

**Internal Medicine Education Advisory Board (IMEAB) Meeting**  
**Hilton Alexandria Old Town**  
**Tuesday, April 29, 2025**  
**8:00 a.m. – 2:00 p.m. EDT**

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***Participants***

Joanne K. Baker, DO, FACOI, FAODME, FHM  
Eric B. Bass, MD, MPH, FACP  
Karen Caruth, MBA  
Davoren A. Chick, MD, FACP  
Kristan Davis, M.Ed.  
Sanjay V. Desai, MD  
Laura Edgar, EdD, CAE  
Marie R. Fleury, DO, MBA  
Lisa Howley, PhD, M.Ed.  
Erica Johnson, MD, FACP, FIDSA  
Donna L. Lamb, MBA, BSN, DHSc  
Alex J. Mechaber, MD, FACP  
Polly E. Parsons, MD, MACP, FCCP, ATSF

Sreekala Raghavan, MD  
Jerry Vasilias, PhD  
T. Brooks Vaughan, III, MD

***AAIM Staff:***

Kristin Barnard  
Margaret A. Breida, MS  
Emily Eadie  
Michael Kisielewski, MA  
Valerie O  
Lydia Redway  
Sharlene Steward

**Welcome and Introductions**

Polly E. Parsons, MD, MACP, FCCP, ATSF, welcomed participants.

**Alliance for Academic Internal Medicine (AAIM)**

AAIM welcomes Erica J. Holland as AAIM's new Chief Executive Officer (CEO). Her tenure starts on June 2, 2025.

Dr. Parsons summarized the Alliance's history and governance structure. In an effort to keep with association management best practices, AAIM distinguished the CEO and President roles, with the intent that the CEO would have expertise in non-profit association management. From there, the Alliance will reconstruct its governance structure, starting with the AAIM Board of Directors (BoD). The BoD will consist of 13 voting members: four officers, nine directors, and the CEO (who will be a non-voting member). This will be a multi-year, iterative transition.

The Alliance is committed to remaining agile in this ever-changing landscape and is ever more dedicated to creating and upholding an environment of belonging and opportunity for its members. AAIM will continue to monitor the medical education environment and ensure that its members have access to resources that will support and further the medical education profession. Dr. Parsons highlighted the Alliance's past and current education initiatives:

- APM Winter Meeting and APM New Chairs and Emerging Leaders Program
- Academic Internal Medicine Week (AIMW)
- The American Society of Clinical Investigation (ASCI)/AAIM/Burroughs Wellcome Fund (BWF) Physician-Scientist Pathways Annual Workshop
- AAIM Recommendations, Guidelines, and Resources
- Surveys and Research Data and Support

### **Accreditation Council for Graduate Medical Education (ACGME)**

ACGME launched a survey to gather the GME community's perspectives and experience in implementing Milestones 2.0. The study garnered roughly 1,200 responses. The community's feedback will help inform the next iteration of Milestones. With Milestones 2.0 rooted in competency-based education (CBE), ACGME aims to understand if the principles of CBE have helped programs assess their learners effectively. Laura Edgar, EdD, CAE, will report on the progress of research at the next IMEAB meeting.

The organization is now offering a faculty development course geared towards UME, of which its foundation is based on the UME foundational competencies.

Faculty Development Hubs are tailored versions of the ACGME Developing Faculty Competencies in Assessment course that are offered by institutions and organizations to their staff as part of their professional development offerings. Dr. Edgar gave a high-level overview of the process, which starts with a train-the-trainer model and ends with a collaborative venture between the program and ACGME to ensure a more customized learning experience.

ACGME will redesign its Advancing Innovation in Residency Education (AIRE) program.

### **ACGME Review Committee of Internal Medicine (RC-IM)**

It is anticipated that by June 2025, ACGME will finalize major revisions to the Med-Peds requirements. Upon approval, these requirements will be in effect on July 2026. New requirements for Transplant Nephrology are currently being vetted. Approval is anticipated sometime in September 2025, allowing a year for Transplant Nephrology programs to acclimate prior to enforcement.

T. Brooks Vaughan, III, MD, highlighted that the revised Internal Medicine Program Requirements (PRs) and Subspecialty Program Requirements promote flexibility (removed number-based PRs, Departments of Medicine, and reporting relationships from the verbiage), competency-based education (offer individualized education experiences), and innovation (pilots that double-count experiences and are part of the AIRE program).

