ACGME

Encouraging Excellence

Accreditation Council for Graduate Medical Education

2012 Annual Report

Mission

We improve health care by assessing and advancing the quality of resident physicians' education through exemplary 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;
- residents and fellows achieving specialty-specific proficiency prior to graduation; and
- 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

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

Core Staff Values

- Customer Focus
- Integrity/Ethics
- Results Focus
- Teamwork

ACGME

01 Contents

02 Message from the CEO

2012 saw the ACGME seize many opportunities to work with others in the Graduate Medical Education (GME) community to meet challenges to further our mission. Many of these opportunities and challenges are outlined within the pages of this report.

The year began with continued discussion of the threat that decreased GME funding by the federal government posed to the educational effort to provide more, highly-trained physicians to serve the American public. Efforts to provide information to our public representatives included the publication and dissemination of the August 2011 survey of Designated Institutional Officials that provided a quantification of the estimates of reductions in positions and programs that would occur if GME reimbursement were to be reduced (Nasca, T.J., Miller, R.S., Holt, K.D. The Potential Impact of Reduction in Federal Funding in the United States: A Study of the Estimates of Designated Institutional Officials. Journal of Graduate Medical Education. 2011;3(4): 585-590.). This conversation was broadened at the 2012 ACGME Annual Educational Conference to an outstanding discussion of physician workforce needs in the United States, and the question of the ideal degree or extent of subspecialization within that workforce. Drs. Jordan J. Cohen, Richard Cooper, and Fitzhugh Mullan engaged each other and the audience of nearly 2,500 attendees in a spirited debate on the topic.

In January 2012 the American Osteopathic Association (AOA) requested discussions with the ACGME that ultimately might lead to a single accreditation process for all GME programs in the United States. Joined by the American Association of Colleges of Osteopathic Medicine (AACOM), these three organizations issued a press release formally announcing negotiations with a plan to implement a single accreditation process, under the ACGME. While not yet agreed upon, such an event would mark a historic point in American medicine, and provide both the American public and all medical residents with the opportunity to be educated in programs designed using and evaluated against a common set of standards, administered by a single peer-review organization, the ACGME.

The close of 2012 was marked by achievement of the ACGME's goal of successfully working with each of the specialty communities to create milestones of education in each specialty. Our member board partners from the American Board of Medical Specialties (ABMS), educators from the specialty colleges or academies, the program director associations, and the representatives of the ACGME Review Committees successfully completed the drafting and initial testing of all of the specialty milestones. Throughout 2013, the Milestones will be further evaluated, and they will be an important element of the Next Accreditation System (NAS) for each specialty. Energized by these successes, the Milestone groups have begun the task of creating milestones for subspecialties within each specialty.

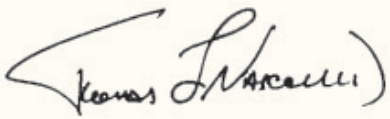
The Clinical Learning Environment Review Program (CLER) is well underway, under the leadership of newly recruited Senior Vice President Kevin Weiss, MD, MPH. Through this program, the ACGME will demonstrate its commitment to assist: sponsoring institutions to create and enhance programs for education and engagement of residents and fellows in the quality and safety efforts of the institution; and programs to reduce disparities, and to enhance oversight of transitions of care and fatigue management/mitigation of residents and faculty members.

The NAS infrastructure—including the data infrastructure, reporting capacity, screening methodology, and policies and procedures—has been created. The Review Committees of each of the seven Phase I specialties have begun planning for its implementation, and members of the administration and Review Committees have been reaching out to the community of educators to inform them of the dimensions and presumed impact of NAS implementation. Program Requirements have been modified to permit systematic deviation from detail process standards, encouraging program leaders to innovate in their educational programs. Milestones and other outcome parameters have been agreed upon in each specialty, and programs are preparing for evaluation of Milestone outcomes beginning in the next academic year.

ACGME International has continued to expand, with accredited programs now in Singapore and the Middle Eastern countries of Abu Dhabi and Qatar. Strong interest from programs in other countries has been voiced, and plans for continued growth of international activities have been incorporated into the ACGME's current strategic plan.

Finally, the ACGME has embarked on a year-long strategic scenario planning process that will engage members of the medical community, as well as members of the public. Our goal is to establish a strategic plan that is durable under the wide range of circumstances that we may encounter in these turbulent times, and is designed to assist the ACGME and the GME community in our ongoing shared commitment to excellence, professionalism, and service in the care of the patients we serve.

Sincerely,



Thomas J. Nasca, MD, MACP
Chief Executive Officer

03 Message from the Chair of the Board of Directors

Medicine is a noble profession, one that places the lives of others in the hands of the physician. Becoming a physician is a journey with multiple paths that shape the physicians we become. Graduate medical education is the final hurdle before entering into medical practice caring for patients. The ultimate goal is to become a knowledgeable, yet caring, compassionate healer for our patients. The appropriate environment for those in the medical profession is one in which physicians put their patients first in meeting their health care needs in a safe, cost-effective, and time-efficient way. To provide this care, the physician learner must be in an environment in which faculty members and residents work in a collaborative fashion with all colleagues in a team-based approach, striving for mastery of the profession.

The medical profession must return to the Oath of Hippocrates to ensure residents in graduate medical education carry into the future the values that produce the kind of physicians all of us would want to take care of us. To encourage educational excellence, the ACGME must maintain an environment that ensures the safety and quality of care of patients under the charge of residents today and in their future practice, as well as the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self-interest to meet the needs of their patients. The new learning environment is now. The Clinical Learning Environment Review (CLER) program is one step toward ensuring the appropriate learning environment is present for all residents in graduate medical education. The Next Accreditation System (NAS) focuses on continuous quality improvement and moving collectively toward excellence. The use of milestones focuses on outcomes that measure not only knowledge but professionalism and caring.

The physicians of the future must give the care they would seek for their own families or for themselves. As such, each physician-in-training, faculty member, and seasoned professional must join the ACGME and continue to strive for excellence in all of the competencies of the medical profession. ■

Baretta R. Casey, MD, MPH
Chair, ACGME Board of Directors

04 Year in Review: Skill, Creativity, and Dedication

Highlight Year of Growth in Department of Education

2012 was filled with accomplishment and achievement for the Department of Education. Department members, in collaboration with every department and section of the ACGME, facilitated, participated in, or lead some of the major initiatives to further the ACGME's mission to serve resident learners, faculty members and administrators of residency programs, sponsoring institutions, and most importantly, the needs of the public.

Milestones are a central component of the ACGME's Next Accreditation System (NAS). Under the direction of Vice President for Outcomes Assessment Susan Swing, PhD and her team, each of the 27 core specialties has completed a final first draft of its educational milestones. This will allow programs and Review Committees in each specialty to center on educational outcomes based on the six domains of competency for resident learning, faculty teaching and assessment, and accreditation. This herculean effort involved the convening of specialty-specific working groups comprised of representatives from: the specialty certification boards; the specialty academies or colleges; the specialty program directors' associations; and the Review Committees and their ACGME staff.

As the fruition of the ACGME's Outcome Project, the Milestones have the potential to alter the graduate medical education (GME) landscape in a number of beneficial ways. The move toward educational outcomes helps shift accreditation from a process-focused activity centering on what a program is teaching, to an outcomes-focused one aggregating data on what residents in a given program are actually learning and able to do in each of the six domains of clinical competency. American Board of Medical Specialties (ABMS) specialty boards may use the Milestones to further indicate whether individuals are ready to sit for the certification exams. Resident learners and program faculty members will have a clear, transparent, nationally-generated developmental journey in their specialties that will stimulate better teaching, learning, and assessment; the GME community will be able to demonstrate accountability to the public we serve.

Another initiative facilitated by the Department of Education is the Annual Educational Conference (AEC). Over the past five years, the AEC has experienced explosive and unprecedented growth. In 2008 the AEC had 1,209 participants; attendance steadily increased to 2,251 participants in 2012, an increase of over 86 percent. During the same period, the number of educational sessions at the AEC has also increased, from 60 to 114. This dramatic growth in attendance reflects the AEC's increasing importance as the yearly gathering place for the GME community to gain new knowledge and skill, and to experience the camaraderie of colleagues and friends in the field from across the globe.

While the AEC is facilitated through the Department of Education's Division of

Participants attend the Marvin R. Dunn Keynote Address at the 2012 Annual Educational Conference at the Swan and Dolphin in Orlando, Florida.

Educational Activities, led by Director Debra Dooley, it is truly an initiative to which virtually everyone in the ACGME contributes significantly. Still, a few individuals and departments deserve special recognition. On Ms. Dooley's team: Educational Project Manager Karla Wheeler, MA, CMP; Education Administrator Tamara Wolski, MA; Continuing Medical Education Administrator Laura Barbo; and Education Coordinator Alexandra Paans work unceasingly throughout the year to take the AEC from concept to reality, and to meet and exceed the learning needs of the GME community. Without their work, often behind the scenes, the AEC could not have developed and grown as it has. Network Services, led by Director Patty Desmond, plays an integral role in creating, developing, and maintaining and the technology necessary for a conference of this size and complexity to successfully and creatively meet participants' needs. Meeting Services, under Director Linda Gordon, works hand-in-hand with Educational Activities and Network Services on all aspects of planning to ensure participants have an optimal experience.

In 2012, the Office of Resident Services (ORS) continued its important work through intense interaction and engagement with and service to residents, program directors, and designated institutional officials (DIOs) across the country.

They accomplished this through three distinct efforts:

1. helping residents, program directors, and DIOs negotiate the complex and confusing web of conflict and misunderstanding that can erupt in a program through the resident complaint and concern process
2. celebrating achievement by shepherding the ACGME Awards process
3. working closely with the Council of Review Committee Residents (CRCR)

Through the hard work and dedication of Associate Vice President Marsha Miller, MA and Resident Services Associate Amy Beane, this unit of the department has thrived.

One example of this is the dramatic development of the CRCR. Working closely with Chair Charles D. Scales Jr., MD, the ORS helped stimulate the initiation of three major efforts by the CRCR that have the potential to become greater initiatives for positive change and growth in GME:

1. safety and quality
2. high-value, cost-conscious health care
3. resident mistreatment and abuse

The CRCR and ORS are working closely with the Board of Directors to utilize the residents' unique perspectives and creativity on these issues to address each area and move the ACGME forward. (See articles pp. 8 and 9.)

In 2012, through the efforts of Senior Scholar for Experiential Learning and Leadership Development Robert Doughty, MD, PhD, the department conducted nine Leadership Skills Training Workshops for Chief Residents. The workshops, held across the country, were over-subscribed for the third straight year. In collaboration with the University of Colorado School of Medicine in Denver, Dr. Doughty also pilot tested an Experiential Leadership Development Program for faculty that was extremely well-received and continues. Lessons learned will be applied to offerings for faculty members in 2013.

