

Accreditation Council for Graduate Medical Education

# 2018-2019 ANNUAL REPORT

# ENGAGING EACH OTHER:

# REDISCOVERING MEANING IN MEDICINE

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

is a private, non-profit organization that reviews and accredits graduate medical education (residency and fellowship) programs, and the institutions that sponsor them, in the United States.

In 1981, the ACGME was established from a consensus in the academic medical community for the need for an independent accrediting body. Accreditation is achieved through a peer-review process overseen by volunteer physicians on 30 Review and Recognition Committees. Institutions and programs are reviewed annually for compliance with the ACGME's Institutional Requirements, Common Program Requirements, and specialty- or subspecialty-specific Program Requirements. The Osteopathic Principles Committee confers Osteopathic Recognition upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice.

An LLC of the parent organization ACGME, the ACGME International (ACGME-I) provides accreditation services outside the United States. It is funded through contracts with individual ministries of health or institutions, and is focused on improving the quality of health care specific to each country's need.

# **Mission**

We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

# Vision

We imagine a world characterized by:

- A structured approach to evaluating the competency of all residents and fellows
- Motivated physician role models leading all GME programs
- High-quality, supervised, humanistic clinical educational experience, with customized formative feedback
- Clinical learning environments characterized by excellence in clinical care, safety, and professionalism
- Residents and fellows achieving specialtyspecific proficiency prior to graduation
- Residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first

# Values

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency
- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders
- Leadership and Collaboration

# **Strategic Priorities**

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders

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# Message from the President and Chief Executive Officer



The theme of this report – Rediscovering Meaning in Medicine – underscores the importance of the many activities and successes achieved by the ACGME, its employees, and volunteers this past year. A sharp focus on well-being across the continuum of medicine remains a priority for our organization. Using this priority as a guide, we updated the Common Program Requirements, continued reviewing institutions and programs, enhanced our data collection tools, communicated with the graduate medical education community, updated our strategic plan, and pursued initiatives to improve patient care and quality, as well as the experience of learning to provide that care. This is the mission of the ACGME.

Through partnerships with the National Academy of Medicine, the Association of American Medical Colleges, and others, we have continued to leverage the unique strengths and influence of our organization to champion improved public and caregiver health.

Our Councils – the Review and Recognition Committee Chairs, Residents, and Public Members – have challenged themselves to tackle complicated and controversial issues central to the betterment of GME, accreditation, and physician well-being.

Over the last year, we have looked inward as well, to evaluate and improve our ACGME culture. We have modified our structure to reflect the needs of our staff members and of GME, so that we can be prepared and supported to best accomplish our organizational responsibilities moving into the future. Numerous staff-driven and staff-focused efforts have helped us remold our culture, and bring our internal ACGME community closer together.

Adding an Office of Diversity and Inclusion, and William McDade, MD, PhD as its leader, was the first of several steps to reshape the ACGME to address critical gaps in the make-up and culture of medicine and medical education. We are wholly committed to investing the resources required to do the research, ask the questions, and convene those necessary to develop the answers that contribute to the structural and cultural changes needed to make all members of medicine and our society welcomed, valued, and supported.

These efforts are designed to build bridges, enhance connections, and strengthen both our individual and collective resilience to meet the mission of the ACGME to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. This simply cannot happen without our continued united commitment to achieve that goal. Through the pages of this Annual Report you will learn more about the efforts I've briefly mentioned, and more.

As ever, the achievements of the ACGME are impossible without the heartfelt dedication and commitment to excellence of the nearly 500 volunteers and more than 240 employees of the ACGME to education, service of the public, and the profession of medicine. These efforts, in the name of the nation's public, residents, fellows, faculty members, GME administrators, and leaders, provide the secure foundation on which we are building the medical education system of the future. By rediscovering the meaning and joy in what we do and why we do it, we position ourselves to meet new challenges with clarity and purpose.

With gratitude,

Narcelli

Thomas J. Nasca, MD, MACP

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# Message from the Chair of the Board of Directors

It has been my privilege and honor to begin my term as Chair of the ACGME Board of Directors this past year. As a member of the Board for six years, I have witnessed the maturation and growth of this organization, focused around advancing the quality of resident and fellow physician education to improve health care and population health. As we look forward to the future of the ACGME and the accreditation of graduate medical education, several important themes will guide the Board's focus and the work of the organization.

From the fiduciary perspective, the Board is a watchdog focused on the organization's role to accredit an increasing number of institutions and programs as we move toward outcomes-driven accreditation and competency-based education. Through our oversight of Sponsoring Institutions and programs, and the educational experiences of the residents and fellows in those programs, as well as the transition to a single GME accreditation system, we will increasingly use outcomes to demonstrate the high value of accreditation. And we will continue to ask the questions that will generate the ideas and solutions to meet the challenge for GME, developing physicians who can successfully meet the future health needs of patients and populations.

Strategically, our role as a Board is to help set goals and mobilize resources toward execution of those goals. I am proud that we now have an Office of Diversity and Inclusion that will add vision and expertise to help the ACGME address the needs of a changing population and address existing disparities in care. Through our organizational strategic planning process, now underway, and using the outcomes-based approach, we will look at how the ACGME can address the future needs of all of the populations we serve, as well as how technology will impact GME and future physicians in practice.

And finally, the generative approach to governance enables the Board to think creatively and make sense of the problems facing the ACGME. Our role here is to ask the questions of our current reality in anticipation of future challenges. We will continue to support the ACGME's role in GME, facilitating collaboration across the continuum and working toward creation of high-functioning clinical learning environments that benefit the learners, the educators, and the patients. Through programs like CLER and *Pursuing Excellence* the ACGME will continue collecting the information necessary to enhance the all-important learning environment, and in so doing, instigate enhancement of medicine into the future.

This organization has evolved and expanded in influence over my years on the Board. I look back at this past year with great pride and admiration for what has been accomplished, and I look forward to the next year, in which much of what we've put into place will provide a framework to ensure the evolution of graduate medical education to fulfill the mission to improve health care and population health.

I extend my most sincere thanks to all of our volunteers, and to the dedicated staff of this great organization, for their contributions and commitment. This is both an incredible challenge and a truly remarkable opportunity to build the future.

Jeffrey P. Gold, MD



# Accreditation Services and **Osteopathic** Recognition

## ACCREDITATION SERVICES

**During Academic Year 2018-**2019, in addition to the complex routine work of reviewing data and updating requirements, notable developments and changes took place, with additions of new types of programs and specialties, as well as significant growth in the volume of accredited and recognized programs and institutions.

The following specialties also had a significant increase in new programs this academic year:

Growth in Program Numbers and New Subspecialties

During the 2018-2019 academic year, there was an increase of 556 new

ACGME-accredited programs in a variety of specialties and subspecialties. Fueling this growth is the recent approval of new subspecialties, including: 52 new addiction medicine programs, and 11 regional anesthesiology and

56
26
23
21

## **Broadening Accreditation**

acute pain programs.

The ACGME began a new post-doctoral education track in laboratory genetics and genomics; and clinical biochemical genetics. The American Board of Medical Genetics and Genomics previously accredited these programs and approached the ACGME to take over this responsibility. The Program Requirements for both specialties were approved in September 2018, and the first five programs achieved ACGME accreditation in April 2019 following review by the Review Committee for Medical Genetics and Genomics.

## Single GME Accreditation System

The end of June 2019 marked completion of the fourth in a five-year transition to create a unified GME accreditation system. To date, over 90 percent of programs, previously approved by the American Osteopathic Association (AOA), which submitted an application have achieved ACGME accreditation.

There is an increasing number of positions available to osteopathic medical school graduates. This trend includes both the growth in ACGME-accredited positions, and increases in positions traditionally accredited by the AOA. This is a further step in the evolution of allopathic and osteopathic physicians pursuing residency and fellowship education in the same institutions and programs. Significant numbers of DOs and MDs trained together in ACGMEaccredited programs before the unification began in 2015. At that time, ACGME-accredited programs already trained over half of osteopathic medical school graduates.

## **Osteopathic Recognition**

This was a record-setting year as the number of programs achieving Osteopathic Recognition grew, with both previously AOA-approved and existing ACGME-accredited programs pursuing this designation. Over 200 programs have achieved Osteopathic Recognition in 20 specialties and subspecialties. Currently 2,131 designated osteopathic residents, including DO, MD, and international medical graduates, are in programs that have achieved ACGME Osteopathic Recognition.

# Purpose and Function

APPLICATIONS AND DATA ANALYSIS The ACGME's Applications and Data Analysis team upholds the mission of the ACGME through development of quality software applications, support of data collection processes, and provision of sophisticated analytics that inform ACGME policy, business practices, and accreditation decisions. Highlights from the work of this group, which includes the Accreditation Data System (ADS), Case Logs, ACGME Surveys, technical support, analytics, development, and more, during 2018-2019 are noted below.

#### **Annual Data Collection Support Statistics**

#### ADS Update 2018-2019

11,684 Programs140,496 Residents/Fellows155,070 Distinct Faculty Members

#### **Case Log Reporting**

13.3 million operative cases were entered by 46,082 residents

#### **Resident/Fellow Survey**

134,116 residents/fellows out of 140,491 participated in the Survey in early 2019, representing a 94 percent response rate

#### Faculty Survey

99,143 faculty members out of 111,648 participated in the Survey in early 2019 for 89 percent response rate

#### **Milestone Reporting**

10,835 programs evaluated 142,458 residents and fellows twice annually during the academic year

#### ACGME Case Log System App

The ACGME launched the first mobile app for the its Case Log System in spring 2019.

The app, now available for both Android and iOS users (via Google Play and the App Store respectively), was developed in response to requests from the resident and fellow community.