ACGME's and the American Board of Medical Specialties' (ABMS) RC and Boards convene semi-annually to share competency-based education efforts across specialties. The American Osteopathic Association (AOA) takes part in these meetings, and AAIM has been invited to participate.

Changing requirements takes much communication and socialization. Jerry Vasilius, PhD, shared some lessons learned, which will be applied towards Common Program Requirements (CPRs) revisions.

Major revisions to the CPRs will begin this calendar year. This will be a multi-year process, spanning three years. The GME community's perspectives will be crucial. It is anticipated that position statements will be collected, and congresses will be scheduled to give stakeholders the opportunity to share their respective stance.

Five cardiology associations came together in 2023 to advocate for a new, separate medical board independent of the American Board of Internal Medicine (ABIM). The American Board of Medical Specialties (ABMS) launched a 90-day open comment period to gather feedback. As of February 2025, the ABMS denied the request.

ACGME issued a new way of accrediting some combined programs (ex. IM and Emergency Medicine) since the number of programs in the different combined areas is small. Further, efforts are underway to provide better oversight of these programs.

ACGME has seen an increase in residency applications in smaller community hospitals, as well as an increase in the number of mergers, closures, and relocations.

### **American Board of Internal Medicine (ABIM)**

The [Exceptionally Qualified IMG Pathway Pilot](#) benefits those physicians who completed an international residency (or an ACGME-I accredited residency) and then successfully completed an accredited fellowship training. These individuals would be considered board eligible in Internal Medicine under ABIM policy, without having to complete a US-based accredited IM residency program. This is based on the successful completion and having achieved the necessary competencies of accredited fellowship training. They would still need to meet all other applicable policies for admission to the Internal Medicine Certification Examination and must pass the Internal Medicine exam in order to become eligible to apply to their subspecialty examination in the area in which they trained. Board Eligibility is tied to the completion of accredited training in the US or Canada. The physician will be evaluated on subspecialty-specific milestones and six general competencies. ABIM is addressing the barriers to Board Eligibility.

In spring 2025, ABIM shared the pilot idea with medical societies and program directors (PDs). Though there was support from both these groups, there was a difference in support levels between Internal Medicine and subspecialty PDs. Some reasons for opposition:

- Variability in international training standards
- Erosion of standards and value of certification
- Cultural and systemic integration challenges
- Unfair to US-trained and traditional pathway IMGs
- Potential risk to patient safety and quality of care

The pilot will run for five years, with evaluations centering on whether the pilot attracts more participation or completion than the current Special Consideration Pathways and if the candidates pass the ABIM assessment at similar or higher rates compared to other Special Consideration Pathway physicians and other standard pathway physicians.

ABIM shared that one other pilot will address the financial hardships that disproportionately affects some physicians. The pilot aims to reduce fees for physicians taking the ABIM Internal Medicine Initial Certification Exam and to benefit residents whose IM fees are not already paid or offset by the training program. Eligible participants are selected via a lottery system and would provide a 50% credit on the exam fee applied at exam registration. Physicians are eligible if they meet the following criteria:

- First-time candidates to the ABIM IM Certification Examination
- Completed IM residency training at an institution that does not already partially or fully pay the ABIM exam fee for its trainees
- Indicate specific financial hardships that impact their ability to pay the exam fee in the same year that they complete IM residency training

The ABIM Board of Directors identified “early career” engagement as a priority area. A committee was established to develop strategies for engaging early career physicians. The goals are 1) begin building relationships, 2) work with early career physicians to learn what their needs are and what impact they

feel they can have with ABIM, and 3) work with an inclusive group of early career physicians with a broad spectrum of experiences and backgrounds. It was noted that newly certified physicians are enrolled in the Maintenance of Certification (MOC) program, but it was observed that they are unclear as to what that means or entails.

The committee will be hosting multiple convenings at ABIM and at society meetings, which aim to address the insights above, deepen their understanding of early career perspectives, and foster meaningful collaboration across the community. ABIM will ascertain if their ABIM 101 and MOC 101 presentations are effective; these presentations will be given at Academic Internal Medicine Week (AIMW).

