

SES021 Specialty Update: Preventive Medicine

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Conflict of Interest Disclosure

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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.

Session Agenda



REVIEW COMMITTEE
INFORMATION



ANNUAL PROGRAM
REVIEW



ACGME/REVIEW
COMMITTEE UPDATES

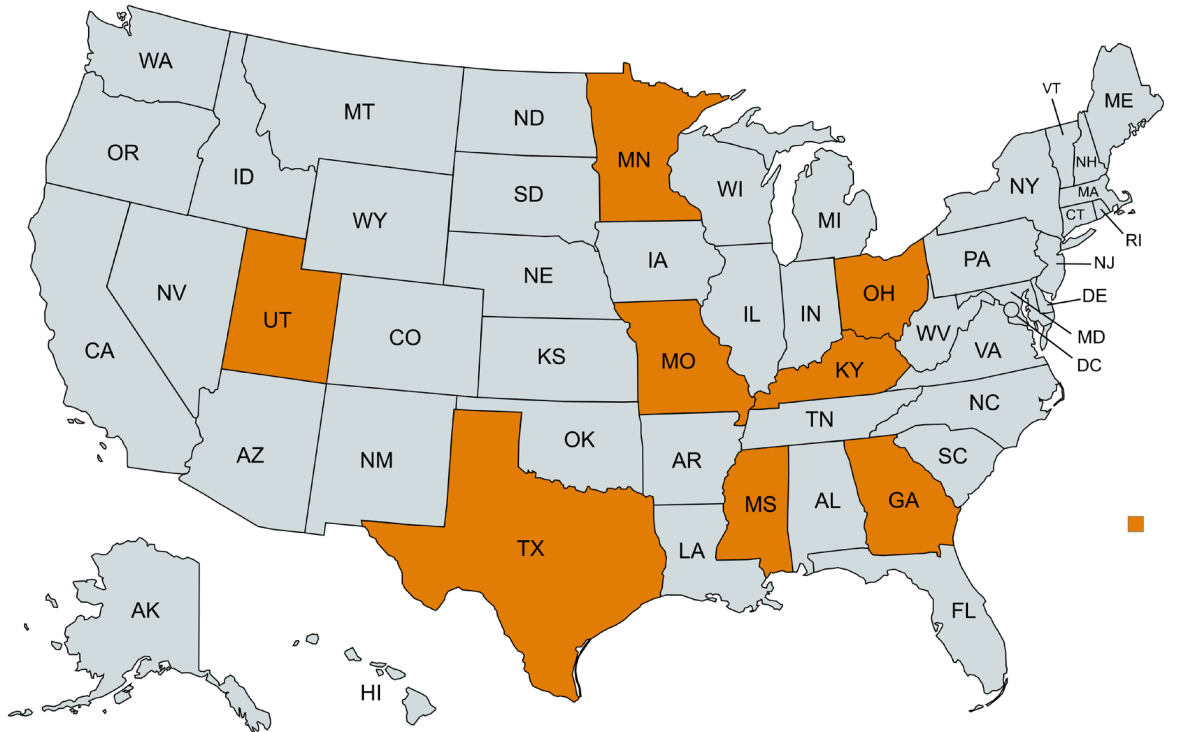


Review Committee Information

Review Committee Composition

- ✓ Nominating organizations: American Board of Preventive Medicine (ABPM); American Medical Association (AMA), American Osteopathic Association (AOA)
- ✓ One public member
- ✓ One resident member
- ✓ Nine voting members
- ✓ Ex-officios from ABPM and AOA (non-voting)
- ✓ Six-year terms (except resident member, who serves two years)

- ✓ Program directors, chairs, faculty members, designated institutional officials (DIOs), resident, and public representation



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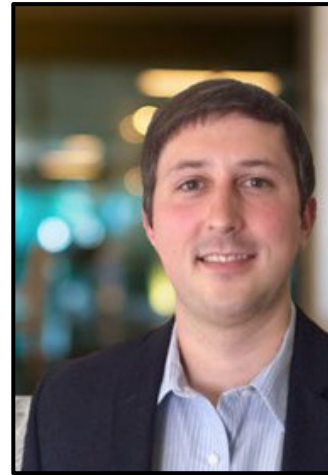
Joshua Mann, MD, MPH
*Univ. of Mississippi Medical
Center
(Chair)*



