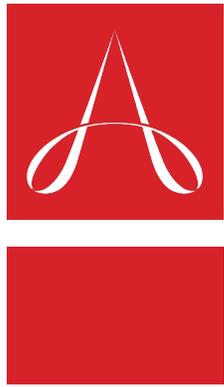


3. New PRs for Interventional Pulm

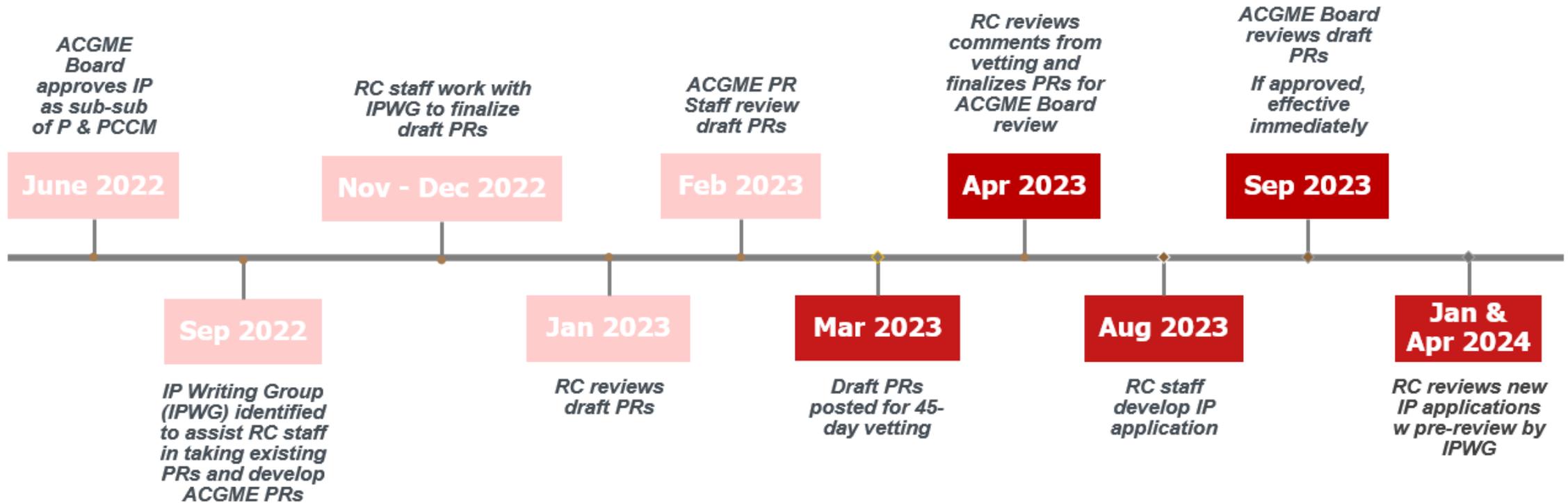


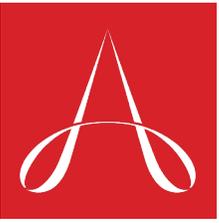
	<i>Expected Vetting</i>	<i>Expected ACGME Approval</i>	<i>Effective Date</i>
■ Interventional Pulmonology	Spring 2023	September 2023	Immediately

At its June 2022 meeting, the ACGME Board of Directors approved a new sub-sub for Pulmonolgy or PCCM, Interventional Pulmonolgy. Staff are working with experts in this field to develop new PRs. Since there are no current PRs in this area, once approved they immediately go into effect.



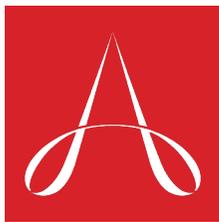
Tentative Timeline for New PRs for Interventional Pulmonology





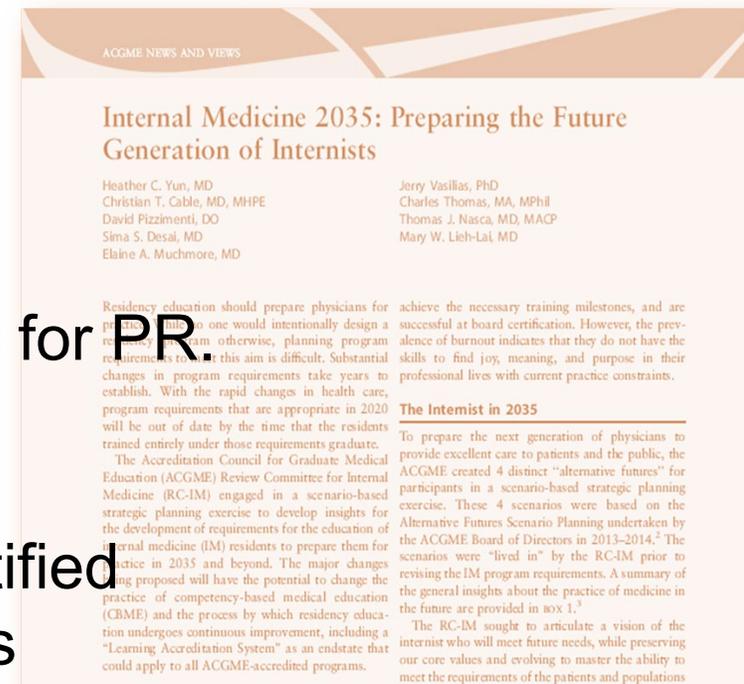
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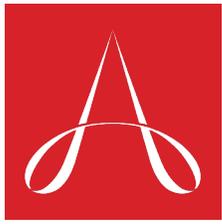


Highlights from major revision of IM PRs

- Fewer PRs overall
- Predominantly “Core”
- More *Background and Intent (B&I)* boxes to provide logic for PR.
 - FAQs → B&I
- *Foundational vs Individualized* educational experiences
- Changes min # of core faculty who are ABIM/AOBIM certified
- New FTE PRs for PD, APD, core faculty and coordinators
- Interest in pilot projects to test the feasibility of “double counting”
 - e.g., combining IM w 1-year sub and completing in 3 yrs.



<https://meridian.allenpress.com/jgme/article/12/6/797/449814/Internal-Medicine-2035-Preparing-the-Future>



10 months of Outpatient Exp

RC was asked by APDIM to clarify *10 months of outpatient experiences*

- *New PR = 10 months; Old PR = 12 months*
- Reminded PDs that intent of PRs was to be more flexible than the old PRs.
 - *General advice: Do what you've been doing in terms of counting*
 - *Specific advice: All patient management activities and didactics related to outpatient topics during ambulatory blocks count towards PR*
- Clarification was posted on APDIM listserv



FM in an IM program

Question: What roles can FM physicians have in an IM program?

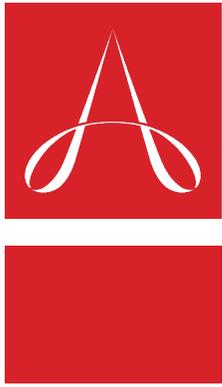
- Expectation that most teachers in IM educational settings will be internists.
- *On inpatient rotations:* FM physician with Focused Practice in Hospital Med can teach and supervise IM residents. Most other faculty must be internists.
- *On outpatient rotations:* FM physician with experience in ambulatory setting can teach/supervise IM residents. Most other faculty must be internists.



Expectations for Sub Exp

What are expectations for subs, particularly HPM and addiction?

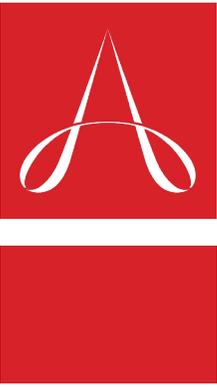
- As part of the foundational IM experience, for each sub and for geriatrics, there must be a curriculum (goals and objectives, teaching methods, and assessment tools), an SEC, and sufficient clinical exposure. The RC did not place a minimum on these experiences.
- For HPM and addiction medicine there must be a curriculum and sufficient clinical exposure. The RC did not place a minimum on these experiences.



Expectations for Non-Med Exp

What are expectations for EM and neurology experiences?

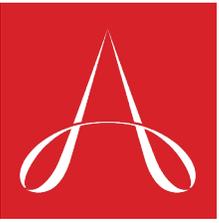
- For emergency medicine and neurology, there must be a curriculum and sufficient clinical exposure. The RC did not place a minimum on these experiences.



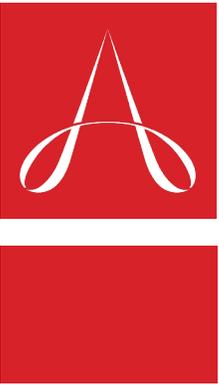
Expectations for Individualized Educational Exp (IEEs)

What are expectations for IEEs?

- Will be determined by PD and consider competence in the foundational areas, resources, program aims, and the residents' future practice plans.
- Although 6 months can be devoted to IEE, some residents may need more time to achieve competence in foundational areas.
- Programs may allocate more than 6 months of IEE for residents who have achieved/on target to achieve competence in foundational.
 - *More ambulatory experiences → future ambulist*
 - *More inpatient experiences → future hospitalist*
 - *More subspecialty experiences → future subspecialist*
- Block diagram will need to reflect at least 6 months of IEEs

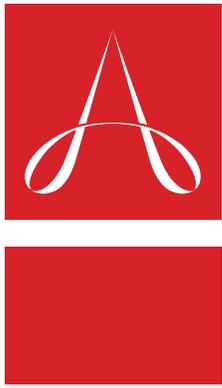


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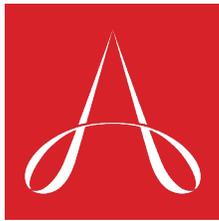
Dedicated Time PRs: We've been talking about this for some time





Dedicated Time PRs: A quick timeline

- **2020**, ACGME BoD appointed Task Force that conducted a comprehensive data review on dedicated time. It also held several congresses with internal/external stakeholders where it heard testimony. Task Force made recommendation to BOD
- **Spring 2021**, Board provided RCs “guidance” with limits on developing such PRs
- **Fall 2021**, RC vetted proposed dedicated time PRs
- **Spring 2022**, ACGME Board approved RC’s PRs. Effective date July 1, 2022, but RC agreed to not enforce until July 1, 2023
- **Late Spring – Fall 2022**, RC received feedback about unintended consequences of new PRs
- **September 2022**, RC discussed concerns and decided to propose changes to the newly approved dedicated time PRs for core faculty in the subs.
- **October 2022**, informed the IM PD and DIO communities that as part of the major revision of the subs it would be proposing changes to core faculty dedicated time PRs



Major Revision announcement in e-Communication

NEW! Updated Form

The ACGME announces a new Review and Comment form. Responding to feedback from the community on the prior comment form and submission process, staff developed a new electronic form with hope to alleviate some of the administrative burden. The new form reduces the number of steps and keeps the process entirely online. Moving forward, submission of comments on Program Requirements will only be accepted using the electronic form, which will be available on the **Review and Comment** page of the ACGME website during the 45-day public review and comment period. Impact Statements and the proposed Program Requirements documents will remain on this page until the Board of Directors has voted on them, at which point they will move to the relevant specialty's section of the website.

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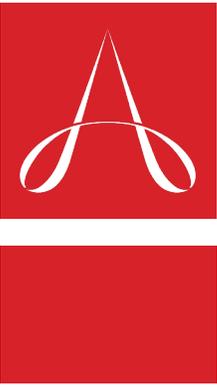
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Adult Congenital Heart Disease
Advanced Heart Failure and Transplant Cardiology
Cardiovascular Disease
Clinical Cardiac Electrophysiology
Critical Care Medicine
Endocrinology, Diabetes, and Metabolism
Gastroenterology
Hematology
Hematology and Medical Oncology
Infectious Disease
Interventional Cardiology
Medical Oncology
Pulmonary Critical Care
Pulmonary Disease
Rheumatology
Transplant Hepatology
Sleep Medicine

Requirements for Review and Comment

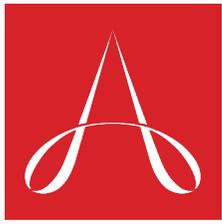
Specialty	Type of Revision	Requirements/Impact Statement	Comment Form	Deadline for Comments	Status
Adult Congenital Heart Disease	Major	Impact Statement Program Requirements	Review and Comment Form	February 26, 2023	Open for Comment
Advanced Heart Failure and Transplant Cardiology	Major	Impact Statement Program Requirements	Review and Comment Form	February 26, 2023	Open for Comment
Cardiovascular Disease	Major	Impact Statement Program Requirements	Review and Comment Form	February 26, 2023	Open for Comment
Clinical Cardiac Electrophysiology	Major	Impact Statement Program Requirements	Review and Comment Form	February 26, 2023	Open for Comment
Critical Care Medicine	Major	Impact Statement Program Requirements	Review and Comment Form	February 26, 2023	Open for Comment

<https://www.acgme.org/what-we-do/accreditation/review-and-comment/>



- Taking a closer look at the proposed changes to the dedicated time PR for core faculty in the subs
- Describing how all the dedicated time PRs impact different sized subspecialty programs

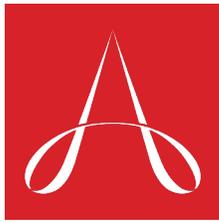




Programs/SIs are responsible for determining what is “just right”

ACGME/RC sets minimum

In addition, it is important to remember that the dedicated time and support requirement for ACGME activities is a ***minimum***, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program director, is also addressed in Institutional Requirement II.B.1. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified in the applicable specialty/subspecialty-specific Program Requirements. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program directors, core faculty members, and program coordinators to fulfill their program responsibilities effectively.



