

Transitional Year Review Committee Update

Mary Warden, MD, Chair

Cheryl Gross, MA, CAE, Executive Director

SES016

Conflict of Interest Disclosure

Speaker:

Mary Warden, MD

Cheryl Gross, MA, CAE

Disclosure to the Learner:

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 Objectives

- Summarize the work of the Transitional Year Review Committee (TYRC) this past year
- Describe proposed Major Revisions in Program Requirements for Transitional Year
- Describe reporting requirements and data elements reviewed by the TYRC

The Review Committee

Mary Warden, MD (*Chair*)

Tara Zahtila, DO (*Vice Chair*)

Anna Skakodub, MD (*Resident Member*)

Roberto Hernandez, MHA (*Public Member*)

John Christensen, MD

Erin Gomez, MD

Andrew Mangano, DO, FACP

Christine Martin, MD

Anne Messman, MD

Nitin Mishra, MBBS

Sharon Rouse, DO

Bhavna Sheth, MD, MBA

Lori Weber, MD

The Stats



Trends in Transitional Year Programs

Academic Year	# Residents	# Programs
2024-2025	2,070	201
2023-2024	2,031	190
2022-2023	1,884	188
2021-2022	1,767	178
2020-2021	1,693	172
5-Year Trend	↑ 22.3%	↑ 16.9%

Transitional Year Program Size

Number of Filled Positions	Number of Programs
0 Residents (<i>new programs</i>)	18
1-5 Residents	17
6-10 Residents	56
11-15 Residents	83
16-20 Residents	21
Over 20 Residents	6

	Number of Filled Positions
Range	0-29
Mode	13
Median	12
Mean	10

Accreditation Status

All TY Programs – 2024-2025

Status	Number of Programs	Percent
Initial Accreditation	34	16.9%
Initial Accreditation with Warning	1	<1%
Continued Accreditation	159	79.1%
Continued Accreditation with Warning	5	2.5%
Probation	0	--
Withdrawn	2	<1%

Annual TYRC Activities

The Review Committee meets to review:

- Applications
- Permanent complement increase requests
- Annual data
 - *Programs with citations*
 - *Programs with annual data indicators*
- Continuous accreditation site visit (*randomly selected*)



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.

Coming in **July 2026!**

Frequently Asked Questions (FAQs) integration into Requirements documents

- FAQs will be integrated into the Requirements documents.
- All Common FAQs and specialty-specific FAQs will be available linked directly to specific requirements
- **The content of the FAQs is not changing**

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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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

SHAPING GME - Major Revisions!



Writing Group Members

Co-Chairs

Mary Warden, MD

Ashley Maranich, MD

Neville Alberto, MD

Natalie Domeisen, MD (Resident Member)

Roberto Hernandez, MHA (Public Member)

Marko Jachtorowycz, MD

Andrew Mangano, DO

Julie McCausland, MD

Sharon Rouse, DO

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Shaping GME - Process



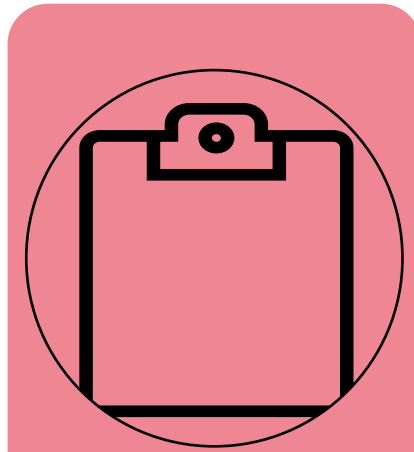
Writing Group formed
(Winter 2025)



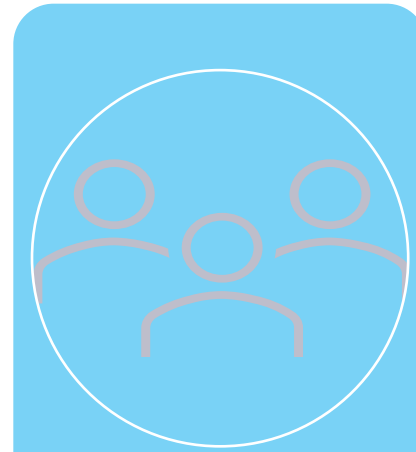
Stakeholder Interviews
(Spring 2025)



