



ACGME

Accreditation Council for
Graduate Medical Education

A YEAR OF
Accomplishments,
Unexpected Challenges,
AND Innovative Solutions

ACGME ANNUAL REPORT 2019-2020

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.

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 specialty-specific 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



Looking back at the last year shows a landscape of graduate medical education and health care in the United States I could not have imagined last July 1, when we joined the nation's residents and fellows in the excitement and anticipation of a new academic year. There was much to look forward to: personal and professional growth; new learning; relationship building. While the past year proved quickly to be full of unexpected challenges, it is with enormous pride that I reflect on how the medical and GME community, and the ACGME, rose to meet those challenges and demonstrate altruistic professionalism and excellence in clinical care.

The ACGME still oversaw professional development courses for all roles in GME, sat at the table with key organizations across the country to improve our nation's health, held a record-breaking Annual Educational Conference, looked at diversity, equity, and inclusion and their effects on resident/fellow education, and of course, reviewed institutions and programs, and revised and wrote requirements to ensure continued excellence in GME at the highest level.

Following implementation of the new Common Program Requirements July 1, 2019, we continued developing resources to support GME in improving the well-being of our community. We continued to collaborate across the medical continuum, convening key experts and organizations, building learning communities, and addressing major national issues, including well-being, the opioid crisis, and the pandemic, leveraging our organization's unique strengths and influence to improve public and caregiver health. The Department of Diversity, Equity, and Inclusion, established in spring of 2019, leads the work of reducing disparities in care, enhancing equity and empathy, and redoubling our efforts to improve diversity and inclusion in the clinical learning and care environment. We are pleased to have issued our first call for nominations for a new Diversity and Inclusion Award. COVID-19 has, unfortunately, reinforced how underrepresented minorities are victims of systemic inequality. The ACGME maintains and reaffirms its commitment to diversity, equity, and inclusion, and this award will highlight exemplary initiatives driving diversity in GME.

Any discussion of this year's accomplishments would be incomplete without recognizing the successful conclusion of the transition to a single GME accreditation system. Our collective goal of creating a single standard for graduate medical education in all specialties has finally been realized. Our residents, fellows, and ultimately our patients and the American Public, are the beneficiaries of this near decade-long effort.

The theme of this report, *A Year of Accomplishments, Unexpected Challenges, and Innovative Solutions*, attempts to capture how, in the face of seemingly insurmountable challenges, the ACGME and the GME community not only creatively solved problems, but rose above expectations to chart a new, better, stronger course. The ACGME was well prepared to embrace the uncertainty of this past year, and enthusiastically looks forward to meeting the challenges of the future. ACGME staff members and volunteers, and all those in our accredited institutions and programs have thrived, providing exceptional care to patients and education to learners, and demonstrating the immeasurable value of American GME.

From institutional closures, to the COVID-19 pandemic, to protests and riots against racial injustice, 2019-2020 will not soon be forgotten. But this is a year to be proud of, not to feel defeated by.

There is much change in our future, but also opportunity. The ACGME's mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation, and we consistently meet it, with resilience and a commitment to face the challenges and thrive in the opportunities those challenges create.

More than ever, our achievements are impossible without the hundreds of ACGME volunteers and employees, whose dedication to education, public service, and the profession of medicine is admirable. I conclude this letter with great pride for all we have accomplished together, and how this work has positioned the ACGME to lead the profession and prepare exceptional physicians to care for the American public now and into the future.

Stay healthy and safe, and please take care of yourselves and each other.

With deep gratitude,

A handwritten signature in black ink that reads "Thomas J. Nasca". The signature is fluid and cursive, with a large initial "T" and "N".

Thomas J. Nasca, MD, MACP

Message from the Chair of the Board of Director

This year as I reflect on our accomplishments, their significance is further underscored by the weight of the challenges we've faced in GME, as a country, and, indeed, as a global community. This also marks my last year as Chair of the ACGME Board of Directors, and it is an extraordinary privilege to be in this position as we rise to the occasion on behalf of residents, fellows, faculty members, institutions, and the public we serve.



Last summer, the closure of Hahnemann University Hospital, and subsequent closures at Ohio Valley Medical Center and Bluefield Regional Medical Center in West Virginia, challenged the GME community to provide placement for and protect the interests and careers of more than 600 physician learners. To face closures so early in the academic year was certainly a trial, but the responsiveness of our ACGME systems and Review Committees, and of the programs and institutions that opened their doors to those affected, enabled resolutions to be made expeditiously. The unprecedented scale and timeline of these closures highlighted the critical role of the ACGME and our Member Organizations in such challenging circumstances.

As the year continued, the ACGME expanded programs and leadership in diversity, equity, and inclusion; partnered with organizations to improve physician well-being; and convened learners, coordinators, program leaders, and the C-Suite to enhance professional development, assessment, and more. This year concluded the successful five-year transition to a single GME accreditation system in partnership with our osteopathic colleague organizations. And this year also included the ACGME's largest Annual Educational Conference, the last major meeting of medical education in the United States before the pandemic forced us to shift our focus. At each turn, ACGME volunteers and employees showed commitment and innovation, enabling the organization to provide national leadership.

In March, as we know, everything changed. For many of us in the field, COVID-19 meant regular business ceased in an instant. We had to pivot, as we collectively answered the call—and our calling—at the highest level of courage, in many ways redefining our meaning as a profession. For residents and fellows, this was a challenge unlike any they've yet faced professionally, and it rocked their stable educational footing; for some more senior colleagues, it recalled epidemics from decades past, and perhaps resurrected memories of loss and grief. But our community's response has been nothing short of heroic, though those who choose medicine as a career don't do so for recognition, but to serve and care. The ACGME responded with remarkable speed, comprehensiveness of direction, and caring. Resources were compiled, protocols developed, and colleagues and experts across the country convened to support the health of the nation and the well-being of the GME community.

As we now face new academic, clinical, and financial challenges, the ACGME, too, is making difficult decisions in order to move forward in a way that continues to prioritize excellence in GME on behalf of the public. There is much uncertainty, which is a challenge in and of itself. But as this past year has shown, this organization is poised and armed to cross every hurdle, and I have absolute confidence as we look to the future.

It has been my distinct privilege to serve on this Board for seven years. The ACGME continues to keep a keen focus on and unwavering commitment to the mission: to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. I look back on my Board tenure with great pride and admiration for what has been accomplished, and what will continue to set a high standard into the future, as unknown and shaky as it may feel now. The mission defines the future and it is absolutely solid!

My gratitude for all of our volunteers, the incredible staff members and dedicated leadership of the ACGME cannot be understated. I am humbled and grateful for this unique opportunity to serve our profession.

A handwritten signature in black ink, appearing to read "Jeffrey P. Gold, MD". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jeffrey P. Gold, MD

A LONG-TERM INVESTMENT IN WELL-BEING

AWARE

In December 2019, the ACGME released AWARE, a suite of resources specifically designed for residents, faculty members, and graduate medical education (GME) institutions and programs to promote well-being, mitigate the effects of stress, and prevent burnout. With a variety of on-demand tools, such as a video skill-building workshop, podcasts, and an app, AWARE builds on the ACGME's work to foster and improve the well-being of those in GME.

The initial set of resources focuses on individual strategies for cognitive skill-building. The ACGME will grow the AWARE portfolio with online and multimedia resources focused on addressing the organizational and cultural aspects of well-being. All AWARE resources are offered to the GME community free of charge and are currently available in three formats:

AWARE COGNITION AND WELL-BEING SKILL DEVELOPMENT VIDEO WORKSHOP

Aimed at program directors and designated institutional officials (DIOs) and available in the ACGME's online learning portal, Learn at ACGME, this two-hour video workshop is designed to provide a framework for raising the issue of well-being with residents/fellows by focusing on a series of cognitive skills and strategies. It features three short video presentations and slides that program directors can use to lead a local workshop and discussion around cognition, mindsets, and well-being. It is accompanied by a Facilitator's Guide detailing the workshop agenda, resources needed, activities, and discussion guidelines.

AWARE APP

(available in the Apple Store and Google Play)

Designed for individual physicians, particularly more junior residents, the AWARE app uses concepts from cognitive behavior therapy to help identify opportunities to improve well-being. It helps users identify personal cognitive habits and directs them toward practices and resources for improving well-being. The app includes video scenarios and didactics, self-assessments, and other resources. It can also be used by a program or other group as part of a broader well-being curriculum.

AWARE PODCASTS

Downloadable from virtually all podcast platforms, the AWARE podcasts consist of two series with different objectives.

- The *Cognitive Skill-Building for Well-Being* series is designed to teach individual clinicians and residents about common cognitive mindsets and effective strategies for enhancing their well-being.
- The *Systems and Research in Well-Being* series is designed to connect DIOs and program directors with resources to inform local systems/curricula to support the well-being of clinicians, and to provide the community with updates on evolving evidence-based knowledge.



Activities and efforts related to the ACGME's Physician Well-Being initiative and overall commitment to improving and protecting the well-being of those in the health care field continued as a priority during 2019-2020 and

included both the work of the organization and partnerships in the medical community. The summaries that follow capture highlights of this work from this academic year.

2019 CEO Summit on Clinician Well-Being

In December 2019, the ACGME, Association of American Medical Colleges (AAMC), and National Academy of Medicine (NAM) hosted the first CEO Summit on Clinician Well-Being. Drawing from the NAM Action Collaborative on Clinician Well-Being and Resilience, and the subsequent Consensus Study Report, "Taking Action Against Clinician Burnout – A Systems Approach to Professional Well-Being," the meeting facilitated discussion on burnout and clinician well-being, as well as how executive leaders can work together to promote systemic solutions, both at the local institutional, and at the national policy level.

Thirty-three executive leaders from health systems across the country came together to discuss shared goals of promoting patient safety, delivering high-quality patient care, and addressing the economic sustainability of the nation's health systems. The participating CEOs were selected from the AAMC Council of Teaching Hospitals, with a focus on representing diversity in geography, gender, and ethnicity, as well as public and private institutions. The goals of the daylong meeting were to:

- succinctly present the evidence supporting the strategic importance of well-being trends on future workforce adequacy and the related impact on clinical quality, operating efficiency, productivity, and delivery system costs;
- discuss the leadership imperative to address and improve well-being for all staff members in the clinical learning environment;
- explore systemic problems impacting clinician well-being that can be addressed nationally; and,

- share learning from colleague institutions already engaged in addressing the continuum of well-being issues for residents and fellows, faculty members, and the provider workforce.

Attending CEOs were tasked with identifying:

- major systemic problems contributing to poor clinician well-being that lend themselves to policy solutions;
- evidence-based institutional interventions that promote clinician well-being that are working; and,
- challenges that impact the ability to elevate clinician workforce well-being as a strategic priority.