### **Association of American Medical Colleges (AAMC)**

AAMC provided updates on its [UME foundational competencies project](#). The competencies have undergone multiple revisions, as well as public review and feedback. The competencies have been finalized and were distributed to the community for adoption. At this stage, AAMC is working to develop guides and tools to not only support the foundational competencies, but also competency-based medical education (CBME).

The [National Collaborative to Improve the Transition to Residency \(NCITR\)](#) is a newly-formed group that meets twice a year to discuss improvements in the UME – GME transition space. The group’s purpose is to share challenges and gaps so that the community may proffer solutions, discuss shared priorities to ensure non-duplicative efforts, learn best practices, and enhance engagement between the various organizations represented in the collaborative.

The 2024 – 2025 [Resident Readiness Survey](#) results were shared. Below are the highpoints:

- 67% of learners met their performance expectations within the first six months of their internship year. To note, this reflect all specialties.
  - Internal Medicine: 73% of interns met faculty’s expectations; 3% did not meet expectations; and 24% exceeded overall performance expectations.

AAMC recognizes the growing importance of AI across academic medicine. With a focus on equitable access and ethical use, AAMC’s [AI priorities](#) are to support learners along the continuum to responsibly integrate AI into practice (i.e., weaving AI into the curriculum and ensure that faculty and staff are prepared to teach and support this educational offering) and optimizing AI to improve assessment of learning outcomes. AAMC developed virtual learning opportunities, convened a virtual community, shared organization-produced resources, and collaborated (and continue to collaborate) with other organizations. One endeavor highlighted is the inauguration of the International Advisory Committee for AI, of which its charge is to provide guidance and best practices to the community.

### **American Medical Association (AMA)**

The AMA [ChangeMed](#) initiative launched the [Transforming Lifelong Learning Through Precision Education portfolio](#) in February. This includes a [\\$12 million grant program](#) that will award 10, 4-year, \$1.1 million grants to support local efforts to develop precision education systems and a collaborative work with [Medbiquitous](#), the standards development program of the AAMC to establish data principles and standards.

AMA has a new [AI in Medical Education](#) web page that links to several related resources. Two resources were highlighted:

- [AI in Health Care](#) is an online learning series that introduces learners to AI and machine learning (ML) foundational principles.
- [Medical Educator's Guide to Projects Leveraging Artificial Intelligence and Learning Analytics](#)

[Reimagining Residency initiative](#) is a \$20 million, six-year grant program with the goal of transforming residency training to best address the workforce needs of current and future health care systems. The program is set to expire in 2025, with projects benefiting from this grant program publishing results of their work. AMA is working with the *Journal of Graduate Medical Education* to publish a supplement to highlight results from the initiative.

### **American College of Osteopathic Internists (ACOI)**

The organization shared their 2025 – 2026 advocacy priorities: Medicare physician payment adequacy, osteopathic physician workforce, patient access to care, population health & prevention, augmented intelligence, and medical research & clinical trials. ACOI optimizes its Government Affairs Blog, monthly newsletters, and social media platforms to engage and inform its members.

### **National Resident Matching Program (NRMP)**

Shared IM's 2025 Main Residency Match outcomes data, parcing these into categorical and preliminary (prelim) programs:

- Categorical positions offered: 11, 432
- Categorical positions matched: 11,062
- Prelim positions offered: 1,600
- Prelim positions matched: 1,455
- Essentially, saw a 16% growth in categorical programs, while the number of prelim positions declined.

Results data reflecting programs that underwent the Supplemental Offer and Acceptance Program (SOAP) process were presented:

- Categorical positions offered: 375
- Categorical position filled: 363
- Prelim positions offered: 146
- Prelim positions filled: 125

The following statistics were highlighted:

- 3,363 non-US IMGs matched. This number has steadily increased since 2021 (2,322).
- 1,937 of DO Seniors matched. This , too, has steadily increased since 2021 (1,534)
- Saw a growth in IM/Peds programs (3%)
  - 398 offered positions
  - 395 positions filled

NRMP shared its joint study with the National Board of Medical Examiners (NBME) to analyze the perceived competitiveness of osteopathic applicants:

- ~86% Of IM DO applicants are ranked.
- ~79% of Med-Peds DO applicants are ranked.
- ~67% of IM DO applicants are ranked in the top 25% of a program's ROL
- ~40% of Med-Peds DO applicants are ranked in the top 25% of a program's ROL

There will be changes to the match process in 2025. Highlighted is that on May 1, 2025, medical schools and institutions can register for the match, register programs and staff, and designate/confirm program quotas.