Literature Review
(Late Spring/ Early Summer 2025)



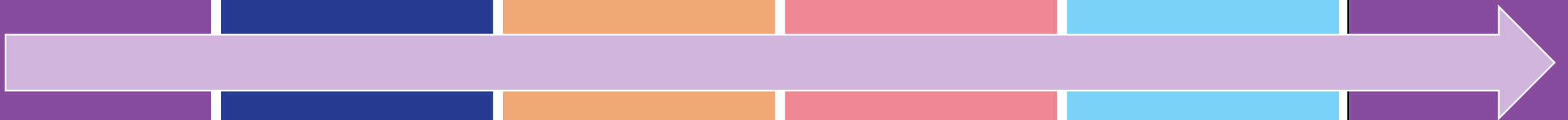
Survey to programs and stakeholder orgs
(Late Summer 2025)



Stakeholder Summit
(October 3)



New PRs drafted
(Dec 2025 - effective July 202?)



Major Program Requirement Proposed Revisions

- Review and Comment Period for the TY requirements has been **postponed** as the new Common Program Requirements are drafted (*late 2026*)



- **While we wait.....We want your comments NOW!**

POSTPONED

Update: Projected Common Program Requirement Major Revision Timeline



Proposed Revisions for Transitional Year Program Requirements

Overall Proposed Changes

- GOAL: Burden reduction
- NO changes proposed to the requirement of 24 weeks of FCS rotations.

PROPOSED Minimum Leadership Support

Number of Approved Resident Positions	Minimum Support Required (FTE) for the Program Director	Minimum Additional Leadership Support Required (FTE) for Program Leadership in Aggregate	Total Minimum Program Leadership Support (FTE)
1-6	0.2	n/a	<u>0.2</u>
7-10	0.25	n/a <u>0.05</u>	<u>0.3</u>
11-15	0.25 <u>0.3</u>	0.05	<u>0.35</u>
16-20	0.25 <u>0.3</u>	0.1	<u>0.4</u>
21-25	0.25 <u>0.3</u>	0.15	<u>0.45</u>
26 or more	0.25 <u>0.3</u>	0.2	<u>0.5</u>

PROPOSED

Section 4: Curriculum

4.10.b. Physician faculty members must supervise the clinical care provided by residents. (Core)

PROPOSED

Section 4: FCS Rotations

- ~~4.11.a.2. On these rotations, the resident must be the primary physician for their patients. (Core)~~
- ~~4.11.a.2.a. This should include responsibility for decision-making and for direct care for all active issues on their patients, except for specific issues requiring subspecialty input. (Detail)~~
- ~~4.11.a.2.b. This should include planning care and writing orders, progress notes, and relevant records. (Detail)~~

PROPOSED

Section 4: FCS Rotations

4.11.a.2.c. Residents must not be assigned to other services, including back-up or jeopardy call, primary physician responsibility on other units during these rotations, with the exception of longitudinal ambulatory clinic. (Core)

PROPOSED

Section 4: FCS Rotations

4.11.a.3. There must be ~~at least a minimum~~ of eight weeks of FCS rotations involving care of inpatients ~~in general medicine, general pediatrics, general surgery, obstetrics and gynecology, or family medicine.~~ (Core)

4.11.a.3.a. Up to four weeks of night float can be credited toward this inpatient FCS requirement. (Core)

PROPOSED

Section 4: Ambulatory Experience

- 4.11.a.5. There must be at least 140 hours of documented experience in ambulatory care in family medicine, primary care internal medicine, general surgery, obstetrics and gynecology, ~~or~~ pediatrics, or urgent care. (Core)

PROPOSED

Section 4: Electives

4.11.b. Residents must have at least eight weeks of elective rotations, spanning medical, surgical, and hospital-based specialties, determined by the educational needs of the individual resident, exclusive of vacation or time off. (Core)