Other major accomplishments during 2012 include:

1. Spearheaded by Karla Wheeler, MA, CMP, the ACGME applied for and attained provider status to offer CME credit to physician learners participating in ACGME educational activities.

2. Significant work was done in continued efforts to identify mistreatment and abuse in the learning environment by a collaboration within the department between the Educational Scholars led by Scholar in Residence DeWitt Baldwin Jr., MD, the ORS, and the CRCR.

3. Over 16 multi-day educational workshops in Singapore and the Middle East have been facilitated and implemented since 2009.

4. At the end of 2012, the department launched a new webinar series for program directors and DIOs to provide up-to-date information concerning the NAS, and featuring the Department of Accreditation Services' Senior Vice Presidents as the key faculty. (See article p. 14.) ■

06 Year in Review:

2012 Marks Significant Growth for ACGME-International

ACGME International LLC (ACGME-I), the wholly owned subsidiary of the ACGME, was created as a pilot in 2009 to provide accreditation services in Singapore. In February 2012, the ACGME Board of Directors removed the designation of 'pilot' from ACGME-I and it became an ongoing entity.

The mission of ACGME-I is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research, and professional practice. ACGME-I standards take into account the health care delivery system complexities and cultural differences of each unique setting, so they are therefore not the same as ACGME standards, though they are just as rigorous. Accreditation by ACGME-I is a peer-review process.

2012 was a very productive year for ACGME-I. New agreements with Hamad Medical Corporation in Qatar, and the Health Authority of Abu Dhabi and SEHA of Abu Dhabi were signed. In addition, at the request of the Ministry of Health of Singapore, the existing ACGME-I agreement with the Ministry was renegotiated and extended to a 10-year agreement for accreditation services.

Effective for Academic Year 2012-2013, ACGME-I has conveyed initial or continued accreditation status on:

- 10 Sponsoring Institutions (3 Singapore, 1 Qatar, 6 Abu Dhabi)
- 38 Specialty Programs (14 specialties)

Additionally, international requirements for fellowships in 10 subspecialties of internal medicine were developed, with plans for fellowship accreditation of 28 programs in Singapore to be effective Academic Year 2013-2014.

Based on the positive feedback from Singapore, Qatar, and Abu Dhabi, ACGME-I has been involved in negotiations with several institutions around the world. ACGME-I expects many of these discussions to lead to additional agreements for accreditation services for the 2014-2015 academic year, as well as continued growth of additional specialty programs in areas already accredited.

ACGME-I revenue for 2012 was $2.3 million, expenses were $1.78 million. ACGME-I currently has a reserve fund of $1.7 million. ■

07 Year in Review: Department of Field Activities Broadens Site Visit Interview Protocols and Tests Team Site Visits

The Department of Field Activities coordinates all aspects of the ACGME's program and institutional accreditation site visits, including scheduling and logistics, writing and processing of site visit reports, and associated policy and improvement activities. The department is also responsible for the professional development of more than 30 accreditation field representatives and oversees the publication of the *Journal of Graduate Medical Education*, *GME Focus* (a web-based compendium of current graduate medical education literature), and the ACGME *e-Bulletin*.

In 2012, the department broadened site visit interviews to obtain residents' or fellows' and faculty members' perspectives on their programs and the accreditation standards, to offer these participants an increased sense of engagement with the site visit process, and to use their input in the accreditation review of programs. This was initiated in 2011 by collecting residents' and fellows' aggregated consensus lists on program strengths and opportunities for improvement, which provided added resident input, particularly in large programs where many residents do not participate in the interview process. 2012 saw expansion in the interview by meeting with residents by year of education, allowing for more input on the program from residents in the earlier years.

A major emphasis in 2012 was on preparation of the site visit process and the accreditation field staff for the transition to the Next Accreditation System (NAS) that will occur in July 2013 for the Phase I specialties. 2012 also saw the first accreditation site visits by teams, a process that will be used for the majority of visits under the NAS. Beginning in July 2012, all institutional review visits for sponsoring institutions with more than three accredited residency programs were performed by teams of two site visitors. Moving forward, most program site visits will use a team approach, which is expected to increase the comprehensiveness, reliability, and reproducibility of site visit reports.

To further prepare for site visits in the NAS, the department formed seven established field staff teams for training purposes, and several meetings of the entire field staff and the field staff leadership group were devoted to planning the transition of the site visit processes and protocols to the new team-based model. Department leadership provided a number of lectures on the site visit, focusing on the current system and the transition to the NAS.

Finally, the department facilitated two dedicated professional development opportunities for ACGME accreditation field representatives as part of an ongoing program that also includes attendance by field representatives at Review Committee and other professional development meetings, and peer teaching activities and evaluation. There will be a continued expanded focus in 2013 on soliciting feedback to improve site data collection and the clarity and utility of the site visit reports. ■

08 Year in Review: Council of Review Committee Residents—Envisioning the Learning Environment of the Future

Charles D. Scales Jr., MD, Chair, CRCR

The Council of Review Committee Residents (CRCR) furthers the mission of the ACGME by advising on resident matters, graduate medical education (GME), and accreditation. In 2012, Katie Schenning, MD (Anesthesiology) was elected the Council's vice chair, after Jason Itri, MD, PhD (Diagnostic Radiology) concluded his term of service. In terms of its work, the CRCR focused on the clinical learning environment as a key driver of educational quality and patient outcomes. Specifically, the CRCR embarked on projects to increase resident engagement in quality improvement and patient safety and foster a humanistic learning environment.

Delivering safe, high quality, high value patient care in the clinical learning environment is central to the mission of academic medical centers. After significant reflection and discussion, the CRCR concluded that all resident physicians should be fully engaged in quality improvement and patient safety. The CRCR envisions a future in which physicians constantly improve the validity, reliability, and efficiency of clinical processes within their scope of practice, and believes that GME should prepare residents with these skills prior to entry into unsupervised practice. To accomplish this aim, the CRCR strongly supported the Clinical Learning Environment Review (CLER) program to improve health care delivery and resident education. In addition, the CRCR developed a conceptual framework of the essential components needed to achieve full resident engagement in quality improvement and patient safety.

In addition to preparing residents to deliver safe, high quality patient care during residency and in unsupervised practice, the Next Accreditation System (NAS) emphasizes that residency education should occur in a humanistic learning environment. However, data from surveys of medical students suggest that negative behaviors, including learner mistreatment, remain pervasive in medical education. While data regarding negative behaviors experienced by residents are limited, it is clear that significant opportunity remains to improve the environment for learners at all stages of medical education. Perhaps most concerning, survey data also suggest that medical students often experience negative behaviors from resident physicians (as well as faculty members), suggesting that negative interactions may constitute a learned behavior. Ultimately, the CRCR believes that not only is this an issue of professionalism among physicians and students, but also that an environment tolerant of negative behaviors cannot achieve safe and high quality patient care. For these reasons, the CRCR took up the charge from ACGME leadership to explore this issue. Its efforts were organized around three aims: 1) to identify differentiating factors between appropriate teaching and techniques likely to be perceived as mistreatment; 2) to identify potential impacts of learner mistreatment; and 3) to understand interventions and learning culture characteristics that foster a humanistic learning environment.

The CRCR is also partnering with the ACGME's Scholar in Residence Dr. Dewitt (Bud) Baldwin and his team to gather further data on the phenomenon of negative behaviors experienced by residents. Ultimately, the resident perspectives gathered will form the basis for the CRCR's recommendations to the Board regarding potential interventions to reduce perceived learner mistreatment and foster a humanistic learning environment.

Several tangible accomplishments have already occurred. These include:

1) acceptance of a manuscript entitled "Defining Scholarly Activity in Graduate Medical Education" by the ACGME's *Journal of Graduate Medical Education*, December 2012
2) acceptance of three abstracts for presentation at the ACGME's 2013 Annual Educational Conference:
   - Delivering High Value Health Care in Academic Medical Centers: The Resident Voice
   - Towards a Humanistic Learning Environment: A Resident Perspective
   - Potential Impacts of Learner Mistreatment: A Resident Perspective
3) creation of the Leadership Development Curriculum for Chief Residents in Medicine

Theodore Roosevelt once stated: "Far and away the best prize that life has to offer is to work hard at work worth doing." The opportunity to advise the ACGME on the resident perspective, and to assist in advancing the quality of health care and medical education, is work well worth doing. The CRCR believes strongly in the mission of the ACGME, and looks forward to continuing to further its work in 2013. ■

09 Year in Review: Office of Resident Services—Can a Complaint or Concern Foster Excellence?

To yoke excellence with complaints and concerns seems contradictory, at first. However, the ACGME's Office of Resident Services (ORS) has watched excellence unfold when complaints and concerns are used to encourage dialogue about program quality among leaders, teachers, and learners. The ORS helps facilitate these discussions by connecting people, opening conversation, encouraging transparency, and providing guidance. With effective communication and collaboration come improved education, improved patient care, and an improved learning and working environment. Through this process, themes emerge and bring awareness to necessary and needed enhancements in resident education. Reframing a problem to focus on achieving excellence rather than negatively impacting a program's or institution's accreditation builds excellent educational programs and collaborative relationships.

A common theme and the most frequent complaint or concern relates to hostility in the learning and working environment. The majority of such complaints and concerns contain multiple allegations of fear, intimidation, and retaliation during and after residency. The "fear" allegation is mostly about threats of probation, dismissal, non-renewal of contract, forced resignation, assignment of additional call, and duty hours. "Intimidation" includes humiliation, belittlement, harassment, and abusive power displayed by faculty members. "Retaliation" includes some of the fear allegations—probation, forced resignation, additional call and duty hours, and excessive patient volume—but also allegations of falsely reporting negative matters to the credentialing, licensing, and specialty boards, and to other programs. Many of these allegations could be labeled as perceived learner mistreatment. The data for the last three years support this conclusion.

On average, the ORS receives 43 complaints and 109 concerns per academic year. The July 1, 2011-June 30, 2012 data **(Fig. 1 and Table 1)** show a slight increase in the number of individual complaints and concerns.

Likewise, within those complaints and concerns, allegations about perceived learner mistreatment in the learning and working environment are steadily rising. **(Fig. 2 and Table 2)**

With the support of ACGME leadership and the medical community, the ORS and the ACGME's Council of Review Committee Residents (CRCR) are studying perceived learner (medical student and resident/fellow) mistreatment. The ultimate goals are to assess perceived learner mistreatment via a survey instrument, use the information to define mistreatment, and make recommendations to the medical education community that will kindle change in the culture of medicine. Because our collaborative work has brought attention to this issue, several initiatives are underway: a proposed Institutional Requirement necessitating "identification of resident mistreatment"; a peer-reviewed article for submission to the *Journal of Graduate Medical Education*; and the proposed creation of a new ACGME award to honor one institution each year that has an exceptional humanistic learning environment.