Attendees listened and participated in sessions from Torey Mack, deputy associate administrator, Bureau of Health Workforce, Health Resources and Services Administration, US Department of Health and Human Services; Nancy Agee, CEO, Carilion Clinic; David Entwistle, CEO, Stanford Health Care; and Thomas J. Nasca, MD, MACP, president and CEO, ACGME. Each presentation focused on different aspects of well-being in the health care workforce. The AAMC and the NAM Action Collaborative on Clinician Well-Being identified five important policy areas for action by the CEO community that could reduce burnout and positively affect the well-being of the health care providers:

1. Reduce/standardize prior authorization requirements
2. Reduce clinical documentation requirements
3. Improve electronic health records and related workflows
4. Align and reduce the volume of quality measures reported across payers
5. Reduce burden in quality payment programs

The dissemination of the group's feedback, as well as continued work post-summit was stalled temporarily due to the global COVID-19 pandemic. However, the impact of the pandemic has highlighted how important it is for more work to be done in addressing both the burnout and well-being of members of the health care workforce.

Well-Being at the Annual Educational Conference

The 2020 Annual Educational Conference theme, *Meaning in Medicine: Compassion and Connection*, picked up on the preceding two years' conference themes to build on the bridges and touch points that bring people to the field of medicine and health care and sustain their growth once in it (read more about the conference on p.14). The ACGME conference is a unique experience every year. Attendees annually remark on the personal and connective atmosphere, the ability to make new and enhance existing personal and professional connections, the exceptional networking opportunities, the inspiring and invigorating content, and the setting that allows one to work and learn, but also to take time for oneself. Well-being is more than a hot topic for the ACGME – and the conference helps to make clear that it really is a foundational initiative underlying so much of what the ACGME does.

As they do every year, the ACGME Educational Activities staff incorporated well-being throughout all elements of the 2020 Annual Educational Conference. From the educational perspective, in addition to 12 posters focused on well-being themes and research, 14 sessions were specifically on well-being topics, with additional sessions addressing well-being through other focus areas. Well-being activities during the conference included the return of running/walking clubs at each of the conference hotels, evening yoga, massage chairs at the Opening Reception in the Exhibit Hall, and a family movie night. Lactation Rooms for nursing mothers and Quiet Rooms for breaks were also available at both hotels for attendees throughout the conference. Networking is a central part of the conference each year, and the well-being benefits of connecting with colleagues and friends cannot

be overstated. In addition to the natural networking opportunities facilitated by the conference environment, activities in 2020 included a new Mentor/Mentee Program, which allowed attendees to identify themselves as seeking a mentor or open to mentoring and provided meet-up locations throughout the conference space. Ribbons attendees could attach to their badges allowed them to self-reflect and share more about their personality and interests with each other and connect on more personal levels. This year the conference also provided a way for attendees to step away from the educational setting to do something to give to the local community. Through Clean the World, an organization that provides unused hospitality industry hygiene products to homeless communities, attendees packaged hygiene kits to be distributed to individuals in need in the San Diego area. And for the first time, the conference concluded with a celebratory Toast on the Terrace. Immediately following the Closing Plenary, attendees, ACGME Board members, and ACGME leaders and staff members gathered together to reflect on the conference and celebrate the connections made and strengthened.

Well-Being in the Time of COVID-19

In response to the unprecedented challenges that emerged with the spread of the COVID-19 pandemic, the ACGME took several steps to support the well-being of the GME community, including for residents and fellows, to courageously care for those in need.

To understand the evolving needs of Sponsoring Institutions during this time, the ACGME began convening meetings in the spring of 2020 with DIOs, establishing a forum for sharing challenges and ideas (read more on pp.23-25). Out of that group, a COVID-19 Well-Being Task Force formed to advance the national well-being conversation during the pandemic, support Sponsoring Institutions, and leverage partnerships, collaborations, and communications in addressing the needs of the broad clinician workforce.

Through bi-weekly meetings, the ACGME stimulated a dialogue with well-being leaders from Sponsoring Institutions, hosting topical speakers, creating a forum

for the community to support one another, and providing guidance to institutional leadership. Another primary focus of the task force was to curate educational resources to help institutions and programs prepare for and mitigate the effects of the pandemic on the well-being of their faculty and staff members, residents, fellows, administrators, patients, and others. The resources include a public library of well-being resources for managing disasters and emergent events and a rapid response **Idea Exchange on Well-Being**.

The ACGME also created *The Guidebook for Promoting Well-Being during the COVID-19 Pandemic*, which is a comprehensive, step-by-step approach to promoting well-being during COVID-19 – from planning and preparation, through a surge, and in the aftermath of a surge and traumatic exposure.

Other resources include:

- two COVID-19-related podcasts: one focused on managing worries, fears, and anxiety in the pandemic, and another on care transitions during the pandemic
- a webinar for coordinators on “Managing Stress and Distress in the COVID Era”
- an e-flyer on psychological first aid
- a tool for “Addressing Acute Stress Reaction and Disorder in Health Care Workers”

To expand its reach, the task force also advanced meaningful connections with partner organizations in support of the well-being of the GME community.

Well-Being Research

The ACGME Scholars group partnered with individuals and organizations to conduct research on resident/fellow well-being. Much of the research has been submitted and is anticipated for publication during 2020-2021. Two completed projects include:

- work with the Educational Commission for Foreign Medical Graduates (ECFMG) to query the unique difficulties encountered by international medical graduates in US residency programs and submitted a qualitative report of these challenges for peer-reviewed publication; and,
- a quantitative analysis of survey data from residents holding J-1 visas is being prepared for peer-reviewed submission. In collaboration with colleagues at Virginia Commonwealth University, the Scholars are submitting a cluster analysis on burnout in a national sample of residents and fellows and composing a report that examines the relationship between resident mistreatment and depression.

DRIVING CHANGE: THE ACGME'S DEDICATION TO IMPROVING DIVERSITY, EQUITY, AND INCLUSION

"Our office wants to lead by example in terms of addressing the creation of safe, inclusive, and equitable work environments for the GME community," said Bonnie Simpson Mason, MD, FAAOS who joined the ACGME as Vice President, Diversity, Equity, and Inclusion in February 2020.

Addressing Diversity, Equity, and Inclusion in the Common Program Requirements

In December 2019, the department's article, "Increasing Graduate Medical Education Diversity and Inclusion," was published in the *Journal of Graduate Medical Education*. It detailed the state of diversity and inclusion in GME, and introduced the ACGME's Department of Diversity, Equity, and Inclusion, which leads the organization's internal and external work in these areas. The article also discussed the recent revision of the Common Program Requirements, which includes much more explicit requirements for GME programs regarding diversity and inclusion:

- "The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community." [Common Program Requirement I.C.]
- Section V addresses how board pass rates will be interpreted in program accreditation. The changes will allow programs to establish a basic performance level consistent with learners' success in acquiring knowledge in the specialty toward achieving individual

certification. As stated in the Background and Intent for V.C.3.e): "Setting a single standard for pass rate that works across specialties is not supportable based on the heterogeneity of the psychometrics of different examinations. By using a percentile rank, the performance of the lower five percent (fifth percentile) of programs can be identified and set on a path to curricular and test preparation reform. There are specialties where there is a very high board pass rate that could leave successful programs in the bottom five percent (fifth percentile) despite admirable performance. These high-performing programs should not be cited, and V.C.3.e) is designed to address this."

- This will aid in selecting a more diverse class since test performance will be just one of many factors in appropriate selection. This in turn should help to decrease the reliance on standardized test performance as such a heavily rated measure of excellence and allows other strengths of the applicant to be appreciated more fully. Such changes should result in increasing the number of diverse learners in specialties that currently have very little diversity.
- "Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, [fellows,] faculty members, and staff members." [Common Program Requirement VI.B.6.]

From institutional closures to unprecedented public health crises and a focused eye on health care inequalities, the Department of Diversity, Equity, and Inclusion continued to play a pivotal role in the ACGME's duty and mission to improving the patient care delivered by resident and fellow physicians in the GME community.

Honoring Diversity and Inclusion Efforts

In May 2020, the ACGME announced the Diversity and Inclusion Award, a new recognition to support diversity and inclusion efforts in GME. The award will recognize ACGME-accredited Sponsoring Institutions and programs, and specialty organizations working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments. This recognition extends to:

- Innovation excellence to identify and guide pre-resident learners into the field of medicine and biomedical research
- Projects that address increasing recruitment and retention of diverse underrepresented residents, fellows, faculty members, and GME staff members
- Efforts to promote inclusivity in the clinical learning environment

The inaugural winner(s) will be announced in late 2020 and celebrated at the 2021 Annual Educational Conference.

Solidifying Goals in a COVID-19 World and Beyond

COVID-19 has reinforced how underrepresented minorities are victims of systemic inequality. Responding to the pandemic, coupled with racial unrest due to the witnessed murder of George Floyd, the department began to explicitly address health equity in its efforts, including the addition of "Equity" to the department name and staff members' titles. This is a significant and deliberate addition, and directly aligns with the department's goals.

Themes driving this work include:

- Health equity is the means to achieve elimination of health care disparities.
- The goal of workforce diversity is to achieve health equity.
- Inclusion is the tool to ensure that diversity is successful.

In June 2020, the department conducted its first diversity, equity, and inclusion workshop with the ACGME Board of Directors, focusing on implicit bias and reverse ideation in identifying barriers and challenges to successful production of a diverse workforce.

"Workforce diversity ensures a source of physicians who disproportionately care for underserved communities, and serve as advocates for marginalized individuals, which are critical components of achieving health equity," said Chief Diversity, Equity, and Inclusion Officer William A. McDade, MD, PhD.

These efforts within the ACGME and in the GME community stress that effective change must be a collective effort, and must include a leadership that demonstrates the values it espouses. With this strong foundation, the department will continue to build its influence, provide resources, and establish the relationships that will enable meaningful change in 2020-2021 and beyond.

ALLOPATHIC AND OSTEOPATHIC GME ACCREDITATION NOW A SINGLE, HIGH-QUALITY SYSTEM


The ACGME and the American Osteopathic Association (AOA) successfully completed the transition to a single graduate medical education (GME) accreditation system in 2020, ending a five-year process designed to align medical residency and fellowship standards and improve the health of the public in the United States.

This collaborative effort of the ACGME, AOA, and the American Association of Colleges of Osteopathic Medicine (AACOM):

- improves education and training quality through uniform accreditation of GME programs;
- reduces costs and increases efficiencies by eliminating duplication and administrative burdens;
- increases collaboration among the medical education community;
- provides consistency in evaluation methods across all residency and fellowship programs, and accountability in the standards for assessing the competency of physicians graduating from US GME programs;
- expands GME access to graduates of Commission on Osteopathic College Accreditation (COCA)-accredited colleges of osteopathic medicine and ensures osteopathic-trained physicians have wider access to fellowship opportunities; and,
- preserves and expands access to osteopathic medical education.