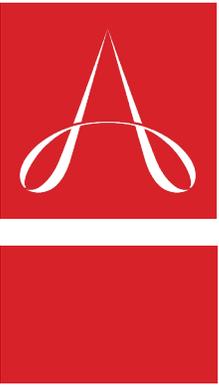
Programs/SIs are responsible for determining what is “just right”

ACGME/RC sets minimum

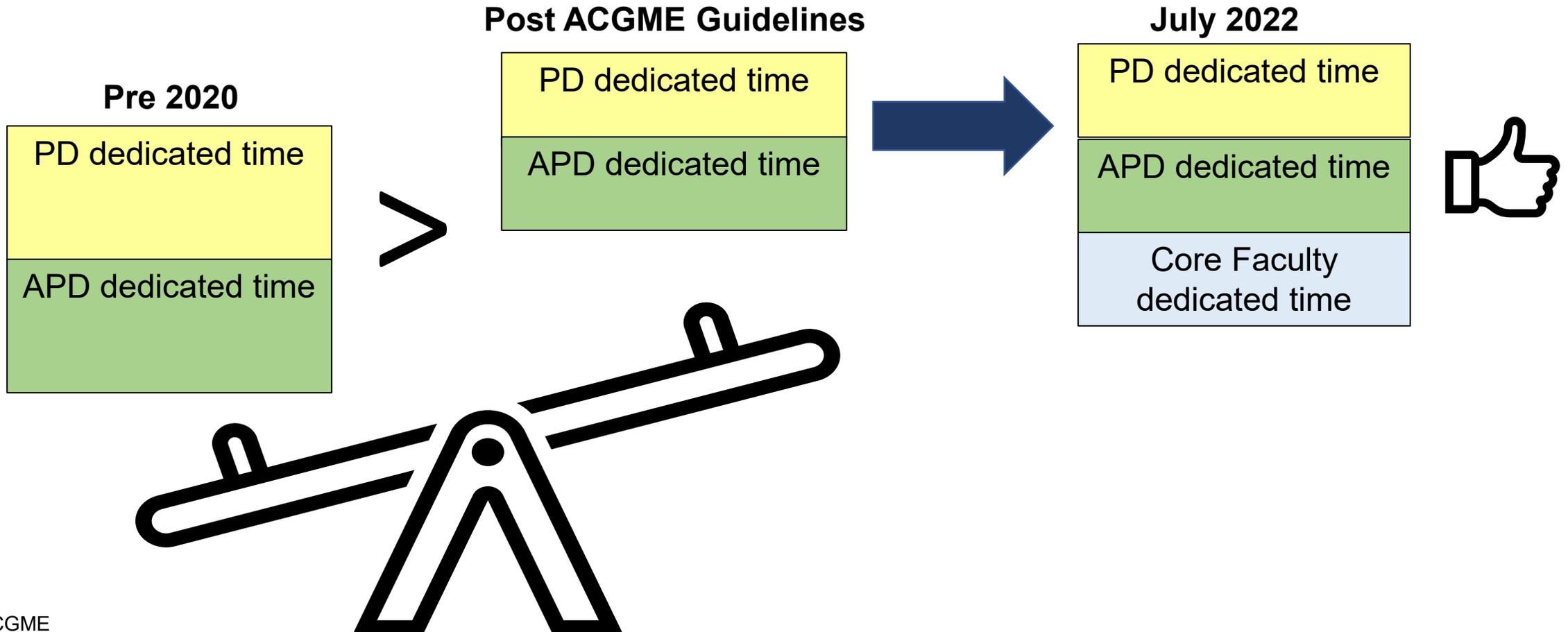
Are there circumstances in which a Sponsoring Institution, in partnership with its programs, is required to provide support and dedicated time that exceeds the minimum specified in the requirements?

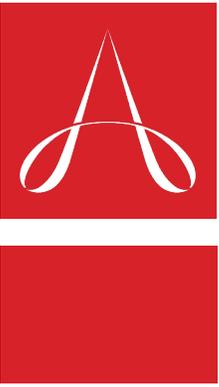
[Common Program Requirements II.A.2. and II.C.2.]

The dedicated time and support requirements for ACGME activities specified in II.A.2. and II.A.2.a) for program leadership, II.C.2. and II.C.2.a) for program coordinators, and section II.B.4. for those specialties that specify a minimum level of support for core faculty members, are minimum requirements, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program director, is also addressed in Institutional Requirements II.B.-II.B.4. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified in the applicable specialty/subspecialty-specific Program Requirements. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program directors, core faculty members, and program coordinators to fulfill their program responsibilities effectively. **If the Institutional Review Committee determines that support and dedicated time for one or more programs within a Sponsoring Institution is inadequate, it may issue a citation even if the minimum specified in the applicable specialty/subspecialty-specific Program Requirements has been met.**

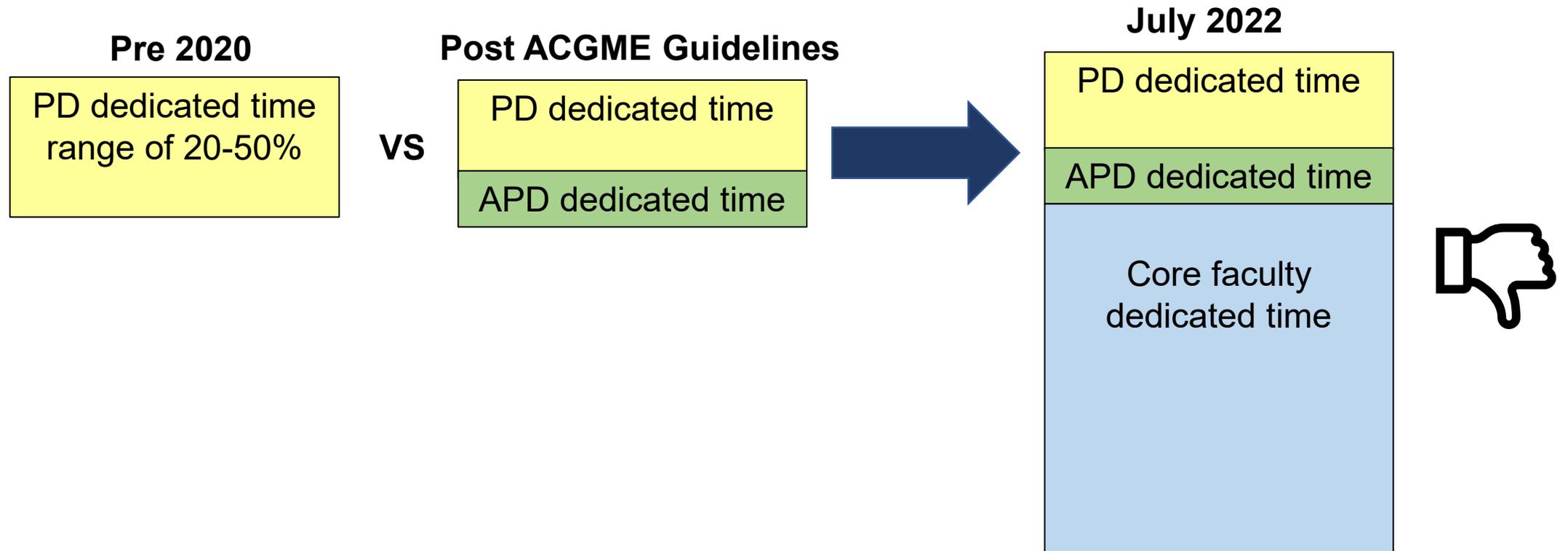


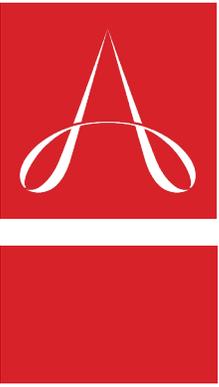
Core IM Residency Dedicated Time PRs





IM Subs Dedicated Time PRs

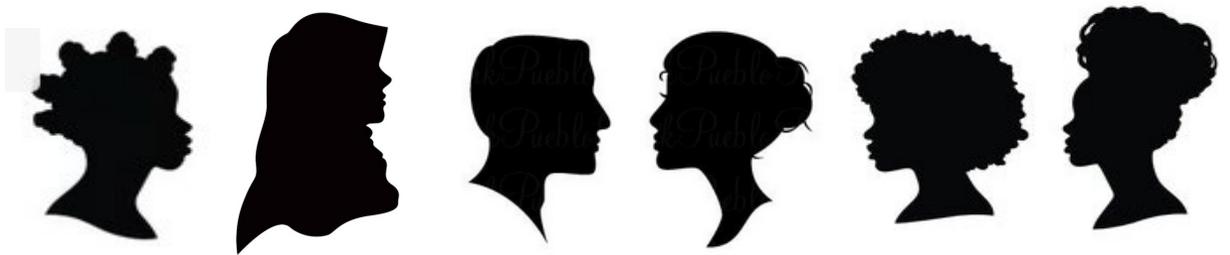
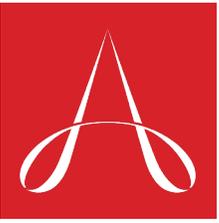




***What do the dedicated
time PRs look like?***

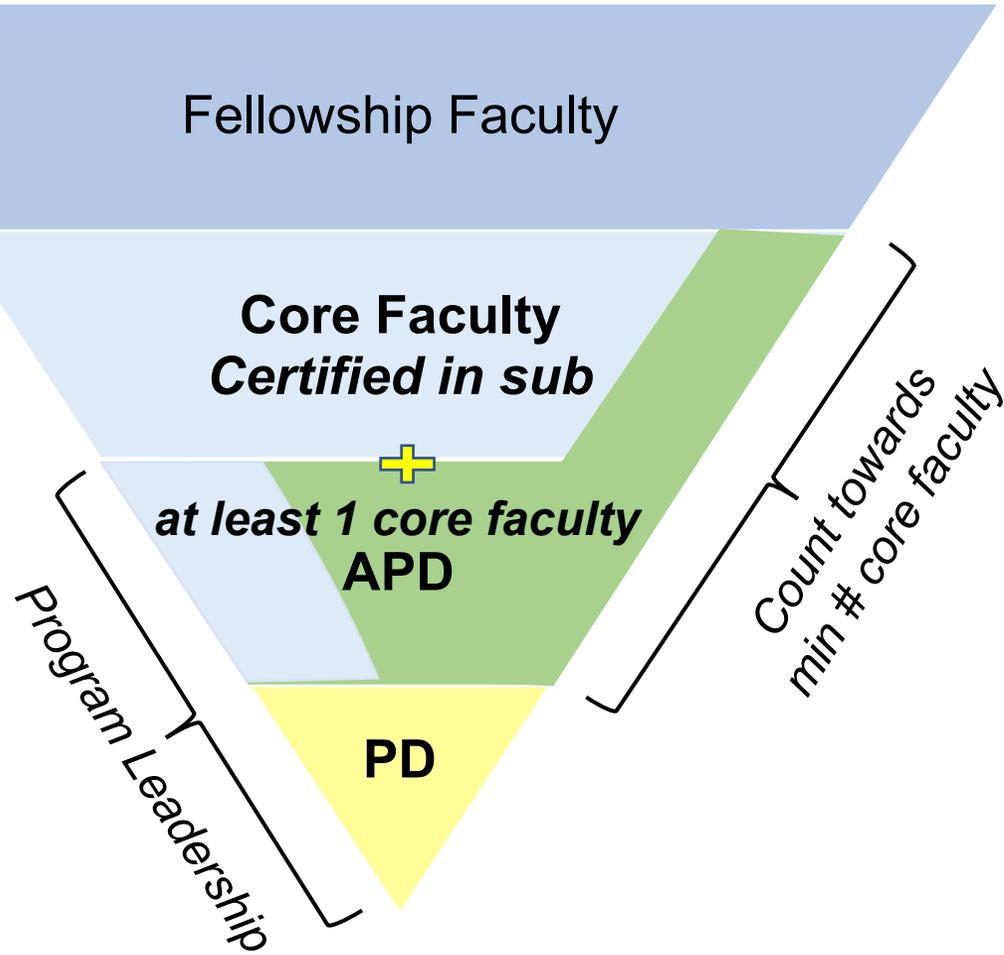
***How will they affect my
program?***







Example: PD + APD Dedicated Time

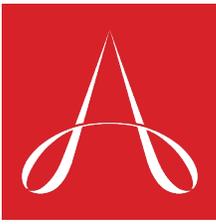


II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	.2
7-9	.25
10-12	.3
13-15	.35
16-18	.4
19-21	.45
>21	.5