**Joseph (Tim) LaVan, MD,
MPH**
*NASA Johnson Space Center
(Vice Chair)*



Mrinalini Buddha, MD, MPH
*University of Kentucky
(Resident Member)*



Adam Barefoot, DMD, MPH
*Health Resources and
Services Administration
(Public Member)*



Heather O'Hara, MD, MSPH
John Cochran VA Hospital

Review Committee Membership



**David Miller, DO, MPH,
FAsMA**
*Aerospace Medicine
Physician*



Hassan Murad, MD
*Mayo Clinic College of
Medicine and Science*



**Antonio Neri, MD, MPH,
Captain USPHS**
*Forward Triage Healthcare
Resources Group*



Eric Wood, MD, MPH
University of Utah

Ex-Officios



Chris Ondrula, JD
American Board of
Preventive Medicine (ABPM)



**Howard Teitelbaum, DO, PhD,
MPH**
American Osteopathic Board of
Preventive Medicine (AOBPM)

Incoming Members

Term beginning July 1, 2026



Karen Studer, MD, MBA, MPH
Loma Linda University Health



Mark Humphrey, MD, MPH
Prisma Health Midlands

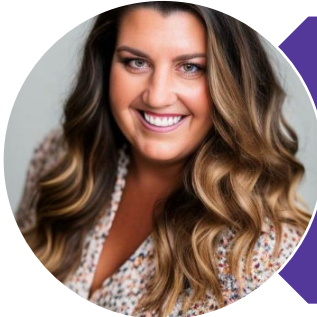
Review Committee Staff



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Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
March 26, 2026	February 2, 2026
November 11-12, 2026	September 4, 2026
March 25, 2027	February 1, 2027

Who to Call? The ACGME or the ABPM/AOBPM?



Accreditation standards for ***programs***
and evaluation of programs based on
these standards

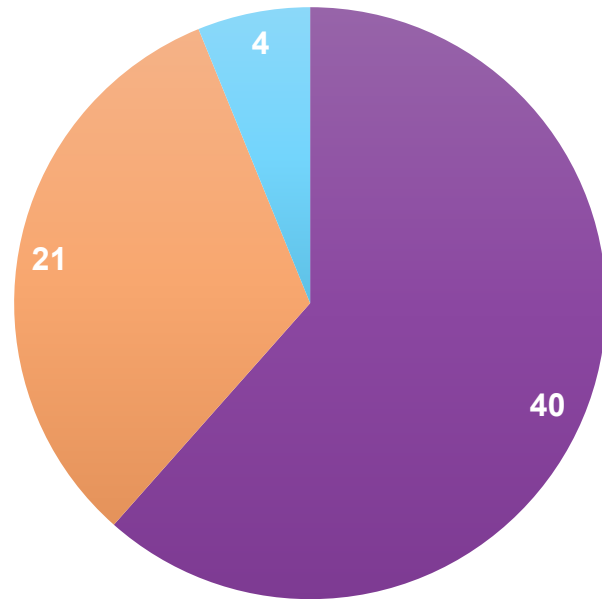


Certification standards for ***individuals***
and evaluation of individuals based on
these standards

Annual Program Review

Preventive Medicine Statistics

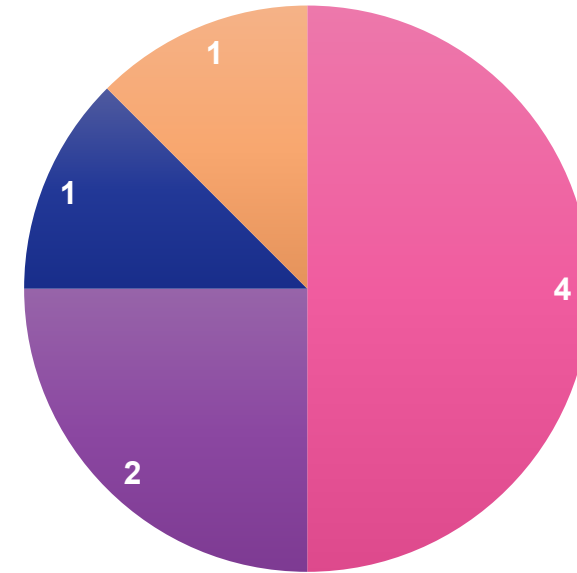
Residency Programs



Academic Year 2025-2026
331 residents enrolled
(679 approved positions)