The German sociologist Robert Michels wrote that "the nurturance of the physician's soul is the function of medical education." The ORS embraces this sentiment and the core value that encouraging excellence is also a cornerstone of medical education. ■

Fig. 1

Year	Complaints	Concerns
2010	43	97
2011	36	97
2012	51	135

Complaints vs. Concerns

Table 1

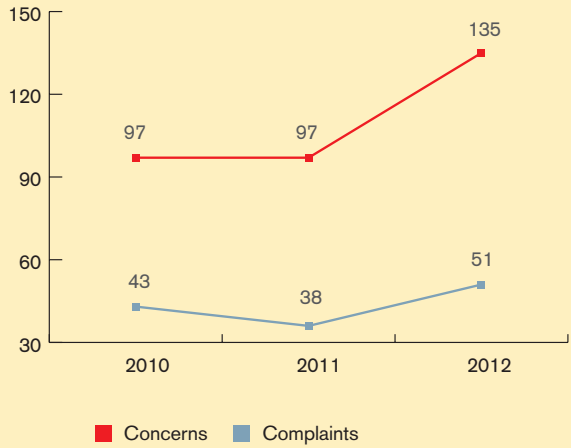
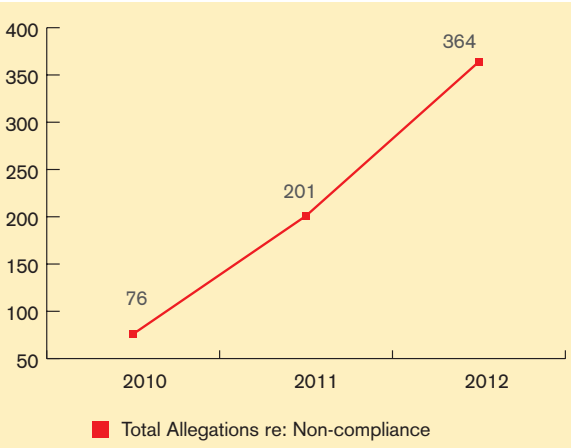


Fig. 2

Year	Complaint	Concern	Total
2010	33	43	76
2011	81	120	201
2012	153	211	364

Total Allegations

Table 2



10 Year in Review: Submissions to the Journal of Graduate Medical Education Reach 400 in 2012

The *Journal of Graduate Medical Education* (*JGME*) received more than 400 submissions during 2012, including original research, educational innovations, reviews, perspectives and commentaries, and a growing number of articles in its new "On Teaching" and "Rip Out" sections. This number represents a sizable increase from the just over 300 submissions received in 2011. *JGME* is the ACGME's quarterly, peer-reviewed journal dedicated to resident and fellow education and the environments in which it takes place. Launched in September 2009, *JGME* is provided for free to more than 10,000 program directors, designated institutional officials (DIOs), and members of the ACGME Review Committees and Board of Directors. It also has a growing list of subscribers across the U.S. and internationally.

Editorial direction for *JGME* is provided by an independent editorial board made up of noted educators from the U.S. and Canada, with international representation that is expected to increase in future years, reflecting the growing international readership. The editorial board is led by Gail Sullivan, MD, professor at the University of Connecticut. Board members have diverse backgrounds, bring a wealth of talent and experience to their roles, and promote *JGME*'s editorial independence. A Journal Oversight Committee made up of members of the ACGME Board of Directors with an interest in academic publishing oversees *JGME*'s business affairs.

Important articles in 2012 included several systematic reviews of the graduate medical education literature, including reviews of international health opportunities for residents, self versus other assessment for technical tasks in surgery, and the prevalence of patient assaults against residents. The four issues released in 2012 also included perspectives on a wide range of topics such as the types of advice mentors share with their mentees, use of games in training, and overcoming stereotyping in graduate medical education.

A "Rip Out" section inaugurated in 2011 features succinct summaries of key concepts in graduate medical education, specifically focused on matters relevant to the program director's role. Topics for 2012 included simulation, community scholarship, and operative log reporting. Many of the other articles in *JGME* focus on teaching and assessment of residents, and several focused on the transition to the Next Accreditation System (NAS), including a summary of the Clinical Learning Environment Review (CLER) program in the "News and Views" section. Added focus on the educational milestones and other elements of the NAS are planned for 2013.

JGME has increasingly higher website views from year to year, with quarterly peaks for new issues. Eight of the 10 most frequently accessed articles came from 2012 issues, demonstrating readers' increased awareness of the journal. *JGME* is also enhancing its accessibility to a generation of "digital natives" by developing a mobile site for smart phones and tablets expected to be operational in early 2013. *JGME*'s enhanced website offers resources for researchers and authors, including all editorials and articles related to educational scholarship, statistics and measurement theory, and scientific writing published in *JGME*. Examples include articles on the design of survey instruments and methods to assess the validity of surveys, and instructions for how to use effect size in designing and evaluating research data.

A new "Resident JGME" section with a selection of articles of particular relevance to residents offers open access to this content. The *JGME* website now also features a digest of all online-only supplemental information published since 2009, categorized both by type (assessment tool, survey questionnaire, simulation protocol, etc.) and by specialty. For measurement tools, the digest includes available information on reliability and validity. ■

JGME Editorial Board

11 Year in Review: Council of Review Committees

The Council of Review Committees (CRC) is made up of the chairs of the 27 specialty Review Committees, the Institutional Review Committee, the Transitional Year Review Committee, and the chair of the Council of Review Committee Residents (CRCR). Official observers include a member representing the Organization of Program Directors Associations (OPDA) and a director of medical and dental education from the Office of Academic Affiliations of the U.S. Department of Veterans Affairs (VA). The talents and expertise brought forth by such a diverse and well-rounded group of individuals dedicated to the advancement of graduate medical education (GME) is a testament to the significant value the Council brings to the ACGME.

The Council is currently chaired by James Hebert, MD, chair of the Review Committee for Surgery. In a recent communication with Council members, Dr. Hebert encouraged the CRC to remain focused on the vision that "[the] ACGME is undergoing transformative change with the Next Accreditation System creating many opportunities. The CRC is transforming as well from a group of individual Review Committees to a more cohesive group that can evaluate and raise issues, as well as serve as a sounding board for the ACGME Board of Directors."

The Executive Council, led by the CRC Chair and Vice Chair, also includes the Chair of the Institutional Review Committee, Dr. Linda Andrews, and three deputy chairs representing specialties grouped within related sections—Dr. Wallace Carter (Emergency Medicine), deputy chair of the Hospital-based Section; Dr. Peter Carek (Family Medicine), deputy chair of the Medical Section; and Dr. Michael Coburn (Urology), deputy chair of the Surgical Section. Each of these representatives assists in development of agenda items that have specific impacts on the specialties within their given sections.

The Council remains focused on working with the ACGME and its Board of Directors on its move to the Next Accreditation System, and sees great potential as the organization and the field move across the horizons of GME in 2013. ■

CRC Hospital-based Section

Anesthesiology	Margaret Wood, MD
Diagnostic Radiology	Lawrence Davis, MD
Emergency Medicine	Wallace Carter, MD
Medical Genetics	Mira Irons, MD
Nuclear Medicine	Christopher Palestro, MD
Pathology	Julia Iezzoni, MD
Preventive Medicine	Robert Johnson, MD, MPH
Radiation Oncology	W. Robert Lee, MD
Transitional Year	Brian Aboff, MD

CRC Medical Section

Allergy and Immunology	David Peden, MD
Dermatology	Col. Nicole Owens, MD
Family Medicine	Peter Carek, MD
Internal Medicine	James Arrighi, MD
Neurology	Patricia Crumrine, MD
Pediatrics	Joseph Gilhooly, MD
Physical Medicine and Rehabilitation	Terry Massagli, MD
Psychiatry	Christopher Thomas, MD

CRC Surgical Section

Colon and Rectal Surgery	Bruce Orkin, MD
Neurological Surgery	Hunt Batjer, MD
Obstetrics and Gynecology	Mary Ciotti, MD
Ophthalmology	Anthony Arnold, MD
Orthopaedic Surgery	J. Lawrence Marsh, MD
Otolaryngology	Sukgi Choi, MD
Plastic Surgery	Rod Rohrich, MD
Surgery	James Hebert, MD
Thoracic Surgery	Douglas Wood, MD
Urology	Michael Coburn, MD

12 ACGME Awards

Each year the ACGME recognizes, through its Awards Program, notable program directors, designated institutional officials, residents, and coordinators for their outstanding work and contributions to graduate medical education. Below are the 2012 awardees who were honored at a luncheon during the ACGME's Annual Educational Conference at the Swan and Dolphin in Orlando, Florida.

The John C. Gienapp Distinguished Service Award is presented to an individual dedicated to graduate medical education and who has made outstanding contributions to the enhancement of residency education and ACGME accreditation activities.

Ralph S. Greco, MD
Johnson and Johnson
Distinguished Professor
Department of Surgery
Stanford University
School of Medicine
Stanford, California

The Parker J. Palmer Courage to Teach Award is presented to up to 10 program directors who have fostered innovation and improvement in their residency programs and served as exemplary role models for residents.

Felix K. Ankel, MD
Emergency Medicine
Regions Hospital/Health Partners
Institute of Medical Education
St. Paul, Minnesota

Stephanie A. Call, MD, MSPH
Internal Medicine
Virginia Commonwealth University
Richmond, Virginia

Grace L. Caputo, MD, MPH
Pediatrics
Phoenix Children's Hospital/
Maricopa Medical Center
Phoenix, Arizona

D. Scott Gantt, DO, FACC, FSCAI
Cardiovascular Disease
Texas A&M University HSC-Scott & White Memorial Hospital
Temple, Texas

Waguih William IsHak, MD, FAPA
Psychiatry
Cedars-Sinai Medical Center and UCLA
Los Angeles, California

Mary E. Klingensmith, MD
Surgery
Washington University
St. Louis, Missouri

Alan K. Louie, MD, DFAPA
Psychiatry
San Mateo County Behavioral Health and Recovery Services
San Mateo, California

Charles B. Seelig, MD, MS, FACP
Internal Medicine
Greenwich Hospital
Greenwich, Connecticut

Rebecca R. Swan, MD, FAAP
Pediatrics
Vanderbilt University
Nashville, Tennessee

Andrew J. Varney, MD
Internal Medicine
Southern Illinois University
Springfield, Illinois

The Parker J. Palmer Courage to Lead Award is presented each year to up to three designated institutional officials who have demonstrated strong leadership and astute resource management, and who have also encouraged innovation and improvement in residency programs and their sponsoring institutions.

Robin C. Newton, MD, FACP
Howard University Hospital
Washington, District of Columbia

Lawrence M. Opas, MD
University of Southern California/
LAC+USC Medical Center
Los Angeles, California

Judy L. Paukert, PhD
Methodist Hospital (Houston)
Houston, Texas

The David C. Leach, MD Award is presented to up to five residents who have fostered innovation and improvement in their residency programs, advanced humanism in medicine, and increased efficiency and emphasis on educational outcomes.