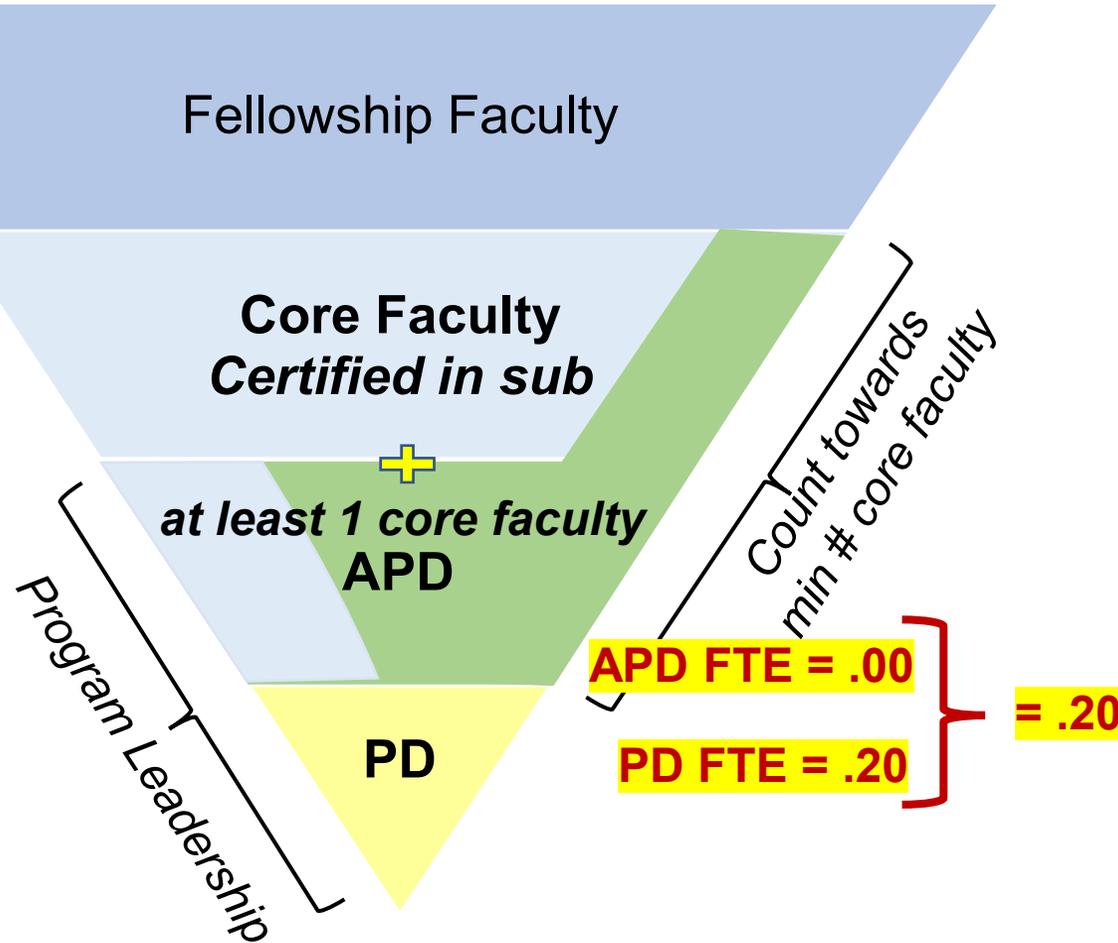
II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program directors(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: ^(Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	0
7-9	.13
10-12	.14
13-15	.15
16-18	.16
19-21	.17
22-24	.18
25-27	.24
28-30	.30
31-33	.36
34-36	.42
37-39	.48



Example:

PD + APD Dedicated Time for 6 fellow sub = **20%**



II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	.2
7-9	.25
10-12	.3
13-15	.35
16-18	.4
19-21	.45
>21	.5

II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	0
7-9	.13
10-12	.14
13-15	.15
16-18	.16
19-21	.17
22-24	.18
25-27	.24
28-30	.30
31-33	.36
34-36	.42
37-39	.48



Proposed language in all IM subs: Core Faculty PRs: 1. Min Required # + 2. Dedicated Time

1. Minimum Required

II.B.4.b) In addition to the program director, programs must have a minimum number of core faculty members certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)

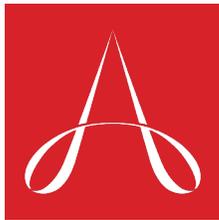
Number of Approved Positions	Minimum Number of ABIM or AOBIM certified core faculty
< 7	3
7-9	4
10-12	6
13-15	8
16-18	10
19-21	12
22-24	14
25-27	16
28-30	18
31-33	20
34-36	22
37-39	24
40-42	26
43-45	28
46-48	30

2. Aggregate Dedicated Time

II.B.4.d) The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent /FTE for educational and administrative responsibilities that do not involve direct patient care. Additional support must be provided based on the program size as follows:

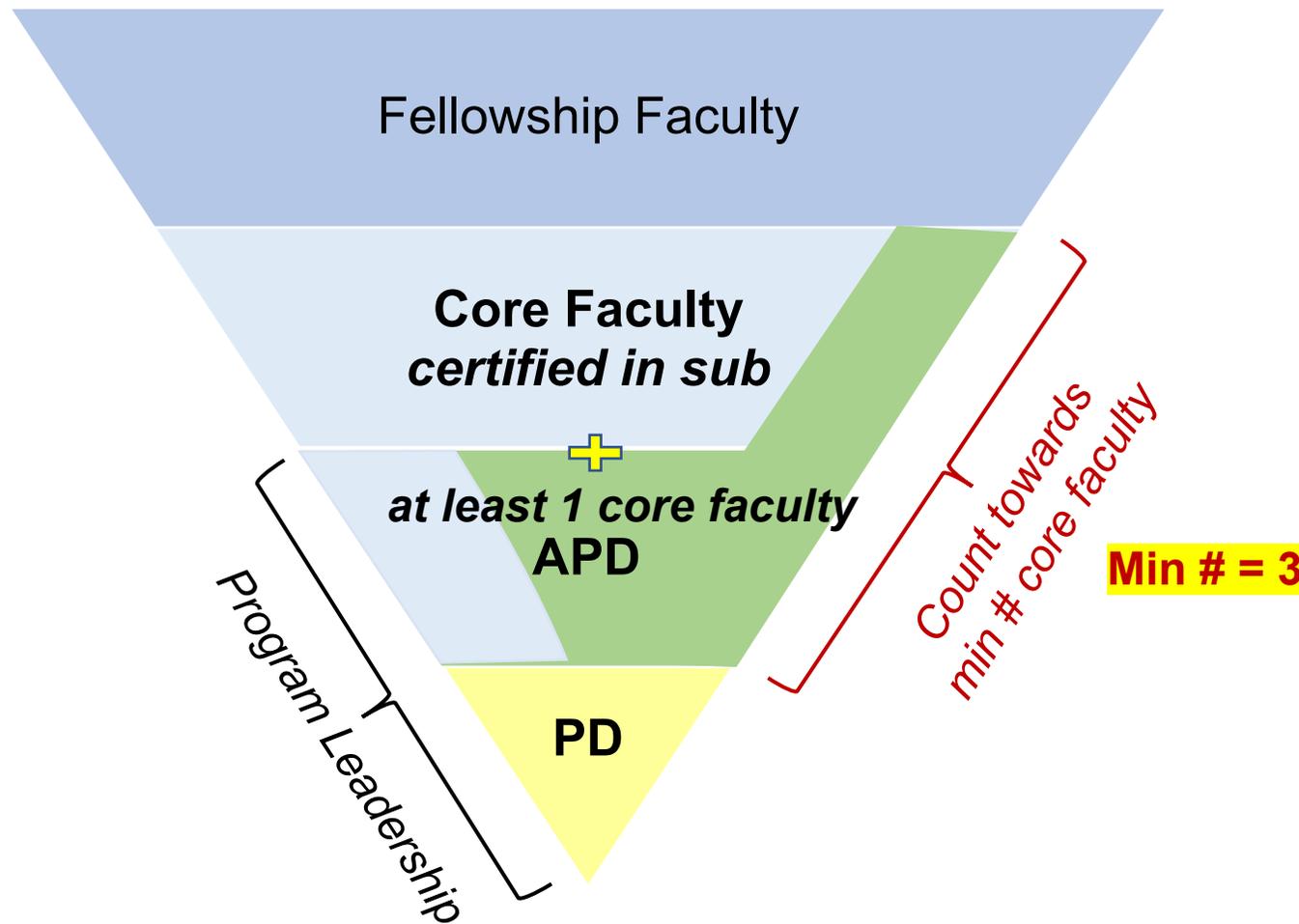
Number of Approved Positions	Minimum aggregate support required (FTE)
<7	.10
7-9	.15
10-12	.15
13-15	.20
16-18	.20
19-21	.25
22-24	.25
25+	.30





Example:

1. Minimum # of core faculty for a 6-fellow sub = **3**
(not including PD)



II.B.4.b)

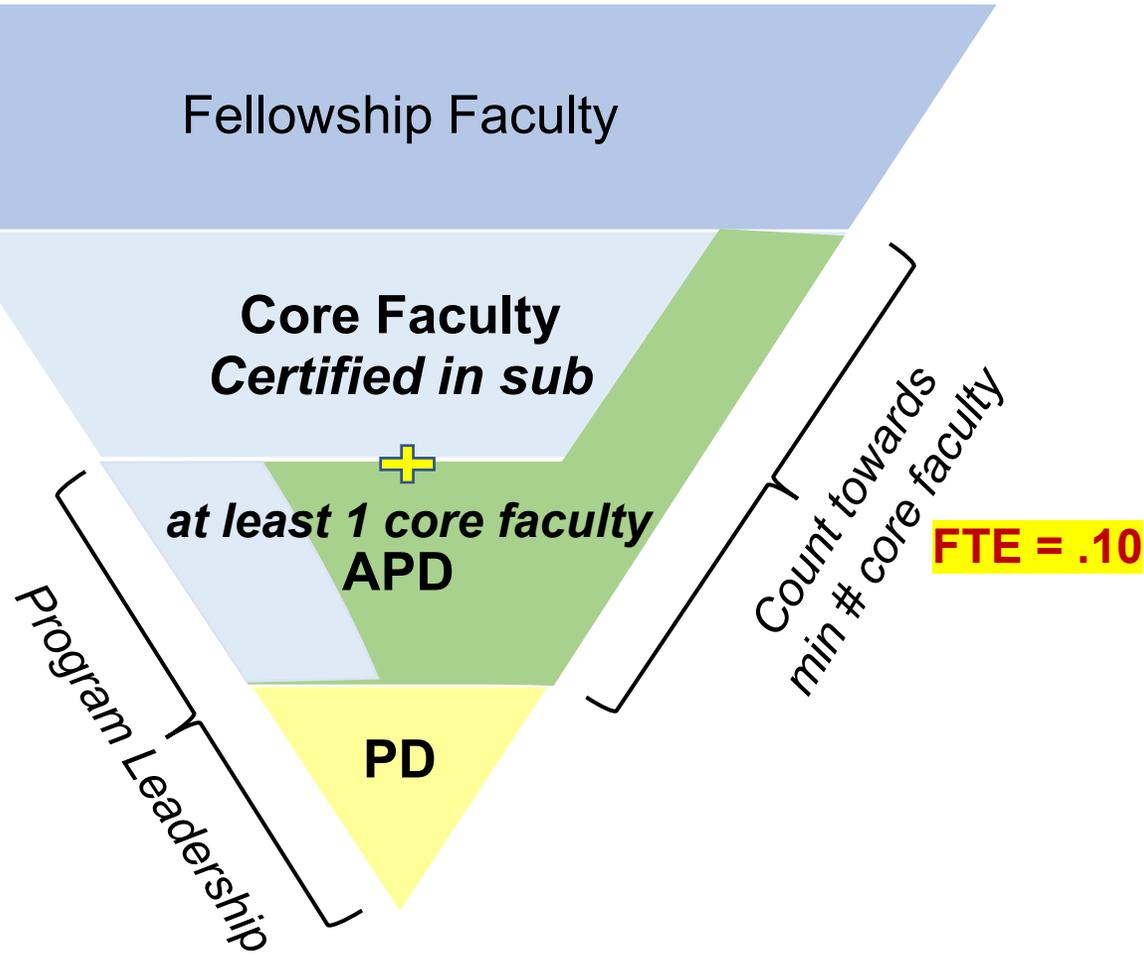
In addition to the program director, programs must have a minimum number of core faculty members certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)

Number of Approved Positions	Minimum Number of ABIM or AOBIM certified core faculty
<7	3
7-9	4
10-12	6
13-15	8
16-18	10
19-21	12
22-24	14
25-27	16
28-30	18
31-33	20
34-36	22
37-39	24
40-42	26
43-45	28
46-48	30



Example:

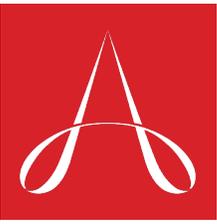
2. Core faculty dedicated time for 6-fellow sub = **10%**