The transition to a single GME accreditation system provides a high-quality education system for physicians. GME programs function under a single set of requirements, where previously the ACGME and AOA had separate accreditation systems for allopathic (MD) and osteopathic (DO) programs. Now, all US medical graduates have uniform pathways to practice and are eligible for admission into any ACGME-accredited residency and fellowship program. This system facilitates a streamlined process for all GME program applicants and wider access to a range of residency and fellowship programs with common Milestones and competency expectations. The system also makes osteopathic medical education available to any resident or fellow through programs with Osteopathic Recognition (a designation open to any ACGME-accredited program offering education and training in Osteopathic Principles and Practices) and in osteopathic neuromusculoskeletal medicine (a specialty not previously accredited by the ACGME).

The unified system also expands opportunities for graduates of schools of osteopathic medicine to participate in residency and fellowship programs, both due to increases in positions traditionally accredited by the AOA and to growth of positions in ACGME-accredited programs. The number of graduates of colleges of osteopathic medicine in ACGME-accredited residency programs more than doubled over the past four years, from 10,999 in the 2014-2015 academic year, to 24,093 in 2019-2020. Similarly, the number of graduates of colleges of osteopathic medicine in ACGME-accredited fellowship positions nearly doubled during the same time period, from 1,507 in 2014-2015 to 2,770 in 2019-2020.



The unified accreditation system preserves osteopathic identity, tradition, and history in GME, while incorporating the osteopathic community into all aspects of the ACGME. The AOA and the AACOM are now full Member Organizations of the ACGME, and around 50 DOs now serve on the ACGME's Review and Recognition Committees. With AOA and AACOM each nominating four members to the ACGME Board of Directors, there are now eight DO physician members on the ACGME Board of Directors, including Chair-Elect Karen J. Nichols, DO, MA, MACOI, FACP, CS-F. Dr. Nichols was nominated and elected to this role by the Board through its established governance process and will be the first osteopathic physician to serve as Chair of the ACGME Board.

The single GME accreditation system promotes improved health care for the public by enhancing the education of the next generation of physicians. The ACGME plans to track, study, and report on several aspects of the continued progress of the single GME accreditation system, including program outcomes and distribution of residency and fellowship program graduates. With the conclusion of the transition period, the ACGME looks back with pride on the success of the collaborative effort, and looks forward to the continued success of formerly-AOA-approved programs.

Since the transition to a single GME accreditation system began in 2014, 98.6 percent of the 907 previously-AOA-approved programs that entered the process to establish the single GME system have received ACGME accreditation. In addition, the 162 programs that were dually accredited by the ACGME and AOA maintained their ACGME accreditation without additional processing. Formerly-AOA-approved programs that did not receive Initial Accreditation by the end of the transition period can still apply for ACGME accreditation at a future date.

2020 ANNUAL EDUCATIONAL CONFERENCE MEANING IN MEDICINE: COMPASSION AND CONNECTION



The 2020 ACGME Annual Educational Conference was a remarkable and record-setting event. The largest to-date crowd of 4,350 attendees representing all corners of graduate medical education (GME) gathered in San Diego, California at the end of February to learn, network, and celebrate together, not realizing that a pandemic lurking just around the corner and beginning to hit the country would make it the last time the medical education community would come together in person in the United States for some time. This year's theme, "Meaning in Medicine: Compassion and Connection," was identified to focus on the core of what working in GME is all about. The symbolism of those chosen words in the months that followed could not have more prescient, but the significance of the feelings they fostered in conference attendees was certainly evident in the way the medical community has ultimately risen to the challenge of facing the COVID-19 pandemic.

Each year this conference has grown – in terms of attendees, content quality, and overall experience – and 2020 was no exception, offering a truly a one-of-a-kind gathering for all involved. With conference activities taking place at two hotels, this year's event asked much of both staff members and attendees logistically. But with

meaning, compassion, and connection as the Guiding Stars – in the selection of sessions and posters for presentation, in the identification of plenary and keynote speakers, and in the introduction of new opportunities for networking and building relationships – the conference experience as a whole was designed to spark connection, innovation, and discovery.

The Annual Educational Conference provided a unique opportunity to learn and expand thinking; connect and reconnect with colleagues, friends, mentors, mentees, and others; and spend a few days focusing on the important work of GME and how it can continue to be improved. The theme inspired attendees to genuinely tune in and work together, to recall what drives them to do this important work, and to engender the qualities of generosity and kindness to build bridges and constantly uncover meaning in day-to-day work, and in the nurturing of both new and established relationships.

The 2020 event was packed with enriching content. More than 145 sessions – more than ever before – were selected from the strongest pool of submissions received to date, and represented topics generated by the community through the ACGME's first Call for Topics.

Some highlights:

- Sessions were held on several major themes important to medicine and medical education, including diversity and inclusion, well-being, professional development, medicine in underserved areas, the opioid crisis, and more.
- ACGME-related sessions were presented to help and support new and experienced program staff members, faculty members, and leadership on topics including the Milestones, specialty updates, ACGME initiatives, distance learning, the CLER Program, and more.

- Presenters and attendees represented many major organizations, including AACOM, AAMC, ABMS, AOA, AOGME, ECFMG, NAM, NRMP, and many others.
- Pre-conferences for coordinators, program directors, designated institutional officials (DIOs), and osteopathic programs and institutions transitioning to ACGME accreditation were highly attended and rated, with wonderfully rich information and networking opportunities.
- The Coordinator Forum pre-conference celebrated its 10th year – an amazing milestone marked by a capacity audience and a wealth of inspiring sessions and workshops.
- The Exhibit Hall expanded as well, with many new, exciting features and activities, including a bookstore featuring titles by several of the plenary speakers.
- Seventy-three residents and fellows attended, representing a growing audience for the conference for whom the ACGME is excited to expand opportunities in the future.
- Two major keynotes bookended the conference: a special Marvin R. Dunn Keynote Address this year was presented as a Fireside Chat between pediatrician, professor, and public health advocate Mona Hanna-Attisha, MD, MPH, FAAP and ACGME President and CEO Thomas J. Nasca, MD, MACP; and for the first time, a Closing Plenary was held, featuring Dr. Eric Topol of the Scripps Research Translational Institute, who spoke on technology, artificial intelligence, and the future of medicine.

- And for the first time, the conference ended on Saturday evening with the gathering of attendees, staff members, and leadership together for a final “Toast on the Terrace” to celebrate all of the connections both made and strengthened over the previous days.

As the ACGME looks ahead to the next Annual Educational Conference, it is clear the world’s current circumstances will force a much different-looking conference than in previous years. But while the conference will “look” different and the GME community will not be together in person, the ACGME is committed to retaining the “feel” and significance for attendees’ experience, both in terms of community and content. In these challenging times, the importance of collaborating, sharing, and connecting to create a better tomorrow for residents and fellows, faculty members, coordinators, program directors, DIOs, and patients cannot be understated. Building on the success and quality of the 2020 Annual Educational Conference, the ACGME is committed to creating a space for such community to not only emerge, but to thrive.



2020 ACGME AWARD WINNERS

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
- The Debra L. Dooley GME Program Coordinator Excellence Award

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 2020 John C. Gienapp Awardee:

Debra F. Weinstein, MD

Partners HealthCare, Massachusetts General Hospital and Brigham and Women's Hospital, Boston, Massachusetts



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 2020 recipients of the Courage to Teach Award:

Robyn J. Blair, MD, FAAP

Pediatrics
Renaissance School of Medicine at Stony Brook University
Stony Brook, New York

Suzanne McLaughlin, MD, MSc

Internal Medicine and Pediatrics
Alpert Medical School of Brown University
Providence, Rhode Island

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 2020 Courage to Lead Award:

Karen D. Broquet, MD, MHPE

Southern Illinois University School of Medicine
Springfield, Illinois

John Patrick T. Co, MD, MPH

Brigham and Women's Hospital/ Massachusetts General Hospital
Boston, Massachusetts

Preston Howard Blomquist, MD

Ophthalmology
University of Texas Southwestern Medical Center
Dallas, Texas

Abby L. Spencer, MD, MS, FACP

Internal Medicine
Cleveland Clinic
Cleveland, Ohio

Keith A. Delman, MD, FACS

Surgey
Emory University School of Medicine
Atlanta, Georgia

Lisa L. Willett, MD, MACM

Internal Medicine
University of Alabama at Birmingham
Birmingham, Alabama

Fiona E. Gallahue, MD, FACEP

Emergency Medicine
University of Washington
Seattle, Washington

Edwin L. Zalneraitis, MD

Pediatrics
University of Connecticut School of Medicine
Connecticut Children's Hartford, Connecticut

GME INSTITUTIONAL COORDINATOR EXCELLENCE AWARD



The GME Institutional Coordinator Excellence Award honors and recognizes the pivotal position of the institutional coordinator. The ACGME congratulates the 2020 GME Institutional Coordinator Excellence Award recipient:

Taiwana W. Mearidy, MBA

Emory University School of Medicine
Atlanta, Georgia

Donald L. Gilbert, MD, MS

Pediatric Neurology
Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

Gabriella G. Gosman, MD

Obstetrics and Gynecology
UPMC Medical Education
Pittsburgh, Pennsylvania

Joint Awards

In partnership with other notable organizations, the ACGME is proud to honor exceptional work in graduate medical education through the following jointly-sponsored 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 February 2020.

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 2020 recipients of the David C. Leach Award:



Anne R. Hart, MD
With team members:

Asher Simon, MD;
Jordyn Feingold, MAPP,
MD candidate
Psychiatry
Icahn School of Medicine
at Mt. Sinai
New York, New York

Daniel E. Leifer, MD

Dermatology
University of Washington
Seattle, Washington

Mariam Anwar Molani, DO, MBA

Pathology
University of Nebraska
Medical Center
Omaha, Nebraska

David A. Valentine, MD

With team members:
Alexander Allen, MD; Raymond
Mirasol, MD; Arielle Kurzweil, MD;
Eridiz Diaz; Laura Balcer, MD;
Steven Galetta, MD
Neurology
New York University School of
Medicine
New York, New York

Marjon Vatanchi, MD

Dermatology
State University of New York
Downstate Medical Center
Brooklyn, New York

Andrew C. Vivas, MD

Neurological Surgery
University of South Florida
Tampa, Florida

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 2020-2022 Barondess Fellow:



Justin Berk, MD, MPH, MBA
Warren Alpert School of Medicine
at Brown University
Providence, Rhode Island

DEBRA L. DOOLEY GME PROGRAM COORDINATOR EXCELLENCE AWARD



The Debra L. Dooley 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 2020 Debra L. Dooley GME Program Coordinator Excellence Award:

Kimberly S. Brown, C-TAGME

Emergency Medicine
Duke University Hospital
Durham, North Carolina

Ljiljana Popovic

Neurology
Boston University Medical Center
Boston, Massachusetts

Diana Lynn Brucha, C-TAGME

Obstetrics and Gynecology
UPMC Medical Center
Pittsburgh, Pennsylvania

Jennifer M. Shipley

Neurology
University of Florida
Gainesville, Florida

Kareen E. Chin, MBA, C-TAGME

*Selective Surgical and Subspecialty
Pathology, Dermatopathology,
and Cytopathology*
MD Anderson Cancer Center
Houston, Texas

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 2020 ACGME and Arnold P. Gold Foundation DeWitt C. Baldwin, Jr. Award.