NRMP summarized its [Voluntary Rank Order List \(ROL\) Lock Pilot](#) initiative. Internal Medicine programs will have the opportunity to participate in the voluntary pilot. IM programs must sign up for the pilot by September 5, 2025. IM programs participating in the program must certify and “lock” their ROLs at least 24 hours before the first post-interview visit or by February 9, 2026 at the latest.

### **American College of Physicians (ACP)**

ACP shared the exploitive practice of for-profit entities in developing LoRs and arranging observerships for IMGs and international medical students (IMS). ACP, in collaboration with AAIM, ACGME, and Intealth, will develop a system to support IMS and IMGs in their medical training and transition into the US workforce. To that end, some areas warrant further discussion. As an example, how can GME expectations for US clinical experience be reconsidered to address demand for observerships? An early 2026 summit on IMG observership will take place.

The [Annals Guide to Journal Club](#) is an educational resource to facilitate discussion of core study design and statistical concepts. Each Guide is accompanied by a reading guide, an answer key, and slide presentation that explain the different study design and statistical concepts highlighted in each article and how these influence the interpretation and application of the study’s findings.

Enhancements to the Medical Knowledge Self-Assessment Program (MKSAP) is set to launch on April 30, 2025, which includes MKSAP Confirmation of Relevant Education (CORE) and a board exam topic guide. It was shared that the CORE pilot decision consistency (i.e., the extent to which classifications would be repeated across multiple, hypothetical administration) met the general standard.

### **National Board of Medical Examiners (NBME)**

NBME presented highlights on its community collaboration initiative, highlighting the funds provided to researchers who pursue innovations in assessment and measurement:

- US Medical Licensing Examination (USMLE) fee assistance – more than 1,300 students received support.
- Pathway program grants -- \$20K and \$5k grants
- Stemmler and Emerging Innovators Grants
- Strategic Education Enhancement Fellowships – for early career faculty

[Insights](#) is an interactive dashboard that enables users to track their progress across multiple assessments and identify content areas that warrant further study. High-level enhancement plans were shared, which include training tools for students, learning specialists, and faculty; access to USMLE results in the same dashboard; integration of assessment data into school-based systems; and advanced analytics and comparative insights.

NBME introduced its Communication Learning Assessment (CLA) project. It’s aim is to enhance students’ communication skills between pre-clerkship and clerkship phases through simulated patient encounters to develop interpersonal skills crucial in clinical settings.

External stakeholder collaboration centering on the UME – GME transition space were shared:

- NBME/NRMP – characteristics of applicants on ROL

- NBME/AAMC/NRMP – Impact of signals on interviewing, ranking, and matching behaviors
- NBME/AAMC/NRMP/NBOME – effect of Step 1 transition to pass/fail on residency selection process.

### **National Board of Medical Examiners (NBOME)**

NBOME collaborated with other organizations who have a stake in the UME to GME transition space to explore emerging trends in Competency-Based Medical Education.

In the changing landscape of medicine, effective communication with patients is more important than ever. The Core Competency Capstone for DOs (C3DO) pilots evaluate clinical skills competencies. The pilot initiative is meant to investigate national standardized osteopathic clinical skills assessment delivered at COM campuses. Phase two pilots at nine school locations have been completed. A specific clinical skills verification remains in place for COMLEX-USA through a COM dean's attestation that each graduating student has demonstrated the osteopathic clinical skills necessary for graduation through the Class of 2027. COMs are participating in Phase three pilots in 2025-2026. The NBOME Board of Directors plans to release an update on C3DO in July 2025.

The NBOME exhibited and conducted a workshop on assessing osteopathic medical applicants at Academic Internal Medicine Week 2025 (AIMW25). Feedback on the conversion of COMLEX-USA Level Three to a one-day examination in 2027 was very positive. The NBOME also communicates regularly with state licensing boards and provides updates at state and national specialty meetings.