Daniel J. DeSalvo, MD
Pediatrics
Children's National
Medical Center
Washington, District of Columbia

The GME Program Coordinator Excellence Award is presented to up to five program coordinators in recognition of their in-depth understanding of the accreditation process, excellent communication and interpersonal skills, and projects to improve residency programs.

Tracie L. Bass
Internal Medicine
The George Washington University
Washington, District of Columbia

Nancy Curtiss
Anesthesiology
University of Southern California/
LAC+USC Medical Center
Los Angeles, California

Lisa M. Thornton
Gastroenterology and Hepatology
College of Medicine,
Mayo Clinic (Rochester)
Rochester, Minnesota

Clara J. Vigelette, AAS, C-TAGME
Neurology
University of Rochester School of Medicine and Dentistry
Rochester, New York

The GME Institutional Coordinator Excellence Award is presented to one institutional coordinator upon whom everyone depends to know graduate medical education and what the process is for internal review. The ACGME depends on this person to wear many hats, including those of administrator, counselor, enforcer, coordinator, organizer, and scheduler.

Karen M. McCausland, MBA
Yale-New Haven Hospital
New Haven, Connecticut

Ralph S. Greco, MD receives the 2012 John C. Geinapp Distinguished Service Award from ACGME Board Chair Timothy C. Flynn, MD, FACS (left) and ACGME CEO Thomas J. Nasca, MD, MACP.

13 Board of Directors

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Yonkers, New York
Public Director

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Term ended September 2012

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Term ended September 2012

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College of Medicine
Chair, Council of Review Committees
Term began June 2012

Kathleen Klink, MD
U.S. Department of Health and Human Services
Rockville, Maryland
Federal Government Representative

Mahendr S. Kochar, MD, MACP
University of California, Riverside, School of Medicine
Riverside, California
Term ended September 2012

Dorothy S. Lane, MD, MPH
Stony Brook University School of Medicine
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Milbank Memorial Fund
New York, New York
Public Director

Kenneth M. Ludmerer, MD
Washington University School of Medicine
St. Louis, Missouri
At-large Director

William W. Pinsky, MD
Ochsner Health System
New Orleans, Louisiana

Kayla Pope, MD, JD
Children's National Medical Center/ National Institute of Mental Health
Silver Spring, Maryland
Term ended September 2012

Peter F. Rapp
Oregon Health and Science University
Portland, Oregon

Carol M. Rumack, MD, FACR
University of Colorado Denver
School of Medicine
Aurora, Colorado
Term ended September 2012

Ajit K. Sachdeva, MD, FACS, FRCSC
American College of Surgeons
Chicago, Illinois
Term ended September 2012

Charles D. Scales Jr., MD
University of California, Los Angeles
Los Angeles, California
Chair, Council of Review Committee Residents

Henry J. Schultz, MD, MACP
Mayo Clinic College of Medicine
Rochester, Minnesota

Susan E. Sheridan, MIM, MBA
Patient Centered Outcomes Research Institute
Washington, District of Columbia
Public Director

Kenneth Simons, MD
Medical College of Wisconsin
Milwaukee, Wisconsin

Rowen K. Zetterman, MD, MACP, MACG
Creighton University
Omaha, Nebraska

14 Leadership Changes and Restructuring in the Department of Accreditation Services

With the planning and implementation of the Next Accreditation System (NAS), four senior vice presidents for accreditation joined the ACGME staff in March 2012 as part of a major restructuring and reorganization of the Department of Accreditation Services (formerly the Department of Accreditation Committees) into four areas of accreditation: hospital-based; medical; surgical; and institutional, including the new Clinical Learning Environment Review (CLER) program. This reorganization allows common elements to be shared among similar specialties and their respective Review Committees, while maintaining the overall consistent processes and policies of the ACGME. With their collective background as practicing physicians, designated institutional officials (DIOs), program directors, and resident educators, these senior vice presidents provide an important and unique perspective into the accreditation process and the roll-out of the NAS.

One of the priorities of the senior vice presidents is to build personal relationships with Review Committees, program directors, DIOs, academic leadership in graduate medical education (GME), specialty organizations, American Board of Medical Specialties (ABMS) member boards, the Association of American Medical Centers (AAMC), and other organizations to enhance understanding with each other and with the ACGME. These senior vice presidents will regularly speak and meet with stakeholders to improve communication in both directions, all in an effort to continue enhancing excellence through accreditation. ■

Louis J. Ling, MD, Senior Vice President, Hospital-Based Accreditation

Review Committees for: Anesthesiology, Diagnostic Radiology, Emergency Medicine, Medical Genetics, Nuclear Medicine, Pathology, Preventive Medicine, Radiation Oncology, the Transitional Year

Dr. Louis Ling both earned his Bachelor of Science and attended medical school at the University of Minnesota. He completed an internship at Hennepin County Medical Center in Minneapolis, Minnesota, and a residency in emergency medicine at the University of Chicago, Chicago, Illinois. Having served as a program director for three programs, and then as a DIO with responsibility for over 90 programs, Dr. Ling has extensive experience with a variety of real issues and challenges in the GME world. During his time on the ACGME Review Committee for Emergency Medicine and on the Institutional Review Committee, he was impressed with the many ways there are to meet program requirements, and how individual programs have ingeniously designed answers to fit their unique settings. As a member of the ACGME Board of Directors, he learned how seriously the ACGME takes its role in being accountable to the public for ensuring high quality physician education. While he feels the most rewarding work he ever had was the teaching and mentoring of residents one at a time, he believes strongly that the impact of the work being done at the ACGME in 2012 and beyond has the potential to revolutionize GME.

Linda Thorsen, MA; Louis Ling, MD; Lynne Meyer, PhD, MPH; Lorraine Lewis, EdD, RD

"The NAS will encourage individualization, which will further support growth and flourishing of excellence in accredited programs." –Dr. Ling

Mary W. Lieh-Lai, MD, Senior Vice President, Medical Accreditation

Review Committees for: Allergy and Immunology, Dermatology, Family Medicine, Internal Medicine, Neurology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry

Dr. Mary Lieh-Lai is board-certified in pediatrics and pediatric critical care medicine. Until her move to the ACGME, she practiced in the clinical setting of intensive care in a children's hospital, and served in many roles related to the education of medical students, residents, and fellows. These roles included Pediatric Residency Director, and Fellowship Program Director for Pediatric Critical Care Medicine and Clinical Pharmacology. In addition, she served as the DIO for the Children's Hospital of Michigan for five years. At the national level, Dr. Lieh-Lai served on the ACGME Review Committee for Pediatrics for six-and-a-half years. She was also on the editorial board of the American Academy of Pediatrics Critical Care Board Review and Preparation, was appointed to the American Board of Pediatrics sub-board of Critical Care Medicine, and served on the National Board of Medical Examiners Pediatrics Step Two Committee for three years. These roles are particularly influential in her transition to the position of Senior Vice President for Medical Accreditation at the ACGME and the implementation of the NAS, as they have provided a deep foundation in and understanding of residency and fellowship education.

Standing: Jerry Vasilias, PhD; Felicia Davis, MHA; Caroline Fischer, MBA; Seated: Eileen Anthony, MJ; Mary Lieh-Lai, MD; Louise King, MS

"I was interested in the opportunity to join the ACGME because I would be involved in the NAS and in creating meaningful change in medical accreditation at this critical and exciting time in our field." –Dr. Lieh-Lai

John R. Potts III, MD, Senior Vice President, Surgical Accreditation

Review Committees for: Colon and Rectal Surgery, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Surgery, Thoracic Surgery, Urology

Dr. John Potts attended medical school and did his surgical residency at the University of Oklahoma. He completed a fellowship in surgical gastroenterology at the University of Utah and a fellowship in surgery for portal hypertension at Emory University. For the past 21 years, he has served in several roles in graduate medical education at the University of Texas-Houston: professor of surgery, program director of the surgical residency program, Chair of the GME Committee, and DIO from 2009-2012. He served as a director of the American Board of Surgery, and as president of the Association of Program Directors in Surgery. He chaired the Organization of Program Director Associations (OPDA) before joining the ACGME in 2012.

Standing: Patricia Levenberg, PhD; Pamela Derstine, PhD, MHPE; Susan Mansker
Seated: Mary Joyce Turner, MJ, RHIA; John Potts, MD; Peggy Simpson, EdD

"I've thought for years that accreditation should be a more collaborative process, and the NAS does that. With all of the variables we will use to accredit programs – program directors will know where they stand. It really stands as a much more collaborative and open process." –Dr. Potts

Robin Wagner, RN, MHSA; Patricia Surdyk, PhD; Kevin Weiss, MD

Kevin B. Weiss, MD, Senior Vice President, Institutional Accreditation

Institutional Review Committee, Clinical Learning Environment Review (CLER) Program

In his role as Senior Vice President for Institutional Accreditation, Dr. Kevin Weiss oversees the institutional accreditation process and the new CLER program. Dr. Weiss came to the ACGME from the American Board of Medical Specialties (ABMS) where he served as President and Chief Executive Officer. While at the ABMS, he broadened public involvement in the Board's activities; implemented both its Ethics and Professionalism, and Health and Public Policy programs; established alignment with Maintenance of Licensure; and, as part of the national health care quality agenda, aligned Maintenance of Certification with the Medicare Physician Quality Reporting Initiative. He has served in various roles on committees for the National Quality Forum, the National Committee for Quality Assurance, and the American Medical Association's Physicians Consortium for Performance Improvement. Dr. Weiss has served as a member of the American College of Physicians' (ACP) Board of Regents, and chaired its committees for clinical guidelines and performance measurement. He serves on the Board of Directors for the Educational Commission for Foreign Medical Graduates, and has served on committees for the Institute of Medicine, including those which developed the reports, "Crossing the Quality Chasm" and "Identifying Priority Areas for Quality Improvement." Dr. Weiss also brings unique international experience by way of establishing ABMS-International and its first certifying program in Singapore.

"As part of the NAS, the newly implemented CLER program will provide sponsoring institutions with knowledge of how the GME community can more effectively engage in patient safety, quality improvement, transitions in care, supervision, fatigue management, and professionalism in a rapidly evolving U.S. health care system." –Dr. Weiss

16 Clinical Learning Environment Review (CLER) Program Introduced as Key Component of the Next Accreditation System

Since the release of the Institute of Medicine's report on resident hours and patient safety, there have been calls for enhanced institutional efforts to improve the quality and safety of care in teaching hospitals. In response, the ACGME established the Clinical Learning Environment Review (CLER) program as a key component of its Next Accreditation System (NAS). CLER focuses on six areas important both to the safety and quality of care in teaching hospitals and to the education of residents preparing for a lifetime of practice after completing education. The six areas of focus assess resident engagement in patient safety, quality improvement, care transitions, supervision, monitoring of duty hours, including fatigue management and mitigation, and professionalism.