#### **Resident Portal Phase 1**

Residents can now access more than just Case Log data in ADS. A phase 1 Resident Portal has been launched, enabling residents and fellows to retrieve their program's Resident/Fellow Survey results, as well as their individual Milestones reports. A second phase will follow, with additional resources and enhancements.

#### **Common Program Requirements**

Over the past six months, incremental updates have been made in ADS to reflect changes in the Common Program Requirements effective July 1, 2019. This includes major changes to the collection of scholarly activity, new required document uploads, and additional narrative questions that will help assess these new requirements.

# Promoting Engagement through Collaboration

# CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) PROGRAM

Built on a model of continuous quality improvement, the CLER Program continues to explore new areas – engaging leaders of GME and of the hospitals, medical centers, and ambulatory sites serving as clinical learning environments in conversations that promote meaningful improvements for both learners and patient care.



Participants in a *Pursuing Excellence* Collaborative address health care disparities during a meeting in the spring of 2019

## Exploring Well-Being in Clinical Learning Environments

Over the past year, the CLER Program has conducted the third iteration of its site visit protocol, which explores the new Focus Area of Well-Being from the systems perspective. In particular, this protocol considers systemslevel approaches to managing work/life balance, fatigue, burnout, and those at risk of or demonstrating self-harm towards the goal of better understanding the factors contributing to a learning environment that supports and promotes meaning in work.

Testing also began on a new sub-protocol to gather patient perspectives across the CLER Focus Areas in anticipation of full implementation in 2020.

## Pursuing Excellence in Clinical Learning Environments

The *Pursuing Excellence* initiative continues designing and implementing collaborative learning opportunities for the GME community. This past year, the Pathway Innovators focused on building strategic approaches to advancing interprofessional learning and collaborative care across the clinical learning environment. This year also saw the launch of a second Pathway Leaders Collaborative focused on engaging clinical learning environments in quality improvement to eliminate health care disparities. In this newest Collaborative, nine Sponsoring Institutions are working to enhance their clinical learning environments' strategic plans, integrate cultural humility, and strengthen quality improvement efforts in this important area of eliminating health care disparities.

# The National Collaborative for Improving the Clinical Learning Environment (NCICLE)

As one of the founding members of NCICLE, the ACGME is actively engaged in targeted efforts to improve the clinical learning environment for learners across the health care professions. In January 2019, NCICLE published a guidance document, *The Role of the Clinical Learning Environment in Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities.* The document includes a framework outlining the clinical learning environment's role in supporting new clinicians to address health care disparities, and provides the foundation for the newest *Pursuing Excellence* Collaborative.

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# Communicating the Value of Graduate Medical Education

**COMMUNICATIONS AND PUBLIC POLICY** 

Four years ago, the ACGME Department of Communications and Public Policy was created to broaden awareness of the ACGME's mission and role in graduate medical education (GME) accreditation. The department targets communications to the media, policy makers, medical community, and general public about ACGME's strategic objectives, including evidence-based standards setting, competency-based training/assessment, clinical learning environment innovation, interdisciplinary team-based care, and facilitating the creation of resident and fellow positions in medically-underserved areas.

#### Supporting Organization-Wide Efforts

The Communications team works with all departments to bring attention to the many initiatives the ACGME leads. Through media pitches, news releases, and social media strategies, the team highlights the ACGME's efforts, focusing on issues like the opioid use crisis, the single GME accreditation transition, and the resident and fellow experience, through Back to Bedside. The department collaborates closely with the Educational Activities team to increase awareness of the wide range of sessions at the Annual Educational Conference, which this year was the largest in conference history, as well as other educational programming throughout the year.

### Generating News, Content, and Context

In January 2019, the department launched a redesign of its online Newsroom (www.acgme.org/newsroom) and the new ACGME Blog (www.acgme.org/blog), to provide information about the organization's activities and programs. The updated platforms allow the ACGME to highlight initiatives and resources that can be sorted by topic for easy access.

The ACGME Blog launched as a pilot in the spring of 2018 as part of Communications' coverage of the Annual Educational Conference. Alongside the Newsroom, the blog was refreshed and customized.

#### **ACGME Blog**



FFATURED June 27, 2019 **Breaking the Culture of Silence** CLER As a new academic year approaches, it is important to continue breaking the silence Comm surrounding clinician burnout, During a highly emotional and personal panel discu the 2019 ACGME Annual Educational Conference in March, Dr. Nasca and colleag JGME READ MORE > Milesto Patient Physicia

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## atest Blog Posts



#### **Different Ways of Knowing**

educators must explore ways to teach physicians to practice with exand justice, Dr. Arno K. Kumagai argued at the most recent Baldwin Seminar, the first of the 2019-2020 season. His talk, Reflection, Dialogue and Diffe... READ MORE :

It features events, news, interviews, and more in a less formal, engaging voice. Guest bloggers add another dimension and a diversity of perspectives.

#### **Educating Policymakers**

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In September 2018, the ACGME welcomed John C. Combes, MD as senior vice president, public policy and external relations. In this new role, Dr. Combes works with the Policy Committee of the Board of Directors, overseeing the development of the organization's external policy positions. In addition, Dr. Combes engages with stakeholder organizations and educates policy makers on issues that impact GME.

# Developing Meaningful Connections through Education

## EDUCATION

Through a variety of activities, the staff of the Department of Education and Organizational Development works year round to provide meaningful learning to the graduate medical education (GME) community. The Office of Resident Services and Initiatives, supports residents and fellows in numerous ways. The Scholars in Residence contribute to research and scholarship, helping to build the ACGME learning community. Distance Learning provides a platform for education and connection, no matter where an individual is located.



Kerling Israel, MD, MPH delivered the April 2019 Baldwin Seminar presentation on GME and health care in Haiti

This was another successful and exciting year, with numerous educational offerings presented at the ACGME offices and around the globe – as well as virtually. Staff members continued to demonstrate their commitment through high quality programming and support to the community. Two key highlights from the past academic year include...

#### **Distance Learning**

The Office of Distance Learning serves multiple needs in the GME community, from fostering collaboration in the ACGME's virtual learning environment to creating valuable educational tools to help individuals meet the challenges of their roles and responsibilities. Distance Learning also facilitates the development of effective strategies for delivering the ACGME's educational events and initiatives to learners everywhere.

In the spring of 2019, the team launched a new Distance Learning portal, Learn at ACGME (www.acgme.org/ distancelearning). The system houses online courses, educational videos, on-demand webcasts, discussion forums, assessments, and other educational resources on a variety of topics, including evaluation and assessment, learner remediation, best practices for completing the Annual Update, faculty development, physician well-being, and more. It also features social media-style discussion boards and resource libraries that can be customized for specific GME audiences.

#### **Baldwin Seminar Series**

The Baldwin Seminar Series, named for ACGME Senior Scholar and medical education giant DeWitt C. Baldwin Jr., MD, brings innovative ideas, concepts, and perspectives affecting GME to the ACGME. Leading academics share their work to stimulate and expand the perspectives of staff members and guests, to develop a GME learning community. The 2018-2019 program featured the first ACGME International-sponsored presentation. Kerling Israel, MD, MPH described the work of Partners in Health/ Zanmi Lasante to improve Haiti's health care through GME. Distance Learning also began broadcasting the Baldwin presentations through a livestream, for which participants anywhere in the world can register and receive CME credit. Livestream participants can also interact in real time by submitting questions during the question/ answer period at the end of a presentation. Other speakers discussed compassion in medicine, using dialog to further learning and build relationships, and identity formation, among others.

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# Expanding Accreditation with Sponsoring Institutions and Programs

FIELD ACTIVITIES

Field Activities conducted more than 1,300 site visits in calendar year 2018 (Note: site visit statistics are collected for the calendar, rather than the academic year). Site visits provided Sponsoring Institution and program assessment in tandem with Review Committees' annual review of Sponsoring Institution and program data, and evaluation of new and existing programs, including review of strategic improvement initiatives for programs receiving 10-Year Accreditation Site Visits.

#### Site Visits by the Numbers

Approximately 70 percent of the site visits conducted in 2018 were done so for prioritized purposes. This included approximately 300 application visits, 400 Initial Accreditation visits, 40 Osteopathic Recognition visits, and 130 data-prompted visits. Accreditation Field Representatives also conducted 10-Year Accreditation Site Visits for more than 300 programs. Based on data from the first half of 2019, Field Activities is on pace to conduct 30 percent more site visits in 2019 than in 2018.

#### Self-Study and Continued Accreditation

During the 10-Year Accreditation Site Visit, Accreditation Field Representatives assess program compliance with all Common and specialty-specific Program Requirements and submit a report to the Review Committee that then renders an accreditation decision. Field Representatives also provide feedback to programs on their Self-Study, which is completed prior to that visit.

The program Self-Study was established as a key component of the ACGME's current accreditation model. With the goal of conducting an objective and comprehensive review of the program, the Self-Study is a tool for program self-reflection and strategic planning that uses the Annual Program Evaluation as a foundation on which to build an in-depth, multi-year program assessment.

Two fundamental concepts of the Self-Study include determination of a program's aims and mission, and critical assessment of the institutional, local, regional, and even national environment (context) in which a program operates. These two factors allow a program to distinguish itself from other programs in the specialty and lead to a thoughtful analysis of its strengths, weaknesses, opportunities, and threats.

Ultimately, the goal of the Self-Study is to provide a platform for a forward-thinking and systematic approach to making program improvements.

#### New Leadership and Field Representatives

Linda B. Andrews, MD transitioned from the role of Accreditation Field Representative to Senior Vice President, Field Activities in February 2019. Dr. Andrews formerly served as a program director, designated institutional official, and Institutional Review Committee member and chair.