- Public Health / General Preventive Medicine
- Occupational and Environmental Medicine
- Aerospace Medicine

Combined Programs



- Internal Medicine/Public Health/General Preventive Medicine
- Family Medicine/Public Health/General Preventive Medicine
- Aerospace Medicine/Internal Medicine
- Aerospace Medicine/Emergency Medicine

Elements of Annual Data Review

Prior Citations

Resident/Fellow
Survey

Faculty Survey

Board Pass
Rate Data

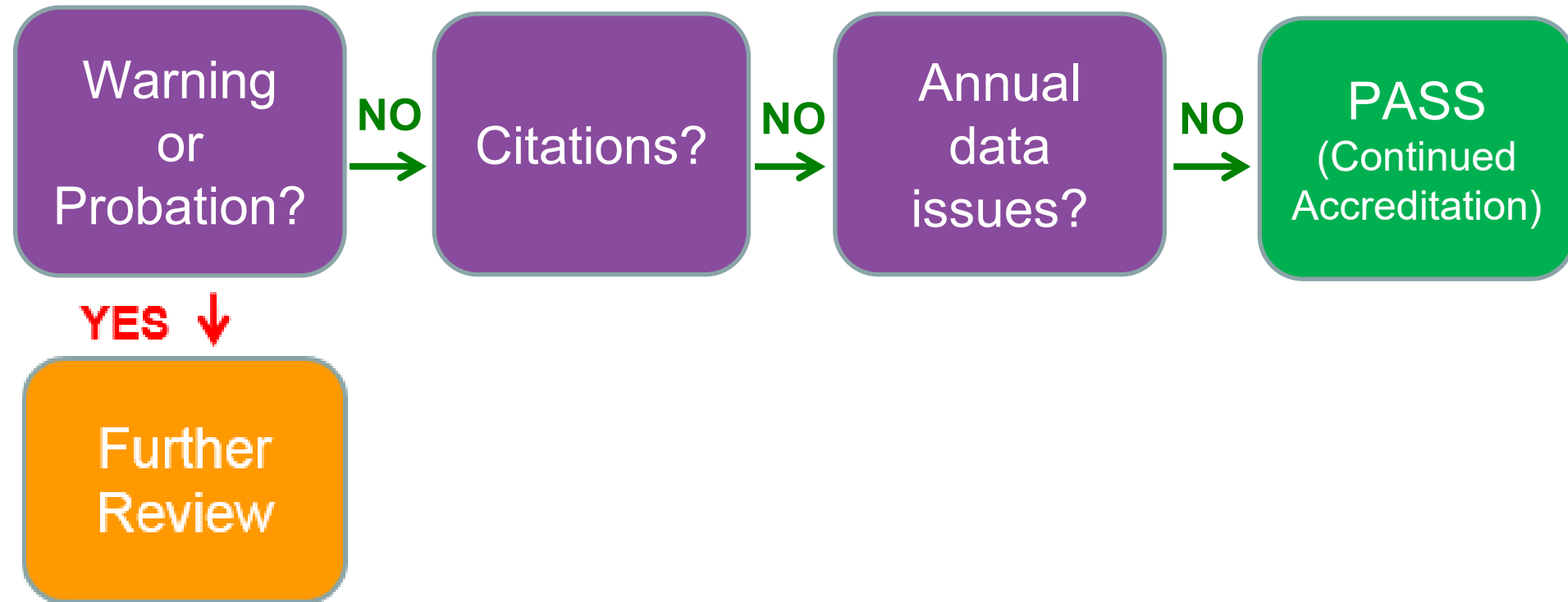
Scholarly
Activity

Attrition /
Program
Changes

Omission of
Data

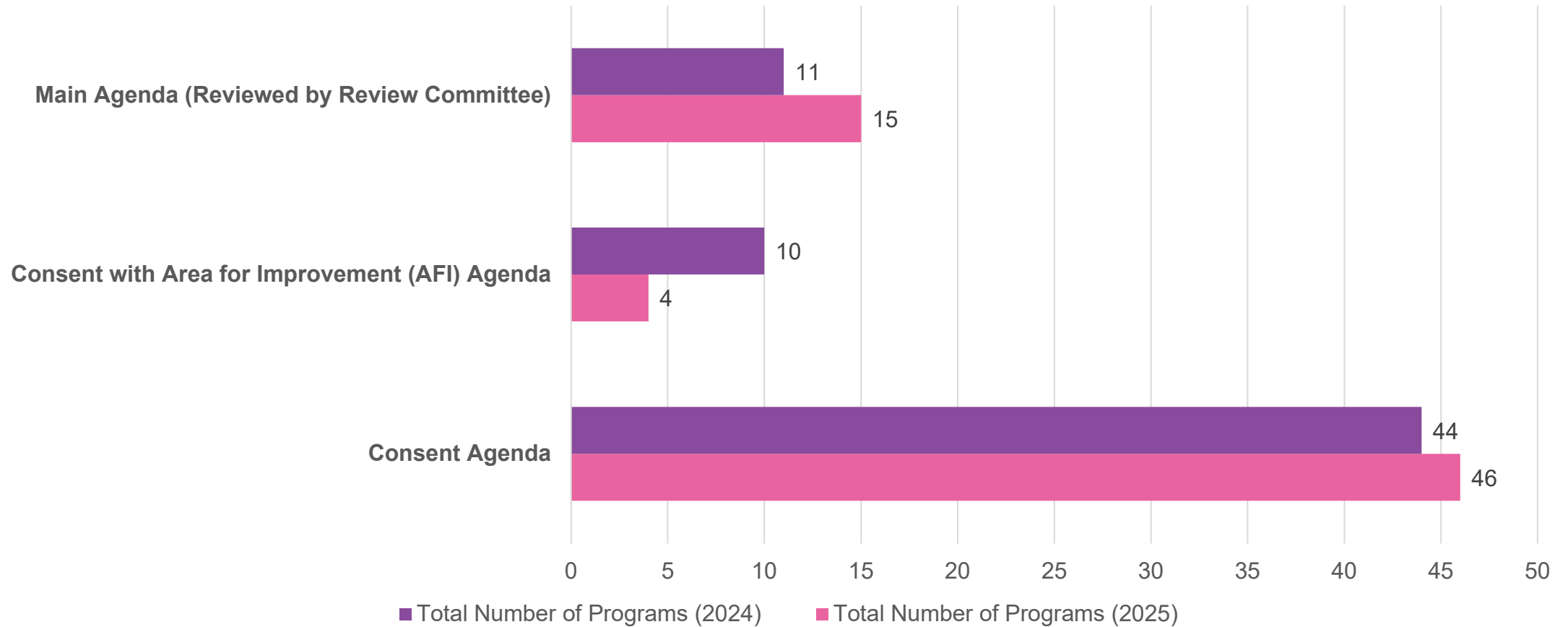
Information in
Major Changes
Section of ADS