The ACGME is currently developing, testing, and fully implementing this new program by conducting visits to the nearly 400 clinical sites of sponsoring institutions with two or more accredited specialty or subspecialty programs. These site visits will provide an understanding of how the learning environment for the 116,000 current residents and fellows nationwide addresses safety and quality of care, and will generate baseline data on the status of these activities in accredited institutions. CLER will serve as a new source of formative feedback for teaching institutions, and, over time, it will generate national data to guide performance improvement for graduate medical education (GME) in the United States.

The CLER program emphasizes the importance of providing a learning environment that engages residents and fellows in institutional efforts in patient safety and health care quality. The intent of the program is to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation. Its ultimate goal is to focus on the learning environment and how it can deliver high quality, safe patient care, as well as physicians prepared to contribute to health system improvement over a lifetime of practice. It is anticipated that the CLER program, through its frequent, regular on-site sampling of the learning environment, will:

- increase the educational emphasis on patient safety demanded by the public; and,
- provide opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities.

The CLER program consists of three related activities: the CLER site visit, the CLER Evaluation Committee, and support for faculty and leadership development in the areas emphasized by the program.

The CLER Site Visit

The site visit is the core of the CLER program, scheduled to occur on an ongoing basis every 18 months. This visit will initially focus on evaluating each sponsoring institution's primary clinical site with regard to engagement of residents and fellows in six focal areas. The six areas (Box 1) are assessed via five overarching questions (Box 2). The site visits will encompass assessment of the clinical learning environment in the major participating sites where resident education occurs.

Box 1

Six Areas of Focus for the CLER Program

Patient Safety – including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in interprofessional teams to promote and enhance safe care.

Quality Improvement – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes.

Transitions in Care – including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.

Supervision – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that ensures the absence of retribution.

Duty Hours Oversight, Fatigue Management, and Mitigation – including how sponsoring institutions: (1) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (2) design systems and provide settings that facilitate fatigue management and mitigation; and (3) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.

Professionalism – with regard to how sponsoring institutions educate and monitor professionalism of their residents and faculty members.

The CLER Evaluation Committee

The CLER Evaluation Committee is designed to be distinct from the ACGME Review Committees. While the Review Committees examine programs and institutions and issue accreditation decisions based on adherence to established requirements, the charge to the CLER Evaluation Committee is to set expectations for the six focus areas and provide institutions with formative feedback from the site visits. The Evaluation Committee will not issue accreditation decisions; rather, its purpose is to provide sponsoring institutions, their participating sites, and the ACGME Review Committees with valuable insights about the level of GME engagement in institutional initiatives across the six focus areas. For the first cycle of site visits (18 months), any information shared with the ACGME and its Review Committees will be de-identified and/or reported in aggregate.

Faculty and Leadership Development

The ACGME recognizes that sponsoring institutions and the GME community at-large have a growing need to support faculty development, particularly in the areas of patient safety and health care quality. In response to this need, the ACGME, in collaboration with other key organizations, will seek to develop resources to educate and support faculty members and executive leadership across the six focus areas.

Summary

Through the CLER program, the ACGME will gain knowledge about how clinical sites are supporting the education of residents and fellows in the areas of patient safety, health care quality (including issues of disparities), supervision, transitions in care, duty hours and fatigue management and mitigation, and professionalism. The public seeks assurance that GME is effectively preparing the next generation of physicians to deliver high quality health care in an increasingly complex environment. CLER is an essential element of the NAS, designed to provide components of that assurance to the public we serve as a profession. ■

Box 2

Central Questions for the Site Visit

Who and what form the hospital/medical center's infrastructure designed to address the six focus areas?

What organizational structures and administrative and clinical processes does the hospital/medical center have in place to address each of the six focus areas?

How integrated is the GME leadership and faculty in working with the hospital/medical center to address the six focus areas?

In what ways are the GME leadership and faculty working with the hospital/medical center to address the six areas?

How engaged are the residents and fellows in working with the hospital/medical center to address the six focus areas?

How comprehensive is the involvement of residents and fellows in the development implementation and evaluation of hospital/medical center initiatives in each of the six areas?

How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?

From the perspective of the hospital/medical center, what are the measures that demonstrate successful integration of GME across the six focus areas?

What areas has the hospital/medical center identified as opportunities for improvement?

What does the hospital/medical center see as the opportunities for improving the quality and value of the current clinical learning environment support the six focus areas and what have they identified as possible solutions?

Review Committee	Specialized Areas		Nominating Organizations*
Allergy and Immunology			American Academy of Allergy, Asthma, and Immunology American College of Allergy, Asthma, and Immunology
Anesthesiology	Adult Cardiothoracic Anesthesiology Critical Care Anesthesiology Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology	American Board of Anesthesiology
Colon and Rectal Surgery			American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Procedural Dermatology	American Board of Dermatology
Diagnostic Radiology	Abdominal Radiology Cardiothoracic Radiology Endovascular Surgical Neuroradiology Musculoskeletal Radiology	Neuroradiology Nuclear Radiology Pediatric Radiology Vascular and Interventional Radiology	American Board of Radiology American College of Radiology
Emergency Medicine	Emergency Medical Services Hospice and Palliative Medicine Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine	American Board of Emergency Medicine American College of Emergency Physicians
Family Medicine	Geriatric Medicine Hospice and Palliative Medicine	Sports Medicine	American Board of Emergency Medicine American College of Emergency Physicians
Internal Medicine	Advanced Heart Failure and Transplant Hepatology Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Hospice and Palliative Medicine	Infectious Disease Internal Medicine–Pediatrics Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease and Critical Care Medicine Rheumatology Sleep Medicine Transplant Hepatology	American Board of Internal Medicine American College of Physicians
Medical Genetics	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
Neurology	Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Hospice and Palliative Medicine Neurodevelopmental Disabilities	Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology	American Board of Psychiatry and Neurology American Academy of Neurology
Nuclear Medicine			American Board of Nuclear Medicine Society of Nuclear Medicine
Obstetrics and Gynecology	Female Pelvic Medicine and Reconstructive Surgery	Hospice and Palliative Medicine	American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists

Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	American Board of Ophthalmology	American Board of Ophthalmology American Academy of Ophthalmology
Orthopaedic Surgery	Adult Reconstructive Orthopaedics Foot and Ankle Orthopaedics Hand Surgery Musculoskeletal Oncology	Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedics	American Board of Orthopaedic Surgery American Academy of Orthopaedic Surgeons
Otolaryngology	Neurotology Pediatric Otolaryngology	Sleep Medicine	American Board of Otolaryngology American College of Surgeons
Pathology — Anatomic and Clinical	Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology	Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology Selective Pathology	American Board of Pathology
Pediatrics	Adolescent Medicine Child Abuse Developmental and 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 Board of Pediatrics American Academy of Pediatrics
Physical Medicine and Rehabilitation	Hospice and Palliative Medicine Neuromuscular Medicine Pain Medicine	Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine Sports Medicine	American Board of Physical Medicine and Rehabilitation American Academy of Physical Medicine and Rehabilitation
Plastic Surgery	Craniofacial Surgery	Hand Surgery	American Board of Plastic Surgery American College of Surgeons
Preventive Medicine	Medical Toxicology	Undersea and Hyperbaric Medicine	American Board of Preventive Medicine
Psychiatry	Addiction Psychiatry Child and Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry	Hospice and Palliative Medicine Pain Medicine Psychosomatic Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Psychiatric Association
Radiation Oncology	Hospice and Palliative Medicine		American Board of Radiology American College of Radiology
Surgery	Advanced Surgical Oncology Hand Surgery Hospice and Palliative Medicine	Pediatric Surgery Surgical Critical Care Vascular Surgery	American Board of Surgery American College of Surgeons
Thoracic Surgery	Congenital Cardiac Care		American Board of Thoracic Surgery American College of Surgeons
Urology	Female Pelvic Medicine and Reconstructive Surgery	Pediatric Urology	American Board of Urology American College of Surgeons
Transitional Year			Members appointed by ACGME Board of Directors

** The American Medical Association's Council on Medical Education is a nominating organization for all Review Committees except the Transitional Year Review Committee.*

20 New Website Enhances User Experience, Improves Functionality

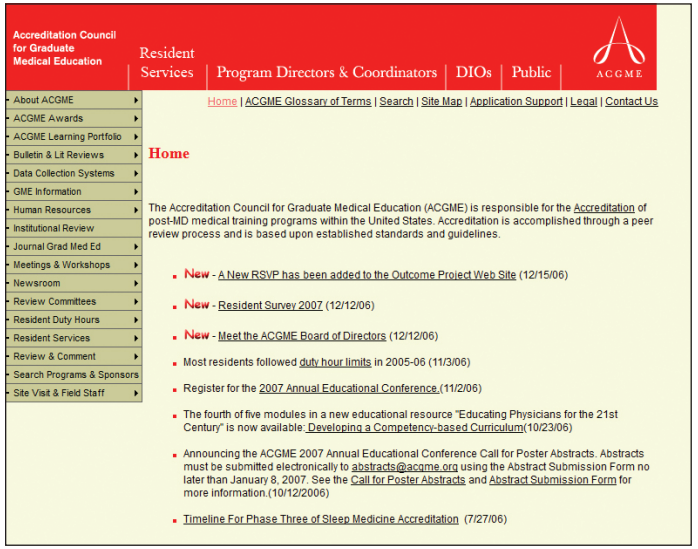
On August 16, 2012 the ACGME went live with a complete overhaul of its website, **www.acgme.org**. From conception to launch, the redesign project took place over the course of approximately 18 months, during which time both the old website and the ideas for the revision were evaluated and heavily vetted with input from numerous stakeholders, ACGME staff members, and communication professionals. Led by ACGME Chief Financial Officer and Senior Vice President John Nylen and ACGME Webmaster Rayda Young, the project aimed to align the website with the look and feel of the organization's enhanced reputation as a thoughtleader in medical education, and to make the wealth of information offered by the ACGME to its stakeholders—from medical students to residents to program directors, and beyond to the public—more accessible. The project demanded endless hours of work, and with data-driven guidance resulted in a truly updated, modern, and more user-friendly acgme.org.

Before beginning the practical work of constructing a new website design, the ACGME used data analysis reports to determine use of the content on the existing site. Stakeholder interviews offered key users the opportunity to contribute to the design process. Young and her staff met with several individuals to conduct these interviews, asking questions regarding how they used the website, which features were most helpful, what information they needed but had difficulty locating, which areas of the site needed improving, whether there were any sections or areas that they viewed as missing from acgme.org, and more. They asked staff members what kinds of content-related questions they fielded with greatest frequency, and what functionality (such as search engines or links to other content or websites, for example) they felt the ACGME's website needed to expand or add. Combining the results of these interviews with data collected from Google Analytics tools, the architecture for the new website began to take shape.