Linda B. Andrews, MD

The ACGME also welcomed three new Linda B Accreditation Field Representatives during the first half of 2019: Joseph D'Ambrosio, MD, DMD; Matilda Garcia, MD, MPH; and Margaret Mulligan, PhD. They bring extensive prior graduate medical education and leadership experience to their new positions at the ACGME.

# Strengthening the Finance and Operations Infrastructure

# FINANCE AND ADMINISTRATION

Recognizing that an effective and efficient operation is essential to the ACGME's ability to fulfill its mission, the focus of this past year has been the pursuit of efficiency, effectiveness, and service excellence. The Finance and Operations teams made notable strides in these areas.

#### Finance

In 2018, the Finance team implemented a business intelligence system, Sisense, which allows ACGME budget owners to review their financial results and drill down into transactional detail. The system also enables Finance staff members to create dashboards that summarize the cross-section of financial and non-financial data.

The team also implemented the Purchase Order module of Concur, the ACGME invoice and expense report system. Purchase orders create an additional layer of management approval and oversight into vendor spending before external financial commitments are made.

In late 2018, the ACGME introduced electronic invoicing to Sponsoring Institutions. Beginning with 2019, annual program invoices and monthly application invoices are now e-mailed to designated institutional officials and their coordinators, effectively eliminating past issues with hard copy bills not reaching their intended recipients.

### **Facilities and Meeting Services**

In 2018, Meeting Services provided logistical and operational services for 1,200 meetings and events. The Meeting Services staff continues to negotiate sleeping rooms with three preferred hotels in the area, leveraging the ACGME's purchasing power to reduce expenses due to cancellations, and enhancing the visit experience for ACGME volunteers.

#### **Network Services**

The important role technology plays in how the ACGME conducts its business demands a robust and agile information technology infrastructure that leverages the latest in hardware and other technological advances. The Network Services group continued improving security, infrastructure, and risk management. In particular, increased cyber terrorism activity has pushed network security measures to the forefront of the ACGME's investments in 24/7 security monitoring of all ACGME network traffic, security scanning/compliance, third-party assessment, and intrusion detectors. These tools provide an important complement to the ACGME's in-house network security staff.

Network infrastructure enhancements to mitigate technology risk exposure include the build-out of core infrastructure for the next generation geo-redundant disaster recovery environment. This build-out provides for the ACGME's data to be replicated at a cloud service provider's east and west coast data centers, allowing for business continuity in the case of a power grid failure or natural disaster affecting the Chicago metropolitan area. Furthermore, the Legal, Data Analysis, Applications and Network Services teams have developed an Incident Response Plan that defines the steps, roles, and responsibilities in the event of a security breach.

# Inspiring the Next Generation of GME Scholars

JOURNAL OF GRADUATE MEDICAL EDUCATION (JGME) As *JGME* enters its 10th year of publishing, it continues to excel as the premier GME-focused academic journal. By cultivating high-quality research and thoughtful writing, nurturing future scholars through educational efforts, and expanding its influence in digital media, *JGME* continues to strengthen its growing presence in the academic medical community.

#### Promoting Scholarly Activity through Conference Workshops

JGME promotes scholarly activity at major medical education conferences, including the ACGME Annual Educational Conference, the International Conference on Residency Education, and the Association of American Medical College's *Learn Serve Lead*, by presenting workshops that both challenge and encourage potential authors, such as "Is There a Paper in Your Poster or Abstract? Getting to the Paper After a Poster."

### Practical Content for Residents and Fellows

In 2018, *JGME* began publishing a series of Rip Out articles on advising residents and fellows graduating to independent practice. The section covers a range of topics, such as job searches, resumes, letters of recommendation, job interviews, and contracts.

For residents, *JGME*'s annual Call for New Ideas is an opportunity to submit a brief article on a novel idea on curricula, assessment, quality and safety, program evaluation, faculty development, or other topics relevant to GME.

## Collaborating to Expand the Reach of JGME

Looking ahead to 2019-2020, *JGME* and ACGME International are jointly publishing the first international supplement as an accompaniment to the journal's August 2019 issue. The supplement includes articles representing GME innovations and topics of interest from every continent except Antarctica.

In 2018, *JGME* also began a collaboration with MedEd Chat to host several popular Twitter chats throughout the year, each based on a current GME-related topic.



*JGME* staff members interact with attendees in the 2019 Annual Educational Conference Exhibit Hall

# Improving GME: Milestones Enter the Next Phase

## MILESTONES

Milestones are now used by more than 11,000 residency and fellowship programs. The Milestones 2.0 process is well underway, involving multiple specialties and volunteers. In 2019, Milestones research entered the arena of learning analytics and outcomes to provide better feedback to programs.

## Milestones 2.0: Moving Forward, Embracing Improvement

Work on Milestones 2.0 revisions across multiple specialties accelerated this year. By the end of 2019, 50 specialties will have begun or completed their revisions. These groups are using the harmonized Milestones as a foundation to emphasize professionalism, interpersonal and communication skills, systems-based practice, and practice-based learning and improvement, as progress in teaching and assessing these still lags behind patient care and medical knowledge. A specialty-specific Supplemental Guide will help programs implement the revised Milestones. In 2018-2019, hundreds of volunteers contributed over 20,000 hours to this work.

## Milestones Research: Exploring Learning Analytics and Outcomes

With at least five years of national Milestones data for most specialties, staff members are exploring new areas of research. A study of learning analytics in family medicine, emergency medicine, and internal medicine explored how longitudinal Milestones data, using predictive probabilities to identify residents at risk for not attaining educational goals earlier. This study will be published as an open-source article in *Academic Medicine*. The 2019 Milestones National Data Report, to be published in the fall, will include predictive learning analytics for all entry-level core residency programs. The team also published an open-source article in *Academic Medicine* examining changes in Milestones ratings over time in emergency medicine.

The research team has been collaborating with external experts to explore gender issues in Milestones ratings across multiple specialties. The team also continues exploring outcomes-based research using clinical practice data of graduates, with active discussions in family medicine, internal medicine, obstetrics and gynecology, and surgery. This type of outcomes research is now possible because several cohorts of residents who were evaluated using the Milestones have been in practice for several years. These studies will provide important feedback to the national Milestones system. Finally, the Milestones Bibliography is updated regularly and now includes more than 270 published articles on the Milestones.

# Providing Support for Implementation and Improvement

The *Milestones* and *Clinical Competency Committee Guidebooks* are being updated for easier use. Creation of a new guidebook on implementation and an assessment toolkit are being explored. Two web-based modules for faculty members, one on assessment and one on Milestones, are now available in the ACGME's online learning portal, Learn at ACGME, with others planned.

The Milestones team continues to deliver week-long courses in assessment. As of June 2019, the ACGME course has now trained more than 580 faculty members. The regional hub program for faculty development in assessment expanded, with courses now being offered at 15 different sites nationally and internationally. The hubs will meet as a learning community in October 2019.







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# Prioritizing the Public Perspective

# COUNCIL OF PUBLIC MEMBERS

The ACGME Council of Public Members serves as an advisory body to the ACGME Board of Directors, increasing engagement on behalf of the public. Its goal is to increase public trust in physician residency and fellowship education to promote highquality medical care for all.

In its third year, the Council continues to bring the voice of the public and patients to the ACGME, striving to enhance the effectiveness of the public members in their various roles on Committees, the Board of Directors, and other work groups and task forces.

#### Measuring the Public Member Influence

The Council's most recent project is to identify and measure how public members have affected the way the ACGME conducts its business, and how they have positively contributed to the ACGME Review and Recognition Committees, as well as the organization as whole.

In January, public members who serve on Review Committees completed a self-reflection exercise to identify areas in which they felt they were making the most positive, lasting impression on the work of the Committees and the ACGME. Members of the Council of Review Committee Chairs completed a companion exercise, and the results were presented to both groups in May. A work group is currently using those initial results to shape next steps.

### **Contributing and Collaborating**

Public members continue to engage with ACGME staff members and leadership to improve member onboarding processes, not only for public members, but for all Review and Recognition Committee members. Additionally, Council members continue to participate in ACGME activities beyond their main roles, contributing important feedback on initiatives such as *Back to Bedside*, *Sponsoring Institution* 2025, the Medically Underserved Areas task force, and more.



## **Remembering Beverly Huckman**

The ACGME mourns the loss of public member Beverly Huckman, who died May 27. Ms. Huckman joined the Review Committee for Allergy and Immunology in 2015. Ms. Huckman, who retired from Rush University Medical Center in 2012, spent her entire career working in diversity, affirmative action, and equal opportunity spaces, so that people of all backgrounds would have opportunities to succeed. Ms. Huckman brought that perspective to the work of the ACGME, championing equity and fairness in program reviews. The ACGME is grateful for Ms. Huckman's legacy of public service.

