Frequently Asked Questions for Advanced Specialty Requirements: Internal Medicine (Effective: July 1, 2022) Review Committee-International ACGME International (ACGME-I)

Question	Answer
Program Personnel and Resources	
What are the specific responsibilities for the Subspecialty Education Coordinators (SECs) and who can be appointed as an SEC?	SECs are responsible for developing educational content and curriculum for the subspecialty area. An associate program director or core faculty member can function as an SEC with adequate additional administrative resources. SECs should have board certification or extensive experience in the pertinent subspecialty area. The majority of the individual's current practice should be within the subspecialty if that individual is
Advanced Specialty Requirement: II.B.2.	functioning as an SEC.
Specialty-Specific Educational Program	
Which specific procedures does ACGME-I require to measure resident competence in medical, diagnostic, and surgical procedures?	ACGME-I does not have a specific list of procedures that are required. Programs should establish those procedures considered essential for internal medicine practice in their specific country or jurisdiction. Programs can also establish procedures to allow residents to develop competence in areas of particular interest and/or to meet their specific career goals, including development of competence in subspecialty areas of internal medicine.
Advanced Specialty Requirements: IV.A.1.b).(2).(a)-(c)	
How are the six months of ambulatory/outpatient experience calculated and how can these experiences be organized?	For purposes of calculation, a month is equivalent to four weeks, 20 days, or 40 half- days. For example, 40 half-day continuity clinic sessions would equal one month of outpatient/ambulatory care experience.
	To provide flexibility, the longitudinal continuity experience could be obtained through discrete blocks or could be interspersed among other clinical experiences. Time in an outpatient clinic may be part of the continuity experience or may be part of a subspecialty experience, or both; however, the experience must be structured to allow for development of a long-term therapeutic relationship with a defined panel of
Advanced Specialty Requirement: IV.C.1.a)	patients.

Question	Answer
How can an ambulatory/outpatient experience be planned to allow residents to develop a long-term therapeutic relationship with a panel of patients? Advanced Specialty Requirement:	The educational experience in ambulatory/outpatient care needs to be of sufficient length and continuity to allow patients to understand that the resident is their primary care physician. While new patients will be added to the panel and others will leave, a long-term therapeutic relationship can only develop over time. Programs can use a general internal medicine clinic, or assign residents to subspecialty or specialized continuity clinics if these assignments achieve the desired outcome of development of a long-term therapeutic relationship with a panel of patients.
IV.C.1.a).(1)	
What experiences count as individualized clinical experiences and how can these experiences be organized?	The requirement to provide at least six months of individualized educational experience is intended to enhance flexibility and provide time to meet individual residents' interests or to allow for resident remediation. For example, residents who have achieved or are on target to achieve competence in the foundational areas of internal medicine may include more ambulatory/outpatient experiences if they are interested in an outpatient setting after residency. Inpatient experiences can be provided to residents interested in hospitalist medicine careers. For residents interested in fellowship education following completion of the residency, added experience in the subspecialty can be planned.
Advanced Specialty Requirement: IV.C.2.c)	Individualized educational experiences may be integrated throughout the educational program and would not need to be consecutive.