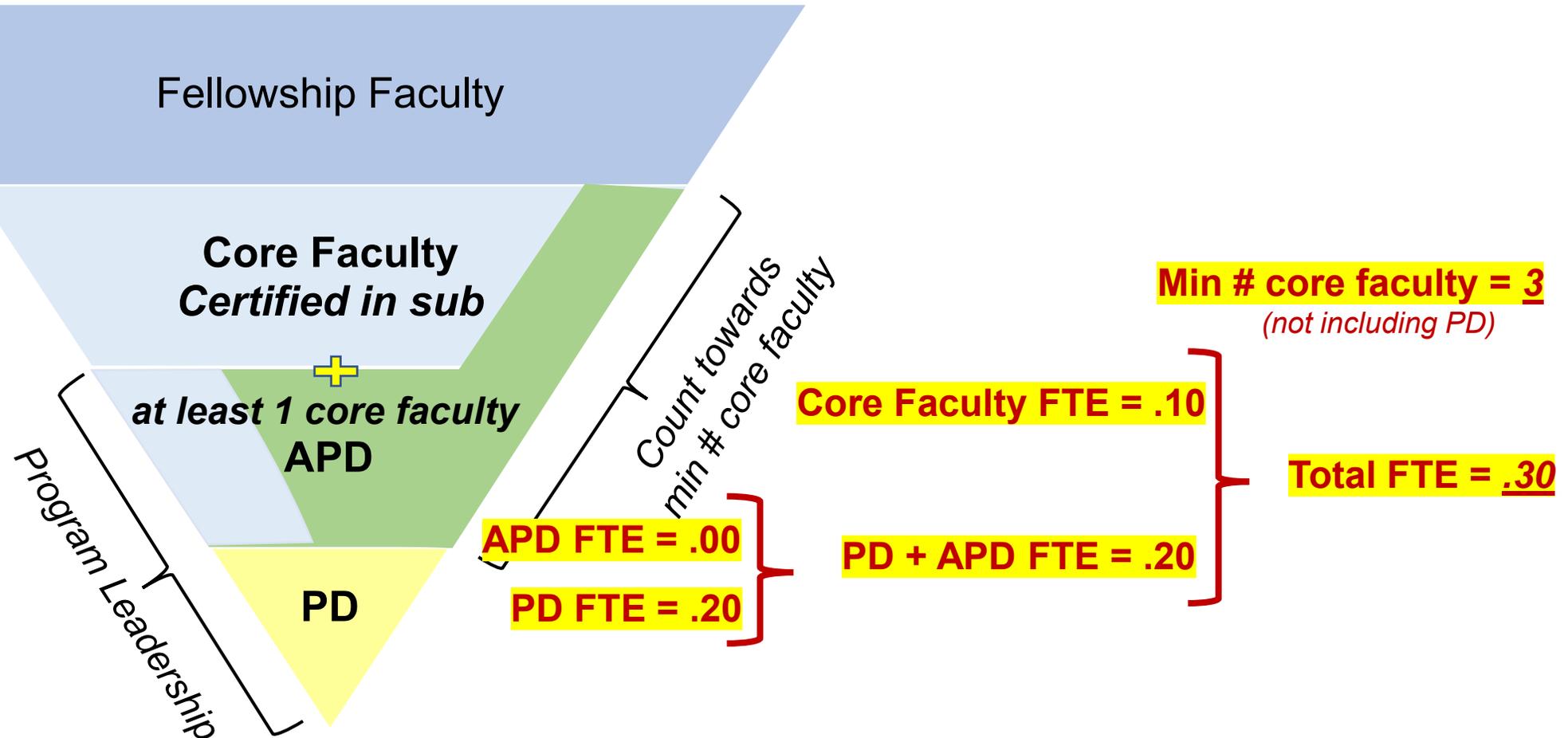
II.B.4.d)

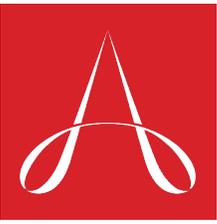
The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent /FTE for educational and administrative responsibilities that do not involve direct patient care. Additional support must be provided based on the program size as follows:

Number of Approved Positions	Minimum aggregate support required (FTE)
<7	.10
7-9	.15
10-12	.15
13-15	.20
16-18	.20
19-21	.25
22-24	.25
25+	.30

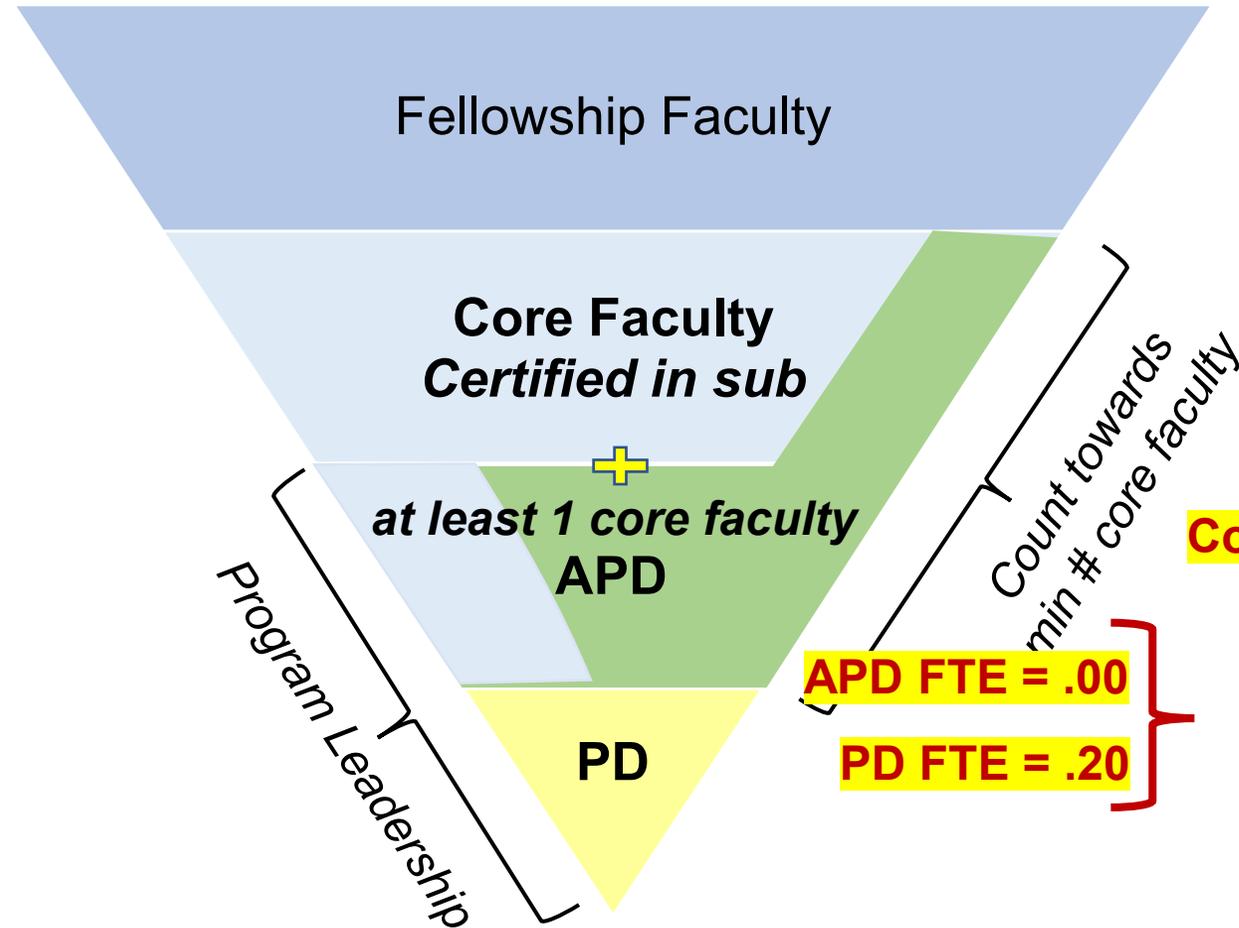


Example for 6-fellow sub:
Min # of core faculty = 3
Total dedicated Time = 30%





Example for 6-fellow sub:
Min # of core faculty = 3
Total dedicated time = 30%

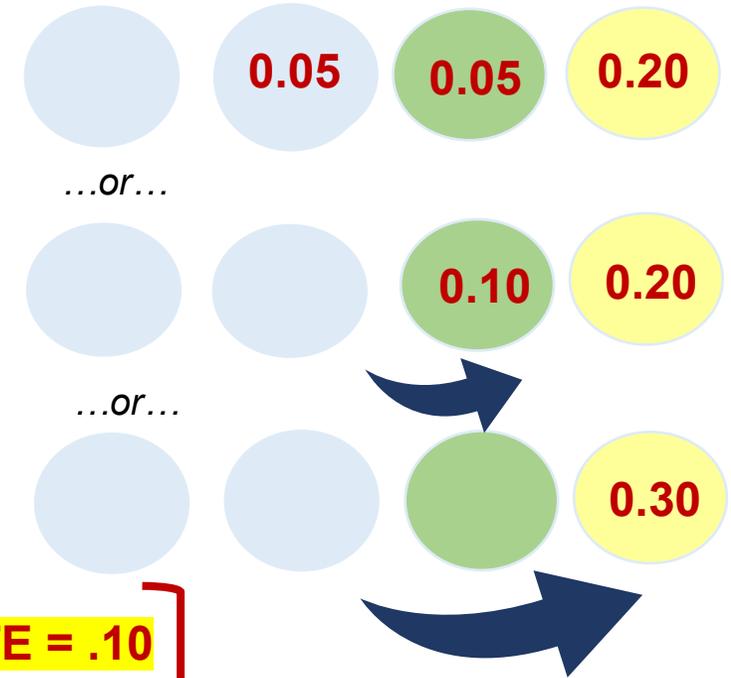


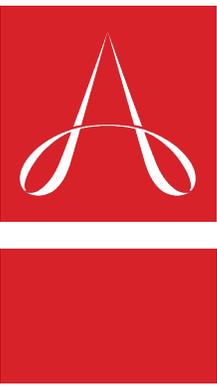
APD FTE = .00
 PD FTE = .20

Core Faculty FTE = .10

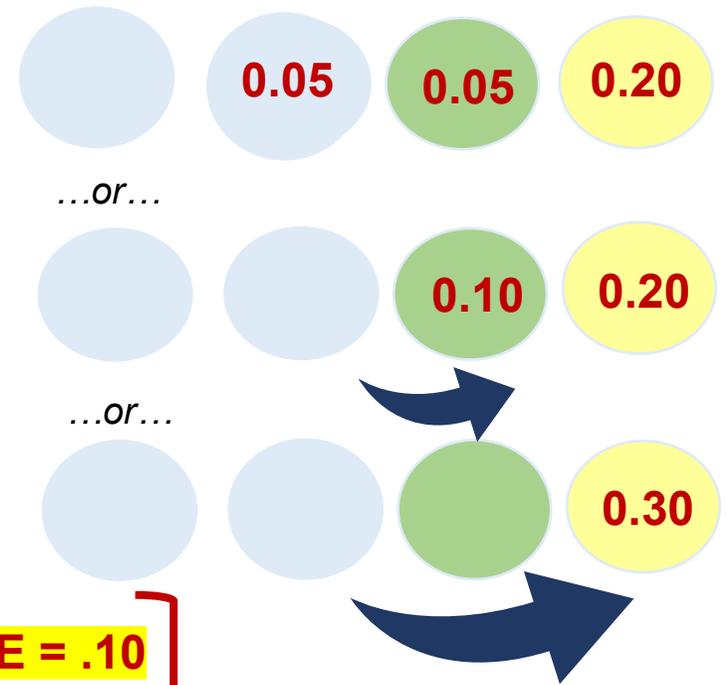
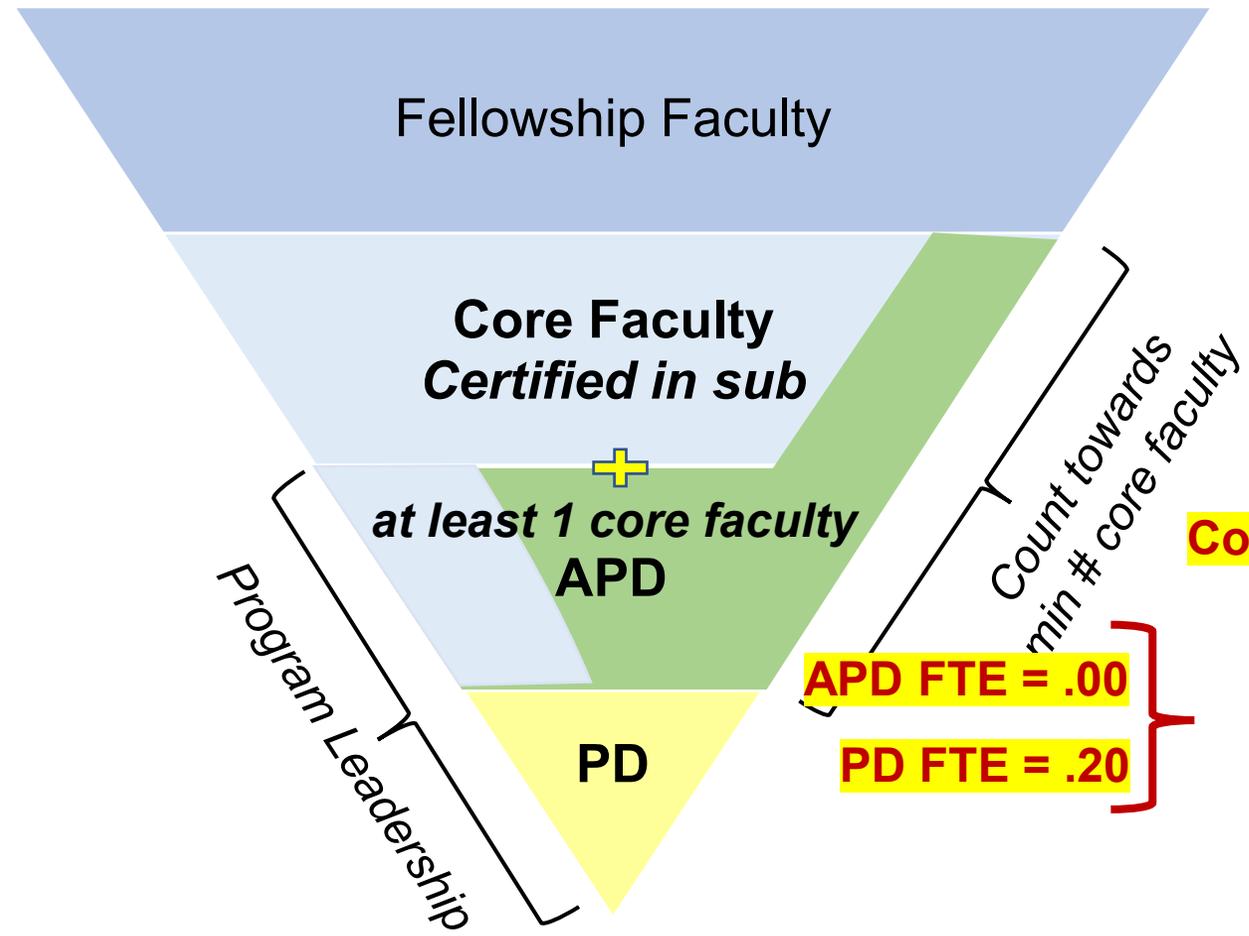
PD + APD FTE = .20