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## **Council of Public Members**

Betsy Lee, RN, BSN, MSPH Chair Institutional Review Committee

Jeffrey E. Pettit, PhD Chair-elect (Term began November 2018) Transitional Year Review Committee

Jennifer L. Bosma, PhD Vice Chair (Term ended November 2018) Review Committee for Radiology

**Rosemary Gibson, MSc** Board of Directors

Helen Haskell, MA Board of Directors

Claudia Wyatt-Johnson Board of Directors

George L. Anderson, EdD, MBA Review Committee for Medical Genetics and Genomics

Luther G. Brewster Jr., PhD Review Committee for Thoracic Surgery Kathy M. Bridges Review Committee for Radiation Oncology

Barbara M. Castleberry, PhD, MT (ASCP) Review Committee for Pathology

William (Cal) Chaney, JD Review Committee for Emergency Medicine (Term ended 7/13/2018)

Timothy C. Clapper PhD Review Committee for Anesthesiology

Marie M. Dotseth MHA Review Committee for Preventive Medicine

Mary Beth Farrell MS, CNMT, NCT, RT Review Committee for Nuclear Medicine

Barbara C. Grogg, APRN, C-FP Review Committee for Osteopathic Neuromusculoskeletal Medicine

Nancy D. Harada, PhD, PT Review Committee for Physical Medicine and Rehabilitation **Beverly B. Huckman** Review Committee for Allergy and Immunology (Deceased 5/27/2019)

William Montgomery Review Committee for Colon and Rectal Surgery (Term ended 5/1/19)

Carmen Hooker Odom At-Large Member

Lori Pray, MBA Review Committee for Urology

Elizabeth Roberts, MBA Review Committee for Obstetrics and Gynecology

Harry Rosenbluth, MBA Review Committee for Neurological Surgery

Maj. Gen. (Ret.) David A. Rubenstein, FACHE Review Committee for Surgery

Judith S. Shaw, EdD, MPH, RN, FAAP Review Committee for Pediatrics **Deborah Simpson, PhD** Review Committee for Psychiatry

Alison P. Smith, MPH, RN Review Committee for Family Medicine

Jacqueline Stocking, RN, MSN, MBA, NEA-BC Review Committee for Internal Medicine

James H. Taylor, DMan, MHA, MBA Review Committee for Orthopaedic Surgery

Mary L. Theobald, MBA Review Committee for Dermatology

Bryan D. Walker, MHS, PA-C Review Committee for Neurology

Thomas S. Worsley Review Committee for Otolaryngology

# Enhancing Collaboration

# COUNCIL OF REVIEW COMMITTEE CHAIRS (CRCC)

During 2018-2019, the CRCC worked with the Monitoring Committee, the Council of Public Members, the Council of Review Committee Residents, Field Activities, and the new Office of Diversity and Inclusion, and convened a Telemedicine Work Group.

## **Improving Oversight**

The CRCC began a dialog with the leadership of the Monitoring Committee to discuss that committee's role in overseeing the Review Committees. The Review Committees will soon undergo a required self-study process and receive feedback from the Monitoring Committee about their performance. The open flow of information between these groups provides the Review Committees with the support and transparency they need to perform optimally.

# Public Members Bring a New Perspective to the Review Committees

The CRCC is working with the Council of Public Members to better understand the value and new perspectives public members bring to the Review Committees. Responses to a questionnaire sent to all Review Committee chairs and public members over the winter will inform the Councils' continued efforts to optimize the integration of the public members into the work of the committees.

## Supporting our Junior Colleagues

The CRCC collaborated with the Council of Review Committee Residents on their efforts to improve new parental leave policies. The Council recognizes the important leadership role that Review Committee chairs have in their specialty organizations and is eager to help move this important issue forward.

## Making the Most of Site Visits

An important dialogue with the Field Activities staff laid the groundwork to optimize Accreditation Field Representatives' time and effort, and enhance use of the Site Visit Report to meet the Review Committees' needs. The Council looks forward to continuing this crucial partnership and improving all components of the accreditation process.

## **CRCC** Members as Allies for Diversity and Inclusion

In 2017-2018, the CRCC identified improving diversity and inclusion in GME as a top priority. A presentation by the Chief Diversity and Inclusion Officer in May 2019 addressed challenges, provided strategies to increase efforts in this area, and introduced practical skills to be an effective ally for groups traditionally underrepresented in medicine.

## The Evolving Needs of Telemedicine

The CRCC explored the rapidly evolving area of telemedicine in terms of practice and the needs of learners and programs, particularly as they relate to ACGME supervision requirements. The Council requested consideration of the development of Common Program Requirements to facilitate teaching and supervision of residents and fellows in the era of telemedicine.



### **Council of Review Committee Chairs**

Jessica L. Bienstock, MD, MPH Chair

Christian T. Cable, MD, MHPE Vice Chair Review Committee for Internal Medicine

Jeffrey P. Gold, MD Chair, Board of Directors

Rosemary Gibson, MSc Public Director, Board of Directors

James C. Anderson, MD Review Committee for Radiology

Nicholas M. Barbaro, MD Review Committee for Neurological Surgery

Robert J. Boland, MD Review Committee for Psychiatry

Edward Bope, MD Ex-Officio Veterans Health Administration

Steven H. Bowman, MD Review Committee for Emergency Medicine

Natasha N. Bray, DO, MSEd, FACOI, FACP Osteopathic Principles Committee Dona S. Buchter, MD Review Committee for Pediatrics

Deborah Clements, MD, FAAFP *Ex-Officio* Organization of Program Director Associations

Laurie A. Demmer, MD, MA Review Committee for Medical Genetics and Genomics

Kirk A. Frey, MD, PhD Review Committee for Nuclear Medicine

Nikhil Goyal, MD Transitional Year Review Committee

Laurie Gutmann, MD Review Committee for Neurology

Kymberly A. Gyure, MD Review Committee for Pathology

Gerald A. Isenberg, MD Review Committee for Colon and Rectal Surgery

David M. Jaspan, DO, FACOOG Review Committee for Obstetrics and Gynecology Rohit K. Katial, MD Review Committee for Allergy and Immunology

Denece O. Kesler, MD, MPH, FACOEM Review Committee for Preventive Medicine

Susan Kirk, MD Institutional Review Committee

Jeffrey B. Matthews, MD Review Committee for Surgery

Douglas McGee, DO Acting Committee Chair Review Committee for Emergency Medicine

Peter M. Murray, MD Review Committee for Orthopaedic Surgery (Term began 10/1/18)

Michael W. Neumeister, MD, FRCSC, FACS Review Committee for Plastic Surgery

Stacy E. Potts, MD, MEd Review Committee for Family Medicine

David W. Pruitt, MD Review Committee for Physical Medicine and Rehabilitation John Rhee, MD, MPH, FACS Review Committee for Otolaryngology

Chad W. M. Ritenour, MD Review Committee for Urology

Joel S. Schuman, MD Review Committee for Ophthalmology

E. Hunter Sharp, DO Review Committee for Osteopathic Neuromusculoskeletal Medicine

Ann E. Spangler, MD, MS Review Committee for Radiation Oncology

Erik J. Stratman, MD Review Committee for Dermatology

Ara Vaporciyan, MD Review Committee for Thoracic Surgery

# Creating Impactful Change through Resident Engagement

# COUNCIL OF REVIEW COMMITTEE RESIDENTS (CRCR)

The CRCR continues to support well-being and leadership initiatives through its subcommittees. Additional work this year has focused on parental leave policies for residents and fellows, and how these may be changed to improve the clinical learning environment.

#### Meaning in Medicine

The CRCR remains heavily involved in developing and supporting solutions to improve well-being and combat burnout. As leaders of the *Back to Bedside* initiative, active and former Council members held a special pre-conference at the 2019 Annual Educational Conference for first-cycle awardees to continue their collaboration and promote the success of their projects. Second-cycle awardees were announced in June 2019. In collaboration with the *Back to Bedside* Working Advisory Group, CRCR members will engage with this new cohort of resident and fellow leaders as they make lasting changes in their programs and institutions.

The Well-Being Subcommittee held another successful session at the 2019 Annual Educational Conference, which focused on troubleshooting well-being initiatives. The subcommittee plans to submit another session for the 2020 Annual Educational Conference in San Diego.

#### **Resident Leadership**

Also at the 2019 conference, the Leadership Subcommittee presented a session on Developing Residents as Leaders for Transformational Change. The subcommittee is planning another session for 2020.

### **Changing Leave Policies for Residents**

Over this past year, the CRCR has collaborated on a white paper on the subject of parental leave during residency. Members worked to develop policy recommendations for institutions, specialty boards, and the ACGME, which were recently presented to the Board of Directors. This issue will continue to be a focus for the Council, which will build on these early discussions over the next year.



## **Council of Review Committee Residents**

Kristy Rialon, MD Chair

Amanda Xi, MD Vice Chair (Term began October 2018) Review Committee for Transitional Year

Nickalus R. Khan, MD Vice Chair (Term ended October 2018) Review Committee for Neurological Surgery

Christian T. Cable, MD, MHPE Council of Review Committee Chairs Liaison

**Helen Haskell, MA** Public Member Board of Directors

Rose Barham, MD, MS Institutional Review Committee

Whitney Beeler, MD Review Committee for Radiation Oncology

J. Tyler Bertroche, MD Review Committee for Otolaryngology

**Donna Boucher, MD** Review Committee for Obstetrics and Gynecology Lynneice Bowen, MD, Med Review Committee for Psychiatry

Kaitlyn Brennan, DO Review Committee for Anesthesiology

Nikki Burish, MD Review Committee for Plastic Surgery

Lindsay Dale, MD CLER Evaluation Committee

Jessica Deslauriers, MD Review Committee for Internal Medicine

Jeffrey Dewey, MD Review Committee for Neurology

Ahmed M. El-Sabbagh, MD Review Committee for Nuclear Medicine

Amin Esfahani, MD, MS Review Committee for Dermatology

Alessandra Gasior, DO Review Committee for Colon and Rectal Surgery Nina Beth Gold, MD Review Committee for Medical Genetics and Genomics

**Brett Gudgel, MD** Review Committee for Ophthalmology

Laura Higginbotham, MD, MPH Review Committee for Preventive Medicine

Jordan Hoffman, MD, MPH Review Committee for Thoracic Surgery

Eugene S. Jang, MD, MS Review Committee for Orthopaedic Surgery

Anai Kothari, MD, MS CLER Evaluation Committee

Jessica Lynn Laviolette, DO Review Committee for Osteopathic Neuromusculoskeletal Medicine

Sara Martin, MD Review Committee for Family Medicine Christin Giordano McAuliffe, MD Review Committee for Internal Medicine

Eric N. McDonald, MD Review Committee for Emergency Medicine

Judy-April Oparaji, MD, RD Review Committee for Pediatrics

Aarti P. Pandya, MD Review Committee for Allergy and Immunology

Krishna J. Patel, MD Review Committee for Radiology

Shannon Ramirez, DO Osteopathic Principles Committee

Charles Michael Taylor II, MD, MS Review Committee for Physical Medicine and Rehabilitation

Laura Warmke, MD Review Committee for Pathology

Mary Beth Westerman, MD Review Committee for Urology

# Collaborating to Improve Well-Being and Public Health

The ACGME is committed to improving health care for all and to working with organizations across the medical continuum to do so. In 2016, the ACGME began a partnership with the National Academy of Medicine (NAM) to understand and improve clinician well-being. Since then, the ACGME has expanded its work with NAM to help counter the US opioid epidemic.