**Cincinnati Children's Hospital
Medical Center**

Cincinnati, Ohio

**Utah HealthCare Institute –
St. Mark's Family Medicine**

Salt Lake City, Utah

Schwab Rehabilitation Hospital

Chicago, Illinois

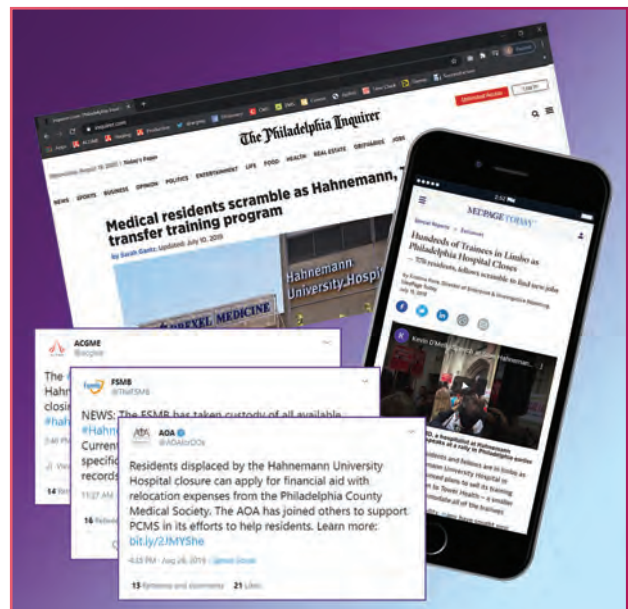
ACGME STEPS IN TO SUPPORT DISPLACED RESIDENTS AND FELLOWS

Once the ACGME learned of Hahnemann's closing and the potential displacement of more than 550 residents and fellows, a working group came together spanning several internal departments to assist the impacted residents and fellows. This group collaborated with partner organizations; clearly and effectively communicated with residents, fellows, and the GME community; spoke on behalf of the residents/fellows in court; reviewed the Institutional and Program Requirements to determine how best to support those impacted by this and future hospital closures; and coordinated with designated institutional officials (DIOs) and programs to help place the affected residents and fellows as quickly as possible.

After being notified of Hahnemann's impending closure in late June, the ACGME released a statement invoking its Extraordinary Circumstances Policy (ACGME Policies and Procedures, Section 21.00-21.70), which "facilitates accreditation considerations that make it possible for residents and fellows to transfer to other programs." The policy requires:

- Programs to expeditiously arrange for temporary or permanent transfers of the residents and/or fellows and/or make the decision to reconstitute the program so as to maximize the likelihood that all residents/fellows will complete the academic year with the least disruption to their education.
- Arrangement for resident/fellow temporary or permanent transfers, including:
 - arranging temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,

- assisting the residents and/or fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.
- If more than one institution or program is available for temporary or permanent transfer of a particular resident or fellow, the preferences of the resident or fellow be considered by the transferring institution or program.
- Revision of a Sponsoring Institution and educational program to comply with the applicable Institutional, and Common and specialty-specific Program Requirements within 30 days of the invocation of the policy.



In 2019 and 2020, a string of unanticipated hospital closures occurred, beginning with Hahnemann University Hospital (Hahnemann), in Philadelphia, Pennsylvania. This unprecedented situation spurred the ACGME into action to support the graduate medical education (GME) community through its role in accreditation.

In the following weeks, ACGME leaders and staff members met with Hahnemann residents and fellows on site, attended court hearings, and widely distributed important information regarding this unanticipated event. To assist displaced residents and fellows, the ACGME opened its Accreditation Data System (ADS) for programs to indicate and share available positions into which residents and fellows could potentially transfer. More than 1,500 positions from 190 Sponsoring Institutions in 39 states were made available to residents and fellows affected by the hospital closure. In addition, following Hahnemann's bankruptcy filing, the ACGME submitted two court actions to the United States Bankruptcy Court, urging Hahnemann to enforce its transfer policies for the affected residents and fellows. The ultimate goal was to help the residents and fellows quickly with minimal impact on their education and career.

Following Hahnemann's closure, the ACGME continued to advocate for the residents and fellows when it learned that the American Academic Health System, which owned Hahnemann University Hospital, would deny medical malpractice insurance claims for the displaced residents and fellows. The ACGME notified the owners that this was in violation of the ACGME Institutional Requirements around professional liability insurance and again attended meetings and court hearings. In March 2020, the US Bankruptcy Court for the District of Delaware approved that Hahnemann University Hospital would have to pay for professional liability tail insurance for the displaced residents and fellows.

With the influx of questions, the ACGME released 12 statements covering its efforts, clarifying its role in the hospital closure, and expressing support for the residents and fellows affected by it. The rapidly changing situation called for constant news media monitoring, as well as tracking of Hahnemann-related activity on social media. Tweets of ACGME statements received between 2,700 and 8,700 individual impressions. The ACGME was quoted or directly mentioned in 12 articles, in publications with a reach of between 40,000 and 1.5 million.

The Hahnemann situation touched each department in the ACGME, fostering a deeply collaborative internal process. The framework that was created assisted in a seamless strategy to assist other hospital closures that occurred during the academic year, specifically Ohio Valley Medical Center in Wheeling, West Virginia and East Ohio Regional Hospital in Martins Ferry, Ohio in August 2019, which affected 32 residents, and Bluefield Regional Medical Center in June 2020, which affected 18 residents. The ACGME resources allowed staff members to expeditiously respond to these emergent closures and support the affected residents and fellows, resulting in their successful transfer to other accredited programs with minimal disruption to their education. The efforts across the organization effectively established a process that will enable the ACGME to continue supporting GME through future closures or similar crises, with speed, expertise, and compassion.

THE ACGME RESPONSE TO COVID-19

Just before 2020 began, a world away from the ACGME community, a new virus common in animals infected a few humans. While alarming, this wasn't unheard of, and in most cases these types of viruses are quickly contained. In January, however, isolated cases of coronavirus infections surfaced in small pockets across the US; international attendees registered for the ACGME Annual Educational Conference began to express worry about traveling and the ACGME began issuing refunds as the disease spread across China, Singapore, and parts of the Middle East.

In February, the ACGME began its response to the virus, issuing a statement underscoring the importance of infection control protocols and adequate supervision for residents and fellows. At the Annual Educational Conference (read more about the Conference on p.14), the ACGME encouraged elbow bumps instead of handshakes, increased the number of sanitation stations, and encouraged frequent handwashing. The ACGME also added a sunset session to address—and listen to—rapidly increasing concerns about this new, largely unknown threat to public health.

By early March, it was clear COVID-19 was easily spread, deadly, and rapidly making its way across the nation and the world; the ACGME began preparing for the possibility of closing its offices to protect its employees and volunteers. On March 13, the ACGME issued a statement that all in-person meetings, accreditation and Clinical Learning Environment Review (CLER) Program site visits, courses, and workshops would be canceled, postponed, or moved online. The ACGME notified the community through a series of emails, postings in the ACGME Newsroom, and on social media. On March 17, the ACGME office in Chicago closed.

But while the office closed, the work had just begun. With a clear vision and forward planning; organizational infrastructure designed for a changing environment; and strong, calm leadership, the ACGME responded swiftly to the needs of the GME community in an uncertain time.

Flexibility in Requirements while Protecting Residents, Fellows, and Patients

ACGME leadership quickly realized Sponsoring Institutions and programs experiencing the most COVID-19 cases needed flexibility to deviate from the majority of accreditation requirements.

On March 25, the ACGME published its Three Stages of Pandemic Response, a framework outlining a continuum of operations for Sponsoring Institutions and their participating sites: “business as usual”; increased but manageable clinical demand; and extraordinary circumstances in which routine care, education, and delivery must be reconfigured to focus only on patient care. Sponsoring Institutions in the latter stage could self-declare Pandemic Emergency Status, and the ACGME allowed local GME leadership to determine how to best care for patients and protect caregivers and those supporting them.

Using feedback from the GME community—from more than 200 emails, social media posts, and ACGME-convened forums (read more about the learning communities on pp.23-25), the ACGME has evolved its accreditation framework to ensure the GME community has the latitude to respond appropriately to the pandemic while maintaining program integrity, educating residents and fellows to safely and effectively care for patients and



themselves. The ACGME also used the questions and feedback it received to develop FAQs, posted in the new COVID-19 section of the ACGME website, related to ACGME activities during the pandemic.

Throughout the pandemic, the ACGME has remained committed to its mission of improving health care through accreditation by stressing four ongoing priorities: work hour requirements; adequate resources and training; adequate supervision; and the ability for fellows to function in their core (primary) specialty.

In June, the ACGME revised its accreditation framework to encompass Non-Emergency and Emergency categorization for Sponsoring Institutions (and their programs), simplifying the decisions GME leadership needs to make to manage the pandemic locally. This new framework became effective with the start of the 2020-2021 academic year.

Activities Suspended, Telemedicine Enacted

In addition to making the ACGME Resident/Fellow and Faculty Surveys optional to complete, suspending Self-Study activity deadlines, and suspending accreditation and CLER site visits, the ACGME also implemented requirements regarding use of telemedicine/telehealth (see Common Program Requirement VI.A.2.b.(1)) ahead of the original July 1, 2020 effective date. This provided programs with a vital tool so residents and fellows could continue learning critical clinical practices under appropriate supervision while adhering to social distancing requirements implemented by their institutions.

Quick, Consistent Communication

Because the situation evolved rapidly, the ACGME needed to disseminate this information to the community as quickly as possible. The ACGME built an entirely new section of its website dedicated to its response to COVID-19, including an explanation of the new accreditation framework developed for pandemic conditions; an extensive FAQ section updated regularly, responding to the questions and concerns of the community; links to every ACGME Newsroom article and ACGME Blog post related to the pandemic; and links and information from other, related organizations, such as the American Medical Association (AMA) and American Association of Medical College (AAMC) (read more about the ACGME's collaborations with other organizations on pp.27-29).

For March, April, and most of May, the regular weekly *e-Communication* was converted into special editions focused exclusively on COVID-19-related information.

Additionally, these special edition *e-Communications* were reposted on the ACGME Blog so anyone in the GME community could easily access the information.

Review and Recognition Committee Meetings Go Remote

In March and April, ACGME staff members worked around the clock to shift from in-person Review and Recognition Committee meetings to developing a model that worked virtually. Canceling the meetings was not a viable option. Accreditation Services, Information Technology, Audio/Visual, and Distance Learning staff members efficiently found solutions to convene committee members across the country. Because the ACGME had, over the last few years, outfitted staff members with laptops and remote access to work files, one major complication was averted, allowing staff members to focus on making the meetings productive and seamless for volunteers. The first remote meeting was held in late March, and staff members shared

lessons learned to improve the process for subsequent meetings. By the end of April, all the Review and Recognition Committees were able to meet and complete their important work.