Total FTE = .30





Example for 6-fellow sub:
Min # of core faculty = 3
Total dedicated time = 30%



Core Faculty FTE = .10

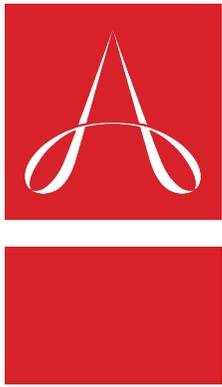
PD + APD FTE = .20

Total FTE = .30

APD FTE = .00

PD FTE = .20

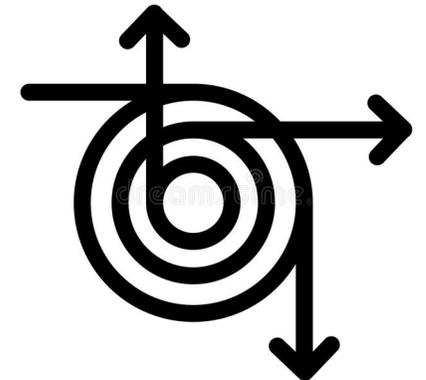
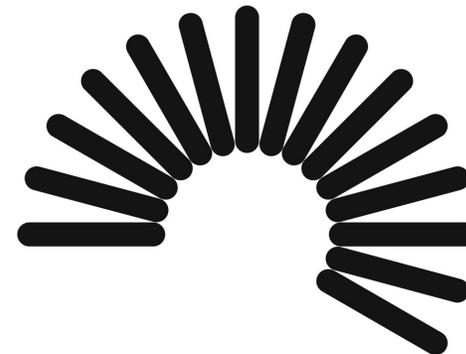
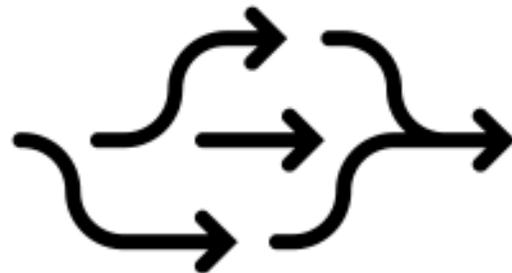
Flexibility!

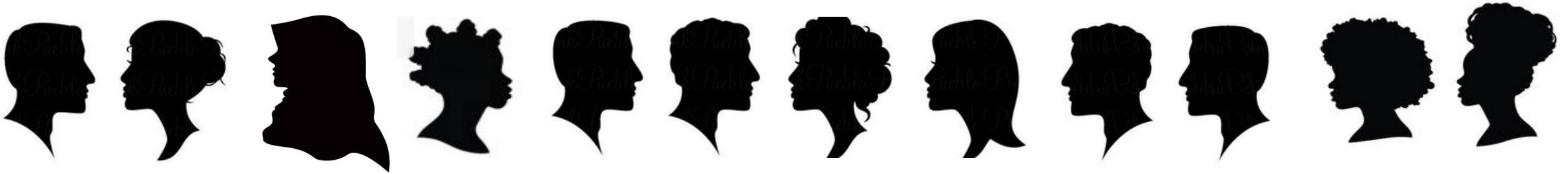
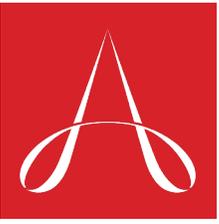


IM Sub B & I Box:

Flexibility in how to operationalize PRs

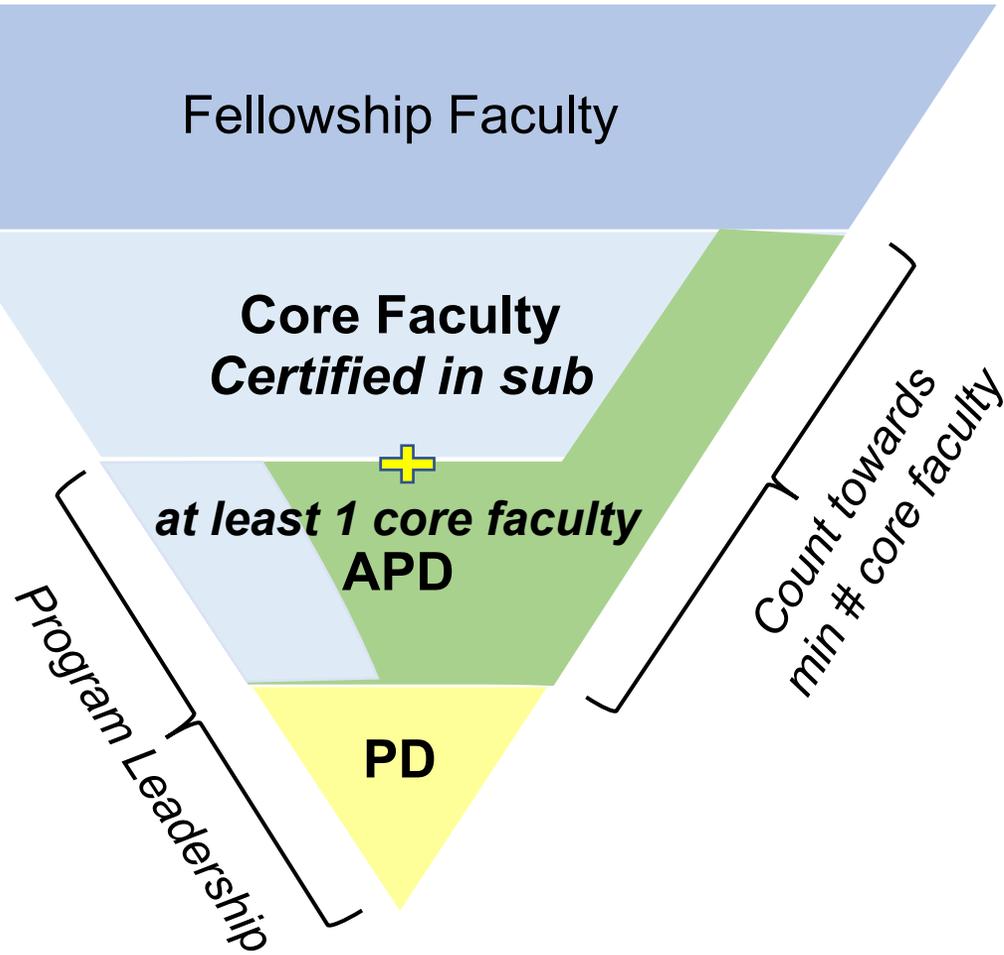
Background and Intent Box: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty members and the minimum required aggregate FTE but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their Sponsoring Institution, to allocate the support as they see fit. As long as the requirements for the minimum number of core faculty members and the minimum aggregate FTE are met, how the aggregate FTE is distributed is flexible.







IM Sub Example: PD + APD Dedicated Time

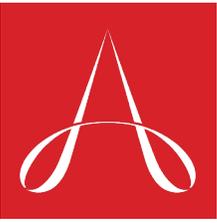


II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	.2
7-9	.25
10-12	.3
13-15	.35
16-18	.4
19-21	.45
>21	.5

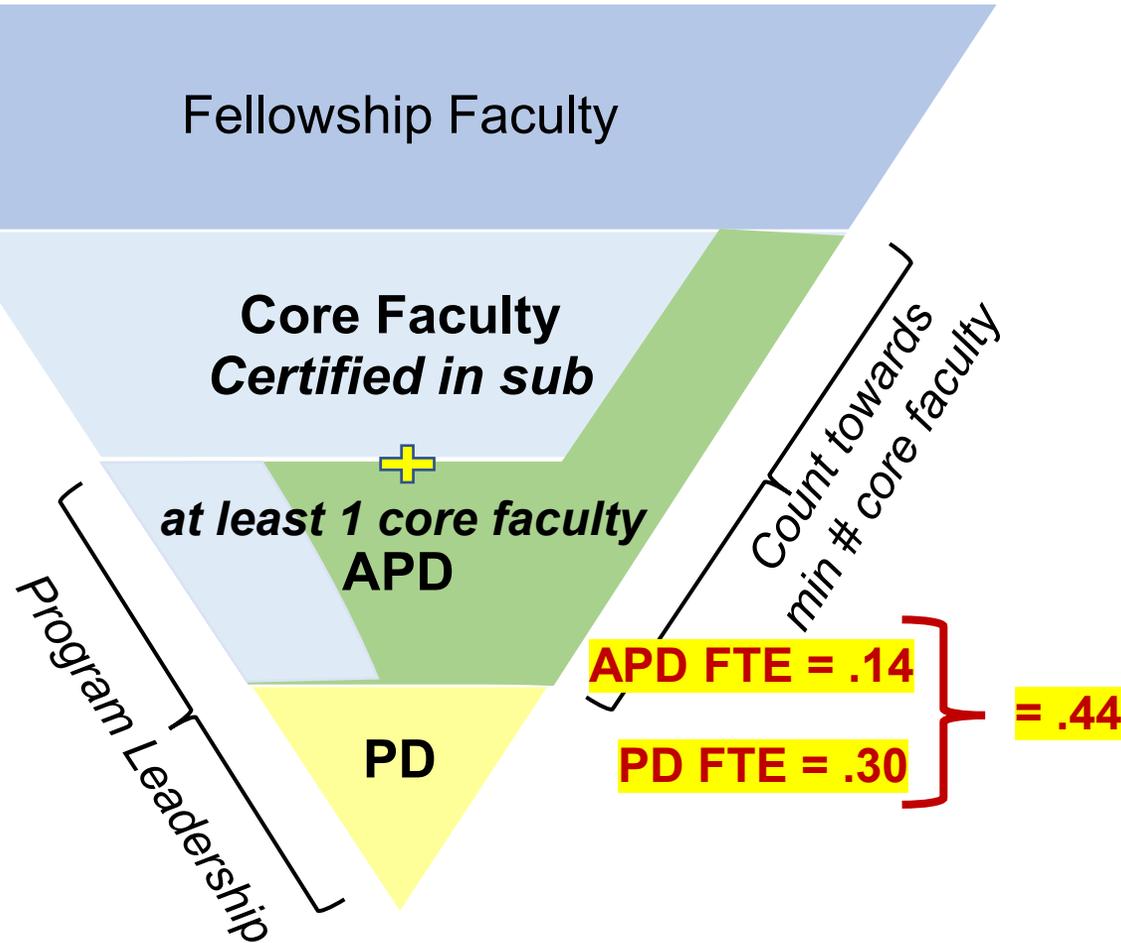
II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program directors(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: ^(Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	0
7-9	.13
10-12	.14
13-15	.15
16-18	.16
19-21	.17
22-24	.18
25-27	.24
28-30	.30
31-33	.36
34-36	.42
37-39	.48



IM Sub Example:

PD + APD Dedicated Time for 12 fellow sub = **44%**

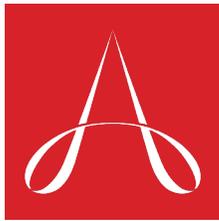


II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	.2
7-9	.25
10-12	.3
13-15	.35
16-18	.4
19-21	.45
>21	.5