#### **Clinician Well-Being and Resilience**

The ACGME and the Association of American Medical Colleges co-chair the NAM Action Collaborative on Clinician Well-Being and Resilience, a network of approximately 65 organizations across industries dedicated to reversing trends in clinician burnout. In addition, more than 190 network organizations submitted commitment statements supporting the Collaborative.

This year, the ACGME hosted the fifth public session, focused on "Redesigning the Clinical Learning Environment." Keynote addresses discussed changing the culture of medicine by focusing on human connection, productivity, and efficiency, and the link between the learning, clinical care, and practice environments around well-being.

Approximately 200 health care leaders attended the meeting in person and 700 people across the nation participated via webcast.

Since its launch, the Collaborative has had several major achievements, including:

- Creation of a conceptual model to understand the causes and effects of burnout, identify strategies to prevent and treat burnout and promote well-being, and improve health care delivery and patient outcomes
- Development of a Knowledge Hub, an easy-tonavigate repository of helpful resources for those seeking information and guidance on how to combat clinician burnout in their organizations and in their personal lives
- Conception of the traveling art exhibit "Expressions of Clinician Well-Being," which has been hosted at more than 30 conferences, events, and institutions around the country
- Publication of several perspective papers on topics including the role of a Chief Wellness Officer and gender-based differences in burnout

The Collaborative has three goals: to raise the visibility of clinician anxiety, burnout, depression, stress, and suicide; improve baseline understanding of challenges to clinician well-being; and, advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver.

#### Countering the US Opioid Epidemic

The ACGME recently joined the NAM Action Collaborative on Countering the US Opioid Epidemic in recognition of the need for a national coordinated response to the epidemic of opioid addiction.

More than 50 organizations, including federal, state, and local governments, health systems, provider groups, health education and accrediting institutions, payors, non-profits, and academia, are working together to address the issue. ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP is co-chair of the Working Group focused on Health Professional Education and Training, which is currently identifying and highlighting professional practice gaps for health care professionals, and analyzing accreditation, certification, and regulatory requirements in relation to acute and chronic pain management and substance use disorders.

So far this year, the Collaborative hosted a webinar and a public meeting to describe the goals of the initiative, share updates, and gather input.

#### **Looking Ahead**

The criticality of both of these issues nationwide make them a top priority for the ACGME. The momentum generated by these national-level partnerships will continue into 2019-2020 and beyond, to create a healthier, safer medical community.



Dr. Nasca addressed the crowd at the fifth public meeting of the NAM Action Collaborative on Clinician Well-Being and Resilience at the ACGME this spring

# Prioritizing Equity and Improving Outcomes in GME

This spring, the ACGME established the Office of Diversity and Inclusion, a first for the organization, and hired William A. McDade, MD, PhD, to helm the department and steer the organization's efforts to promote and improve diversity and inclusion in graduate medical education (GME), and within the organization itself. Dr. McDade's work will focus on national initiatives to diversify and include underrepresented groups throughout the medical education continuum with the goal of providing physicians with the knowledge and skills required to serve the American public in humanistic environments where clinician and patient well-being is promoted.

"In order to train the next generation of physicians to be prepared to care for the American public, we must ensure that opportunities to train in all areas of medicine are open to diverse populations," Dr. McDade said. "Additionally, the clinical learning environment must be safe and inclusive for all residents and fellows to afford the best possible means to achieve this."

#### Creating More Opportunities and More Inclusive Institutions

To reach this goal, GME needs to focus on efforts to increase the number of underrepresented minorities interested in becoming physicians, as well as create inclusive learning environments where these students will receive fair treatment and feel safe from discrimination and harassment.

The Office of Diversity and Inclusion is currently identifying pipeline programs in which the GME community can actively engage with students of all ages to increase their interest in medicine. It is also looking at ways to support underrepresented minority students who have already entered programs.

Another initiative at the top of Dr. McDade's to-do list is to work with a variety of external partners to address the "data alignment problem" in how best to track students as they progress, or fail to progress, through the journey from undergraduate student to independent physician. "When you increase diversity in GME, it positively impacts health care performance and patient outcomes."

"We lose underrepresented minority learners at every stage of medical education," he said. By developing a more sophisticated way to track students who leave medicine, the ACGME and the medical community as a whole will be in a better position to understand why these students are leaving training before becoming practicing physicians, and thus can create interventions to help residents/fellows complete their educations and successfully transition to independent practice.

#### Improving Population Health by Diversifying the Workforce

The need for increased diversity and inclusion in health care in GME is clear.

"When you increase diversity in GME, it positively impacts health care performance and patient outcomes," Dr. McDade said.

Numerous studies show that when there is race or language congruity between physicians and patients (they are the same race and/or speak the same language), patients are more likely to share more of their medical history, will make and show up to followup visits, take medications, follow doctor's orders, and ultimately be healthier. Additionally, research shows physicians tend to practice medicine in locations largely based on ethnicity and race, so increasing the number of physicians who are from underrepresented minority groups increases the number of physicians willing to serve patients from marginalized communities, thus improving access to care.



William A. McDade, MD, PhD

# 2019 Annual Educational Conference: *Rediscovering Meaning in Medicine*

The 2019 ACGME Annual Educational Conference was a remarkable event. A record 3,739 attendees gathered to learn, to network, and most importantly, to *Rediscover Meaning in Medicine*.



This year's theme, "Engaging Each Other: Rediscovering Meaning in Medicine," was featured throughout conference highlights. In a panel discussion about physician well-being, Victor Dzau, MD, president of the National Academy of Medicine (NAM); Darrell G. Kirch, MD, president and CEO of the Association of American Medical Colleges, and Thomas J. Nasca, MD, MACP, president and CEO of the ACGME–co-chairs of the NAM Action Collaborative on Clinician Well-Being and Resilience–shared rarely-told stories of their own experiences with burnout during residency, and how the physician suicide epidemic has affected them personally.

During the President's Plenary, Dr. Nasca asked attendees to consider what the medical workforce of the future would look like, encouraging them to embrace flexibility and increase responsiveness to societal needs while anticipating the needs of those the graduate medical community serves.

Cultivating courage, connecting on an emotional level at the workplace, and curing loneliness were all topics of discussion during a highly personal, inspirational, 90-minute fireside chat between 19th Surgeon General of the United States Vivek H. Murthy, MD, MBA and Dr. Nasca during the Marvin R. Dunn Keynote Address. "Our ability to care for each other is what is going to bring the day-to-day joy back to medicine," Dr. Murthy said.

The conference also included roll-up-thesleeves work on accreditation, patient safety, the opioid crisis, the transition to a single GME accreditation system, the Milestones, and the CLER Program, as well as powerful, inspiring, and transformative discussions on diversity and inclusion, discrimination, bullying, harassment, and physician well-being.



Debra L. Dooley

#### **Recognizing a Career of Commitment**

Another emotional moment at the 2019 conference came during the annual Coordinator Forum pre-conference when Dr. Nasca announced the renaming of the ACGME's Program Coordinator Excellence Award, now the Debra L. Dooley Program Coordinator Excellence Award. Ms. Dooley retired from the ACGME after 22 years at the end of March 2019. In her last 10-and-ahalf years with the organization, she was the Director of Educational Activities, leading the team responsible for producing the ACGME's educational programming, and most notably the Annual Educational Conference. During her tenure, the conference evolved and grew, with record breaking numbers of attendees and sessions annually. Ms. Dooley also envisioned and implemented the Coordinator Forum, which in 2019-its ninth year-also broke records with approximately 1,200 participants and 34 workshops, from 77 proposal submissions from the community! As a former coordinator herself, Ms. Dooley's focus on elevating the coordinator profile in graduate medical education was always a goal and target. In naming this award for her, the ACGME recognizes the impact and legacy of her efforts.



The 19th Surgeon General of the United States Vivek H. Murthy, MD, MBA speaks with ACGME President and CEO Thomas J. Nasca, MD, MACP as he delivers the Marvin R. Dunn Keynote Address

# Building Community at the ACGME

Just as the ACGME works to create a strong, healthy clinical learning environment, the organization is also striving to build a healthy working environment for its employees.

#### **Building with Intention**

The ACGME staff has grown significantly since 2016. The result has included a cultural shift from a small to a mid-sized organization where not everyone knows each other. To build collegial bonds and a sense of community, many staff members have taken the initiative to create opportunities for social interaction among veteran and newer staff members, to share best practices, and to get to know one another outside of their day jobs.

Regardless of how they evolved, these activities all serve the same purpose: to improve employee engagement, build community, and increase knowledge about the activities of the ACGME across the organization.

#### Breaking Bread, Sharing Ideas

The *Brown Bag Lunch Series*, in place since 2017, provides a monthly forum, where, over lunch, employees can learn about different aspects of the ACGME and get to know one another in an informal, social setting. The idea came from **Patrick Guthrie**, from the Clinical Learning Environment Review Program staff. As a newer employee, he envisioned this as a way to help



ACGME staff members gather at a monthly Brown Bag Lunch

staff members learn about all facets of this complex organization in a relaxed environment. He shared his idea with Human Resources, which partnered with him to create the series.