Continuing to Respond, Evolve, and Lead

As the pandemic continues to sweep through the US, affecting different states and regions in unique ways, the ACGME continues to be a steady influence. It is currently developing new ways to conduct accreditation site visits remotely without losing any of the visits' efficacy in information gathering; making plans to hold educational activities, as well as meetings and conferences, through online platforms; and continuing to respond to the needs and concerns of accredited Sponsoring Institutions and programs across the nation navigating the constantly changing nature of the pandemic.

Internal Actions during COVID-19

As ACGME leaders and staff members worked to move meetings and accreditation and other activities to a remote space, they also worked to ensure that the collegial, collaborative atmosphere within the organization stayed intact as more than 250 employees worked from home—across Chicago and the country.

In late February and the first weeks of March, prior to the decision to close the office, ACGME Information Services staff members quickly developed a series of workshops to educate colleagues on how to access the tools necessary to work from home. Regular emails informed staff members about key updates and information, tips on how to maintain physical and mental health while working from home under stressful conditions, and inspiring, humorous, or thought-provoking content to boost morale.

In a collaboration with the Communications and Human Resources teams, as well as members of the ACGME Employee Forum, ACGME President and CEO Thomas J.

Nasca, MD, MACP held regular virtual meetings with the full staff to address questions and concerns. Employees also respond to periodic surveys about their well-being so the ACGME can address both individual and collective concerns about the work-from-home environment.

Many ACGME employees wanted to show their support for the medical community as frontline and essential workers continued to keep America safe. Staff members contributed photos with messages of support for a video message that was featured on the ACGME's website homepage and COVID-19 section, and on social media.

As the pandemic continues to affect different parts of the US throughout the spring, summer, and into the fall, the ACGME and its employees remain dedicated to their work, and to each other, to provide support, compassion, and caring so they may continue to serve the GME community.

TOGETHER WE CAN: LEARNING COMMUNITIES AT THE ACGME

Serving as a convener and facilitator of learning communities continues to be a strategic priority for the ACGME, whose leaders and staff members access and leverage connections, resources, and influence to bring key organizations and voices to the table. The ACGME's ability to facilitate critical conversations on medical education is crucial to affecting change. This was evident throughout the 2019-2020 academic year and in response to the COVID-19 pandemic, through a focus on building and maintaining opportunities for learning and sharing knowledge and expertise in support of the ACGME mission and graduate medical education (GME) community.

The Clinical Learning Environment Review (CLER) Program, *Pursuing Excellence*, and NCICLE

The CLER Program continued researching and evaluating the clinical learning environments of GME in the US.

In December 2019, Version 2.0 of the *CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care* was published. The CLER Pathways serve as a tool to promote discussions and actions to optimize the clinical learning environment. The document is organized according to the six CLER Focus Areas of Patient Safety, Health Care Quality, Teaming, Supervision, Well-Being, and Professionalism. This version introduced the Focus Area of Teaming, which recognizes the dynamic and fluid nature of how many individuals come together to provide patient care and achieve a common vision and goals.

The *CLER Pathways to Excellence* continuously evolves, mirroring the dynamic needs of clinical learning environments. For example, Version 2.0 differs from previous versions in that it frames each of the pathways and their associated properties from the perspective of the clinical learning environment. This change recognizes that health care organizations create and are therefore primarily responsible for the clinical learning environment.

For over four years, the CLER Program's *Pursuing Excellence in Clinical Learning Environments (Pursuing Excellence)* initiative has been catalyzing the GME community to optimize clinical learning environments. Several Collaboratives, each comprised of teams from eight to 10 Sponsoring Institutions, focused on different areas to enhance and improve clinical learning. The initiative, which will conclude next year, continued to produce several promising practices in 2019-2020 to inspire resident/fellow engagement in patient safety through real event analysis; raise the elimination of health care disparities to an organizational strategic priority; reframe health equity through a cultural humility approach; and demonstrate the pathway to greater alignment of GME with institutional priorities. Working with the Collaboratives, the ACGME is developing workshops and educational materials to share the learning gained through this initiative.

As part of its mission to provide a forum for organizations committed to improving the educational experience and patient care outcomes within clinical learning environments, the National Collaborative to Improve the Clinical Learning Environment (NCICLE), of which the ACGME is a member organization, co-hosted the Nexus Summit interprofessional conference. Through this

collaboration, NCICLE has designed a course on the building blocks to an interprofessional clinical learning environment. In November 2019, the *American Journal of Health-System Pharmacy* reprinted the guidance document, *Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities*, furthering this important work at a time when health disparities are at the forefront of medicine.

Research, Milestone Development, and Evaluation

The Department of Research, Milestone Development, and Evaluation oversaw numerous activities throughout 2019-2020.

FACULTY DEVELOPMENT

Two sessions of the successful Developing Faculty Competence in Assessment program were held at the ACGME in the fall of 2019. This course, which has trained more than 1,500 faculty members in the US and abroad since 2014, has fostered an incredible global learning community, including the development of regional hubs across the US and, in 2019, a Regional Hub Initiative to bring hub leaders together regularly to share expertise and support other hubs' course development. The Hub Leaders have become a resource for each other, helping develop and evolve their courses, with more experienced sites helping nurture and develop newer sites and foster collegiality.

Since 2014, 600 faculty members have completed the original course offered at the ACGME. Additionally, more than 550 individuals have trained in the regional hub courses, with growing interest and continuing expansion. Beyond the US, courses have now been held in Oman, Qatar, Sweden, Singapore, and Taiwan, with close to 700 attendees across those programs.

MILESTONES DEVELOPMENT

The Milestones development process is another example of how a collaborative learning community can provide continuous improvement. The Milestones 2.0 project is well underway, with several specialty and subspecialty Milestones updated already. Each set of Milestones is

evaluated and revised by a work group of volunteers from within the relevant specialty or subspecialty community and including as broad and diverse a representation of perspectives as possible. Each work group includes both a resident/fellow and public member in addition to Review Committee, applicable specialty board, and other volunteers. The groups typically meet two to three times to develop drafts, and have, in the Milestones 2.0 effort, also developed Supplemental Guides for each set of Milestones that provide real-world examples in a template that is customizable for programs to use locally.

ADJUSTING TO CIRCUMSTANCES

The COVID-19 pandemic has certainly impacted the work in these areas. Milestones work groups, research teams, and educational programs like the faculty development courses and Hub Leaders have had to adjust to a virtual collaborative environment after spring programs and meetings were postponed and then canceled. While the virtual meeting space can be challenging, it is also an opportunity to strengthen connections and reinforce the value of these learning communities. The ACGME has provided platforms for these groups to continue convening, sharing, and supporting each other through their important work to enhance GME overall.

The Impact of COVID-19 on GME Learning Communities

As the world braced to respond to the growing pandemic crisis, the US GME community found itself at the front lines. ACGME leadership responded quickly, prioritizing critical business functions and adjusting scheduling and requirements to allow the health care community to focus on patient care needs. Thanks in great part to its existing approach to its work and responsibilities, the ACGME quickly cultivated resources and information, as well as virtual spaces to bring key members of the GME community together.

Beginning in March 2020, the ACGME began holding weekly calls for the designated institutional official (DIO) community. Hundreds of DIOs from institutions across country, all facing various degrees of the pandemic's surge, have come together each week since then to hear from ACGME leadership, ask questions, share information and insights, and provide each other with support and

partnership. Even those facing local surges have found these opportunities critical to navigating the pandemic. As a result of these meetings, resources and forums are available in the ACGME's online learning portal, *Learn at ACGME*, facilitating communication and information sharing among the nation's DIOs.

The accreditation process is one of the ACGME's cornerstone functions. In swift response to the needs of the community, the ACGME temporarily suspended accreditation and CLER site visits and began providing tools, resources, and bidirectional communication channels to answer questions and help the community adapt, respond to the pandemic, and continue offering high-quality GME. The ACGME accreditation teams met daily, taking what they heard from the community to develop guidance and FAQs. Early implementation of Common Program Requirements regarding the use of telemedicine/telehealth, including expectations for supervision, allowed programs to safely manage both care and education. As time passed and certain activities could resume—virtually—the ACGME held webinars and calls for program directors and coordinators to understand requirements and expectations and to support their completion of the annual surveys and the Annual Update, all of which included changes to reflect the impact of the pandemic, as well as modifications based on community feedback from the prior year. Resources and forums are available in *Learn at ACGME* for these groups, as for the DIOs.

The guiding principle for all this work was the protection of residents, fellows, faculty and staff members, and patients. The ACGME staff listened and convened experts and leaders to inform decisions and help institutions and programs across the country ensure both safe learning and safe care.

These actions and responses have taught the GME community and the ACGME a new way of operating. But the way the ACGME has been structured to conduct its work—its “business as usual”—with a future-thinking approach, is what enabled the organization to convene the community quickly and continuously to provide information, communication, and support through the crisis. Many of the changes resulting from the first several months of the pandemic crisis will influence decisions that last well into the future.

The Program Directors' Guide to the Common Program Requirements

In early February 2020, and following more than 18 months of work, the ACGME published its new *Program Directors' Guide to the Common Program Requirements*. Two versions are now available in eBook and interactive PDF formats: one for residency programs and one for fellowship (including one-year fellowship) programs.

The eBook is available in *Learn at ACGME*, and an interactive PDF (available on each specialty's section of the ACGME website) can be downloaded and printed.

In an effort led by the Senior Vice Presidents for Accreditation, the Guide, which is referenced in the Common Program Requirements, is designed to help program directors and other administrators, faculty members, and staff members navigate and effectively meet ACGME requirements. The ACGME worked with volunteer program directors and coordinators to beta test the guide for optimum usability.

The Program Directors' Guide will be reviewed and updated regularly.

JGME: CELEBRATING A DECADE OF GME RESEARCH

The *Journal of Graduate Medical Education (JGME)* celebrated its 10th anniversary in 2019, marking a decade of growth in academic scholarship as the sole peer-reviewed academic journal focused exclusively on graduate medical education (GME).

The journal was created to encourage the exploration and sharing of information related to GME. *JGME* has grown significantly since its first issue was published in September 2009: moving from four to six issues annually in 2017, and from 250 manuscripts submitted the first year to 1,291 manuscripts in 2019-2020. *JGME* continues to be a selective publication of high-quality research and writing, with a current acceptance rate of 13.7 percent.

The importance of *JGME* has only grown since the COVID-19 pandemic hit the US. The publication has received a significant influx of manuscript submissions about the pandemic's effect on GME, with large increases in year-over-year submissions:

- April 2019 to April 2020: 94 to 140 submissions (+48.94 percent)
- May 2019 to May 2020: 90 to 175 submissions (+94.44 percent)
- June 2019 to June 2020: 87 submissions to 162 submissions (+86.21 percent)

A total of 148 COVID-19-related manuscripts were submitted through June 30, 2020. To respond to this interest and need, the June, August, and October 2020 issues feature a special section of articles highlighting

research, innovation, and personal experiences from the GME community during this unprecedented crisis.