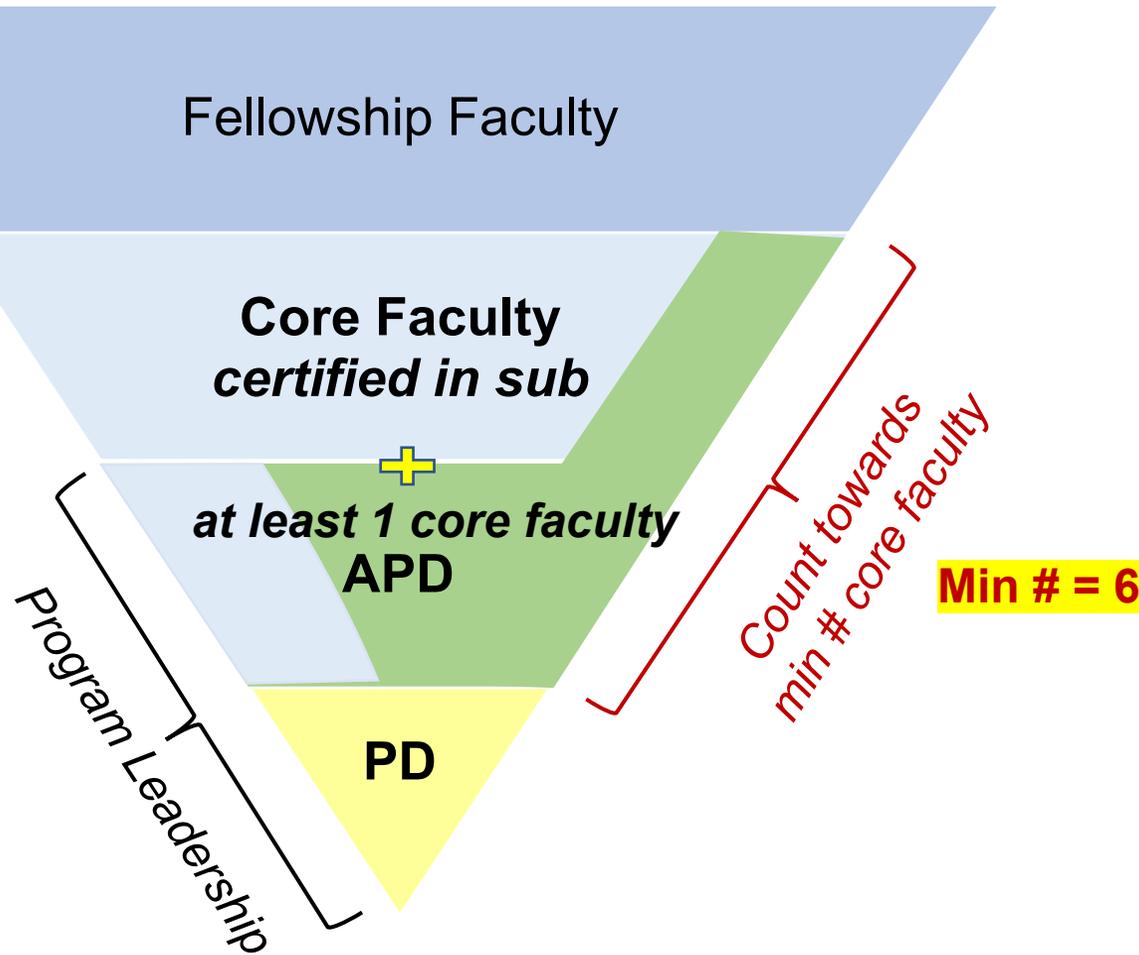
II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program directors(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: ^(Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
<7	0
7-9	.13
10-12	.14
13-15	.15
16-18	.16
19-21	.17
22-24	.18
25-27	.24
28-30	.30
31-33	.36
34-36	.42
37-39	.48



IM Sub Example:

1. Minimum # of core faculty for a 12-fellow sub = **6**
(not including PD)



II.B.4.b)

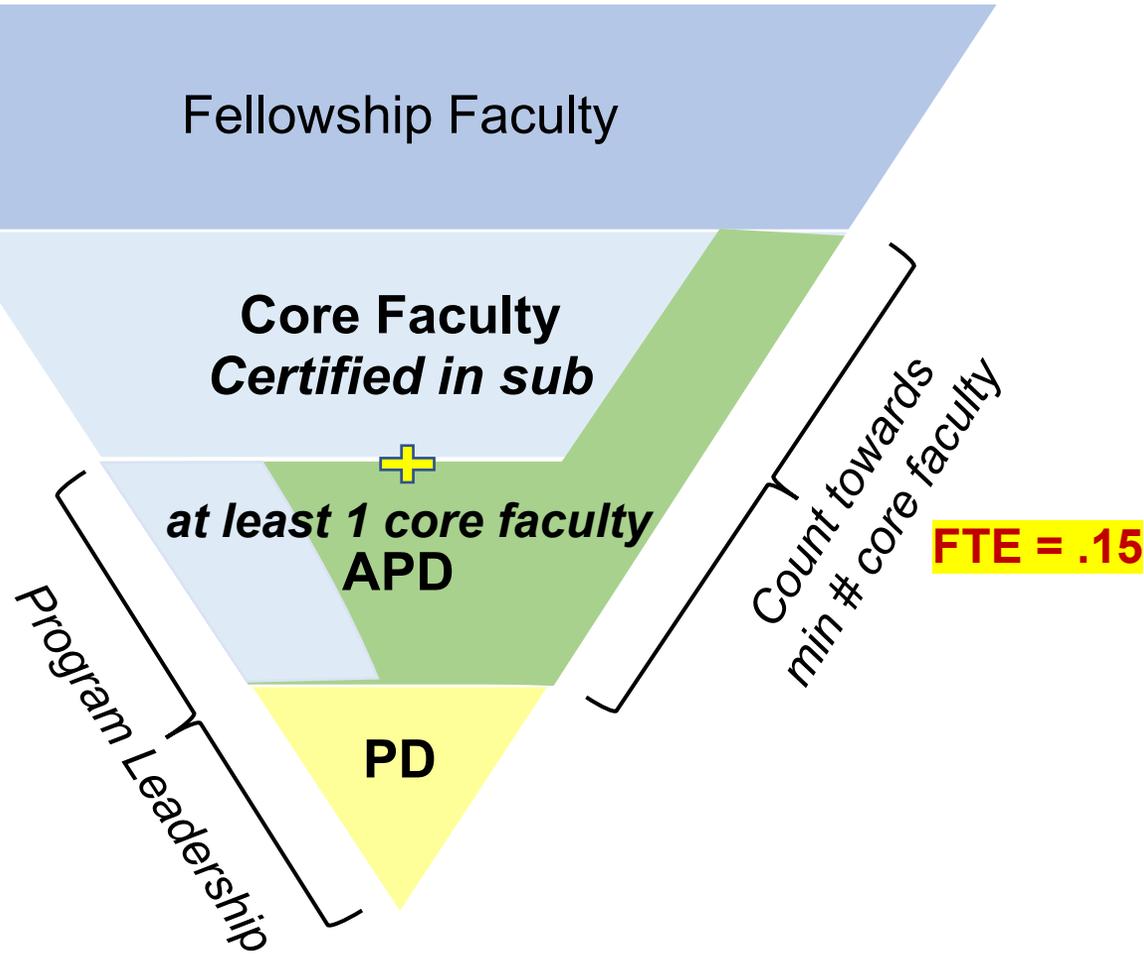
In addition to the program director, programs must have a minimum number of core faculty members certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)

Number of Approved Positions	Minimum Number of ABIM or AOBIM certified core faculty
< 7	3
7-9	4
10-12	6
13-15	8
16-18	10
19-21	12
22-24	14
25-27	16
28-30	18
31-33	20
34-36	22
37-39	24
40-42	26
43-45	28
46-48	30



IM Sub Example:

2. Core faculty dedicated time for 12-fellow sub = **15%**



II.B.4.d)

The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent /FTE for educational and administrative responsibilities that do not involve direct patient care. Additional support must be provided based on the program size as follows:

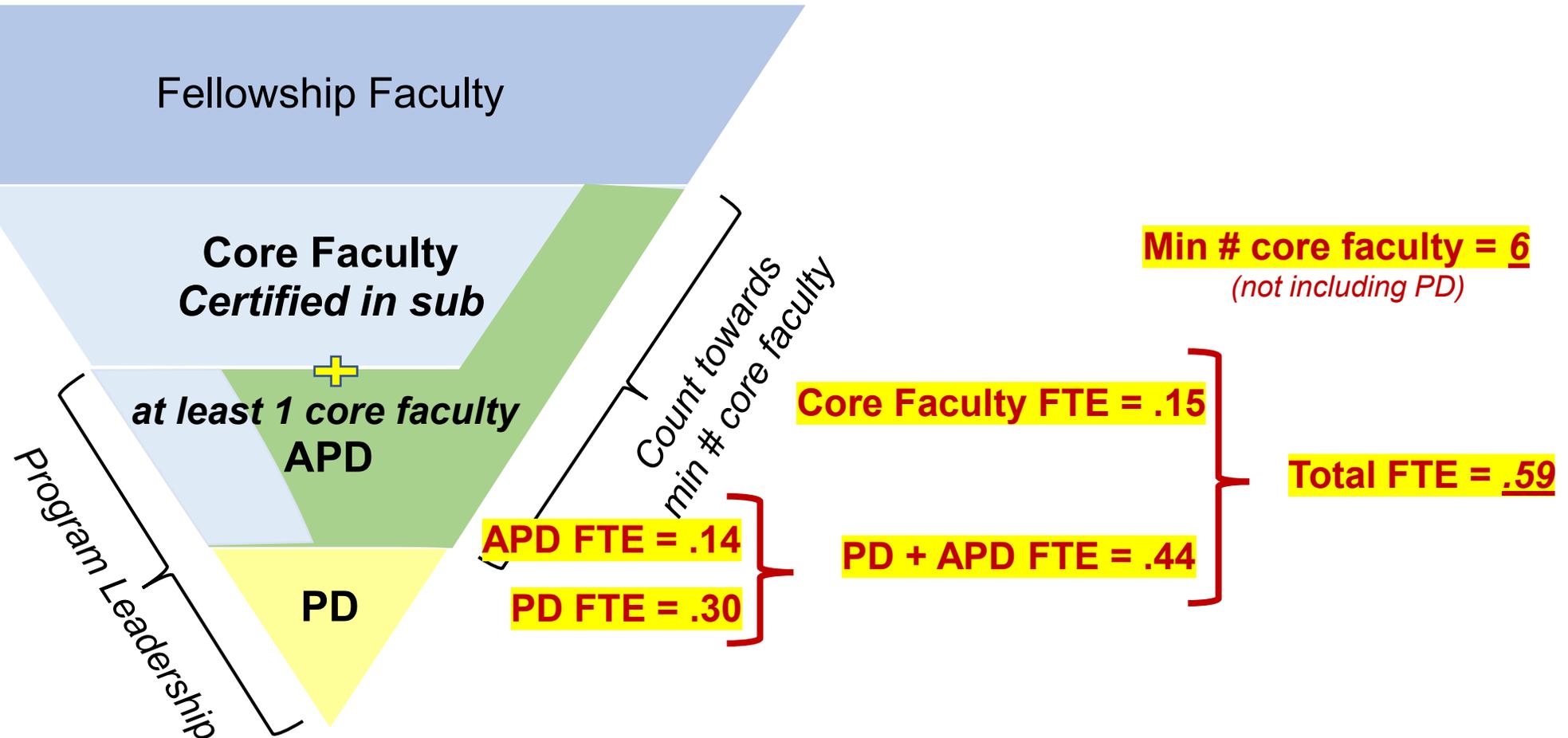
Number of Approved Positions	Minimum aggregate support required (FTE)
<7	.10
7-9	.15
10-12	.15
13-15	.20
16-18	.20
19-21	.25
22-24	.25
25+	.30

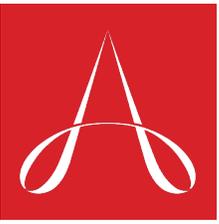


IM sub example for 12-fellow sub:

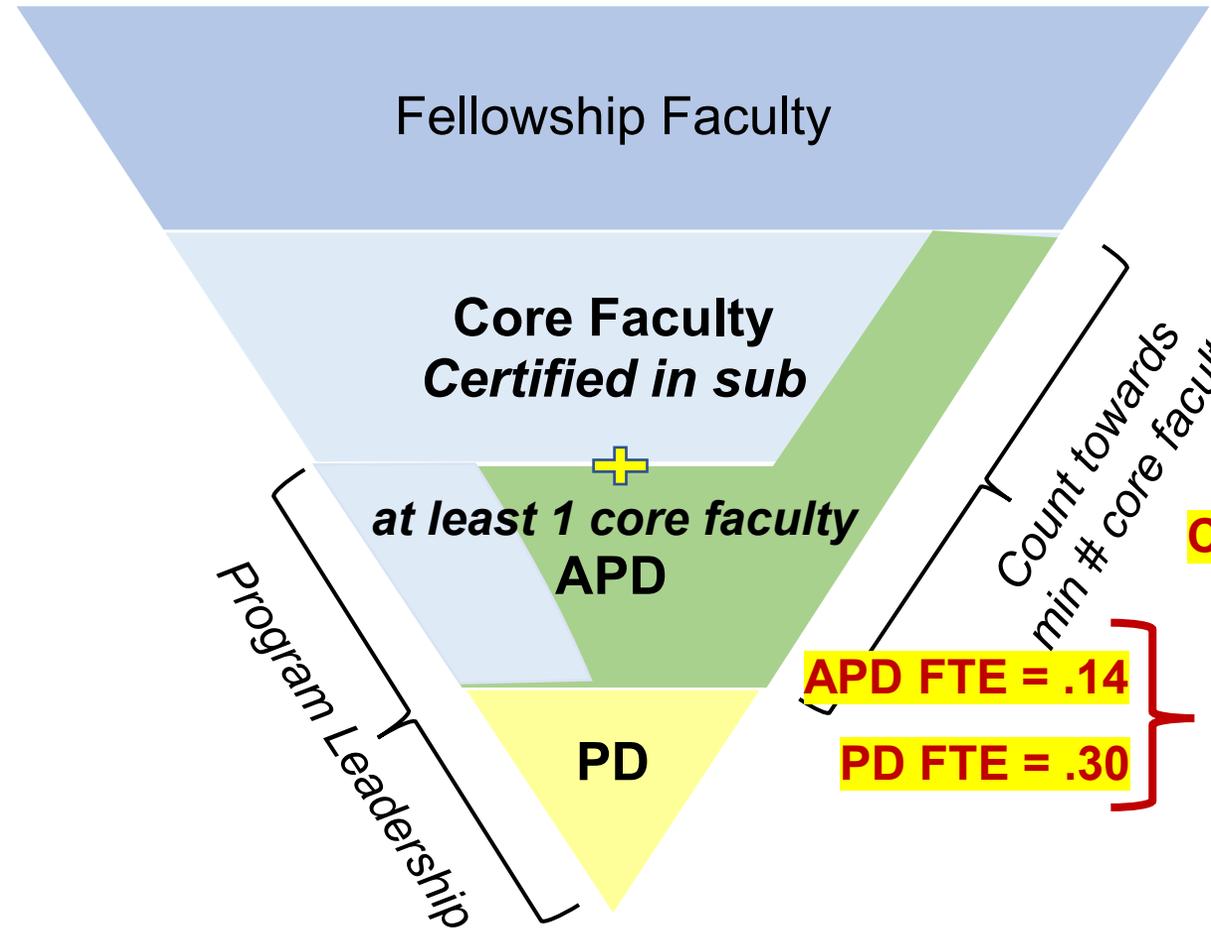
Min # of core faculty = 6

Total dedicated Time = 59%





IM sub example for 12-fellow sub:
Min # of core faculty = 6
Total dedicated time = 59%