To improve the user's experience, the redesign introduced new features, including navigation breadcrumbs, drop-down menus, a more robust search tool, and clickable menus. The new website is also divided into multiple sections to help support a user's goals when visiting the site, allowing visitors to more easily find the information they seek, without requiring "insider" knowledge of where content is catalogued. Finally, the redesign refreshed the look and feel of acgme.org, and better supports the ACGME brand in general, tying in the main site with its microsites for the Next Accreditation System (www.acgme-nas.org) and the no longer utilized temporary microsite that addressed the changes in duty hours requirements in 2010.

In reorganizing the content to enhance users' experience online, Young and her team worked with professional website development consultants, using collaborative software, such as Google Docs and Basecamp for project management, to design a new set of tools and standards for how the site is updated and to streamline future maintenance. All design and construction decisions were based on the outcomes of the stakeholder interviews and on data collected over time; the information gathered from Google Analytics helped the team to understand traffic patterns on the old website, which it in turn used to develop the new website's architecture. By determining the most visited pages and content on the previous acgme.org, the team could more effectively organize the content on the new site into logical primary, secondary, and tertiary levels of navigation. The four major heading areas on the homepage (Program and Institutional Guidelines, Data Collection Systems, Meetings and Conferences, and Graduate Medical Education) represent these most-sought-after content sections for acgme.org visitors. On the technical side of the project, the redesign changed the way the site handles and stores content, allowing immediate publishing of updated information for the GME community.

The new acgme.org is now in place, with content added regularly. Review Committee pages are organized in a cleaner manner, facilitating easier access to key resources and tools for programs and institutions; the Data Collection Systems area is organized to support the recent updates to these tools, and to make navigating them logical and clear; and the visual impact is new, fresh, and modern. It is designed to support all users—from staff members to Review Committee volunteers, to program faculty and residents/fellows, to the public—and to demonstrate the ACGME's constant efforts to enhance and improve graduate medical education for the future. ■



Screenshot: The old acgme.org homepage

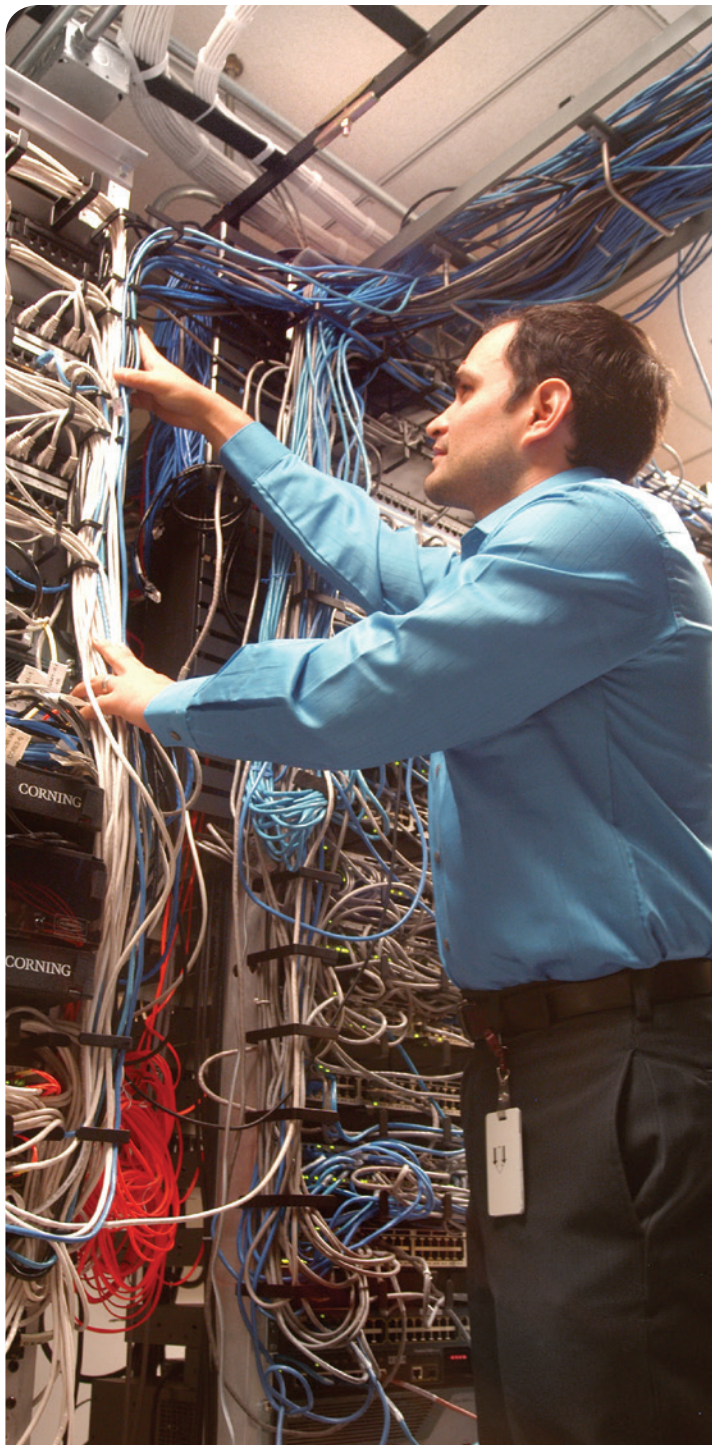
Screenshot: The new acgme.org homepage

21 ACGME Data Collection Systems Integrated and Enhanced in 2012

As the ACGME works to become more responsive in its provision of timely and complete data, there will continue to be an increased emphasis and reliance on data collected annually. To accommodate future data needs, the ACGME designed a new integrated data system that adheres to current web standards and provides a new user interface for an improved user experience. Launched in August, 2012, the redesign lays the groundwork for the Next Accreditation System (NAS) by providing an enhanced structure for the continuous review of data. In order to meet new data collection needs, the ACGME, led by its Department of Applications and Data Analysis, worked for two years to replace its legacy accreditation system, integrate its reporting systems, and enhance its user interface. The updated system is efficient, more intuitive, and user-focused, and will allow programs and institutions to more effectively report their data, a fundamental component of the NAS.

Along with various behind-the-scenes technical improvements, this project created an integrated ACGME database, combining all existing data collection systems into one central application. The new system also includes a complete, fully operational survey engine, enabling the ACGME to be more adaptable for the Milestone Project and other future surveys. When users log into the ACGME's Accreditation Data System (ADS), they will now be logged into all of the ACGME's integrated systems. The redesigned data collection system will allow the ACGME to fully move into the NAS, providing a practical, efficient, and effective mechanism for Review Committees to use to monitor and evaluate programs on an annual basis.

In 2013, we will continue to roll out enhancements and new features. Most notably, the Case Log System will undergo further changes to improve the reporting interface and ease of use. Additionally, the NAS policies will be implemented and the milestone reporting mechanism will be tested and integrated into ADS. ■



Noteworthy features of the redesign

- **Improved menu interface enhances focus on major annual reporting items**
- **Overview pages for users quickly outline key required and missing items, as well as important deadlines**
- **A common record for each resident linked to all of his or her previous ACGME education**
- **Programs can verify prior education for new residents**
- **Enhanced ADS reporting requires less descriptive narratives in favor of more quantitative forced choice data collection, minimizing the reporting burden on program administrative staff**
- **Faculty members' curriculum vitae no longer required**
- **Log-in information now e-mailed to new residents using Resident Case Log System; residents can now maintain own passwords, requiring less set-up and maintenance by program administrative staff**
- **ADS and the Resident Case Log System now accessible through a single common login screen, sharing the same resident, faculty, and rotation/institution information**
- **Beginning next year, annual updates will be scheduled earlier**

22 Review Committee Members

Allergy and Immunology

Amal H. Assa'ad, MD
(Term began July 1, 2012)
Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

William Kennedy Dolen, MD
Medical College of Georgia
Augusta, Georgia

Marianne Frieri, MD, PhD
(Term ended June 30, 2012)
Nassau University Medical Center
East Meadow, New York

Anita T. Gewurz, MD
Rush Medical College,
Rush University
Chicago, Illinois

David P. Huston, MD
Texas A&M Health Science Center
Houston, Texas

Caroline Kuo, MD
(Term began July 1, 2012)
Resident
University of California, Los Angeles Medical Center
Los Angeles, California

Dennis K. Ledford, MD
(Term ended June 30, 2012)
Vice Chair
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Anesthesiology

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Colon and Rectal Surgery

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Medicine
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Philip Shayne, MD
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James Martin, MD
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and Medical Center
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(Term began July 1, 2012)
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24 Review Committee Members

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Medical Genetics

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(Term began July 1, 2012)
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Philadelphia, Pennsylvania

Alexander A. Khalessi, MD
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San Diego, California

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Surgery
Woodbridge, Connecticut

Nelson M. Oyesiku, MD, PhD
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and Hospital
Stanford, California

Volker K.H. Sonntag, MD
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Barrow Neurological Institute
Phoenix, Arizona

Neurology

Imran I. Ali, MD
University of Toledo College of
Medicine and Life Sciences
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Patricia Crumrine, MD
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San Francisco, California

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and Neurology
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School of Medicine and Dentistry
Rochester, New York

Shannon M. Kilgore, MD
VA Palo Alto Health Care System
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Steven L. Lewis, MD
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Nuclear Medicine

Tracy L. Y. Brown, MD, PhD
Alternate Member
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Lorraine M. Fig, MD
(Term ended December 31, 2012)
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Leonie Gordon, MD
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Erin Cook Grady, MD
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Johns Hopkins Medical Institutions
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Obstetrics and Gynecology

Jessica L. Bienstock, MD, MPH
Vice Chair (Began July 1, 2012)
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Pathology

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Los Angeles, California

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Temple, Texas

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Yale University Child Study Center
New Haven, Connecticut

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Aurora, Colorado

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Tampa, Florida

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Buffalo, New York

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Chicago, Illinois

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Nashville, Tennessee

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San Antonio, Texas

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(Term ended June 30, 2012)
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Stanford, California

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Medical University of South Carolina
Charleston, South Carolina

Douglas E. Wood, MD
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University of Washington
Seattle, Washington

Transitional Year

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Newark, Delaware

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Mayo School of Health Sciences
Rochester, Minnesota

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Vice Chair
Maine Medical Center
Portland, Maine

Gerard T. Costello, MD
(Term began July 1, 2012)
Ball Memorial Hospital
Muncie, Indiana

Susan Guralnick, MD
(Term began July 1, 2012)
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Mineola, New York

David Kuo, MD
Morristown Memorial Hospital
Morristown, New Jersey

**Deceased*

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at Minneapolis
Minneapolis, Minnesota

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(Term ended June 30, 2012)
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Los Angeles, California

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Medical Center
Pittsburgh, Pennsylvania

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Grand Forks, North Dakota

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Northeastern New York
Albany, New York

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School of Medicine
Aurora, Colorado