Another highlight is the creation of a podcast series, "Hot Topics in MedEd," with commentary from *JGME* Editorial Board members and other prominent physicians and educators in GME. The first episode, "Publish or Perish: Is There a Paper in Your Poster?" with *JGME* Editor-in-Chief Gail Sullivan, MD and Deputy Editor Tony Artino, PhD was posted in November 2019. Six episodes on a variety of topics related to publishing and GME have been posted at <https://journalofgme.libsyn.com>.

Learn more about *JGME*, read open-access articles, preview additional features, and subscribe to the journal at www.jgme.org.



ACGME COLLABORATIONS: BUILDING A STRONGER COMMUNITY

The ACGME has long been an organization that brings diverse members of the medical education community together to innovate, collaborate, and find creative solutions to complex issues. The following areas are particularly notable for how the ACGME has worked together with others to create a stronger, more robust system of medical education at all levels.

Parental Leave for Residents and Fellows

In February, the ACGME hosted a workshop with the **American Board of Medical Specialties (ABMS)**, with the support of the **American Board of Obstetrics and Gynecology (ABOG)**, to discuss how the GME community could realistically provide residents and fellows with protected parental leave. The ACGME's Council of Review Committee Residents published an article in the June 2019 edition of the *Journal of Graduate Medical Education* urging the ACGME to create requirements addressing parental leave. Because time away from a residency or fellowship, even approved leave, affects a physician's ability to qualify for certification, the certifying boards also needed to be part of the discussion. The ACGME gathered stakeholders from Sponsoring Institutions, programs, and the specialty boards, as well as residents and fellows to join the ACGME in exploring the issue over two days. The participants created a set of suggestions on what kind of parental leave would be sufficient, the challenges Sponsoring Institutions and programs have providing this extended leave, and solutions some specialties and subspecialties have already implemented. The ACGME Parental Leave Task Force is developing recommendations to provide consistency on leave requirements with those already approved by the ABMS.



Single GME Accreditation System

Five years in the making, the ACGME, the **American Osteopathic Association (AOA)**, and the **American Association of Colleges of Osteopathic Medicine (AACOM)** celebrated the completion of the successful transition to a single accreditation system for GME in the US at the end of June 2020. The ACGME now serves as the nation's sole accreditor for both osteopathic (DO) and allopathic (MD) residencies and fellowships. The osteopathic profession is now fully integrated into ACGME processes, procedures, and governance, and new opportunities have been established for expansion of Osteopathic Principles and Practices through Osteopathic Recognition (read more on the transition on p.12).

The transition required close partnership among the three organizations. Its success highlights how working toward the shared goal of improving health care through the advancement of GME across all medical specialties, with a focus on promoting patient safety, learner education, and physician well-being, can be accomplished, and how historic change toward improvement in medical education

can occur over a relatively short period of time when everyone works together.

Information and Solutions in a COVID-19 World

The ACGME's role as a convener and voice of authority has been critical during the COVID-19 pandemic. In the earliest days of the pandemic in the US, information about clinical practice, safety, general operations, and more needed to be disseminated quickly and efficiently. The ACGME served as a distributor of information to the medical education community, cross-posting memos, Frequently Asked Questions, and more from other organizations, including **ABMS**, the **Federation of State Medical Boards (FSMB)**, the **National Resident Matching Program (NRMP)**. The ACGME also created a "Resources from Other Organizations" page in its COVID-19 web section so website visitors can easily find what they need, whether or not the ACGME was the arbiter of the information.

The ACGME issued joint statements with **ABMS** and the **AOA** to clarify for residents/fellows and programs the issues related to board certification and to underscore the organizations' trust in local Clinical Competency Committees and program directors to determine resident/fellow readiness for unsupervised practice.

Coalition for Physician Accountability

The ACGME is a founding member of the **Coalition for Physician Accountability**, an organization whose members share a strong commitment to protect the public's health and safety through the delivery of quality health care. Members include the national organizations responsible for the accreditation, assessment, licensure, and certification of physicians throughout their medical career, from medical school through practice. Beginning in early spring, the Coalition created a series of reports with common recommendations addressing urgent issues related to the COVID-19 pandemic and the physician education continuum.

The Coalition's guidance includes information and recommendations on quality and safety, guidance for conducting away rotations and interviews during the pandemic, and a statement underscoring the Coalition's commitment to the importance of adequate personal protective equipment and testing. It also addresses protecting physicians who identify inadequate resources from retaliation; evidence-based decisions guided by science; and working with governmental agencies and health care delivery systems to safeguard the public, protect frontline health care workers, and provide elected leaders with the information they need to support sound, evidence-based decision making.



Well-Being Partnerships

The ACGME has long been a leader in promoting physician and clinician well-being.

ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP remains as co-chair of the **National Academy of Medicine (NAM)** Action Collaborative on Clinician Well-Being and Resilience. The Collaborative includes more than 150 organizations working to promote well-being and resilience, leveraging influence to create a healthier, safer medical community. In December 2019, the ACGME, with **AAMC** and **NAM**, invited 33 leaders from health systems across the US to participate in a CEO Summit on Clinician Well-Being at the ACGME office in Chicago, Illinois. The group discussed shared goals and systemic solutions to increase patient safety, high-quality care, and clinician well-being.

During the COVID-19 pandemic, the ACGME has created both external and internal well-being groups. (Read more about these on pp.6 and 20.)

Finally, this year the ACGME became an official Partner in Prevention with Chicago-based **Hope For The Day**, an organization dedicated to raising awareness and providing resources to improve mental health and combat suicide. A Hope For The Day Partner in Prevention is an individual or group actively working towards mental health education and proactive suicide prevention. To gain this distinction, the ACGME committed to providing mental health resources and educational sessions for all employees throughout the year.

ACGME International (ACGME-I)

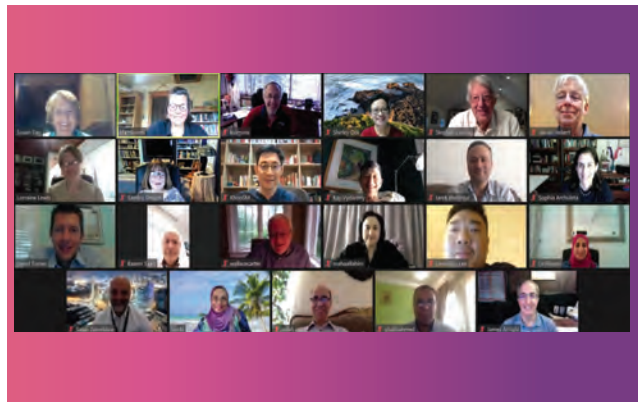
ACTING ON OUR VALUES

In many respects, ACGME-I became *virtual* even before “pandemic” became a household word. In October 2019, due to unrest and concern over safety for personnel, the institutional site visit for Hopital de Universitaire, Mirebalais Haiti tested the merits of and validity for a virtual site visit. More accurately, it consisted of virtual interviews from Chicago to Graduate Medical Education Committees (GMECs), faculty members, and residents in Haiti, while the designated institutional official (DIO), institutional coordinator, and internal medicine program director met in person in the ACGME-I’s Chicago office with the site visit team. Little did anyone know then that this would become a prototype for conversion of site visits and other activities not only for ACGME-I, but also for much of the ACGME’s outreach to places beyond travel capabilities. Important lessons were learned: the value of preparation; testing of equipment; and, unique to ACGME-I, availability of translation.

In the new worldwide reality, virtual meetings have become the norm for administrative work, many educational experiences, and more.

Accreditation has remained the center of ACGME-I’s efforts. Whether for established programs, such as in Singapore, or for newly contracted organizations, such as in the Jordan University of Science and Technology, service to international colleagues remains the focus. As our “worlds” have expanded, so too, have the nuances

unique to an international audience, including translation, culturally sensitive requirements, and uniformly unique relationships with governments, universities, and independent institutions. Though desired outcomes remained fine physicians with uniformly qualified performance across all competency domains, other targets are similarly important to countries around the globe. Many look to enhanced education through accreditation as a pathway to preventing brain drain to other countries. Increasingly, young physicians emphasize how important it is to remain in their own countries, whether for family reasons, cultural familiarities, patriotic values, or career opportunities.



Accreditation increasingly is seen as the pathway to becoming a quality physician, and ACGME-I leads the way internationally.

Paradoxically, isolation has emphasized the growing importance of *learning communities*. As the COVID-19 pandemic shut down borders and travel, the thirst for best practices and sharing of information has grown. On a weekly basis, ACGME-I leadership sends one- to two-page “pan-education” memos to the medical education leadership across the ACGME-I community, facilitating information and experience sharing to support colleagues in their efforts locally. These memos address important questions: as COVID case numbers rose in certain areas, what requirements were essential to follow? How does one deploy residents to provide emergency services? How does one deal with mounting pressures of sickness and concerns about extended families? What responsibilities do medical professionals have in addressing public health issues? The international learning community was ready!

Learning communities are the natural outgrowth of, and essential components for, solid medical education.

When so much seemed so chaotic as a result of the COVID-19 pandemic, ACGME-I looked to its colleagues across the world and rediscovered what brings this community together – not what separates us. The World Medical Association’s Declaration of Geneva is a *universal pledge* for physicians, taken on behalf of their patients, and in fulfillment of their professional responsibility. Hear from ACGME-I teachers and residents across the world in this beautiful video compiled to demonstrate that commitment: <https://youtu.be/WrugjwtnSR0>.

Universally, doctors serve their patients.

Finally, ACGME-I is, simply, about **education**. It’s a commitment to teaching doctors how to teach, what to teach, when to teach, and most importantly, *why* to teach. It is also the commitment to lifelong learning. It is often said that there can be no higher calling than the medical profession; to care for the vulnerable; to heal; to comfort; to discover and create better ways. And yet, the complexity of expanding knowledge, of mastery of technology, of judgment in use of new treatments, and of high patient expectations, as well as transparency of outcomes, now require a robust and systematic approach to teaching and to learning. Challenges are immense and to do it right, commitment of passionate people is essential. There is an abundance of people worldwide who believe the effort is worthwhile and that there is true value in that commitment.

Education is at the heart of ACGME-I’s mission.

In summary, for ACGME-I:

- * **V**irtual is the new norm.
- * **A**ccreditation is squarely our top priority.
- * **L**earning communities are growing.
- * **U**niversal commitment drives physician behavior.
- * **E**ducation is where it all starts.

JGME FEATURES INTERNATIONAL SUPPLEMENT RECOGNIZING 10 YEARS OF ACGME INTERNATIONAL

The August 2019 issue of the *Journal of Graduate Medical Education (JGME)* included, for the first time, a supplement exclusively focusing on and featuring a broad international perspective. Aligning with the 10-year anniversary of ACGME-I, this important publication highlights the successes and challenges of meeting today's global health priorities and provides a forum for research and learning in post-graduate medical education (PGME) around the world, fostering further research and dialogue. *JGME* received submissions for the supplement from every continent except Antarctica. The final publication includes work from authors around the globe, including more than 20 countries from Rwanda to the Netherlands, Lebanon to Mexico, Haiti to the Ukraine, and many others.