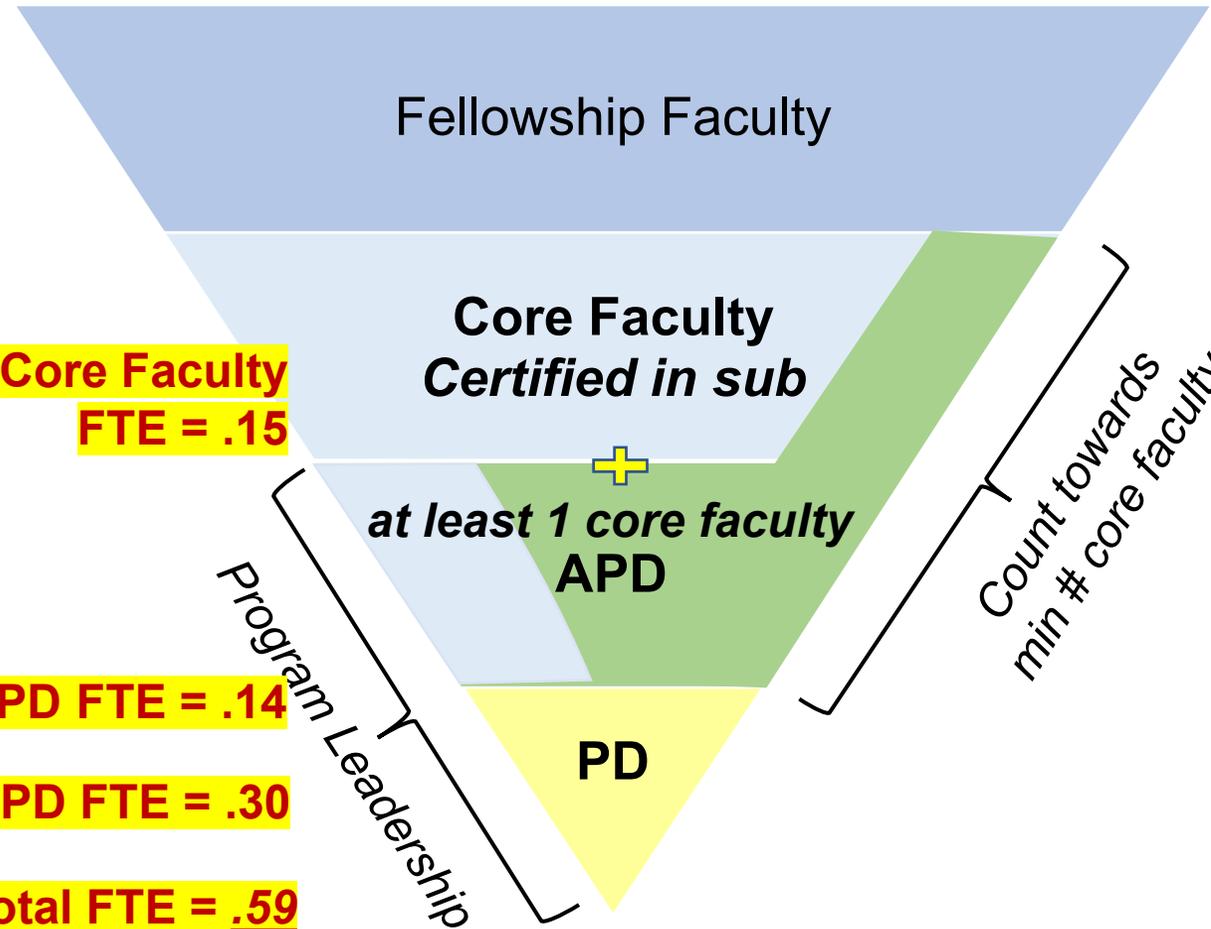
APD FTE = .14
PD FTE = .30
Core Faculty FTE = .15
PD + APD FTE = .44
Total FTE = .59



IM sub example for 12-fellow sub:

Min # of core faculty = **6**

Total dedicated time = **59%**



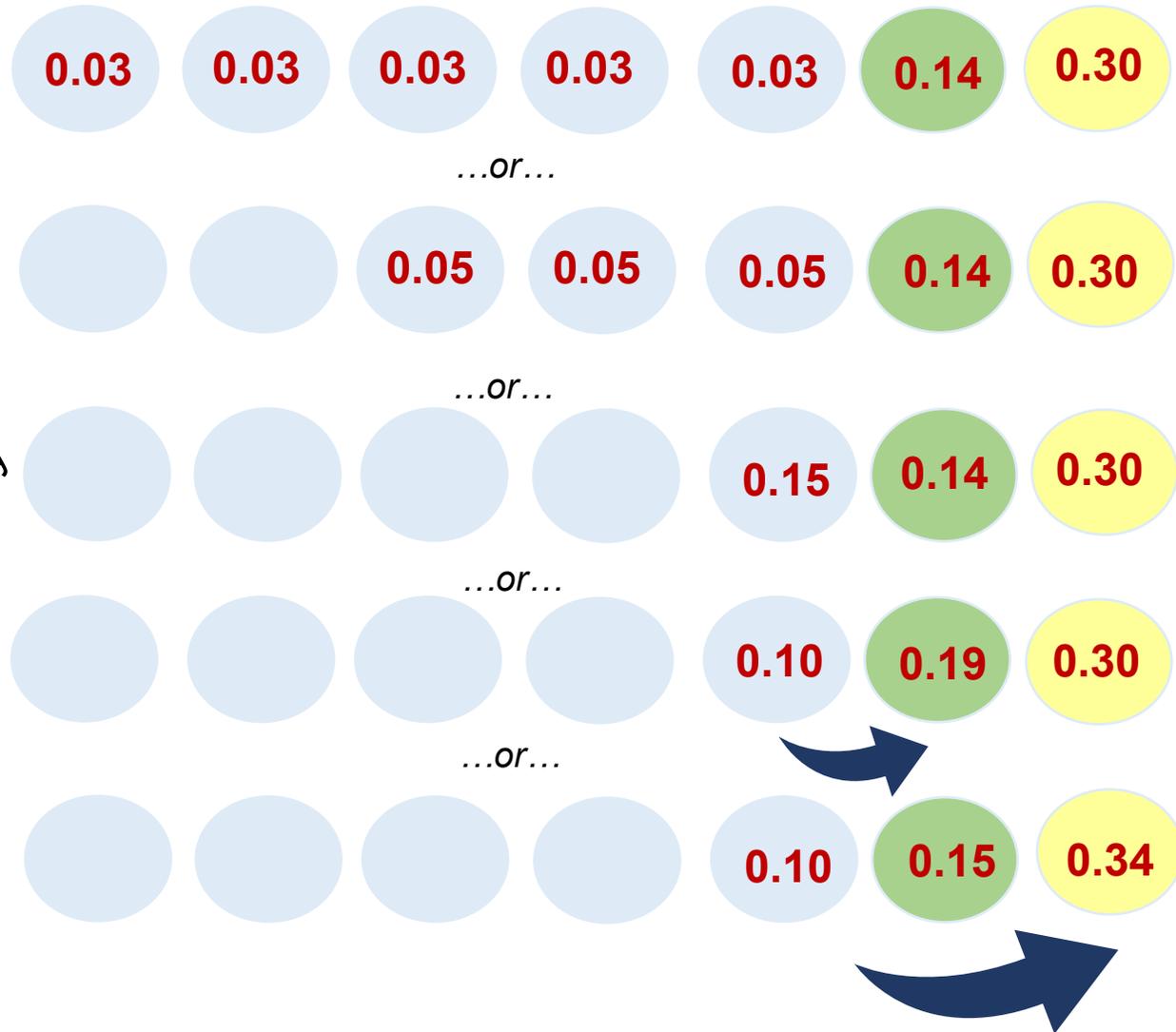
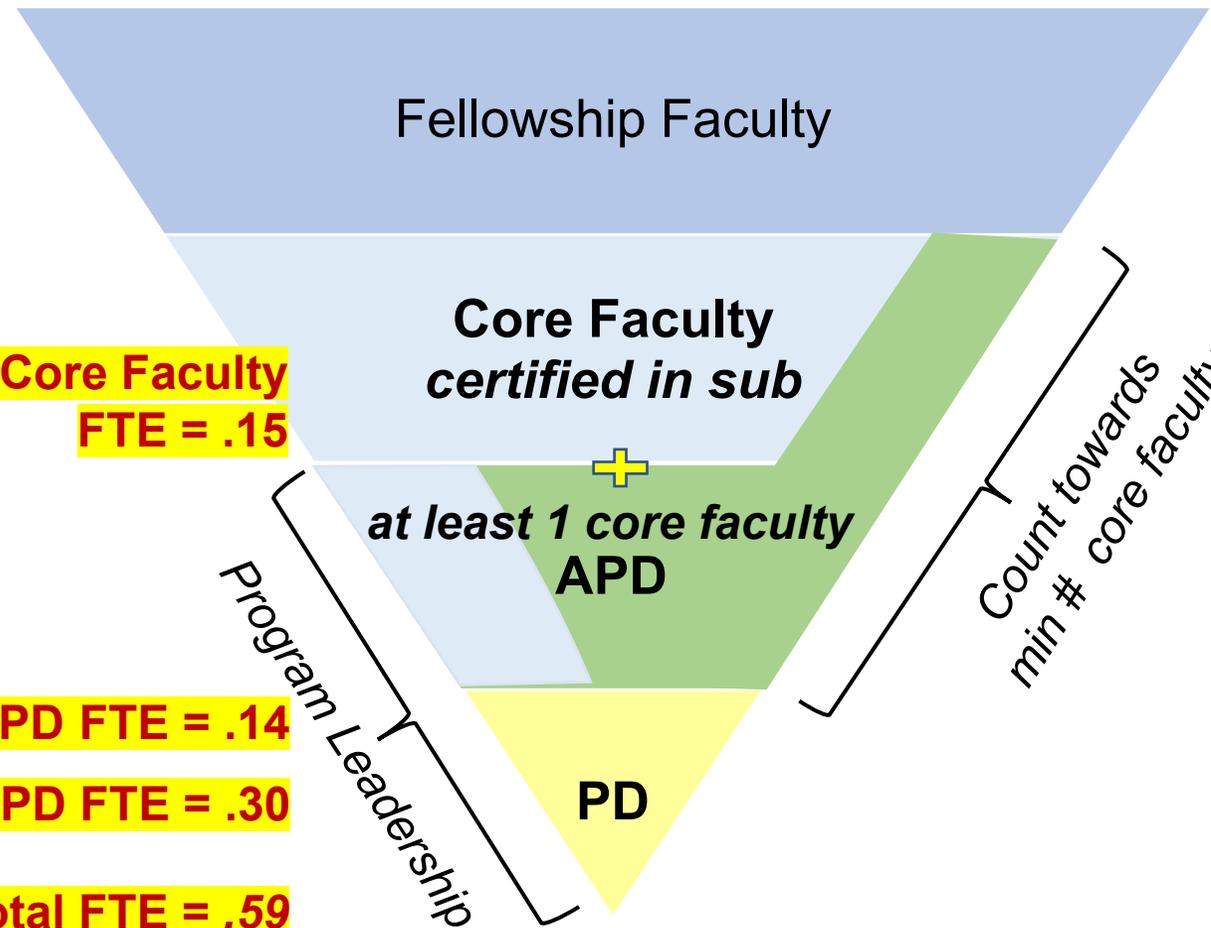
Flexibility!



