

### Review and Comment Form

The ACGME invites comments from the community of interest regarding the proposed requirements. Comments must be submitted electronically and must reference the requirements by line number and requirement number. **For focused revisions, only the section(s) of the requirements that is being revised is open for review and comment.**

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Title of Program Requirements	ACGME Program Requirements for Graduate Medical Education in Internal Medicine- V.C.2.c).(1), V.C.2.c).(2), V.C.2.c).(3)
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<b>Select [X] only one</b>	
Organization (consensus opinion of membership)	X
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	

Name	Jennifer Witebsky
Title	Academic Affairs Manager
Organization	Alliance for Academic Internal Medicine (AAIM)

Add rows as necessary.

	Program Requirement Reference	Comment(s)
<b>1</b>	Line number(s): [ 1428 - 1430 ] Requirement number: [V.C.2.c).(1) ]	
<b>2</b>	Line number(s): [ 1432 - 1437 ] Requirement number: [V.C.2.c).(2) ]	
<b>3</b>	Line number(s): [ 1439 - 1442 ] Requirement number: [V.C.2.c).(3) ]	
<b>4</b>	Line number(s): [ ] Requirement number: [ ]	

General Comments:

The revisions align accreditation requirements for board certification examination performance
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with the new single accreditation system, acknowledging that graduates may select either the American Board of Internal Medicine or the American Board of Osteopathic Internal Medicine exam. It does not materially change the expectation for the percentage of graduates sitting for, or passing, a board certification exam when compared with the original ACGME and AOA requirements. However, by creating separate expectations for each exam rather than a unified three year rolling pass rate, this language places programs who have small numbers of residents taking one of the exams at risk for noncompliance. For example, if a program has only one resident a year (of 20) who takes the ABOIM examination, and that one resident fails in any given year, then the AOBIM board pass rate falls to 67% for three years, while the program's overall three year board pass rate could be 98.3%. We request the ACGME reframe the language to reflect a combined average board pass rate.

There was a difference of opinion among members regarding the 80% over three years pass rate expectation overall. While some felt this was quite reasonable, others expressed concern about the evidence linking examination performance and clinical ability. Furthermore, subspecialty programs with small numbers of fellows would face the same impact from a single failure as described above for the AOBIM. We hope that this metric will be discussed for any upcoming revision of the program requirements.