In an editorial, guest editors Sophia Archuleta, MD (Singapore), Nicholas Chew, MD (Singapore), and Halah Ibrahim, MD, MEHP (United Arab Emirates) discuss "The Value of International Research and Learning in Graduate Medical Education." They write, "In this supplement, we bring together original research, educational innovations, and other novel ideas from a wide range of countries. Articles highlight successes and challenges in the progress toward 'global excellence coupled with local relevance.' Themes that emerge from this literature encompass global health priorities, such as greater alignment between education and health delivery services."

In an interview following the release of the issue and published on the ACGME Blog, Dr. Ibrahim shared more information about the process of collecting and reviewing the submissions, as well as lessons learned through the experience. "I was surprised at how many

of the manuscripts truly resonated with me," she said. "Despite vast distances and different languages, there are so many shared experiences among international educators. There was a familiarity in the issues raised, regardless of whether the institution was located in Haiti, India, or the Ukraine. For example, the importance of the clinical learning environment was a common theme. There were also several manuscripts on developing non-clinical competencies in residents, including leadership, research, and teaching skills. These topics are timely and relevant to educators worldwide."

Asked about what she'd like to see come out of the research and dialogue fostered through the solicitation for the publication, Dr. Ibrahim noted that the editors hoped the supplement would give a voice to educators worldwide. "I would love for these conversations to continue," she said, adding, "It would be great to see these authors reach out to each other and participate in multi-institutional and even multinational collaborations. The sharing of resources and expertise will help facilitate large-scale studies...with the ultimate goal of improving patient care worldwide."

Read the full interview at <https://acgme.org/Newsroom/Blog/Details/ArticleID/9644/Behind-the-Scenes-of-the-JGME-International-Supplement-An-Interview-with-Dr-Halah-Ibrahim>.

The supplement is packed with rich content describing a variety of topics across themes in graduate medical education in categories including Perspectives, Reviews, Original Research, Educational Innovations, Brief Reports, Rip Out, New Ideas, and On Teaching.

In the ACGME News and Views section, Kathleen D. Holt, PhD, Rebecca S. Miller, MS, Lauren M. Byrne, MPH, and Susan H. Day, MD assess and evaluate “The Positive Effects of Accreditation on Graduate Medical Education Programs in Singapore,” the first country in which ACGME-I provided accreditation services, beginning in 2009. By analyzing ACGME-I Resident Survey data from Singapore for 2011-2018, the study assessed the impact of ACGME-I accreditation on residents’ evaluations of their programs. The authors describe their approach and analysis, noting that results showed overall “significant improvement over the seven years Singaporean programs had accreditation,” while noting some variation between medical versus surgical specialties. The authors conclude that “Implementation of accreditation in Singapore provided educational and clinical learning environment infrastructure not present prior to 2010, with the benefits of this reflected in residents’ perceptions of their learning environment. Future assessments of the effects of accreditation might add stakeholder interviews to more fully describe its value and impact.”

Reflecting on ACGME-I’s milestone 10-year anniversary, an article from leadership, written by then Senior Vice President, Medical Affairs, ACGME-I, now ACGME-I President and Chief Executive Officer Susan H. Day, MD, and ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP, details the history of ACGME-I through a look-back perspective that touches on lessons learned and goals for the future. They conclude, “ACGME-I has developed an international accreditation model in which high standards are enforced and flexibility for cultural and societal norms is embraced. When institutions transition to this system of education,

there are benefits and challenges... As globalization embraces the medical community, it is hopeful that demonstrated outcomes of improved quality of care, with enhanced clinical judgment and cost containment, will ensue.”

The full supplement is available on the *JGME* website, at <https://www.jgme.org/toc/jgme/11/4s>.



2020 ACGME INTERNATIONAL AWARDS

ACGME-I annually honors individuals who have been instrumental to pursuing and implementing a transition in their respective institutions to ACGME-I accreditation through its Awards Program. There are three categories of awards: Physician Leader; Physician Educator; and Staff. The recipients of these awards are recognized each year at the ACGME Annual Educational Conference. ACGME-I again congratulates and applauds the 2020 ACGME International Award recipients.

2020 Physician Leader Awardee



This award is given to an individual who has been instrumental in initiating improvements in graduate medical education. These improvements mirror the values held by ACGME-I –the highest of international standards with the flexibility and adaptations appropriate for a country or region.



Dr. Shirley Ooi has been the designated institutional official (DIO) for the National University Health System (NUHS) in Singapore since its inception in 2009. Dr. Ooi has had an impressive career, in which she has become known as a leader in the transformation of graduate

medical education. She is also a highly sought-after speaker, as well as a highly praised author. Her textbook is widely used by students and residents in emergency medicine. Shirley has been described as an outstanding clinician, colleague, teacher, mentor, and leader who is a strong believer in change. She has a passion for education and a true desire to share knowledge in order to provide for the next generation of health care leaders.

2020 Physician Educator Awardee



This award honors an individual with exceptional mentoring skills, sensitivity to resident needs, and ability to imbue professionalism in residents. Such a person is a true advocate for developing appropriate values and advocating for residents' needs.



Dr. Houd Al Abri was appointed director of the Oman Medical Specialty Board (OMSB) in 2009. He has been instrumental in the development of the OMSB Emergency Medicine Education Committee. As director of the OMSB Medical Simulation Center, Dr. Al Abri was actively

involved in planning, establishing, and advancing the center. Dr. Al Abri's contribution to graduate medical education in Oman and his vision are commendable, and he is highly respected by the emergency medicine community. His continuous desire to develop specialty related simulation trainings is admirable, and his continuous desire to develop specialty-related simulation trainings is highly appreciated by both medical educators and residents.

2020 Staff Awardee



A staff person who has provided extraordinary service to the educational process, to the residents, and to meeting ACGME-I requirements is eligible for this award. ACGME-I acknowledges the importance of a true team effort in offering this award.



Ms. Kellie Kiernan is the institute coordinator for Sheikh Khalifa Medical City (SKMC) in Abu Dhabi. She joined the Pediatric Institute in 2006 and was tasked with launching and developing the pediatric residency program, where she was responsible

for developing a rotation scheduling system, program manuals, and an evaluation system. Ms. Kiernan also assisted in coordinating the centralization and transformation of education at SKMC. She brought with her a familiarity with US residency program systems, and the documentation/regulatory skills and knowledge she gained while working in the US. Her unique familiarity with this information as well as her knowledge of almost all Royal College Systems has been monumental in improving and providing structure to SKMC programs.



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COMMITTEES AND ACCREDITED

Committee	Specialized 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
Colon and Rectal Surgery		American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Micrographic Surgery and Dermatologic Oncology
Emergency Medicine	Addiction Medicine Clinical Informatics Emergency Medical Services Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine
Family Medicine	Addiction Medicine Clinical Informatics Geriatric Medicine	Hospice and Palliative Medicine Sports Medicine
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
Medical Genetics and Genomics	Clinical Biochemical Genetics Clinical Informatics Laboratory Genetics and Genomics	Medical Biochemical Genetics Molecular Genetic Pathology
Neurological Surgery	Endovascular Surgical Neuroradiology	
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology
Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine and Molecular Imaging
Obstetrics and Gynecology	Addiction Medicine Complex Family Planning Female Pelvic Medicine and Reconstructive Surgery	Gynecologic Oncology Maternal-Fetal Medicine Reproductive Endocrinology and Infertility
Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	
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
Osteopathic Neuromusculoskeletal Medicine		ACGME Board of Directors American Osteopathic Association

SPECIALTIES AND SUBSPECIALTIES

Committee	Specialized Areas	Appointing Organizations	
Osteopathic Principles (Osteopathic Recognition)		ACGME Board of Directors American Osteopathic Association	
Otolaryngology - Head and Neck Surgery	Neurotology Pediatric Otolaryngology	American Board of Otolaryngology - Head and Neck Surgery American College of Surgeons American Osteopathic Association	
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 Hospital Medicine 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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2019-2020 STATISTICAL HIGHLIGHTS

Institutions

There are 865 institutions that sponsor graduate medical education programs. Of these, 63.6 percent sponsor multiple programs, while 28.9 percent sponsor a single program. Seven-and-a-half percent of Sponsoring Institutions have no accredited programs, the majority of these representing newly accredited sponsors with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited Sponsoring Institutions increased by 18. Sponsoring Institutions use 7,689 participating sites to teach residents and fellows.

Sponsoring Institutions		
Multiple-Program Sponsors	550	63.6%
Single-Program Sponsors	250	28.9%
Sponsors with No Programs	65	7.5%
TOTAL	865	100%

Programs

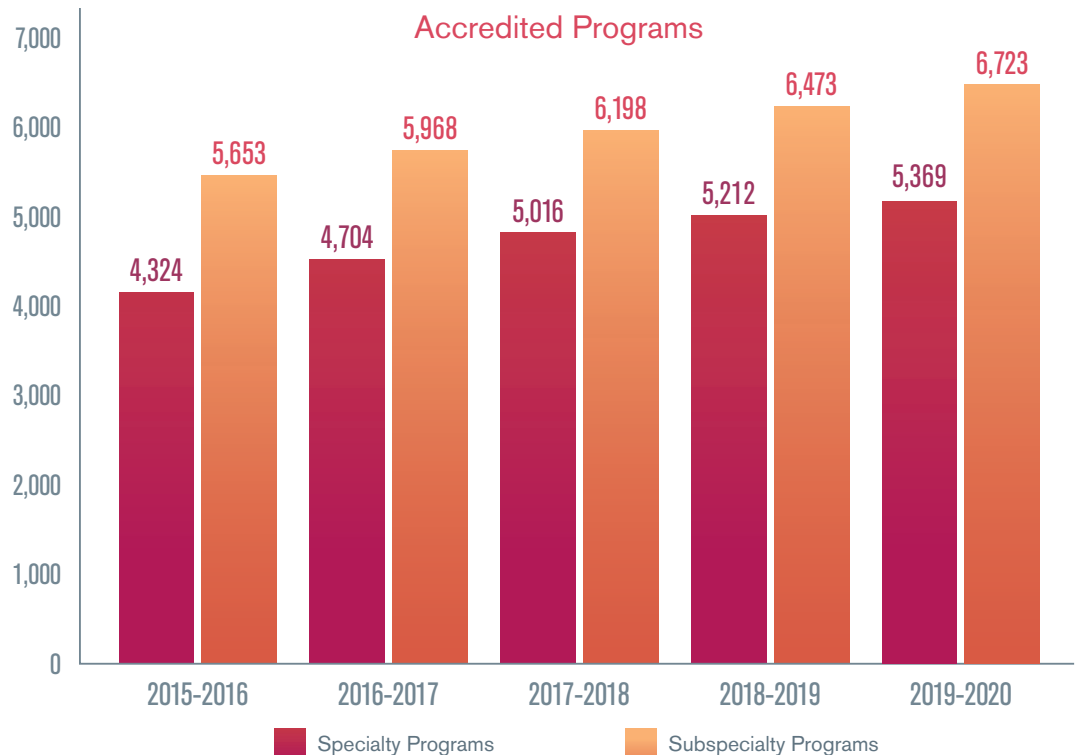
Accredited Programs

During 2019-2020, there were 12,092 accredited programs of which 5,369 were specialty programs and 6,723 were subspecialty programs. Additionally, 507 programs were newly accredited during the academic year. This is partly due to 59 programs achieving Initial Accreditation in the transition to a single GME accreditation system and to programs accredited in new ACGME subspecialties. One hundred two programs closed or voluntarily withdrew their accreditation, and of these, 17 had one of the following statuses: Accreditation Withdrawn; Administrative Withdrawal due to Withdrawn Core or Sponsor; or Withdrawal of Accreditation Under Special Circumstances.