Brown Bag presentations have ranged from learning more about the transition to a single GME accreditation system, to hearing from staff physicians on why they became doctors, to a stroll along the Chicago Riverwalk, to departmental overviews. These lunches are popular and well attended, and have become an important part of ACGME life.

The recently created *ACGME Reads* monthly book club also brings employees together for wide-ranging, thought-provoking discussions over lunch. Book selections explore organizational psychology and health care-related topics that provide relevant, educational value, and stimulate conversation among colleagues.

#### **News Employees Can Use**

The first ACGME employee newsletter, *The Insider*, launched in 2017. A cross-departmental Newsletter Advisory Board, overseen by Employee Communications Manager **Emily Vasiliou**, guides content. *The Insider* summarizes activities and updates from across the organization, celebrates employee milestones, and offers a creative outlet to share personal information beyond job functions.

#### Walking our Talk

The annual charity drive has become more formalized as the organization has chosen to support Chicagobased non-profits with a mission of health care or well-being, mirroring external priorities internally. In 2018, the ACGME began a partnership with Hope For The Day (HFTD), an organization with international reach that raises awareness and provides resources to improve mental health and combat suicide. Accreditation Administrator **Bri Kelly** wrote about her volunteer work with HFTD for *The Insider*, which led to establishing a relationship between the organizations. This winter, ACGME staff members and volunteers donated \$8,000 to this charity in support of the important work they do. Additionally, the ACGME is on its way to becoming a Hope For The Day "Partner in Prevention," an organization "that works with Hope For The Day to be proactive in taking action and facilitating the conversation on mental health."

It takes time to make change, to shape culture. These activities and efforts add up. The ACGME will continue to improve and looks forward to sharing future successes.



The ACGME's Bri Kelly with Mike Vinopal from Hope For The Day's Education and Outreach Team

# ACGME Awards Program

The ACGME grants the following awards:

- The John C. Gienapp Award
- The Parker J. Palmer Courage to Lead Award
- The Parker J. Palmer
   Courage to Teach Award
- The David C. Leach Award
- The GME Institutional Coordinator Excellence Award

#### JOINT AWARDS

In partnership with other notable organizations, the ACGME is proud to honor exceptional work in graduate medical education through the following jointlysponsored awards:

- The ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award, in partnership with the Arnold P. Gold Foundation
- The Jeremiah A. Barondess Fellowship in the Clinical Transaction, in partnership with the New York Academy of Medicine

All of this year's exceptional awardees were honored at the Annual Educational Conference in March 2019.

## 2019 ACGME Award Winners

#### JOHN C. GIENAPP AWARD FOR DISTINGUISHED SERVICE

The John C. Gienapp Award is given to recognize a notable individual dedicated to graduate medical education and who has made outstanding contributions to

the enhancement of graduate medical education and ACGME accreditation activities. The ACGME congratulates the 2019 John C. Gienapp Awardee, the first ever woman to be honored with this award:



Carol Ann Bernstein, MD

#### PARKER J. PALMER COURAGE TO LEAD AWARD



The Courage to Lead Award honors designated institutional officials (DIOs) who

have demonstrated excellence in overseeing residency/fellowship programs at their Sponsoring Institutions. DIOs have authority and responsibility for all graduate medical education programs in a teaching hospital, community hospital, or other type of institution that sponsors such programs. The ACGME congratulates the recipients of the 2019 Courage to Lead Award:

Ronald G. Amedee, MD Ochsner Health System New Orleans, Louisiana Elias I. Traboulsi, MD Cleveland Clinic Cleveland, Ohio

Nedd I. Brown, EdD University of South Dakota Sanford School of Medicine Sioux Falls, South Dakota

#### GME PROGRAM COORDINATOR EXCELLENCE AWARD



The GME Program Coordinator Excellence

Award honors and recognizes the crucial role of the program coordinator in the success of a residency/fellowship program. The ACGME congratulates the recipients of the 2019 GME Program Coordinator Excellence Award:

#### Jennifer Cardone, C-TAGME

Anesthesiology Columbia University Medical Center New York, New York

Kelli A. Corning Internal Medicine University of Washington Seattle, Washington

#### Martina DiNapoli Dahill

Obstetrics and Gynecology Beth Israel Deaconess Medical Center Boston, Massachusetts

#### Diane Kovacev

Dermatology Harvard Medical School Boston, Massachusetts

#### Amy Mills, C-TAGME

Surgery University of Rochester Medical Center Rochester, New York

#### PARKER J. PALMER COURAGE TO TEACH AWARD



The Courage to Teach Award honors program directors who find innovative ways to teach residents/fellows and to provide quality health care while remaining connected to the initial impulse to care for others in this environment. The ACGME congratulates the 2019 recipients of the Courage to Teach Award:

#### David Della-Giustina, MD, FACEP

Program Director for Emergency Medicine Yale University New Haven, Connecticut

#### Sima Desai, MD

Program Director for Internal Medicine Oregon Health & Science University Portland, Oregon

#### **Douglas Fredrick, MD**

Program Director for Ophthalmology Stanford Health Care Palo Alto, California

#### Lyell K. Jones Jr., MD

Program Director for Neurology Mayo Clinic Rochester, Minnesota

#### Sandra A. Moutsios, MD

Program Director for Internal Medicine and Pediatrics Vanderbilt University Medical Center Nashville, Tennessee

#### Bradford G. Scott, MD

Program Director for Surgery Baylor College of Medicine Houston, Texas

#### Douglas S. Smink, MD, MPH

Program Director for Surgery Brigham and Women's Hospital Boston, Massachusetts

#### Brett W. Robbins, MD

Program Director for Internal Medicine and Pediatrics University of Rochester Rochester, New York

#### Cindy Wigg, MD

Program Director for Psychiatry University of Texas Medical Branch Galveston, Texas





The GME Institutional Coordinator Excellence Award honors and recognizes the pivotal position of the institutional coordinator. The ACGME congratulates the 2019 GME Institutional Coordinator Excellence Award recipient:

#### Sharon Wilson, MS

Beaumont Hospital Royal Oak, Michigan

#### THE JEREMIAH A. BARONDESS FELLOWSHIP IN THE CLINICAL TRANSACTION

The Jeremiah A. Barondess Fellowship in the Clinical Transaction is presented by the ACGME and the New York Academy of Medicine to enhance the ability of young physicians to conduct the essential elements of the clinical transaction, capacities required for effective clinical care. The ACGME congratulates the 2019-2021 Barondess Fellow:



Chelsea Hook Chang, MD University of Texas Rio Grande Valley School of Medicine

#### DAVID C. LEACH AWARD

To honor former ACGME Executive Director David C. Leach, MD (1997-2007) and his



contributions to resident education and well-being, the ACGME created this award in 2008. This award is unique in that it acknowledges and honors residents, fellows, and resident/ fellow teams and their contributions to graduate medical education. The ACGME congratulates the 2019 recipients of the David C. Leach Award:

#### Eric J. Chow, MD, MS, MPH

Internal Medicine and Pediatrics Brown University and Rhode Island Hospital Providence, Rhode Island

#### Sara Hogan, MD, MHS

With team members: Hans Arora, MD, PhD; Ashley Mohadjer, DO; Amar Gupta, MD; Christina Wong, MD; Marc Monachese, MD; Deepak Ramanathan, MD; So Jin Youn, MD; Amir Syed Shah, MD; Susan Vehar, MD; Katherine Glaser, MD; Charlotte LaSenna, MD; Ryan Berger, MD; Rachel Diehl, MD; Catherine Vozzo, DO; Matythew Hoscheit, MD; Chelsea Feng, MD *Dermatology* Cleveland Clinic Cleveland, Ohio

#### Shawna R. Kleban, MD

Plastic Surgery University of Nevada Las Vegas School of Medicine Las Vegas, Nevada

#### Jason Lai, MD

*Emergency Medicine* University of Wisconsin Hospital and Clinics Madison, Wisconsin

#### Debraj Mukherjee, MD, MPH

Neurological Surgery Cedars-Sinai Medical Center Los Angeles, California

#### Laura C. Page, MD

With team members: Shaina Willen, MD; Alyssa Stephany, MD; Colby Feeney, MD; and Victoria Parente, MD, MPH *Pediatric Endocrinology* Duke University Medical Center Durham, North Carolina

#### THE DEWITT C. BALDWIN JR. AWARD

The DeWitt C. Baldwin Jr. Award is presented to Sponsoring Institutions by the ACGME and the Arnold P. Gold Foundation to recognize institutions with accredited residency/fellowship programs that are exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care, which leads to the personal and professional development of learners. The ACGME congratulates the recipients of the 2019 DeWitt C. Baldwin Jr. Award.

Henry Ford Hospital Detroit, Michigan

Middlesex Hospital Middletown, Connecticut University of Massachusetts Medical School Worcester, Massachusetts

# ACGME International Rediscovering Meaning in Medicine

The ACGME-I view of *rediscovering meaning* has a unique perspective. Those who have reached out to ACGME-I desire a better system of education. In some cases, there were not enough specialists; in others, there were not enough primary care physicians. A variety of concerns as wide ranging as the variety of countries in the world are all reasons that a "rediscovery" of medicine was essential. With the ACGME-I system now 10 years old, many new discoveries—and rediscoveries—have occurred.



What new discoveries, what new meanings have been found in medicine from the perspectives of those impacted by ACGME-I accreditation?

## THE LEARNERS

With the adoption of ACGME-I accreditation, there is a fundamental shift of educational responsibility from the student to the program director, program, and institution. There is a rediscovery of how to become a doctor. Tools familiar to US programs and institutions, such as evaluations, emphasis on multiple competencies, contracts and policies to protect the residents, and even a specific expectation that a graduating resident is capable of independent practice, are new in many places across the world. In essence, the learner in these ACGME-I-accredited programs now knows what to expect, knows how he or she is doing, and – above all – knows that upon completion of the program, he or she will be qualified to help patients.