~~4.11.b.1 — Elective rotations must be determined by the educational needs of the individual resident. (Core)~~

~~4.11.b.2 — Elective options must include medical, surgical, and hospital-based specialties. (Core)~~

~~4.11.b.2.a. — Residents should have access to elective rotations in specialties important to their future career tracks, such as anesthesiology, dermatology, neurology, ophthalmology, physical medicine and rehabilitation, radiology, and radiation oncology. (Detail)~~

PROPOSED

Section 4: Outside Rotations

- 4.11.d. Rotations outside of ~~taken away from~~ the Sponsoring Institution and its participating sites must have educational justification, and meet ~~the following requirements:~~ (Core)
- 4.11.d.1. ~~Outside rotations should be limited to no longer than a total of eight weeks of the transitional year program.~~ (Core)
- 4.11.d.2. ~~Required outside rotations must be taken in ACGME-accredited programs.~~ (Core)
- 4.11.d.3. ~~Outside rotations taken in non-ACGME-accredited programs must be designated as elective.~~ (Core)
- 4.11.d.4. ~~The program must develop a curriculum, including objectives, resident responsibilities, and faculty member(s) assigned for supervision.~~ (Core)

PROPOSED

Section 4: Didactic Sessions

~~4.11.h. Didactic sessions should include:~~

~~4.11.h.1. multidisciplinary conferences; (Detail)~~

~~4.11.h.2. morbidity and mortality conferences; (Detail)~~

~~4.11.h.3. journal or evidence-based reviews; (Detail)~~

~~4.11.h.4. case-based planned didactic experiences; (Detail)~~

~~4.11.h.5. seminars and workshops to meet specific competencies; (Detail)~~

~~4.11.h.6. computer-aided instruction; (Detail)~~

~~4.11.h.7. grand rounds; (Detail)~~

~~4.11.h.8. quality improvement and safety; and, (Detail)~~

~~4.11.h.9. one-on-one instruction. (Detail)~~

PROPOSED

Section 4: Scholarship

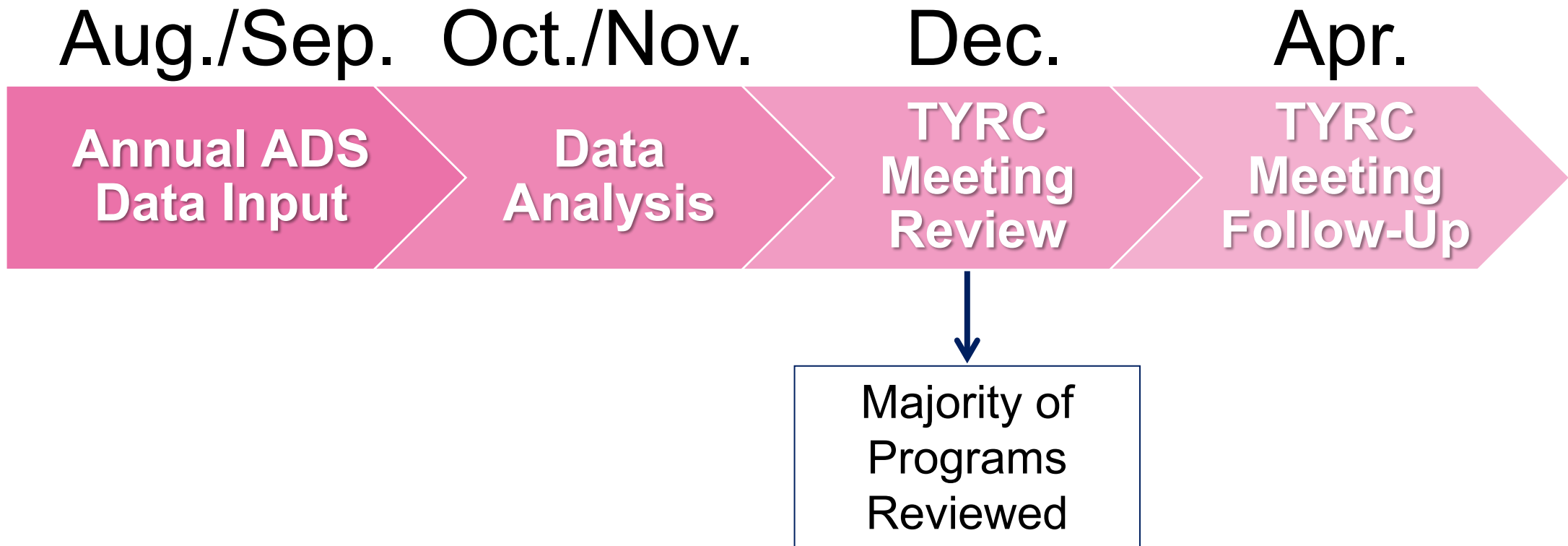
- 4.15.a. Scholarship includes at least one of the following:
~~Participation must include each resident's~~
presentation of a case report, ~~or~~ a didactic
presentation to colleagues ~~on a subject of interest,~~
and/or development of or participation in a research or
quality improvement project. (Core)