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Madison, Wisconsin

Margaret S. Pearle, MD
University of Texas Southwestern
Dallas, Texas

Martha K. Terris, MD
Medical College of Georgia
Augusta, Georgia

James Brantley Thrasher, MD
University of Kansas Medical Center
Kansas City, Kansas

Willie Underwood III, MD
Rosewell Park Cancer Institute
Buffalo, New York

30 Statistical Highlights: July 1, 2011–June 30, 2012

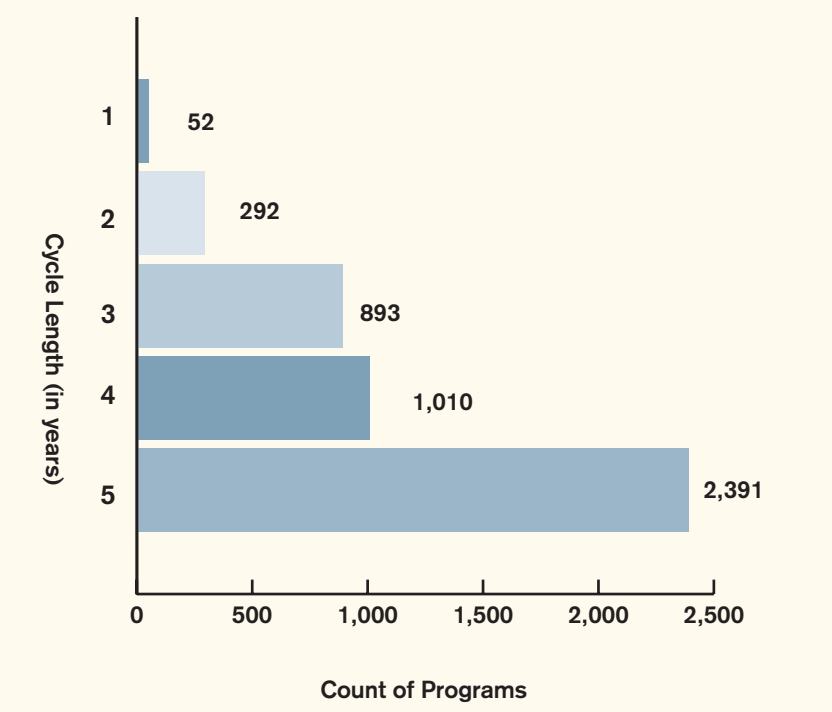
Program Reviews and Review Committee Decisions

2,506 Review Committee accreditation decisions

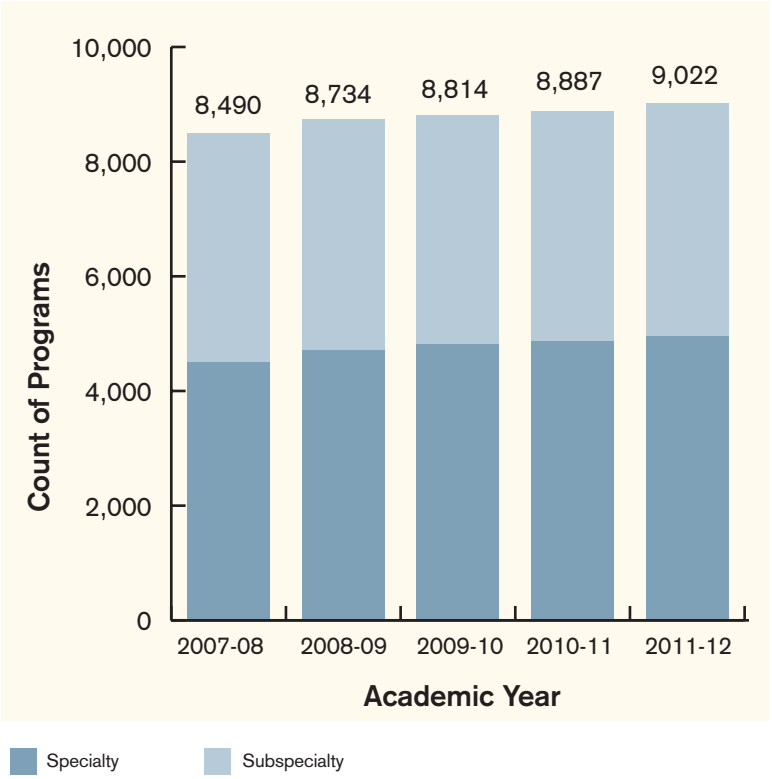
2,495 Review Committee administrative decisions

- 4.4% of actions resulting in first-time proposed adverse actions
  - 37.4% proposed actions were sustained
  - 60.0% proposed actions were rescinded
  - 2.6% of programs or institutions given a proposed adverse action voluntarily withdrew before action was confirmed
- 2,033 programs reviewed during 2011–2012 received accreditation or continued accreditation status
- 246 programs reviewed received initial accreditation
- 18 programs reviewed were issued probationary status
- 72 programs reviewed were granted voluntary withdrawal
- 2 programs reviewed had their accreditation withdrawn

Program Cycle Length (excluding NAS programs)



Accredited Programs



Accredited Programs

- 9,022 accredited programs
  - 4,060 specialty programs
  - 4,962 subspecialty programs
- 225 programs were newly accredited
- 21 programs were closed or voluntarily withdrew their accreditation
- 43 programs were on probation or had a status of warning
- 4.16 years was the average cycle length across all accredited programs (excluding NAS programs)

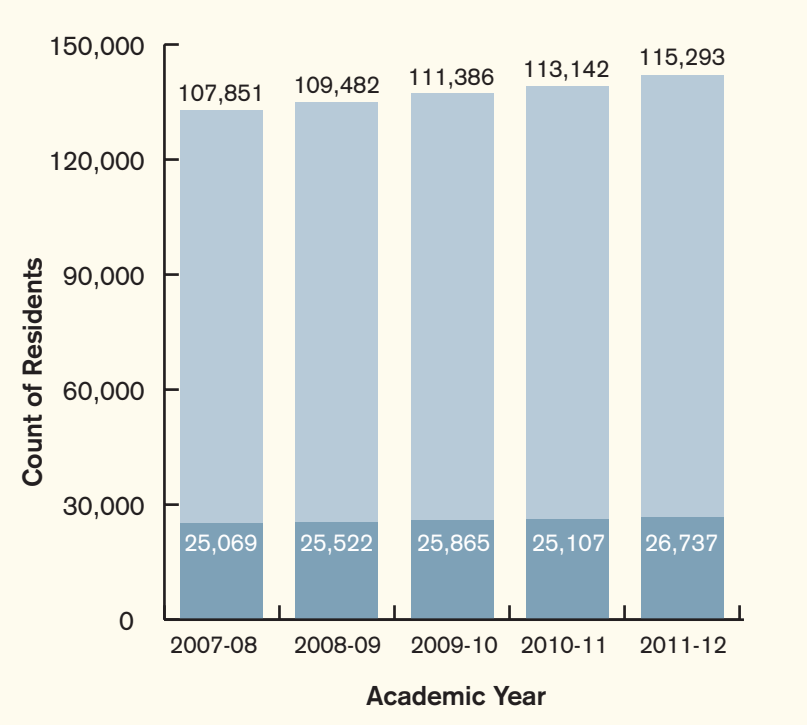
Sponsoring Institutions

678 Sponsoring Institutions

- 388 institutions sponsor multiple programs
- 290 institutions sponsor a single program or single specialty

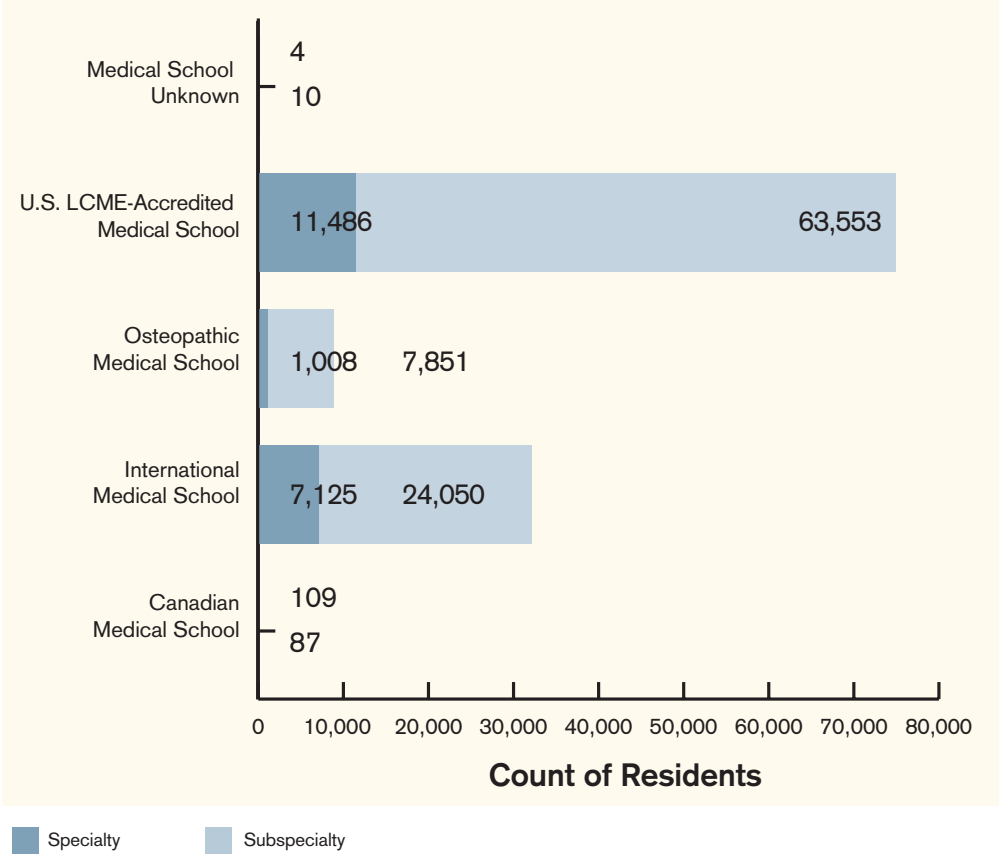
4,188 institutions participated in resident education/rotations