Annual Review Data Triage

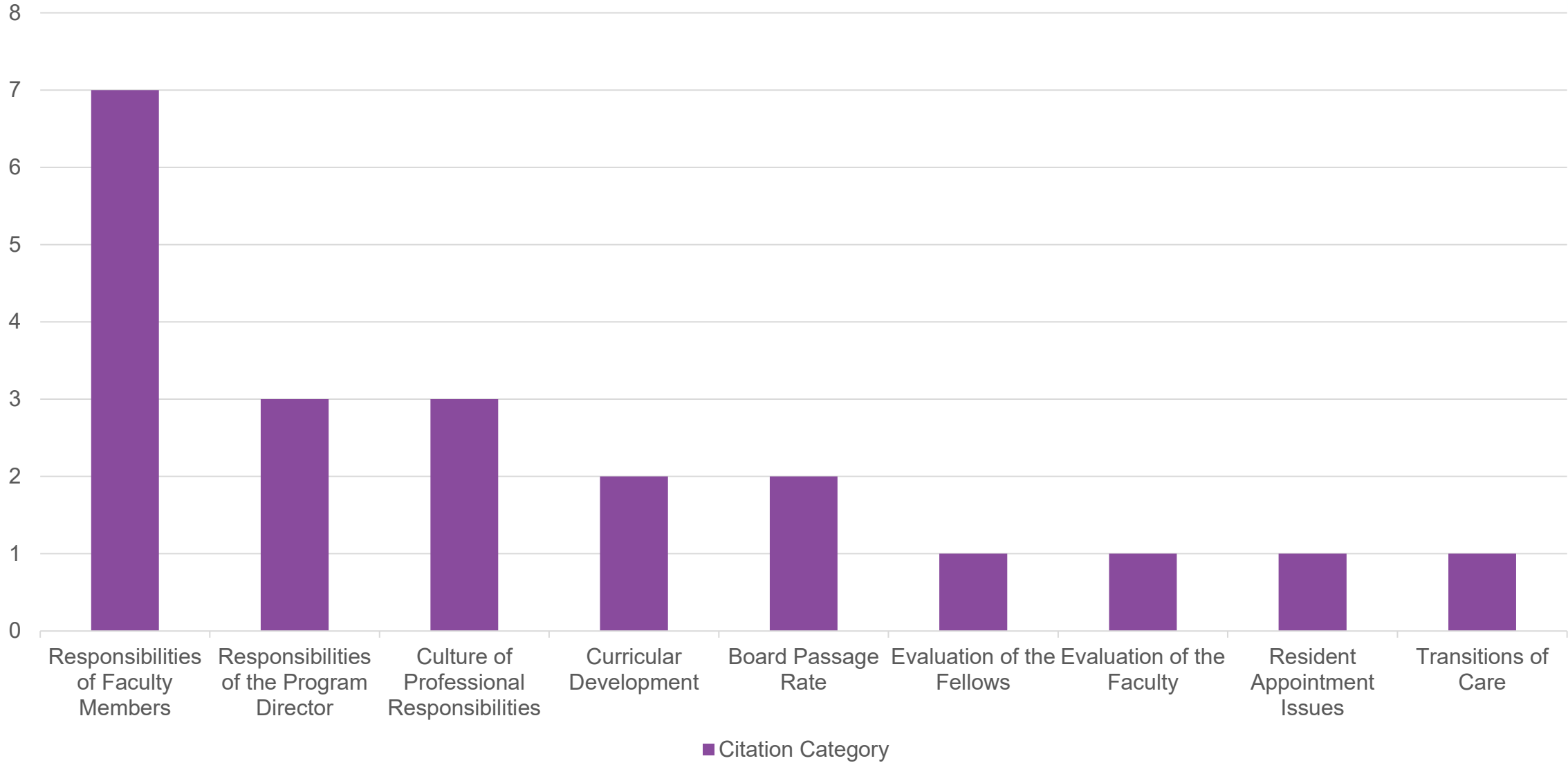


This triaging applies to programs not on Initial Accreditation

Annual Data Review: 2024 vs. 2025



Most Common Citations



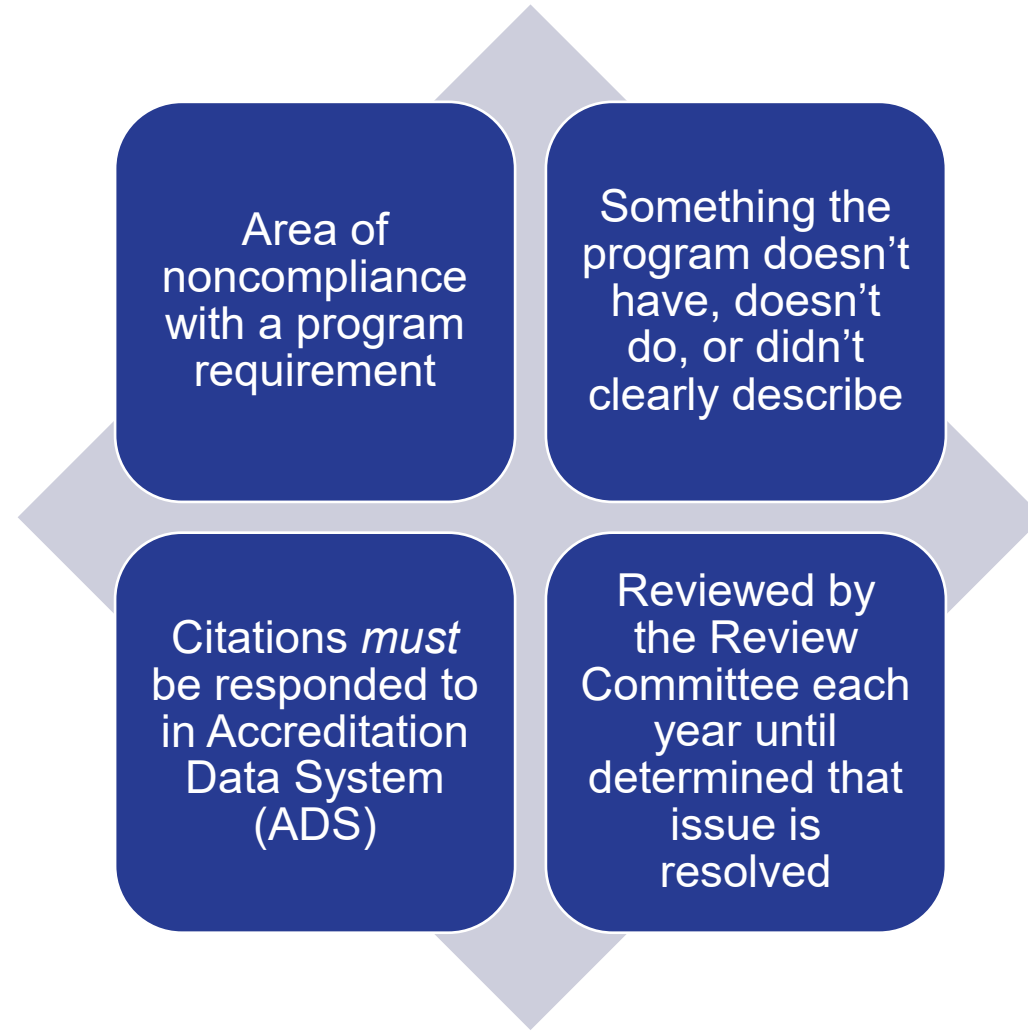
Most Common Areas for Improvement

- ✓ Board Pass Rate
- 📖 Educational Content
- 📄 Faculty Certification
- 👤 Faculty Scholarly Activity
- 👤 Faculty Supervision and Teaching
- ⚠️ Failure to Provide Accurate Information
- 👤 Program Director Responsibilities
- 🤝 Professionalism