Specialty-Specific Background and Intent: Structured educational activities should include multidisciplinary conferences, morbidity and mortality conferences, journal or evidence-based reviews, case-based planned didactic experiences, seminars and workshops to meet specific competencies, computer-aided instruction, grand rounds, quality improvement and safety, one-on-one instruction, and responsible, ethical, and accurate application of technology.

Program Review



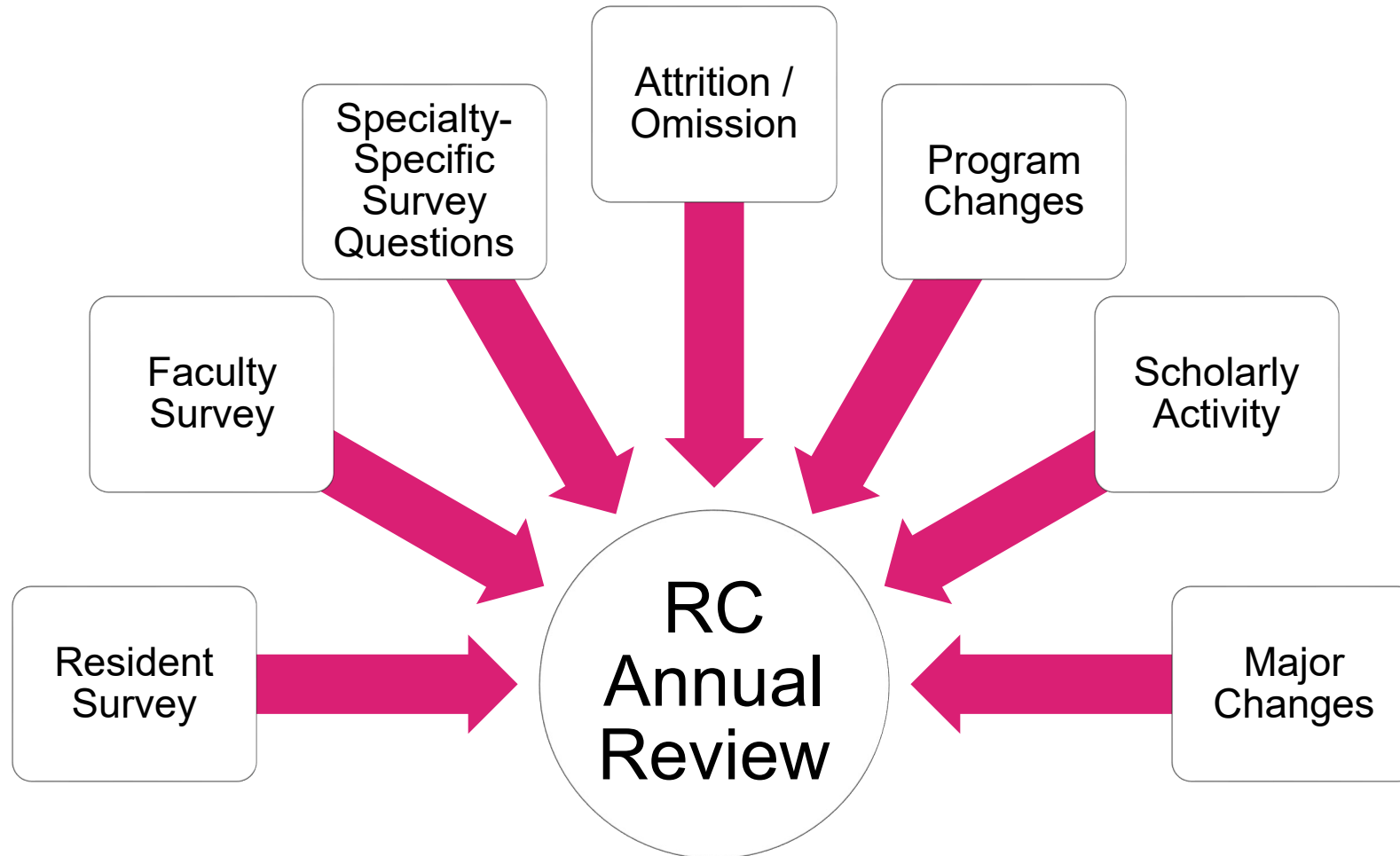
Annual Timeline



The Review Process

- Staff review
 - *Broad review of all data – concerns flagged*
- Committee review
 - *Programs on Warning or Probation*
 - *Programs with active citations*
 - *Data concerns*

Annual Review Elements



Possible Accreditation Statuses

Continued Accreditation

Substantial compliance with requirements

Continued Accreditation with Warning

Areas of non-compliance that may jeopardize accreditation – *NOT an adverse action*

Probation

Failure to demonstrate substantial compliance with requirements

Withdrawal

Non-substantial compliance with requirements

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 (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

Citations vs. Areas for Improvement

Area for Improvement (AFI)

- Program areas of concern noted by the Committee that could escalate into a citation if not addressed (*e.g., Resident/Fellow Survey results*).
- *While the program does not need to formally reply, there is a section in ADS to allow for such.*

Citation

- Detailed areas of non-compliance with the Program Requirements.
- Must be addressed in ADS (*e.g., program provides details on faculty development activities*).
- Must be reviewed by Review Committee annually to determine if citation was resolved or extended (and why).

What is a Citation?

- A formal documentation that the program has not provided evidence of substantial compliance with the requirement(s)
- 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