## THE TEACHERS

In many respects, implementation of ACGME-I accreditation empowers faculty members. With the systematization of education, teaching gains value. The concept of "protected time" is a genuine discovery, benefitting the lives and careers of those who wish to teach. When people love to teach, ACGME-I's requirements make a job more fun. Scholarly activity encourages curiosity, problem solving, professional contributions, and connectivity to other colleagues.

Teachers also report that they appreciate being part of the process, and that their voices are heard through opportunities not previously available, such as serving on Clinical Competency and Program Evaluation Committees, and participating in internal review processes. These opportunities cultivate a sense of ownership, pride, responsibility, and commitment to the profession.

Simply put, for many international physicians, teaching is a way to honor the profession of medicine, and the ACGME-I system encourages this privilege.

**32** / ACGME INTERNATIONAL ACGME Annual Report 2018-2019 "Sustainability of the educational mission and of continuous improvement, through documentation and curricular design, ensures that medical education becomes an essential fiber of the institution."

#### MEDICAL EDUCATION LEADERSHIP

Often, a decision to pursue ACGME-I accreditation actually creates leadership positions. An entirely new "meaning" in medicine is formed, one that empowers the educational mission through defined responsibilities and authorities. For program directors and designated institutional officials, there now exists the context for continuous improvement of education, as well as greater connection among the C-suite and/or governing boards with those whose main responsibilities are to ensure patient safety and quality of care. Education leaders leave their own specialty silo and receive a more complete picture of what is necessary for the good of the whole. The connectivity to governing bodies further heightens the importance of the educational mission and ensures leaders' contributions are valued.

#### ADMINISTRATION AND GOVERNMENT

Etymologically, "health" and "whole" share a root. As such, a strong society is a healthy one. When citizens are in their own way "whole" and healthy, they, too, are able to contribute to the betterment of the community.

Administrators and government officials want care that results in healthy infants, affordable access to care for all, quality, patient safety, and reduction in disease burden. ACGME-I can note a growing body of international evidence that the quality of education and training has been linked to quality of care, affordability, and clinical judgment skills. The ultimate measure of ACGME-I accreditation's success requires that its model provides such improvements to health care and to a healthy society.



### ACGME-I

What about those who are involved with ACGME-I accreditation directly from the organizational side of the balance? Where is their rediscovery? Those who make ACGME-I accreditation decisions are members of the Review Committees-International. Half are educators from ACGME-I programs across the globe; the remainder are US content experts with considerable career dedication to graduate medical education and the accreditation process. They have all seen how culture, societal norms, and scope of practice are as important to recognize as subspecialty areas, clinical experience, and faculty members' qualifications. The imperative to address flexibility juxtaposed to high standards is honored by the members of the Review Committees-International, and as such, these individuals enjoy a special vantage point to rediscovering more meaning in medicine.

ACGME-I Awards Recognize the Unsung Heroes of International GME

The making of a physician at the graduate medical education level is a team effort. It takes more than hard work on the resident's part and willingness of the patients. Some of the responsible parties are obvious: the teachers; the lecturers; the test givers. Other roles are not so intuitive: the support staff; the emotional cheerleaders; the administrators who value education.

Increasingly, ACGME-I is placing a focus on such individuals through its Awards Program. At the 2019 ACGME Annual Educational Conference, two awardees were honored, having been selected by the Awards Committee of the ACGME Board of Directors.

**Kamal Badr, MD** was this year's ACGME International Award: Physician honoree. The current Associate Dean for Education at the American University of Beirut, Dr. Badr has had an impressive career as an internationally renowned nephrologist underscored by his deep commitment to education. Dr. Badr brought to fruition his dream of establishing international standards for graduate medical education in Lebanon as defined by participation in ACGME-I accreditation.



ACGME President and CEO Thomas J. Nasca, MD, MACP; ACGME Awards Liason DeLonda Y. Dowling; Kamal Badr, MD; and ACGME Awards Committee Chair Diane Hartmann, MD

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Thomas J. Nasca, MD, MACP; DeLonda Y. Dowling; Rosemarie Rodanilla; and Diane Hartmann, MD

**Ms. Rosemarie Rodanilla** was this year's ACGME International Award: Staff honoree. A native of the Philippines, Ms. Rodanilla serves the Oman Medical Specialty Boards in an exemplary fashion. As the country's GME adopted the ACGME-I accreditation path, her role as OMSB's institutional coordinator was instrumental in the institution's and its programs' successful applications. Ms. Rodanilla has been the recipient of OMSB's outstanding employee award on multiple occasions.

In this second year of the ACGME-I Awards Program, Dr. Badr and Ms. Rodanilla follow in the footsteps of last year's winners, Dr. Abdullatif Al Khal and Ms. Jillian Andrada. What a testimony to the universality of excellence: in 2018, Qatar and Singapore; in 2019, Lebanon and Oman. A wonderful global educational community is growing. The positive response to the Awards Program prompted an expansion. In 2020, the ACGME-I will present three awards. They are:

#### ACGME International Award: Physician Leader

honoring an individual responsible for advancing the system of education in a country, region, or institution

## ACGME International Award: Physician Educator

honoring an individual whose mentorship and support of residents and/or fellows is exceptional and deserving of special recognition

#### **ACGME International Award: Staff**

honoring an individual whose support efforts espouse extraordinary contribution to the team effectiveness of graduate medical education

# Review Committees-International and ACGME-I Staff





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Edwin Zalneraitis, MD (Term ended September 2018) "[I find meaning in medicine by] developing long-term relationships with patients and their families, and sharing the richness of these experiences with trainees." –2019 Annual Educational

Conference attendee

## **Committees and Accredited Specialties**

Committee	Specializ	red Areas	Appointing Organizations
Allergy and Immunology			American Academy of Allergy, Asthma and Immunology American Board of Allergy and Immunology American College of Allergy, Asthma and Immunology
Anesthesiology	Addiction Medicine Adult Cardiothoracic Anesthesiology Anesthesiology Critical Care Medicine Clinical Informatics Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology Regional Anesthesiology and Acute Pain Medicine	American Board of Anesthesiology American Osteopathic Association American Society of Anesthesiology
Colon and Rectal Surgery			American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Micrographic Surgery and Dermatologic Oncology	American Board of Dermatology American Osteopathic Association
Emergency Medicine	Addiction Medicine Clinical Informatics Emergency Medical Services Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine	American Board of Emergency Medicine American College of Emergency Physicians American Osteopathic Association
Family Medicine	Addiction Medicine Clinical Informatics Geriatric Medicine	Hospice and Palliative Medicine Sports Medicine	American Academy of Family Physicians American Board of Family Medicine American Osteopathic Association
Institutional			ACGME Board of Directors
Internal Medicine	Addiction Medicine Adult Congenital Heart Disease Advanced Heart Failure and Transplant Cardiology Cardiovascular Disease Clinical Cardiac Electrophysiology Clinical Informatics Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Medical Oncology	Hospice and Palliative Medicine Infectious Disease Internal Medicine-Pediatrics Interventional Cardiology Medical Oncology Nephrology Pulmonary Critical Care Pulmonary Disease Rheumatology Sleep Medicine Transplant Hepatology	American Board of Internal Medicine American College of Physicians American Osteopathic Association
Medical Genetics and Genomics	Clinical Biochemical Genetics Clinical Informatics Laboratory Genetics and Genomics	Medical Biochemical Genetics Molecular Genetic Pathology	American Board of Medical Genetics American College of Medical Genetics
Neurological Surgery	Endovascular Surgical Neuroradiology		American Board of Neurological Surgery American College of Surgeons American Osteopathic Association
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology	American Academy of Neurology American Board of Psychiatry and Neurology American Osteopathic Association Child Neurology Society
Nuclear Medicine			American Board of Nuclear Medicine Society of Nuclear Medicine and Molecular Imaging
Obstetrics and Gynecology	Addiction Medicine Female Pelvic Medicine and Reconstructive Surgery Gynecologic Oncology	Maternal-Fetal Medicine Reproductive Endocrinology and Infertility	American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists American Osteopathic Association
Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery		American Academy of Ophthalmology American Board of Ophthalmology American Osteopathic Association
Orthopaedic Surgery	Adult Reconstructive Orthopaedic Surgery Foot and Ankle Orthopaedic Surgery Hand Surgery Musculoskeletal Oncology	Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedic Surgery	American Academy of Orthopaedic Surgeons American Board of Orthopaedic Surgery American Osteopathic Association
Osteopathic Neuromusculo- skeletal Medicine			ACGME Board of Directors American Osteopathic Association