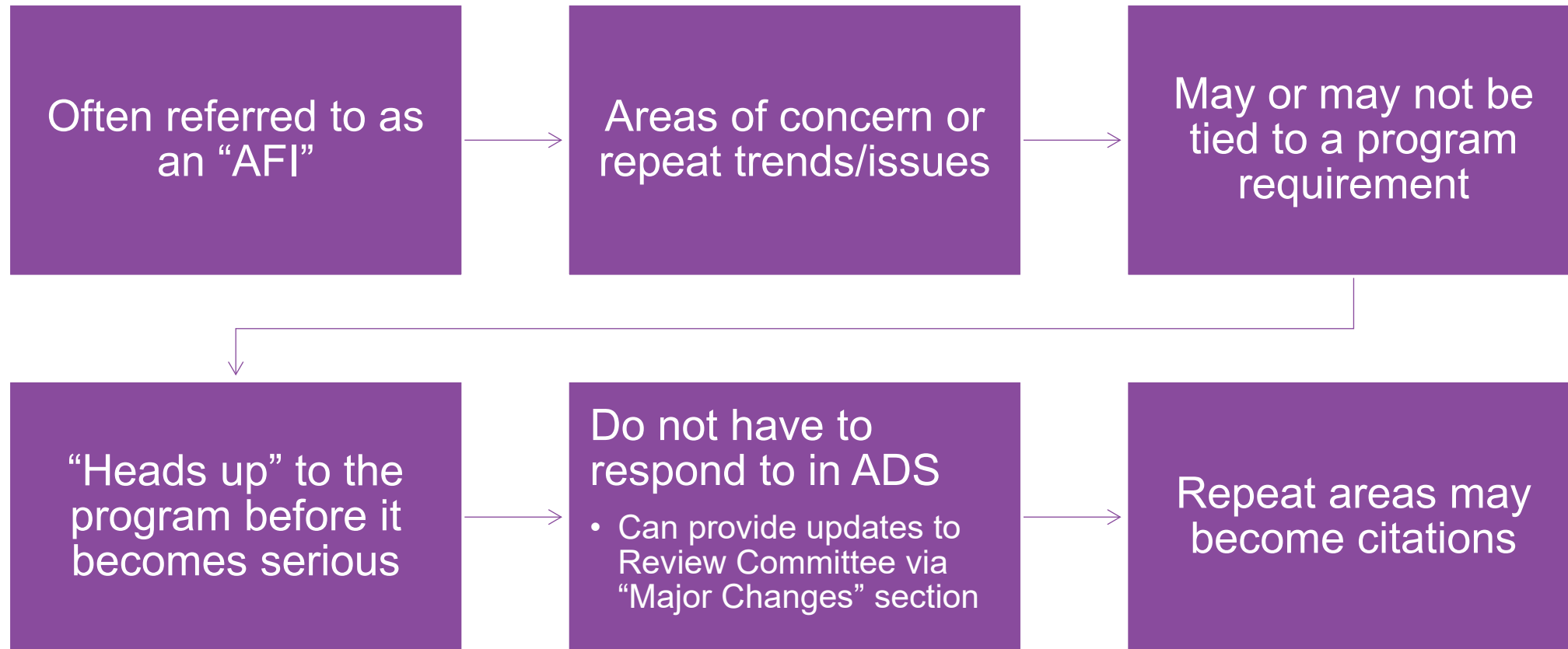
Program Status and Citations

- Focus on ***substantial*** (not absolute) compliance with Program Requirements
 - Substantial compliance may be achieved even with identified areas of non-compliance
- A few minor issues will *not* cause the Review Committee to withdraw accreditation
- Accreditation statuses move in a stepwise fashion
 - Continued Accreditation → Continued Accreditation w/ Warning → Probation

What is a citation?



What is an Area for Improvement?



Key Takeaways



Ensure graduating residents understand clinical experience questions at the end of the Resident/Fellow Survey

"I feel well prepared to perform the following patient care and population health activities without supervision."



Ensure block diagrams are clear and easy to read

Direct patient care experience?

Governmental agency experience (public health and general preventive medicine)?

Abbreviations defined?

Easy to calculate months/weeks?



Ensure accurate and complete information

Participating sites updated/match block diagram?

Information is consistent throughout?

Resident/Fellow and Faculty Surveys

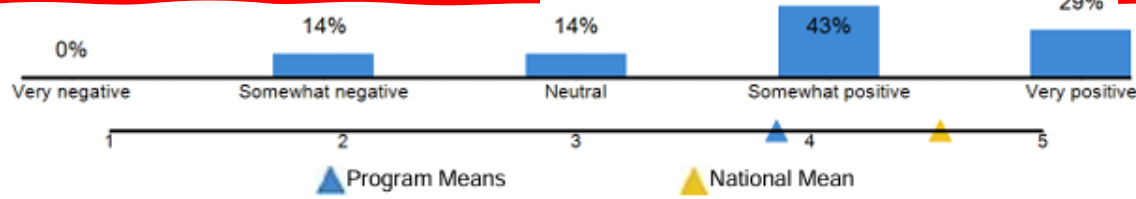
- Programs receive results if:
 - There are at least four respondents
 - The response rate is at least 70 percent
- Programs that do not receive annual results will receive multi-year results once enough data is collected
- Important to preserve anonymity

How to Use Survey Results

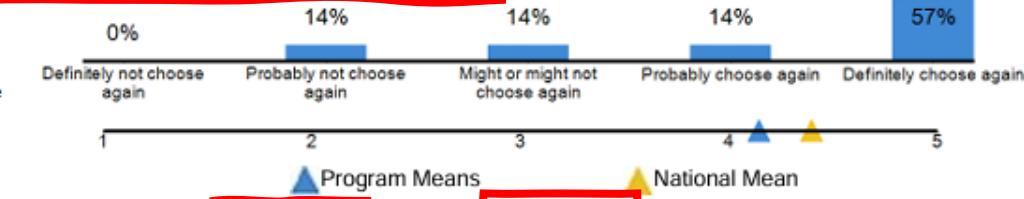
- Review results with Program Evaluation Committee (PEC)
 - Program should still do “internal” survey
- Review areas of concern with residents
 - Try to identify source of problem
 - Solicit specific improvement suggestions
- Use the “Major Changes” section of ADS to proactively communicate how you are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