IM sub example for 12-fellow sub:

Min # of core faculty = **6**

Total dedicated time = **59%**



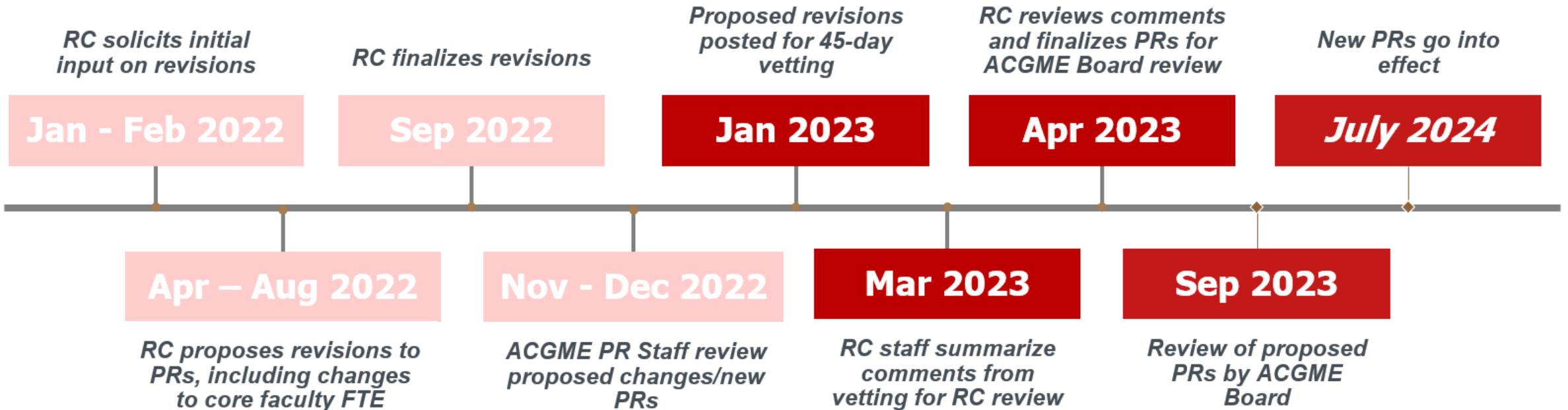
APD FTE = .14

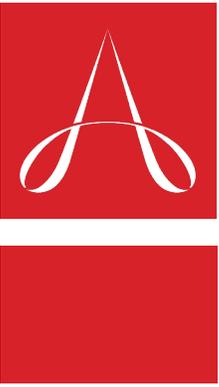
PD FTE = .30

Total FTE = .59

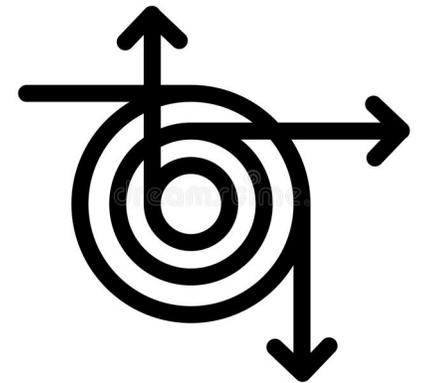
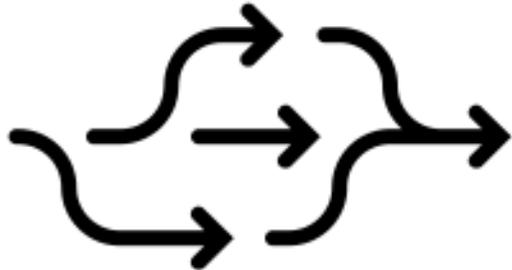
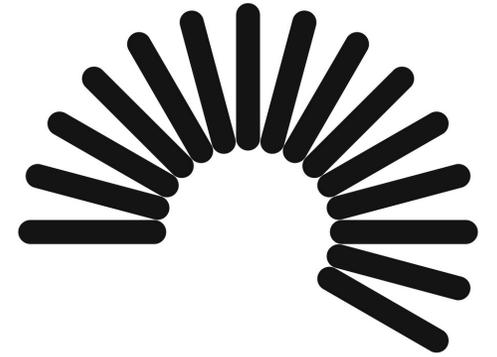
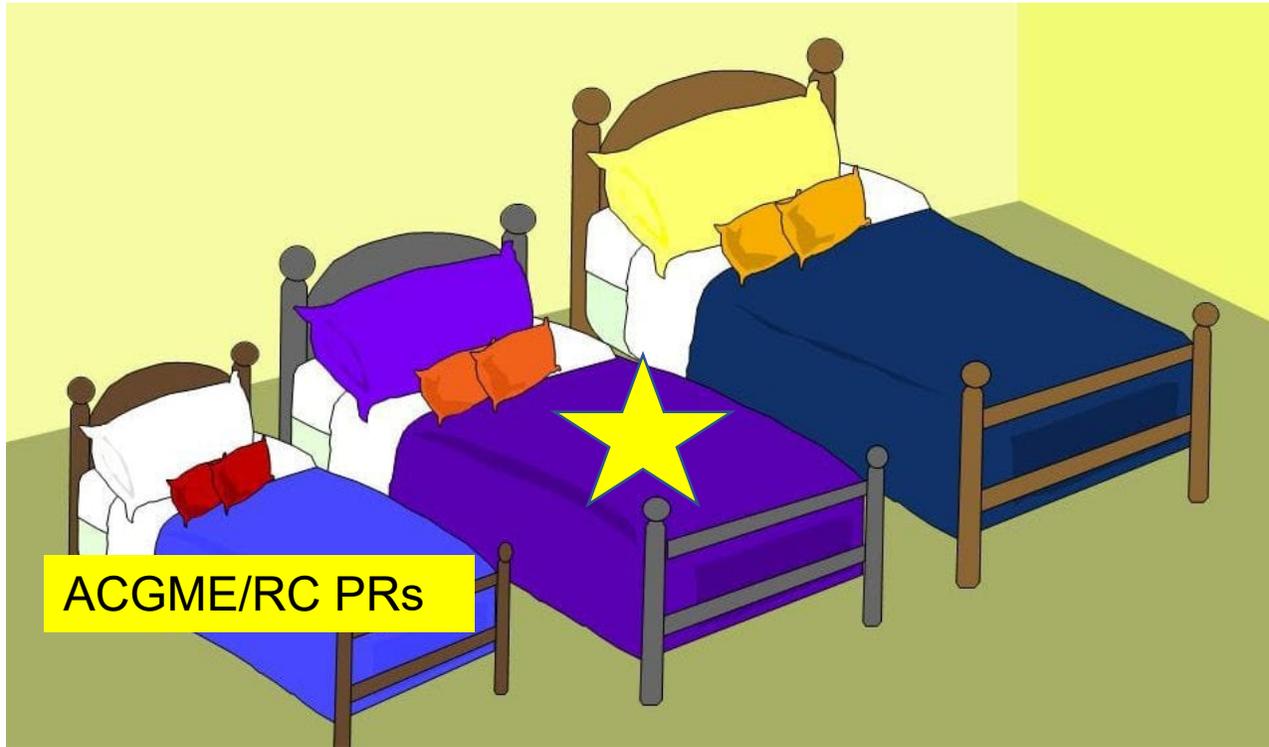


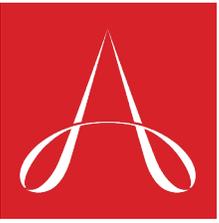
Timeline for Major Revision of Sub PRs ***(to include proposed changes to core faculty dedicated time PRs)***





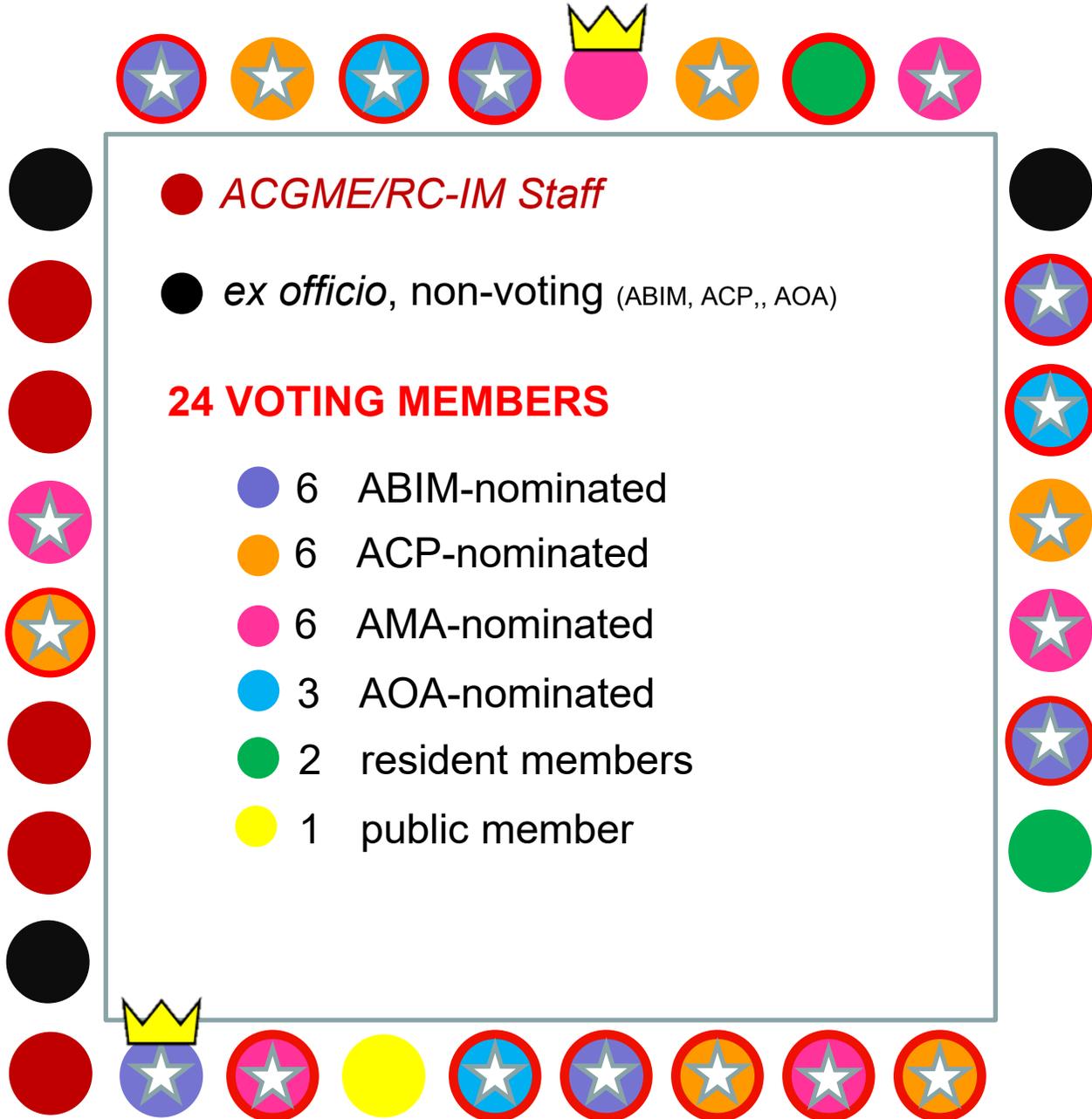
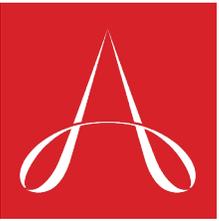
Thank you for all that you are doing!





- NAS Refresher
- Program Requirement (PRs) revisions
- Highlights from IM PRs that went into effect July 1, 2022
- Dedicated Time PRs
- **The RC-IM**





● *ACGME/RC-IM Staff*

● *ex officio, non-voting* (ABIM, ACP,, AOA)

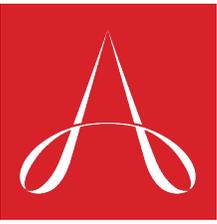
24 VOTING MEMBERS

- 6 ABIM-nominated
- 6 ACP-nominated
- 6 AMA-nominated
- 3 AOA-nominated
- 2 resident members
- 1 public member

☆ Program Director

👑 DIO

○ Subspecialist



RC-IM 2022-2023

Voting Members

Rendall Ashton, MD *PCCM*

Ruth Campbell, MD *Nephrology*

Jaclyn Cox, DO *GIM*

Eunice DeFilippo, MD **Resident Member**

Helen Fernandez, MD *Geriatrics*

Gerald Fletcher, MD **Resident Member**

Nancy Finnigan, DO *Nephrology*

Erica Johnson, MD *ID*

Russell Kolarik, MD *Med-Peds*

Sapna Kuehl, MD *GIM*

Alice Ma, MD *Hematology-Oncology*

Bernadette Miller, MD *GIM*

Cheryl O'Malley, MD *Med-Peds* **Chair**

Amy Oxentenko, MD *GI* **Vice Chair**

Kristen Patton, MD *CCEP*

Michael Pillinger, MD *Rheumatology*

David Pizzimenti, DO *GIM*

Nancy Reau, MD *Transplant Hep*

Rabbi Seymour Rosenbloom **Public Member**

Abby Spencer, MD *GIM*

David Sweet, MD *GIM*

Sheila Tsai, MD *Sleep Medicine*

Brooks Vaughan, MD *Endocrinology*

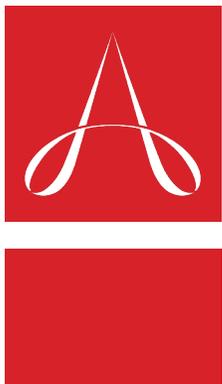
Non-Voting (“ex officio”) Members

Karen Caruth, MBA **AOA**

Davoren Chick, MD **ACP**

Furman McDonald, MD **ABIM**

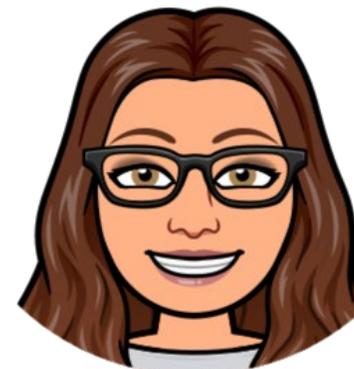




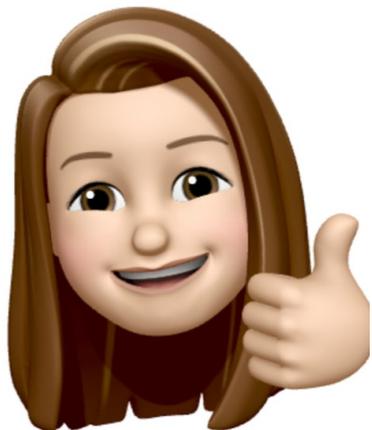
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Jerry Vasilias, PhD jvasilias@acgme.org
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