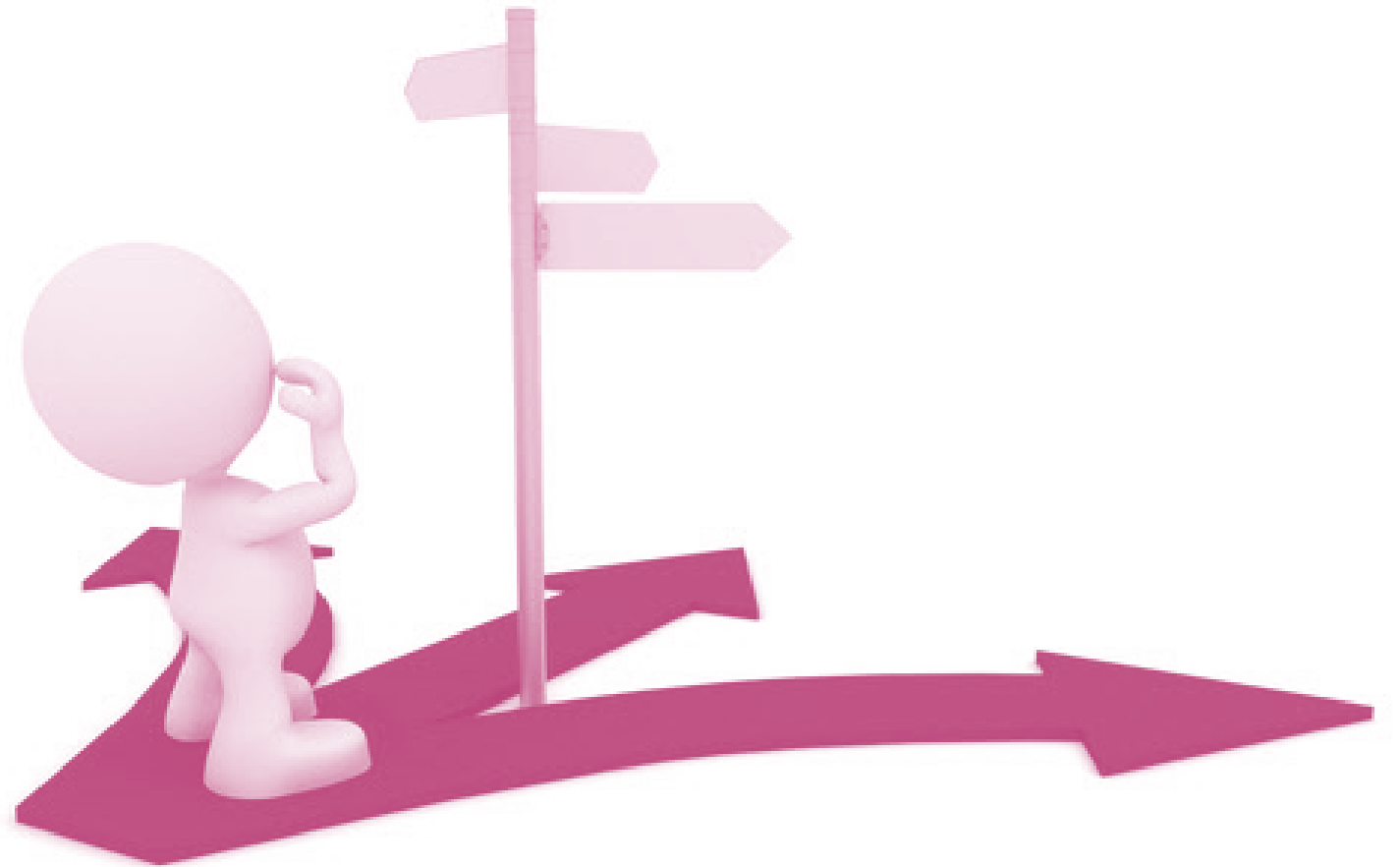
Common Citations

- Responsibilities of program director (failure to provide accurate/complete information)
- Faculty/resident scholarly activity
- Responsibilities of faculty
- Curricular development
- Evaluation of residents
- Educational program – patient care experience and didactic components

What's 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 the ADS from programs for an AFI.
- We hope that an AFI can also be used as an impetus to improve programs and resources.

Tips



How to Respond to Citations

- Look at citation with an open mind
 - *It's not personal!*
 - *Citations are based on the information the Review Committee sees*
- If it's not written, it didn't happen
- Have others read responses for tone – strive for objectivity

How to Respond to Citations

- Provide the information requested
 - *If data is requested, provide the data*
 - ***If you don't understand, call or email***
- Thoroughly respond to each concern within the citation and beyond
 - *If there are multiple concerns, show how they've been resolved or are being resolved*

HOW TO *REALLY* RESPOND TO CITATIONS TO RESOLVE THEM

- How did you engage residents and faculty members in investigating the issue?
- What is the issue?
- What actions will/have you implemented to correct the issue?
- How will you monitor and sustain the improvement?

Responding to Citations

Learn @ ACGME –
Course on
responding to
citations



Resources

- [Creating an Effective Block Rotation Schedule](#)
- [TY-Specific Block Diagram](#)
- [PGY-1 Requirements for Specialties Requiring a Preliminary Year](#)

Other Initiatives



Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
 - [Residency](#)
 - [Fellowship](#)
 - [Institutional](#)
- [Program Coordinator Handbook](#)

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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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**

CONTACT US

We want to help!

Review Committee Staff

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Deneen McCall: dmccall@acgme.org

- *Program Requirements*
- *Letters of Notification*
- *Complement requests*

ADS Staff

ADS@acgme.org

- *ADS*
- *Surveys*

Field Activities Staff

fieldrepresentatives@acgme.org

- *Site Visits*

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Questions? cme@acgme.org



Thank you!

Questions?