Residents Surveyed 7
Residents Responded 7
Response Rate 100%

Residents' overall evaluation of the program



Residents' overall opinion of the program



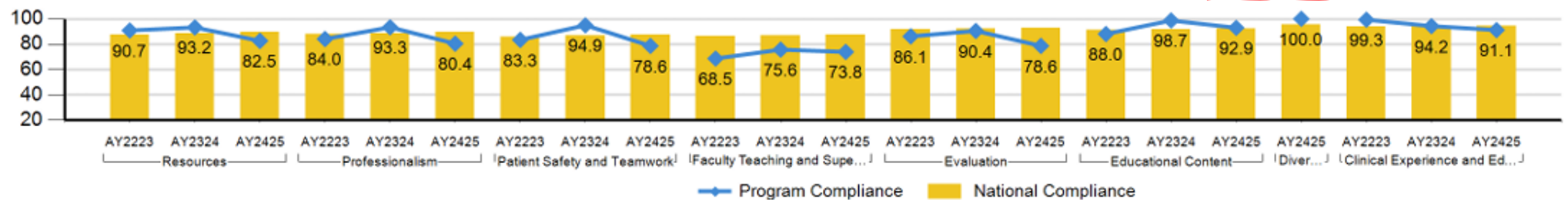
Resources

Education compromised by non-physician obligations

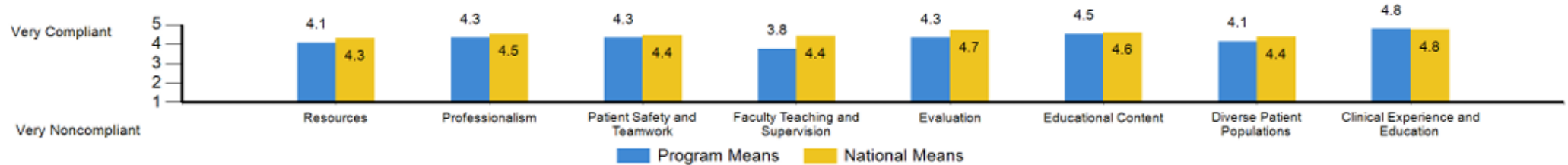
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Impact of other learners on education	71%	4.1	90%	4.6	91%	4.5
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	71%	3.1	94%	3.7	89%	3.7
Faculty members discuss cost awareness in patient care decisions	71%	4.0	84%	4.4	82%	4.2
Time to interact with patients	57%	2.6	74%	3.1	91%	3.6
Protected time to participate in structured learning activities	100%	4.4	100%	4.6	89%	4.3
Able to attend personal appointments	86%	4.4	97%	4.6	88%	4.4
Able to access confidential mental health counseling or treatment	100%	5.0	100%	5.0	93%	4.7
Satisfied with safety and health conditions	86%	4.4	97%	4.9	96%	4.8
	100%	4.4	97%	4.7	86%	4.4

Total Percentage of Compliance by Category



Program Means at-a-glance



Annual Program Reviews – Biggest Take Aways

- Review your Annual Resident and Faculty Surveys data carefully, paying extra attention to topics of greatest concern to the Review Committee
 - Resources, Professionalism, Faculty Supervision and Teaching, etc.
- Compare your data to the compliance percentages of the specialty
- Discuss areas of concern on the surveys with your trainees and faculty
 - Ideally in a way that doesn't feel confrontational or judgmental to them
- In the "Major Changes" section of ADS, discuss your concerning data, what you think they mean, what you are planning to do, and what you have already done
 - This allows the Review Committee to assess the PDs awareness of your program and assess progress you've made in identifying and addressing problems



ACGME / Review Committee Updates

Programs on Continued Accreditation (CA) random sampling site visits

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

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

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

Accreditation of Combined Programs

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

Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



ACGME Burden Reduction

- In service to ongoing burden reduction, the Common Program Requirements (CPR) 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 timeframe until the new CPRs are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)
- The 10 requirements will be shared via a communication from the ACGME

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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 Listening  Information  News  Collaboration

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



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FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



OPPORTUNITY DESCRIPTION

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



PROJECT ASSESSMENT CRITERIA

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



PROJECT FUNDING

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

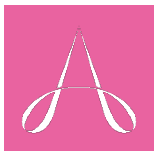
FUNDING OPTIONS

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



**SCAN QR CODE
FOR MORE INFO**

**PROPOSALS DUE:
APRIL 20, 2026**



ACGME Cloud

Reducing Burden | Reimagining GME

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

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

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

Contact Cloud@acgme.org with questions.

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.



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