Committee	Specializ	red Areas	Appointing Organizations
Osteopathic Principles (Osteopathic Recognition)	Neurotology		ACGME Board of Directors American Osteopathic Association American Board of Otolaryngology - Head and
Otolaryngology - Head and Neck Surgery	Pediatric Otolaryngology		American College of Surgeons American College of Surgeons
Pathology	Blood Banking/Transfusion Medicine Chemical Pathology Clinical Informatics Cytopathology Dermatopathology Forensic Pathology	Hematopathology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology Selective Pathology	American Board of Pathology Association of Pathology Chairs
Pediatrics	Addiction Medicine Adolescent Medicine Child Abuse Pediatrics Clinical Informatics Developmental-Behavioral Pediatrics Hospice and Palliative Medicine Internal Medicine-Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine	Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology Sleep Medicine Sports Medicine	American Academy of Pediatrics American Board of Pediatrics American Osteopathic Association
Physical Medicine and Rehabilitation	Brain Injury Medicine Neuromuscular Medicine Pain Medicine	Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine Sports Medicine	American Academy of Physical Medicine and Rehabilitation American Board of Physical Medicine and Rehabilitation American Osteopathic Association
Plastic Surgery	Craniofacial Surgery	Hand Surgery	American Board of Plastic Surgery American College of Surgeons American Osteopathic Association
Preventive Medicine	Addiction Medicine Clinical Informatics Medical Toxicology	Undersea and Hyperbaric Medicine	American Board of Preventive Medicine
Psychiatry	Addiction Medicine Addiction Psychiatry Brain Injury Medicine Child and Adolescent Psychiatry Consultation-Liaison Psychiatry	Forensic Psychiatry Geriatric Psychiatry Hospice and Palliative Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Osteopathic Association American Psychiatric Association
Radiation Oncology	Hospice and Palliative Medicine		American Board of Radiology American College of Radiology
Radiology	Abdominal Radiology Clinical Informatics Endovascular Surgical Neuroradiology Interventional Radiology Musculoskeletal Radiology	Neuroradiology Nuclear Radiology Pediatric Radiology Vascular and Interventional Radiology	American Board of Radiology American College of Radiology American Osteopathic Association
Surgery	Complex General Surgical Oncology Hand Surgery Pediatric Surgery	Surgical Critical Care Vascular Surgery	American Board of Surgery American College of Surgeons American Osteopathic Association
Thoracic Surgery	Congenital Cardiac Surgery		American Board of Thoracic Surgery American College of Surgeons
Transitional Year			ACGME Board of Directors American Osteopathic Association
Urology	Female Pelvic Medicine and Reconstructive Surgery Pediatric Urology		American Board of Urology American College of Surgeons American Osteopathic Association

The American Medical Association's Council on Medical Education is an appointing organization for all Review Committees except for the Institutional Review Committee, Transitional Year Review Committee, Review Committee for Osteopathic Neuromusculoskeletal Medicine, and Osteopathic Principles Committee.

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David Quillen, MD Penn State Eye Center

Bhavna P. Sheth, MD, MBA Medical College of Wisconsin

Tara Uhler, MD Wills Eye Hospital

Laura L. Wayman, MD Vanderbilt Eye Institute

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## 2018-2019 Statistical Highlights

## Institutions

There are 847 institutions that sponsor graduate medical education programs. Sixty-four percent sponsor multiple programs, while 29 percent sponsor a single program. Six percent of Sponsoring Institutions have no accredited programs, the majority representing newly accredited sponsors with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited sponsors increased by 17. Sponsoring Institutions use 7,229 participating sites to teach residents and fellows.

Sponsoring Institutions		
Multiple-Program Sponsors	545	64.3%
Single-Program Sponsors	249	29.4%
Sponsors with No Programs	53	6.3%
TOTAL	847	100%

#### Specialty Program: A

structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty.

Subspecialty Program: A program that provides advanced training in progressive levels of subspecialization following

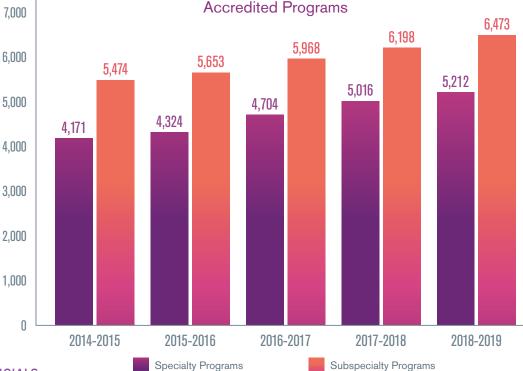
completion of training in a primary specialty and, if applicable, a related sub-subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to train physicians to enter the unsupervised practice of medicine in a subspecialty.

## Programs

#### Accredited Programs

During 2018-2019, there were 11,685 accredited programs of which 5,212 were specialty programs and 6,473 were subspecialty programs. Additionally, 556 programs were newly accredited during the academic year. This is partly due to 159 programs achieving Initial Accreditation in the transition to a single GME accreditation system and to programs accredited in new ACGME subspecialties. Forty-four programs closed or voluntarily withdrew their accreditation.

During the 2018-2019 annual review cycle, Review Committees issued 9,691 accreditation decisions. The majority of programs (75.1%) did not require an in-depth examination by the Review Committee. The remaining programs were assessed by the Review Committees with or without a site visit. Most programs received a status of Continued Accreditation. A small number, 180 programs (1.8%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.



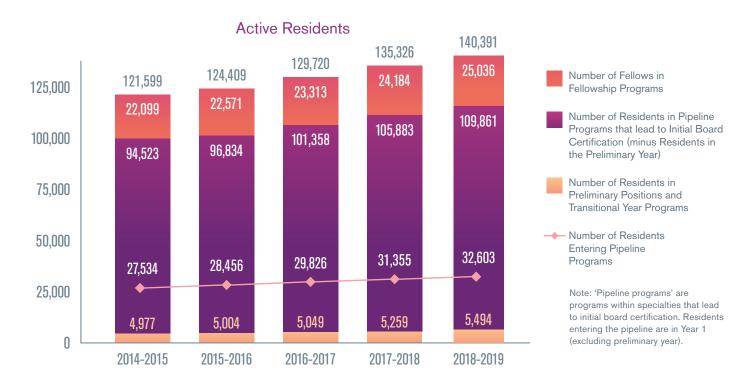
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### **Residents**

#### **Active Residents**

There are 140,391 active residents and fellows in 11,685 programs. This is an increase of 5,065 from last year, including 1,435 residents active in the 159 newly accredited programs previously approved by the American Osteopathic Association.



#### Active Residents by Medical School Type

Of the 140,391 active residents and fellows in ACGME-accredited programs during Academic Year 2018-2019, the majority, at 61 percent, graduated from Liaison Committee for Medical Education (LCME)-accredited medical schools in the US. International medical school graduates make up 23.3 percent, while 15.6 percent are graduates of osteopathic medical schools.

Medical School Type	Count of Residents/Fellows
US LCME Accredited Medical School	85,612
International Medical School	32,686
Osteopathic Medical School	21,927
Canadian Medical School	165
Medical School Unknown	1

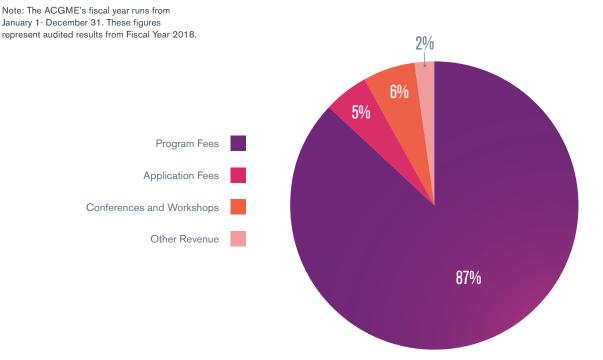
Note: Additional data and further details are provided in the ACGME's *Graduate Medical Education Data Resource Book*, which can be found on the ACGME website.

## **Financial Report**

## During 2018, total operating revenue amounted to \$66.6 million.

Of this, the ACGME generated \$64.1 million and the ACGME-I generated \$2.5 million. Consolidated operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 86.5% of total income in 2018. Applications for new programs accounted for 5.5% of total revenue, with Conferences and workshops accounting for 6.0%, and other revenue in 2018 included \$1.4 million.

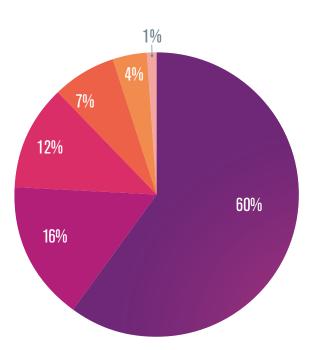
2018 Operating Revenue		
Program Fees	\$57,650,000	86.5%
Application Fees	\$3,643,200	5.5%
Conferences and Workshops	\$3,963,473	6.0%
Other Revenue	\$1,357,047	2.0%
TOTAL REVENUES	\$66,613,720	100%



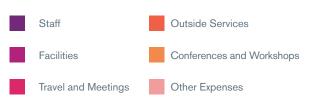
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## During 2018, total operating expenses amounted to \$64.0 million.

The ACGME incurred \$62.5 million of operating expenses in 2018, while the ACGME-I incurred \$1.5 million. Salary and benefits, as well as travel and meeting costs, make up over 72% of the ACGME's annual expenses.



2018 Operating Expenses		
Staff	\$38,729,871	60.5%
Facilities	\$9,967,244	15.6%
Travel and Meetings	\$7,469,430	11.7%
Outside Services	\$4,402,406	6.9%
Conferences and Workshops	\$2,727,450	4.2%
Other Expenses	\$730,309	1.1%
TOTAL EXPENSES	\$64,026,710	100%



 Operating Revenues

 Operating Expenses

 Operating Expenses

 NET EARNINGS FROM OPERATIONS

 Other Income and Expenses (Investment and Other)

 (Decrease) Increase in Net Assets

Summary of Results

During 2018, other income and expenses amounted to -\$4.9 million, largely due to investment losses reflecting market performance as of December 31, 2018, along with other factors, such as vacant office space and board-designated grants. \$66,613,720

\$64,026,710

\$2,587,010

(\$4,875,468)

(\$2,288,458)

### **MEMBER ORGANIZATIONS**

Each of the member organizations of the ACGME nominates individuals to be considered for membership on the ACGME Board of Directors.

**American Board of Medical Specialties** 

**American Hospital Association** 

**American Medical Association** 

Association of American Medical Colleges

**Council of Medical Specialty Societies** 

**American Osteopathic Association** 

American Association of Colleges of Osteopathic Medicine The ACGME accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education.

The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.



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