AAIM Position and Recommendations on the ACGME Residency Common Program Requirements (CPRs)

Approved by the AAIM Board of Directors on October 19, 2026

1.6.a. Have an approved program letter of agreement (PLA) between the program and each participating site;

AAIM supports this recommendation with modifications: AAIM supports removing the 10-year renewal requirement for the Program Letter of Agreement (PLA) to reduce unnecessary administrative burden and streamline program operations. Any revised approach should maintain clear accountability for educational experiences, resident supervision, patient safety, evaluation processes, and access to required resources across participating sites.

1.10. Ancillary support services must be sufficient to prevent routine reliance on residents to fulfill non-physician obligations.

AAIM supports this recommendation with modifications. AAIM recommends a clearer definition of "non-physician obligations" to promote consistent interpretation and implementation across programs. Additional guidance regarding the activities encompassed by this term would help establish shared expectations for residents, faculty, and training programs.

2.4 The program director must have the authority to approve or remove physicians and non-physicians as program faculty members at all participating sites, including the designation of core faculty members.

AAIM supports this recommendation with modifications. AAIM recommends maintaining a SINGLE program director structure that preserves clear accountability for program oversight and educational outcomes. Although collaborative leadership models may be appropriate in some settings, the creation of a formal co-program director role may introduce ambiguity regarding authority, responsibility, and accreditation accountability.

2.7 The program director must provide applicants who are offered an interview, and residents upon matriculation into the program, with information related to eligibility and options for specialty board examination(s) for the appropriate American Board of Medical Specialties (ABMS) member board(s) and/or American Osteopathic Association (AOA) certifying board(s).

AAIM supports this recommendation with modifications. AAIM supports providing applicants and residents with information regarding board eligibility and certification requirements but recommends greater flexibility in how this information is communicated. Requiring the program director to directly provide this information may be unnecessarily

prescriptive when programs can effectively disseminate it through websites, handbooks, and other established communication channels.

2.11.a. If the program director has less than three years of educational and/or administrative experience, a mentoring plan specifying the assigned mentor, frequency of meetings, and duration of the mentorship period must be developed, documented, and overseen by the GMEC or DIO.

AAIM supports this recommendation with modifications. AAIM supports mentorship for new program directors but recommends a more flexible, less prescriptive approach than a three-year experience threshold. Mentorship should be based on an individual's prior educational and leadership experience and should be available to all new program directors who would benefit from a structured guidance plan during the transition into the role.

2.13 The program director must demonstrate ongoing clinical activity.

AAIM supports this recommendation with modifications. AAIM supports retaining this requirement but recommends additional clarification regarding the definition of "ongoing clinical activity." More specific guidance from the Review Committee regarding the scope, frequency, or expected level of clinical engagement encompassed by this term would promote consistent interpretation and implementation across programs while preserving appropriate flexibility for different educational and practice settings.

2.26 There must be at least one graduate medical education (GME) administrative professional.

AAIM supports this recommendation with modifications: AAIM recommends changing the nomenclature from GME administrative professional to GME Administrator or Administrative Manager. Given the diversity of organizational structures across institutions, AAIM supports flexibility in position titles and role designations within program administration, provided responsibilities and expectations are clearly defined and sufficient administrative support is available to meet program requirements.

2.26.a The GME administrative professional must be provided with dedicated time and support adequate for administration of the program. Decisions regarding allocation of this support must be based upon program size, complexity, and configuration/format(s), and fluctuating program and Sponsoring Institution needs.

[The Review Committee must further specify minimum dedicated time for the GME administrative professional]

AAIM supports this recommendation with modifications: AAIM supports this time and support requirement for the individual responsible for GME program administration with a particular emphasis that any fixed FTE minimum not become the ceiling or substitute for individualized assessment of actual workload. AAIM further recommends including

protected time for ongoing professional development and continuing education relevant to program administration.

2.27 Other Program Personnel

The Review Committee may specify additional required program personnel

AAIM supports this recommendation with modifications: AAIM recommends greater clarity regarding expectations for these additional personnel. Before adopting new staffing requirements, the RCs will need to assess the potential resource and cost implications for sponsoring institutions and departments and provide guidance to facilitate consistent implementation across programs.

3.2 The program must have written policies and procedures for resident recruitment, selection, eligibility, and appointment, consistent with the ACGME Institutional and Common Program Requirements, that ensures any qualified applicant is considered eligible for appointment to the program.