Resident Statistics *Residents on Duty*



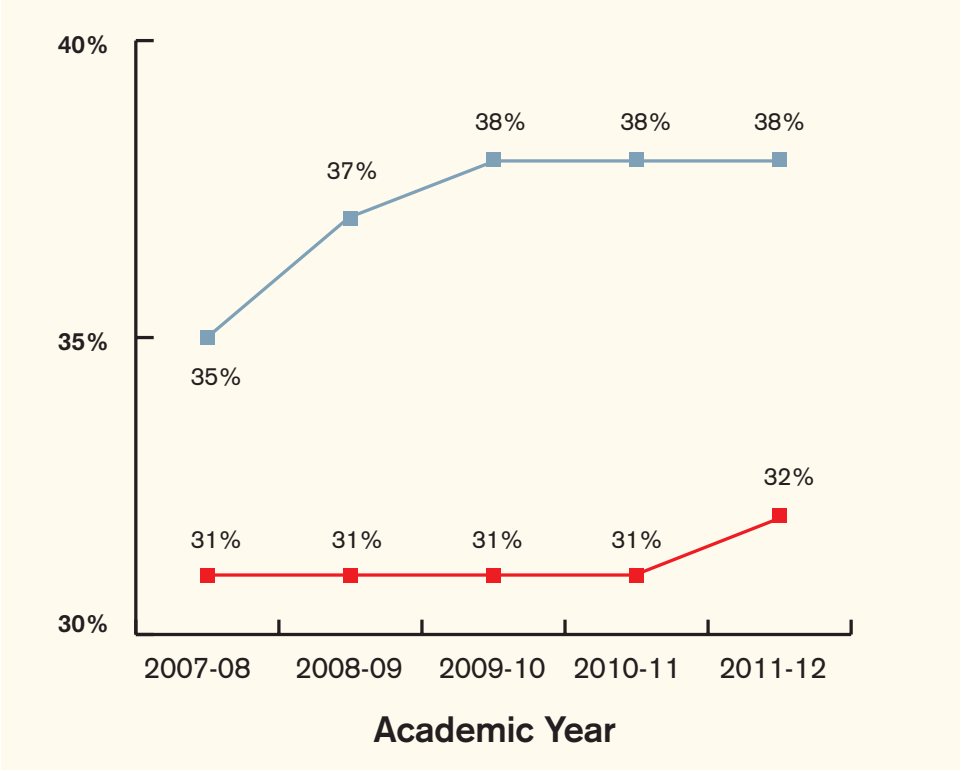
**Note: 'Pipeline programs' are programs within specialties that lead to initial board certification. Entering pipeline residents are residents in pipeline specialties in Year 1 (excluding preliminary year).*

Residents by Medical School Type



Resident Status	Count of Residents
Active Full-Time	115,040
Active Part-Time	253
Completed all Accredited Education	36,543
Completed Preliminary Education	3,281
Deceased	22
Dismissed	254
In Program Doing Research/Other Training	1,380
Leave of Absence	68
Transferred to Another Program	1,572
Unsuccessfully Completed Program	35
Withdrew from Program	937

Percent of Programs and On-duty Residents Using the ACGME Case Log System



Academic Year	Total Accredited Programs	Count of Programs Using Case Log System	Percent of Total Programs Using Case Log System	Total On-duty Residents in Accredited Programs	Count of Residents Using Case Log System	Percent of On-duty Residents Using Case Log System	Count of Procedures Entered into Case Log System	Count of Specialties Using Case Log System
2007–2008	8,490	2,622	31%	107,851	37,605	35%	10,142,517	49
2008–2009	8,734	2,665	31%	109,482	40,775	37%	10,678,485	52
2009–2010	8,814	2,743	31%	111,386	42,069	38%	12,307,420	54
2010–2011	8,887	2,792	31%	113,142	43,269	38%	12,746,052	55
2011–2012	9,022	2,873	32%	115,293	44,361	38%	13,301,778	58

34 2012 Financial Reports

The ACGME's fiscal year runs from January 1–December 31. These results represent audited figures for Fiscal Year 2012.

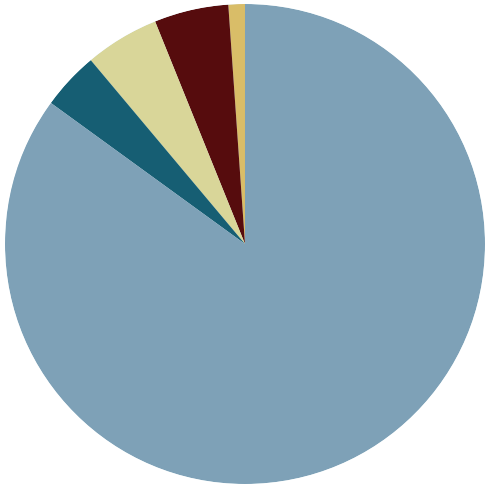
ACGME revenue comes primarily from annual fees charged to all programs accredited during the academic year, accounting for over 85% of ACGME income. Applications for new programs accounted for 5% of 2012 revenue. Income from international operations accounted for 4% of the ACGME's overall income in 2012, reflecting the continued growth of that business unit.

As a service organization, salary and benefit expenses, as well as travel and meeting costs, make up over 73% of the ACGME's annual expenses.

Fees for 2012 increased for the first time since 2009. The ACGME tries to keep accreditation fees from rising over a three-year period to aid in budget planning for its institutions.

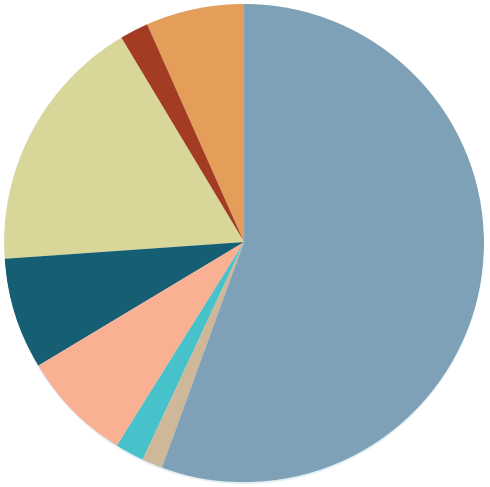
The ACGME is committed to keeping accreditation fees as low as possible. In 2012, the cost per resident for ACGME accreditation fees was $321; the cost per sponsoring institution was $53,697. ■

2012 Revenue



Annual Program Accreditation Income	$ 35,131,600	85.42%
Rent Revenue	522,084	1.27%
Income from International Activities	1,467,828	3.57%
Application Income	1,919,500	4.67%
Workshops	1,962,093	4.77%
Investment and Other*	86,045	0.21%
Journal and Publication Income*	38,931	0.09%
TOTAL REVENUE	**$ 41,128,081**	**100.00%**

2012 Expenses



Salaries and Fringe Benefits	$ 22,145,737	56.06%
Professional Services	2,551,699	6.46%
Journal Expenses	561,945	1.42%
Meeting Expenses	6,854,270	17.35%
Rent and Real Estate Taxes	2,965,481	7.51%
IT Expenses	2,940,711	7.44%
Administrative Expenses	762,685	1.93%
Office Supplies and Expenses	722,767	1.83%
Other Expenses*	0	0
TOTAL	**$ 39,505,295**	**100.00%**

** Not visible in chart*

35 ACGME Staff

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Thomas J. Nasca, MD, MACP*
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Director, Governance, Appeals, Policies and Procedures

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ACGME International LLC

James Cichon, MSW
Associate Director
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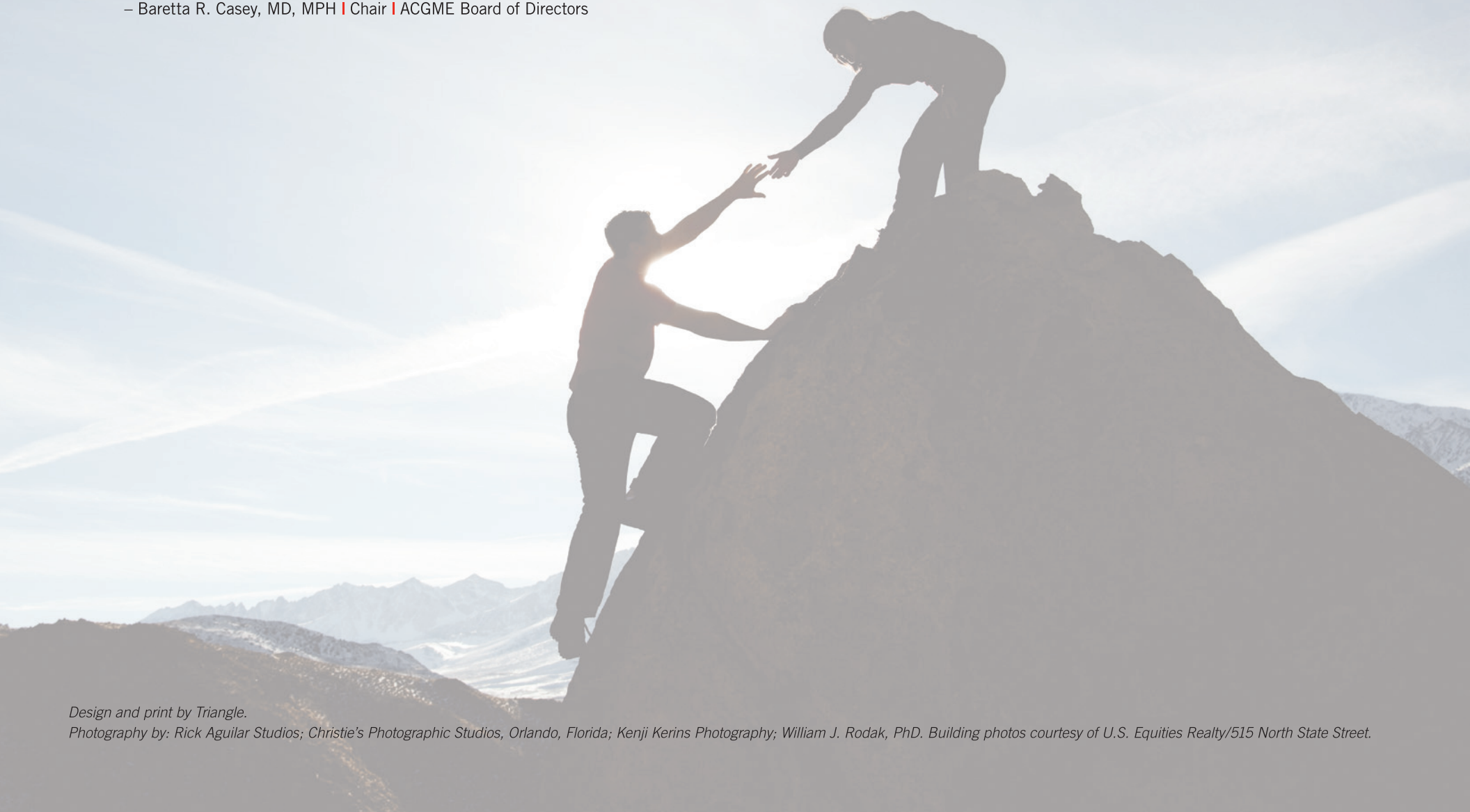
**denotes Executive Staff*

The complete list of individuals on the staff of the ACGME can be found online at www.acgme.org/acgmeweb/tabid/251/About/StaffListing.aspx.


ACGME
Accreditation Council
for Graduate Medical
Education.

"[The] ACGME must maintain an environment that ensures the safety and quality of care of patients… as well as the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self-interest to meet the needs of their patients."

– Baretta R. Casey, MD, MPH | Chair | ACGME Board of Directors



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