During the 2019-2020 annual review cycle, Review Committees issued 9,958 accreditation decisions. The vast majority of programs (71.2%) 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, 186 programs (1.9%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.

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.

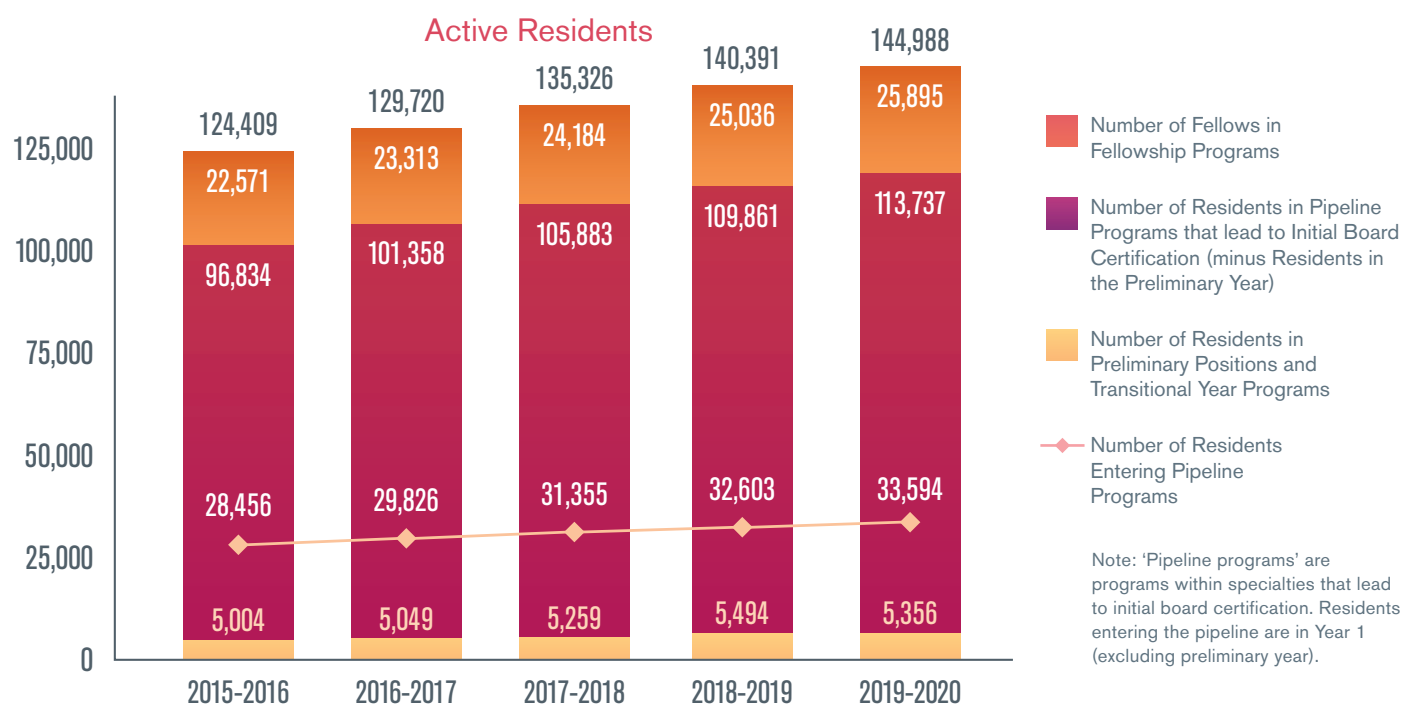
Subspecialty Program: A program that provides advanced education and training in progressive levels of subspecialization following completion of education and training in a primary specialty and, if applicable, a related subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to prepare physicians to enter the unsupervised practice of medicine in a subspecialty.



Residents

Active Residents

There are 144,988 active residents and fellows in 12,092 programs. This is an increase of 4,598 from last year, including 485 residents active in the 59 newly accredited programs previously approved by the American Osteopathic Association.



Active Residents by Medical School Type

Of the 144,988 active residents and fellows in ACGME-accredited programs during Academic Year 2019-2020, the majority, at 60.3 percent, graduated from LCME-accredited medical schools in the US. International medical school graduates make up 23.0 percent, while 16.6 percent are graduates of osteopathic medical schools.

Medical School Type	Count of Residents/Fellows
US-LCME Accredited Medical School	85,612
International Medical School	33,355
Osteopathic Medical School	24,018
Canadian Medical School	134
Medical School Unknown	2

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.

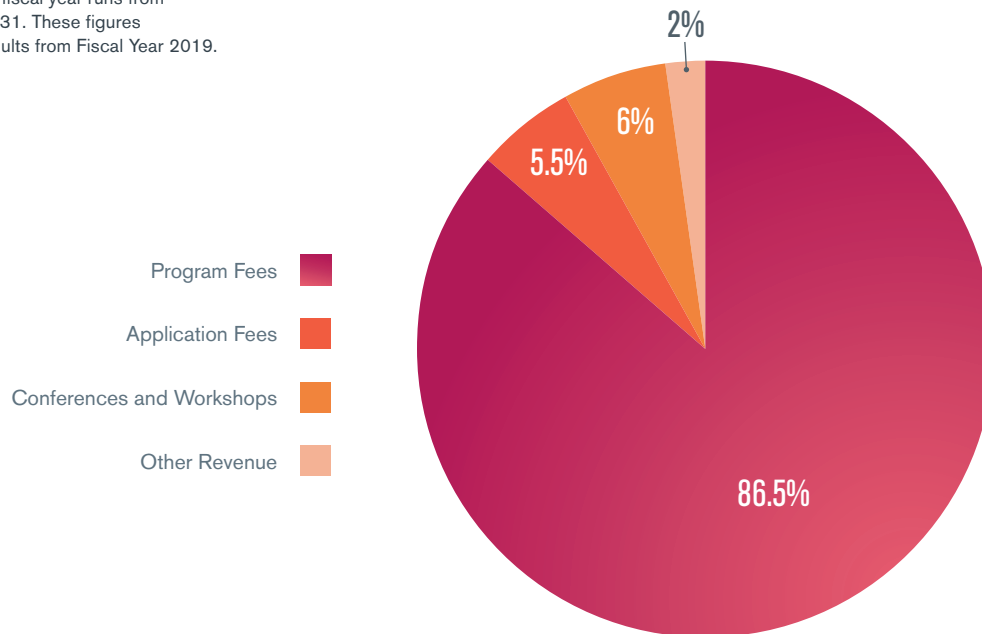
FINANCIAL REPORT

During 2019, total operating revenues amounted to \$69.9 million.

Of this, the ACGME generated \$67.5 million and ACGME-I generated \$2.4 million. Consolidated operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 86.5 percent of operating revenues in 2019. Application fees for new programs accounted for five-and-a-half percent, with conferences and workshops accounting for six percent. Other revenue in 2019 included \$1.4 million of contract revenue for technical advisory services provided to the Saudi Commission for Health Specialties.

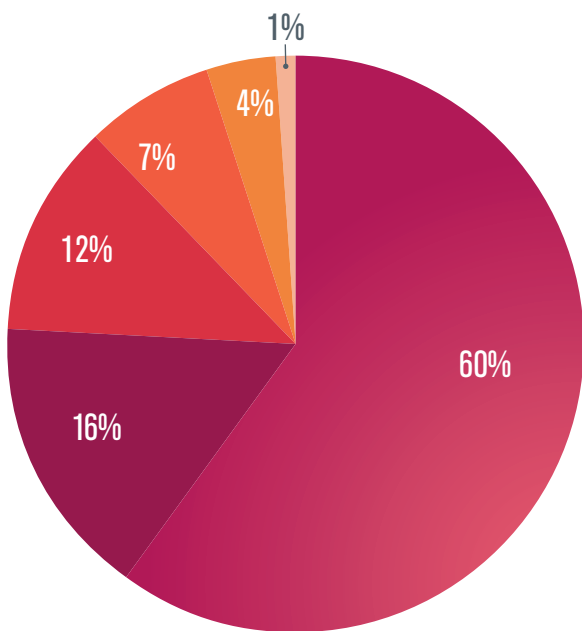
Note: The ACGME's fiscal year runs from January 1-December 31. These figures represent audited results from Fiscal Year 2019.

2019 Operating Revenue		
Program Fees	\$60,392,601	86.5%
Application Fees	\$3,507,600	5.5%
Conferences and Workshops	\$4,336,069	6.0%
Other Revenue	\$1,655,068	2.0%
TOTAL REVENUES	\$69,891,338	100%



During 2019, total operating expenses amounted to \$68.4 million.

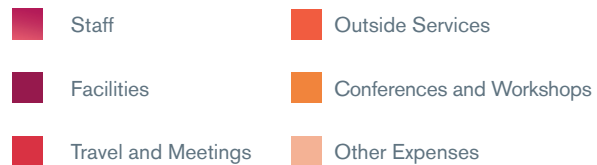
The ACGME incurred \$66.8 million of operating expenses in 2019, while the ACGME-I incurred \$1.6 million. Salaries and benefits, as well as travel and meeting costs, make up over 72 percent of the ACGME's annual expenses.



Based on Operating Results and Other Income, ACGME generated \$6.7 million of Net Income in 2019. This includes \$1.5 million of Net Earnings from Operations and \$5.2 million from non-operating gains.

Other Income/Expenses of \$5.2 million reflected strong market performance as of December 31, 2019, partially offset by non-operating expenses, such as vacant office space, board-designated grants, and post-retirement benefits.

2019 Operating Expenses		
Staff	\$42,343,269	60.5%
Facilities	\$10,347,813	15.6%
Travel and Meetings	\$8,099,707	11.7%
Outside Services	\$4,333,800	6.9%
Conferences and Workshops	\$2,984,728	4.2%
Other Expenses	\$286,554	1.1%
TOTAL EXPENSES	\$68,395,871	100%



Summary of Results	
Operating Revenues	\$69,891,338
Operating Expenses	\$68,395,871
NET EARNINGS FROM OPERATIONS	\$1,495,467
Other Income and Expenses (Investment and Other)	\$5,170,152
Net Income	\$6,665,619

MEMBER ORGANIZATIONS

Each of the Member Organizations of the ACGME nominates individuals to be considered to serve 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 importance 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.



ACGME

Accreditation Council for
Graduate Medical Education

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