AAIM does not support this requirement. Since this requirement is included in the Sponsoring Institutional Requirements, AAIM recommends removing this requirement in the Common Program Requirements to reduce duplication of efforts and unnecessary administrative burden to programs. AAIM supports allowing the individual RCs to determine and define further.

4.17 The program must establish and maintain an environment of inquiry in which the program director and faculty foster resident acquisition of relevant skills, including the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice principles of lifelong learning.

AAIM supports this recommendation with modifications. AAIM supports maintaining an environment of inquiry and recommends additional clarification regarding expectations for faculty participation in these activities. For faculty members who have already demonstrated expertise in critical appraisal and evidence-based practice, mandatory participation in recurring educational activities designed to establish these competencies may not be necessary. AAIM recommends that this requirement focus on resident education while allowing flexibility for faculty engagement to be tailored to individual developmental needs, professional roles, and institutional faculty development objectives.

4.18.a. Completion of at least one of the activities listed below by each core and other required faculty member at least once every three years:

* Creation and delivery of curricula, including didactic presentations
* Creation of assessment or program evaluation tools
* Delivery of local, regional, or national presentations
* Service on institutional, regional, or national professional committees, educational organizations, or editorial boards
* Conducting research in basic science, education, translational science, patient care, or population health

* Authoring submitted grants in education/training, scientific research, or service
* Leading a quality improvement and/or patient safety initiatives
* Authoring a submitted original research article, systematic reviews, meta-analysies, review articles, chapters in a medical textbook, or case reports
* Meaningful participation in advocacy for improvements such as local, regional, national, and/or global health care or public health policy

AAIM supports this recommendation with modifications. AAIM recommend deleting the "other required faculty" and keep to core faculty, including the roles and individuals encompassed by this other designation, to promote consistent interpretation and implementation across programs.

4.18.b. Completion of at least one of the activities listed below by each resident prior to graduation from the program:

- Creation and delivery of curricula, including didactic presentations
- Creation of assessment or program evaluation tools
- Delivery of local, regional, or national presentations
- Service on institutional, regional, or national professional committees, educational organizations, or editorial boards
- Conducting research in basic science, education, translational science, patient care, or population health
- Authoring submitted grants in education/training, scientific research, or service
- Leading a quality improvement and/or patient safety initiative
- Authoring a submitted original research article, systematic review, meta-analysis, review article, chapter in a medical textbook, or case report
- Meaningful participation in advocacy for improvements such as local, regional, national, and/or global health care or public health policy.

AAIM supports this recommendation with additional modifications. AAIM recommends explicitly recognizing curricula and educational content developed for a broad range of learner audiences, including UME, GME, and interprofessional trainees. Doing so would reinforce the value of educational scholarship across the continuum of medical education and ensure that faculty and resident contributions to teaching and curriculum development are consistently recognized regardless of the learner population served.

5.15 For ABMS member board and/or AOA certifying board written exam performance, for two out of the three most recent board exam administrations, the program's pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty or equal to or above 80 percent if the bottom fifth percentile is below that threshold.

AAIM supports this recommendation with modifications. AAIM supports the continued use of board certification outcomes as an important measure of program performance but recommends that programs not be assessed solely on first-time or relative board pass rates. Program evaluation should incorporate a broader range of educational outcomes,

including longitudinal performance, clinical competence, and program-specific contexts. AAIM further recommends greater clarity regarding the implications of these requirements and encourages the use of absolute performance standards rather than relative percentile rankings, as percentile-based measures will always identify a subset of programs as underperforming regardless of overall performance levels.

5.16 The ultimate board pass rate, which is the percentage of ABMS member board and/or AOA certifying board eligible program graduates who seek and obtain certification within seven years of completion of the program, must be at least 90 percent.

AAIM supports this recommendation with modifications. AAIM supports the use of board certification outcomes as an important measure of program performance but recommends additional clarification by the individual RCs regarding the methodology, implications, and application of these requirements at the RC level.

6.31 Residents must have at least 12 hours free of clinical work and education after 24 hours of in-house call.

AAIM supports this recommendation with modifications. AAIM supports the proposed reduction to a 12-hour maximum continuous duty period in recognition of its potential benefits for resident well-being and patient safety. AAIM further recommends adding back in the rule that prohibits residents from being on call more often than every 3 days so that 24-hour in-house calls do not occur more than every 3 days.